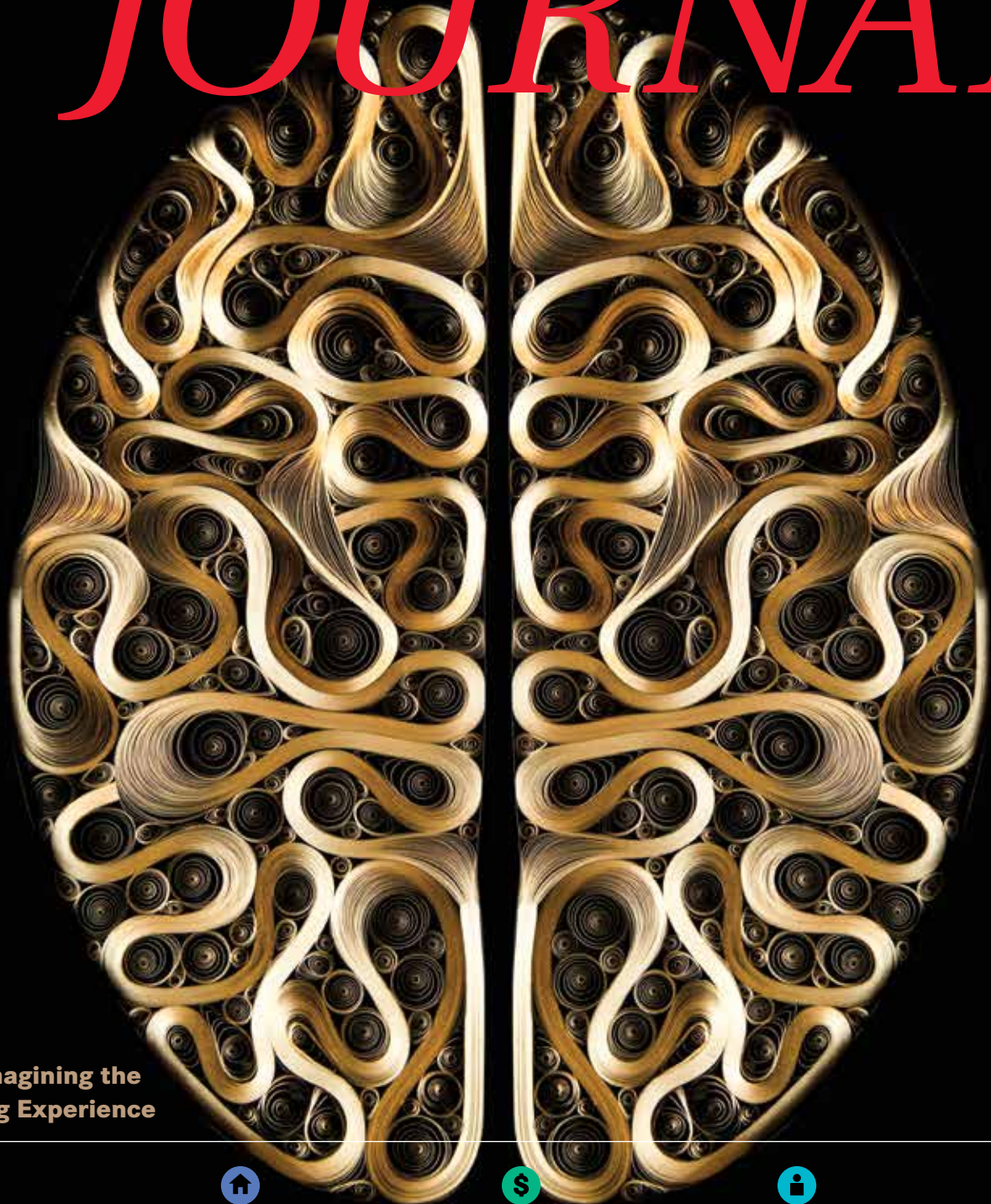


# THE JOURNAL

2014



## Reimagining the Aging Experience



### HEALTH

Living Well With Dementia  
A Global Epidemic  
The G8 Commitment  
Designs on Dementia  
Campaign to End Loneliness



### COMMUNITY

AARP Age-Friendly Network  
Age-Friendly Efforts  
Global Best Practices



### MONEY

Age-Friendly Employers  
Addressing Aging in Korea  
Singapore Silver Workforce  
Michelin Mature Workers



### PERSONAL TIME

Time Worth Sharing  
Fine Print  
Talent Exchange

## June Andrews

Director, Dementia Services Development Centre

June Andrews is director of the Dementia Services Development Centre at the University of Stirling. She advises health departments and service providers around the world, and is a trustee of the Life Changes Trust, an independent charity disbursing grants totaling £50 million across Scotland.

---

## Anna-Liisa Hämäläinen

Editor in Chief, *Oma Aika* Magazine

Anna-Liisa Hämäläinen has worked in magazines since 1978 and in Aller Media Finland since 1996. From 1997-2012, she was Editor in Chief of *Koti ja keittiö* magazine (Home and Kitchen), and since that has been Editor in Chief of *Oma Aika* (Own Time).

---

## Zhang Jianguo

Director, State Administration of Foreign Experts Affairs, China

Zhang Jianguo is the Vice Minister for Human Resources and Social Security and Administrator of the State Administration of Foreign Experts Affairs. He also serves as the Vice Chairman and Secretary General for the China Association for International Exchange of Personnel.

---

## Neelie Kroes

Vice President, Digital Agenda, European Commission

Neelie Kroes worked for years in Dutch politics, including as minister responsible for postal and telephone sectors. In 2004 she became the EU's Competition Commissioner, and, in 2010, Vice President of the Commission responsible for the Digital Agenda.

---

## Paul Ladd

Head, Team on the Post 2015 Development Agenda, Bureau for Development Policy, UNDP

Paul Ladd joined UNDP in 2006 and currently heads the organization's Team on the Post-2015 Development Agenda. Previously, he had led UNDP's policy team on inclusive globalization—covering issues of trade, development finance, and migration—as well as the group that prepared UNDP's contribution to the September 2010 Review Summit on the Millennium Development Goals.

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## Sarah Lenz Lock

Senior VP, Policy, Strategy and International Affairs (PSI), AARP

Sarah Lenz Lock helps position AARP as a thought leader addressing the major issues facing older Americans. Working on behalf of PSI, Sarah integrates and coordinates policy within AARP to help assure policy consistency and maintain AARP's social mission.

---

## George McNamara

Head of Policy and Public Affairs, Alzheimer's Society UK

George McNamara currently supports the implementation of the Prime Minister's Challenge on Dementia, in particular the creation of dementia-friendly communities. George has held senior policy positions at the British Red Cross, Action for Children, the UK parliament and civil service.

---

## PJ O'Rourke

Humorist and Political Reporter

P.J. O'Rourke is the author of *The Baby Boom: How It Got That Way (And It Wasn't My Fault)* (*And I'll Never Do It Again*).

---

## Eun-Kyung Park

CEO, Senior Partners

Eun-Kyung Park is the head of Senior Partners, a senior-specialized platform operating company established in 2007 that leads the senior industry in Korea.

---

## Louise Plouffe

Senior Policy Analyst, International Longevity Centre (ILC)

Louise Plouffe is a senior policy analyst with 24 years of experience in aging policy research for the government of Canada, the World Health Organization, and currently with the ILC in Brazil. With Alexandre Kalache, she led the preparation of the World Health Organization's Age Friendly Cities: A Global Guide.

---

## Eduardo Schutte

Senior VP, Global Sales Services & Distribution, Hilton Worldwide

Eduardo Schutte has built a successful and ascending professional career in the Hospitality Industry. At Hilton Worldwide, he manages all functions and business processes that support and enable the Global Sales organization.

---

## Asghar Zaidi

Professor of International Social Policy, University of Southampton

Asghar Zaidi is Professor of International Social Policy, University of Southampton; Senior Advisor at European Centre Vienna; Visiting Senior Fellow at CASE (London School of Economics); and Research Affiliate at the German Institute for Economic Research (DIW Berlin). His recent research interests span active aging, well-being of older people and issues linked with financial and social sustainability of European public welfare systems.

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**26** FEATURE

# A MILLION VOICES

**Paul Ladd**

Head, Team on the Post 2015 Development Agenda,  
Bureau for Development Policy, UNDP, New York

More than 1.5 million people all over the world have engaged in 100 national dialogues, 11 thematic meetings, and an online portal that includes a survey on global priorities called MY World. The global conversation has responded to a thirst for engagement by all people to shape their future, and provided a host of good ideas on how governments, businesses, and civil society can help to make that future a reality.

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**34** HEALTH

# LIVING WELL WITH DEMENTIA

**George McNamara**

Head of Policy and Public Affairs  
Alzheimer's Society UK

Cities, towns and villages across the UK are leading the way on a new path to becoming dementia-friendly communities. Alzheimer's Society, working with others, have set out on an ambitious agenda to make living well with dementia a reality, one community at a time.

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**92** PERSONAL TIME

# TIME WORTH SHARING

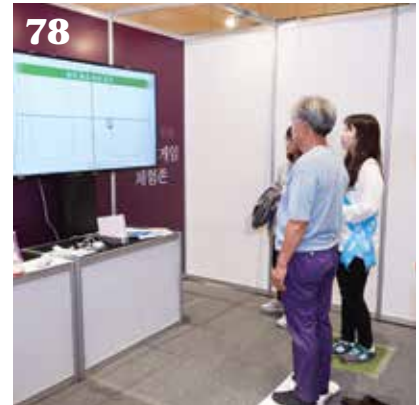
**Eduardo Schutte**

Senior Vice President, Hilton Worldwide

Every boomer's travel experience is unique; some are road warriors while others are once-a-year vacationers. But regardless of frequency or travel style, many polls rank travel as boomers' No. 1 leisure activity, for a variety of reasons.

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## IN THIS ISSUE



### **+** HEALTH

**34**

#### **Living Well With Dementia**

Dementia-Friendly Communities Offer Services and Support

BY GEORGE MCNAMARA

**38**

#### **A Global Epidemic**

Addressing the Growing Reality of Dementia Around the World

BY ALZHEIMER'S DISEASE INTERNATIONAL (ADI)

**40**

#### **The G8 Commitment**

Dementia Treatment by 2025

BY SARAH LENZ LOCK

**44**

#### **Designs on Dementia**

A Dementia Center Improves Lives

BY JUNE ANDREWS

**48**

#### **Campaign to End Loneliness**

Helping Older People to Create and Maintain Personal Connections

BY KATE JOPLING AND ANNA GOODMAN

**53**

#### **Longevity Dividend**

Lessons from Okinawa

BY BRADLEY WILLCOX AND CRAIG WILLCOX

**58**

#### **Global Innovations**

Weifang University and Texas A&M University-Corpus Christi: Sharing Best Practices Through International Exchange

### **↑** COMMUNITY

**60**

#### **AARP's Age-Friendly Network**

AARP's Network of Age-Friendly Communities Helps Cities to Prepare for Aging Residents

**64**

#### **Supporting Age-Friendly Efforts**

The WHO Global Network of Age-Friendly Cities and Communities Influences Age-Friendly Initiatives

BY LOUISE PLOUFFE AND INA VOELCKER

**78**

**68**

#### **Best Practices**

Age-Friendly Examples from Around the World

**74**

#### **Global Innovations**

The Jiminy Wicket Project: Connecting Through Croquet

### **\$** MONEY

**76**

#### **Recognizing Age-Friendly Employers**

Announcing the 2014 AARP Best Employers International Award

**78**

#### **Addressing Aging in Korea**

Senior Partners, Korea

BY EUN-KYUNG PARK

**82**

#### **Treasuring the Silver Workforce**

NEA, Singapore

BY GLORIA CHIN

92



87

### Respecting Mature Workers

Michelin North America

BY DAVID STAFFORD

90

### Global Innovations

Koureisha Ltd:

Redefining Flexible

Retirement Opportunities



## PERSONAL TIME

92

### Time Worth Sharing

The Growing Popularity of  
Multigenerational Travel

BY EDUARDO SCHUTTE

96

### Fine Print

*Oma Aika* Appeals to Finland's  
50-Plus Population

BY ANNA-LIISA HÄMÄLÄINEN

100

### Talent Exchange

Cooperation Promotes  
Sino-US Relationship

BY ZHANG JIANGUO

## DEPARTMENTS & FEATURES

4

### From the Editor

7

### Maintaining a Global Perspective

BY A. BARRY RAND

10

### The 10 Unsolved Mysteries in Aging Policy

BY DEBRA WHITMAN

12

### How the Boomers Ruined (Saved) Everything

BY PJ O'ROURKE

15

### A Digital Agenda

BY NEELIE KROES

18

### Surveying the Aging Landscape

BY ASGHAR ZAIDI

26

### A Million Voices

BY PAUL LADD

32

### AARP on the Scene

102

### Life Reimagined

106

### Twitter Shoutouts

108

### Spotlight: Toby Porter

## THE JOURNAL

EDITOR-IN-CHIEF

Josh Collett

MANAGING EDITOR

Holly Schulz

CONTRIBUTING EDITORS

Erica Dhar

Bradley Schurman

Natalie Turner

Susan Zapata

CONTRIBUTING WRITERS

Nicholas Barracca

Brandon Cheslock

Jonathan Peterson

Boe Workman

DESIGN

LevineDC.com

THE JOURNAL ONLINE

[journal.aarpinternational.org](http://journal.aarpinternational.org)

AARP INTERNATIONAL ONLINE

[aarpinternational.org](http://aarpinternational.org)

FACEBOOK

[facebook.com/aarpintl](https://facebook.com/aarpintl)

TWITTER

@aarpintl

CONTACT

AARP Office of

International Affairs

601 E Street, NW

Washington, DC 20049

United States

T +1 202 434 2402

F +1 202 434 2717

E [international@aarp.org](mailto:international@aarp.org)

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January 2014

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**Ageing demands a response and compels us to reimagine our institutions and imagine the possibilities for living our best lives.**

**Josh Collett**  
VICE PRESIDENT FOR INTERNATIONAL AFFAIRS, AARP

Those of us working in the field of global ageing are familiar with the numbers. Current demographic trends and projections are unprecedented. The United Nations reports that the number of persons over the age of 60 will more than double by 2050, exceeding 2 billion people and surpassing the number of children (15 and under) for the first time in history. But this change is upon us now and population ageing is happening in all regions of the world. Ageing demands a response and compels us to reimagine our institutions and imagine the possibilities for living our best lives.

As a social change organization, AARP is dedicated to enhancing the quality of life for all as we age. To meet this objective, we work with all sectors of society

and engage globally to generate collective action. AARP's international work is focused on highlighting best global policies, models and innovations, and this edition of *The Journal* features leading global voices that offer perspective and experience on trends and opportunities. From noted authors, to top-level government officials and representatives from business and academia, *The Journal* highlights local efforts and broader initiatives that are embracing demographic change. For example, our Spotlight section provides an opportunity to get to know Toby Porter, the new CEO of HelpAge International, an organization focused on helping the world's most vulnerable older citizens.

To best approach the megatrend of ageing requires a reexamination of

process and tactics, and AARP is no exception to reinvention. In his column, AARP CEO A. Barry Rand describes how AARP has adapted over recent years to better help people age with dignity and purpose and live their best life. Recognizing the ever-changing world in which we live, AARP has launched *Life Reimagined* to help people thrive in the “Age of Possibilities.” Supporting the interests and tapping the potential of people 50 and older enhances the individual experience and lets us imagine a new Age.

In our Big Picture section, Debra Whitman, AARP’s Executive Vice President for Policy, Strategy and International Affairs, identifies ten mysteries in aging policy that need to be addressed. This year, we should all focus on finding solutions to the challenges of global aging so that we all can better prepare for later life. More than ever, 2014 presents a unique opportunity to embed aging in the planning and development of our institutions. All of us need to be cognizant of the real possibilities offered by longevity.

Driving the longevity revolution in the United States, with an impact on all aspects of society, are the baby boomers. This cohort, 76 million strong, is defining longevity and redefining norms, standards and expectations. We are pleased

to feature humorist P.J. O’Rourke to describe how the boomers, who invented contemporary adolescence, are now redefining adulthood and retirement. O’Rourke notes that the boomers’ unique vision of the future has had a “profound and permanent effect on American life.”

Of course aging is a global phenomenon. As Neelie Kroes, Vice President of the European Commission reports, “Aging knows no borders.” The European Union has been focused on its aging population, advancing initiatives that promote healthier and more active lives. The EU is working to meet changing needs by driving innovations that work locally and can be scaled up internationally.

But how are we doing? How well are countries facilitating active aging and orienting policies to embrace and enable health and security for older people? In this edition, Asghar Zaidi, Professor of International Social Policy at the University of Southampton, lets us know through the Active Aging Index (AAI). The AAI is an analytical tool that tracks progress and helps governments enact policies that empower older people to realize their potential and age with security and independence. Developed by the European Union for the EU 27



**Supporting the interests and tapping the potential of people 50 and older enhances the individual experience and lets us imagine a new Age.**

Member States, the AAI provides quantitative data for 22 measures across four domains to identify opportunities for improvement and chart progress over time. AARP worked with Professor Zaidi to include the United States in the AAI, and he reports on these findings and how countries compare and can improve.

While countries need to focus on how best to enable active aging, there is an opportunity in 2014 to bring global attention to the rapid aging of the world’s population. As Paul Ladd of the United Nations’ Development Programme reports, work is underway to establish global goals that will frame sustainable development policies over future years. A global dialogue is occurring now and voices are needed to embed the protection

**AARP advocates for social change at the personal, community, national and international level.**

and promotion of older people in these new priorities. Ladd describes this effort and the opportunities to add your input. AARP is engaged in this process and working to ensure that appropriate attention is given to issues that impact the quality of life of older people and account for rapidly aging societies.

One issue that is getting global attention and that demonstrates the need for coordinated planning is dementia. In this edition, we feature a series of articles that identify the challenge of this global epidemic, demonstrate the potential for better care at a lower cost, and highlight the need for broad engagement. AARP was pleased to participate in the December 2013 G8 Summit in London that prioritized dementia with promise for improved research, treatment and care. While international collaboration is needed, local initiatives offer learnings, such as the effort to establish Dementia-Friendly Communities in the United Kingdom and a holistic approach to improving services and care at a center in Scotland. Additionally, the health section also includes lessons from Japan for increasing life

expectancy and from the UK on how people can maintain personal connections in later life.

The concept of dementia-friendly communities can build on and enhance broader efforts. The AARP Network of Age-Friendly Communities is affiliated with the World Health Organization's program to prepare for the megatrends of population aging and urbanization. As of January, 2014, there are 20 members in the AARP Network, and we feature best practices from these communities and from around the world. Louise Plouffe, one of the originators of WHO Network, and Ina Voelcker, trace the history of this movement from concept to achievement and describe how it offers a national, regional and global means of exchange.

Perhaps no issue resonates across borders and across sectors more than extending working lives. In 2014, AARP International will, once again, manage the AARP Best Employers International (BEI) program. AARP will recognize innovative practices in age management in September and hold regional events to highlight our award winners and their policies into 2015. We are pleased to feature award winners NEA (international winner from Singapore) and Michelin North America (US winner) to see how they are including and managing diverse talent in the workplace. Eun-Kyung Park, the CEO of Senior Partners in Korea, one of our partners for the BEI program, reports on how population aging creates opportunities for government and business to create policies and markets to the benefit of all. She also notes that older Koreans are reimagining their later years and

are increasingly focused on "how to spend old age more actively."

The Personal Time section covers examples of how people are imagining new possibilities for life after 50 that explore new opportunities and utilize skills for self-discovery and purpose-driven exchange. For many 50+ adults, travel is a top priority, and we feature a report from Hilton Worldwide on how multi-generational vacations afford time with family visits close to home and also in new locations. We also report on an opportunity to combine travel with life experience. AARP has signed an agreement with the Chinese government that facilitates talent exchange for Americans in China that enhances individual experiences while offering skills and knowledge for mutual benefit. Also in this edition, AARP is pleased to spotlight a new magazine in Finland, where nearly half the country is 50+, that reports on new possibilities for this demographic.

AARP represents over 37 million people that are aged 50 and over. We want to ensure secured lives for all and enable our members to live their best lives. AARP advocates for social change at the personal, community, national and international level and works with governments, the private sector and civil society in ways that benefit individuals and their communities. We produce this Journal to elevate the issue of aging and place it on the international agenda. The world's population is aging and we, individually and globally, have an opportunity to imagine new possibilities that enhance the individual experience and benefit society as a whole. ●



# MAINTAINING A GLOBAL PERSPECTIVE

A. Barry Rand | CEO, AARP

**We developed an enterprise strategy to establish AARP as an organization that fights for and equips each individual to live their best life.**

I came to AARP a little more than four years ago to help guide this organization into the future. I was drawn by its powerful mission to enhance the quality of life for all as we age. What I found when I arrived was a very successful organization dedicated to making life better for people 50 and older and their families. But I also recognized that the world was changing in new and

different ways and at an increasingly faster pace. If AARP was going to remain relevant and successful in the future, it would have to change. So, we developed an enterprise strategy to establish AARP as an organization that fights for and equips each individual to live their best life.

We have made significant progress over these past four-plus years in advancing our social mission, helping people to live their best lives and revamping our organization to function in this new, ever-changing world. We have become a recognized leader in social media. We have refocused AARP Foundation on the key issues of hunger, housing, isolation, and income, making it one of the most respected foundations in the country. We've brought Experience Corps into the AARP family. We continue to make new products and services available to AARP members. We have revitalized the AARP brand. We've launched Life Reimagined to

help people thrive in this new life stage we call the Age of Possibilities. And we continue to fight for the issues that matter to our members, people 50 and older and their families — health, financial security and living their best lives.

As we strive to achieve our enterprise goals and make life better for all, we do so from a global perspective. We collaborate with those other countries that also face the challenges and opportunities of aging societies. We learn from their experiences and teach them what we have learned from ours. Our shared goal, our common purpose, is to create a world where all people can age with independence, dignity and purpose — a global society for all ages.

Central to AARP's vision is the belief that older people have much to contribute to creating a world where everyone can age with independence, dignity and purpose. This goes back to our founder, Dr. Ethel Percy Andrus, whose philosophy of productive aging viewed older people as the solution, not the problem. Dr. Andrus believed that engaging older people in making the world a better place through volunteer activity, would not only give them purpose and a way of continuing to contribute, it would bring their valuable lifetimes of leadership and experience to address social issues.

Volunteers continue to play a vital role in AARP. We have an all-volunteer board of directors. Many of our programs — such as AARP Tax Aide, AARP Driver Safety, AARP Foundation's Drive to End Hunger and others — rely heavily on volunteers to operate. And AARP Experience Corps relies on volunteers to serve as tutors in schools to

## **Our shared goal, our common purpose, is to create a world where all people can age with independence, dignity and purpose—a global society for all ages.**

help young elementary school students learn to read.

As part of our international collaboration, we have advocated the benefits of volunteerism throughout the world. AARP President Rob Romasco, recently traveled to Beijing, China to sign an agreement with the Chinese State Administration for Foreign Experts and the International Executive Service Corps (IESC) that will make it possible for senior American executives to volunteer for executive assignments in China. The program will be administered by the IESC. This effort aligns with AARP's Life Reimagined initiative, which helps people discover the real possibilities in their own lives and use their skills, knowledge and experience to live a meaningful and fulfilling life.

At AARP, we are deeply immersed in helping people 50 and older reimagine their lives. We are leading the national conversation to reimagine what aging is all about. Something important, deep and permanent is changing in American life. We're facing a demographic

shift that is so great, it is creating a new life stage in our life cycle—a period that comes after middle age and before old age. At AARP, we call it the "Age of Possibilities." It's a time that more and more men and women are using for continued growth, development, exploration and self-discovery.

This is a monumental shift in how we live our lives—and it has lasting influence and impact. We are witnessing the emergence of a new set of expectations and actions, skills and purposes that will dramatically alter the landscape of life after 50 in America—a new "Age of Possibilities."

Tens of millions of people 50+ are leading longer, healthier, more productive lives. They reach traditional retirement age and realize they're not ready to retire. They want to do more—to continue to contribute to society—they're not done, yet. They want to explore the possibilities that lie ahead, and they're reimagining their careers, their relationships and their lives to do just that.

---

At AARP, we've learned that reimagining life is a key concept for today's generation of aging Americans—especially those who seek something other than the retirement experience that grew from the aging revolution that gave us “the golden years.”

While millions of older people pursue their life reimagined, far too many still seek a life secured. Many still must contend with inadequate health care, poor nutrition, inadequate housing, uncertain finances, and crushing loneliness. That's why we continue to fight every day to protect Social Security and Medicare, to lower the rising cost of health care, to make communities more livable for people of all ages, to improve long-term care and to make sure future generations have the opportunity to achieve health and financial security, to live their best lives and to pursue their dreams. And our work internationally contributes a great deal to inform our work on these issues.

We also support older workers through our “AARP Best Employers International (BEI) Program.” BEI promotes opportunities for people to extend their working lives. This benefits individuals, corporations and society as a whole. AARP BEI spotlights innovative workplace policies and practices that support workers of all ages through events, discussions and an award.

The AARP Best Employers International Award honors non-US-based organizations that value the skills and talents of experienced workers while meeting their needs and providing a path for future workers. Previous winners have included organizations large and small representing a variety of industry sectors

and many countries. AARP will recognize leading organizations in 2014 and plans to hold international programs to highlight model policies in age management across different sectors.

We have also launched the “AARP Network of Age-Friendly Communities,” in affiliation with the World Health Organization. This program educates, encourages, promotes, and recognizes improvements that make cities, towns, and counties more age-friendly for their residents. As we enter 2014, the AARP Network includes 20 US communities. We are working to grow and integrate this effort domestically and to connect internationally with this global movement.

As we confront both the opportunities and challenges of an aging society, we recognize that people and governments throughout the world are dealing with the same issues, each in their own ways. At AARP, we continue to recognize that we can learn a great deal from the experiences of other countries, and the hope that they can learn from us as well.

With 10,000 people a day turning 65 for the next 17 years in the United States, issues related to aging are going to become even more urgent than they are today. Global demographics show that this is an international trend. Therefore, AARP will continue to collaborate with others at international conferences, events and policy discussions to highlight and promote best practices. And we will continue to promote community building among international and UN organizations, governments and civil society organizations serving people 50 and older around the world. ●



**A. Barry Rand**  
CEO, AARP

# THE 10 UNSOLVED MYSTERIES IN AGING POLICY

**Debra B. Whitman** | EXECUTIVE VICE PRESIDENT FOR POLICY, STRATEGY, AND INTERNATIONAL AFFAIRS, AARP



The aging of populations around the world poses a serious challenge for policymakers in many countries. I call these challenges the Unsolved Mysteries in Aging Policy.

