

THE JOURNAL

VOLUME 15 — 2023 EDITION

LEADERS IN LONGEVITY

Special Feature:
New Zealand

AARP®

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Andrew Little
Minister Andrew Little serves as New Zealand's Minister of Health and Minister for Treaty of Waitangi Negotiations. He is also the Minister for the Government Communications Security Bureau and the New Zealand Security Intelligence Service. Minister Little was previously Leader of the Opposition from 2014 to 2017.

Zul Merali
Zul Merali, Ph.D. has established and led several organizations (including the University of Ottawa Institute of Mental Health Research, and the Canadian Depression Research and Intervention Network). Presently, he is the Founding Director of Brain and Mind Institute at the Aga Khan University, with hubs in Kenya (serving East Africa) and in Pakistan (serving South and Central Asia), dedicated to the development of innovative Brain and Mental health solutions tailored for low- and middle-income countries.

Vivek H. Murthy
Vice-Admiral Vivek H. Murthy, M.D., MBA was confirmed by the U.S. Senate in March 2021 to serve as the 21st Surgeon General of the United States. Dr. Murthy previously served as the 19th Surgeon General under President Obama. As the Nation's Doctor, the Surgeon General's mission is to help lay the foundation for a healthier country, relying on the best scientific information available to provide clear, consistent, and equitable guidance and resources for the public. While serving as 21st Surgeon General, Dr. Murthy is focused on drawing attention to and working across government to address a number of critical public health issues, including the growing proliferation of health misinformation, the ongoing youth mental health crisis, well-being and burnout in the health worker community, and social isolation and loneliness.

Olivera Nesic-Taylor
Olivera Nesic-Taylor, Ph.D. has been a neuroscience researcher, tenured faculty, medical educator and administrator in various academic institutions in the United States and other countries. After retiring from the Tilman J. Fertitta Family College of Medicine, in Houston, Texas where she held an endowed chair position, Olivera joined the Brain and Mind Institute at Aga Khan University as a senior science advisor.

Lisa Paus
Minister Lisa Paus has served as the German Federal Minister for Family Affairs, Senior Citizens, Women and Youth since April 2022. A member of Alliance 90/ The Greens and an economist by training, she has served as a Member of the German Bundestag for the state of Berlin since 2009.

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María del Carmen Squeff
H.E. María del Carmen Squeff has served as Permanent Representative of Argentina to the United Nations since August 2020. Ambassador Squeff is a career diplomat having graduated from the Foreign Service Institute of the Ministry of Foreign Affairs of Argentina in 1993. She then served at the Undersecretary of Economic Integration of this Ministry and was appointed to the Argentina Embassy to the European Union. From 2011-2013, she was Undersecretary of Foreign Policy, Ambassador of Argentina to France (2013–2016), seconded to the Organization of American States (OAS) Mission to Support the Peace Process in Colombia (2016-2017), Ambassador of Argentina to the Federal Republic of Nigeria (2018–2019), and Undersecretary of MERCOSUR and International Economic Negotiations (December 2019 to July 2020).

Robyn I. Stone
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Dubravka Šuica
Dubravka Šuica is Vice-President of the European Commission in charge of Democracy and Demography. Mrs. Šuica is a Croatian politician from the city of Dubrovnik, where she served for two terms as its first female mayor and was awarded the 2006 World Mayor Award. Šuica entered politics in the 1990s as a Member of the Croatian Democratic Union and served as a Member of the Croatian Parliament and Vice-Chair of the EU Integration Committee. Between 2004 and 2009 she was a Board Member of the Union of the Association of Towns and Municipalities of the Republic of Croatia.

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Lloyd J. Whitman
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The Format

The Journal contains three main sections: Departments, Contributors, and the Feature Story.

Departments provides exclusive articles, insights and interviews from AARP and the International team. The Contributors section contains thoughtful pieces from a wide range of experts, policy-makers, and AARP's own in-house thought leaders. The Feature Story explores in depth the aging reality of one country, told through a multitude of stories and visual narratives.

The Journal is published once a year.

AARP is a nonprofit, nonpartisan organization in the United States that empowers people to choose how they live as they age. Internationally, AARP engages global stakeholders to change how we look at aging and enable people everywhere to pursue their goals and dreams.

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aarpinternational.org/journal

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https://doi.org/10.26419/int.00054.000

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Te Hau-Tākiri Wharepapa, a Chieftain of the Ngāpuhi Tribe, 1907.
Oil on canvas, by Charles F. Goldie, from the Auckland Museum Collection.



From the Editor-in-Chief

The Journal, 2023 Edition

Like most people working for social progress, I've been inspired to pursue the big, noble (if typical) goals like peace, equality, and freedom. But there's another, perhaps less visible goal that I've been drawn to: increasing prosperity.

Prosperity encompasses much more than wealth. It extends to such key life ingredients as health, and happiness, and strong personal relationships. Of course, having some degree of financial wealth is important to pay for the necessities that sustain us. But study after study has shown that beyond a certain threshold (often less than $100,000), higher incomes do not bring greater happiness — or, at least, incremental increases in money do not correlate to increased happiness. Wealth or prosperity can be measured in other ways, such as in time and health, that are often of higher value. As demand for our attention heightens evermore, time becomes a scarce commodity. And as we grow older, we tend to appreciate the reality that time is not a renewable resource; it is a continuously depleting one, rendering it invaluable. Health is similar to time: we tend to take it for granted until we start to lose it.

But here is the great news: thanks to human advances — scientific, technological, and otherwise — people around the world are benefitting from living substantially longer lives. The giant leap in life expectancy is one of humanity's greatest achievements of the past century. And with decades-long increases in lifespan, we are now primed to take a new kind of leap forward — increasing *health span*. With planning, we can leverage the opportunity to live more years of our longer lives in good health. In this way, we can truly multiply our prosperity — in this case, as measured in time.

We work to promote healthy aging and protect the dignity and rights of older people everywhere.

Mission Critical Work

That is why the work we do at AARP is so important. Our mission is to empower people to choose how they live as they age, and our impact agenda guides us to promote and enhance health security, financial resilience, and social connections (all different forms of wealth, properly defined). Our founder, Ethel Percy Andrus, made clear that our social mission extends to everyone. "What we do for one, we do for all," she said. This vision has been a touchstone for AARP International, as it seeks to shine a spotlight on the global megatrend of population aging, which now reaches all parts of the world. We work to promote healthy aging and protect the dignity and rights of older people everywhere. And we seek to learn and share the innovations in aging that originate in all parts of the world because good ideas should have no borders.

Over the past year, we have produced cutting-edge research on the Global Longevity Economy, work that revealed how in 2020 alone, people ages 50 and older contributed $45 trillion to the global GDP, and how they are likely to contribute $118 trillion by 2050. We released the fourth edition of the Aging Readiness and Competitiveness report (ARC 4.0), which identified real-world solutions to facilitate equitable healthy aging in low- and middle-income countries (which will be home to 80% of the world's older people by 2050). Together with our partners, we published significant reports on:

- how international development banks, such as the World Bank, can have greater impact if they use an aging lens as they approach their work;
- digital inclusion, to ensure the online access older adults need in a digital age to support all aspects of their lives — financial, social, and health; and
- the unique economic hurdles facing older women as well as recommendations to unleash the economic potential of older women everywhere.

Beyond this, the team continued its efforts to foster a more age-friendly built environment (e.g., homes, communities, and more). We published six more case studies in our Equity by Design series, which highlights compelling innovations from around the world that advance equity and help people thrive as they age. Each case study provides guidance on how to replicate the featured innovations elsewhere.

In addition, we supported the production and launch of the National Academy of Medicine's Global Roadmap for Healthy Longevity, and we recruited more than 100 global corporations to join our Living, Learning, and Earning Longer Initiative to promote the multigenerational workforce. Meanwhile, an AARP delegation, led by Chief Public Policy Officer Debra Whitman, played a leadership role on the international stage at the UNECE's Ministerial Conference on Ageing to help mainstream aging in the national policies of 56 member states, in recognition of the 20th anniversary of the Madrid International Plan of Action on Ageing (MIPAA). We deepened our partnerships with the United Nations, the OECD, and the World Health Organization, and our CEO, Jo Ann Jenkins, was recognized as one of the Healthy Ageing 50 — a select group of world leaders celebrated for their work to transform the world to be a better place in which to grow old.

This edition was crafted to respond to the unique times we are in. The global megatrend of population aging is increasingly highlighted in the nightly news, rising in the popular consciousness.

The Journal as Collaborative Tool

We do our best work when we work with others — sharing our ideas and learning from innovators and thought leaders in aging from across the globe. And that is why I am so pleased to share the 15th edition of *The Journal* with you now. This edition was crafted to respond to the unique times we are in. The global megatrend of population aging is increasingly highlighted in the nightly news, rising in the popular consciousness. Covid is waning, but not over, with huge implications for the future of long-term care and leaving an enduring impact on the workforce and the future of work. We invited policy makers and experts to illuminate these trends and make recommendations for the future.

In these pages, Dubravka Šuica, Vice President for the European Commission, makes a strong case for policy makers to leverage the opportunity presented by population change and describes five principles to help us reap the benefits. Diene Keita of the UN Population Fund puts a spotlight on how population aging is most rapid in the developing world, makes some fantastic recommendations about planning for it, and underscores the critical importance of data collection. German Minister Lisa Paus highlights the critical importance of caregivers and recommends ways to support them. Maciej Kucharczyk, Secretary General of Age Platform Europe, makes clear that ageism and age discrimination persist around the world and must be tackled for progress to happen in any given area. Argentinian Ambassador Maria del Carmen Squeff echoes these points, urging a particular focus on the rights of older women.

Given the devastating impact of Covid on older people living in long-term care facilities, we asked several experts to suggest a path forward for long term services and supports. Noting the preexisting structural weaknesses in long-term care, Francesca Colombo, the Head of the Health Division for the OECD, argues that the quality of care needs to improve and that we need to do a better job recruiting and retaining caregivers in light of ever-rising need. Robyn Stone of Leading Age turns the conversation toward the United States where, she argues, long-term services and supports are broken. The sector, she says, is in need of massive transformation, particularly given that the need for care is about to explode. Finally, Philippe Seidel Leroy of Age Platform proposes that the EU adopt a new strategy for long-term care, and Emi Kiyota, of the National University of Singapore, described Singapore as a possible role model. All of these articles merit the attention of policy makers.

Also in these pages is an examination from various angles of a post-Covid world. The pandemic sent many of us home to work and it forever transformed the workplace. One silver lining was that it showed us what is possible with respect to working remotely, asynchronously, and flexibly — all of which can help older workers who want or need to work longer to stay in the workforce. AARP's Chief Operating Officer, Scott Frisch, makes a compelling case for older workers, highlighting the observation that while machines depreciate over time, older workers appreciate in value. The U.S. Surgeon General, Dr. Vivek Murthy, highlights five principles that help support the mental health and well-being of older workers

in the workplace and argues that employers have a powerful role to play in creating a culture of well-being. Those employers who work for this will create valuable returns — for their own organizations and society. Finally, Beth Truesdale and Lisa Berkman make clear that health and job quality are intertwined. Concluding their piece by presenting the fundamental characteristics of a "healthy job," they send a concise message: change the work, not the worker.

This edition also continues our recent tradition of highlighting some of the small and scrappy organizations working to make a difference for older people in their communities. Our "Newsmakers" section features such organizations from Venezuela, Kenya, and Nepal.

Finally, we are especially proud to share this year's Special Feature on New Zealand and that nation's aging innovations. We spent over two weeks on the ground and came away energized — by the nation's beauty, people, and of course, the aging-issue insights gained, which we are excited to share with you here. That section highlights many of our findings and includes an article by New Zealand's Minister of Health, Andrew Little. And running through all of these insightful articles is an undercurrent of the nation's uniqueness.

The Opportunity in Aging

In all corners of the world, the population is growing older. We can look forward to a future in which an increasingly larger share of the population is older. We will have more 50-year-olds, more 65-year-olds, more 80-year-olds, and more centenarians. This shift is a testament to human progress and we can celebrate the achievement. All over the world, forward-thinking and creative people are working to plan for the future and leverage the opportunity of population aging. We are grateful to share some of their thoughts here. As we go forward, we will continue to look for the visionaries, changemakers, builders, and doers. We want to share our insights and learn from others. Together, we can create a world in which all people can live with dignity and pursue the lives they want — to prosper, in all senses of the word — as they age. ●



Peter Rundlet
Vice President
AARP International

From the CEO

Keys to Healthy Longevity

Our ability to live longer, more productive lives is one of humankind's greatest achievements. We've added more years to average life expectancy since 1900 than in all of human history up to that time — combined. In 2020, one in four people worldwide were age 50 and older. By 2050, that number will be one in three.

Here in the United States, over the next two decades, the number of people age 65 and older will nearly double to more than 72 million — or one in five Americans. And most 65-year-olds today will live into their 90s. Some researchers believe that the first person to live to 150 is alive today.

