

INTERNATIONAL LONGEVITY CENTER



ANNUAL REPORT 2007

A black and white photograph of a diverse group of people, mostly of Asian descent, with their hands raised in a gesture of celebration or agreement. The people are smiling and looking upwards. The image is the background for the entire page.

Who  
cares?



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A faded, grayscale background image of an elderly couple. The woman on the left is wearing a pearl necklace and a bracelet, and the man on the right is wearing a suit and tie. They are both looking towards the camera and holding hands.

# Who cares? We do.

*We are in the middle of a revolution: the longevity revolution. In less than a century, we have gained more in life expectancy than in the preceding 50 centuries. From healthy aging to Social Security, our society is transitioning into a new reality, and the International Longevity Center-USA (ILC-USA) is helping to navigate the way.*

*Every day, 12,000 baby boomers turn 62. A new generation of older Americans is forming. With each year we gain in life, society falls further behind in preparation. Corporations are watching their workforce age. Policymakers are struggling to keep financial and health support systems in place. Scientists are rushing to find treatments for age-related illnesses.*

*From age discrimination to caregiving, new challenges emerge as baby boomers grow older. The ILC-USA is the only “think and do tank” dedicated to furthering the research, policy, and education of longevity issues in the United States. We bring together the top experts in health policy, medicine, social work, economics, and demographics to expand the benefits and tackle the challenges of this extraordinary gain in life.*

*The longevity revolution has arrived.*

*The ILC-USA is paying attention. We care.*



# Who cares? Family and society should

I am proud to chair the International Longevity Center-USA and have looked admiringly over the years at the admission of new centers to the ILC Global Alliance, the most recent being the admission of Israel. There are now ten Centers, including the United States, and each of them cares deeply about older persons but always in the context of the lifespan as a whole. The Centers realize that old age is not only a stage of life but the outcome of a lifetime of personal experience, environmental impact, and genetic makeup. All realize that each society has its own special challenges in creating systems of care, especially for those citizens who become the victims of age—through disease, poverty, or social blight. The centers move in both directions, promoting the important productivity of people as they grow older on the one hand and caring deeply about the status of those who are not so fortunate.

The Global Alliance is now focused upon two huge issues: caregiving and the human rights of older persons. Among the most abused persons in the world are older women, who constitute the principal caregivers of family members and friends. Who cares? Family members and society as a whole should.

It is necessary to develop effective training programs for family and paid caregivers for the arduous and often protracted work. All nations confront the

issue and the Global Alliance intends to address the challenge.

The Global Alliance held a remarkable symposium on human rights of older persons in London in October and has decided to vigorously pursue this topic. Working with Yale University School of Law's Lowenstein Clinic of Human Rights and through the United Nations, the Alliance has already begun efforts to create first a declaration and then a convention of human rights.

Human rights is a specific, identifiable component of the answer to the question "Who cares?" It is essential for individuals and nations to recognize the needs of older persons and endeavor to create institutions to combat the most egregious form of neglect, discrimination, or ageism and abuse.

You might ask why it may take ten years to establish a convention, and is it worth it? Only some centuries ago the idea of human rights was not subject to common discourse. Even today, human rights in general remains under constant threat. Clearly, to do nothing is not the answer. However long it may take to transform human sensibility regarding human rights, including those of older persons, it is time to start. The ILC Global Alliance must

continue to move forcefully to try to build a strong response to the question "Who cares?"

**Max Link, Ph.D.**  
*Chair of the Board of Directors*



# Who cares? We at the ILC-USA do

**H**istorically *Homo sapiens* has been the most adaptable, indeed the most manipulative, of species and has had the greatest impact on the planet as a whole. Humankind is proving so again, facing the most significant increase in life expectancy ever experienced. This demographic shift has led to extraordinary adaptiveness in the creation of new policies, research institutions, and service agencies to sustain this new longevity.

While generally welcomed, its reception has been complicated. Some in the world of politics, punditry, and economics fear we cannot afford this extension of life. This has resulted in ideological, at times inchoate, and often contradictory responses that might best be summarized with the question "Who cares?"

Who cares whether we create powerful and effective institutions to deal with this new longevity? Who cares whether we meet the caregiving needs of those affected by dementia, frailty, and myriad diseases? Who cares whether we help mobilize lifetime savings adequate to live a longer life? Who cares whether efforts are made to help people remain in the mainstream of community life, which is often hampered by shocking age prejudice and even abuse?

The answer to the question "Who cares?" is central to the mission of the International Longevity Center-USA (and

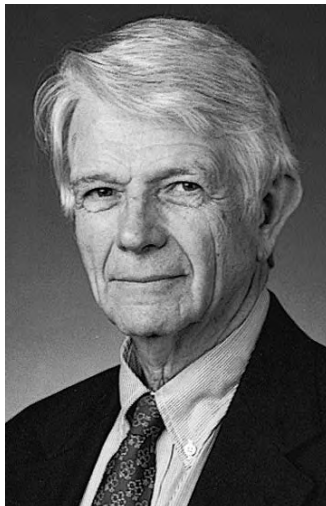
its sister institutions). We do care about how to finance longevity so that people do not outlive their resources. We do care about who provides health and social services to maintain a healthy life for as long as possible. We do care about quality of life and its great obstacle, age discrimination or ageism.

We do care about caregiving. How can we develop certification so that we know that the paid caregivers we hire are well trained? What should that training consist of, and how can it be made affordable? How can we retain trained workers and offer opportunities for career-ladder development? How do we bring dignity to paid home health aides? We care, too, in our efforts against age discrimination, our planning to redesign health care for an older America, and our support of the training of academic geriatricians.

But the true answer to the question "Who cares?" must be found in the larger American community. We must help educate everyone to understand the remarkable opportunities offered to society by increasing longevity, which provides new wealth and

the productive engagement of older persons to advance the social good.

**Robert N. Butler, M.D.**  
*President and CEO*



# Caring about longevity as a call to action

The phrase “Who Cares?” sometimes has a casual or even dismissive tone, but it can also be a call to action. At the International Longevity Center-USA, that query is met with a hearty “We do.” We care about healthy aging, productive engagement, and enhancing the quality of life of all people by combating ageism—and we especially care about caregiving, a major ILC initiative.

*There is  
an acute  
shortage  
of care-  
givers*

*By 2025, Texas alone  
will need more than  
55,000 additional  
paraprofessional health  
care aides to maintain  
current levels of care*

The past year was notable for many reasons.