1. How can we encourage more people to save more for retirement?
2. How do we make sure people's nest eggs will last for the rest of their lives?
3. How do we encourage people to work longer, while taking care of those who cannot?
4. How will we pay for long-term services and supports, including in the home and community?
5. How will we get the workforce that's needed to support a vastly larger aging population?
6. How can we help consumers play a bigger role in managing their own health and wellness?
7. How can society best deal with growing numbers of people with diminished mental capacity?
8. How do we better protect older adults from fraud and abuse?
9. How can society do a better job of supporting people in making decisions about care at the end of life?
10. How do we get politicians to take a long and broad view of the needs of an aging society?

These are issues I've struggled with for two decades — first at the Social Security Administration, then working for the US Congress on Capitol Hill, and now as head of Policy at AARP. I've also dealt with

them as a caregiver, a granddaughter, an employee and an employer. No matter what continent you live on, you also may be running into some of these same issues in your professional and personal lives.

We all are affected by this demographic change. Adults are increasingly caring for their older parents and children. The growing prevalence of chronic illness is a challenge for families, communities and health care systems. The cost of supporting large older populations is placing financial stress on retirement systems in the United States and overseas.

These problems are interrelated, like pieces of a puzzle. And they do not have easy answers.

Now, to be clear, I am upbeat about the future. I view the changing demographics not as a tidal wave to be feared but as an opportunity to embrace. An older population offers benefits of maturity, stability and knowledge. It can spur innovation in goods and services as varied as banking, tourism and retirement living. It can help us look at the way we build and design communities in a whole new way — for everyone's benefit.

But to have the best possible future, we need to be realistic about the challenges, and take them on, while we still have time.

Different cultures and societies are tackling them in different ways, and we can learn from each other's experience. We can benefit by applying lessons learned and insights from all over the world.

We welcome your perspective. We want to know about relevant initiatives, pilot projects and strategies. Help solve the Unsolved Mysteries of Aging Policy by emailing [international@aarpp.org](mailto:international@aarpp.org) or send a tweet to [@DebAARP](https://twitter.com/DebAARP) ●



**Debra Whitman**

Debra Whitman is AARP's Executive Vice President for Policy, Strategy and International Affairs. She is an authority on aging issues with extensive experience in national policymaking, domestic and international research, and the political process.

She oversees AARP's Public Policy Institute, Office of Policy Integration, Office of International Affairs and Office of Academic Affairs. She works closely with the Board of Directors and National Policy Council on a broad agenda to develop AARP policy priorities and make life better for older Americans. An economist, she is a strategic thinker whose career has been dedicated to solving problems affecting economic and health security, and other issues related to population aging.

# HOW THE BOOMERS RUINED (SAVED) EVERYTHING

PJ O'Rourke | HUMORIST, POLITICAL REPORTER

AUTHOR, *THE BABY BOOM: HOW IT GOT THAT WAY (AND IT WASN'T MY FAULT) (AND I'LL NEVER DO IT AGAIN)*

**And now, the boomers run the world. The youngest members of the generation that decided to be young forever are turning 50.**

Yes, we're spoiled rotten.

We're self-absorbed. And it seems like we'll never shut up. But the boomers made a better world for everyone else. You're welcome.

We're the largest, richest, best-educated generation of Americans, the favored children of a strong, confident and prosperous country. Or, as other generations call us, spoiled brats. Born between 1946 and 1964, the 76 million boomers reaped all

the benefits of the postwar period's extraordinary economic growth.

We were dizzy with our aspirations. We'd be rock stars. We'd be spiritual avatars. We'd be social activists. We'd be billionaires. No, better yet, we'd be all those things at the same time. (Steve Jobs came close.)

Everytime opportunity knocked, we let it in, even when it should have been locked out for decency's sake. And behold the boomers' remarkable experiments with prosperity—the dot-com bubble, the housing bubble, the enormous financial bubble that's still got the nation trying to get fiduciary gum out of its hair.

And now, the boomers run the world. The youngest members of the generation that decided to be young forever are turning 50. That's the age of maximum privilege and power. We're giving everybody orders. And we're taking everybody's money. The oldest boomers are enrolled in Medicare, collecting Social Security

---

and receiving tax-free Roth IRA disbursements. Plus, American life expectancy has increased by almost 12 years since the baby boom was born, so it doesn't just seem like we'll never go away. From President Obama, Rand Paul and Jeff Bezos at one end of our age cohort to Hillary Clinton, Rush Limbaugh and Cher at the other, we cannot be escaped or avoided (or shushed up).

But running the world means taking responsibility for it. The boomers have been good at taking things: Mom's car without permission, drugs, umbrage at the establishment, draft deferments, advantage of the sexual revolution, and credit for civil rights and women's liberation movements that rightly belongs to prior generations. The one thing that can be left in plain sight without us putting our sticky mitts on it is responsibility. Ask our therapists. Or the parents we haven't visited at the extended-care facility.

The world is being run by irresponsible spoiled brats. And yet the world started to get better as soon as the boomers took over. That was in the late 1970s, when we were old enough for our deepest beliefs, our most cherished values and our unique vision of the future to have a profound and permanent effect on American life. To be precise, we took over on July 28, 1978, the day Animal House was released.

Things have been more fun since we elected Senator Blutarsky. Sometimes too much fun. The boomers can be scolded for promiscuous sex, profligate use of illegal intoxicants, and other behavior that didn't turn out to be healthy. But somebody had to do the research. Somebody had to be the guinea pig. And, running around in the

sex-drugs-and-rock-and-roll wheel, we had a good time while it lasted.

This is how we brought down the Berlin Wall. Reagan, Thatcher and Gorbachev get the kudos, but we were the ones who tagged the wall with all that awesome graffiti. When people our age on the wrong side of the Berlin Wall saw how much fun people our age on the right side of the Berlin Wall were having, it was all over with the Communist bloc. Today the Soviet Union is just a collection of counties with too many K's and Z's in their names, and China is the kind of dictatorship whose idea of world conquest is domination of the global smartphone manufacturing sector. We're the generation that laughed off totalitarianism.

Little wonder that we've created a political system best known for producing comedy. A Rasmussen poll from a few years ago found that 32 percent of Americans under 40 think that satirical TV programs like Jon Stewart's *The Daily Show* are replacing traditional news outlets. Who can blame them, considering the news that Senator Blutarsky and his colleagues make. And yet, although partisan polarization may have Washington deadlocked, there are worse things than a deadlocked Washington—such as a unified Washington marching boldly forward to disaster in Vietnam when the Gulf of Tonkin Resolution was passed in 1964 (with a vote of 416-0 in the House, 88-2 in the Senate).

Anyway, we're not "polarized." We're just bickering on the Capitol Hill playground. We love to argue. Half the boomers want more social services, to be paid for by other people. And half the boomers are those other people. At our age, we can't always remember which half we're in. For me, it depends on the day.

Some days I'm a Part D prescription drug beneficiary, and some days it's April 15.

We're also the generation that laughed off the kind of casual bigotry once widely acceptable in American life. To see how far we've come, compare *All in the Family* with *Modern Family*, two popular TV shows about intergenerational relations in a changing world. The 1970s sitcom was considered groundbreaking because it got laughs from middle-aged Greatest Generation patriarch Archie Bunker's unreconstructed racism and sexism. The current show is considered groundbreaking because it gets laughs from middle-aged boomer patriarch Jay Pritchett's bemused confusion about gay marriage, blended families and ... Actually, *Modern Family* is not considered groundbreaking. It's just considered funny.

Boomers didn't exactly create a race-blind society, but the kids we've raised might. When my daughter was nine, she came home from school asking about adoption. She didn't quite understand what it meant. My wife and I explained and said, "You've got friends who are adopted."

"I do?" said my daughter.

"Suzie Duncan," we said. "Suzie was born in Ethiopia. The Duncans adopted her when she was a baby." The Duncans are pink, freckled, short people of Scots-Irish extraction. Suzie is tall and thin with a luminous anthracite complexion.

My daughter said, "I thought Suzie looked different than her mom and dad."

But boomers haven't made life perfect, the way we promised we would back in the 1960s. We promised we wouldn't fight any wars. We were fibbing—we've had seven or eight since Vietnam. But we did make

## Boomers didn't exactly create a race-blind society, but the kids we've raised might.

them smaller. The United States has suffered more than 5,800 combat deaths in the three decades of the post-Vietnam era. The number is painful, but it's also less—by almost a thousand—than the number of US servicemen who died in just five weeks during the Battle of Iwo Jima.

It would be nice to think the boomers did something to make the world less warlike. More likely, our voracious consumerism has just made the world richer. Gross world product—the total of all the goods and services produced on earth—increased fivefold between 1975 and 2012, to almost \$72 trillion. There's a theory that rich people don't like to fight huge wars—itchy uniforms and ugly shoes. China's economy is nearly 40 times larger than it was in 1978. Let's hope the theory's true.

Our own standard of living hasn't climbed at that heady rate, the way the Greatest Generation's did. But we didn't get to start with nothing. In a world destroyed by the Depression and war, every Levittown bungalow looked like the Ritz-Carlton, and a \$20 pay raise was a winning lottery ticket. American family income, adjusted for inflation, grew by about \$25,000 between the late 1940s and the middle 1970s. Since then it's grown by only about half that amount after adjusting for inflation and has in fact declined overall since 1999. For a so-called sandwich generation—pressed between the demands of kids who aren't yet independent and parents who are getting less so—we

haven't put many bean sprouts in the pita pocket.

But a lot more things now come standard with our standard of living, thanks to all the great stuff we've invented. In 1978, few people had a personal computer, and if they did, it took up half the house. There was no GPS in your car. The Greatest Generation was lost all the time (this may be how LBJ wound up in Vietnam). You had to go to the library to look things up, and then you couldn't because the Dewey Decimal System made it impossible to figure out whether Dewey ran for president against FDR, defeated the Spanish navy in the Battle of Manila Bay or invented the Dewey Decimal System. We may not have managed America's money well, but the boomers' demand for more and better gizmos has filled the nation with amazing playthings, from tiny talking computers to gigantic flat-screen TVs with 2,000 channels to watch on them. We're the generation that will die with the most toys.

Until that day finally comes, we'll still be riding our bicycles, jamming in garage bands, and wearing jeans and T-shirts. We're famously careful about the way we raise our kids, because somebody has to grow up. It won't be us.

And what about those kids? Will Generation X and the millennials do a better job running the world than the boomers have? Let's hope so. But first they'll have to move out of our basements. ●



**PJ O'ROURKE**

Humorist and political reporter P.J. O'Rourke is the author of *The Baby Boom: How It Got That Way (And It Wasn't My Fault) (And I'll Never Do It Again)*.



# A DIGITAL AGENDA

Innovating through Information Communications Technology

Neelie Kroes | VICE PRESIDENT, EUROPEAN COMMISSION

**A major part of the answer lies in digital technology or, more officially, ICT-enhanced products and services for aging well.**

For me, the United States has always been the land of unlimited possibilities. It is also the land where my grandchildren are growing up. Thanks to Skype (European Union-invented!), I can be part of their lives whenever I like. Of course, I say this because I am a proud grandmother, but also because it can help us get the essence of aging in sharp focus.

Aging is about maintaining quality of life, health, independence, and an active life without social exclusion. The big challenge is to organize our economy and society in such a way that we can make this a reality for a large part of the population in an aging society. That is no easy task.

You could look at our aging society as a triumph. Advancing medical science and enlightened public policy have delivered something wonderful to our citizens: longer, healthier lives. Still, too

many people see aging as a challenge, contributing to a rising cost in national accounts and demanding arduous responses. One can also see it as a fantastic opportunity, to enable people to contribute to our society after they turn 65. The European “silver economy” already amounts to € trillion—and is growing fast. Whichever way you look at it, one thing is clear: the change is huge, and we must respond. In my role as European Commissioner for the Digital Agenda, I have been trying to make people see the unlimited possibilities of demographic aging and convince them to change their politics, policies, and philosophy. In 2060, the world will be entirely different demographically, and that calls for more than a few tweaks to pension rules.

## **Innovation is for Everyone**

We need innovation, but in a broad sense—including technological, social, and economic innovation. But how do we stimulate and support it? That’s a tricky question. A major part of the answer lies in digital technology or, more officially, ICT-enhanced products and services for aging well. I am convinced they can help us achieve a better quality of life, more sustainable health and care systems, and economic growth and new jobs—a triple win. But many people think technology

should not overtake care. Care and cure are people's work, they say, or that older people and new technology do not go together very well. ICT innovation is by default associated with young people: teenagers texting constantly, cool websites targeted at twentysomethings, and start-up millionaires barely out of high school. But that's blatantly wrong. If well-designed and responding to real user needs, innovative technology is for everyone, and it can support our shift to an age-friendly society.

Health and care can be used as an example. Our care institutions were built in a different age: intended to deal with acute conditions and short-term problems, and based on doctor visits, hospital stays, and medication prescriptions. An aging population faces different challenges: chronic, degenerative, and multiple long-term conditions are becoming more and more frequent. That calls for a different kind of solution, i.e. one that does not rob people of dignity and independence, but puts them in the center of care provision. It calls for an approach that does not focus on treatment, but on prevention and early detection, and supporting active and healthy lifestyles. ICT provides many practical ideas for this approach, from simple mobile apps that empower people to take control and monitor their health, to entire environments for assisted living without being dependent on others.

### **Cherish the Differences**

Aging knows no borders. The European Union, the United States, and many other countries share this challenge. In Europe, national governments are still largely responsible for delivering care to those who need it. They can be effective agents of change, but sometimes the market

is more responsive. And then there is the European fragmentation along national borders, which we work so hard to overcome. That is probably why we are slow in applying the potential of innovation, especially in areas like health and care, which is dominated by national regulation and government intervention. Yet, our diversity can help us design solutions that are not one size fits all, but applicable and transferable to different settings: flexible and open solutions for a global market. AARP shows us something that Europe does not have: a unified advocacy organization for the whole population, with the buying power to help shape the growing silver market. But Europe also has a lot to offer American companies. The active government policies on aging, research, and innovation are certainly at play here; the Intel Technology Research for Independent Living Centre in Ireland is a fine example.

Many initiatives of the European Commission support innovation for aging well. They take into account the specific European dimensions mentioned above, yet always aim for solutions with international potential. First, there are the major multiannual research and innovation programs: the current Seventh Framework Programme (FP7) and the new Horizon 2020 (H2020), running from 2014 until 2020. Promoting longer and healthier lives is one of the societal challenges of our €70 billion H2020 program. There we will continue to fund fundamental research on the effect of aging on body, mind, and community; as well as the technologies, services, and applications that can tackle these challenges and support active aging. We will also fund large-scale

innovation actions to demonstrate how certain solutions yield a return on investment in terms of quality of life, care efficiency gains, and economic growth. We look forward to continued cooperation with US companies and institutions under H2020, more notably on open platforms and interoperability standards as a basis for an open, big-data approach to care innovation.

### **Assistive Technologies for Independent Living**

Under H2020, we will also fund the Member State-driven Ambient Assisted Living Joint Programme (AAL JP). With this program, we want to help translate interesting ideas from research into realistic products and services with a clear market potential. After a successful first version, we plan to launch a second round for the next 7 years. In each AAL project, at least three Member States, one Small or Medium-sized Enterprise (SME), an academic institution, and a user organization work together. Part of its success is the participation of innovative SMEs that come up with ground breaking ICT-based solutions—for example, to keep older people socially interactive, enhance their mobility, or help them manage their daily activities at home. To improve and support knowledge-based policy making, we run a “More Years, Better Lives” Joint Programming Initiative. Finally, innovation for healthy living and active aging is one of the priority themes of the Knowledge and Innovation Communities of the European Institute for Technology. This is already a lot, but it is not enough. Innovation is only valuable if it makes a concrete difference to people's lives. Only then will people see the benefits.

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# It's time to remove the barriers, including regulation and institutional arrangements that block the deployment of good practices that are already available.

## Kindle the Sparks to Build a Fire

Two years ago, we decided an extra step had to be taken to ensure that what works at a local level is shared and scaled up internationally. To achieve that, we needed to create a more favorable environment for innovations with a proven track record and to define which policies we need to adopt to make this happen—be it health and social policies, or employment and economic policies. It's time to remove the barriers, including regulation and institutional arrangements that block the deployment of good practices that are already available. That is the philosophy of our European Innovation Partnership on Active and Healthy Aging (EIP- AHA.) More than 3,000 parties (companies, patients, carers and health professionals representative organizations, academics) have committed to join forces on six concrete actions: medication adherence, fall prevention, frailty and malnutrition, integrated care, independent living, and age-friendly environments. Trials have shown that telehealth can improve survival and recovery as well as cut inconvenient, costly hospital visits. In some places with telemonitoring services, medical costs have gone down considerably, while in others the quality of life

of chronic patients has increased. There are even regions where new jobs have been created. In other words, the sparks are there, but we need to build a fire. That's why the EIP-AHA participants gather evidence, share and learn from each other, exchange good practice, energize those who get the message, and educate those who don't. These many initiatives are already helping to improve the lives of millions of Europeans in a practical sense.

Creating an age-friendly European Union is also about building smarter and more age-friendly cities where it is easier to get around, with houses and buildings that are more responsive to people's needs. That is the topic of yet another European innovation partnership in the making. And, of course, we need ubiquitous, fast broadband to make all of this possible. That is why I recently presented the proposal for a single market for telecoms.

Aging isn't a problem; on the contrary, it can be a source of innovation and growth. It's not just an expanding cost to be cut, but a growing market opportunity to be served. We all should benefit from it. Let's join forces to turn this global challenge into a source of inspiration and growth for all. ●



**Neelie Kroes**

Neelie Kroes was born in 1941 in Rotterdam. From 1971 to 1989 she worked in Dutch politics, including as minister responsible for postal and telephone sectors. Subsequently, she worked on various company boards. In 1991 she became chairperson of Nyenrode University. In 2004 she became the EU's Competition Commissioner, and, in 2010, Vice President of the Commission responsible for the Digital Agenda.

# SURVEYING THE AGING LANDSCAPE

**Asghar Zaidi\*** | CENTRE FOR RESEARCH ON AGEING/ESRC CENTRE FOR POPULATION CHANGE,  
SCHOOL OF SOCIAL SCIENCES, UNIVERSITY OF SOUTHAMPTON, UNITED KINGDOM



**Data helps to depict  
the contribution of older  
people and provide key  
lessons from EU  
Member States and the  
United States. ►**

The Active Aging Index reported here is calculated for each of the 27 European Union (EU) countries as well as for the United States, with a focus on the current generation of older people and by using the latest available survey data. It covers diverse aspects of the active aging experience, and points to older people's contribution with respect not only to employment, but also to their unpaid familial, social, and cultural contributions, and to independent, healthy, and secure living. It also captures how countries differ with respect to capacity and enabling environments for active and healthy aging, and offers the all-important breakdown by gender. Its key findings are that the United States, Sweden, Denmark, Ireland, the United Kingdom, and the Netherlands come at the top of the ranking, whereas the majority of eastern European countries and Greece are at the bottom. Women fare worse than men in most countries, identifying a need for a renewed social policy emphasis on reducing gender disparity in regard to active aging.

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*\*With contributions from Cinthia Josette Arévalo in producing results from the United States, and from Katrin Gasior, Maria M. Hofmarcher, Orsolya Lelkes, Bernd Marin, Ricardo Rodrigues, Andrea Schmidt, Pieter Vanhuyse and Eszter Zolyomi for results from European Union countries.*

# ACTIVE AGING INDEX

FIGURE 1: THE DOMAINS AND INDICATORS OF THE AAI



## INDICATORS NEEDED TO CONSTRUCT ACTIVE AGING INDEX

<b>Employment Rate</b> Age 55-59	<b>Voluntary Activities</b>	<b>Physical Exercise</b>	<b>Remaining Life Expectancy</b> at age 55
<b>Employment Rate</b> Age 60-64	<b>Care to Children/ Grandchildren</b>	<b>Access to Health and Dental Care</b>	<b>Share of Healthy Life Expectancy</b> at age 55
<b>Employment Rate</b> Age 65-69	<b>Care to Older Adults</b>	<b>Independent Living</b>	<b>Mental Well-being</b>
<b>Employment Rate</b> Age 70-74	<b>Political Participation</b>	<b>Financial Security</b> (Three Indicators)*	<b>Use of ICT</b>
		<b>Physical Safety</b>	<b>Social Connectedness</b>
		<b>Life-long Learning</b>	<b>Educational Attainment</b>
Actual Experience of Active Aging			Capability to Actively Age

\*Financial security aspects are captured by three different indicators: (1) relative median income of 65+ relative to those below age 65; (2) no poverty risk for older persons; and (3) no severe material deprivation rate.

## **Access to high-quality data allows us to draw a full picture of active aging outcomes for the current generation of older people across different domains of their lives.**

We live in a society that would be unrecognizable to a visitor traveling forward from the early twentieth century. The visitor would notice many great technological wonders, but he would surely notice something unprecedented about humans: increasing numbers are living longer than ever before, are healthier, and can look positively to the prospect of an active life long into old age. This is the outcome of extraordinary developments in technology, medicine, and public hygiene, but equally important are adjustments to lifestyles (such as adopting a healthy diet and undertaking regular exercise throughout the life course) and the provisions of public policies and welfare state institutions. For citizens of European and North American countries, a full and active life in old age is no longer an idea, but it is already a reality for some and a genuine possibility for many others!

While we celebrate living longer, in better health, and with increasing security, there is a broad social and societal responsibility to question how such benefits can be sustained and spread to other regions around the globe and to be participated in and shared by wider segments of our societies. The challenges can be summarized as follows: to identify and promote strategies at all levels

that stimulate and sustain the activity, health, independence, and security of older people. The strategies that have come to the fore over the past decade, and that are linked with improving the well-being of older people, are referred to collectively as “active aging.”

Active aging strategies draw on the insight that successful measures enable older people to increasingly participate in the labor market, social and family activities, and live independent, secure, and healthy lives. The rationale is that setting in place the conditions to empower older people to live active lives with degrees of independence and security is the catalyst for sustainable aging societies. The multifaceted design of a comprehensive active aging policy discourse allows the setting of policy goals to maintain, and even raise, the well-being of older individuals. It also strengthens social cohesion in the society and solidarity between generations, and improves financial sustainability of public welfare systems. Under such conditions, care for the elderly is seen as a positive—much less a burden—and a source to empower older people to free themselves from dependency and social isolation.

A key prerequisite to the formulation of any successful and sustainable strategy is good data. Advancements

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in data collection allow accuracy in the measurement and assessment of the baseline position, as well as for the measurement of progress and the evaluation of the impact of policies, institutions, and behavioral changes. For instance, access to high-quality data allows us to draw a full picture of active aging outcomes for the current generation of older people across different domains of their lives. That said, some caution may be in order: the evidence generated on active aging can only be as good as the data it is built on, and there is an ongoing need to improve the quality of survey data to make issues of aging, gender, and socioeconomic class visible. The insights required are the ability to highlight how aging experience at the individual level are combined with higher levels of activities (paid and unpaid), improved health (physical and mental), and a greater degree of autonomy and self-reliance.

The 2012 European Year (EY2012) carries a special significance in this respect, as it has put a renewed focus on the potential of active aging as a policy strategy.<sup>2</sup> Most notably, in the framework of activities of EY2012, the United Nations Economic Commission for Europe (UNECE), the European Commission's Directorate General for Employment, Social Affairs and Inclusion and the European Centre Vienna jointly undertook a major research project to collect evidence on active aging outcomes across 27 European Union (EU) countries by constructing the composite quantitative measure called the Active Aging Index (AAI).<sup>3</sup>

The AAI was produced for the United States by AARP researchers (in close consultation with the author). The AAI for the United States followed the same methodology as used to calculate the AAI for EU countries. Because of data consistency issues that exist between Europe and the United States, it was necessary for some indicators to be replaced with the closest available proxy. Overall, the international comparability of the indicators between EU countries and the United States can be termed as satisfactory.

The AAI offers a wide range of users (policy makers, researchers, students, and businesses) a flexible framework that helps to depict the contribution of older people, and to draw out lessons from policies, programs, and institutional differences across EU member states and the United States. In its design, the AAI draws from the definition offered by the World Health Organization (WHO) during the Second World Assembly on Ageing, bases itself on the strands of the EY2012, and uses a methodology similar to the Human Development Index of the United Nations Development Programme.

One of the major benefits is that the AAI enables credible comparisons between EU countries and the United States and quantifies the differential extent to which older people have realized and can further realize their potential in the multiple domains that determine their active aging experiences. In this pursuit, the AAI also offers a transversal breakdown by gender in order to highlight the specific public policy

goals of reducing gender disparity in positive experiences of successful aging.

### **Domains and Indicators of the Active Aging Index**

The definition of active aging encompasses many facets. Most importantly, it includes participation in the labor market as well as other unpaid productive activities, and also the ability to live healthy, independent, and secure lives. Clearly, the data needed to capture these domains of living is multifarious and complex. The indicators needed to construct the AAI must capture the employment experience of older people, before and after retirement age, but also their unpaid activities toward care provision to family members and volunteering. Other data required relates to the physical, social, and financial security of older people; their access to health and dental care; education, training, and access to information and communication technology (ICT); and information on those aspects that determine the enabling age-friendly environments of a country. The strength of the AAI analytical toolkit is that it brings together all these perspectives, offering policy makers a sound base to devise evidence-based strategies to manage the challenges of population aging.

Framed by these considerations, the AAI used the following four domains: employment; participation in society; independent, healthy, and secure living; and capacity and enabling environment for active

aging. Figure 1 (page 19) displays the hierarchy for systematically deriving a quantitative overall index for active aging, starting by using 22 indicators placed under four domains.

Although the first three domains are traditional subjects of measurement of active aging, the fourth domain (capacity and enabling environment) is innovative. It looks beyond the actual active aging experiences and takes stock of the health and human capital of older people within their cultural, economic, and social setting. It recognizes the importance of the individual capacities of older people as well as the quality of the age-friendly environment in which they live in determining their diverse experience of aging.

**Key Findings of the AAI**

Using the overall index, Sweden and Denmark are neck and neck with the United States in the top three places, with three western European nations (Ireland, the United Kingdom, and the Netherlands) next, followed by Finland. With the exception of the Czech Republic, the current position of the central and eastern European countries is at the bottom of the ranking; these countries are found to show a clear potential for further improvements with respect to active aging.

Obviously, the figures provided by the AAI do not tell a complete story. But they do allow a basis for a cross-country comparison, an analysis of differences across active aging dimensions, and the means for identifying, on a country and regional basis, the policy priorities for future progress. Notwithstanding this, what the index values for these countries do

show is that even the top performing countries, with a value of 44 percent, must aim for further improvements. In contrast, the four countries at the bottom of the ranking—Greece, Hungary, Slovakia, and Poland—have a larger gap (in excess of 70 percent), and thus require greater policy and coordination efforts to promote active and healthy aging experience of their old age population.

It is important to understand that although the numerical values of the overall index look similar, they nonetheless reflect different experiences across the four domains within a country. For example, the joint top position of the United States (with Sweden) in the overall AAI ranking can be explained, in part, by the high index value the United States achieved for the first domain (employment) and also for its top position in terms of the capacity and enabling environment for active aging. Ireland, in contrast, scores the top ranking only in the second domain (participation in society), but does not feature even in the top 10 countries in the employment domain. The United Kingdom, on the other hand, has a high ranking in employment but do not feature among the top ten with respect to participation in society. Such differences across countries offer mutual learning in terms of good policies and programs that promote active and healthy aging in different contexts.