Yet additional years mean little unless we also increase the years in which we maintain good health. Unfortunately, the gap between our longevity — our lifespan — and our time in good health or years without disease — our health span — is increasing. We must reverse that trend. At AARP, we are engaged in a wide range of initiatives to close that gap, but I would like to highlight three.

Emergence of AgeTech

As we extend healthy longevity, the growing number of older people will be a key driver of economic growth, innovation, and new value creation. By joining forces with the tech community, we can spark new solutions that will extend healthy longevity and productivity.

As global aging transforms economies around the world, the growth opportunity is AgeTech — that is, technological innovation across all sectors in developing products and services that help people live better as they age. The latest research

As global aging transforms economies around the world, the growth opportunity is AgeTech — that is, technological innovation across all sectors in developing products and services that help people live better as they age.

from AARP's Global Longevity Economy® Outlook study, shows people aged 50 and older contributed $45 trillion in global GDP in 2020, and that number is expected to grow to $118 trillion by 2050. According to the AARP 2023 Tech Trends survey, people reported they spent an average of $911 annually on personal tech in 2022 (up from $821 in 2021). As more startups and large organizations see financial benefits to developing products in the AgeTech category, consumers will benefit from the continuing innovation which ultimately improves their everyday lives.

AARP is leveraging its expertise to accelerate AgeTech, by facilitating partnerships and collaboration across industries and sectors. Central to this effort is the AgeTech Collaborative™ from AARP, an unparalleled innovation ecosystem bringing together cutting-edge thinkers in the longevity tech space to champion meaningful advances so that everyone can choose how they live as they age. Since we launched the AgeTech Collaborative™ in 2021, it has grown to more than 100 participating organizations and more than 70 portfolio startups.

Additionally, through AARP Innovation Labs, we're helping to shape the future of aging, promote healthy aging, support family caregivers, and help older persons build financial resilience and combat social isolation.

Much of this work involves collaborating with business, government, and other organizations to drive technological advances that empower people to live better as they age — for example, bringing smart technologies into the home to assist individuals in living independently longer, monitoring and managing their daily activities, and keeping them connected to family and friends.

Innovation is also driving more imaginative uses of digital technology for self-care — wearables for monitoring and tracking vital signs, online support communities, health care navigators or care coordinators to help manage older adults' health care and facilitate long-distance caregiving. And it is leading communities to develop comprehensive strategies to change their physical infrastructure and the way they deliver services, including housing and transportation services, to make communities more livable and age-friendly.

Lowering Prescription Drug Costs

We can't advance healthy longevity without providing people with access to high quality, affordable prescription drugs. Bringing down their high cost has long been one of AARP's top priorities.

In 2022, we took on the big drug companies and won. We fought for the inclusion of prescription drug cost-lowering provisions in the Inflation Reduction Act — and led the charge for passage. When the President signed the legislation into law, it was a game changer for older Americans and their families. They will finally get some relief from out-of-control prescription drug prices and protection from mounting drug costs that can bankrupt families.

The new law requires Medicare to use its enormous buying power to negotiate for lower drug prices. In addition, starting in 2023, people on Medicare will enjoy no-cost vaccines and a $35 monthly cap on insulin copayments. In 2025,

The number and economic might of older adults are growing as never before seen in history. The best way to serve an age-diverse market is to have age-diverse employees who understand the market. Many employers are beginning to see that.

a $2,000 ceiling on out-of-pocket drug costs will limit people's exposure to outrageous bills.

This is a huge victory for older consumers, but closing the gap between the lifespan and the health span demands we continue the fight to make more drugs affordable.

Living, Learning, and Earning Longer (LLEL) Collaborative: Powering the Workforce of the Future

Increased longevity is shaping the workforce of the future, and the workplace — wherever that may be — is increasingly a social determinant of health. As such, with approximately 3.3 billion people employed worldwide in 2021, employers have a direct interest and significant influence on global health — especially since we know workers seek employers that care about their overall well-being. Yet according to an AARP study, 30 percent of workers aged 50-plus do not believe their current workplace promotes their overall well-being.

AARP believes both employers and consumers benefit from a workforce more diverse and inclusive in age, abilities, and identities. In 2019 we joined with the Organization for Economic Cooperation and Development (OECD) and the World Economic Forum (WEF) to form the Living, Learning, and Earning Longer (LLEL) Collaborative. Its purpose is to share existing resources and collaborate on new research to help employers build, support, and sustain multigenerational workforces. Findings are made available on the Growing With Age digital platform.

Meanwhile, today's demand for workers is high. We are experiencing a talent and skills shortage the likes of which we have not seen in decades. According to a study by the Manpower Group, three in four employers report they cannot find the talent they need. That's a 16-year high.

The LLEL Collaborative recognizes that one solution is to develop a more multigenerational workforce. Older employees represent a readily available source of talent, and employers who take the right steps can leverage the multigenerational workforce as a key to success and competitive advantage.

We also can't think about the workforce without thinking about the marketplace — and older adults represent a growing consumer market. As mentioned, the number and economic might of older adults are growing as never before seen in history. The best way to serve an age-diverse market is to have age-diverse employees who understand the market. Many employers are beginning to see that. And, in a survey of nearly 6,000 global companies, AARP found that 83 percent of global business leaders identify a multigenerational workforce as valuable to their organization's success and growth. They see it as a competitive advantage. Multigenerational teams perform better. They also help build a stronger pipeline of talent by providing continuity, stability and retention of intellectual capital. Yet, 53 percent of the global executives we surveyed do not include age in a Diversity & Inclusion policy.

Many are turning to the LLEL Collaborative to help them embrace an age-diverse workforce and discover best practices for supporting

employees' health and well-being. In 2022, the LLEL Collaborative continued on its growth trajectory, now comprising more than 100 companies representing over 4 million employees and more than $2 trillion in revenue.

As more employers see themselves as partners in supporting the health and longevity of employees of all ages and develop a more age-diverse and inclusive workforce, they are giving people the opportunity to live full lives in good health and contribute productively to society for as long as they choose.

A Universal Call to Action

At AARP, we believe every person across the globe should have the opportunity to live a long and healthy life. To realize that vision, societies around the world must accommodate and embrace an increasingly aging population, rapid technological innovation, a changing workforce and an increased demand for health care.

AARP is committed to working across all sectors to spark innovation, advocate for policies that empower people to live better as they age, shape the workforce of the future and break down barriers that impede the ability to age well. We must work to ensure that all people have access to the resources, services, and support that empower them to live a life of good health regardless of age, race, or income. We all have a role and a moral responsibility for this, from the personal to the private and public. ●



Jo Ann Jenkins
CEO, AARP

PHOTO BY TIMOTHY GREENFIELD-SANDERS

About the Design: 2023 Edition

AARP's Leadership Tour to Aotearoa New Zealand provided an opportunity to see aging innovations in action and to experience first-hand the country's culture. Traveling on location also informed the creative and editorial direction for *The Journal*, supplying our team with a trove of information and inspiration. Over the course of three weeks and ten different stops across the North and South Islands, we met with people from many organizations and backgrounds and learned a great deal about the country's history and diverse culture.



Theme

The visual direction of the publication, from typography to palette, was inspired by New Zealand. The earth tones in the palette were drawn from nature, as well as from Māori art — the deep ochres of clay soils; the dark greens of forest-blanketed hills; the rich umber of intricate wood carvings fashioned from the tōtara tree. And, of course, there is heavy use of the color black, a color synonymous with New Zealand and the Māori people and seen everywhere from the uniforms of the national rugby team the All Blacks to the livery of the Air New Zealand fleet.



Typography

The font choice, Mānuka, was named for the indigenous tree that the Māori people have used for medicinal and utilitarian purposes for many hundreds of years. Mānuka was designed by New Zealander Kris Sowersby, a Wellington-based designer whose studio, Klim Type Foundry, also produced the font for Air New Zealand's logo. Based on nineteenth century Teutonic wood type used for posters, this collection of contemporary compressed fonts is ideal when used at larger sizes and to communicate immediacy. Like its namesake tree, the fonts have charming inconsistencies and represent a new growth take on old wood type.



Cover Art

While visiting the New Zealand Māori Arts & Crafts Institute in Rotorua, our team was particularly struck by a wood carving on display in the workshop of the wood carving school. With the permission of the Institute and its sister organization Te Puia, we chose this artwork for the cover of *The Journal*. The *poupou*, or wall pillar for a *wharenui* or tribal meeting house, was created between 1996 and 1997 by Nathan Foote (Ngati Porou, Te Te Āti Haunui a Pāpārangi). Carved in the style of Ngati Tarāwhai, a sub-tribe of the Te Arawa Confederation of Tribes in the Bay of Plenty region of New Zealand, the art depicts a great ancestor. Two *manaia* (common carving motifs) rest on either side, representing birds known as *tōrea* (pied oystercatchers), which were sighted from the Te Arawa canoe as it made its approach to Aotearoa New Zealand from Eastern Polynesia. The native timber used is *tōtara* and the shell used to depict the eyes is from the *paua*, or abalone.

For this design, we chose to emphasize the eyes with a silver foil and to use intricate embossing and debossing techniques during printing to create a 3-dimensional effect, accentuating the grooves and ridges of the original artwork and the details of the carving. Care was taken during every step of the way to properly and respectfully portray this beautiful example of Māori craftsmanship. Thanks to Clive Fugill, Tohunga Whakairo (Master Carver) of the New Zealand Māori Arts & Crafts Institute for providing the description and interpretation of the design.





Newsmaker Interviews

AARP Speaks with Leading Advocates for Older Adults Around the World

Venezuela

Created in 2006, Asociación Civil Convite (Convite A.C.) is a nonprofit organization that promotes social, economic, and cultural rights in Venezuela. Convite A.C. has played an instrumental role in raising awareness around the needs and challenges facing older Venezuelans since the start of the Venezuelan political crisis in 2019. In addition to uncovering and reporting on human rights violations, the organization deploys humanitarian assistance, including a program that has provided medical assistance to 1600 older people. AARP International spoke with the Director-General of Convite, Luis Francisco Cabezas, to learn more about Convite's work.

AARP What are the major challenges that older people in Venezuela face? How does Convite address those challenges?

Luis Francisco Cabezas The major challenges that older people in Venezuela face are those concerning their ability to meet their food needs and their access to health care. Today, pensioners receive approximately USD 15 per month, which means that they live on USD 50 cents per day — just 26 percent of what an individual should have on a daily basis to live slightly above the poverty line. Venezuela is facing a complex humanitarian emergency with a differentiated impact on older people. Convite has been advocating in humanitarian settings for older people to be included in humanitarian response plans that target their specific needs and for their voices, requests, fears, and desires to be heard.

AARP How does Convite define success? Which of Convite's projects have been most successful?







This initiative got older people involved as active participants of response programs and allowed us to assist a stratum of the population at risk and living alone.

LC For Convite, success is the ability to provide safe and secure assistance and protection to older people in need — particularly those who live in remote areas or with disabilities — and simultaneously fight age discrimination, disability discrimination, and geographical discrimination. During the pandemic, we tackled a project with HelpAge and Doctors of the World, with funding from the European Commission Directorate General for Civil Protection and Humanitarian Aid Operations, to provide older people with health care, food security, and psychosocial support. We also taught a group of 120 older people how to offer support via telephone to their peers who live alone. This initiative got older people involved as active participants of response programs and allowed us to assist a stratum of the population at risk and living alone. In the words of one of the beneficiaries, "Silence at home was broken only by the phone ringing every morning with my peer cheerfully asking me how I had started the day." The experience left us with lessons to share via the Toolbox: Community and Remote Psychosocial Support During the COVID-19 Pandemic. More recently, we implemented a project whereby we provided targeted humanitarian assistance to older people in five Venezuelan states in the form of health care and protection, and we equipped nursing homes and the like with power plants, mattresses, water tanks and pumps, and animal and vegetable protein for six months, with funds from the United Nations Office for the Coordination of Humanitarian Affairs. The project allowed us to create a cognitive stimulation manual based on recreational tools for senior centers. Finally, we were able to provide ophthalmological assistance to 6,000 older people thanks to an innovative device that performs visual triage and acuity tests and processes eyeglasses as required in just 10 minutes.

AARP How does Convite collaborate with international governments or other nongovernmental groups to accomplish its goals?

LC We generate information for advocacy in scenarios such as the Inter-American justice system (IACHR) and the universal justice system (United Nations). We also provide support to other local organizations that address inclusion of older people and to organizations

that work with older people in advocacy subjects. We have conducted three studies, which are now a national reference, to address the situation of older people: the Survey of the Living Conditions of Older People, the Older People Victimization Report, and the Report on the Situation of Human Rights of Older People, which we have presented before the United Nations Human Rights Council in the two latest universal periodic reviews.

AARP How does Convite help create intergenerational connections?

LC During the pandemic, we had young people train older people in the use of technological tools such as Zoom. Technological literacy has allowed us to find common ground for young people and older people to work together, thereby promoting intergenerational solidarity. We also launched a program called Bici+Care where young people delivered medicines to the homes of older people who live alone.

AARP How has out-migration affected communities of older adults who remain in Venezuela?