At year’s end the ILC became a fully independent organization. Its affiliate relationship with Mount Sinai School of Medicine (MSSM) was modified as part of the strategic planning by the ILC and its founding funder, the Atlantic Philanthropies. While still enjoying an affiliate relationship with our parent organization, the ILC now is fully self-governing and moves to a historic new phase of its existence. This step was taken after two years of study by the Board of Directors—and with great appreciation to Mount Sinai and the Brookdale Department of Geriatrics

and especially to board members Edward Berube and Lloyd Frank, as well as founding member Raymond Handlan. Implications for the new arrangements are many. MSSM hosted a twenty-fifth anniversary for the Brookdale Department and a special tribute to Dr. Robert Butler, its founder and ours too, in November 2007. Earlier in the year, Dr. Butler’s 80th birthday was marked at a gala event at the Metropolitan Club,

which drew hundreds of supporters and well-wishers.

The ILC’s governance was enhanced this year with the election of three new board members: Dr. Joseph Feczko, Pfizer’s chief medical officer and president for worldwide development; Karen K.C. Hsu, a civic leader in education, conservation, and natural history; and Dr. Regina Peruggi, president of Kingsborough Community College. All are based in New York City and have already been active on our behalf.

Greatly strengthening our public presence is a stylish new website, employing the

technology of Web 2.0 and extending communications worldwide. The site features the major ILC projects, activities, and people associated with us, as well as a more interactive and improvisational capacity. And there is a blog on ageism that has gained notice and support.

*As always, the ILC was frequently in the news,* including a presence on all major television networks and the BBC and in *The New York Times*, and Dr. Butler appeared on *The Charlie Rose Show*. The center's role as "one-stop shopping" was again underscored with extensive coverage of efforts ranging from sleep and healthy aging, ageism, caregiving, and other matters of importance. A new book on the French health care system by the ILC and New York University's Dr. Victor Rodwin drew considerable attention in the wake of a national conversation on the U.S. system.

On the international scene, the worldwide ILC partnership welcomed ILC-Israel in October at a meeting in London that took up aging and human rights, concurrent with collaboration between the ILC and

Yale Law School to press the United Nations (where the ILC has special consultative status) to endorse human rights for older persons. Dr. Monica Ferreira, head of ILC-South Africa, delivered the annual Hatch Lecture at Mount Sinai and was an ILC Scholar-In-Residence.

The Alliance for Health & the Future, an ILC-USA, France, and UK venture funded generously by Pfizer in collaboration with Edelman, Inc., continued to generate new knowledge and policy activity aimed at the European community. The Alliance heavily engaged the ILC research operations, in connection with the venerable and highly successful World Cities Project.

*Most Americans are not financially prepared for old age:*

*Only 8 percent of people over 65 have annual incomes in excess of \$50,000.*

Among the major projects chronicled in this report are those on ageism, supported by grants from the Open Society Institute, The Caregiving Project for Older Americans, and collaboration with the Schmieding Center for Senior Health and Education, in Arkansas, with funding from the Schmieding Foundation, Amgen Foundation, Unihealth Foundation, and Met Life and the

MetLife Foundation. The project announced a blue-ribbon advisory committee that includes former First Lady Rosalynn Carter, Hugh Downs, Walter Cronkite, famed coach Frank Broyles, and others whose names are noted elsewhere in this report. A caregiving summit was held in March 2007 with leading curricula experts in attendance. A study conducted by the Schmieding Center and a national poll on caregiver practices and attitudes were released.

Now in its third year, the Sleep and Healthy Aging Project, funded by Takeda North America, drew leading sleep experts to the ILC as a new coalition to develop clinical sleep guidelines for older adults was formed. A major research effort that draws on decades of sleep research is under way. The goal is to make sleep a vital sign in medical examinations and to get more information about sleep disorders in older people to the medical community.

Thanks to the MetLife Foundation's support, the caregiving project got a major boost as we launched a community college caregiver training program that provided grants to 12 community colleges across

the United States. The MetLife Foundation and parent company, as well as its Mature Market Institute, have been generous contributors and partners for several years now, a relationship that has deepened.

**The signature Age Boom Academy,** originally organized in 2000 with support from The New York Times Company Foundation (NYTCF) again drew a cadre of leading journalists to the ILC for a weeklong program on "Science, Society and Longevity," which featured leading experts who offered information and assessment of new knowledge that is transforming our understanding of the brain, the aging process, and treatments. The Age Boom Academy now boasts

scores of alums who cover aging at leading newspapers, magazines, and in electronic and digital media—and will be convened again in 2008, with "The Politics of Aging" in a presidential election year as the theme. The 2007 program was for the first time co-sponsored and hosted by the new Stanford Center on Longevity, led by

*Older adults are not protected:*

*1 million to 3 million Americans age 65+ have been injured, extorted, or otherwise mistreated by someone upon whom they depend for care.*



Dr. Laura Carstensen. Along with the NYTCF, the event drew support from the Ellison Medical Foundation.

The ILC was strongly represented at the important annual meeting of the Gerontological Society of America

(GSA). In his keynote address, Dr. Butler urgently called on governments, business, and civil society to properly prepare for today's worldwide historic demographic shift. At the same meeting, attended by hundreds of experts on aging, ILC colleagues Drs. Harrison Bloom and Michael Gusmano conducted major sessions on sleep and healthy aging, as well as urban health and international partnerships. The ILC sponsored an informational booth with its publications. As one observer said, "For a small organization, the ILC makes a large imprint on the GSA and on the understanding of aging everywhere."

The ILC website, previously mentioned and found at [www.ilcusa.org](http://www.ilcusa.org), carries a full roster of publications, including those projected in 2007 on such topics as caregiving; the high medical costs of old age and dying; the health, wealth, and longevity connection, and others.

As always, the ILC management is grateful to its distinguished Board of

## *Medicine needs to refocus:*

*60 percent of adults over 65 do not receive recommended preventive services, and 40 percent do not receive vaccines for flu or pneumonia.*

Directors, led by Dr. Max Link, and its outstanding Program Advisory Group, outside experts led by Dr. George Maddox of Duke University. The ILC benefits greatly from its gifted staff and cadre of consultants and advisors, as well as others who contribute to our sev-

eral projects, programs, and initiatives. Together they demonstrate that an institution can not only care about the challenges of aging and longevity but also engage and act constructively for all. That happens because caring people provide the leadership and funding, do the research, articulate policy objectives, and communicate widely—and deeply. Once again, the singular demographic fact of our times—greater longevity—is the focus of our attention and the beneficiary of all who truly care about it.

**Everette E. Dennis, Ph.D.**

*Executive Director and Chief Operating Officer*

# Ageism

## *Why care?*

**A**geism is one of the most pervasive prejudices across human society. Although ageism is less acknowledged than racism or sexism, it is a harmful prejudice that results in widespread mistreatment, ranging from stereotypic and degrading media images to physical and financial abuse, unequal treatment in the workforce, and denial of appropriate medical care and services.

## *Our efforts*

In its third year, the Ageism in America project aims to transform the experience and culture of aging in the United States and ultimately improve the human rights of older Americans. With a generous grant from the Open Society Institute, we focus our work on key research, advocacy, and educational efforts to see aging in the U.S. with new eyes.