The index also reports separately the active aging experience of men and women, which allows a strong focus to be brought to an evaluation of differential aging experiences by gender. The AAI, when viewed for gender differences within a country, indicates a clearly higher untapped

**FIGURE 2:  
RANKING OF COUNTRIES  
BY THE OVERALL AAI  
FOR TOTAL POPULATION**  
*(Includes All Domains, 2012)*

SWEDEN	44
UNITED STATES	44
DENMARK	40
IRELAND	39
UNITED KINGDOM	39
NETHERLANDS	39
FINLAND	39
CYPRUS	36
LUXEMBOURG	35
GERMANY	35
AUSTRIA	35
CZECH REP.	34
FRANCE	34
PORTUGAL	34
BELGIUM	33
ITALY	33
ESTONIA	33
SPAIN	33
LITHUANIA	32
MALTA	31
ROMANIA	31
SLOVENIA	31
LATVIA	30
BULGARIA	30
GREECE	29
HUNGARY	28
SLOVAKIA	28
POLAND	27



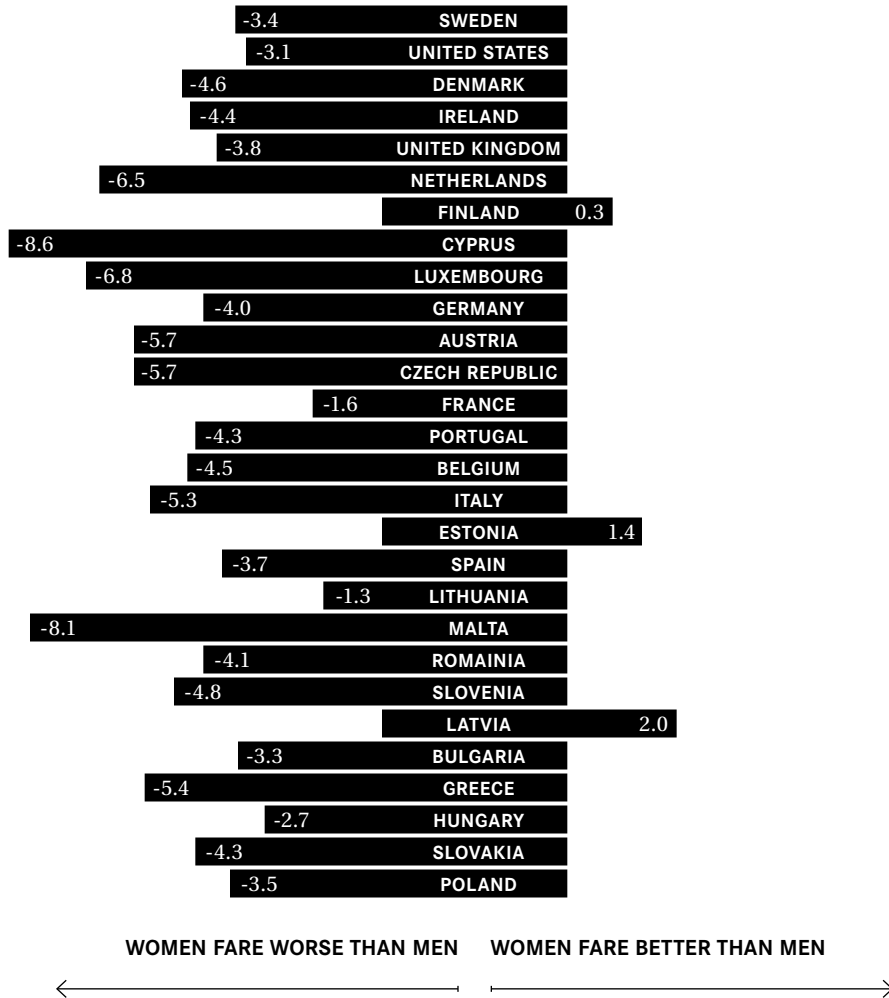
**TABLE 1: RANKING OF EU MEMBER STATES AND THE UNITED STATES,  
ON THE BASIS OF THE AAI AND THE DOMAIN-SPECIFIC INDICES**

*Men and Women Together*

Overall	Employment	Participation in Society	Independent, Healthy and Secure Living	Capacity and Enabling Environments for Active Aging
▲ <b>United States</b> 44.0	▲ <b>United States</b> 41.4	▼ <b>United States</b> 23.0	▼ <b>United States</b> 74.8	▲ <b>United States</b> 70.0
<b>1. Sweden</b> 44.0	<b>1. Sweden</b> 41.0	<b>1. Ireland</b> 25.2	<b>1. Denmark</b> 79.0	<b>1. Sweden</b> 69.5
<b>2. Denmark</b> 40.2	<b>2. Cyprus</b> 36.1	<b>2. Italy</b> 24.1	<b>2. Sweden</b> 78.7	<b>2. Denmark</b> 66.7
<b>3. Ireland</b> 39.4	<b>3. UK</b> 35.5	<b>3. Luxembourg</b> 22.6	<b>3. Netherlands</b> 77.7	<b>3. Netherlands</b> 61.6
<b>4. UK</b> 39.3	<b>4. Portugal</b> 35.3	<b>4. Sweden</b> 22.6	<b>4. Finland</b> 76.6	<b>4. Luxembourg</b> 61.6
<b>5. Netherlands</b> 38.9	<b>5. Estonia</b> 34.4	<b>5. France</b> 22.4	<b>5. Germany</b> 75.8	<b>5. UK</b> 61.4
<b>6. Finland</b> 38.8	<b>6. Denmark</b> 34.0	<b>6. Netherlands</b> 22.4	<b>6. UK</b> 75.7	<b>6. Ireland</b> 60.8
<b>7. Cyprus</b> 36.3	<b>7. Finland</b> 32.0	<b>7. Finland</b> 22.4	<b>7. Ireland</b> 75.7	<b>7. Finland</b> 60.7
<b>8. Luxembourg</b> 35.1	<b>8. Romania</b> 31.4	<b>8. Austria</b> 21.4	<b>8. Luxembourg</b> 74.7	<b>8. Belgium</b> 60.3
<b>9. Germany</b> 35.0	<b>9. Netherlands</b> 31.4	<b>9. Belgium</b> 20.4	<b>9. France</b> 74.6	<b>9. France</b> 57.8
<b>10. Austria</b> 34.9	<b>10. Germany</b> 31.2	<b>10. Denmark</b> 20.1	<b>10. Slovenia</b> 74.4	<b>10. Austria</b> 57.5

**FIGURE 3: GENDER DIFFERENCES IN THE OVERALL AAI**

*All domains together*



potential for women in almost all countries. This is particularly so in the two southern European countries (Cyprus and Malta), but also (surprisingly) in the Netherlands and Luxembourg.

**Conclusions**

The AAI provides an opportunity for an assessment of and goal setting for activity, participation, independent living, and enabling

age-friendly environments for older people. Policy makers, researchers, students, businesses, and civil society partners now have access to a flexible framework that can be used to highlight the important contributions older people are making to their communities, and to draw lessons from the experiences of older men and women in diverse policy and institutional contexts of countries.

This work offers advancement over previous work in several ways: it takes into account consideration of the human capabilities required to experience active aging. It also highlights the multidimensional characteristics of the active aging phenomenon, by including market and nonmarket contributions of older people in a single measure. Finally, it provides internationally comparable quantitative evidence on

the relative position of EU countries and the United States with respect to the untapped potential of older people in various aspects of active aging. Although to date the AAI has focused on the current generation of older people, there are only good reasons for extending such analyses to other age groups—and so look to incorporate the life-course perspective in the numerical assessment of active aging. People's well-being and their empowerment at all ages must remain the focus of all active aging strategies.

The point about the usefulness of internationally comparable evidence is of crucial future importance. The AAI allows the development of benchmarking of country performance, and this (it is hoped) will incentivize countries to look at policies and programs that other countries have adopted, and learn from those experiences — both positive and otherwise. In the same vein, AARP should look to capture active aging experiences within the United States by constructing an AAI for its individual states. Such an index will feed more targeted responses to experiences of active aging within each state, as well as inform strategic plans at the federal level. The index provides a snapshot of the aging landscape across Europe and the United States and so it is a power tool to inform decision making at, not just the national level, but also at regional levels, while giving abundant opportunities for reflection from the evidence collected — for collaboration, sharing best practices, and learning policy lessons. ●

<sup>1</sup> For more discussion, see World Health Organisation, "Active Ageing - A Policy Framework", A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002; A. Walker, "Commentary: The Emergence and Application of Active Ageing in Europe," *Journal of Ageing and Social Policy*, 21(1) (2009), pp. 75–93; and A. Walker and T. Maltby, "Active Ageing: A Strategic Policy Solution to Demographic Ageing in the European Union," *International Journal of Social Welfare* 21 (2012), pp. 117–130.

<sup>2</sup> Council of the European Union, "Council Declaration on the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward," 17468/12, SOC 992, SAN 322, Council of the European Union, Brussels, 7 December 2012.

<sup>3</sup> For a detailed description of the Active Aging Index and its findings, see A. Zaidi, K. Gasior, M. M. Hofmarcher, O. Lelkes, B. Marin, R. Rodrigues, A. Schmidt, P. Vanhuyse, and E. Zolyomi, "Active Ageing Index 2012: Concept, Methodology and Final Results," (2013), Methodology Report Submitted to European Commission's DG Employment, Social Affairs and Inclusion, and to Population Unit, UNECE, for the project: "Active Ageing Index (AAI)," UNECE Grant No: ECE/GC/2012/003, Geneva, the European Centre for Social Welfare Policy and Research, Vienna, March 2013.

## ACKNOWLEDGEMENTS

The results reported in this article for 27 EU countries are derived from the methodology report of the Active Ageing Index project, submitted to European Commission's Directorate-General Employment, Social Affairs and Inclusion, and to Population Unit, UNECE, for the project: "Active Ageing Index" (AAI), UNECE Grant No: CE/GC/2012/003, Geneva, European Centre Vienna. The work reported here also benefited greatly from the input and advice of members of the UNECE Active Ageing Expert Group during the two meetings in May 2012 and October 2012. Comments received from Ralf Jacob and Kasia Jurczak (both from Directorate-General for Employment, Social Affairs and Inclusion, European Commission) and Vitalija Gaucaite Wittich and Evita Sisene (both from Population Unit, UNECE) at various stages of the project had been extremely valuable and are also acknowledged here. Thanks also go to Sean Terry, Oxford Brookes University, for his comments and suggestions. The views expressed in the article are those of the author and not necessarily shared by the European Commission, the UNECE, or AARP.



**Asghar Zaidi**

Asghar Zaidi is Professor of International Social Policy, University of Southampton. He is also Senior Advisor at European Centre Vienna; Visiting Senior Fellow at CASE (London School of Economics); and Research Affiliate at the German Institute for Economic Research (DIW Berlin). Previously, he was Senior Economist (OECD, Paris); Economic Adviser (Department for Work and Pensions, London) and research officer (London School of Economics and University of Oxford). His recent research interests span active aging, well-being of older people and issues linked with financial and social sustainability of European public welfare systems. Within the framework of the 2012 European Year, he coordinated Active Aging Index Project. During 2013, arising out of collaboration with HelpAge International and a group of international experts, he developed the first ever index to measure the well-being of older people on a worldwide scale, called Global AgeWatch Index. His recent academic publications include books on aging, pensions and health in Europe; on mainstreaming aging; on microsimulation modeling and on the well-being of older people.

FEATURE



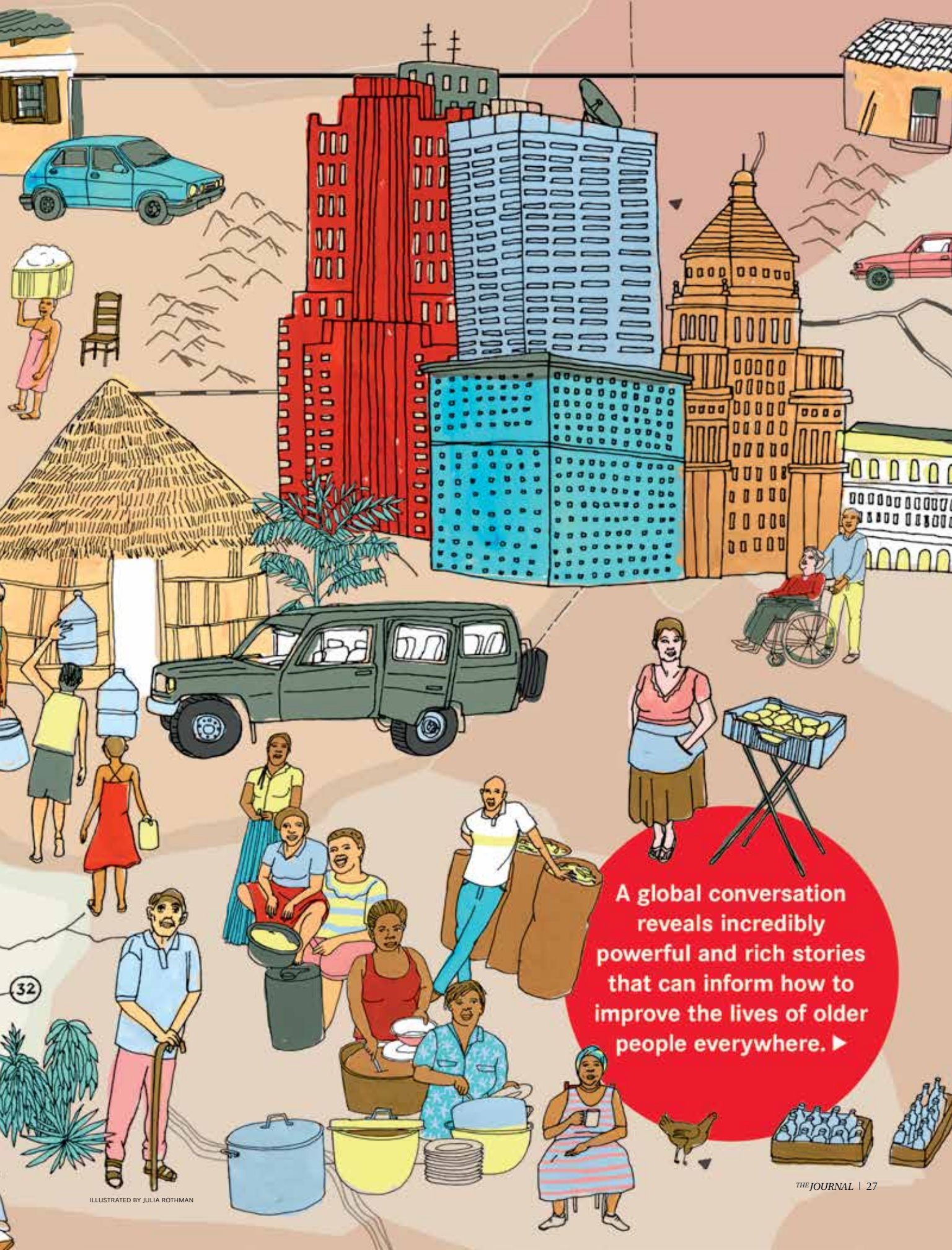
# A MILLION VOICES

Paul Ladd | HEAD, TEAM ON THE POST 2015 DEVELOPMENT AGENDA,  
BUREAU FOR DEVELOPMENT POLICY, UNDP, NEW YORK



3





A global conversation reveals incredibly powerful and rich stories that can inform how to improve the lives of older people everywhere. ▶

The Millennium Development Goals (MDGs) are a set of eight simple goals that aim to improve the lives of the poorest people in the world. Introduced soon after the historic United Nations Millennium Summit in 2000, they have helped to steer governments and others toward policies that make faster progress on meeting essential needs like education, health care, gender equality, and access to food and water. They have mobilized additional funding and helped to allocate that funding in a better way.

Substantial progress has been made on many of the goals. Income poverty has been halved thanks mostly to rapid progress in Southeast Asia, millions more children have been able to get into primary school, and tremendous progress has been made on increasing the number of people with access to improved drinking water. But progress has been slower on other goals such as reducing maternal mortality and improving access to sanitation. Of particular concern, there have been wide variations in progress—across countries, within countries, and for different groups of people.

The MDGs will expire in 2015, and the focus of the UN system and governments at this time is to make as much progress as possible on the current set of goals. At the same time, discussions have already started on what might replace them, including on a new set of goals and targets that support poverty eradication and development that is more sustainable.

The various agencies of the UN have been supporting this process by providing evidence on what has worked and what has not with the MDGs, and by facilitating a “global conversation” on the world that people want. More

## **The global conversation has responded to a thirst for engagement by all people to shape their future, and provided a host of good ideas on how governments, businesses, and civil society can help to make that future a reality.**

than 1.5 million people all over the world have engaged in 100 national dialogues, 11 thematic meetings, and an online portal that includes a survey on global priorities called MY World. The global conversation has responded to a thirst for engagement by all people to shape their future, and provided a host of good ideas on how governments, businesses, and civil society can help to make that future a reality.

The results of the consultations have been captured in an important UN report released in September 2013, titled “A Million Voices: The World We Want,” and have helped to inform other key reports including that of the UN Secretary General’s High-Level Panel on the Post-2015 Development Agenda. A searchable consultations database allows people to find out more about the issues they care most about. In addition, the votes of the 1.2 million people that have taken part in the MY World survey can be separated by country, gender, education level, and age.

Overall, the global conversation points to two main findings. First, the issues covered by the MDGs are still important for people the world over, but the goals and targets that governments employ can be refined and deepened. Second, people point to a range of issues that affect their lives but are not covered by the current set of goals and targets: decent jobs and livelihoods; better governance; respect for the planet and environment; and the freedom to live without the fear of conflict, crime, and violence.

But what do the consultations tell us about the specific issues that are most important for older people?

The national dialogues have provided a set of incredibly powerful and rich stories about how the lives of older people can be improved. In Burkina Faso, older people lamented the lack of doctors that could treat the particular illnesses they faced. In Costa Rica, older people recounted how they fear being assaulted when they collect their pensions. In the Philippines, older people demanded

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# GLOBAL PRIORITIES

Nearly 40,000 people over the age of 61 have taken part so far in the MY World Survey. Their top seven priorities are identical to the top seven priorities of all global participants, albeit in a different order.

## ALL GLOBAL PARTICIPANTS



### 1. A Good Education

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2. Better Healthcare
3. Better Job Opportunities
4. An Honest and Responsive Government
5. Access to Clean Water and Sanitation
6. Affordable and Nutritious Food
7. Protection Against Crime and Violence

## OLDER PEOPLE



### 1. Better Healthcare

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2. A Good Education
3. An Honest and Responsive Government
4. Access to Clean Water and Sanitation
5. Affordable and Nutritious Food
6. Protection Against Crime and Violence
7. Better Job Opportunities



AN HONEST AND RESPONSIVE GOVERNMENT

**“We have a huge need for a government that is really concerned with the people's necessities. With this goal, we can meet various other goals. With a government that is honest and transparent, we can resolve various problems...”**

-14-year-old Participant, National Consultation, Brazil



ACCESS TO CLEAN WATER AND SANITATION

**“We can no longer allow water and sanitation to be treated as commodities, or as simple matters of charity. Water and sanitation are human rights. As long as it is not treated as such, there will be no accountability for the deprivation and denial suffered by millions, and no meaningful progress in international efforts to expand safe access.”**

-Participant, National Consultation on Water



A GOOD EDUCATION

**“Development is achieved through human capital and investment in education. Yet, everyone agrees that our education system is failing, as it is focusing on quantity instead of quality, and unsuited to the needs of developing countries and their labour markets.”**

-Opinion Leaders Focus Group, Mauritania



BETTER JOB OPPORTUNITIES

**“In Africa....People working in the formal sector account for 10 or at most 15 percent. The rest in most countries are somehow working somewhere, either in agriculture or informal sector. That huge part of employed people is largely poor not because they are not doing anything, but because whatever they are doing, their productivity is so low and incomes are so low they are actually working poor.”**

-Participant from Tanzania



AFFORDABLE AND NUTRITIOUS FOOD

**“Hunger, food insecurity and malnutrition can be ended sustainably by 2025. The eradication of hunger and malnutrition must be definitive and irreversible based on the right of everyone to safe, sufficient, nutritious and affordable food. This vision is achievable. Bold, effective action is urgent and both a moral and political imperative.”**

-Madrid Global Thematic Consultation on Hunger, Food Security and Nutrition



BETTER HEALTHCARE

**“A universal health coverage system should be elaborated to reach all the citizens and inhabitants of the country, regardless of their current social security status. The Universal health coverage would include access to hospitals and care structures in remote areas, as well as awareness on health issues among vulnerable groups, and affirmative measures for preventive health care. In this approach, there would be room from a qualitative measurement of health services.”**

-National Consultation Report, Lebanon



policies for a better economic environment so that they could get decent jobs and contribute to growth. And in Mozambique, grandparents described the challenges they faced when raising their orphaned grandchildren.

The articulation of this set of complex concerns is supported by the votes captured in the MY World survey. Nearly 40,000 people over the age of 61 have taken part so far. Their top seven priorities are identical to the top seven priorities of all global participants, albeit in a different order. In first place for older people comes “better health care,” followed closely by “a good education,” and “an honest and responsive government.” These three options are chosen by about 60 percent of voters. “Access to clean water and sanitation” and “affordable and nutritious food” come next, followed closely by “protection against crime and violence” and “better job opportunities.” For the larger set of global voters, “a good education” comes first, and “better job opportunities” places third. For older people in low-income countries, “better transport and roads” sneaks into the top seven priorities. For middle-income countries, “protecting forests, rivers, and oceans” rises to seventh place.

While the priorities of older people around the world do not differ greatly from those of other groups, the specific needs of older people change according to the theme. Health care needs to be appropriate to the challenges that typically face people as they grow older, and lifelong learning opportunities allow

people to remain productive and gain access to better jobs. The findings have important implications for policy. “Better job opportunities” ranks 13th in countries with very high levels of human development, but 4th in countries with low human development. This is likely to reflect the availability of pensions in richer countries and other welfare measures that subsidize fuel and transport. These measures can ameliorate the fear of having to work far beyond a normal retirement age.

The High-Level Panel report makes an important recommendation on how we track progress for all groups in the future development agenda to ensure that no one is left behind. The report argues that much greater attention needs to be paid to collecting timely and high-quality data. Where the goals ultimately chosen by governments are of particular importance for older people, better data will let us see whether commensurate progress is also being made for them in each country.

There are still two years left before governments will decide on a new framework to replace the MDGs. There is still plenty of time left to express your opinion; take part in the global conversation, and help to create a better world!

For more information, visit: [www.myworld2015.org](http://www.myworld2015.org) ●



### **Paul Ladd**

Paul Ladd joined UNDP in 2006 and currently heads the organization's Team on the Post-2015 Development Agenda.

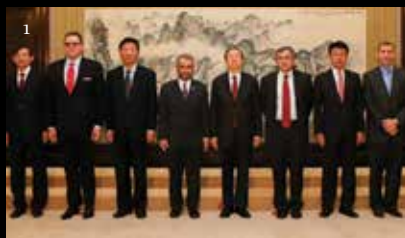
Previously, he had led UNDP's policy team on inclusive globalization—covering issues of trade, development finance, and migration—as well as the group that prepared UNDP's contribution to the September 2010 Review Summit on the Millennium Development Goals. From 2008–09, he provided support to the Office of the UN Secretary-General in New York on the financial and economic crisis and the UN's engagement with the G20.

Before his New York assignment, Ladd was a policy adviser on international development for the UK Treasury, including the period building up to and through the UK's Chair of the G8 and European Union in 2005.

# AARP ON THE SCENE

**“This ‘longevity economy’ is new ground...where we have never been in history. It is bursting with opportunities, which we’ve only begun to realize. How we anticipate and adapt to these changes will determine whether longer lives will also be better lives.”**

**Robert Romasco**  
PRESIDENT  
AARP



- 1 AARP delegation meets with Chinese Vice Premier Ma Kai to discuss opportunities for collaboration with experienced workers, demographic and social policy at Zhongnanhai, Beijing, China, November 2013.
- 2 Lina Walker, Director of Health, AARP Public Policy Institute and Tad Masuda, Director Representative for International Affairs, Japan NGO Council on Aging join the panel at Asia Society's Aging in Healthcare: An East West Dialogue, NY, September 2013.
- 3 Debra Whitman, Executive Vice President, AARP Policy, Strategy and International Affairs discusses the benefits of age-friendly communities at the 2013 AARP-UN Briefing Series on Global Aging at UN Headquarters, NY, February 2013.
- 4 AARP Board Member Fernando Torres-Gil (center), Josh Collett and Bradley Schurman (right) of AARP International meet with Senior Partners leadership during World Congress on Gerontology and Geriatrics in Seoul, Korea, June 2013.

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**“Elder abuse is not just an American problem. It is a global problem. And AARP is committed to working with the international community to address it. We continue to gain insights from other countries and other organizations about ways to prevent elder abuse – ideally before it ever happens.”**

**Debra B. Whitman**  
 AARP EXECUTIVE VICE PRESIDENT FOR  
 POLICY, STRATEGY AND INTERNATIONAL AFFAIRS

- 5 AARP's Network of Age-Friendly Communities gathers in Washington, DC, October 2013.
- 6 AARP President Robert Romasco and Kristian King of AARP Public Outreach participate in the 23rd Annual Observance of International Day of Older Persons at UN Headquarters, NY, October 2013.
- 7 AARP Vice President for International Affairs Josh Collett welcomes returned Peace Corps volunteers at the Volunteering Abroad session during AARP's Life@50+ event in Las Vegas, NV, May 2013.
- 8 AARP and the US Mission to the UN co-sponsor World Elder Abuse Awareness Day in NY, June 2013 (left to right) Terri Roble, Deputy US Representative to the ECOSOC UN; Kathy Greenlee, US Assistant Secretary for Aging; Dr. Alice Siu-Ping Wong, Minister for Seniors, Canada; Dr. Debra Bailey Whitman, Executive Vice President, AARP Policy, Strategy and International Affairs.

# LIVING WELL WITH DEMENTIA

George McNamara | HEAD OF POLICY AND PUBLIC AFFAIRS, ALZHEIMER'S SOCIETY UK

**Dementia-friendly communities offer services and support to people with dementia, allowing them to live fuller, more productive, and more independent lives. ▶**

Across the UK, cities, towns and villages are leading the way on a new path to becoming dementia-friendly communities. Alzheimer's Society, working with others, have set out on an ambitious agenda to make living well with dementia a reality, starting with one community at a time.

The dementia-friendly movement hinges on the growing recognition that health and social care alone cannot tackle the dementia challenge. In England, close to 670,000 people are living with dementia. Across the UK, 800,000 people have dementia, and within the next ten years, this number will be more than one million. Two thirds of people living with dementia currently live in the community, and the demands of the condition are putting unprecedented financial pressure on the health care system. Dementia costs the UK economy £23 billion per year and a third of these costs are born by informal or family caregivers. The international urgency to act on dementia cannot be ignored, either. New estimates from Alzheimer's Disease International suggest the number

of people with dementia will increase from 115 to 135 million by 2050. Doing nothing is not an option.