LC Migration has affected older people negatively, as many have been left by themselves, emotionally and physically vulnerable, and even at risk of dying at the hands of violence against older people, which is on the rise, particularly against those who live alone. Migration has left many older women living alone in nursing homes, with no one to care for them, and many older people entrusted with the care of their grandchildren (from their children who migrated), often without being asked. Finally, evidence shows that older people have begun to take their grandchildren to the countries where their parents live, usually making the journey by foot to Colombia, Peru, or Ecuador — or through the Darién Gap.

AARP How has the COVID-19 pandemic affected your work?

LC We had to continue to provide assistance and protection without exposing our teams and without exposing our help's recipients, which meant that we had to establish rigorous biosafety protocols and design mechanisms for remote assistance. These included tools such as our telephone psychosocial support program and our Bici+Care program.



AARP How does Venezuela's humanitarian crisis affect Convite's work and its ability to reach older adult communities?

LC We have had to learn much, and, in doing so, we have managed to place the issue of older people in the public agenda and to include older people in humanitarian response plans that target their specific needs. And we must not stop because, historically, older people have been excluded from humanitarian plans or must face asymmetrical competition to access funds. Hence the need for continued advocacy in humanitarian spaces. Likewise, we have gained experience in protocols for the inclusion of older people in subjects such as the fight against sexual abuse, accountability before the communities, and emergency response in remote areas with an emphasis on older people. ●

Kenya

Kenyan Aged Require Information, Knowledge, and Advancement (KARIKA) is a community-based organization located in Nairobi that focuses on aging. Founded in 2003, KARIKA initially began as a self-help group to address the financial insecurity of older people, particularly those responsible for orphaned or vulnerable children, through age-friendly income-generating activities such as soap-making or weaving. Today, KARIKA also engages in political advocacy in addition to programming that addresses the economic, social, nutritional, and health needs of older Kenyans. AARP International interviewed Elijah Mwega, KARIKA's founder to learn more about the organization and its goals.

AARP What are the major challenges that older people in Kenya face? How does KARIKA Kenya address those challenges?

Elijah Mwega Here in Kenya the government is not committed to the greater and meaningful involvement of older persons in all national development agendas. Political goodwill is lacking and there is no targeted policy or other legal instrument to address the plight of older persons. Our children are moving to other cities and countries.

This leads to a lack of investment in social protection, income security, legal frameworks, family and community support mechanisms, access to information, and health care — all in addition to loneliness, depression, and abuse. There has been a loss of focus toward the well-being of older people from both the government and the public.

In addressing these challenges, KARIKA leads lobbying and advocacy campaigns and works with like-minded institutions, individuals, and groups for older people. Our organization then forms networks and coalitions with the goal of having a strong national voice for older people in Kenya to reach the government and other service providers.







Older adults share wisdom, whereas the youth give knowledge, especially on how to use digital technology and current trends in the market.

KARIKA has been conducting targeted group capacity building, training on group dynamics, and home visits addressing healthy aging issues among older persons. We also provide food to older people in critical conditions and connect some of them with pro bono lawyers or other relevant service providers.

AARP How does KARIKA Kenya define success? Which of KARIKA Kenya's projects have been most successful? What challenges has the organization faced during project implementation?

EM KARIKA defines success through outcomes of set goals.

These have been our most successful projects:

- Mobilizing for and acquiring government land where we built our permanent KARIKA headquarters in Dagoretti, Nairobi County
- Building KARIKA Kenya to become a nationally and internationally recognized organization
- Lobbying for the national policy on ageing and older persons, the development of national standards and guidelines for the institutions of older people, and the review of the Madrid Plan of Action on Aging
- Having KARIKA accepted as a HelpAge International global network member
- Mobilizing older people groups in more than 15 counties in the country
- Forming a KARIKA relationship with media stations

Challenges to these projects included the following:

- Lack of financial support
- Lack of political goodwill
- Community cultural life
- Inadequate community awareness
- Lack of human resources and community support
- Physical insecurity

AARP How does KARIKA Kenya collaborate with government or nongovernment groups to accomplish its goals?

EM When we build our relations with target audiences and offices, we are guided by our mission, vision, and strategic plan of action. On some occasions, our partnerships require special agreements and signatures in the presence of a witness.

As a result of our collaborations, KARIKA has been able to take older people to national museums to learn, free of charge, any time they want. We have a good relationship with both Kenyatta and Nairobi universities where we have supported research on the well-being of older persons. With the support of HelpAge International, we created a community health worker training kit.

We work closely with county government health departments and social development departments to achieve our goals. With the Ministry of Health, we have been pushing for an older people department and to move older people from general wards to age-friendly rooms in government hospitals. A few years ago, the Ministry started a small unit of aging, and late last year, they upgraded to a geriatrics and gerontology division.

Finally, we participated in developing a report about implementing Integrated Care for Older People. This document targets the entire health workforce, including medical doctors, clinical officers, nurses, laboratory technicians, nutritionists, and rehabilitative services.

AARP How does KARIKA Kenya help create intergenerational connections?

EM KARIKA conducts empowerment forums and events that bring older persons and youth together. During these sessions, the youth meet with the older persons. Older adults share wisdom, whereas the youth give knowledge, especially on how to use digital technology and current trends in the market (e.g., how to use android phones). Older adults also instill virtues in the youth and provide mentoring. KARIKA helps older people go to children's homes for storytelling. We use both local and mainstream media to reach the unreachable young people. We target messages through printed materials, pastors, T-shirts, etc.

AARP How does your team connect with new volunteers? What types of support do these volunteers provide? What do volunteers take away from their work with KARIKA Kenya?

EM We find volunteers through our networks and collaboration with other organizations and friends, sometimes through the internet. They support us by sharing skills, connecting KARIKA to other parts of the world, and offering financial support. Our volunteers also participate in our daily activities and meet with older people. They have been instrumental in bridging the international gap and in advocating for the rights and welfare of older persons.

The volunteers gain skills and knowledge about how to engage with older persons from different cultures in the country. Sometimes they lead visits to the game parks and natural reserves, and we give them guidance.

We provide appreciation or participation certificates upon request for all volunteers.

AARP How has the COVID-19 pandemic affected your work?

EM COVID-19 changed many of our members' perceptions of safety.

We started thinking about new ways of working. Older people usually meet at KARIKA's center, but during this period, challenges included loneliness, isolation, social distancing, lack of counseling for those with depression, lack of food, difficulty in reaching service providers, stigma, and announcements of bad news all the time from the government.

But not all was lost. KARIKA benefited from the support of the Agence Française de Développement through which we bought food and protective materials for our older people.

The Embassy of Iraq donated funds to build medical rooms and an administration office for us as well. We will never forget this.

AARP How does KARIKA Kenya's Adopt-a-Grandparent program work?

EM We have a program and funding for the adoption of older people in need. We first identify the health and security needs of older persons. Then we register their identification documents for security purposes and provide them with the services that we have available.

If someone wishes to sponsor the adoption of an older person through KARIKA, they can choose to provide food, medication, and/or income. ●

For more information, visit: https://karikakenya.or.ke/

Nepal

Ageing Nepal is a nonprofit organization in Nepal founded in 2011 by a group of Nepali social workers. Ageing Nepal aims to support healthy aging through advocacy, research, and training sessions with health professionals and caregivers in geriatrics and gerontology. To learn more about their efforts, AARP spoke with Sanju Thapa Magar, CEO of Ageing Nepal.

AARP What are the major challenges that older people in Nepal face? How does Ageing Nepal address those challenges?

Sanju Thapa Magar In Nepal, poverty, poor health conditions, and illiteracy are the major challenges that older people face. Here, 85 percent of older people live in rural areas. Most of the older people in rural areas depend on agriculture, which does not pay enough for their basic needs. Also, no platform exists to support older people who want to engage in income-generating activities even if they are capable and healthy. The Government of Nepal provides contributory and noncontributory (old age allowance) pensions to older people. Only 7 percent of older people have worked as government service providers to be eligible for the contributory pension. People ages 70 and older receive 4000 Nepalese Rupees (NRS) per month which is equivalent to 40 USD, as a noncontributory pension.

The government has implemented some initiatives to improve the health and well-being of older persons, but those initiatives are not adequate.







We aim to build a nation where literacy and lifelong learning opportunities are equally accessible to older persons.

There are only nine geriatricians, six geriatric nurses, and one physiotherapist in the whole country. So, it is hard to receive quality geriatric health services. Because of the social taboos surrounding girls' education, limited access to academic institutions before the 1960s, and other social taboos, around 90 percent of older women in Nepal cannot read. They are struggling to adjust in this digitizing society even for normal living.

Ageing Nepal has been continually working to mitigate these challenges. Advocacy and campaigning are the major activities of Ageing Nepal. We conduct health camps, train health personnel (caregivers and nurses), influence government and stakeholders on cross-cutting issues of older persons, and conduct a Basic Literacy Class for Older Persons.

As a result of our ongoing initiatives with the government and other organizations, the government is now developing new policies and programs for the betterment of older persons.

AARP How does Ageing Nepal define success? Which of Ageing Nepal's projects have been most successful? What challenges has the organization faced during project implementation?

SM Success is providing dignified old age for all. The Basic Literacy Class for Older Persons is Ageing Nepal's most successful project. It was the first project that addressed illiteracy among older persons in Nepal. Because of this project, Ageing Nepal was awarded the UNESCO King Sejong Literacy Prize 2020.

Ageing Nepal faced many challenges from the beginning of the project implementation. First, it was hard to convince older people and their families to attend class. Some believe older people cannot and need not learn new skills. So, we had to struggle to break the taboos. Second, health may deteriorate with age. At the same time, older persons may have responsibilities, such as family care, that made it difficult for them to attend class. Third, we had to create a textbook and a teacher's guidebook.

AARP How does Ageing Nepal collaborate with government or other NGOs to accomplish its goals?

SM Ageing Nepal is a member of the Stop TB Partnership, the Global Alliance for Rights of Older Persons (GAROP), and the Global Call to Action Against Poverty. It is also a special

consultative member of ECOSOC; a voting member of CIVICUS, a global alliance of civil society organizations and activists; and a network partner of the International Federation on Ageing and HelpAge International. Ageing Nepal informs the Nepal government, meets with concerned authorities, submits petitions, and encourages the government to call a meeting of the national organization on the concerning issues.

Ageing Nepal never misses the opportunity to collaborate with government and nongovernment (national and international) organizations.

AARP Has Ageing Nepal participated in any international collaborations to promote older persons' rights? What have those collaborations looked like?

SM Yes, Ageing Nepal has collaborated with many international organizations to promote older persons' rights. It observes international days of importance (International Day of Older Persons, World Elder Abuse Awareness Day, Universal Health Coverage Day, International Women's Day, and many more) to promote the rights of older persons in collaboration with national and international organizations. I serve as a steering group member of GAROP. GAROP supports promoting the rights of older persons and contributes to calling for the UN Convention for the rights of older persons.

Most organizations help technically by providing the toolkits and guidelines for the campaign to promote the rights of older persons, whereas some provide financial support for the implementation of projects and participate in international conferences and workshops. We often get chances to learn new approaches in the aging field. Similarly, it also helps us mainstream the issues of Nepal's older persons in national and international platforms.

AARP How does Ageing Nepal help create intergenerational connections?

SM Ageing Nepal conducts projects to create intergenerational connections. For instance, in July 2022, Ageing Nepal, in collaboration with local government, conducted an orientation for older people and youth. The three-day program focused on issues facing older persons and the need to create intergenerational connections between young and old for sustainable development.

AARP How has the COVID-19 pandemic affected your work?

SM The COVID-19 pandemic mostly hit our Basic Literacy Class for Older Persons that we initiated in different communities of Kathmandu and were continued by concerned local governments and other local organizations. The classes were canceled because of the pandemic.

The pandemic also negatively affected our research. We started three research projects before the pandemic that were prolonged for more than a year. Similarly, implementation of some of our projects was also delayed.

We were also hit financially, which made it difficult to maintain the organization.

AARP Could you share more details about Ageing Nepal's literacy classes and health care support programs?

SM So far, our Basic Literacy Class for Older Persons has benefited around 250 older people, enabling them to read and write in simple English and Nepali languages and to use electronic devices like mobile phones and home appliances. However, most older people still cannot read. We aim to build a nation where literacy and lifelong learning opportunities are equally accessible to older persons.

Ageing Nepal was the first organization in the country to start caregiver and nurse training for geriatric care. We have conducted two caregiver trainings and one nurse training so far. We plan to conduct at least one training for each group annually, which has not been possible because of a lack of financial support. ●

Colorful Gray: We All Deserve to Live Life to Its Fullest

During the COVID-19 pandemic, Lisa LaFlamme, the 58-year-old star presenter of Canada's most watched news broadcast at CTV News, had to forgo regular hair dyeing, and her mahogany brown hair faded to its natural silver. The journalist has kept her gray hair ever since. Too bad.