Through comprehensive research, the project identifies and analyzes various forms of ageism and stereotyping. In the past year, we published research on economic, medical, and workplace concerns including the *Myths of the*

*High Medical Cost of Old Age and Dying, Improving Drug Safety and The Fallacy of the Lump of Labor.*

As part of the ILC-USA's continued effort for public outreach and education on age discrimination, through Ageism in America we developed the first comprehensive online community blog dedicated to fighting ageism. With the aim of encouraging interaction among key stakeholders, the blog offers a stream of topical, linked content on issues of age discrimination, with up-to-date editorial content, links to other organizations fighting ageism, and reader comments.

We also collaborated with key stakeholders and organizations to conduct ongoing work with federal and state legislatures and agencies, United Nations committees, and other decision-makers to develop policy recommendations for important ageism issues. Our advocacy efforts were led by Dr. Robert Butler, who met with the director of Homeland Security and two agency medical directors to discuss the shortcomings that currently exist in meeting the special needs of the aged and disabled in emergency preparedness planning. Future plans include the possibility of a pilot project that would map vulnerable populations to ensure that they would not be forgotten in an emergency.



## HUGH DOWNS

*Member, Honorary Board of Directors,  
ILC-USA*

*Hugh Downs, longtime anchor of ABC Television's prime-time newsmagazine 20/20, is one of the most familiar figures in the history of the medium. As an advocate for aging issues, he travels around the country addressing audiences on the positive contributions everyone can make toward his own successful aging and debunking the myths of aging.*

*"Western society is riddled with that 'Pepsi generation' mentality with the accent on youth, which really neglects and goes against older people just because they are older people. And this still is true to a very large extent," he said in a recent interview.*

*Downs has shared his interest and expertise on the subject of aging in several books, including *Potential*, a psychological study of emotional maturing, and *Thirty Dirty Lies About Old*, a book that exposes the falsehoods of aging. He is a member of the ILC-USA Honorary Board and recently joined the Advisory Committee for the ILC's Caregiving Project for Older Americans.*

*"We have some misguided myths about aging in our society, like 'old age is an illness.' Our culture tends to put old age in the same basket with decrepitude and impairment, and it's just the opposite," says Downs. "The longer a person stays alive, the more of a triumph that person is over the forces that are constantly trying to do us in from the crib, through our prime and into our old age. So, it's not an illness or a disorder, it is just the opposite."*



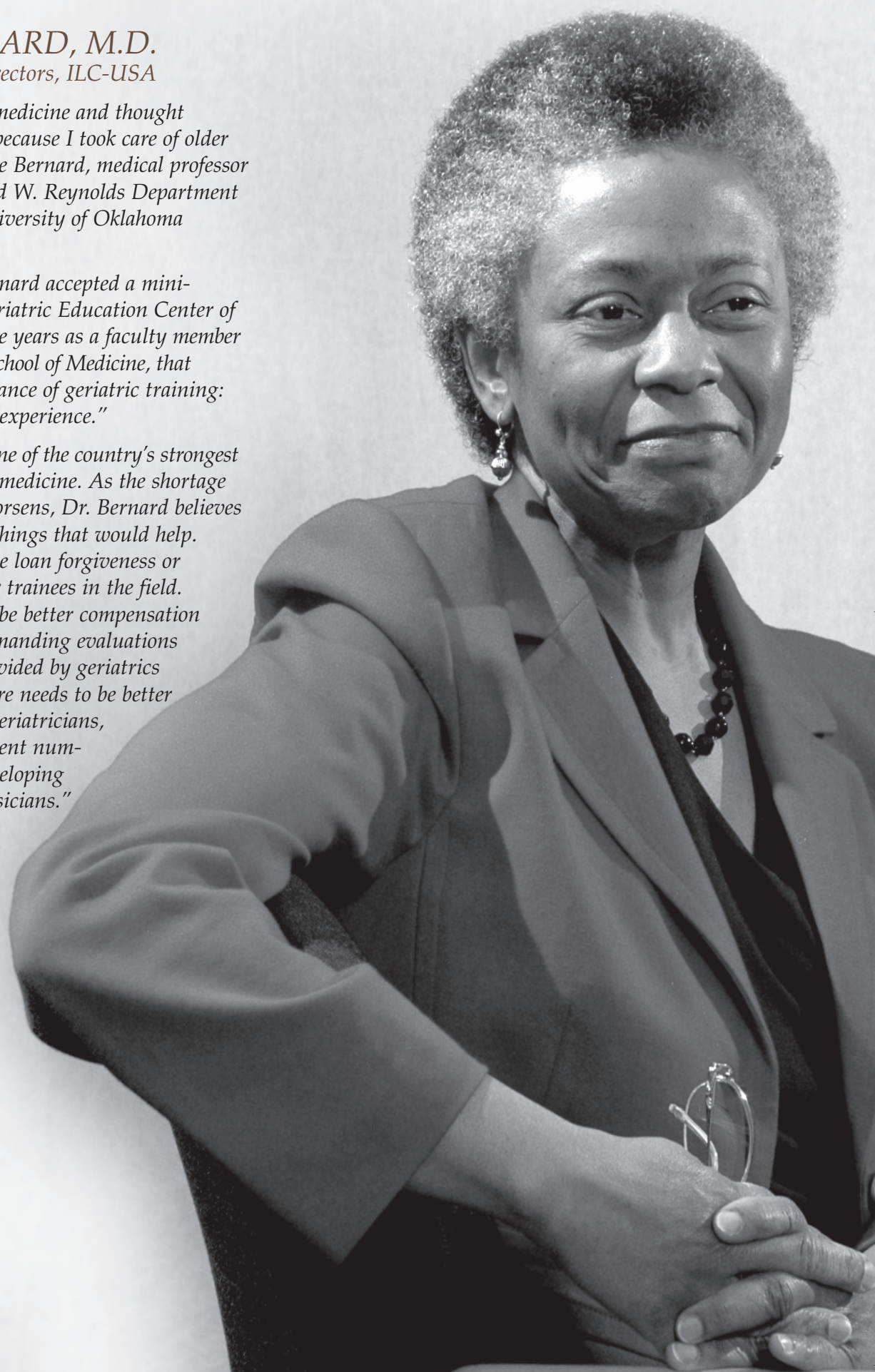
## MARIE BERNARD, M.D.