Research into how well people with dementia are living continues to show that much more needs to, and more importantly can, be done to improve this picture. In England, Wales and Northern Ireland, a renewed focus is being placed on the importance of community involvement and what this means to people with dementia.<sup>1,2</sup> Alzheimer's Society's new report, "Building Dementia-Friendly Communities: A Priority for Everyone," (2013) found that too many people with dementia do not feel a part of their community, nor do they think society is geared up to help them live well. People with dementia want to live in communities that support them in achieving the things that matter to them. Yet, just being able to keep doing everyday tasks, such as shopping or visiting the library, tend to stretch beyond their reach.<sup>3</sup>

The report focused on what being dementia-friendly means to people affected by the condition. Overwhelmingly, people with dementia who were

# DEMENTIA-FRIENDLY COMMUNITIES

Dementia-friendly communities empower people with dementia to have high aspirations, confidence, and the knowledge that they can contribute.



ILLUSTRATION FROM ALZHEIMER'S SOCIETY UK

## **A dementia-friendly community needs to recognize and act on the views and the voice of people with dementia and their caregivers.**

surveyed lack the confidence to get out in their local area and sadly, a third of people living with dementia leave the house less than once a week, and one in ten leave their house less than once a month. Ten areas of focus emerged from the research. A dementia-friendly community needs to recognize and act on the views and voice of people with dementia, and their caregivers. Early diagnosis, and personalized and integrated care must be the norm. Community solutions that promote independence and early intervention are critical. There is a significant role for improving access to transport and for businesses and services to become responsive to the needs of people with dementia.

Alzheimer's Society is a leader in the creation of dementia-friendly communities. In England, the Prime Minister has appointed a Champion Group of leading civic organizations and businesses and emergency services to oversee this work, and practical steps are being taken, both locally and nationally, to ensure that people with dementia are afforded the best quality of life. The response from communities has been impressive. The Prime

Minister's initial ambition for 20 communities to be working towards becoming dementia-friendly has been exceeded, with over 50 areas having expressed interest in the program.

One way of getting involved is by signing up with a local Dementia Action Alliance. These local alliances or similar action groups bring together diverse stakeholders including bus companies, taxi firms, police, fire and rescue services, high streets, local authorities, charities, care providers and health trusts, faith groups and schools. Crucially, all Dementia Action Alliances are centred around the views of people with dementia and their caregivers.

Communities are now being invited to sign up to a formal recognition process to demonstrate their commitment and actions. This provides a framework, alongside flexibility, to enable communities to provide what matters for people with dementia in their community. A set of foundation criteria has been developed for local areas to work towards and by registering online, communities can use and display the 'working to become dementia-friendly' recognition symbol, which

ensures consistency and quality in the program.

In the village of Debenham in rural Suffolk, local people have pulled together to recognize that dementia is not just a national problem; it is personal, and support for people with dementia must be provided locally and supported by the community. The project is now up and running, offering a comprehensive set of volunteer-based dementia services to the local area.

Such projects are starting to generate results and make an impact for people living with dementia. Economic modeling conducted for Alzheimer's Society also found that dementia-friendly communities are places that will save money. By ensuring that people with dementia live independently for longer and avoid the crisis points that end up in hospitals or early admission into care homes. For every one person who is able to live at home rather than in residential care, there is a saving of £11,296 per year or £941 per month.

Yet, there is still some way to go to realize these savings. In England, less than half of those living with dementia have a formal diagnosis, but local projects are showing how to make a difference to those numbers. Alzheimer's Society ran two early diagnosis pilot projects to increase diagnosis rates. By targeting media to highlight the issue of under-diagnosis, engaging with local stakeholders and running dementia awareness events throughout the community, there has been a dramatic improvement in the uptake of information on early diagnosis and the number of people acting on concerns about dementia. Referrals to memory clinics have risen and 60 percent of GP

practices reported an increase in the size of their dementia registers over the period of the pilot project.

Alzheimer's Society is also supporting an ambitious program to create a dementia-friendly generation. Twenty-two schools and colleges in England have committed to raise awareness and understanding of dementia among young people. An evaluation has found wide benefits in schools, at home, and in the community. These are related not only to a greater understanding and awareness of dementia, but also to pupils' health and lifestyles, global perceptions of older people, and understanding of caring roles and the challenges caregivers face. Many of the activities, such as creating life story books, also had a positive impact on people living with dementia. A Dementia Resource Suite is now available for all schools, providing guidance on dementia learning across the curriculum.

Supporting all of this work, Alzheimer's Society is also running a national initiative to create a network of one million Dementia Friends across England by 2015, with parallel programs under development in Wales and Northern Ireland. Across the country, Dementia Friends Champions are being trained to offer a 45-minute information session at which interested people will become Dementia Friends. Sessions have been held across workplaces, including an impromptu one at Glastonbury Festival.

Businesses are getting involved too, from the local level to the national. As part of their commitment to make Salford a dementia-friendly community, drivers at Mainline Seven Taxis will become Dementia Friends by the end of 2014.

The business is also taking practical steps, such as new booking arrangements, to help caregivers and people with dementia. National examples include work in the banking sector; Lloyds Bank has been working with 24 other financial services to develop a financial services charter to help staff recognize, understand and respond to customers with dementia.

Addressing dementia will require a concerted and collaborative effort from all sectors of society. Individuals, businesses, community and civic organizations can all take action on dementia to improve the lives of quality of life for people with dementia. While a dementia-friendly community cannot exist in the absence of a high quality and integrated health and social care system, it is only through working together towards the creation of dementia-friendly communities, that people with dementia will be able to live well with the condition.

For more information, visit [www.alzheimers.org.uk](http://www.alzheimers.org.uk). ●

<sup>1</sup> Alzheimer's Society (2013). Dementia 2013: The hidden voice of loneliness. Alzheimer's Society. London.

<sup>2</sup> Alzheimer's Society (2012a). Dementia 2012: A national challenge. Alzheimer's Society. London

<sup>3</sup> Alzheimer's Society (2013). Building Dementia Friendly Communities: A Priority for Everyone.



**George McNamara**

George McNamara is Head of Policy and Public Affairs at Alzheimer's Society UK. He is currently supporting the implementation of the Prime Minister's Challenge on Dementia, in particular the creation of dementia-friendly communities. He has held senior policy positions at the British Red Cross, Action for Children, the UK Parliament and civil service.

# A GLOBAL EPIDEMIC

Alzheimer's Disease International (ADI)

## **Most governments remain woefully unprepared for the dementia epidemic, with only 13 countries implementing a national dementia plan.**

Dementia is a truly global epidemic which knows no social, economic, financial or geographic boundaries. Around the world, people are living longer and as a result it is forecast that by 2050, 135 million people will be living with dementia globally.

Alzheimer's Disease International recently published a policy brief for heads of government called 'The Global Impact of Dementia 2013-2050'. This brief updates global dementia prevalence figures for the first time since ADI's 2009 World Alzheimer Report. The brief focuses on new evidence of prevalence rates emerging from China and the sub-Saharan African region, applying these to the latest UN population projections.

What emerges is an even greater shift in dementia prevalence and proportions from high income countries to low and middle income countries. By 2050, 71 percent of people with dementia will live in low and middle income countries compared to 62 percent today — an increase of 246 percent between 2013 and 2050. Today, 32 percent of people with dementia live in G8 countries, and by 2050, this will shrink further to just 21 percent.

This increase in numbers will also see a significant rise in costs for dementia care. Estimated to be \$604 billion annually in 2010, the global cost of dementia will escalate proportionally with numbers affected, with a proportionately larger impact on low and middle income countries.

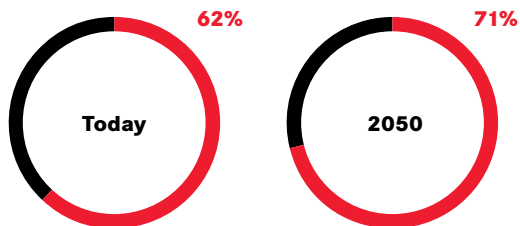
### **International Cooperation Will Be Essential**

Most governments remain woefully unprepared for the dementia epidemic, with only 13 countries implementing a national dementia plan. A global action plan is needed in collaboration with governments, industries and non-profit organizations like Alzheimer associations. This will significantly enhance research efforts and work on better models of care and support. In addition, all governments should initiate a national dialogue regarding future provision and financing of long term policies.

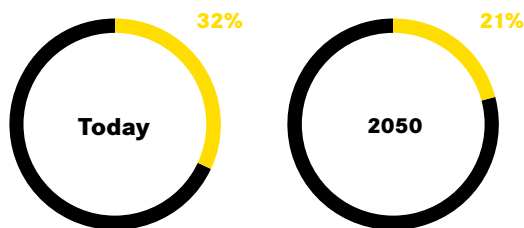
Evidence suggests that public health campaigns that target chronic illnesses such as diabetes, cancer and heart and lung disease can also have an impact on dementia



## GROWING INEQUALITY



PERCENTAGE GLOBAL DEMENTIA SUFFERERS  
IN LOW AND MIDDLE INCOME COUNTRIES



PERCENTAGE GLOBAL DEMENTIA SUFFERERS  
IN G8 COUNTRIES

**We believe that the key to winning the fight against dementia lies in a unique combination of global solutions and local knowledge.**

rates. These include campaigns on smoking, underactivity, obesity, hypertension and healthy diet.

ADI's vision is an improved quality of life for people with dementia and their families throughout the world. We believe that the key to winning the fight against dementia lies in a unique combination of global solutions and local knowledge. Post the 2013 G8 Summit, we must continue to break down barriers to effective research, promote rapid and equal access to promising technologies and treatments.

For the 44 million people living with dementia today, we need to implement strategies to improve access to timely diagnosis, nurtured by a good standard of care and structured by a system of person-centered case management. This can only be done with a greater understanding of the disease and acceptance of people living with dementia in our societies. All societies must become dementia-friendly.

'The Global Impact of Dementia' is a joint effort between The Global Observatory for Ageing and Dementia Care at King's College London, and ADI.

### About ADI

Since its founding in 1984, Alzheimer's Disease International has grown from four members to be the international federation of more than 79 Alzheimer associations. Representing people and nations on all continents, the organization has become the Global Voice on Dementia.

ADI believes that the key to winning the fight against dementia lies in a unique association of Global Solutions and local knowledge. As such, it works locally, by empowering national Alzheimer associations to promote and offer care and support for people with dementia and their carers, whilst working globally to focus attention on the epidemic and campaign for policy change from governments and the World Health Organization. These are the pillars of ADI's mission.

For more information on ADI, visit <http://www.alz.co.uk/> ●

# THE G8 COMMITMENT

AARP Attended the G8 Dementia Summit,  
Where Countries Pledged to Find Treatment by 2025

**Sarah Lenz Lock** | SENIOR VICE PRESIDENT FOR POLICY  
AARP POLICY, STRATEGY AND INTERNATIONAL AFFAIRS

**Leaders and experts from the world's eight strongest economies have committed to attack dementia like the global epidemic it is.**

Dementia is a pretty sobering subject, with 35 million people suffering from the disease around the world, and this number expected to double every 20 years. That already is almost the equivalent of AARP's entire membership in the United States today. However, as I participated in the world's first G8 summit on dementia on behalf of AARP in December 2013, London was bustling with the fast approaching holiday season, and the sense outside and inside Lancaster House, was one of infectious optimism.

Here leaders and experts from the world's eight strongest economies have committed to attack dementia like the global epidemic it is — recognizing the more than \$600 billion spent annually on informal, social and medical care is only expected to grow as the world's population ages. As the G8 ministers stated, “nearly 60 per cent of people with dementia live in low and middle income countries so the economic challenge will intensify as life expectancy increases across the globe.” The decision to coordinate efforts amongst these countries to find ways to prevent, delay and treat the condition, and to implement ways to improve life and care for those with dementia, is the first step to combat dementia like the world combined to fight HIV.

Why optimism? In addition to the sense of a battle joined, increased attention and research funding by the individual governments, the ability and willingness to mine data and freely share information holds the promise of the world learning more quickly about risk factors, causes and the most effective therapies and interventions. The inclusion of people with dementia participating in the summit points to how much they themselves can contribute to improved knowledge, and the reduction of stigma, exclusion and fear. There was explicit recognition that prevention strategies could be developed and utilized at the societal and personal levels. Participants in the summit discussed the tantalizing

suggestions that we can reduce the incidence of the condition through lifestyle interventions such as greater physical exercise and reducing vascular risk factors.

Summit participants demonstrated that they understood dementia was not only a question of individual suffering, but it also impacted the family, friends, employers and broader society. In the very first item listed in the Declaration arising out of the Summit, the ministers from the UK, Canada, France, Germany, Italy, Japan, Russia and the United States agreed to “call for greater innovation to improve the quality of life for people with dementia and their carers while reducing emotional and financial burden.”

Employers were present and spoke about the increasing strain caregiving for those with dementia puts on their work force and on the companies that employ them. British Telecom’s Paul Litchfield spoke about his company being aware that more and more current workers are beginning to suffer from cognitive impairment. But the even larger challenge was the number of employees with elder care responsibilities. They numbered roughly the same as those needing to provide child care. He also pointed out that companies who think about helping their customers need to offer products and services that can be accessed by those with a dementia disability.

Researchers discussed that dementia was not just one single disease, but instead it was a broad range of complex neurodegenerative diseases from mild cognitive impairment to full blown dementia resulting in enormous social burden to patient, family and society.



- 1 Delegates met for two days at St. James Palace, London.
- 2 UK Prime Minister David Cameron addresses the summit.

## THE G8 COMMITMENT

The G8's express recognition that "dementia is not a normal part of aging" takes the desperation out of what can be a debilitating syndrome. Instead, it puts it in the light that there is something possible to be done. We can make things better — now for those struggling with diseases resulting in dementia, and in the future for people and society.

In his closing address to the summit, UK Health Secretary Jeremy Hunt quoted Nelson Mandela, saying, "it always seems impossible until it's done." Secretary Hunt ended the Summit with a familiar slogan, similar to that of Nike, also present at the Summit: "let's do it!"

Organized by the UK as part of their G8 presidency, summit leaders agreed to a series of measures to tackle the growing global crisis. These included:

- A significant increase in the amount spent on dementia research and the number of people involved in clinical trials and studies.
- Develop an international action plan for research – in particular to identify current gaps and how to fill them
- Share information and data from studies across the G8 countries and work together to get the best return on investment
- Encourage open access to all publicly-funded dementia research
- Appoint a Global Envoy for Dementia Innovation to drive innovation in care and treatment, and coordinate efforts to attract new sources of finance

The Summit included 170 delegates from all G8 countries, made up of government, nonprofit, for profit, including health and pharmaceutical industry leaders, and academics.

In 2014 to 2015 a series of summit legacy events will be held globally. In March, the UK will hold an event on getting greater investment and finance in innovative care. This will be followed by an event in Japan on what new care and prevention models could look like, plus an event hosted by Canada and France on industry partnerships between academia and industry. The G8 countries will then meet in the United States in February 2015 to review progress and prioritize further research.

The optimism that it is possible to improve the lives of those living with dementia and the people caring for them now, at the same time working for more effective treatments and the illusive cure, will only be realized with concerted effort of all those in a position to make it possible. All those 35 million people with dementia now and their caregivers need the focused attention of the world's resources now. The optimistic goal for a better future in 2025 is only 11 years away. ●



**Sarah Lenz Lock**

Sarah Lenz Lock is Senior Vice President for Policy in AARP's Policy, Strategy and International Affairs (PSI) where she helps position AARP as a thought leader addressing the major issues facing older Americans. Working on behalf of PSI, Sarah integrates and coordinates policy within AARP to help assure policy consistency and maintain AARP's social mission.



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# DESIGNS ON DEMENTIA

A UK-Based International Center of Expertise Improves the Lives of  
People with Dementia in Innovative and Practical Ways

**Professor June Andrews** | DIRECTOR, DEMENTIA SERVICES DEVELOPMENT CENTRE,  
UNIVERSITY OF STIRLING, SCOTLAND



PHOTO: GETTY IMAGES

# **Cases of dementia will likely double in the next 20 years. In developing countries, it will increase even faster.**

The theme of the December 2013 G8 meeting in London, England, was dementia. Anyone who is interested in health, workforce, and finance issues for the aging population of the planet should have listened. In developed countries like the UK, dementia costs more than cancer, heart disease, and stroke combined. This was estimated at £23 billion in 2011. Although people argue about the exact figures, it is highly likely that cases of dementia will double in the next 20 years. In developing countries, this will increase even faster. One problem may be that we are spending more than we need to because we are focusing wrongly on medical solutions when the problem is largely nonmedical.

The Dementia Services Development Centre (DSDC) at the University of Stirling is at the heart of a worldwide movement to improve services for people with dementia. Because of a reduction in the relative population of younger people in some countries, there is anxiety about whether or not there will be enough health and social care workers to care for the increasing number of individuals with dementia. By the time I am 90, as a

female, I will have a 50 percent chance of having dementia. How will I be looked after? Although there are children and working-age adults with dementia, the majority of those affected are old or very old women.

Scientists may find a cure in the meantime, but because the changes in the brain that cause dementia are long term, I may still not escape it. Finding a cure for Alzheimer's won't help those with vascular dementia, Lewy Body dementia, alcohol-related brain damage, or any number of underlying conditions with different causes and mechanisms. If future services try to use the current hospital and home-based models of care, we will run out of beds and people to look after the patients in those beds. Epidemiologists may have slightly overestimated the prevalence, and public health measures may be slightly reducing some of the risk factors by controlling smoking and managing some diseases that predispose to dementia. But the picture is still gloomy.

So where is the good news? Research shows that much of the disability in people with dementia is actually caused by other people and environmental issues. Dementia impairments include memory loss and difficulty in learning and understanding things. We know that the impairments of dementia do not build up at the same rate as the underlying disease processes. You may find brain damage in people who had no symptoms, and quite severe symptoms in people with mild damage.

At the DSDC, we help people learn about what can be done to reduce symptoms, even though we probably cannot yet affect the speed of the damage to



- 1 The DSDC Virtual Hospital Entrance features high-levels of natural lighting, color-consistent unpatterned flooring and automatic doors that are easy to see against their frame.
- 2 The DSDC Virtual Garden/Outdoor setting features frequent resting places, landmarks to help identify the door, and color and tone contrast between furniture and ground surface.

brain tissue. Many of these non-medical responses can be put into action by families and individuals, thus delaying the need for care. Care workers can also use them to maintain a person's strength and independence. This saves money while also enhancing the lives of those affected.

The things that can reduce symptoms of dementia include keeping up with exercise and social activity. Nutrition and hydration are also crucial. In later life, we all need to be aware of the value of keeping good health through managing other conditions such as diabetes, depression, blood pressure, and obesity. Advice and support for family caregivers on how to provide personal support for the person with dementia is at the heart of our work.

Most famously at the DSDC, we focus on the effect of design of the environment. Hospital environments are particularly harmful for people with dementia. In acute hospital settings, patients with dementia are sometimes sedated to deal with their stressed behavior, and they may miss out on eating and drinking as they sleep through meal times. Often there is no one to talk to and nothing to do during the long days in the hospital. Research shows that patients with dementia often refuse pain relief, even when they clearly could use some. All of these factors make patients with dementia vulnerable to depression and delirium while they are in a hospital. The net effect is that an expensive modern intervention, which is intended to help, actually causes more harm and makes dementia symptoms

worse. In the UK, it is not unusual for an acute hospital episode for a person with dementia to stretch out longer than expected, and to end with the loss of their home and admission to an institution. However, some of this is avoidable.

A good example of this is the effect of light. In some cases, getting the light right in the environment can make more difference than medication in dementia. First, all older people have yellowing of the cornea of the eye that restricts vision. They need light at much higher levels to see the same as younger people. If you cannot easily remember where things are, it helps if you can see where they are. Remembering, then, is not quite so crucial. Second, sleep is affected by diurnal rhythms in the body that, in turn, are affected by the hormone



melatonin. If the production of this hormone is disrupted, it can cause nocturnal wakefulness. People who are already confused get up in the night and may wander into danger—or at the very least frighten and worry their household. Melatonin is naturally produced in the body as a result of light falling on the retina of the eye. In older people, daylight exposure needs to be increased because of the thickening of the cornea that reduces the efficacy of light. If you can expose a person with dementia to daylight, particularly in the early part of the day, you can help reduce nocturnal disturbances. Simple design changes or changes in routine can thus make a significant difference to two important dementia symptoms. Currently, not many health or social care professionals make recommendations about lighting or daylight exposure to family caregivers or people with dementia. Exposure to daylight is often impossible in hospitals.

Information about dementia-friendly design is freely available from DSDC through their website at: <http://dementia.stir.ac.uk/design/virtual-environments>. Checklists are available to help anyone introduce design ideas that will reduce stress for a person with dementia and help them overcome the difficulties associated with the condition. Advice on assistive technology is available to download at: [www.dementiashop.co.uk/node/287](http://www.dementiashop.co.uk/node/287).

If we are able to keep people at home longer through design, what help and advice will they and their families need to stay well during this time? Research shows that there are a small number of common but occasional hazards that families find hard to manage. These include aggression, wandering, sleeplessness, agitation,

and anxiety. For each of these, the DSDC has published 10 non-pharmacological hints based on evidence of what works. Our research shows that health and social care staff are not provided with undergraduate or pre-registration education on the practical issues that affect families, even if they do get some academic input into dementia. Families ask, “Why did no one tell us this before?” The answer is because they did not know themselves.

A major challenge is getting health and social care staff to take dementia seriously and make the diagnosis. At the time of writing—even with a national program in England called the Prime Minister’s Challenge, which has been running for more than a year—the number diagnosed has only increased from 42 percent to 45 percent. This means more than half of those affected do not even know what is causing their problems. Diagnosis is the key to getting help, so failure to diagnose is a significant problem. In Scotland and Northern Ireland, the diagnosis rate is closer to 75 percent. This is an indication that, within a very similar health care system, better diagnosis rates can be achieved.

What makes a dementia-friendly community is anything that can prevent unnecessary dependence and stress for a person with dementia and their caregivers. The DSDC works with regions to help them make the necessary and sometimes very personal commitments to making this happen. Whether it is the fire chief or the chief executive of the health system, everyone needs to work together using the research evidence that is available. The DSDC is committed to this work.

For more information, go to [www.dementia.stir.ac.uk](http://www.dementia.stir.ac.uk) ●



### June Andrews

Professor June Andrews is director of the Dementia Services Development Centre at the University of Stirling. She was awarded the Chief Nursing Officer’s Award for Lifetime Achievement and received the prestigious Robert Tiffany International Award. She headed the Royal College of Nursing in Scotland and directed the Centre for Change and Innovation within the Scottish government in addition to her career in the National Health Service. She advises health departments and service providers around the world, and is a trustee of the Life Changes Trust, an independent charity disbursing grants totaling £50 million across Scotland. She is also the nonexecutive director of Target, a real estate investment trust.

# CAMPAIGN TO END LONELINESS

Helping People to Maintain and Create  
Personal Connections in Their Later Life

**Kate Jopling** | DIRECTOR, CAMPAIGN TO END LONELINESS  
**Anna Goodman** | POLICY & RESEARCH OFFICER, CAMPAIGN TO END LONELINESS

Humans are, by nature, social creatures. Although we can be perfectly happy in our own company, we can all experience loneliness—that unwelcome feeling of lack or loss of companionship—whatever our age. Although loneliness should not be considered an inevitable consequence of aging, we must recognize that our vulnerability increases as we grow older.

In 2011, researchers looking across 25 European nations found that loneliness increases with age. The proportion of people reporting loneliness varied across nations; for eastern European countries, it was 20–34 percent of their older population, with levels in Ukraine described as “exceptionally high.” Levels were lower in northern and southern Europe, mostly below 10 percent, but still a significant proportion of the population (Yang and Victor, 2011). Of course, loneliness is not just a European issue: Age Concern New Zealand recently launched a campaign after research found that 50,000 older people in the country are severely lonely (LaGrow et al., 2012). As the worldwide population continues to age, we face a rise in the absolute

number of older people that will experience loneliness.

We have long been aware of the link between loneliness and poor quality of life in older age from research (Bury and Holme, 1991) and overwhelming anecdotal evidence. However, there is a growing international evidence base that shows loneliness is also harmful to our physical and mental health. An American study demonstrated that weak social ties are as large of a risk factor for early mortality as smoking 15 cigarettes a day (Holt-Lunstad et al., 2010). Researchers in the Netherlands found a 64 percent increased risk of clinical dementia among lonely individuals (Holwerda et al., 2012). Research in the former countries of the Soviet Union found feeling lonely was connected with poor, self-rated health (Stickley et al., 2013). In the UK, studies have linked loneliness and depression (Green et al., 1992).

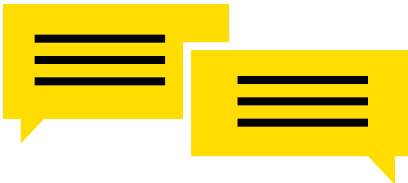
We believe that loneliness should be an issue for health and care services as well as communities and individuals. Dr. Hanratty, senior clinical lecturer at the University of York, seconds this in the *Journal of the Royal Society of*

# As the worldwide population continues to age, we face a rise in the absolute number of older people that will experience loneliness.

## LONELINESS IN THE UK

# 1 out of 10

On average, 10 percent of the UK population aged 65+ are often or always lonely.



# 17%

of older people are in contact with family, friends, and neighbors less than once a week

# 11%

of older people are in contact with family, friends, and neighbors less than once a month



# 12%

of older people feel trapped in their own home



# 50%

of all older people (more than 5 million) say television is their main company

# 50%

People in the UK with stronger social relationships had a 50 percent increased likelihood of survival.



*Medicine*, stating: “For loneliness and social isolation in older adults to be taken seriously by practitioners and policy-makers, we need to ... [focus] more closely on the risks to public health” (Valtorta and Hanratty, 2012).

### **Campaigning to End Loneliness in the United Kingdom**

The Campaign to End Loneliness is a network of national, regional, and local organizations and individuals working together through community action, good practice, policy, and research to tackle loneliness in older age in the UK. Launched in February 2011, the campaign now has a network of more than 1,000 supporters, 425 of which are organizations predominantly offering activities or support to older people. The rest are individuals who feel passionately about this issue. Five partner organizations form a management group to direct the long-term vision of the campaign: Age

UK Oxfordshire, Independent Age, Manchester City Council, and Royal Voluntary Service and Sense.

The campaign has taken time to develop its strategy to ensure that our work complements and enhances existing efforts to tackle loneliness. We focus on influencing changes in policy and practice; we believe that directing our efforts in this way will result in the greatest overall change for lonely people, and will create the right conditions for those working directly to tackle the issue. With a growing number of organizations now interested in tackling loneliness, the partners have decided to pursue three main activities going forward.