"Who approved Lisa's decision to keep her hair gray?" said one of the news channel's executives after seeing the TV presenter on the air. LaFlamme was unceremoniously dumped from her role at CTV after 35 years in the industry. The firing of the journalist in June 2022 shocked many across the country. While LaFlamme's case is an example of age discrimination, it has also shown that the aging of women and men is often perceived differently in our societies. One could argue that George Clooney's gray hair, on full display in his 50s, did not hamper his career. On the contrary — he remains one of the most famous and respected actors in Hollywood.

Age discrimination toward a famous TV journalist is a media story. However, LaFlamme's story is not an isolated case. Famous or not, millions of people worldwide can tell tales of age discrimination not only in the workplace but also when accessing goods and services, such as car rentals or travel insurance, or when facing neglect, maltreatment, and abuse at home or in institutional care settings. Often the provision of care can be restricted in the context of limited resources and budgetary cuts, even if in practice that means restriction of the older person's autonomy or, worse, inhumane treatment. In a 2010 case in the UK[1], an older woman who had reduced mobility because of a stroke was forced to use incontinence pads and absorbent sheets at night because it was considered more cost-efficient than paying a caretaker to help her use the bathroom.

All these stories are blunt illustrations of *ageism*, a term that was coined in 1969 by American gerontologist Robert N. Butler. Ageism, according to Dr. Butler, "reflects a deep seated uneasiness on the part of the young and middle-aged — a personal revulsion to and distaste for growing old, disease, disability; and fear of powerlessness, 'uselessness,' and death."[2] Butler questioned the assumption that later life was a period of deterioration or loss and, equally important, insisted that ageism affects various age groups since "the young may not trust anyone over 30; but those over 30 may not trust anyone younger."[3] Over 50 years later, the World Health Organization (WHO) defines ageism as the stereotypes (how we think),

Our politicians, researchers, and statisticians must be reminded that human rights apply to all ages and that statistics need to get older as well while we will be singing "When I'm Ninety-Four."

prejudice (how we feel), and discrimination (how we act) toward others or ourselves based on age.[4] Ageism negatively affects every aspect of older people's lives: health, work, participation in society, individual autonomy, and well-being. Everyone can be a victim of ageism and age discrimination, regardless of gender, skin color, religion, or socioeconomic status, as LaFlamme's case proves. In Europe, more than one in three people over age 65 reports having been a target of ageism.[5]

Ageism can be either interpersonal or institutionalized. Take the example of statistics on population aging. "When I'm Sixty-Four," sang the Beatles in 1967 about a man talking to his lover about their plans to grow old together. Since then, life expectancy has been constantly increasing worldwide and so has the number of centenarians, from 20,000 in 1965 to a projected 19 million by 2100.[6] People over age 60 will represent more than 22 percent of the world population in 2050.[7] Yet many states stop collecting data for people over 74, while large differences exist between the living conditions of people between ages 65 and 74 years, 75 and 84 years, and older than 85. Without adequate data on population aging, we cannot develop inclusive and tailor-made policies to address the situation of specific target groups. Statistics have the power to put urgent issues on the political agenda; therefore, they must cover all old-age subgroups and be further disaggregated by gender identity. Our politicians, researchers, and statisticians must be reminded that human rights apply to all ages and that statistics need to get older as well while we will be singing "When I'm Ninety-Four."

A substantially prolonged longevity is one of humanity's greatest achievements, but we still need to address the question of how to capture the inestimable potential of this success story. Older people contribute to society and the economy, sharing their skills and knowledge through various means of paid and volunteer work, informal care, and political participation. We need to enable the growing number of older people to live full, healthy, informed, and independent lives, even in old age — in short, to enable everyone to be treated equally as they age.

At AGE Platform Europe (AGE), the European network of self-advocacy organizations "of older people" and "working for" people ages 50-plus, we believe that to seize the potential of longer life, we need to create a society for all ages. Our vision encompasses an inclusive society based on well-being for all; solidarity between generations; and full entitlement to enjoy life, participate in,

Our vision encompasses an inclusive society based on well-being for all; solidarity between generations; and full entitlement to enjoy life, participate in, and contribute to society.

and contribute to society. We work toward an ideal of the just society where young and old live, contribute, participate, and are protected on equal bases.

The vision of a society for all ages is the driving force behind our advocacy work. To make it a reality, we influence relevant policymaking processes on aging. Our advocacy efforts focus primarily on the European Union and its commitment to respect the rights of older people as enshrined in the Charter of Fundamental Rights.[8] Where necessary, we propose and launch new initiatives to fill gaps in age equality provisions (e.g., our 2021 proposal for an EU Age Equality Strategy).[9] We work closely with national governments to create age-friendly policies, scrutinizing their implementation.

In June 2022, we celebrated the 20th anniversary of the UN Madrid International Plan of Action on Ageing (MIPAA). Although not conceived as a human rights instrument when it was adopted at the Second World Assembly on Ageing in 2002, the MIPAA has a great potential of upholding the full spectrum of civil, political, social, economic, and cultural rights of older persons. The review of the plan's objectives for the period 2022–2027 should focus on mainstreaming these rights into national strategies and policies on aging. Moreover, the renewal of our governments' MIPAA commitments should build on the developments of the UN Open-Ended Working Group on Ageing (OEWG) to advance and protect the rights of older people through an international convention on the rights of older persons. While the OEWG has an exclusive mandate to promote the respect of the rights of older persons, MIPAA provides a comprehensive policy framework on aging based on human rights. We urge national governments to use the complementarity of the two processes to uphold the rights of older people.

As older people and organizations, we could be discouraged and doubt the relevance of our efforts to build fair and inclusive societies where all people live life to the fullest and where our rights are effectively protected. Does our work to promote and create societies for all ages still matter in this appalling global context? More than ever. When looking at the horrors of the Russian invasion of Ukraine, the lack of a binding international instrument to protect the rights of older people sadly takes on a concrete meaning. Ukraine is among the fastest-aging countries in the world with more than 7 million people age 65 and older, representing 16.7 percent of the total population.[10] At the same time, they are too often overlooked in humanitarian aid and emergency response. For the time being, older people are covered only by existing human rights standards, such as those in the UN Convention on the Rights of Persons with Disabilities, Article 11. AGE's long-standing effort is to get our states to support a UN Convention on the rights of older people. There is no time to waste.

As older people, we are not claiming new rights; we are simply asking for the same treatment, opportunities, and, if needed, protection and support. Our wish is to live as equal members of societies where gray is simply another color. ●

[1] R (McDonald) v Royal Borough of Kensington and Chelsea (2010) EWCA Civ 1109. Available at: https://www.disabilityrightsuk.org/mcdonald-v-united-kingdom

[2] The Gerontologist, Volume 9, Issue 4_Part_1, Winter 1969, Age-Ism: Another Form of Bigotry, Robert N. Butler. (pp. 243-246)

[3] Ibid.

[4] Global Report on Ageism, World Health Organization, 2021, Preface IX. Available at: https://apps.who.int/iris/bitstream/handle/10665/340208/9789240016866-eng.pdf?sequence=1&isAllowed=y

[5] Ibid. (p.34).

[6] The long, Good life, Longer, more productive lives will mean big changes to the old rules of aging Andrew Scott, IMF, Finance & Development, March 2020. (p.11) Available at: file:///C:/Users/Maciej%20Kucharczyk/Downloads/the-future-of-aging-guide-for-policy makers-scott.pdf

[7] World Health Organization, Ageing and health, Key facts, October 2022. Available at: https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

[8] Under the article 25, the Charter of Fundamental Rights of the European Union recognizes that "The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life." Available at: https://www.europarl.europa.eu/charter/pdf/text_en.pdf

[9] Available at: https://www.age-platform.eu/sites/default/files/2page-EU-Age-Equality-Strategy.pdf, AGE Platform Europe.

[10] UN Department of Economic and Social Affairs, World Population Ageing 2019. Available at: https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf



Maciej J. Kucharczyk
Secretary General
AGE Platform Europe

Embracing the Opportunities of Demographic Change

In 1950 there were 2.5 billion people on this planet. In 1987 we numbered 5 billion. In 2022 the world's population surpassed 8 billion. The global population is projected to continue growing, and aging, for at least another 40 years. According to current projections, the world population could reach 10 billion by 2058 and peak around 10.4 billion around the 2080s, then remain at that level until 2100.

Many factors have contributed to the rapid growth of the global population. One has been an increase in longevity resulting from improvements in public health, nutrition, and therapeutic solutions. High birth rates have also driven this growth in some parts of the world. Managing the effects of both of these factors must be a priority for policy makers worldwide.

We must develop and apply targeted policies in the field of demography and beyond, aimed right where they are needed. Demographic data and knowledge are key to this target as demographic trends touch many aspects of our lives.

In the European Union the prevailing demographic trend is population aging. The European Commission has taken a deep look at some of the key issues that shape aging, adopting a *Green Paper on Ageing* in 2020. This document set out possible ways to anticipate and respond to the socioeconomic impacts of Europe's aging population with lessons that are without borders and could reach beyond the European Union. The implications for economic growth, fiscal sustainability, health, long-term care, and social cohesion were addressed in depth. The results pointed to the need to capitalize on the opportunities linked to the demographic transition while addressing the challenges that it brings.

The role of the European Union is to support its 27 member states and hundreds of regions to develop their own tailor-made policy responses to aging. Several key principles have been identified:

- Maintaining high quality of life across all generations by fostering intergenerational solidarity and considering the economic and environmental impact of our policies
- Reaping the benefits of age by applying technology for all generations and providing flexible retirement policies and end-of-career paths
- Capitalizing on the resources within our regions by seeking to reverse brain drain and in fact harnessing talents in the places that develop them and that tend to need them most
- Maximizing talent through encouraging lifelong learning and skills development
- Ensuring high productivity and longevity by guaranteeing appropriate work–family balance by providing affordable childcare and family support services

To implement these principles, a careful analysis of accurate data and evidence, gathered in interactive and user-friendly ways, is key. One of the tools that we have developed in the EU is the *Atlas of Demography*. While it currently focuses on the European Union, we aim to roll out a global version in 2023. As mentioned previously, we firmly believe that the factors driving the demographic transition are not limited by borders. We must therefore think in terms of global solutions, pooling our experiences and resources to ensure maximum impact.

Maintaining High Quality of Life

A significant challenge facing all aging societies is the potential increase in health care costs and social protection support systems resulting from higher numbers of older people needing these services. We can turn this challenge into an opportunity only if we start with policies aimed at active and engaged retirement. Volunteering is one solution that can be implemented by promoting intergenerational solidarity and cooperation and benefiting both younger and older generations by allowing sharing of knowledge, experience, and mentoring. Active, engaged retirement includes practicing sports and remaining mobile, which can improve well-being, so particular attention should be given to these activities.

Reaping the Benefits of Age

These demographic transformations are driving the shrinking of the working-age population in the EU. The working-age population is expected to further diminish by 35 million by 2050.

Against this backdrop, higher productivity is key to underpinning sustainable and inclusive economic growth and higher standards of living. Increases in productivity need to be driven through higher and more innovative use of technology as well as broader labor market inclusion, including women and older people, as well as through managed migration. Providing flexible retirement policies and paths toward a gradual end of career can help avoid one of the biggest sources of brain drain: losing our most experienced and knowledgeable workers. Many EU countries have already taken steps in this direction, yet more remains to be done to create a truly flexible pathway tailored to the needs and wishes of individuals while protecting the sustainability of Europe's social and welfare systems.

Harnessing Talents in Europe's Regions

Many EU regions that are already disadvantaged receive a second blow of losing their best and brightest, who understandably depart to seek their fortunes elsewhere. If left unaddressed, this imbalance will trigger new and growing territorial disparities as regions age and fall behind in the size and skills of their workforce.

These trends will change Europe's demographic landscapes in a way that will hamper the resilience and competitiveness of the EU as a whole and could cause harm to our social, economic, and territorial cohesion. This occurs in the context of a fierce global race for talents as well as other structural transformations, like the climate transition and technological change that also risk exacerbating disparities among regions.

Place-based policies and comprehensive cross-sectoral strategies provide solutions to boost both supply and demand for talent in these regions. If they wish to become more attractive places to live and work, these regions should seek to improve both their business environment and the quality of life. This can nurture the talents needed for their development. It will help address brain drain and create more favorable demographic trends.

Encouraging Lifelong Learning

Part of the response to the challenges of aging is investing in people's knowledge and skills throughout their lives. People can remain employable and advance professionally by acquiring and updating skills. This keeps them employed and adds to job satisfaction. Continued learning can also help to delay the onset of dementia and prevent cognitive decline related to old age. Lifelong learning is most effective when it starts early in life, which is why access to high-quality early childhood education and care has a lasting effect on achievement in school and beyond.

Work–Family Balance Through Affordable Childcare and Long-term Care

The European Commission Care Strategy set out to improve accessibility, affordability, and quality of care as well as quality of life for carers themselves. It promotes the inclusion of women in the labor market and will have direct economic benefits through higher numbers of workers as well as reducing the old-age pension gap, which results from women working less than men by the time they retire. Providing childcare will allow for better work–family balance with positive effects on both the labor market and healthy longevity.