*Member, Board of Directors, ILC-USA*

*"I trained in internal medicine and thought that I knew geriatrics because I took care of older people," says Dr. Marie Bernard, medical professor and chair of the Donald W. Reynolds Department of Geriatrics at the University of Oklahoma College of Medicine.*

*It wasn't until Dr. Bernard accepted a mini-fellowship from the Geriatric Education Center of Pennsylvania, after five years as a faculty member at Temple University School of Medicine, that she realized the importance of geriatric training: "It was a lifechanging experience."*

*Today, Dr. Bernard is one of the country's strongest advocates for geriatric medicine. As the shortage of geriatrics doctors worsens, Dr. Bernard believes there are a number of things that would help. "First, there needs to be loan forgiveness or scholarship support for trainees in the field. Second, there needs to be better compensation for the lengthy and demanding evaluations and follow-up care provided by geriatrics specialists. Finally, there needs to be better support for academic geriatricians, so that there are sufficient numbers of mentors for developing geriatric medicine physicians."*





# Health Care

*Why care?*

**M**ore than 12,000 baby boomers turn 62 years old every day. Yet, only a handful of today's medical students are prepared for the older patients who will dominate waiting rooms and hospitals during the next decade. Only 11 of the nation's 125 medical schools require courses in geriatrics, and only 5 have established geriatrics departments.

*Our efforts*

The ILC-USA has been leading the fight for government policy to address this growing concern. Following a year-and-a-half-long advocacy effort involving the ILC-USA, American Geriatrics Society, Alliance for Aging Research, and others, funding was restored to the Title VII Geriatrics Health Professions Program. President Bush signed legislature on February 15, which provided \$31.5 million to the program for the remainder of fiscal year 2007, previously zeroed out in 2006.

In addition to the lack of trained geriatrics doctors, the ILC-USA has worked to develop a comprehensive plan for the redesign of health care for older Americans, urging policy-makers to move from a reactive to a proactive system. It is a little known fact that, for decades, the United States has been slipping in international rankings of life expectancy while other countries have been improving health care, nutrition, and lifestyles. A baby born in the United States in 2004 will live an average of 77.9 years. That life expectancy ranks forty-second, down from eleventh two decades earlier.

The need for a reformed health care system was highlighted by the ILC-USA through a targeted public outreach. Our experts were quoted in *The New York Times*, and Marketwatch and seen on BBC World News and BBC America. Additionally, ILC-USA staff highlighted the importance of health care reform through various presentations, including at the Gerontological Society of America Annual Scientific Conference, and Columbia and Harvard universities.

# Caregiving

## *Why Care?*

**T***he United States is in the midst of a significant and growing caregiving crisis. About 1.4 million older Americans live in nursing homes, nearly 6 million receive care at home, and significant numbers go completely without the help they need.*

## *Our efforts*

The Caregiving Project for Older Americans was launched in 2006 by the ILC-USA and the Schmieding Center for Senior Health and Education to build greater national awareness of the caregiving crisis and to develop innovative, affordable new approaches to in-home caregiving for older adults. We aim to do so by developing a national systematic approach to recruiting, training, and retaining paid professional caregivers and enhancing their key role in support of family caregivers.

The project appointed a distinguished group of American leaders to a National Advisory Committee in an effort to bring attention to the growing caregiving crisis. Members include Rosalynn Carter, former First Lady; Walter Cronkite, legendary CBS news anchor; Hugh Downs, former *20/20* and *Today Show* anchor; Frank Broyles, Hall of Fame NCAA football player, coach and current athletic director at the University of Arkansas; Humphrey Taylor, chairman of The Harris

Poll; Dr. John Finnegan, dean of the University of Minnesota's School of Public Health; Val Halamandaris, founder and president of the National Association of Homecare and Hospice; and Carol Raphael, president and CEO of Visiting Nurse Service of New York.

## *Reaching consensus on caregiving training*

The Caregiving Project for Older Americans convened a blue-ribbon panel in New York City in March 2007, for a conference entitled Developing National In-Home Caregiver Training Standards. The majority of experts agreed on the establishment of national standards for training of in-home caregivers.

## *Community colleges key to training*

A joint initiative between The Caregiving Project for Older Americans and MetLife Foundation, the Community College Caregiver Training Initiative was created. Through a nationwide competition among community colleges, 12 community colleges, selected from more than 75 applicants, receive up to \$25,000 either to establish new home-based caregiver training programs or enhance programs for professional and family caregivers that already exist. Award recipients included schools in the states of Arkansas, Kansas, Maryland, Oregon, Pennsylvania, Texas, Vermont, Virginia, Washington, and Wisconsin.





## LAWRENCE SCHMIEDING

*Member, Honorary Board of Directors,  
ILC-USA*

*Unable to find qualified home health workers to care for his terminally ill brother, Lawrence H. Schmieding vowed that no other member of his family or community need suffer the same fate during a time of medical need. It was then that Mr. Schmieding donated \$15 million to create the Schmieding Center for Senior Health and Education in Springdale, Arkansas.*

*As CEO of the Schmieding Foundation and president of H.C. Schmieding Produce, the agribusinessman and philanthropist continues to champion caregiving issues. Most recently, Mr. Schmieding donated \$1 million to create The Caregiving Project for Older Americans.*

*Mr. Schmieding's commitment to home-based elder care has led to a national campaign to provide top-notch training to both professional and family caregivers. He believes that "at home, there is always hope."*



A black and white portrait of Dr. Phyllis Zee, a woman with dark, wavy hair, smiling gently. She is wearing a dark blazer over a light-colored top. Her hands are clasped in front of her, and she is wearing a watch on her left wrist and a ring on her finger. The background is dark and out of focus.

## PHYLLIS ZEE

*Sleep & Healthy Aging Project Advisor*

*Dr. Phyllis Zee, director of the Sleep Disorders Center at Northwestern University, started her career studying the genetics of sleep and circadian rhythm disorders. It wasn't until she was selected as a Brookdale National Fellow (a program sponsored by the Brookdale Foundation to train a new generation of leaders in geriatrics and gerontology) that she thought about sleep and older adults.*

*"I got out of the science lab, where we were focusing on animal behavior, and started working in the clinical setting. I remember meeting a 93-year-old woman and asking what her secret to successful aging was. She said, 'Genes, a sense of humor, money, and sleeping well.' It was then I knew I was in the right place."*

*Dr. Zee has been an integral part of the ILC's effort to advance sleep and healthy aging education. "It is important to change the attitudes and behavior about sleep and older adults. I've always wanted to translate my clinical research to public health. The ILC is the perfect venue to get the information to professionals, policymakers, caregivers, and the general public."*



# Sleep

*Why care?*

*Sleep is essential to well-being, quality of life, and overall health. Although many older individuals have normal sleep patterns, for others sleep problems are common. Sleep disorders are often associated with serious medical and psychiatric diseases and can result in significant morbidity and even mortality.*

## *Our Efforts*

The Sleep & Healthy Aging Project advances the awareness and understanding among health professionals and the public of the importance of sleep in older adults. With the support of Takeda Pharmaceuticals, sleep has been a focus area at the ILC-USA for several years.