### **Campaigning and influencing**

The first is acting as an independent voice to challenge and support commissioners of health and social care to address loneliness in their communities alongside other public health challenges. Our Loneliness

Harms Health campaign, launched in April 2012, mobilizes local activists to help us raise awareness across England.

### **Case Study: Essex County Council**

After Loneliness Harms Health began in Essex, the County Council developed a unique “Isolation Index” using commercial demographic data to determine which communities are most affected by loneliness. Eleven common factors were identified including “widowed,” “visually impaired,” and “struggling financially.”

The 11 variables were then mapped to identify clusters of households that were potentially vulnerable to loneliness and isolation. The initial exercise showed 55,000 households were statistically likely to be isolated, or at high risk of loneliness (Campaign to End Loneliness, 2013).

## Learning Network

Our network of more than 1,000 supporters has demonstrated a real appetite for better information of, evidence on, and examples of good practice in tackling loneliness in older age. Our second stream of work brings them together in a learning network to improve effectiveness and partnerships. We translate research and share case studies through our publications, events, and regular briefings.

## Case Study: Mindings

Mindings is an innovative technology-based service that uses social media to enable families to stay connected, even when separated by distance. Mindings uses captioned photos, text messages, calendars, and more so families can communicate more easily and frequently. Stuart Arnott, cofounder of Mindings, recently told the campaign that by “informing people about how serious an issue loneliness is—particularly in the mainstream media—you really created the groundwork for us. I was literally able to see from last summer onwards people really beginning to get what Mindings was about”

## Building the Evidence Base

Finally, we have an active research hub of academics and researchers with whom we work in partnership to develop the evidence base on loneliness, and make research relevant for service providers and commissioners. One member of the research hub told us that raising loneliness further up the public

policy agenda had been a “springboard” to getting new research funded.

## Initial Changes in Policy and Practice

Since our launch more than two and a half years ago, we have seen the start of an important policy shift in local government toward initiatives that will address loneliness. Our recently published three-year evaluation also found evidence that the campaign has encouraged and enabled charities and commissioners to improve their existing services or establish new schemes.

In June 2013, we found that 61 out of a possible 152 areas (which included county, city, and borough councils) had at least recognized that loneliness or isolation was an issue for their local population. Thirty-three of these areas had taken the next step of creating an action plan to address the issue. This indicates that local authorities are moving away from seeing loneliness as a “tea and sympathy” issue toward recognizing it as something they have a responsibility and capacity to address.

Our supporters are reporting an improved understanding of loneliness in older age, and a growing number say that the campaign has influenced them to improve existing services for older people. Solid evidence, well communicated by campaigners and organizations, has started to create a case for change among commissioners of services for older people, as well as the organizations that run these services.

**"Addressing loneliness and isolation amongst older people makes a positive difference. It's low cost but addresses more than one problem; It moves us from a story of deficit to one in which older people are no longer regarded as a drain, rather their contribution is valued."**

-John Wilderspin  
National Director for Health and Wellbeing Board Implementation

**"The benefits to health and quality of life of addressing loneliness are clear. For example, reduced depression and increased physical activity. Both of these are major consequences for the control of some long term conditions. There are also significant potential QIPP saving; for examples, reduced prescribing costs and emergency admissions."**

-Dr. Shikha Pitalia  
GP, United League Commissioning Localities in St. Helens and Wigan, North

## Challenges for Campaigners, Research, Policy, and Practice

As the Campaign to End Loneliness moves forward, we still face a number of challenges.

There are still several significant gaps in the research literature about loneliness and isolation that have consequences for practitioners. A recent roundtable conference at the British Society of Gerontology focused on some of these. Contradictory or missing evidence on what (and how) interventions really work to reduce an individual's loneliness, and the link between loneliness and health service use, were highlighted. Addressing these gaps is a key concern but will require wider funding and commitment to achieve.

In addition, the community of organizations committed to tackling loneliness face challenges in making the case for interventions in these times of austerity. We know that lonely individuals are more likely to visit their general practitioner (Cohen et al., 2006) and enter residential care early (Russell et al., 1997), but we need to build on this evidence and continually make the case for investment in loneliness services.

As we turn to the next 3 years of the Campaign to End Loneliness, we are hopeful that our priorities of evidence-based campaigning, supporting services to learn, and building the evidence base will keep loneliness in older age high on the public policy agenda. ●

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**Kate Jopling**

Kate Jopling is director of the Campaign to End Loneliness, a network of organizations working through community action, good practice, research, and policy to tackle loneliness in older age. Jopling has a background in policy and political strategy, having worked as a consultant in the voluntary sector, particularly in the fields of ageing and equality. She spent 7 years working for Help the Aged, building the organization's public affairs capacity, and developing its policy expertise.



**Anna Goodman**

Anna Goodman is the policy and research officer at the Campaign to End Loneliness. She manages the learning network, coordinates a research hub, and helps to translate evidence into development materials for frontline organizations. Prior to joining the Campaign, Goodman completed the Adult Social Care Graduate Management Trainee Scheme at the National Skills Academy for Social Care, and worked for the English Community Care Association.

# LONGEVITY DIVIDEND

Lessons from Okinawa

**Bradley Willcox and Donald Craig Willcox** | CO-PRINCIPAL INVESTIGATORS, OKINAWA CENTENARIAN STUDY



PHOTO: GETTY IMAGES

## Past studies suggest that while genes are important, the majority of the variation in healthy life expectancy is non-genetic.

Heart disease is the leading cause of mortality for both men and women in the United States, accounting for one in every four deaths.<sup>1</sup> Coronary heart disease is the most common type of heart disease, killing more than 385,000 people annually and costing the United States \$108.9 billion in health care services, medications, and lost productivity.<sup>2</sup>

The World Health Organization (WHO) has estimated that 80 percent of coronary heart disease (CHD) could be prevented by improving three health behaviors: eating habits, physical activity, and tobacco use (World Health Organization, 2005)<sup>3</sup>. Highlighting the importance of a healthy diet, a recent study that assessed 17 major risk factors found that composition of the diet made up the largest cluster of risk factors responsible for death (26 percent) and the highest percentage of disability-adjusted life years lost (14 percent) in the US (US Burden of Disease Collaborators et al. 2013)<sup>4</sup>.

Due to the key role that diet plays in a wide range of age-associated diseases, as well as higher risk for nutritional deficiencies as people grow older, the potential for innovative dietary strategies to improve health outcomes in older populations merits urgent attention.

### Achieving Healthy Aging: The Longevity Dividend

Substantial population health gains may be possible if we can delay the onset of common



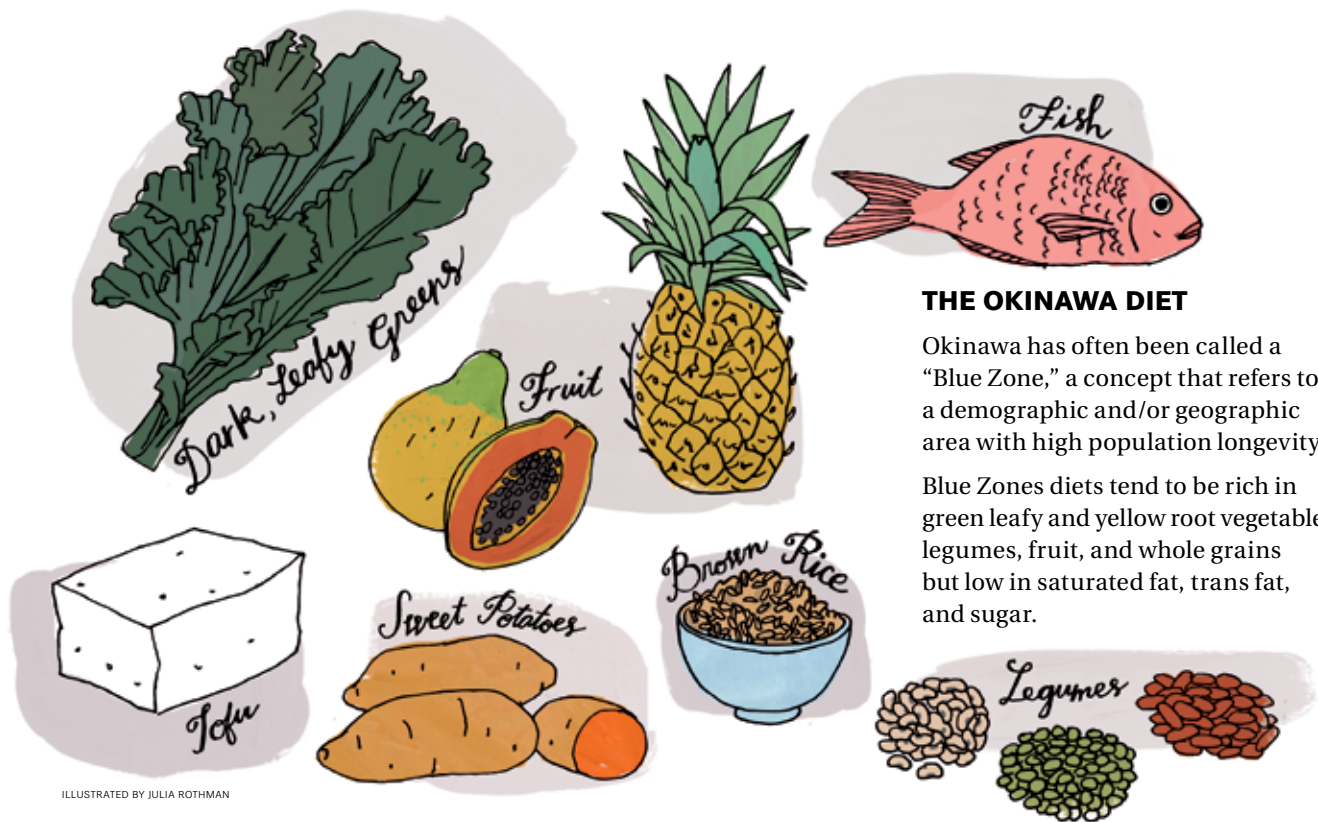
1 Twin gerontologists Drs. Willcox with world's oldest twins, Kin-San and Gin-San, from Japan, aged 105 years.

age-related diseases by currently available risk factor modification. In order to quantify the potentially achievable population-wide benefits of such an approach, Olshansky and colleagues (2007)<sup>5</sup> estimated that delaying common age-associated disease in Americans by just seven years would decrease the age-specific risk of disability and death by 50 percent, allowing a substantial improvement in both life and health expectancy. The authors call this the “longevity dividend”.

From an epidemiology of aging perspective, wide variability exists in the global prevalence of age-related diseases. Past studies suggest that while genes are important, the majority of the variation in healthy life expectancy is non-genetic. That is, dietary habits, physical activity, smoking and other risk behaviors, access to health care, immunization and other public health practices, and other social determinants of health, account for the majority of risk for age-related morbidity and mortality.

Supporting this contention is epidemiological research that has focused upon risk factors for healthy aging. A recent study showed that





ILLUSTRATED BY JULIA ROTHMAN

## THE OKINAWA DIET

Okinawa has often been called a “Blue Zone,” a concept that refers to a demographic and/or geographic area with high population longevity.

Blue Zones diets tend to be rich in green leafy and yellow root vegetables, legumes, fruit, and whole grains but low in saturated fat, trans fat, and sugar.

avoiding nine common risk factors in mid-life may increase odds of healthy aging into octogenarian and nonagenarian years by over four-fold (Willcox et al. 2006)<sup>6</sup>. Moreover, nutritional epidemiological research on risk factor modification as well as dietary intervention studies have shown that the health benefits of shifting to a healthier dietary pattern can be substantial and in some cases may rival that of pharmacotherapy (Jenkins et al. 2005)<sup>7</sup>. Therefore, it stands to reason that a population-wide shift to a healthier dietary pattern could facilitate significant delays in age-related disease and decrease the risk of disability and death—allowing for substantial improvement in both lifespan and healthspan.

### Longevity Lessons from the Far East

Illustrating the potential of this approach, some long-lived populations who practice better health

habits than Americans, such as the Japanese (and in particular the Okinawan-Japanese) have already delayed typical age-related diseases and are reaping a “longevity dividend”<sup>8</sup>. The Okinawans, in fact, not only live longer but, most importantly, have seven more healthy years of life than Americans<sup>9</sup>. The fact that the Japanese lagged behind other developed nations in the first half of the 20th century and subsequently became the world’s longest lived people by the latter half is due, in large part, to focused investment in public health programs with strong nutritional components and innovative dietary strategies.<sup>9</sup>

Compared with the United States and Europe, the high stroke rate but low coronary heart disease rate in Japan constituted a unique cardiovascular disease (CVD) profile, which presented unique public health challenges. However, after a concerted public health campaign,

stroke was reduced from the leading cause of death to number three. Concomitantly, for Japanese men and women aged 55 to 79 years, mortality declined by over 80 percent between 1950 and 1979<sup>9</sup>. Moreover, they did not merely exchange one cardiovascular disease for another. Their low rates of coronary heart disease declined still further. Current Japanese rates are about one third that of Americans.

Unraveling the mystery of this unique CVD profile was the basis for the Ni-Hon-San study<sup>10-11</sup>. This important study began in 1965 by comparing Japanese in Nippon (Japan) to second and third generation Americans of Japanese descent in Honolulu and San Francisco, respectively. The Honolulu Heart Study cohort of aging men is still being followed today (as the Kuakini Hawaii Lifespan Study and Healthspan Study)<sup>10</sup>. These studies explore the genetic and

## **There is preliminary evidence that the “Blue Zones” share some common healthy eating patterns, principally low calorie plant-heavy diets that are calorie poor, but nutrient dense.**

lifestyle factors associated with healthy aging and longevity. Other important cross national comparative studies of cardiovascular disease included the Seven Countries Study and MONICA (Monitoring Trends and Determinants in Cardiovascular Disease), INTERMAP, ERA-JUMP, among other studies.<sup>9-11</sup>

Research has suggested that low rates of coronary heart disease were due, in large part, to dietary factors. This includes higher consumption of foods from plant and marine origin, lower consumption of animal foods (with accompanying saturated fatty acids), as well as high intakes of n-3 polyunsaturated fatty acids (mostly fish and seaweeds), and soybean products.<sup>9-11</sup> Declining stroke rates in Japan have been attributed principally to healthier serum cholesterol profiles, reductions in blood pressure, and less smoking.<sup>9-11</sup> This resulted from a combination of public health and personalized interventions to bring down sodium intake, to better balance diets, to bring about smoking cessation, as well as to improve hypertension detection and medical treatment.

### **Conclusions: What is the Take Away Advice for Americans?**

Americans are on the right track by giving up smoking and reducing sodium intakes, however, the USDA indicates that many adults lack sufficient dietary fiber, calcium, magnesium, potassium, and the antioxidant vitamins A (as carotenoids), C, and E<sup>8</sup>. Interestingly, what the typical American diet lacks in nutrients (particularly potassium, magnesium, vitamin C, and carotenoids) and fiber is abundant in the traditional Okinawan dietary staple—the sweet potato<sup>8</sup>. The nutrient deficiencies experienced by many aging American adults could be rectified, to a large extent, by supplementing the American diet with readily available sweet potatoes. These are commonly raised in the southern United States (colloquially referred to as “yams.”)

Cross national comparative studies have revealed that populations (or sub-populations) with low rates of mortality from cardiovascular disease not only live longer but also tend to have higher numbers of oldest-old and/or long-lived individuals, such as centenarians. The most remarkable of these populations have been referred to as “Blue Zones,” a concept that refers to a demographic and/or geographic area with high population longevity and originating from the blue color on demographic maps<sup>12</sup>. There is preliminary evidence that the “Blue Zones” share some common healthy eating patterns, principally low calorie plant-heavy diets that are calorie poor, but nutrient dense. These diets tend to be rich green leafy and yellow root vegetables, legumes, fruit, and whole grains but low in saturated fat, trans fat, and sugar.<sup>12,13</sup>

This is good news for older Americans. It indicates that populations already exist who have been successful in keeping cardiovascular and other age-associated diseases at bay through traditional diets and through public

health efforts that include innovative dietary strategies that can correct excesses or deficiencies. Focused public health efforts that engage major stakeholders, including industry and government, can educate, promote, and implement healthy dietary habits and by doing so we might substantially expand the “Blue Zones”. ●

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### **Bradley Willcox**

Bradley J. Willcox MD, MSc, trained in Medicine at the University of Toronto, Internal Medicine at the Mayo Clinic, and Geriatric Medicine at Harvard Medical School. He is Professor and Director of Research at the Department of Geriatric Medicine, John A. Burns School of Medicine, University of Hawaii. He is also Principal Investigator of the NIA-funded Kuakini Hawaii LIFESPAN and HEALTHSPAN Studies at Kuakini Medical Center and co-Principal Investigator of the Okinawa Centenarian Study at Okinawa Research Center for Longevity Science, where he studies genetic and environmental factors that influence healthy aging.

### **Donald Craig Willcox**

Donald Craig Willcox, PhD is Visiting Professor in the Department of Geriatric Medicine at John A. Burns School of Medicine, University of Hawaii. He is also Professor of International Public Health and Gerontology at Okinawa International University in Japan. Dr. Willcox is a fluent speaker of Japanese and has extensive cross-national experience in epidemiological approaches to healthy aging. He is Co-Principal Investigator of the Okinawa Centenarian study, a 30-plus year study of the genetic and environmental correlates of exceptional longevity. Dr. Willcox also serves as research consultant for the National Institutes on Aging-funded Hawaii Lifespan Study and Kuakini Hawaii Lifespan Study and sits on the scientific advisory board of the KoruChem group and several other corporations involved in producing nutritional and personal-care products intended to support a healthy lifestyle.

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### **ACKNOWLEDGEMENTS**

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# Weifang University and Texas A&M University-Corpus Christi: Sharing Best Practices of Elder Care Through International Exchange

For thousands of years, filial piety was China's Medicare, Social Security, and LTC. Today, this ancient LTC policy is quickly becoming incompatible with China's modern society and economy. Chinese policy makers are challenged with finding a culturally sensitive solution to improving its LTC system in order to conform to the global standard of care. Compounding this problem is a lack of LTC infrastructure and workforce policies typically needed to sustain a LTC system. China's modern LTC system is in its rudimentary stages and is still being organized and regulations being established. If no changes are made, China's rapidly aging population may find it impossible to receive quality care in the future. LTC reform in China is an important issue because there are many lessons Western nations can learn.

China has one of the oldest LTC systems in the world. For generations, cultural norms placed the burden of providing LTC on younger generations. Under this quasi-LTC system, children were obligated to provide basic care and cohabitate with their parents and grandparents. However, demographic and socioeconomic changes are significantly reducing the acceptance of this "traditional elder care policy." This poses a unique challenge. For

instance, China's population of individuals aged 60-plus is expected to increase from 185 million to 487 million by 2050, rising from 10 percent of the population to 35 percent, according to the China National Committee on Aging. Census data from 2010 shows the proportion of Chinese aged 14 and younger has fallen to 16.6 percent, compared with 22.9 percent recorded in the 2000 census. Also, current fertility rates are lower than 1.5 children per couple. These statistics indicate the dire need for a new LTC policy. If trends continue and no updates are made to LTC policy, there will not be enough young people to perpetuate the current system.

Today, attitudes – especially among young people – are shifting toward independence and autonomy in living arrangements. This has reduced the stigma associated with institutional care, which often is the only LTC option for seniors. By 2015, China plans to increase the number of beds in institutional facilities from 18 to 30 beds per 1,000 people. However, this may not be the panacea for China's LTC problems. China lacks the supply of adequately trained health care professionals needed to staff these facilities. Additionally, adding more beds is only useful if seniors

want them. Statistically speaking, utilization of institutional care in China is increasing. But it remains unclear if seniors genuinely prefer institutions or have no other options and are turning to institutions as a last resort.

In order to gain the skills needed to care for China's aging population, Weifang Vocational College (in eastern China) participated in an administrative exchange with Texas A&M University-Corpus Christi, College of Nursing and Health Sciences. Professor Liz Sefcik at Texas A&M University-Corpus Christi involved with the exchange, was quoted saying: "This partnership developed because their population is growing so rapidly in the older adult section." China is interested in increasing the educational level of its nurses. And well-educated nurses can provide leadership in caring for the aging population. Adequately trained nurses can also educate the community on LTC options and provide physical and psychosocial needs for the elderly through their work with skilled care agencies. The exchange is helpful because Chinese participants hope to gain a specialized education that can improve their ability to care for the elderly upon returning home.

The idea for an international student program with Texas A&M University-Corpus Christi, originated during a meeting between Texas A&M University-Corpus Christi administration and a delegation of officials from China on July 18, 2013, at Texas A&M University-Corpus Christi campus. Dr. Sefcik, GNP-BC pitched the idea initially to house the student program within the School of Nursing and Health Sciences. Yong Pan, the president of REES Star Continuing Care Group, LLC, translated this request to representatives from Weifang Vocational College and also helped activate their interest in an exchange focusing on gerontology.

The administrators from Weifang Vocational College and administrators from Texas A&M University-Corpus Christi, Vice Provost, Dr. Paul Meyer, and Dean, Dr. Mary Jane Hamilton, signed a collaboration memorandum of agreement on July 18, 2013. In the future, the two schools plan on collaborating on a nursing degree program, study abroad programs, research programs, seminars, workshops, and more faculty and student exchanges. In addition, the two universities hope to collaborate on international research to enlarge the body of nursing knowledge regarding gerontology. At the very least, both universities hope to achieve a better cultural understanding of each other. An advantage for students in the United States is that by understanding Chinese culture and values, the level of care for Asian patients in the United States can increase.

<http://nursing.tamucc.edu//index.html>



- 1 Lab Demonstration
- 2 Delegation from Texas A&M University-Corpus Christi and Weifang Vocational College
- 3 Left to right: Xiaonan Cao, Chairman, Dr. Bunny Forgione, Associate Dean, Dr. Mary Jane Hamilton, Dean, Dr. Paul Meyer, Vice Provost

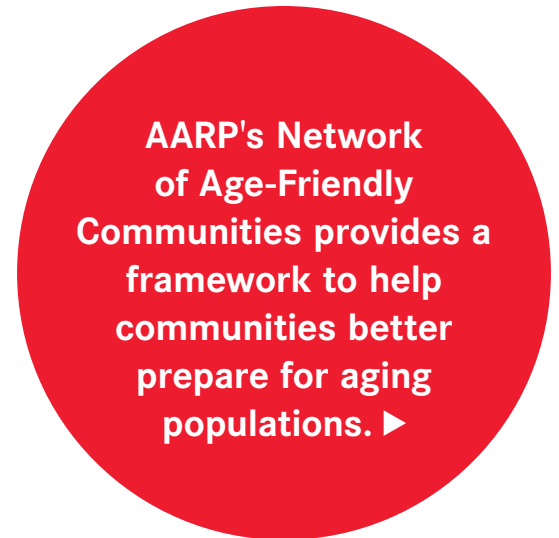
# AARP'S AGE-FRIENDLY NETWORK

AARP's Network of Age-Friendly Communities work supports the efforts of communities to become Great Places for *All Ages*. We believe that communities should provide such features as safe, walkable streets; better housing and transportation options; access to key services; and opportunities for residents to participate in community activities. Well-designed, livable communities promote better health and sustain economic growth. And they make for happier, healthier residents – of all ages.

The Age-Friendly Communities program provides a framework for AARP to engage local officials and community stakeholders in preparing for an aging population. Launched in April 2012, the network is affiliated with the World Health Organization's (WHO) Age-Friendly Cities and Communities Program – an international effort geared toward helping cities prepare for global population aging. In less than a year, the AARP network has grown from an initial eight participating states to 20 participating communities in 11 states. We expect to see continued growth in communities enrolling throughout the coming years.

Communities participating in the Age-Friendly Network enter into a phased process that begins with assessing the needs and priorities of the community. They then create an action plan that is tailored to the community's needs. Finally, they implement the action plan, and make continual improvements based on the results of progress reports conducted at the end of five years. In each phase, involving older residents is critical and required – typically through the development of an Advisory council and engaging volunteers.

As our population ages and people stay healthy and active longer, communities must



adapt. Many of our AARP members tell us they feel a deep connection to their communities and are intent on staying put for years to come. Through the Age-Friendly Communities network, local elected officials gain an opportunity to learn more about the needs of an aging population and are held accountable for leading their communities towards change. Communities also benefit from being part of a global network in which they can connect and learn, ultimately allowing them to take true ownership of continued growth and measurable improvement.

Age-Friendly Communities rely on top to bottom and peer to peer alliances to be effective. The two examples that follow show how political leadership and grassroots action are both essential ingredients of great places to age.

For more information about AARP's Network of Age-Friendly Communities, visit [www.AARP.org/livable](http://www.AARP.org/livable) ●

*Amy Levner, Manager, AARP Home & Family portfolio*

# 8 AGE-FRIENDLY DOMAINS



**Community Support and Health Services**



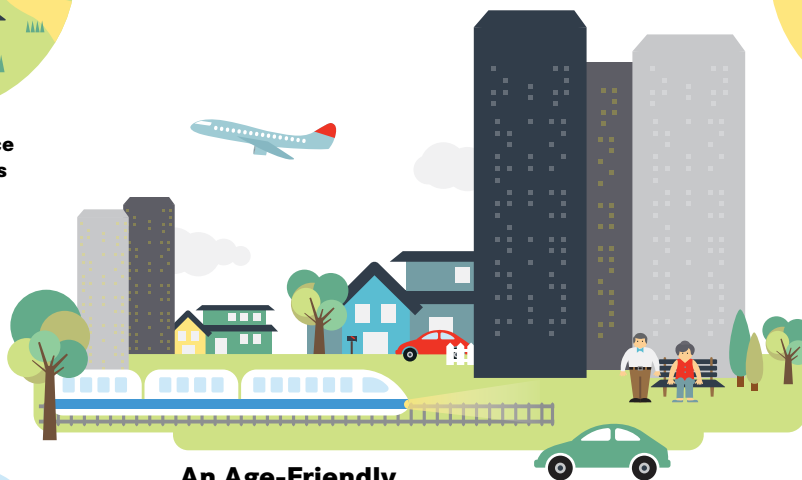
**Civic Participation and Employment**



**Outdoor Space and Buildings**



**Social Participation**



**An Age-Friendly Community**



**Transportation**



**Housing**



**Respect and Social Inclusion**



**Communication and Information**

NEW YORK

# WESTCHESTER COUNTY IMPROVES STREET SAFETY

It all started with one intersection. One day, a community group approached AARP and asked for assistance with making improvements to a challenging intersection in Westchester County so people could cross safely. The intersection was at Manhattan Avenue and Tarrytown Road in Westchester County. The neighborhood included some low income housing and senior housing on the north side of the roadway while the south side had all of the shopping and other amenities.

AARP staff did an assessment of the roadway and noticed some simple improvements that would make a big difference to the local residents and drivers. We wrote a letter to the local Department of Transportation officials responsible for the roadway intersection and received, almost immediately, a response that the intersection would be improved.