Since all regions of the world experience demographic change in unique ways, the demographic transition in Europe has to be compared with global trends. Identifying and understanding these changes are essential if we are to better anticipate their impact. This presents opportunities to rethink, innovate, and devise sustainable policies to help populations navigate this complex process of change. ●



Dubravka Šuica
Vice President
European Commission

Ensuring Support for Caregivers and Families

The United Nations Economic Commission for Europe (UNECE) held its Ministerial Conference in Rome, Italy, in June 2022 to discuss the progress made in the 20 years since the Madrid International Plan of Action on Ageing (MIPAA) and the Regional Implementation Strategy (RIS) were adopted. The discussions made it clear that much has been done in the past 20 years to improve the lives and life situations of older persons, but also that much remains to be done. This is why the Ministerial Declaration of the Conference contains goals for the 56 UNECE member states for the next five-year implementation phase of MIPAA/RIS.[1]

The conference and the Ministerial Declaration also put a spotlight on a topic that is pivotal for Germany as well as for many countries in the UNECE region and worldwide: How can we ensure high-quality, accessible long-term care, and how can we improve support for family members who provide informal care and who constitute a central pillar of caregiving support for those in need?

The COVID-19 pandemic caused fear and suffering for older people worldwide. At the onset of the pandemic, the German government put special legal regulations in place to address acute needs. Against the backdrop of an unknown future development of the virus, especially from autumn onward, we extended these regulations until April 30, 2023. For older persons, this means that family members providing informal care continue to benefit from flexible leave arrangements for family caregivers. This includes the right to remain absent from work for up to 20 workdays in an emergency care situation caused by COVID-19. During this time, the care support allowance *(Pflegeunterstützungsgeld)* is granted to compensate for lost income.

Many countries, including Germany, face a lack of professional caregivers. The majority of people who need long-term care in Germany receive home care, which is provided mostly by relatives and informal caregivers. Most Germans would like to be cared for at home for as long as possible. Caregiving relatives are therefore a pillar of society. They not only make an important contribution to the family but also take on a task for society as a whole, which is essential for cross-generational cohesion, social interaction, and aging with dignity.

However, we should not take such "informal care" work for granted. It is a burden for the caregivers, who often have to combine work, family life, and care. It is a permanent stress situation: day by day — but also night after night. They do this with passion and love. They support persons in need of long-term care, regardless of what special task is given to them — be it dementia, a disability, physical problems, or palliative care. And most of these caregivers are women. They reduce their paid work or even stop gainful employment completely to be able to care for family members. This means the gender pay gap may become a gender pension gap. Consequently, issues related to the informal care sector are intertwined with issues of gender equality. This is why the federal government has agreed on several measures to support informal caregivers.

The COVID-19 pandemic has demonstrated that family caregivers fulfill an important role in families but also in society. In most cases, these are women who take care of children at the same time. But in Germany, approximately 500,000 children and young people also take care of chronically ill relatives or those in need of long-term care. This group of young caregivers tends to be forgotten. However, in the 2030 Agenda for Sustainable Development, we have committed ourselves to leaving no one behind. This commitment also includes older persons, informal caregivers, and young caregivers.

Let me elaborate on the project *Pausentaste* (pause button) in Germany, which aims at providing counseling and information to young caregivers. Many of the caregivers do not see themselves as such. They consider it their normal task to take care of family members

However, caregivers are often overburdened, which can have negative mental, social, and educational impacts. *Pausentaste* helps young caregivers to take a break, reflect, accept support, and talk about their situation — anonymously.

in need. This willingness to support family members and consider it to be a normal task of life is common. However, caregivers are often overburdened, which can have negative mental, social, and educational impacts. *Pausentaste* helps young caregivers to take a break, reflect, accept support, and talk about their situation — anonymously. Even though the project primarily targets young caregivers, it is also available to teachers; home care providers; and people who work in schools and universities, hospitals, and youth organizations as well as the general public. Since 2021, *Pausentaste* has had a special focus on caregiving for university students and young adults undergoing vocational training.

In conclusion, we can say that long-term care requires time, energy, and money. Thus, in November 2021, the new German government agreed to further develop regulations on caregiver leave and family caregiver leave. The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth is currently preparing the reform of family caregiver leave stipulated in the coalition agreement. On the one hand, this involves optimal solutions for employees who provide care for loved ones at home; it addresses issues such as making time more flexible, reducing the loss of income for family caregivers, and preventing their possible withdrawal from the labor force. On the other hand, the operational and organizational challenges for employers who grant employees full or partial leave to care for a family member have to be considered. The current preparatory work is aimed at creating a new legal basis for attractive family caregiver leave, which will make a significant contribution to preventing the care crisis from worsening.

I hope that all governments in the UNECE region will strive to further improve the lives of older persons and achieve a society for all ages. ●

[1] https://unece.org/sites/default/files/2022-06/Rome__Ministerial_Declaration.pdf



Lisa Paus
Federal Minister for Family Affairs, Senior Citizens, Women, and Youth
Germany

Older Women's Challenges Through a Latin American Lens

It is undeniable that older women, in all their diversity, are rights holders who can make a significant contribution to the social, economic, and sustainable development of our societies. Yet they have historically been overlooked and made "invisible" in policymaking decisions at national, regional, and international levels.

In this article, I focus on "the invisible ones," the millions of older Latin American women who, day after day, are faced with structural inequalities aggravated by the intersection of age and gender. I also pay homage to their invaluable contributions as professionals, mothers, grandmothers, friends, activists, and powerful and active agents of change. According to the United Nations World Population Prospects 2022, women outnumber men at older ages in almost all populations. Globally, women make up 55.7 percent of persons aged 65 or older in 2022, and their share is projected to decline slightly — to 54.5 percent — by 2050.[1] Despite these worldwide trends, older women have historically been overlooked in the discussions held in various international fora. But why is it important for the international community to listen to older women in all their diversity, address their needs and challenges, and foster their true role as leaders and active agents of change?

We all witnessed the devastating impact of the COVID-19 pandemic on the lives of older persons. According to the United Nations *World Population Prospects 2022*,[2] the pandemic directly or indirectly cost the lives of about 15 million people in 24 months, 82 percent of whom were older people.

COVID-19 amplified and made visible the sharpest inequalities that older people face. The harsh reality of the crisis exposed and exacerbated ageism; the lack of social protection and access to health services; the lack of autonomy and participation older persons have in decision making; and the increase in violence, neglect, and abuse, which particularly affected older women.

As the *United Nations Advocacy Brief on Older Women* pointed out, the international human rights and policy frameworks provide robust guarantees and tools for the promotion and protection of women's rights. The Convention on the Elimination of All Forms of Discrimination Against Women, in particular, protects the rights of women through their life span and addresses some of the specific issues faced by older women. However, the absence of a specific convention on the rights of older persons results in gaps in the protection of older women as a distinct group. The existence of such gaps in the international human rights framework is one of the main reasons older persons, and in particular older women, remain overlooked in policy making decisions.[3]

In Latin America and the Caribbean, the **Inter-American Convention on the Protection of the Human Rights of Older Persons** came into force in 2017, ratified by Argentina, among other countries. In addition, the Argentine National Congress granted constitutional hierarchy to this very important regional instrument in November 2022. Because of this decision, the Convention is now part of Argentina's National Constitution.

The Inter-American Convention on the Protection of the Human Rights of Older Persons is much more than a document; it represents concrete protection against the violations of the human rights and dignity of older persons. It provides a unique protection framework at the forefront of other legislation, showing the unwavering leading role of Latin America and the Caribbean region in the promotion and protection of the human rights of older persons.

This legal framework is crucial in addressing the many distinct challenges that older Latin American women face. The intersection of age and gender results in older women experiencing multiple and intersecting forms of discrimination and inequalities throughout their lifetime. They face economic insecurity to a greater extent than older men, and they are more vulnerable to violence, neglect, abuse, and social exclusion. These challenges are intensified if we consider that projections indicate that poverty and extreme poverty rates remain above pre-pandemic levels in 2022 in Latin America and the Caribbean, as stated by the Economic Commission for Latin America and the Caribbean in its Social Panorama of Latin America and the Caribbean 2022 report.[4]

Despite these challenges, older women are pillars of society. Although older persons are often described as dependent and recipients of care, many older women provide unpaid care work to other older persons and family members, and this often goes unrecognized. During the COVID-19 pandemic, more than half of older women (57 percent) ages 60 years or older reported increased time spent on unpaid care and domestic work.[5] In many countries, grandparents, and especially grandmothers, play a crucial role in allowing their sons and daughters to work by providing support in the care of their grandchildren.

In this regard, I am very proud to share the important outcomes of the XV Regional Conference on Women in Latin America and the

Caribbean, which took place November 7 to 11, 2022, in Argentina. At this conference, member states adopted the Buenos Aires Commitment, in which they recognized the right to provide and receive care.

The Buenos Aires Commitment adopted a gender and intersectional approach, with specific references to older women in its operative paragraphs 5 and 22, recognizing that "the unfair distribution of time use and the current social organization of care disproportionately affect women, in particular older women, among others," as well as the importance of "participation of women's and feminist organizations and movements, including those of older women in the design, implementation and monitoring of care policies." In operative paragraph 15, member states also agreed to "promote the development, implementation, and evaluation of policies and programs that contribute from a gender and human rights perspective to aging with dignity in a safe and healthy environment, and to the highest attainable standard of health and well-being for older persons."[6]

In this regard, I would like to share as good practice the Recognition of Contributions for Care Tasks, a comprehensive program being implemented in Argentina. The program recognizes and grants economic value to the work that women have done in raising their children. In that regard, it grants the opportunity for those women to retire even though they do not yet have the required years of contribution to the social security system. The measure addresses the historical inequalities between men and women and between paid and unpaid work, resulting in a better redistribution of the tasks between sexes and contributing to a fairer social organization of care.[7]

As chair of the Open-Ended Working Group on Ageing and vice chair of the Commission on the Status of Women representing the Latin American and Caribbean region, I have a strong commitment to continuing to raise awareness of the challenges and needs of older women and promoting this agenda in the United Nations system. In this sense, it is essential that the rights of older women in all their diversity be addressed at the most important specific forum for gender issues at the United Nations. In 2023, the 67th session of the Commission on the Status of Women and its priority theme, "Innovation and technological change, and education in the digital age for achieving gender equality and the empowerment of all women and girls," is a critical opportunity to highlight the challenges faced by older women and make their voices heard.

This article is intended to reflect on the most pressing challenges faced by older women, in particular in Latin America and the Caribbean region. However, I would like to conclude by emphasizing that the need for an international legal instrument on the human rights of older persons is undeniable. The pandemic not only exposed the serious consequences that the lack of an international legal instrument on the human rights of older persons has had on the full protection of their rights but also revealed the urgent need to address these issues as a priority of the international community.

In this sense, the Open-Ended Working Group on Ageing has a crucial role as the main multilateral platform and the only body in the United Nations system devoted to addressing the challenges faced by older persons. I am convinced that the only way to move forward is together. Let us continue working together until the human rights of all older persons in every corner of the world are fully protected. ●

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[1] UN World Population Prospects 2022: https://population.un.org/ wpp/

[2] Ibid.

[3] UN Advocacy Brief on Older Women: https://www.ohchr.org/sites/default/files/2022-03/UN-Advocacy-Brief-Older-Women.pdf

[4] Social Panorama of Latin America and the Caribbean 2022: https://reliefweb.int/report/world/social-panorama-latin-america-and-caribbean-2022-transforming-education-basis-sustainable-development

[5] UN World Population Prospects 2022: https://population.un.org/ wpp/

[6] Buenos Aires Commitment: https://conferenciamujer.cepal.org/15/en/documents/buenos-aires-commitment

[7] https://www.argentina.gob.ar/noticias/en-el-marco-de-la-mesa-interministerial-de-cuidados-se-presento-el-programa-integral-para



María del Carmen Squeff
Permanent Representative of Argentina
to the United Nations

Population Aging is the New Global Reality; Planning for it is an Imperative

The global population is estimated at 8 billion. The sheer momentum of population increase means that we are likely to reach 10 billion people before plateauing sometime in the 2080s. The diversity of worldwide population trends, however, tells the true human story of the 8 billion milestone. While eight countries in Africa and Asia will account for 50 percent of all global population growth from now to 2050, more than 60 percent of the world population now lives in countries with below-replacement fertility rate of 2.1 children per woman. And the trend before us is one of progressive population aging all over the world. Falling fertility rates, improved health, and rising life expectancies mean that people are living longer, including in the developing world.

While the process of population aging, as measured by the share of older persons in the total population, is most advanced in developed countries, the rate of population aging, as measured by the increase in the number of older persons, is most rapid in the developing world. Associated with this is a rapid increase in the median age of the population as shown by the maps below. For these reasons it would be misguided to view population aging solely or predominantly as an issue of the developed world; it also has profound implications for developing countries. Failing to plan for aging — by adjusting social systems, social policies, service delivery, labor market policies, and infrastructure — would be a consequential omission that will haunt societies and economies when population aging becomes more pronounced.