In 2007, the ILC-USA led the creation of the National Coalition for Sleep Disorders in Older People. In an effort to ensure the proper care of older adults with sleep disorders, we joined forces with 13 leading aging, geriatric, and sleep organizations to develop comprehensive guidelines on how to

diagnose and manage sleep disorders in older adults. In addition to the ILC-USA, coalition members include:

AARP  
AGS Foundation for Health in Aging  
Alliance for Aging Research  
American Association for Geriatric Psychiatry  
American Geriatrics Society  
American Medical Directors Association  
American Society of Consultant Pharmacists  
Association of Directors of Geriatric Academic Programs  
Association for Gerontology in Higher Education  
Gerontological Society of America  
National Sleep Foundation  
The Sleep Research Society

Twenty distinguished experts in medicine, psychiatry, and pharmacology came together at a workshop meeting hosted by the ILC-USA to work toward the generation of evidence-based guidelines for use by primary care physicians in recognizing and diagnosing vital signs of sleep disorders. The guidelines are expected to be realized in early 2008.

# Public Awareness

## *Why Care?*

**I**n less than 100 years, human beings made greater gains in life expectancy than in the preceding 50 centuries. Our society is still in the early stages of understanding the benefits and challenges of this transformation.

## *Our efforts*

The ILC-USA research projects and policy efforts are only part of our mission. Our goal is to inform and educate the public on all issues of aging. Our comprehensive communications and marketing strategies reach millions of people through media coverage and educational events.

## *Age Boom Academy*

Reporters from Marketwatch, *BusinessWeek*, *Chicago Tribune*, and Associated Press were among 12 journalists to attend the eighth annual Age Boom Academy. The Academy, a signature event of the ILC-USA, originated in 2000 and takes place annually. Top journalists attend an intensive week-long seminar designed to deepen their understanding of aging issues. For the eighth year, the event was sponsored by The New York Times Company Foundation. Stanford Center on Longevity, led by Dr. Laura Carstensen, joined as co-presenter of the event with ILC-USA. Additional support came from The Ellison Medical Foundation.

## *Web 2.0: redesigning the website*

Aimed at being more interactive and accessible, the ILC-USA launched a redesigned web presence at [www.ilcusa.org](http://www.ilcusa.org). The new site features the latest news and research on issues facing our aging population. Information is tailored to appeal to a variety of audiences including journalists, corporate executives, academic researchers, and the general public.

## *Media coverage*

In the last 12 months the ILC-USA has been featured in 300 different media outlets reaching more than 350 million people. Highlights include articles in *AARP Bulletin*, *BusinessWeek*, *The New York Times Magazine*, *USA Today*, *The Washington Post*, Associated Press and other national media outlets. On television and radio, the ILC-USA has been represented on the *Charlie Rose Show*, CBS's *Early Show*, BBC World News, BBC America, National Public Radio and Oprah & Friends XM Radio.

## *Public education*

Our experts have participated in dozens of public lectures and appearances. In 2007, ILC-USA has spoken at the 92nd Street Y, Columbia University, New York Academy of Medicine, the United Nations, Senate Special Committee on Aging, and the Gerontological Society of America.





# ness

## JANE FONDA

*Participant, 2007 Age Boom Academy*

*"We should embrace, appreciate, honor, and respect aging," says Jane Fonda, the two-time Academy Award-winning American actress, writer, activist, and philanthropist.*

*"To the extent I can, I hope to popularize what experts [like Dr. Butler] have been saying for years. We should accept what is happening as we age and not fear death or the loss of youth," says Ms. Fonda, a special guest during the 2007 Age Boom Academy. She has become of a friend of the ILC-USA, as she begins to write a new book for Random House on her "third act."*

*"I'm aging," she says, "and no one prepared me for what I would find. When I turned 60, I realized I was entering my 'third act'—a time in my life to look back and put it all together and add it all up. I turned 70 in 2007, and I'm ready to dig much deeper into the aging process and understand what is going on in minds and bodies."*

*"Whatever has happened to us, we can't change, but we can change our attitudes and state of mind. All of the centenarians I have met are at peace with their lives. It is a beautiful thing."*

# Global Aging

## *Why Care?*

**T***he longevity revolution and population aging are global events. Nations must work together and learn from one another about how best to respond to these demographic changes.*

## *Our efforts*

The International Longevity Center was created based on the vision of collaboration and information sharing with partners around the world. Our work expands well beyond U.S. borders as we collaborate with organizations throughout the world to bring attention to the aging world population.

## *Vulnerability in world cities*

In addition to our work with nine sister centers, the ILC-USA houses the World Cities Project (WCP), which compares health, social services, and quality of life for persons age 65 and over in New York, Paris, London and Tokyo, and strives to identify lessons that may improve health in world cities and beyond. In 2007, WCP developed a neighborhood vulnerability index, in collaboration with the New York City Department for the Aging, to address concerns about social isolation and

the need to enhance emergency preparedness for older persons. The research also focused on an analysis of access to primary and specialty care services among residents of cities in the United States and Western Europe. This work includes comparisons of “avoidable hospitalizations,” “avoidable mortality,” and the use of revascularizations among residents of New York City and Newark, New Jersey.

## *Clinical education around the world*

Our global efforts also extend to geriatric training. The Clinical Education Consultation Service (CECS) of the ILC-USA offers collaborative assistance to governments, nongovernmental organizations, academic institutions, community hospitals and clinics, and community agencies in establishing new clinical, educational, and policy approaches to their demographic trends and health care needs for older adults. Project and teaching consultations have thus far involved the CECS in South Africa, Singapore, Malta, Mexico, Russia, Bulgaria, and China.







## BILL NOVELLI

*Keynote speaker, 2007 Age Boom Academy*

*"Aging concerns are not an American phenomenon, they are global issues. The United States is actually behind the curve, compared to the demographics of the rest of the world. Countries around the globe have been adapting new policies as their citizens age, and we want to share knowledge and policy, which can be beneficial to us," says Bill Novelli, CEO of AARP.*

*Since becoming CEO in 2000, Mr. Novelli has renewed the organization's international outreach and focused much of its research and partnerships around the issues of global aging.*

*Mr. Novelli looks forward to continued collaboration with the ILC, especially focusing on global aging. "We want to collaborate with visionaries. The ILC, as an organization, covers so many different dimensions of aging. It has the ability to have global discussions on such a large variety of issues, which is consistent with our goals at the AARP."*

# Global Aging

**T**he International Longevity Center global alliance was founded by the creation of the ILC-USA and the ILC-Japan in 1990. Today, with additional independent sister centers in Great Britain, France, the Caribbean, India, South America, Africa, the Netherlands, and Israel, our global alliance is the only nongovernmental organization capable of carrying out global research and education projects on population aging.

"Human Rights in an Aging World" was the theme of an international conference held in London, during the annual gathering of ILC directors. Representatives from nine countries discussed the implications of longevity and demographic change on human rights policy in different societies and cultures. During the meeting, they welcomed the ILC-Israel as the tenth member of the international partnership. Led by Dr. Sara Carmel, the ILC-Israel will be housed within Ben Gurion University of the Negev (BGU) at the Center for Multidisciplinary Research in Aging.