Within three months' time, new countdown signals were up, new curb cuts installed with tactile strips, new crosswalks were laid down and new stop lines for motor vehicles. This success led to 18 additional intersections across Westchester County being surveyed by more than

100 volunteers three months later. To date, nine of those intersections have been improved as a result of those efforts.

"This effort is a great way to get residents involved and empowered," Commissioner Mae Carpenter of Westchester County's Department of Senior Programs and Services said. "Walkability audits take a great deal of planning, and cooperation among multigenerational participants. Now, Westchester has made changes in partnership with AARP — what better way to demonstrate how an age-friendly community can successfully inspire, create and maintain good work?"

This work is a great illustration of a partnership between a local government and AARP and how changes that can improve people's lives in a community can be made swiftly. The work is ongoing and to build on this work it was no surprise that Westchester County was one of the first communities to join the AARP Network of Age Friendly Communities. Since they have joined, they have passed the county Complete Streets law and are creating an ongoing dialogue with the community about how to become



1 AARP volunteers survey New York City intersections for pedestrian safety to make the case for needed improvements.

more age-friendly. Helping to set the stage for county's across New York to follow suit by becoming age-friendly.

This continued success led the New York State Office of AARP to work with community partners statewide to put on a week-long event called "Complete Streets Week" where more than 2000 volunteers from AARP and community partners surveyed 600 intersections across the state. The improvements to local roadways are ongoing and the number of local ordinances continues to grow across the state. These local efforts complement the New York State Complete Streets law that was passed in 2010, and numerous local Complete Streets ordinances that are a direct result of this work.

AARP continues local level engagement with members, volunteers and community partners to continue to identify and improve intersections that are dangerous to cross in neighborhoods across New York. One intersection helped change a county and a state. ●

*Beth Finkel, State Director, AARP New York*





2 Wider and better-constructed sidewalks, shade trees, and other improvements all add to the value of the city and encourage residents to walk and utilize alternative forms of transit.

3 A typical street scene in Austin, TX.

TEXAS

# AUSTIN ADAPTS TO AGING POPULATION

In his annual State of the City address in March 2012, Austin Mayor Lee Leffingwell issued a call to bring together government, business, and nonprofits to address “one of Austin’s biggest challenges: our rapidly growing aging population.” He announced the authorization of the Mayor’s Task Force on Aging in response to Austin’s rapidly increasing aging population with the intent of building public awareness, analyzing the current resources and opportunities for growth, and creating a set of strategic recommendations to accommodate this ever increasing population.

The Mayor’s action was prompted by demographic trend

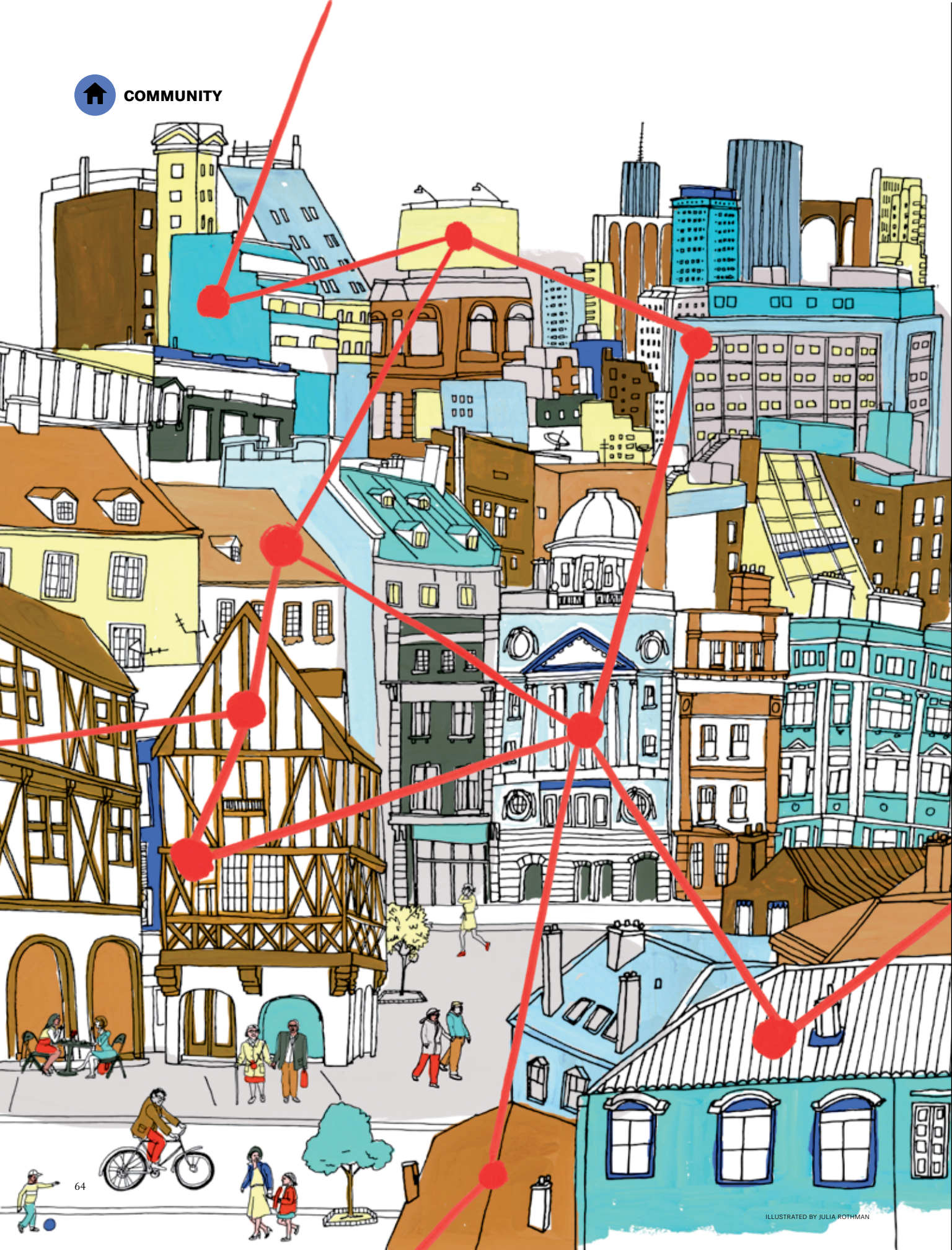
projections for Austin. The Austin-Round Rock Metropolitan Area has experienced a phenomenal 48 percent growth over the past 13 years, making it the third fastest growing area in the nation from 2000-2010 and the fastest growing area from 2010-2011. The city has received national attention due to the growth of the aging population in particular: the Austin-Round Rock area has the fastest growing population of pre-seniors (adults age 55 – 64) in the nation and the third fastest growing population of adults age 65 and older. It is projected that by 2040 nearly 20 percent of the Austin-Round Rock area population will be comprised of seniors.

There could be no better environment to begin working locally in Austin on age-friendly issues with this leadership and with the need to change so firmly established. AARP Texas introduced AARP’s Network of Age Friendly Communities and the WHO’s eight domains of livability to the Mayor’s Task Force on Aging. It was evident that there was synergy between the domains and the framework the task force was creating for Austin.

By the fall of 2012 the Mayor’s Task Force was willing to support a recommendation that Austin join the network and the initiative was publicly announced in January 2013.

As the population of Austin continues to grow and age, the city must adapt to serve the changing needs of its residents. AARP Texas looks forward to being a partner in that work. ●

*Bob Jackson, State Director, AARP Texas*



# SUPPORTING AGE-FRIENDLY EFFORTS

Louise Plouffe and Ina Voelcker | INTERNATIONAL LONGEVITY CENTRE (ILC), BRAZIL

## **More than 1000 municipalities throughout the world have joined the WHO Global Network of Age Friendly Cities and Communities.**

The World Health Organization (WHO) Age Friendly Cities Guide (2007) was originally developed as a policy and practice tool to raise local awareness of various barriers facing older people in urban settings and to stimulate concerted local action to make cities and communities more age-friendly<sup>1</sup>. What resulted was a groundswell of enthusiasm not only to act locally, but also to connect and engage with age friendly actors in other communities globally.

In the six years since WHO launched the Guide, more than 1,000 municipalities throughout the world, individually or as part of state or national networks, have joined the WHO Global Network of Age-Friendly Cities and Communities. These communities have

seriously committed to becoming more age friendly and want membership in the network to support their efforts. New sub networks have sprung forth as well. WHO has worked closely with engaged partners to channel energies and expectations of enthusiastic members into a sustainable and effective network. At the same time, the “bottom-up” force of networks and networking continues to influence the shape and directions of age friendly initiatives in different parts of the world.

### **A Global Network Defining Itself**

From the very beginning, leaders of municipalities and other levels of government looked to WHO to provide ongoing leadership to guide and vet efforts to develop more age-friendly settings, using the Guide as a starting point. The budding network of engaged communities in various countries provided advice to WHO to create a standard implementation process, based on what was working well in their respective locations. This advice included establishing “top-down,” “bottom-up,” and horizontal networks involving older people within the community. The specific steps are to get the formal commitment of the city council or mayor; create an advisory committee with representatives from the public, nonprofit, and business sector; involve older people as equal partners in all aspects of the project; conduct an assessment of the community’s current level of age friendliness; and develop an action plan with indicators.

A concern from the beginning was to reconcile having standards worthy of recognition for cities in more developed countries with support and encouragement for cities with fewer resources in less developed countries. Again, the pooled experience of the early WHO network provided a viable solution. Becoming part of the global network entails commitment to an ongoing self-development process with action plans and indicators specific to the community.

Another issue raised by early adopters of the Age Friendly Cities initiative AFC was the label “cities.” In fact, many of the first communities that embraced the initiative successfully were towns and villages. In smaller locations, key players from different sectors can be mobilized more readily than in cities with less permeable organizational stovepipes. Towns and villages needed to be able to identify with the global initiative and to be recognized by WHO as part of the movement. The voices of these players influenced WHO to adopt the more inclusive term “age friendly cities and communities.”

### **International Age Friendly City and Community Conferences**

Virtual communication is fine, but face-to-face contact is vital to create real bonds and stimulate ideas and action. Two international conferences, one in Dublin, Ireland (2011), and the second in Quebec City, Canada (2013), have met this goal. Co-hosted by Ageing Well Network Ireland, the Dublin conference drew 400 participants and focused on start-up issues. Two years later, with the collaboration of the government of the province of Quebec, the Quebec City conference

## **Face-to-face contact is vital to create real bonds and stimulate ideas and action.**

attracted about 700 delegates and devoted attention to the innovative projects taking place in communities. At both meetings, WHO and the local hosts sponsored participation from partners in developing countries, including in Africa and Latin America and the Caribbean, in order to support age-friendly community initiatives there.

### **Linguistic and Cultural Sub Networks**

The Francophone Network of Age Friendly Cities was created at the Dublin meeting in 2011. Bringing together officials from French-speaking AFC communities from France, Quebec, Belgium, Switzerland, and Africa, this group builds on linguistic and cultural affinity to strengthen collaboration and to advance the WHO global network in francophone countries. Currently led by the city of Dijon, France, the Francophone Network held its first conference there in 2013. Backed by committed members and supported by strong national networks, the Francophone network is well-positioned to thrive and to assist new members.

The Ibero American Age-Friendly Cities Network was set up at the Quebec City meeting, with Spanish- and Portuguese-speaking delegates from Latin American countries, the United States, and Portugal. National, state, and municipal-level initiatives are developing

in Costa Rica, Chile, Argentina, Uruguay and Brazil, as well as in Portugal and Spain. However, at present, only Costa Rica and Chile have the committed leadership of the national government. A statewide Age-Friendly São Paulo was launched in 2012, and in Argentina, initiatives in three cities are coordinated through ISalud University in Buenos Aires. The success of these sub networks will depend on the availability of dedicated leaders, the extent of sharing among members, and availability of mechanisms to support regular exchange.

### **Healthy and Age-Friendly Cities in Europe**

In Europe, an initial impetus and model for the global Age Friendly Cities network was the Healthy Communities movement launched by WHO a few decades ago. About 1,200 European cities belonging to this network undertake a thorough self-assessment on several indicators of health and then regularly report to the WHO European Regional Office on their actions to improve the health of the city's residents. Public health officials of member cities gather to monitor progress and to periodically steer efforts to new areas of focus or population groups. The WHO “Healthy Cities” Certification is a matter of civic pride in Europe.

Officials of European cities wanting to become more age-

friendly expected a similar structured process and formal recognition from WHO. As the number of age-friendly cities has grown, the desire for both these urban development networks to collaborate has led to a project recently supported by a grant from the European Commission to harmonize “Age-Friendly Cities” with “Healthy Cities.”

### Age-Friendly Communities in Canada

In Canada, all 10 provinces are now engaged in the initiative, with a combined total of more than 850 communities on the road to becoming age-friendly. Many of these communities are towns and villages with high proportions of older people. This achievement is the result of commitment by provincial governments, working and networking with municipalities, organizations for older people, and other non-government organizations (NGOs) within their own jurisdictions. It is also the fruit of successful networking across jurisdictions (federal, provincial, and municipal) and with the public sector.

With provincial partners, the Public Health Agency of Canada (PHAC) established a National Reference Group comprising provincial officials, older people, academics, NGOs, and representatives from municipal governments and from national municipal and planning associations. This national network is a source of expert knowledge and key advice to guide the initiative.

Support and guidance from the reference group was important in deciding to establish a national “milestones” approach to implementation that is consistent with

the WHO criteria for the global network. The milestones approach links a network of committed communities within a province to the Pan Canadian Age-Friendly Communities Network coordinated by PHAC, and through PHAC the communities become recognized as members of the WHO global network.

A product of the reference group is the Age-Friendly Communities Canada Hub, which provides a “one stop” access to information, sharing, and exchange. Organized by the Canadian Association on Gerontology and academic centers engaged in age friendly community development and research, the hub features regular webinars on topics of interest, posts of community initiatives and news items, “who’s who” inventories of people and organizations engaged in age-friendly community action and Canadian resources and research studies.

### Conclusion

The WHO Global Network of Age-Friendly Cities and Communities has expanded impressively in a short time. Besides providing real and virtual spaces for sharing resources, the network has positioned itself not only as the guide, but also as the reference, for age-friendly action. This has been achieved by using the experience and expertise of members and building on existing alliances and affinities. ●

<sup>1</sup> World Health Organization. 2007. *Age-Friendly Cities: A Global Guide*. Geneva: WHO.



**Louise Plouffe**

Louise Plouffe is a senior policy analyst with 24 years of experience in aging policy research for the government of Canada, the World Health Organization, and currently with the International Longevity Centre (ILC) Brazil in Rio de Janeiro. With Alexandre Kalache, she led the preparation of the World Health Organization’s Age-Friendly Cities: A Global Guide. Louise obtained her PhD in psychology from the University of Ottawa, Canada.



**Ina Voelcker**

Ina Voelcker is a researcher at the ILC-Brazil. With a BA in Gerontology (Vechta University, Germany) and an MA in Public Policy and Aging (King’s College, United Kingdom), Ina has conducted policy research and analysis at HelpAge International. Following an internship at WHO with Alexandre Kalache and Louise Plouffe, Ina applied the Age-Friendly Communities approach in João Pessoa, Brazil.

# BEST PRACTICES

Age-Friendly Examples from Australia, Canada, Hong Kong, Ireland, South Korea, Taiwan, the UK, and the USA



## Open Spaces & Buildings

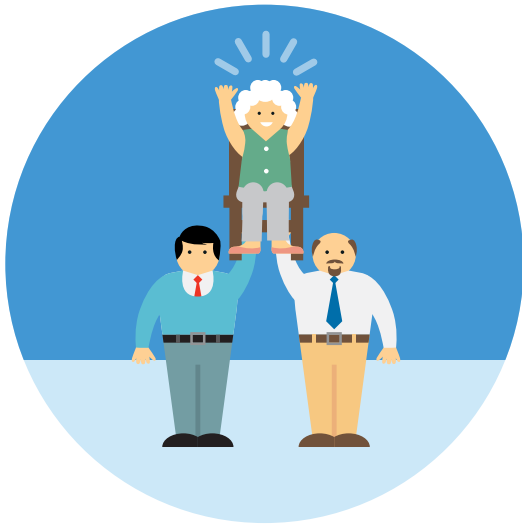
In age-friendly **Macon Bibb, Georgia, USA**, feedback from older people has given a local historic park a new lease of life. Involving older people helped catalyze change and attract funding to create a more accessible, more attractive and usable green space. Residents of all ages can enjoy new benches, clear and well-marked entrances and wider, shaded paths reaching into its center. Planned new traffic calming measures will make the park easier to reach as well as to use.

In the UK, the **City of Manchester's** Age-Friendly Design program is developing a set of age-friendly design guidelines which will evolve over time and address a range of design issues, from a park to bus timetable. A partnership with the Manchester School of Architecture and Manchester School of Art along with the engagement of older people is central to the program, which is overseen by a forum made up of older people and professionals in urban design and planning from across Manchester and the UK.

## Transportation

**Seoul's** subway system is the largest in terms of miles covered, in the world. To make it more accessible to seniors they introduced several age-friendly adaptations including; elevators at each subway station, platforms with automatic gates, real-time subway arrival times on LCD screens and comprehensive voice announcements on trains. The priority seating for seniors is rigidly enforced by all and is a stand out feature of the Seoul subway culture.

As part of its efforts to become age-friendly, **Canberra, Australia** has lowered the age of eligibility for its free public transit card, from 75 to 70. The benefit now covers 9,000 more city residents. A new electronic taxi smart-card will also make payments easier for clients of the city's Taxi Subsidy Scheme, most of whom are frail older adults.



### Respect & Inclusion

In the UK, the **City of Manchester's** Age-Friendly Design program is developing a set of age-friendly design guidelines. These will evolve over time and cover a range of design areas, from parks to streets, transport information, seating, footpaths and cycling. A partnership with the Manchester School of Architecture and Manchester School of Art along with the engagement of older people is central to the program. This is overseen by a steering group comprised of older people and professionals in urban design and planning from across Manchester and the UK.

In Australia, **Canberra's** annual 'Life's Reflections' photographic competition and exhibition generates positive images of older Canberrans for public exhibition and use in Government publications. It involves residents of all ages and serves to highlight the important place held by older canberrans in the social fabric as parents and grandparents, workers, volunteers, friends and neighbors.



### Housing

The **Hong Kong** Housing Society set up the Elderly Resource Center to promote the concept of aging in place to the community. The resource center and website offers education, training, assessment and advice on age-friendly housing design to improve the quality of life of older Hong Kong residents.

The **City of Portland, Oregon** in the US has brought age-friendly concepts into its city planning process. The city is prioritizing new accessible housing in close proximity to 'neighborhood hubs' where existing services, transit and amenities make it easier for people to live independently.

# An age-friendly city encourages active aging by optimizing opportunities for health, participation and security in order to enhance quality of life as people age.



## Communication & Information

Mobile phones and the internet are critical for most people to stay connected. However, not all older people are familiar with new technologies. Age-friendly **Melville, Australia** delivered IT and Mobile phone training sessions by young people to their older residents. Both parties reported benefitting from the experience.

In **Louth, Ireland**, information for older people in a “One Stop Shop” format was the single most important issue for older people consulted on its age-friendly strategy. A booklet on services for older people was developed first, followed by a website and a network of ‘parlors’ which provide information face-to-face.



## Civic Participation & Employment

**London, Ontario** in Canada used the whole age-friendly process as an opportunity to engage its older residents and community members as volunteers on their age-friendly task force. The task force helped put together the city’s Age-Friendly London Three-Year Action Plan and are now involved in working groups, under the eight domains, to help make the plan a reality.

The **Australian Capital Territory** has produced age-friendly business guides which support local businesses be accessible and attractive to employees as well as customers. The guides provide information on the benefits of employing older workers, with tips on recruitment, retention and training.





### Health & Community

Family caregivers are rarely prepared to take on the roles they do, and can often feel overwhelmed. The Caregiver Coaching Program was launched by **Westchester County, New York's** Department of Senior Programs and Services as part of their Age-Friendly program. Volunteer coaches are trained by professionals to give individual support to family caregivers through regular telephone conversations. This support can be essential to helping caregivers make informed decisions.

In **Taiwan**, Hondao Foundation's All in One program recruits a group of four caregivers to serve 6-12 households in the community where older people need support. By delivering care in small groupings, the service aims to be more comprehensive, cost effective, consistent, and to build and maintain community and social links.



### Social Participation

Sheds offer social activities based around making things, aimed mainly at older retirees and widowers. Age-friendly **Melville** in Western Australia, **Louth** and **Kildare** in Ireland have both supported men's sheds. In Louth the men's shed also built new bus shelters, identified by local older people as a transport priority.

Where centers for older people to meet and socialize do exist, if they aren't physically accessible, they aren't used. AARP volunteers in **Austin, Texas** lobbied the local government to change a dangerous intersection and crosswalk outside a senior center which had rendered it inaccessible by foot.

For more information about any of these initiatives contact Natalie Turner, Senior Advisor, AARP Office of International Affairs at [NJTurner@aarp.org](mailto:NJTurner@aarp.org). ●

GERMANY

# GRIESHEIM BECOMES A 'SEATABLE CITY'

Our ability to get around changes as we grow older and walking becomes more and more important. Being able to reach a destination by foot or not influences the decision to go somewhere enormously. Unfortunately most communities are not ready for the growing 'go slower' generation. When the design of public spaces does not encourage seniors to walk, many choose to stay home and in turn may become disconnected from their community.

Griesheim is a German town with a population of 28,000 located in the heart of the Rhine-Main area, 30km south of Frankfurt. A well-known resident, Professor Bernhard Meyer, of the Department of Social Work and Social Pedagogy of the Protestant University of Applied Sciences, has introduced to Griesheim the concept of the 'seatable city'. It is a great example of how small adjustments to public spaces can have significant benefits for residents of all ages.

Meyer recognized that along with age-related cognitive changes such as loss of vision and hearing, older people also slow down and experience greater strain on the bones and joints; making it more difficult to navigate by foot through increasingly complex traffic and street design. In trying to better understand the needs of senior pedestrians, Meyer reached out to local seniors and stakeholders to learn why and where seniors in Griesheim walk. The question he asked was: What hurdles must be

overcome to make Griesheim a better place for older pedestrians?

In the interviews and walking through the town, Professor Meyer and his team found that older people had three key needs:

- Meeting friends
- Being part of the community and,
- Taking a rest to recharge for the next part of the walk

He then asked himself what was one important and simple thing which could help meet all of these needs? And the answer was a bench. There were already benches in Griesheim, but usually they were in destination points, in public places such as parks or squares. However this did not solve the problem of seniors being able to walk to those places without a rest on the way.

Meyer and his team created a map of the most frequented paths and favorite places of older pedestrians. This map became the baseline to refurbish the town with the seating to extend the range and regularity of walking for its senior residents. Offering adequate seating solutions at their favorite places, such as the local cinema and other central points of interest where they could observe community activities or take part in them.



PHOTOS: PROFESSOR BERNHARD MEYER



- 1 Professor Meyer demonstrating one of the new seating solutions.
- 2 Map of Greisham showing the location of street 'furniture.'

**The city offers adequate seating solutions at favorite places, such as the local cinema and other central points of interest.**

Benches were only part of the solution. Other structures were added to major paths which could provide a 'rapid rest', e.g. bicycle stands which also doubled as a seat or a new type of high stool where people of all ages, could take a break without actually sitting down.

In keeping with the WHO age-friendly domains, the 'seatable city' addresses aspects of outdoor spaces and buildings where quality of life is often lost if communities disregard their senior's walking habits.

For more information about Griesheim, the seatable city, email Professor Meyer: [bernhard.meyer@t-online.de](mailto:bernhard.meyer@t-online.de) ●

*Frank Leyhausen, Head of Think Tank Deutsche Seniorenliga*

# The Jiminy Wicket Project: Connecting Through Croquet

In October 2007, James Creasey received news from the United Kingdom that his 84-year-old father, Maxwell, had suffered a stroke and was diagnosed with vascular dementia. This condition would gradually strip him of his memory, speech, and capabilities. James wanted to spend more time with his father but had a highly demanding job managing a Denver-based company for a New York City pension fund.

Every 10 weeks, James would spend two weeks with his father in the United Kingdom. Maxwell's condition was deteriorating, and James feared the summer of 2008 would be his father's last.

Growing up, Maxwell played croquet a couple of times. That summer, while vacationing in Cornwall, James made sure his father had an opportunity to play one more game.

However, something unexpected happened, and that game led to many more. Croquet made Maxwell smile and also helped him reconnect to society – if only for a game.

“When golf was gone because it was too precise; ping pong was too fast; cards, Scrabble, and chess were all too complicated, we could still have a heartfelt connection and smile playing croquet.”

As Maxwell's health deteriorated, his desire to play croquet persisted. James saw the profound, positive impact croquet was having on his father's life and imagined how he could replicate the experience to improve the lives of others.

With help from the Denver Alzheimer's Association and Denver Croquet Club, James started a program called Jiminy Wicket. The program has three goals:

- Increase awareness
- Decrease stigmas
- Make people smile

According to James, the metric he uses to judge the program's success is what he calls “smiles per hour.” James estimates the program has created more than 400,000 smiles in Denver alone, and thousands more around the world.

After Maxwell's passing in 2009, James left his lucrative career to devote more time to Jiminy Wicket. Currently, the program is being scaled so it can be implemented worldwide. The 5-year goal is to expand to 2,500 schools in five countries.

*Through Hoops to Hope*<sup>®</sup> is an intergenerational croquet program in which students and seniors play together. Jiminy Wicket hopes to raise \$400,000 in order to expand this program to 100 schools in 10 cities across the United States in 2014.

Alzheimer's knows no borders. Each World Alzheimer's Day, participants on three continents participate in the Jiminy Wicket World Cup. Celebrities, seniors, families, and caregivers increase awareness for Alzheimer's by playing croquet.

James says his passion to serve others keeps him working hard to expand the program, improve lives, and make people smile around the world. If the program's expansion goes as planned, readers can expect a Jiminy Wicket program in their community within the next few years.

Alzheimer's disease cannot be prevented or cured and is the sixth-leading cause of death in the United States. The estimated annual cost of Alzheimer's care in the United States is \$200 billion, including \$140 billion in costs to Medicare and Medicaid. With the number of patients expected to rise as baby boomers age, it is possible for annual costs to exceed \$1.1 trillion by 2050. The Jiminy Wicket program offers promise, and the increase in quality of life that participants suffering from dementia receive is something worthy of more research and consideration.

[www.jiminywicket.org](http://www.jiminywicket.org)

*Brandon Cheslock, Intern  
AARP Office of International Affairs*



Jiminy Wicket playing croquet with students and seniors.

- 1 Vi Senior Living, Colorado
- 2 Oakham School, England
- 3 New Dawn Memory Care, Colorado

# RECOGNIZING AGE-FRIENDLY EMPLOYERS



Best Employers  
International Award

AARP is pleased to announce the 2014 AARP Best Employers International Award. The Award is given to innovative employers around the world who value an age-diverse workforce. The deadline for Award applications is April 26, 2014.