Thus, even against the background of a continued growth of the world population, we see a new direction in demographic change. The populations in all countries are getting older, and in some countries the populations have already begun to shrink. Population aging represents an amazing human achievement, but in some countries the trends have tipped toward population decline. According to the latest UN data from 2022, more than 50 countries already have declining populations.

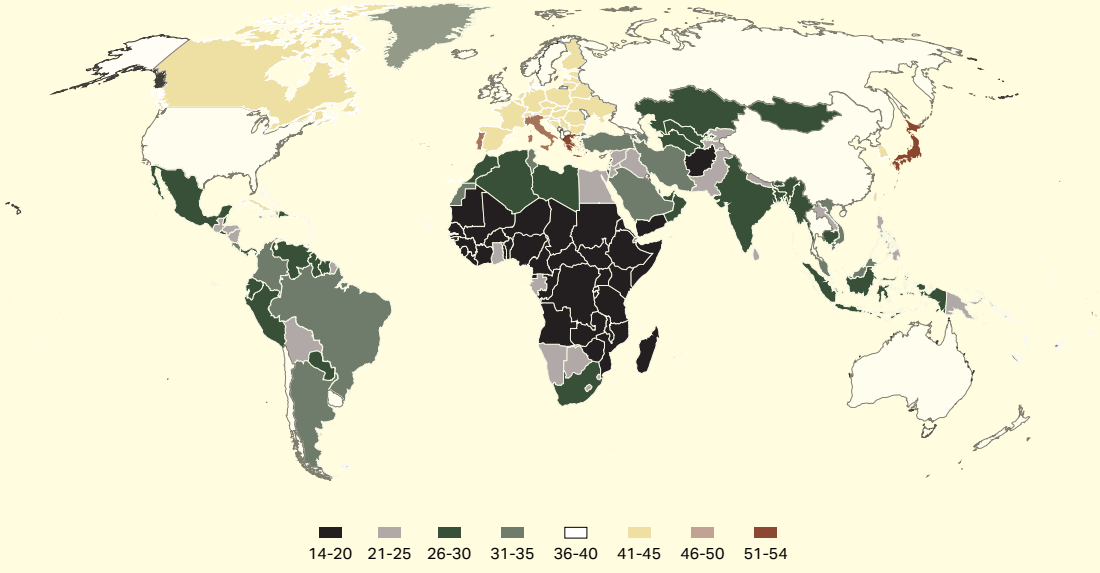
In many countries these relatively new demographic developments are causing major concerns. As a result, in recent years UNFPA has received a growing number of requests to help countries prepare for demographic change. In response, UNFPA has significantly increased our focus on aging and low fertility and on policy support to help governments build societies that are resilient to, and can thrive amid, demographic change. This includes the strengthening of social systems, service delivery, and infrastructure so that they are appropriate for demographic futures, as well as the development of human capital and more inclusive societies that can help countries make the most of demographic changes. No single policy response can build demographic resilience in all countries, but key principles are common to all:

- First and foremost, demographic resilience requires demographic intelligence, and UNFPA supports countries to generate the high-quality population data needed to anticipate the future, plan for coming population needs, and promote prosperity. Countries must adjust their social systems and infrastructure for future demographic realities, including an older population and possibly a shrinking population.

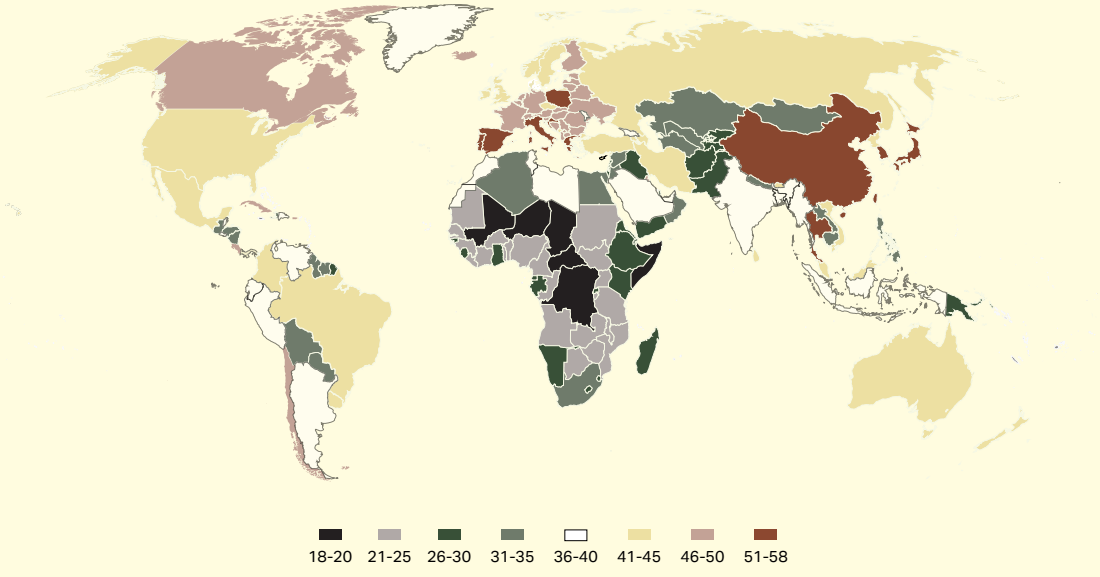
- Countries must actively counter populist rhetoric, which pitches the young against the old, the local against the foreign, and majorities against minorities. A key to demographic resilience is strengthening human capabilities and ensuring inclusive societies where all people can actively contribute to development.

- An inherently negative, reactive, and fragmented response to demographic issues such as population aging must give way to a fundamentally positive, anticipatory, and integrated response.

Median Age of Population by Country, 2022



Median Age of Population by Country, 2050



SOURCE: ESTIMATES, BASED ON UN, WORLD POPULATION PROSPECTS, 2022 REVISION.

It is important to recognize that active and healthy aging does not magically start at age 60 but is the result of how we lived throughout life. Countries must not only expand and improve geriatric care but must also pay greater attention to lifelong health.

To understand and realize these opportunities, countries will need to pursue a much more comprehensive approach to aging. This goes well beyond quick fixes of social systems such as pensions and health care that threaten to break down and requires a look at the social systems as a whole. To this end, it is not enough to focus only on the financial bottom line of the social systems and social policies but also on their ultimate objectives to eradicate poverty and reduce inequalities. Furthermore, it is important to recognize that active and healthy aging does not magically start at age 60 but is the result of how we lived throughout life. Countries must not only expand and improve geriatric care but must also pay greater attention to lifelong health. How we age starts even before birth with pregnancy. It is shaped by maternal, newborn, and child health; it includes sexual and reproductive health care; and it is affected by healthy habits throughout life. Finally, lifelong learning and investments in human capital throughout the life course can promote technological progress and increased productivity and can even help countries to realize a second demographic dividend with population aging.

Many surveys in developing countries, such as the Demographic and Health Surveys and Multiple Indicator Cluster Surveys, do not collect data on people over age 49, leaving censuses, which are normally undertaken only once every 10 years, as the main source of data on the living conditions of older persons. As the world's largest supporter of censuses, UNFPA is encouraging governments to use census data to assess the living conditions of older persons and promote the UN Decade of Healthy Ageing. UNFPA's Population Data Portal, launched in 2022, includes a dashboard showing the living vulnerabilities of older persons to COVID-19, and we need more such tools for illustrating the realities of life for older populations (https://pdp.unfpa.org/). In addition to censuses and surveys, the civil registration of vital statics (CRVS) is important for better population data. As the Centre of Excellence for CRVS Systems, UNFPA continues to strive for improvements in the collection of essential population data and as the world's largest supporter of national transfer accounts. National transfer accounts offer the most rigorous way to examine the links between demographic change — notably

UNFPA stands ready to support countries as they anticipate and assess population aging and develop evidence- and rights-based responses.

changes in the number and age structure of the population — and the economy and to assess, for example, emanating pressures on public and private finances.

UNFPA stands ready to support countries as they anticipate and assess population aging and develop evidence- and rights-based responses. UNFPA does so through its global and regional programs on aging, low fertility, and demographic resilience. ●

To learn more about UNFPA and its work on population aging around the world, please contact Ms. Florence Bauer, regional director, Eastern Europe and Central Asia (fbauer@unfpa.org; Dr. Rachel Snow, chief of Population and Development Branch (rsnow@unfpa.org); or Mr. Michael Herrmann, senior advisor on Economics and Demography (herrmann@unfpa.org).



Diene Keita
Assistant Secretary-General of the United Nations and Deputy Executive Director, Programme of the United Nations Population Fund (UNFPA)

The COVID-19 Pandemic: A Wake-Up Call for Long-term Care?

In few areas have the effects of the COVID-19 pandemic been more revealing of preexisting structural weaknesses than in long-term care. Over the past three years, older people, as well as those who care for them, have been hit hard. This is true even in countries with comparatively strong health and social care systems, as is the case across most of the 38 Organisation for Economic Co-operation and Development (OECD) member states. More than 90 percent of COVID-19 deaths have occurred among people over the age of 60 across 21 OECD countries.[1] Two in five COVID-19 deaths were among people living in long-term care facilities.[2] This tragedy should not have happened, and addressing the vulnerabilities of the long-term care sector is imperative.

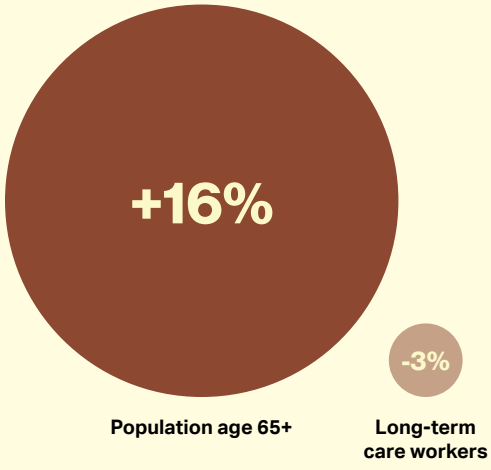
Longstanding Weaknesses Exacerbated During the Pandemic

Population aging is one of the most important global trends shaping societies. Across OECD countries, the share of the population ages 80 and older is set to more than double to reach 9.8 percent by 2050, up from 4.6 percent today.[3] That we live longer is something to welcome, but our health and long-term care systems will need to adapt. Even when accounting for the uncertainties about the extent to which the extra years of life will translate into healthy living, the need for care services will grow as a larger share of the population gets older. Yet our aged care systems are not keeping up with demand.

Consider the care workforce, for example. To keep up with population aging, the size of the long-term care (LTC) workforce would need to grow by 60 percent — or 13.5 million workers — by 2040 in OECD countries, on average.[4] However, in more than half of OECD countries, the growth in the long-term care workforce is outpaced by population aging (fig. 1).

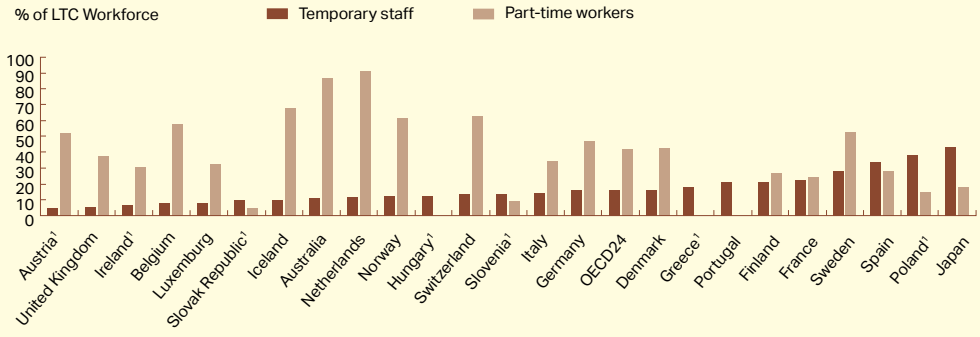
Figure 1. The growth of the long-term care workforce has not kept up with demographic changes

The share of the population ages 65+ grew by 16% between 2011 and 2019, while the rate of long-term care workers declined by 3% over the same period.



SOURCE: OECD (2020), WHO CARES? ATTRACTING AND RETAINING CARE WORKERS FOR THE ELDERLY, OECD HEALTH POLICY STUDIES

Figure 2. Share of long-term care workers who work part time or on temporary contracts, 2019 (or nearest year)



SOURCE: EU-LABOUR FORCE SURVEY; OECD ESTIMATE BASED ON NATIONAL SOURCE FOR AUSTRALIA, SURVEY ON LONG-TERM CARE WORKERS FOR JAPAN.

Note: 1. Data should be interpreted with caution because of small sample sizes, as defined by Eurostat based on EU member states guidelines. More information can be found at https://ec.europa.eu/eurostat/statistics-explained/index.php?title=EU_labour_force_survey_–_data_and_publication#Publication_guidelines_and_thresholds

The complexity of the care older people require is also growing, and a mismatch in the skills of care workers has emerged. More than 7 in 10 long-term care workers are personal care workers with limited training; less than one-quarter of people working in the sector attended tertiary education.[3] Low pay, insecure employment (e.g., part-time or temporary contracts), insufficient training, and a demanding work environment with multiple physical and mental health hazards all hamper recruitment and retention. In OECD countries, more than two-fifths of long-term care workers worked part-time in 2019 (fig. 2). Nearly one in five (17 percent) were on temporary contracts, thus increasing their chances of poor job security and lower access to social protection.[3] Put another way, the current care workforce is not fit to meet the demand, and poor working conditions and mismatched or insufficient skills will only exacerbate the problem.