In addition to the collaboration among centers, each ILC is independently working on aging issues in their country.



## *ILC-Argentina*

Working with local and state governments, police departments and aging organizations, the ILC-ARG has worked to combat elder abuse in Argentina. Together with the International Network to Prevent Elder Abuse (INPEA), the ILC-ARG sponsored a comprehensive awareness campaign and developed a three-day conference for primary health care workers and the community, focusing on the prevention of victimization and financial abuse of older people.



## *ILC-Dominican Republic*

The ILC-DR led an intensive effort to develop the first official training program in geriatric medicine in the Dominican Republic. Working with the Ministry of Health and the Dominican Society of Geriatrics and Gerontology, the training program will select four candidates to train for two years of internal medicine and two years of geriatrics.



## *ILC-France*

Calling on the new president Nicolas Sarkozy and his government to take action, the ILC-France launched an election manifesto, advocating turning Europe's demographic challenge into an opportunity. The election manifesto proposes the promotion of policies and initiatives to improve both healthy and active aging.



### *ILC-India*

The ILC-India, in collaboration with Bharati Vidyapeeth University and Sullivan University, is launching a three-month pilot certificate course for geriatrics caregivers. This would give comprehensive theoretical and practical training for those who have passed their standard exams and wish to take up geriatric caregiving.



### *ILC-Japan*

Building on the Campaign to Understand Dementia and Build Community Networks, a national campaign to support persons with dementia, the ILC-Japan solicited examples of projects in which a community innovatively provides services and assistance for dementia patients. After reviewing many entries, the ILC-Japan recognized eight community groups for excellence in dementia support.



### *ILC-Netherlands*

An 85 million euro national research program was proposed to the government in a joint campaign by several research institutions. The ILC-Netherlands board member, the distinguished professor Rudi Westendorp, took the lead in the formation of a Consortium for Healthy Ageing, in which a number of public and private institutions provide an effective infrastructure within which researchers can cooperate in the program.



### *ILC-South Africa*

The ILC-South Africa led the development and publication of the Study to Understand and Foster the Functioning and Involvement of Contributive Elders (SUFFICE). SUFFICE is a binational, multicenter project focusing on the role of older people as caregivers and heads of households in communities ravaged by HIV/AIDS.



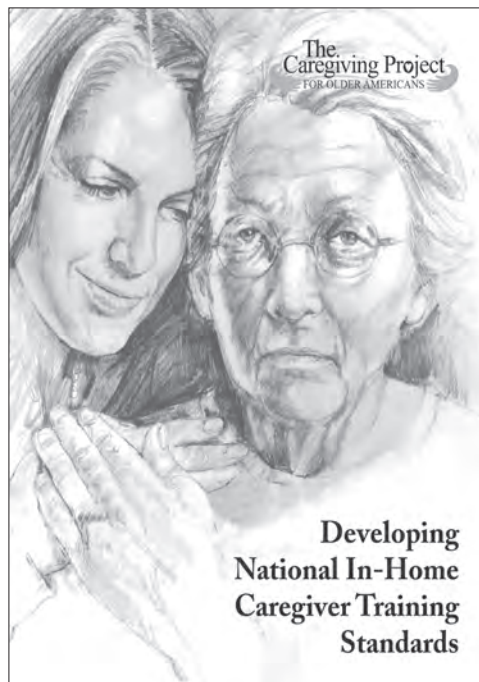
### *ILC-UK*

The role of older people's housing and housing-related care issues in England is the subject of a new project from the ILC-UK. This project brings together representatives from the Department of Health, Communities, and Local Government; the Retirement Housing Group; the South East Public Health Group; the Town and Country Planning Association, the National Housing Federation; and Help the Aged. Outcomes are expected to be an extended think piece, which will be produced in conjunction with the forthcoming National Strategy on Ageing, and a series of regional seminars.

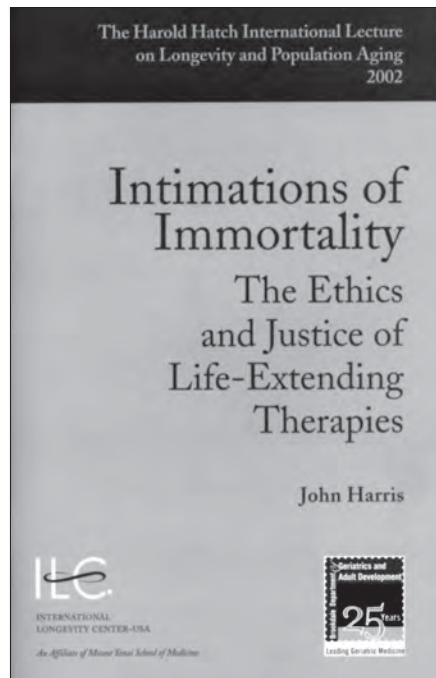


# ILC Publications

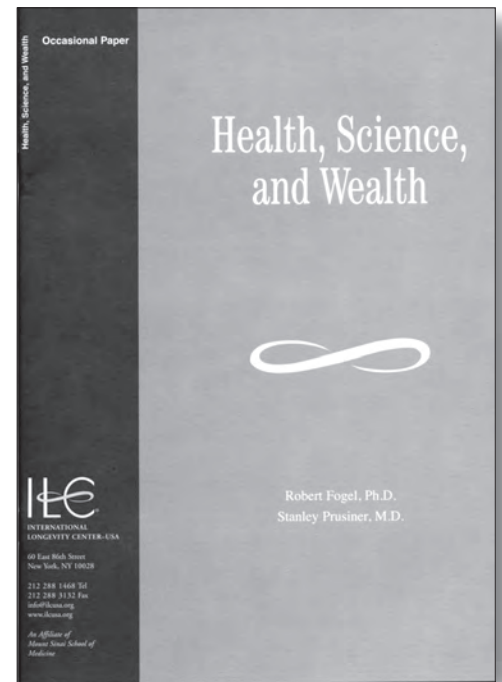
**I**n keeping with our commitment to inform society on how to best navigate today's unprecedented increase in longevity, we publish timely, relevant, evidence-based research. Visit [www.ilcusa.org/](http://www.ilcusa.org/) publications for a complete list of ILC publications. All reports are available for free electronic download or in hard copy for purchase.