Since AARP launched the program in 2008, 99 employers have submitted 136 applications. AARP has given 46 awards and one honorable mention to 37 different

employers. Two employers have won the award three times and six employers have won the award twice. Employers range from small and medium enterprises, to large multi-nationals. Fifteen nations have participated.

To apply or learn more about this prestigious Award, please visit [www.aarpinternational.org/bestemployers](http://www.aarpinternational.org/bestemployers)



## PAST WINNERS

### **BMW Group**

Industry: Automotive  
Location: Munich, Germany  
Employees: 69,518  
Percentage > 50: 23.1%

### **Bundesagentur für Arbeit**

Industry: Government  
Location: Nürnberg, Germany  
Employees: 95,900  
Percentage > 50: 35.2%

### **Centrica plc**

Industry: Energy  
Location: Windsor, United Kingdom  
Employees: 27,564  
Percentage > 50: 14.8%

### **Daikin Industries**

Industry: Industrial Equipment & Commercial Machinery  
Location: Osaka, Japan  
Employees: 8,149  
Percentage > 50: 24.2%

### **DB Services**

Industry: Railroad Services  
Location: Berlin, Germany  
dbservices  
Employees 10,160  
Percentage > 50: 45%

### **DSW21**

Industry: Municipal Government  
Location: Dortmund, Germany  
Employees: 1,904  
Percentage > 50: 32.3%

### **Elkerliek Hospital**

Industry: Hospital Services  
Location: Helmond, Netherlands  
Employees: 2,226  
Percentage > 50: 29.3%

### **Jena-Optronik, GmbH**

Industry: Aerospace  
Location: Jena, Germany  
Employees: 145  
Percentage > 50: 42%

### **Lam Soon Edible Oils Sdn Bhd**

Industry: Food  
Location: Shah Alam, Malaysia  
Employees: 1,456  
Percentage > 50: 20.1%

### **Marks and Spencer plc**

Industry: Retail  
Location: London, United Kingdom  
Employees: 63,992  
Percentage > 50: 33.23%

### **National Australia Bank**

Industry: Financial Services  
Location: Melbourne, Australia  
Employees: 27,460

### **National Environment Agency**

Industry: Government  
Location: Singapore  
Employees: 3,338  
Percentage > 50: 47.9%

### **Raffles Institution**

Industry: Education  
Location: Singapore  
Employees: 545  
Percentage > 50: 15.6%

### **Salzburg AG für Energie, Verkehr und Telekommunikation**

Industry: Energy and Infrastructure  
Location: Salzburg, Austria  
Employees: 2,136  
Percentage > 50: 34.2%

### **The Co-operative Group**

Industry: Grocery Retailing, Financial Services, Travel, Agriculture, Funeral Services  
Location: Manchester, United Kingdom  
Employees: 95,448  
Percentage > 50: 24.6%



# ADDRESSING AGING IN KOREA

Advocating for the Best Employer Award: Senior Partners, Seoul, Korea

Eun-Kyung Park | CEO, SENIOR PARTNERS



Korea is aging faster than any other society in the world. According to the 2013 demographics data released by the Korean government, the 65-plus population reached more than six million for the first time, comprising 12.2 percent of the total population. Of course, this ratio is not as high as that of Japan (23 percent), Germany (20.8 percent), United Kingdom (16.6 percent), Russia (13.1 percent), and the United States (13.1 percent). What is notable, however, is how fast the society is aging; by 2020, the rate will increase to 15.7 percent, surpassing the United States and the United Kingdom. By 2030, it is expected to rise to 24.3 percent, making Korea the oldest society in the world.

Responding to such an aging phenomenon, Korean citizens have become more interested in government policies toward the elderly. One of the most popular issues is the basic old-age pension for 65-plus citizens. The current government called for the full enforcement of pensions for all 65-plus citizens in its presidential election pledge, but has modified the pledge to

only support selective citizens due to its insufficient budget. This has aroused a very controversial debate amongst the political parties in Korea, and the citizens took part in it. More attention has been focused on postponing the official retirement age, and the government and politicians have passed a bill to postpone the retirement age to 60 years old. The logic behind the bill was to give more time for aged workers to prepare for the post-retirement life and to lower the societal cost of retiring senior citizens. Abiding by the new bill, all business entities with over 300 employees in Korea are mandated to gradually postpone the retirement age to 60 by 2016, whereas the current average retirement age is 55.

The reason why the public is so sensitive about policies toward the elderly is because senior citizens are not well prepared for old age. According to government figures, less than one-half (45.8 percent) of the population between 55–79 years old receives some form of pension. The average pension allowance is only 380,000 KRW (\$360) per



month. Although earning a steady income through a job would be an alternative, the employment rate is fairly low (30.1 percent), and the wage level for older workers is not high either (77.7 percent compared to the average wage level for all ages, and the level for older female workers is only one-half the average).

Such low preparedness for old age has put a great deal of pressure on the public sector. However, many in the private sector see this as a new opportunity—most notably the financial industry. The major financial firms have created various retirement preparation products, primarily focusing on providing inheritance, tax, and investment consultation services, as well as products preparing for national pension schemes or personal retirement savings.

Middle-aged consumers have responded enthusiastically to financial products specifically designed to help people prepare for old age and offer the elderly diverse benefits. When the major banks in Korea introduced financial products for the elderly, \$567 million flooded the market. Koreans are now more active than ever in preparing for old age, which is evident in increased participation in pension schemes. While there was hardly any interest in 2007—the year the reverse mortgage was first introduced to the market—more and more people are now paying attention to the fact that the number of the mortgage holders has quintupled in the past 5 years. Immediate annuity, where holders deposit large amounts of money and draw from the enrollment year, has also been popular amongst recent retirees.

There has been an effort to attract elderly customers in the

**Such low preparedness for old age in Korea has put a great deal of pressure on the public sector. However, many in the private sector see this as a new opportunity—most notably those in the financial industry.**

distribution industry as well. The consumer goods industry perceives the 50-plus age group as a potential growth market, which has resulted in the launching of new products that meet the needs of the elderly. There are even new online shopping malls just for senior citizens. Considering how seniors might be less familiar with the online environment, these shopping malls provide product consultation, procurement, and payment by phone when necessary. According to *The 2013 Retail Industry Yearbook*, published by the Korea Chain Stores Association, the ratio of the purchasing power of 50-plus customers to the total purchasing power has increased from 22.3 percent in 2011 to 33.9 percent in 2012.

Likewise, Korea's social interest in the elderly has increased, which became even more evident during the 2013 Seoul International Senior Expo, held in October. The largest private senior industry exhibition,

the Expo is organized annually by Senior Partners (AARP participated as a global partner). During this year's event, where 20,000 50-plus citizens attended, attention was focused on items for active seniors. The attendees' area of interest has expanded from health and other limited segments to broader areas surrounding how to spend old age more actively. They have shown interest in leisure, employment, volunteer opportunities, and investment, which reflects their will to have control over their golden years instead of relying on others.

A change in senior citizens, themselves, is also fairly significant. Being passive citizens before, they are now more active and dynamic, demonstrated by an increased willingness to voice their opinions in public. For example, the 50-plus population actively supported then-presidential candidate Geun-Hye Park during her presidential campaign. Since her government

ADDRESSING AGING IN KOREA



- 1 20,000 50-plus citizens attended the 2013 Senior Expo, where attention was focused on products and services for active seniors such as Wii Fit.
- 2 Ribbon cutting at the 2nd annual Seoul International Senior Expo, October 2013
- 3 The attendees' area of interest has expanded from health and other limited segments to broader areas surrounding how to spend old age more actively.



was inaugurated, older Koreans have continued to raise their voices about various policies regarding the rights of the elderly. This new paradigm indicates that the elderly can take the lead in changing Korea's societal format.

In Korea, however, there is no strong community for retired people such as AARP. Individual communities rooted in a common residential area, religion, or hobby are present. But as senior citizens become more familiar with modern technology, such as social networking services and mobile devices, this is expected to change. Active senior citizens are absorbing new technology and culture quickly, expressing their opinions publicly and forming their own communities. Online communities for the elderly are also growing rapidly. Yourstage.com, an online portal website operated by Senior Partners for 50-plus users, has 400,000 subscribers. This number may not seem significant yet, but its potential for growth is increasing along with the rise in senior citizens' Internet and smart phone usage.

It is worth noting that different forms of media are emerging to represent the voice of the elderly. In 2012, the first issue of *Senior Chosun*, the first magazine in Korea to target 50-plus readers, was published, and two other monthly magazines will publish their first issues later in 2013. *Senior Chosun* is published by Chosun Media, which has the largest daily newspaper circulation in Korea, and Senior Partners.

Social debate focused on advancing the age-friendly organizational culture has also become more active. The new bill postponing the official retirement age, as mentioned above, is also the

result of an increased interest in aged workers. Going along with these developments, Senior Partners, together with AARP, is making every effort to extend the age-friendly culture. As an international partner of AARP, Senior Partners is encouraging corporations and organizations to participate in AARP's "Best Employer's Award." Although a Korean has yet to win this award, I am certain that there will be numerous Korean winners in the near future; many Korean corporations are creating innovative jobs that are suitable for aged workers, building social network infrastructure to include older workers in the information loop, and making lifelong education opportunities to promote stable life after retirement.

Aging is an undeniable phenomenon in Korea. The government, along with the private sector, is focusing on the changes that stem from such a phenomenon. There will be more policies focused on, and more goods and services designed for, the elderly. Some people view this situation anxiously; they say that the social conflicts associated with an aging population may become more complicated, or there may be another economic crisis. However, more people realize that an aging population presents an opportunity. I do not view the aging phenomenon as a crisis, and I strongly believe that it is an excellent chance to explore new opportunities. Of course, such an optimistic perspective necessitates proper preparation and befitting efforts. I dearly hope that support from the government and active investment from private corporations will be encouraged. ●



#### **Eun-Kyung Park**

Eun-Kyung Park is the head of Senior Partners, a senior-specialized platform operating company established in 2007 that leads the senior industry in Korea. Senior Partners covers a range of areas in the senior industry and includes programs such as Yourstage.com (an online portal website for senior citizens); the Seoul International Senior Expo (an exhibition that shows the present and future of the senior industry in Korea); a retirement preparation class (a stepping stone to successfully prepare for the post-retirement life); *Senior Chosun* (a magazine where seniors can voice their concerns); and Home Instead Senior Care (nonmedical home care services that help seniors live at home as long as possible).

Recently, Senior Partners, along with AARP, has made efforts to advance the age-friendly organizational culture in Korea. Senior Partners plans to globalize, using its local and international network to provide consultation services to foreign corporations that wish to enter the Korean market.

# TREASURING THE SILVER WORKFORCE

Best Employer: NEA, Singapore

**Gloria Chin** | DIRECTOR HUMAN RESOURCES  
NATIONAL ENVIRONMENT AGENCY, SINGAPORE



**More than 43 percent of NEA's 3,800 employees are aged 50 and above, with the oldest employee being 75 years old.**

Singapore has one of the fastest-aging populations in Asia. In 2012, about 10 percent of Singapore's population was over the age of 65. By 2030, this percentage is expected to double. Therefore, Singapore faces the challenge of accommodating this changing age demographic.

Predominantly an Asian society, family remains a strong support system for the older population in Singapore. However, as health-adjusted life

expectancy<sup>1</sup> increases over the years, the career lifespan for many Singaporeans has likewise been extended beyond the national retirement age of 62.

The shortage of manpower to staff operations pushes businesses and organizations in Singapore to continually evaluate their hiring policies. Similarly, at the National Environment Agency (NEA), we have been looking at ways of attracting new talent while developing the skill sets of existing employees.

Like many organizations in Singapore, NEA, whose mandate is to ensure a clean and green environment in Singapore, is faced with the challenge of a growing silver workforce and changing population needs. More than 43 percent of NEA's 3,800 employees are aged 50 and older, with the oldest employee being 75 years old. With the changing profile of NEA's employee population as well as Singapore's labor market, NEA has put in place a number of Human Resources (HR) programs and practices to promote and support senior employability. NEA is guided by the following HR key directives



1 Mr. Tan (center) with his team of junior officers.

2 Mr. Yap Swee Kin, age 71, conducts vector control checks at Pulau Ubin, an island off the shore of Singapore.

where age management programs are concerned:

- Age-Neutral Recruitment Practices
- Active Re-employment
- Active Learning
- Active and Healthy Living
- Awards based on Merits

### Age-Neutral Recruitment Practices

Encouraging age-neutral recruitment practices benefits NEA as it does not further limit itself as Singapore faces a shrinking workforce<sup>2</sup>. NEA therefore works with the Council for 3rd Age, Community Development Councils, Employment and Employability Institute, recruitment agencies, and other sources to actively reach out to mature workers who are looking for employment. Applicants are not required to indicate their age on the application forms so that the hiring departments will not be biased against older workers.

Over the years, NEA has increasingly recruited more mature employees. Between January and August 2013, 15 percent of new hires were aged 50 and older. The oldest employee recruited was 68 years old. This demonstrates NEA's best-fit principle in matching suitable candidates to the job, regardless of age.

A case in point is Yap Swee Kin, 71, who in 2007 was hired at the age of 66 as an environment health officer. Yap enjoys sharing his knowledge with his younger colleagues as it gives him a sense of satisfaction.

### Active Re-employment

Mature employees are considered to be a valuable asset in meeting NEA's objective of achieving environmental sustainability in Singapore. Their rich life experiences add diversity to how issues and challenges are viewed and addressed, while their wealth of experience and knowledge enables them to help spearhead

NEA's staff training, oversee or guide NEA's R&D efforts, and mentor younger officers, as well as distill and document NEA's core expertise.

As a result of NEA's senior-friendly re-employment policy, more than 90 percent of NEA employees are re-employed upon reaching the statutory retirement age of 62. Such staff are offered the same position or given positions that are less physically straining, or consulting work when they are re-employed.

One such employee is Tan Joo Thai, 68, who used to work as a medical inspection specialist in NEA's Radiation Protection and Nuclear Science Department. With his expertise and valuable knowledge, Tan was re-employed as a consultant. He finds his current work meaningful as it allows him to share his knowledge with younger officers while he continues to contribute to the health care community.

NEA also recognizes that employees have different needs at different stages of life and is prepared to support them and welcome them back when they are ready for further re-employment. This was the case for Avtar Singh (s/o Gurdip Singh), 64, who retired in November 2010 to pursue his interest in religious studies. Singh was rehired by NEA's Department of Public Cleanliness in June 2011. When asked about his thoughts on coming back to NEA, he said, "I treasure the opportunity NEA has given to me to continue employment after retirement. It reflects that NEA values the experience and wisdom of a mature workforce who can cascade their know-how to younger colleagues. I find a lot of satisfaction when my subordinates and younger colleagues progress under my guidance. Personally, I like to keep myself active by continuing to work and continuing to learn new things. HR and my supervisors have given me great support and encouragement to continue working and I appreciate that."

### **Active Learning**

NEA champions lifelong learning for all staff, regardless of age. In designing the training programs for its employees, NEA takes into consideration the organization's requirements and the specific needs of the employees. As of August 15, 2013, 35 percent of the training slots were taken up by staff aged 50 or older.

To ensure that older workers are not left behind, NEA constantly encourages its older workers to continue to increase their skill sets to meet current and future needs. In 2011, NEA embarked on a job redesign exercise for a group of employees, of whom 93 percent were aged 50 or older. In redesigning the job, special attention was paid to the fact that the majority of the employees were mature workers. For example, booklets given to them are printed in bigger fonts. NEA's employees aged 55 or older also take the "Plan Now for Retirement

and Re-Employment" course and other related courses to help them prepare for their retirement.

### **Active and Healthy Living**

With more than 43 percent of NEA employees aged 50 and older, the "keep fit, stay healthy" mantra takes priority. Senior employees have different needs and are motivated in different ways than younger employees. In designing HR policies and programs, it is thus important to consider these diverse needs. For example, at a recent annual health screening organized by NEA, mature employees were given free tonometry tests for glaucoma (eye screening) and spine screenings. To further promote active living, NEA also organizes subsidized activities for children and grandchildren of employees during school holidays.

NEA's Sports and Recreation Club (SRC) organizes low-impact fitness classes, such as Tai Chi, which are open to NEA's retirees. Retirees are also given access to NEA's gym and badminton and squash courts.

For example, Tan Hock Siew, 67, has been an active member of the NEA SRC since his retirement. He visits the gym at NEA's Environment Building twice a week and plays badminton with his ex-colleagues at least once a week. At just two dollars a month, Tan is able to enjoy modern gym and sports facilities. He feels that it is important for a retiree like himself to still keep fit and active.

### **Awards Based on Merits**

The current compensation structure for NEA employees is performance-based. Employees will receive performance bonuses and merit increments based on their performance, regardless of age. Promotion is also dependent on one's performance. Even after their retirement and during their re-employment, officers will continue to receive merit increments and bonuses based on their performance.



- 3 NEA's senior workers participated in various courses with their peers.
- 4 Mr. Avtar Singh was recently interviewed by CNBC Asia on senior employability for a program titled "Ageing in Asia."
- 5 Mr. Tan is a frequent user of NEA's SRC gym.

**Senior employees have different needs and are motivated in different ways than younger employees. In designing HR policies and programs, it is important to consider these diverse needs.**

### What Our Partners and Mature Employees Have to Say

In close partnership with our two unions, we are able to work seamlessly in caring for our silver workforce. This is what our union representatives have to say:

“NEA has not neglected the needs of a maturing workforce. Besides employability, NEA management also supports union initiative to organize healthy aging talks to prepare the mature workforce on tips to keep fit and healthy.”

- Mr Ong Sin Tiong, Executive Secretary for Amalgamated Union of Public Daily Rated Workers (AUPDRW)

“NEA is a good employer. It takes good care of its employees over 50 years of age. Most of such employees have been happily working in NEA for many years taking pride in their work in caring for the environment.

In addition, NEA recruits into service many employees above 50 years old. It believes that age is not a disadvantage in its recruitment policy. In fact, it is a positive element in its decision-taking.”

- Mr Ma Wei Cheng, General Secretary for Amalgamated, Union of Public Employees (AUPE)

With the support of NEA's management and union partners, NEA is able to continually ensure a better work-life for its senior employees.

### About National Environment Agency

Formed on 1 July 2002, the National Environment Agency (NEA) is the leading public organization responsible for improving and sustaining a clean and green environment in Singapore. The NEA develops and spearheads environmental initiatives and programmes through its partnership with the People, Public and Private sectors. It is committed to motivating every individual to take up environmental ownership and to care for the environment as a way of life.

By protecting Singapore's resources from pollution, maintaining a high level of public health, and providing timely meteorological information, the NEA endeavors to ensure sustainable development and a quality living environment for present and future generations.

NEA won the AARP Best Employers for Workers Over 50 Award—International in 2011. ●

<sup>1</sup> Health-adjusted life expectancy is an estimate of the number of years a person is expected to live, free from disability or disease. For more information on Singapore's population and vital statistics, visit: [http://www.moh.gov.sg/content/moh\\_web/home/statistics/Health\\_Facts\\_Singapore/Population\\_And\\_Vital\\_Statistics.html](http://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Population_And_Vital_Statistics.html).

<sup>2</sup> Singapore faces a declining old-age support ratio. In 2030, the ratio of elderly citizen to citizens in the working age band of 20–64 years of age will be 1:2.1 <http://population.sg/key-challenges/#.UIZnS1Pc5uQ>.



**Gloria Chin**

Gloria Chin has 20 years of HR experience, both in the public and private sectors. She started her career with two leading statutory boards—Housing & Development Board and Inland Revenue Authority of Singapore—before moving on to the health care industry, where she worked in the National Healthcare Group. There, she started up a new health care cluster, the Jurong Health Services, in 2009. She joined NEA in July 2011.



# RESPECTING MATURE WORKERS

Best Employer: Michelin North America

David Stafford | CHIEF HUMAN RESOURCE OFFICER, MICHELIN NORTH AMERICA



**We are leading a four-generation company that recognizes the need for talent management at all ages.**

Nearly 40 years ago, Michelin began its tire manufacturing operations in Greenville, South Carolina, with a group of talented employees who helped build our presence in the United States from the ground up.

Today, with those years of history behind us, we are leading a four-generation company that recognizes the need for talent management at all ages. This requires us, like many other companies, to adapt and innovate to meet the needs brought on by changing demographics. Nearly 40 percent of our US employees are aged 50 and older, and they are a critical part of our talent management strategy. The knowledge and experience they bring, as well as the skills to mentor our younger generations, is invaluable. This mature workforce has been with Michelin for most, if not all,

of their careers — the average tenure of our employees aged 50 and older is 23.5 years.

Our programs that benefit mature workers and demonstrate one of our core values, respect for people, have led to continued recognition by AARP. Since 2001, Michelin has been recognized six times as one of AARP's Best Employers for Workers Over 50 in the US.

To better understand what we have in place, I'd like to highlight three areas of focus at Michelin: talent management, health and wellness, and returning retirees.

## Talent Management

Whether fresh out of school or well into their careers, we hire employees not for a job, but for a career. Our unique talent management system and robust learning and development

**We see returning retirees as a win-win, allowing retirees to continue to work if they wish, and allowing the company to benefit from the knowledge and expertise gained over a career with the company.**

programs allow employees to grow, develop, and accept new responsibilities throughout their careers.

We manage careers for all of our employees. As an example, high-potential employees and senior managers are given additional resources for development so we can prepare for future staffing at the senior or executive level. Salaried employees have access to a job advertisement system that allows them to apply for positions interesting to them. Wage employees are encouraged to become qualified on posts or equipment outside of their area, and we also have career management workshops at our manufacturing sites to encourage wage-to-salaried progression in areas where there is interest. About one-third of the

salaried personnel in our manufacturing facilities began their careers as wage employees.

Career mobility—the opportunity to change fields midcareer—is an exciting part of working at Michelin. I am a good example of this; I began my career as a materials science engineer and am now chief human resource officer—a job I have embraced because of my passion for managing and developing people. We know one of the main reasons employees stay at Michelin for their entire careers is because they are constantly challenged with new opportunities.

**Health and Wellness**

Our employees—across age demographics—consistently tell us how

they have personally benefited from Michelin's focus on health and wellness. Over the past 5 years in the United States, we have moved to an innovative, award-winning health and wellness initiative, Choose Well-Live Well, which encourages employees and their families to take charge of their health.

This year, we launched an enhanced incentive program for employees and their spouses or domestic partners to earn health care funds based on individual health outcomes. This also allows them to earn progress incentives the following year. Results are so far successful, demonstrated by the fact that participation in our personal health review and biometric screenings is close to 90 percent.

By focusing on health and wellness, we have continuously developed programs to energize our employees and their families to develop healthy lifestyles. An example of one way we have provided resources: in 2010, we opened the first Michelin Family Health Center at our headquarters in Greenville, to provide convenient and affordable access to a full suite of quality health care services.

The Michelin Family Health Center is available to all active employees—even if not covered by a Michelin medical plan—and all spouses or domestic partners, retirees, and dependents over age two who are covered by a Michelin medical plan. For most, eligible plan members pay 50 percent less than they would for the same services at in-network providers, and all labs are provided at no cost. The center is staffed and managed by the nation's leading workplace health provider, Take Care Health Systems. Two more centers were opened at our manufacturing and research and development sites in Greenville and Ardmore, Oklahoma, and Michelin is building a fourth center in Lexington, South Carolina, where the company has two manufacturing sites.

### **Returning Retirees**

When our employees retire, they have the opportunity, after a period of time, to express an interest in returning to work at Michelin as part of our returning retiree program.

We see returning retirees as a win-win, allowing retirees to continue to work if they wish, and allowing the company to benefit

from the knowledge and expertise gained over a career with the company. Within the past several years, Michelin has bolstered the returning retiree program. In many cases, we have utilized retirees for their expertise in the areas where they worked before they retired; by giving us additional staffing or resources, they have filled critical needs. In addition, we have had returning retirees lend their expertise to lead projects or study opportunities for the future. The returning retiree program also allows returning retirees access to additional benefits. All retirees stay connected to Michelin through a retiree Web forum that allows them to see company news and encourages discussion among them to answer any questions or concerns they may have.

In conclusion, the commitment to the well-being and development of our employees is not just a local strategy—it is one of Michelin's six major global ambitions for 2020.

We are always searching for ways to make improvements in our commitment to our employees. We are proud of the programs we already have in place that have allowed us to be an employer of choice in the communities where we are present. We believe Michelin is a place where people want to work and have a long, fulfilling career. Every day, we have examples of employees who do a great job and demonstrate our values of respect—probably because we know that, as part of the Michelin family, we share the same journey to care about giving people “a better way forward.” ●



**David Stafford**

David Stafford is the chief human resource officer for Michelin North America. He has worked for Michelin for nearly 30 years. Mr. Stafford also serves on the Area Commission for Greenville (S.C.) Technical College and on the Advisory Board for the School of Engineering and Science at Clemson University.

# Koureisha Ltd.: Redefining Flexible Retirement Opportunities

A human resources (HR) firm in Japan called Koureisha Ltd.—Japanese for Elderly Inc.—is redefining flexible retirement opportunities for older workers in Japan. Founded in 2000, Koureisha offers a unique employment placement service to businesses by matching older workers with temporary staff positions. Japan has one of the oldest demographic profiles of developed countries; the largest age group is between 60 and 64 years old. Japan’s population over the age of 65 makes up 24 percent of the total population, according to the CIA Factbook. A spokesman from Koureisha highlighted the demographic aging as a unique business opportunity for older workers. He said, “People now have 80 years to live, and their post-retirement lives are twice as long as 50 years ago. It is not exaggerating to say that their post-retirement lives are too long just to be engaged in leisure activities without working. In addition, a number of people say that it is financially difficult to live only on pension because their post-retirement lives have become too long.”

Koureisha workers are matched with companies based on interest and their skill set. The increased income from part-time work provides extra financial security in addition to the pension withdrawals. Working also gives older workers opportunities for social interaction and provides tasks to keep them engaged and active. The company “provides various opportunities so that

many older persons can enjoy their work, meet with groups, communicate with others and maintain their social bond.”

A company contracting with Koureisha can take advantage of cost benefits older workers provide. For example, an experienced worker hired through Koureisha eliminates long wait costs needed to fulfill a temporary position, which is already provided at a lower cost because Koureisha employees work part time while benefitting from pension withdrawal.

Koureisha offers placements in a variety of companies, mostly in gas business–related positions, or other office positions such as facilities management, maintenance, or general office work. Koureisha has placed workers at local Tokyo utilities companies but also larger national brands, such as Panasonic and Sharp. The business has grown sustainably since its inception in 2000, and is now more than 45 million yen (\$500,000) worth of service. As Japan’s population continues to age, Koureisha’s business looks to expand and provide flexible and affordable labor from an experienced older age demographic.

[www.koureisha.co.jp](http://www.koureisha.co.jp)

*Nicholas Barracca, Intern  
AARP Office of International Affairs*

**“Older people with a great deal of experience and knowledge are the most valuable treasure of society.”**

-Kenji Ueda, Chairman, Koureisha



PHOTOS: KOUREISHA



1 Koureisha Chairman  
Kenji Ueda

2 Koureisha offers placements in a variety of companies, mostly in gas business-related positions, or other office positions such as facilities management, maintenance, or general office work.