Quality of care is another example. Even before the pandemic, some 40 percent of hospital admissions from long-term care were estimated to be avoidable, and over half of the harm in long-term care settings was preventable.[5] Such avoidable care has a significant cost. In 2016, avoidable hospital admissions from long-term care were estimated to cost nearly $18 billion USD across 25 OECD countries, or more than 4 percent of the total amount spent on long-term care.[5] Just one-third of OECD countries reported having policies in place to improve the coordination between the health and long-term care sectors.[4]

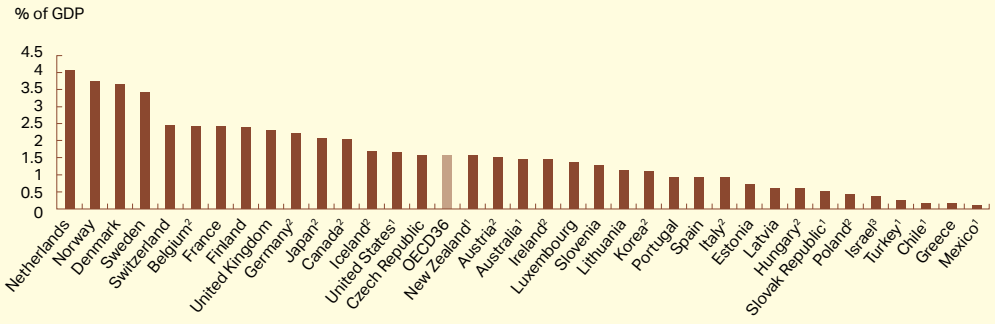
Many of the shortcomings that have plagued the sector were exacerbated by COVID-19. With only 1.5 percent of gross domestic product going to long-term care across OECD countries in 2019 (fig. 3), resources were not enough to face growing demand due to population aging, let alone the shock of the pandemic.[3] Besides insufficient staffing and quality standards, supply shortages were widespread. Despite COVID-19 affecting older people more severely, the long-term care sector was initially not prioritized for containment measures, including the availability of personal protective equipment and testing. In many countries, long-term care was not included at all in pandemic preparedness plans.

The Road Ahead

There is some good news. In response to the pandemic, many countries introduced policy changes and one-off initiatives designed to address the sector weaknesses. Close to 40 percent of OECD countries, for example, offered one-time bonuses to long-term care workers in recognition of their crucial role, and almost all countries reported efforts to improve recruitment and retention during the pandemic.[1] Most countries also offered exceptional training programs to long-term care workers, notably on infection control and the use of personal protective equipment.

The adoption of many digital tools to help coordination across the health and long-term care sector has sped up. The proportion of

Figure 3. Total long-term care spending as a share of gross domestic product, 2019 (or nearest year)



1. Estimated by OECD Secretariat. 2. Countries not reporting spending for LTC (social). In many countries, this component is therefore missing from total LTC, but in some countries, it is partly included under LTC (health). 3. Country not reporting spending for LTC (health).

SOURCE: OECD HEALTH STATISTICS 2021; OECD (2020[6]), "FOCUS ON SPENDING ON LONG-TERM CARE", HTTPS://WWW.OECD.ORG/HEALTH/HEALTH-SYSTEMS/SPENDING-ON-LONG-TERM-CARE-BRIEF-NOVEMBER-2020.PDF.

adults ages 50 and older in European countries who reported having undergone a telephone or online medical consultation jumped from one in three in June–July 2020 to close to one in two by February–March 2021.[7]

Despite progress, further action is needed in at least three areas:

- First, access to long-term care needs to improve. Across 22 European OECD countries, close to 40 percent of people with difficulties in household activities or personal care reported unmet needs for help.[3] In seven countries, the out-of-pocket costs of home care for severe care needs would be unaffordable even for a person earning a median income.[8] Most countries lack information on how access to long-term care services aligns with need. Good data are also needed to evaluate whether money is spent effectively and efficiently.

- Second, quality standards must improve. Quality frameworks are often focused on inputs such as the buildings and on staff competency requirements. More and better indicators are needed in both care homes and home care, including the time staff spends with care recipients, how care recipients are treated, improvements in functioning and patient-reported outcomes, and improvements in care experiences. Making process- and outcome-oriented measures publicly available, such as publishing the results of inspections online, would improve transparency and accountability. In Sweden, municipalities must report quality indicators data in Open Comparisons available in a traffic-light format. In England, the Care Quality Commission conducts inspections and issues ratings for care providers.

- Third, measures to attract and retain workers need strengthening. Recruitment policies targeting people out of work, students, and those in sectors where labor demand is decreasing have proved effective in some countries, such as Japan. Promising avenues to reduce turnover in the sector include improving on-the-job training, raising wages, promoting a healthier work environment, and improving the organization through self-managed teams, as seen in the Netherlands, Australia, and Japan. Data on staffing, including hours worked, sickness absences, and other key metrics, also need to improve.

The COVID-19 pandemic brought to light longstanding critical problems in the long-term care sector. Without policy focus and action now, these will only grow in the years to come. Tackling them requires political will to make the changes needed, good metrics to help countries evaluate progress, and learning from benchmarking of good practices within and across countries. ●

The COVID-19 pandemic brought to light longstanding critical problems in the long-term care sector.

Note: The views expressed in this article are those of the authors and do not necessarily reflect those of the OECD or of its member countries.

See a list of OECD member countries at https://www.oecd.org/about/document/ratification-oecd-convention.htm.





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The Future of Long-term Services and Supports in the United States

It is widely accepted that the long-term service and supports (LTSS) financing and delivery system in the United States is broken. LTSS encompasses a broad range of paid and unpaid health-related and personal care assistance that people may need — for several weeks, months, or years — when they have difficulty completing self-care tasks as a result of chronic illness or disability. LTSS provides assistance with the activities of daily living (such as eating, bathing, and dressing) and the instrumental activities of daily living (such as preparing meals, managing medication, and housekeeping) and is delivered in a range of settings, including nursing homes, assisted-living and other residential care facilities, adult day centers, and private homes.

Despite several attempts at reform over the past 30 years and a growing population of older adults living with multiple chronic health conditions who will need some form of LTSS during their lifetime, a patchwork system has prevailed. The heavy toll of COVID-19 on LTSS has brought the system's failings into clear focus. The population served in LTSS settings is older and medically fragile with multiple chronic conditions; a high proportion live with dementia. Accordingly, these individuals have the highest risk of complications, hospitalization, and death and were disproportionately affected by the pandemic.

COVID-19 has uncovered stark societal inequalities through its disproportionate impact on communities of color and low-income individuals. This impact has fallen on older residents and clients as well as the frontline certified nursing assistants and home health and personal care aides who provide most of the hands-on care in LTSS settings. These direct care providers are typically women who are Black, Indigenous, or other People of Color earning low wages. One in four are foreign born. Nursing home aides earn an average hourly wage of $13.38, while home health and personal care aides earn even less, an average of $11.52 per hour. An average of 44 percent live 200 percent below the federal poverty level, and 42 percent receive some type of public assistance. In addition, the evidence suggests that not only do these workers spend more time working — including one in six who hold a second job — but they also spend more time on housework, unpaid caregiving, and commuting than do other health care workers. Given the poor compensation and other job-related and external challenges, it is not surprising that nursing home and home care providers had significant recruitment and retention problems before the pandemic. These challenges have been seriously exacerbated by the pandemic, which finally shed public light on a history of structural racism and inequities in the LTSS system.

The baby boomers are now about to reach the age where the demand for LTSS will increase significantly over the next two decades. It is time to radically reform our financing and delivery system to meet this demand in a timely and equitable fashion. Reform will involve transforming the following three issues.

Creating a Range of Settings and Service Options

We need a range of services and settings that meet the needs and preferences of an increasingly diverse older adult population. Although most people prefer to remain in their own homes, some may not be able to do so because of a constellation of factors, including the costs of maintaining the house, inaccessibility of the home and neighborhood, and the potential for social isolation, particularly for those living alone without family. We need to expand the options of residential settings available to people living in different communities and geographies across the country. These options should be affordable to all, not just reserved for those who have significant resources or who spend all of their savings until they qualify for Medicaid to receive coverage (assuming that a waiver covers the care). These options include developing more high-quality, affordable assisted-living and memory care settings; developing co-housing and other small-group living alternatives; and supporting the expansion of accessory dwelling units where loved ones with LTSS needs can live separately but close by. Nursing homes will always be needed for high-acuity individuals without social supports, but these dwellings need to be reengineered to provide the feeling of home through various household, small group home, and other culture change models.

Communities should also become age-friendly, allowing older adults with LTSS needs

— including those living with dementia — to navigate their homes and neighborhoods safely and with the goal of assisting everyone to live as independently as possible in their communities of choice.

Developing a High-quality LTSS Workforce

Family caregivers and other nonpaid care partners will continue to provide the bulk of LTSS in the United States. Formal programs must be designed to support these caregivers as well as those who need LTSS. Unpaid caregivers need adequate training and resources so that they can continue to provide assistance and with limited burnout.

The frontline paid LTSS workforce, which provides 60 to 80 percent of all the paid hands-on care in the LTSS system, needs to be professionalized. This includes providing competency-based training for individuals to work across all LTSS settings as well as wages and compensation that are commensurate with the skills and knowledge this occupation requires. Home care and personal care aides, home health aides, and certified nursing assistants also need to have a variety of career advancement opportunities. Many will prefer to remain as aides but may want to pursue specialties in areas such as dementia care, medication management, behavioral health, and restorative care. Some may be interested in advancing through the nursing ranks, while others may be more interested in relationship occupations including social work, care management, recreation therapy, or human resources.

Professionalizing this workforce will help recruit individuals into this field, but we also need to expand the pipeline by attracting high school students who are pursuing health career tracks, continuing to attract immigrants and refugees into these positions, and engaging older workers who may be looking for second careers or who need to continue to work because of financial circumstances.

Providing Universal Coverage Through Comprehensive Financing Reform

The need for LTSS financing reform resulting from COVID-19's impact on state budgets and Medicaid is urgent. A social insurance approach to financing LTSS that is based on individual care and support needs and that covers all Americans, regardless of their financial status, is necessary for adequate LTSS coverage. This approach must provide coverage of living needs — and not just the care aspects — of LTSS. This approach would protect against financial catastrophe and end the current system that is based on the need for people to be financially destitute to access coverage via Medicaid. Such an approach would benefit both individuals and families and would also create a far more stable and more generous funding stream to providers.

Universal coverage is essential to achieving greater equity in access and coverage, but it is also essential to the fiscal viability of the financing mechanism (e.g., everyone pays into the system). Although political concerns about a universal and therefore mandatory approach led to a voluntary program in the form of the CLASS Act, the failure to embrace the universal approach undermined the viability of CLASS. Policy makers cannot afford to make this mistake again when addressing LTSS financing reform.

This three-pronged approach to LTSS reform will lead to a more seamless system of care and supports for older adults, their families, and others who need this assistance. The keys to success will be the availability and accessibility of affordable care and support options in a range of settings; a highly qualified, stable workforce to deliver services; and the means to pay for LTSS when it is needed. ●



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Long-term Care in Europe: A New Start?

As COVID-19 swept over Europe, thousands of avoidable deaths — more than half of the fatalities within the first year of the pandemic in some countries — occurred in long-term care settings. These fatalities triggered more awareness and consideration of the shortcomings of this sector, which faces increasing pressure due to rapid population aging. A new EU strategy could be a starting point for change, but governments need to seize the opportunity.

COVID-19: A Meltdown Requiring a Response

The pandemic has shone a spotlight not only on front-line hospital workers but also on the issues faced by long-term care settings. Workers in these settings often had no access to protective gear and testing, and in several EU member states, reports emerged of ambulances never arriving at long-term care facilities as health systems crumbled under the influx of COVID-19 patients. At AGE Platform Europe, we have been denouncing triage and other forms of ageism since the onset of the pandemic, and we emphasize that these tragic events need to be a starting point for rethinking the systems that one in five of us rely on during the final years of our lives. During the first lockdowns, people applauded from their balconies to celebrate those who were struggling to maintain health systems and the economy of necessities as others stayed home. That energy needed to transform into real change.

In 2021, the European institutions drew up an important report on long-term care that paints a bleak picture of the sector: almost half of people in need of some form of care do not access it, primarily for financial reasons. Only one in three people in need of care had access to care services in their homes. In 11 EU member states, 60 percent of people using care services were at risk of poverty even after public support: in many member states, the costs for long-term care exceed the average pension income. The majority of long-term care — an estimated 80 percent — is provided by informal carers (unpaid relatives or friends often taking time from their careers to fill a gap unfilled by formal services). Most of these carers are women. Also, compared with men, women spend more of their lives in poor health and have a higher life expectancy. Consequently, shortcomings in care are primarily hitting women, creating an additional gender inequality. Staff turnover, understaffing, lack of training, and a large part of care relationships in the gray economy make the picture even bleaker. Adding on this, occasional lack of awareness and tracking of abuse and neglect, overmedication and use of restraints on people in need of care make it look outright dark.