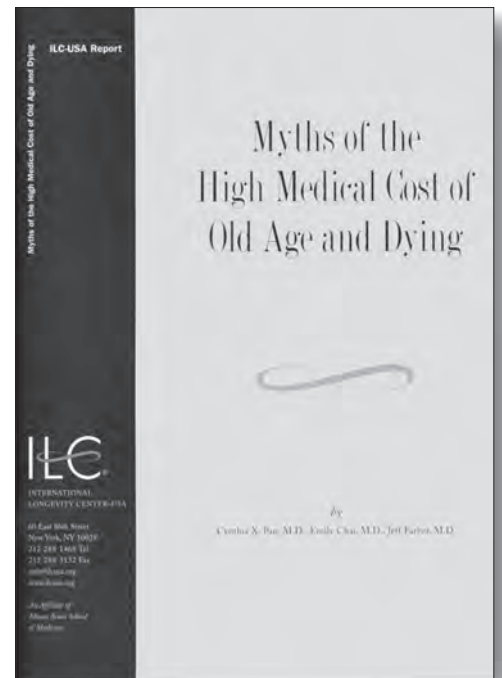
This report is the result of deliberations of a blue-ribbon panel of experts in aging and caregiving, who met March 29, 2007, in New York City with the goal of providing expertise, guidance, and direction in the search for solutions to the caregiving crisis.



A provocative lecture presented by the first philosopher elected a fellow in the United Kingdom Academy of Medicine Sciences, explores the ethical and social implications of indefinite life extension.

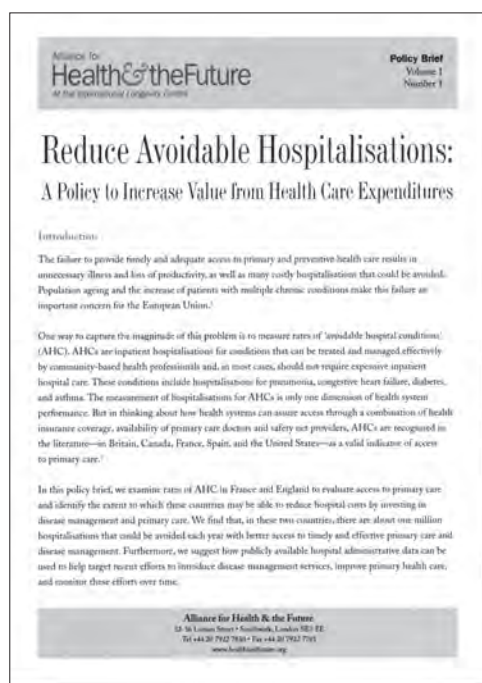


Two Nobel Prize winners discuss longevity's impact in a number of areas. Robert Fogel, Ph.D., puts forth that health care is the engine that will drive the U.S. economy forward in the 21st century. Stanley Prusiner, M.D., speaks to the pressing need for blood tests to diagnose Alzheimer's and Parkinson's.



This report challenges commonly held beliefs about the financial and medical impact of older Americans during their last months of life. Written by physicians specializing in geriatrics, the report offers a wealth of data to refute seven misconceptions that currently influence our health care policies.

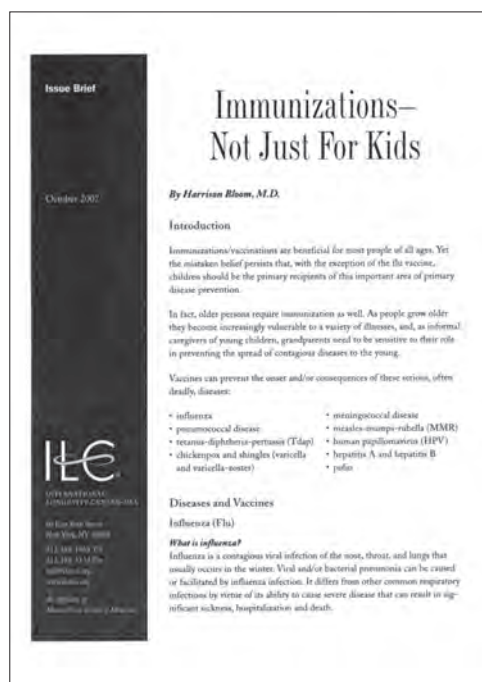




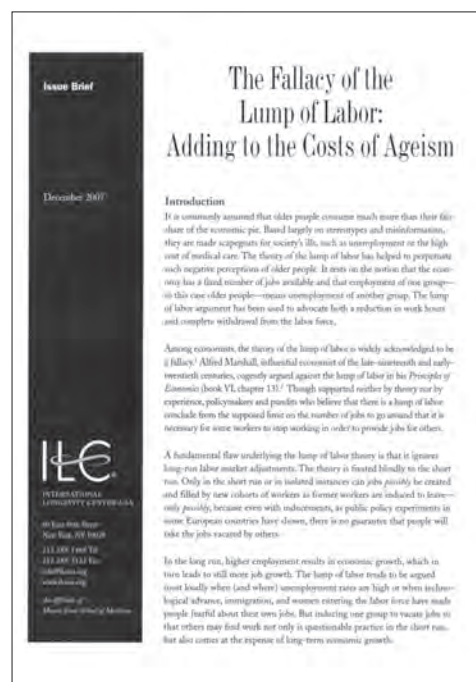
This issue brief is an interdisciplinary examination of rates of avoidable hospitalizations in France and England to evaluate access to primary care and identify the extent to which these countries may be able to reduce hospital costs by investing in disease management and primary care.



With errors in the administration of drugs and adverse reactions accounting for more than 100,000 deaths annually, Dr. Butler addresses the urgent need for clinical trials that include older adults and careful monitoring of drugs in the years following FDA approval.



A geriatrician discusses the importance of a variety of immunizations for adults, with important up-to-date information concerning preventive vaccinations for older persons.



ILC economist Kenneth Knapp debunks the notion that older people who remain in the labor force prevent younger people from getting jobs. The underlying belief supporting this fallacy is that there is a fixed number of jobs to go around and a fixed "lump of labor."

# Recognition of support

## Founding gifts and endowments

The Atlantic Philanthropies  
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Evan and Susan Zweig



## If you care...

**W**e can continue to support initiatives for caregiving and advocacy to advance healthy aging, promote productive engagement, and combat ageism.

We appreciate support from individuals, corporations, foundations, and government agencies and rely heavily on the continuing loyalty and support of our friends.

Joining our family of donors means that you will be contributing to policy-changing research projects and the establishment of forums to educate and initiate discussion on healthy aging.

We are all stakeholders in the International Longevity Center's commitment to prepare individuals and society for population aging. There are a number of ways that your thoughtfulness can help support the important work of the ILC. Here are just a few.

### *A gift of cash*

Cash contributions are of immediate benefit to the ILC and are the most direct way to give. A fully deductible cash gift allows the organization to use the funds immediately.

### *Recognizing achievements of family and friends: named gift opportunities*

Naming awards are an outstanding way to commemorate the work ethic, successes, or lifetime achievements of an outstanding individual. Named gift opportunities begin at \$50,000 and include the Robert N. Butler Fund, a magnet endowment established by the Donald W. Reynolds Foundation in support of the scholarly and advocacy activities of the organization.