# TIME WORTH SHARING

The Growing Popularity of Multigenerational Travel

**Eduardo Schutte** | SENIOR VICE PRESIDENT  
GLOBAL SALES SERVICES & DISTRIBUTION, HILTON WORLDWIDE



**Boomers are increasingly engaging in multigenerational travel because they value the quality time the trips afford. ▶**

Hans Christian Andersen said, “To travel is to live.” What does that mean for the boomer generation – adults ages 50 and older? Like most people, boomers are adjusting to changing priorities as life continues to become busier, more complex and more fragmented. Families live farther apart, jobs demand longer hours and more travel, and digital technology ensures constant connectivity. In response to these shifting circumstances, boomers are adapting. Research shows that the way boomers travel, and the reasons they travel, are different than they were decades ago.

Every boomer’s travel experience is unique; some are road warriors, while others are once-a-year vacationers. But regardless of frequency or travel style, many polls rank travel as boomers’ No. 1 leisure activity, for a variety of reasons. In fact, AARP found that boomers have driven much of the growth in travel over the past 40 years, and that boomers travel more than other age groups.

According to industry analysts, boomers are not only fueling a general increase in travel, they’re also fueling the increase in multigenerational travel – traveling in groups with three or more generations. Boomers may have the financial means to pay for other family

members’ travel expenses, and they value the quality time the trips afford. Overall, evidence suggests that for boomers, to travel in multigenerational groups is to live.

### **Reconnect and Recalibrate**

Many adults older than 50 say family travel is a top priority. Because families are more spread out geographically than ever before, travel is the only way for many modern, mobile families to physically get together. The opportunity to reconnect with friends and family motivates their leisure travel, and by traveling in a group, boomers can connect with children and grandchildren in one trip.

The desire to spend time with family affects the types of trips that boomers often take. AARP’s research shows Americans ages 50 and older are taking multiple weekend trips close to home instead of one long-distance annual vacation. They want to travel to see their grandchildren and their friends, and to celebrate significant milestone events – birthdays, weddings, anniversaries, graduations, new jobs and retirements – with the ones who matter most to them.

Research from the US Travel Association shows adults older than age 55 are more likely than any other age group to say that family vacations are worth the time and expense for the opportunity to bring together multiple generations. And grandchildren feel similarly: children who travel with their grandparents say they value the quality time they get to spend with them during vacations, and that it makes them closer.

### **Relax and Unwind**

A “Visit California” white paper on multigenerational travel also tells us the frenetic pace of modern life, with its distractions and scheduling demands, infringes on quiet evening and weekend family time. This makes travel more important than ever, as an opportunity



to disconnect from technology and reconnect with loved ones. Boomers simply want time to decompress – an opportunity that oftentimes only travel can provide.

### Experience New Things

Research shows that, just like other travellers, multigenerational travellers are looking for new experiences — beautiful, awe-inspiring scenery, novel places and different, unusual cuisine. These memorable travel experiences often come about by chance: discovering a phenomenal restaurant frequented by locals; witnessing a vibrant display of culture courtesy of an off-the-beaten path stroll; or seeing a travel companion's smile, or laugh, frozen in memory.

Travel can also be a time to enjoy the finer things in life or to reacquaint oneself with long-forgotten places. Research from the US Travel Association shows three out

of four adults 55 and older still have vivid memories of vacations from as young as 5 years old, and 85 percent say they still reminisce with family about trips taken years ago.

This is traveling. And the idea that travel memories are some of the most vivid shows there is something magical about these experiences. Boomers travel for reasons as individual as each person, and each deserves an avenue through which to make travel aspirations travel realities.

### The Value of Travel

A few years ago, Hilton Worldwide conducted a study aimed at understanding why people travel and what they gain from it. We found that people who travel are more engaged and active citizens. They volunteer, give money to charitable organizations, and invest more in art and culture in their communities. They're also

more likely to say they're interested in domestic and international affairs and are more likely to vote. Most respondents believe travel makes people more tolerant and provides a better understanding of the world. Boomers possess many of these qualities too; they have consistently high voting rates and express interest in seeing historic places.

The survey's results, and our nearly 100-year history as a premier hospitality company, show that travel is important. And what do we do with things that are important? We share them.

The Hilton HHonors program is an example of a loyalty program that offers a fast way to earn free nights and other rewards and gives members flexibility in choosing how to redeem points. We help members turn their hotel stays, flights and purchases into memorable travel experiences worth sharing and allow them



# Three out of four adults 55 and older still have vivid memories of vacations from as young as 5 years old, and 85 percent say they still reminisce with family about trips taken years ago.

to share their points with others, so that families can travel the world together, across generations.

When we think about new ways to make our HHonors program relevant, we keep our members older than age 50 in mind. We know that these members are typically more affluent. They are more likely to be interested in golf, gourmet foods and visiting historical places. At Hilton Worldwide, we use that knowledge to create promotions that will appeal to them. We also know 50+ consumers value luxury – we see that in their houses, cars and travel accommodations. Overall, they feel that they've worked hard and worked long, and they've earned it. We try to make luxury upgrades available for them, and to provide hotel properties that offer that luxury experience.

We view ourselves and the HHonors program as advocates for today's traveller. We want to make

travel easier and more accessible. This is why we partner with brands and organizations like AARP. We offer travel tips and resources for our members that ensure they'll get the most out of their travel — and they'll do it in the most cost-effective way. We offer co-branded credit cards, so members can earn HHonors Points and redeem them for reward nights. We also offer up to 10 percent off our best available rate for AARP members at hotel locations around the world.

Our mission is to fill the earth with the light and warmth of hospitality. Our properties help us do it. Our people help us do it. And HHonors helps us do it. We believe the world would be a better place if we all had a well-worn passport – and we're working hard to make that happen. The experiences of traveling are experiences worth sharing – over and over again, across generations. ●



**Eduardo Schutte**

Over the past twenty years Eduardo Schutte has built a successful and ascending professional career in the Hospitality Industry, during which he has occupied various positions in Marketing, Sales, Revenue Management and Distribution. Eduardo has worked for Grupo Posadas (the largest Hotel company in Latin America), TravelClick, and LXR (a Blackstone company) where he co-led the Profit Optimization area for 35 high-end resorts.

Eduardo, first joined Hilton Worldwide as VP of Distribution & Channel Management, where he was responsible for 3rd Party channel strategy and performance, and has now been appointed as SVP of Global Sales Services & Distribution where he will manage all the functions and business processes that support and enable the Global Sales organization.

Eduardo holds a bachelor degree in Hotel Management and a Masters in Business Administration (MBA) from the University of North Carolina at Chapel Hill. Eduardo enjoys running and travel and lives in South Florida with his wife Diana and three children Isabella, Matias and Lucia.



# FINE PRINT

New Magazine *Oma Aika* Appeals to Finland's 50+ Population

Anna-Liisa Hämäläinen | EDITOR IN CHIEF, OMA AIKA MAGAZINE



# We spent a full year researching the interests, values, problems and dreams of people aged 50 and over.

Finland is one of Europe's fastest-aging nations. It has a population of 5.4 million, with almost one-half, or 2.6 million people, now aged 50 and older. Women's life expectancy is 83.5 years, men's 77 years.

Finland has 1.46 million pension recipients. Full retirement age is between 63 and 68 years, but the average age at retirement is just over 60 years. Plans to reform the pension system and raise the minimum retirement age are being hotly debated.

Older people in Finland today are healthier, wealthier, and more active than ever before. Each year, they spend € billion on their own needs. On their children and grandchildren alone, they spend €1.4 billion. They spend more on travel than other age groups. They buy more than one-half of all new cars.

Until now, this large group of people with strong spending power has gone unnoticed by advertisers. But now things are changing.

## A Full Year's Research

In Norway, Scandinavia's largest magazine publisher, the Danish-based Aller Media, has published a magazine called *ViÖver60* since



1979. Aimed at older people of both genders, this general interest magazine has been a huge success. Legal and financial pieces by expert contributors are a major reason for subscribing. Two years ago, Aller Media Finland began to research this media segment.

Apart from *Oma Aika*, there are just two magazines in Finland aimed at the 50-plus age group. Both are lifestyle magazines for women. They contain hardly any commentary on social issues, and do not offer legal or financial information. We spent a full year researching the interests, values, problems, and dreams of people aged 50 and older. We also had the pleasure of visiting AARP in Washington, DC, and New York. This tour gave us an incredible amount of information about how to address 50-plus readers.

## We'll Do a General Interest Magazine!

We decided to launch a general interest magazine that comes out once a month. Its main topics are finance and law; work and retirement; health and fitness; travel and family; and human relations. Each issue has two strong interviews with opinion leaders



in politics, economy, culture, and entertainment.

We wanted to bring in a voice that takes a stand on social issues and that is more energetic and youthful than in the two rival magazines. The sections in our magazine that most clearly set us apart from the competition are our finance and law articles and our large travel section—two travel stories per issue and Finland’s largest selection of offers from our providers.

A lot of work went into deciding on a brand name because we wished to avoid age or gender restrictions. We decided on *Oma Aika*, which literally translates as “Own Time.”

Why this name?

People 50+ often say they finally have some time to themselves, some time of their own. This is a valuable resource and helps them realize their lifelong dreams.

**Experienced Team of Journalists**

The magazine’s staff consists of six journalists: five women and one man. They all have their special area of expertise that supports the brand concept, such as social issues, health, culture, entertainment, and travel. The oldest editorial staff member is 57, while the youngest is 41.

Anna-Liisa Hämäläinen, and Art Director Saara Tuomikoski, were recruited in-house. Hämäläinen had 16 years under her belt as editor-in-chief of an interior decorating and food magazine, but she comes from a strong general interest background. Tuomikoski likewise has diverse experience in magazines.

**A Strong Launch in March 2013**

*Oma Aika* quickly gained recognition. A groundbreaking advertising campaign featured one of Finland’s

most celebrated comedians, Miitta Sorvali.

The launch of the magazine in March was a great success. The first issue sold 102,000 copies, which by Finnish standards is a phenomenal figure.

The aim now is to build up an established base of subscribers, and figures are indeed showing good growth. Advertisers have also become interested.

With most of its income generated from subscriptions, print media is and will remain the most important platform for *Oma Aika*. However, we are constantly working to develop our online services and social community; *Oma Aika*, for example, is available in a tablet version. For the time being, income streams from digital platforms have been subdued.



**Readers Appreciate Sound Reporting**

We are constantly listening to what our readers want. The most important reason is the WIIFM principle—that is, “what’s in it for me.”

Our financial and legal stories provide a direct and concrete benefit to our readers. The pieces in the legal section are all written by a lawyer who specializes in family and inheritance law. It’s impossible to overstate the importance of this expertise. Legal pieces often rank among the top three stories in our reader votes. A piece titled “When a Family Member Dies,” for instance, was the second-most popular article in that issue.

In the health and fitness section, the focus is on health, not illness. This policy has stood us in good stead: our readers say our health stories are useful and of current interest to them

personally. Readers also appreciate our in-depth personal stories about merited people.

**Aiming to Become the Most Respected 50+ Media**

In March 2014, *Oma Aika* will celebrate its first birthday. Our launch year has been a great success. The 50-plus audience wants a well-crafted, high-quality magazine.

The brand has reached its targets both in subscription and single-copy sales. Media sales were up in the autumn. Our aim is to break even in our third year.

As well as developing the print side of the business, we are committed to developing digital platforms, particularly blogs and social media.

Ultimately, we are aiming to become Finland’s most popular and respected 50-plus media across all platforms. ●



**Anna-Liisa Hämäläinen**

Anna-Liisa Hämäläinen has served as editor-in-chief of *Oma Aika (Own Time)* since 2012. Hämäläinen joined Aller Media Finland in 1996 and served as Editor-in-Chief of *Koti ja keittiö* magazine (*Home and Kitchen*) from 1997–2012. She has an MSc in Journalism. She has worked in magazines in different journalistic tasks since 1978.



# TALENT EXCHANGE

Cooperation Promotes Sino-US Relationship

**Zhang Jianguo** | DIRECTOR, STATE ADMINISTRATION OF FOREIGN EXPERTS AFFAIRS;  
VICE-MINISTER, MINISTRY OF HUMAN RESOURCES AND SOCIAL SECURITY, CHINA

**Strengthening talent exchange and cooperation between the two countries helps enhance mutual understanding and further develops bilateral relations.**

On November 4, 2013, China's State Administration of Foreign Experts Affairs (SAFEA) signed a Letter of Mutual Intent on talent exchange and cooperation in Beijing with AARP and the International Executive Service Corps (IESC). The three parties made the commitment to promote Sino-US talent exchange and expertise. I believe this cooperation will build a new bridge for deep understanding and friendship, and carrying out pragmatic cooperation between our two countries and peoples.

Introducing foreign experts and undertaking talent exchange is an important part of China's reform. More than 500,000 experts come to work or start a business in China every year, including a large number of Americans. Foreign experts play an active role in many areas of China's development, such as

economy, science and technology, education, culture and health. They not only provide professional and technical support, but they cultivate young talent and entrepreneurs. Experts also find valuable opportunities to display their talents and to develop their careers. We consider them close friends of the Chinese people.

Most of the foreign experts working in China are familiar with two departments, SAFEA and China Association for International Exchange of Personnel (CAIEP). SAFEA is a Chinese government department in charge of foreign expertise exchange and cooperation, including policy and plan formulation, implementation of important cooperation projects, such as the high-level overseas talents introduction program of the "Recruitment Program of Global Experts (1000



Talent Plan)” and other specialized talent exchange projects. CAIEP is a national public service organization for international talent exchange. SAFEA and CAIEP treat each foreign expert working in China as a family member and a sincere friend. We strive to create good working and living conditions for foreign experts in China, and an environment that helps them develop their careers.

China and the US share extensive common interests, and face many common challenges. Given this reality, potential opportunities exist for the two countries to carry out all kinds of talent exchange, especially between professionals. Strengthening talent exchange

<sup>1</sup> (Left to Right) Tom Miller, President and CEO, IESC; Zhang Jianguo, Director, SAFEA; and Robert Romasco, President, AARP sign letter of mutual intent, Beijing, China, November 4, 2013

and cooperation between the two countries helps enhance mutual understanding and further develops bilateral relations. We believe this program will help build a new model of major-country relationship based on mutual respect and shared goals. We look forward to working with AARP and IESC to promote Sino-US bilateral talent exchange, to benefit our two peoples and to promote the progress of human civilization!

For more information on the program, please visit [www.iesc.org](http://www.iesc.org) ●



**Zhang Jianguo**

Zhang Jianguo is the Vice Minister for Human Resources and Social Security and Administrator of the State Administration of Foreign Experts Affairs. He also serves as the Vice Chairman and Secretary General for the China Association for International Exchange of Personnel.

# *Life Reimagined*

**Richard Jorgenson and John Mashino are lifelong friends who utilize their background in aircraft maintenance on behalf of the ORBIS Flying Eye Hospital Plane.**

There is a growing world-wide movement of people 50+ wanting to “stay in the game” and a new normal emerging with people wanting to work and give back in their later years. Every day 10,000 women and men a day turn 60 and many are asking themselves how to turn their later years into their legacy years. These two mechanics are doing this in a very innovative and unusual way.

Jane Pauley, Emmy Award-winning journalist, has been introducing incredible *Life Reimagined* stories from across the country in segments on NBC’s *Today Show*. One of Pauley’s most recent segments highlighted two former United Airlines mechanics who have taken on second careers in their retirement to battle a global public health issue. Richard Jorgenson and John Mashino are lifelong friends, both with nearly 35 years of aircraft maintenance experience. They now utilize their unique skill for the ORBIS Flying Eye Hospital Plane.

Jorgenson and Mashino met in trade school in Montana when they were 18 years old. Rich was first interested in carpentry and John wanted to attend automotive trade school, but they both ended up enrolling

in the airframe and power plant classes. After graduation, both men stayed in contact and enjoyed long careers as mechanics for United Airlines. Jorgenson was the first to join the ORBIS team out of retirement in 2001, and worked for ORBIS without pay for more than 7 years. He left retirement seeking adventure with the ORBIS team, saying “there is something special about it—whether it’s the adventure or fear, it’s exciting to be scared.” Years later, in 2007, Jorgenson called Mashino after a mechanic left ORBIS and asked Mashino if he wanted to join the team. On the one hand, Mashino was comfortably retired since 2002, enjoying his 13 acres in Washington State and “a beautiful view God gave me ... I’ve been well-blessed with a lovely view and a lovely place to live.” On the other hand, Mashino told Pauley, what drove him toward ORBIS was that he was too deep into retirement and becoming complacent; he found himself attracted to ORBIS’s global work.

ORBIS is a nonprofit organization that works to prevent and treat blindness through hands-on training, health education, and partnerships with health





1 Orbis International's Flight Mechanics Rich Jorgenson and John Mashino give Jane Pauley, AARP's *TODAY Life Reimagined* Contributor a tour of the Flying Eye Hospital while it was in for a 'tune-up' at the FedEx Hanger in Indianapolis. Jane Pauley profiled Rich and John as part of her award-winning NBC *TODAY* show series produced in partnership with AARP.

2 Jane Pauley sits in the engine of Orbis International's Flying Eye Hospital DC-10 after interviewing flight mechanics Rich Jorgenson and John Mashino for *TODAY*. To see the segment which aired in November 2013 visit [www.lifereimagined.org/janepauley](http://www.lifereimagined.org/janepauley)

3 Orbis' Flying Eye Hospital sits on the runway in Cameroon before the aircraft is transformed into an operating room and training hospital in West Africa.

**They have flown on missions to more than 60 countries around the globe, with multiple stays across Southeast Asia, Africa, South America, the Middle East, and the Caribbean.**

care organizations around the world. According to the ORBIS website, 285 million people worldwide are visually impaired; 80 percent of medical cases are preventable and treatable, but 90 percent of those visually impaired live in countries where medical care is insufficient or lack access to care. ORBIS operates a Flying Eye Hospital in a converted DC-10 cargo aircraft donated by FedEx, which provides volunteers and pilots to fly and support ORBIS's global mission to address those medical cases. The third generation of the ORBIS Flying Eye Hospital is based on a modular concept that incorporates a classroom education center, operating room, laser treatment room, and recovery area all onboard the plane. The cargo plane's capabilities allow removable modules so they can be easily taken off the aircraft for upgrades.

Opportunities with ORBIS have provided Jorgenson and Mashino with an incredible experience that has been rewarding for both of them. In his interview, Mashino mentioned how the experience "has been rewarding in many ways because this organization helps people, humanity, and I think that's where you receive the real reward." Jorgenson mentioned the experience of his first overseas program in China, where the first patient he saw jumped up and down in excitement after gaining back her sight. Another patient on the



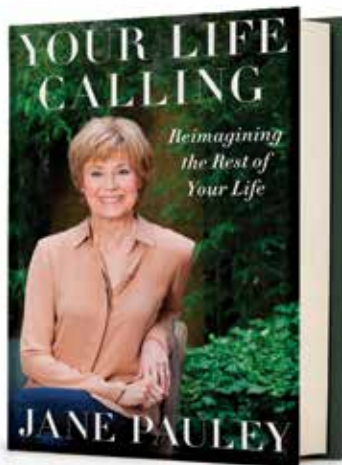
same trip froze, overwhelmed with the experience of sight after treatment. Both men have had incredible personal experiences growing up on Montana ranches, but they never thought they would travel as flight mechanics as often as they do now. They have flown on missions to more than 60 countries around the globe, with multiple stays across Southeast Asia, Africa, South America, the Middle East, and the Caribbean. While most flight mechanics are stationary, Jorgenson and Mashino travel with the plane as their "own private jet," ensuring the doctors have the tools to perform the operations while fixing airplane issues on site, no matter the circumstances. The overseas missions are a team effort led by doctors and nurses to not only perform the operations and procedures, but also leave behind their knowledge and knowhow after the Flying Eye Hospital departs.

Jorgenson describes this not as the new retirement, but "the time to do something that you want to do. ... It really saddens me for people who retire and stop and are terrified of getting old. Why do they do that? There are so many things to do." Both men have sought adventure and are seeking to do more in their retirement years; there is no end in sight. As Mashino put it: "I've got an aunt that's 105 right now, so it's all up to the Lord."

For more information about the ORBIS Flying Eye Hospital, visit: <http://www.orbis.org>. ●

AARP AND JANE PAULEY

# YOUR LIFE CALLING



**“AARP knows the future is bright for a generation that’s going to remain healthy and vital for 20, 30, 40 more years. AARP has the information and resources people need throughout their process of reinvention. This can be a time of great productivity, meaningful work, pleasure, creativity and innovation.”**

**-Jane Pauley, AARP’s contributor to “Life Reimagined TODAY”**

No wonder everyone is talking about “reinvention.” Not only are life spans getting longer, but research shows people in their fifties and beyond are more vital in their outlook than ever before and are ready for “more” — though they don’t always know what “more” is. In *Your Life Calling: Reimagining the Rest of Your Life*, Jane Pauley gives voice to the longings and opportunities of her generation.

A familiar face on television for more than thirty years, Pauley’s award-winning “Life Reimagined Today” segment on *Today* (NBC’s morning television show), has profiled people who are showing the way. Like Paul, 53, who felt like an “imposter” in information

technology, but built a brick oven in his backyard to perfect the pizza he now serves at Paulie Gee’s pizzeria in Brooklyn. Texans Bill and Patty Southerland opened a culinary school in Tuscany. Ken Wood’s wholly unexpected journey took him from rural Maryland, where he made a living drilling wells, to West Africa where his fresh water wells are saving lives.

With insight and wit, Pauley includes her own story as well. Her warm, original and often funny perspective makes this book a deeply personal and rewarding read. *Your Life Calling* is filled with practical ideas and motivation for anyone who asks, “What am I going to do with my supersized life?” ●



Jane Pauley has been a familiar face on morning, daytime and primetime television for more than 30 years. She served as the co-host of *TODAY* from 1976 to 1989, anchored *Dateline NBC* for more than a decade and in 2004 became the host of her own daytime program, *The Jane Pauley Show*. Pauley is the recipient of numerous Emmy and other awards, including the prestigious Walter Cronkite Award for Excellence in Journalism and the Gracie Allen Award from the Foundation of American Women in Radio & Television.



**AARP International** @AARPIntl

8 Feb

Opening Address by Wu Hongbo, Under-Secretary General, DESA, @UN, @AARPNY #agefriendly pic.twitter.com/ZMgKLIdB



**AARP International** @AARPIntl 23 Jan

Austin Texas joins AARP Network of Age-Friendly Communities [shar.es/CqxfR](http://shar.es/CqxfR) via @sharethis



**City of Philadelphia** @PhiladelphiaGov 12 Mar

Philadelphia is committed to accessibility and access for seniors. Learn more here: <http://journal.aarpinternational.org/a/b/2013/02/ci...>



**Deb Whitman** @AARPDeb 14 Jun

Recognizing World Elder Abuse Awareness Day @UN with @AARPIntl Undersec General Wu Hongbo notes that abuse is not the price of growing old



**Erica Dhar** @ericadhar 21 Oct

#betterworldcampaign Americans support strong involvement in the UN: 88 percent say it is important MT @AARPIntl @ericadhar

**Join the conversation throughout 2014 at @AARPIntl**

**#globalaging #aging #betterworldcampaign #olderworkers #agefriendly #lifeat50 #retirement #longevity #brainhealth #dementia #caregiving #lifelonglearning**



**AARP International** @AARPIntl 28 May  
 @AARP Pres. Romasco discusses the business case for older workers at the #oecdforum. New @OECD research due in July.



**Bradley Schurman** @mrshoreman 26 Nov  
 Age Management: Best Employers Lead the Way [huff.to/1c5vkDT](http://huff.to/1c5vkDT) via @HuffPost50



**Natalie Turner** @MsDCNat 11 Dec  
 Jeremy Hunt, MP, UK Sec of State for Health quotes Mandela "It always seems impossible until it is done." #G8dementia @AARPIntl @DonRedfoot



**Life Reimagined** @lifereimagined 1 Oct  
 She's survived everything from communism to breast cancer. Today, @Martina Navratilova continues to inspire: <http://bit.ly/1h4x0IR>



**TAEN AgeEmployment** @TAEN\_Uk 7 Nov  
 Josh Collett from @AARPIntl talking about Best International Employers Award #OlderWorkers #CIPD13 #ageing [pic.twitter.com/CZsxXek4bJ](http://pic.twitter.com/CZsxXek4bJ)



SPOTLIGHT

# TOBY PORTER



**NAME:** Toby Porter

**PROFESSION:** Chief Executive Officer, HelpAge International

**MOTTO:** If a job's worth doing, it's worth doing properly.

**CURRENTLY READING:** *Love in the Times of Cholera* by Gabriel Garcia Marquez

**FOLLOWING ON TWITTER:** @HelpAge\_USA, @age\_uk, @HelpAge\_USA, @AgelessAlliance - a US-based colleague has just introduced me to @doris\_roberts, who I am enjoying as a great advocate for the rights of older people in the United States.

**HOBBY:** Running.

**FAVORITE CITY TO VISIT:** New Delhi, India

**RECENT TRAVELS:** Since becoming Chief Executive of HelpAge International on 30th September, I have visited (in order) - Washington, Ethiopia, Kenya, South Africa,

Tanzania, Germany, Holland and Spain. I plan to go to the Philippines in the first week of December, and New York on the second week. If it sounds crazy, its because HelpAge is a global organisation, with a mission to improve the lives of older people around the world!

**HOTEL WITH THE BEST CLUB SANDWICH:** I don't know, I never eat them! But whenever I visit the States, I always make sure to visit a sandwich or bagel shop for breakfast or lunch. You guys are top in class!

**TECH MUST-HAVE:** My iPad Bluetooth keyboard . I travel between home in Oxford and the HelpAge Office in London for four hours every day, with extensive international travel as well, and the keyboard hugely increases the speed at which I can write messages and documents, which I do throughout my journey.

**RECENT ACCOMPLISHMENT:**

I ran the London Marathon in April 2013, my first since the Marine Corps Marathon in Washington in DC in 2006, and I was 15 minutes quicker this time, 7 years later. As we say in HelpAge, Age Helps!

**OVERLOOKED ASPECT OF AGING:**

"Older people" are the most diverse demographic in any population: 60s to centenarians!

**POSITIVE ASPECT OF AGING:** Aging certainly makes you focus on what's important and what's not.

**WHAT YOU WOULD TELL YOUR TEENAGE**

**SELF:** You are one of the luckiest people in the world. Make it count, every single day.



AARP aims to help people live longer, healthier, more financially secure and productive lives by identifying the best ideas and practices on key policy issues. We convene international opinion leaders and policy makers to share their expertise and develop research on health and long-term care, older workers and retirement income, and livable communities. Through our international program, AARP fosters this global collaboration and, in the end, acts as a collaborator and catalyst to governments and decision makers in all sectors to help address and favorably shape the social and economic implications of aging worldwide.