## *Gifts that celebrate life*

*There are many occasions when you want to recognize a family member, friend or associate. A gift to the ILC is a meaningful way to commemorate happy occasions—birthdays, anniversaries, weddings, retirements or graduations. You may even wish to make a contribution instead of a holiday gift. Whatever the occasion, your thoughtfulness will be acknowledged to the person you are honoring or to the family.*

### *The President's Circle*

is a membership program that recognizes individual donors to the ILC and provides the organization with much-needed current-use funds. Membership includes personal access to Dr. Robert Butler, president of the ILC. Annual membership is offered for an unrestricted, tax-deductible contribution of \$10,000 or more. Lifetime membership is offered for unrestricted, tax-deductible contributions of \$150,000 or more.

A gift of long-term appreciated securities can provide a double tax benefit to donors—a current income tax deduction and reduction of capital gains taxes.

### *Workplace giving*

Partnering with your workplace can double your charitable contributions. Please contact the human resources office of your employer for a matching-gift form. If your company does not currently match employee donations, ask it to do so. Together, you and your employer can send a message of support for the ILC's continuous conduit of original research and communications to inform the future of our aging world—a future that will affect every one of us! Other assets such as real estate and closely held stock can also be used to make contributions to the ILC.

## *Life income gifts and bequests*

One of the easiest ways to remember the International Longevity Center is through your will, by naming the ILC as a beneficiary of a bequest.

There are significant tax advantages to making a bequest to the ILC as part of your estate plan. Life income gifts, such as charitable remainder trusts and charitable gift annuities, reduce the taxable value of your estate, and generate current tax deductions at the same time they support the work of the ILC.

## *Corporate partnerships*

*The ILC-USA partners with many companies and their leaders on strategic projects, insightful research, and public outreach campaigns. Some of our present and past corporate partners include Pfizer Inc, MetLife Inc., Unilever Plc, Edelman, Canyon Ranch, Takeda Pharmaceuticals NA, Ketchum Inc., the Harris Poll, Amgen Inc., AARP, Roche and Philips International.*

*A partnership between the ILC-USA and your company is an effective way of supporting our work and collaboratively pursuing meaningful goals for each of our organizations and our society.*

*Together we can develop a project, set the objectives, determine how to measure our impact and bring about positive change.*

## *Announcing the ILC's participation in the combined federal campaign*

*The ILC is now part of the world's largest annual workplace charity campaign. Pledges made by Federal civilian, postal and military donors during the campaign season (September 1st to December 15th, 2008) support eligible non-profit organizations that provide health and human service benefits throughout the world.*

*If your workplace is involved in the Combined Federal Campaign, remember to specify the International Longevity Center (CFC # 12354) as the recipient of your support.*

You may make a life income gift to the ILC by irrevocably transferring securities, money, or other property. Ask your attorney to include language such as this: "I give to the International Longevity Center-USA, Ltd., an IRS approved 501 (c) (3) nonprofit charitable organization (tax exempt #13-3987911), the sum of \_\_\_\_\_ dollars to be used for the general purposes of the organization."

To make a contribution or for information on ways to give to the ILC, please contact:

**Heather Sutton**

*Development Manager*

Tel: 212-517-1307

Fax: 212-288-3132

E-mail: [heathers@ilcusa.org](mailto:heathers@ilcusa.org)

## Balance Sheet

As of December 31, 2006

2005

Assets		
Cash and cash equivalents	\$ 3,434,006	\$ 2,063,207
Grants receivable	367,575	920,651
Pledges receivable, net	—	23,100
Prepaid expenses and other assets	12,514	18,771
Investments	2,742,767	2,705,978
Inventory	—	80,697
Property, plant, and equipment, net	6,582,766	6,696,842
Total assets	13,139,628	12,509,246
Liabilities and net assets		
Liabilities:		
Accounts payable and accrued expenses	123,122	155,195
Amounts due to Mount Sinai	350,424	158,002
Grant payable to ILC-UK	300,000	—
Total liabilities	773,546	313,197
Net assets:		
Unrestricted	8,468,432	8,703,971
Temporarily restricted	1,154,883	765,000
Permanently restricted	2,742,767	2,727,078
Total net assets	12,366,082	12,196,049
Total liabilities and net assets	\$ 13,139,628	\$ 12,509,246

## Statement of Activities

For year ended December 31, 2006

Six month  
period ended  
December 31, 2005

	Unrestricted	Temporarily restricted	Permanently restricted	Total	Total
Support and revenue:					
Grants and contributions	\$ 241,587	\$ 4,370,404	\$ 15,689	\$ 4,627,680	\$ 2,879,320
Investment income	129,116	—	—	129,116	74,471
Sale of inventory	3,253	—	—	3,253	5,376
Other income	11,197	—	—	11,197	—
Net unrealized gains on investments	83,802	—	—	83,802	9,382
Net assets released from restrictions	3,980,521	(3,980,521)	—	—	—
Total support and revenue	4,449,476	389,883	15,689	4,855,048	2,968,549
Expenses:					
Program Services:					
Direct research	1,432,489	—	—	1,432,489	977,629
Research grants and program development:					
Grants	650,000	—	—	650,000	336,000
Research program development	366,000	—	—	366,000	520,045
Total research grants and program development	1,016,000	—	—	1,016,000	864,045
Communications and publications	866,517	—	—	866,517	335,120
Other program services	325,161	—	—	325,161	180,346
Total program services	3,640,147	—	—	3,640,147	2,349,140
Supporting services:					
General and administrative	605,908	—	—	605,908	338,695
Fundraising	438,960	—	—	438,960	220,917
Total supporting services	1,044,868	—	—	1,044,868	559,612
Total expenses	4,685,015	—	—	4,685,015	2,908,752
Excess (deficiency) of support and revenue over expenses	(235,539)	389,883	15,689	170,033	59,797
Net assets at beginning of year	8,703,971	765,000	2,727,076	12,196,049	12,136,252
Net assets at end of year	\$ 8,468,432	\$ 1,154,883	\$ 2,742,767	\$ 12,366,082	\$ 12,196,049



# Program advisory group

*Working to create the most fertile conditions for successful and innovative research in longevity and aging, our Program Advisory Group provides advice and suggestions on policies, procedures, and directions.*

*Group members review funded grants in order to provide oversight and give context to the important research being forged here.*

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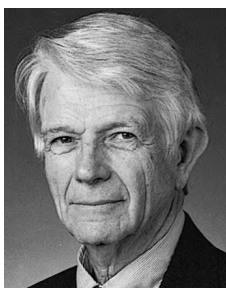
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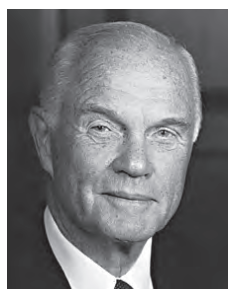
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