Later on, scandals erupted about the conditions of both state-subsidized and expensive private residential care facilities in France, Belgium, and Germany. Journalists uncovered practices of undernourishment, neglect, shady real estate deals, and the sabotaging of social dialogue. This raised the question of the role of private-equity firms in a sector providing a public good and benefiting from public money.

Moving from Paternalistic Welfare to a Rights-Based Approach to Care

At the United Nations, we advocate for the human rights of older people and for anchoring in an international convention that human rights apply to all people regardless of age. With the experience of the power of taking a rights-based approach to ageing policies, AGE realized that the narrative of a failing system needed to be turned around. Neither people in need of care, nor their families, informal carers, care workers, or even care providers, are finding current care systems suitable because these systems are focusing only on addressing biomedical needs and "managing" patients, rather than empowering them to enjoy all their fundamental rights.

A rights-based approach would call for redesigning a care context: rather than fitting people in need of care into the strictures of a particular care service, each person's right to live independently and their individual needs and aspirations must be at the center of their long-term care. We developed a vision of care based on the right to independence and autonomy, which would universally empower people in need of care to participate and contribute to society. Rather than being seen as a terminal stage, care must be designed for rehabilitation with a vision of (re) integrating each person into society — even if that goal is not ultimately achievable.

Designing care systems from this standpoint means emphasizing prevention of care needs by promoting healthy habits; adapting environments (in particular housing and urban settings) to the accessibility needs of people with disabilities; and investing in affordable, high-quality home-care services. It should not be the necessity, but rather the informed will of people in need of care that

determines how they will be cared for. It means taking the people in need of care seriously and including them in all decisions that concern them. This also means increasing the training of formal and informal carers, introducing high-quality management, and monitoring them appropriately. Furthermore, long-term care must be funded through social protection to reduce inequities in access and lack of financial ability, that too often have the same root causes as the care need itself.

A rights-based approach to ageing policies, AGE realized that practice does exist. Recently, AGE Platform helped a provincial government from the Spanish region of Biscay (Basque Country) to develop a care model based on empowerment, in a document that can be applied to other logistical, demographic, or legal contexts. Reports of participative care homes, going as far as having residents take part in job interviews for new staff, have emerged as well. These show that the change we are calling for is achievable, desirable, and — not the least important argument — fundable.

Can Europe Steer the Ship Toward a Rights-Based Approach?

Recently, the European Commission presented an EU Care Strategy, adding to other policy frameworks from the UN and the World Health Organization as part of the UN Decade of Healthy Ageing and the Madrid International Plan of Action on Ageing. The Care Strategy is the first formulation of a policy on long-term care, anchoring it as a service of general interest (the EU lingo for public services) based on the fundamental and social rights of a person. The Care Strategy addresses many of the issues outlined: affordability, availability, quality, support for informal carers and working conditions, and training of professional carers. Yet it remains a menu from which member states can choose their priorities and areas for action.

The European Care Strategy is an opportunity for change; however, this change needs to leave the technocratic corridors of discussions between governments and move into European societies. If the COVID-19 pandemic was a wake-up call, it is now important to stay awake and keep the momentum. All of us are aging, so all of us will be in need of care or become informal carers for people close to us — if not both. Therefore, action and investment in these areas are not welfare; rather, they contribute to realizing some of the most fundamental human rights: participation and integrity. ●

The change we are calling for is achievable, desirable, and — not the least important argument — fundable.



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The Experience of COVID-19 in Singapore

An unprecedented global response to the rapid spread of SARS-CoV-2 has been crucial to reducing COVID-19 associated mortality as well as to limiting the burden on health care systems. Singapore's contribution to the international effort has included sharing our experiences in the medical management of COVID-19, public health communication, tracking SARS-CoV-2 variants, and other observations with the global community while simultaneously learning and adapting best practices based on other countries' experiences.

Singapore showed exceptional leadership in COVID-19 containment, as demonstrated by our low rate of new infections in the initial months of the pandemic. This was achieved by gaining the population's trust and cooperation, implementing evidence-based mitigation measures and frequent public updates from scientists, clinicians, policy makers and political office holders. Despite Singapore's quick whole-of-government response to COVID-19, infections subsequently spiked and the country's health care assets were tested.

As in much of the world, Singapore observed that older persons and other residents of congregate housing were the groups most affected by the pandemic. Elder care settings were especially vulnerable because high levels of frailty make elderly residents more susceptible to severe COVID-19 infection. Also, crowded shared living areas made it challenging for facility operators to effectively prevent the virus from spreading. A surge in cases among foreign workers living in high population densities in April-May 2020, further demonstrated the built environment's large role in SARS-CoV-2's transmission.

Prior experiences with public health emergencies informed Singapore's response. Following the 2003 outbreak of Severe Acute Respiratory Syndrome (aka SARS-CoV-1), Singapore established a pandemic taskforce and invested heavily to enhance existing infrastructure for infectious disease prevention and preparation. These measures were refined when Singapore experienced H1N1 influenza and Zika virus outbreaks in 2009 and 2016, respectively.

WHO declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC) on 30 January 2020. Ten days prior (20 January 2020) Singapore implemented border screening and isolation of patients with pneumonia. Singapore's first confirmed case was on 24 January 2020 by which time a multi-ministry task force had already convened, quarantine of travelers from China was in place, as was enhanced border screening, isolation for those infected, and active contact tracing. The rapid deployment of these measures in the early months of the pandemic prevented the health care system from being overwhelmed. As a consequence, lives were saved.

In March 2020 local transmission increased, presumably the result of asymptomatic travelers importing SARS-CoV-2, leading to a change in the screening of travelers. The situation further evolved in April 2020 when infection rates increased in both long-term care facilities (LCTFs) and in foreign worker dormitories, which raised concerns regarding the capacity of existing measures to prevent spread in congregate settings.

The rapid deployment of these measures in the early months of the pandemic prevented the health care system from being overwhelmed. As a consequence, lives were saved.

What Happened to Older Persons?

Despite LTCFs' strict visitor restrictions in early March 2020, COVID-19 cases spread among six dispersed LTCFs; 14% of the country's total number of deaths from the virus were cases linked to LTCFs in April 2020 (Tan LF, 2021). To ensure the safety of the older population, the Ministry of Health reinforced a set of robust actions to halt virus transmission: proper hand hygiene, environmental disinfection, routine swab testing of residents and health care workers, social distancing, quarantine of contacts, coordination with acute hospitals, and admission policies. Visitation restrictions including stopping LTCF visits for three months were implemented to enforce social distancing and limit new introductions of SARS-CoV-2 into the facilities (Calcaterra et al 2022).

The Built Environment

Through an empirical study (Von Seidlein and et al, 2021), we also learned that living conditions among migrant workers residing in crowded dormitories exacerbated the widespread transmission of the virus. Their infection rate in April 2020 was three hundred times greater than that of the local residents. Their sanitation facilities and kitchen spaces were shared, and some users practiced poor hygiene. This type of built environment presented critical challenges to standard prevention strategies and control measures. These events have emphasized the government's role in active reforms of building codes and health care systems to create more inclusive and healthy cities for all of society.

Experts on designing health care and housing for older persons have developed several design guidelines for acute, long-term care, and senior housing during COVID-19. Recommendations include better air flow, effective ventilation strategies, provision of improved spatial plans that allow people's safe movement and flow, controlling high traffic places, easy outdoor access, creation of smaller clusters/community within a large congregate housing, cleaning protocols for high-touch surfaces, and embedding technologies (MASS design, 2021). Touchless touch points or reducing the use of high-touch areas such as elevators is also recommended, for example through improving existing stairs to encourage the use of other means of egress or inserting common spaces on each floor to allow people to gather without frequently traveling to other floors. Built environments should be co-developed with facility operators seeking input from Infection Prevention and Control Specialists integrating their insights to design and operate outbreak-safer facilities. To prepare the health care environment for future pandemics, the environment should be versatile to meet a variety of needs and designed for flexibility (Arup and HKS, 2021, and CPG, 2022).

Social Isolation

Although strict social restriction measures have limited the pandemic's spread, these measures caused unintended consequences. Older persons especially have suffered from a lack of physical activities, limited access to services, social isolation, and disruption in the continuity of their care. Social restrictions contributed

to a decline in physical, mental, and cognitive health (Sepulveda, W, 2022, and Menze, 2022). While Singapore managed the morbidity and mortality of COVID-19 better than most countries, the measures utilized led to people facing social isolation, and disruptions in access to nutritious food, medical care, and supportive services (Yu, J., Mahendran, R, 2021). It also shed light on inequities that older people face when they do not have an adequate living environment after hospital discharge, which is especially crucial for those without family support. Even before the pandemic, many older persons struggled with lack of social and financial resources to afford their everyday life expenses, health care, and other necessities. These challenges were not created by SARS-CoV-2, but the pandemic exacerbated these pre-existing conditions. As a result, inequalities experienced by older persons in Singapore deepened.

Recommendations

Drawing from public information available as well as informed knowledge by both medical and design communities, this section provides a set of observations and recommendations for the future.

- Whole-of-government approach is critical. It enables swift and effective strategies to control infections at a country level. In this way, government can more efficiently coordinate inter-governmental networks and collaborate with local organizations that have direct contact with and the trust of older adults.

- Expand capacity during peacetime to prepare for future pandemics. Examples are securing space and refining programs for quarantine and isolation, and developing more robust and agile public health structures.

- Develop model scenarios and undertake drills to test pandemic preparedness, including implementing regular “war games“ exercises.

- Ensure an effective supply management system is in place for future pandemics with well-considered contingency plans. Stockpile necessary equipment and supplies in a strategic manner.

- Conduct peace time pandemic preparedness education and drills for citizens to optimize the general public’s understanding of their role when an emergency occurs.

- Develop robust epidemiology and basic science systems to ensure that applied solutions are evidence-based.

- Coordinate the efforts of architects, developers, planners and other built environment and health care professionals.

- Design safe and accessible housing and neighborhoods that promote health and well-being via access to fresh air, healthy foods, health care, etc.

- Be intentional about designing to meet the space’s unique purpose, ventilation capacities, and types of users, since infection prevention and control measures are specific to each built environment.

- Prepare for future pandemics by planning for accessibility and safety of the home environment and the infrastructure of neighborhoods during a lockdown.

Singapore's narrative provides an opportunity to better prepare for future pandemics.

Conclusion

Singapore's narrative provides an opportunity to better prepare for future pandemics. This article shared Singapore's recent experience from both an infection control and a built environment lens. While many countries implemented similar measures to address COVID-19, Singapore's immediate and strict application of these efforts limited the virus's spread compared to other countries. The investment in future pandemic planning following SARS in 2003 allowed for the prompt implementation of measures and ensured their success by facilitating citizen adherence to those measures. Sociocultural values which place an emphasis on protecting older persons informed the prompt response to secure the safety of LTCFs. And lessons were derived around the increased vulnerability of residents and staff in congregate settings and design strategies that facilitate resilience. ●

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Healthy Aging and Well-Being at Work: Opportunities for Action

As we recover from the pandemic, we have a unique opportunity to rethink how we live and work. Workplaces can play a pivotal role in protecting and advancing the mental health and well-being of older workers. In doing so, they will help an often-overlooked population thrive at work, at home, and in the community. They will also foster more resilient and successful organizations.

In October 2022, I issued the *Surgeon General's Framework for Workplace Mental Health and Well-Being* which offers employers of every size and across every industry evidence-based guidance to support the mental health and well-being of all workers.[1] Building on a foundation of five Essentials, the *Surgeon General's Framework* calls on organizational leaders to reexamine how they protect workers from harm, foster a sense of connection and community, show workers that they and their work matter, support work-life harmony, and create opportunities for growth and learning. These five Essentials are especially important for workplaces that employ older workers and want to recruit and retain older workers in years to come.

Participation in the US workforce for those ages 55 and older has trended upward for the past two decades and is projected to increase through 2030.[2] For the older age segment of 65 to 69, labor force participation was approximately 25 percent in 2000 and is expected to reach nearly 40 percent by 2030.[3] Nearly 11 million Americans ages 65 and older are now in the labor force (working or actively seeking work) as of 2021.[4] The average reported retirement age has increased from 57 in 1991 to 61 in 2022.[5] These profound shifts in the workforce make it imperative that employers ensure older workers have the resources necessary to support workplace well-being and to thrive at work. The *Surgeon General's Framework*, through its five Essentials, lays out how this can be done.

The Five Essentials

First, employers can **ensure protection from harm** for older workers by prioritizing their physical and psychological health and safety. For example, workplace leaders can encourage time off for mental health care and support workers' access to mental health and substance use care. Another way workplace leaders can support protections for older workers is by enforcing existing rules and laws designed to protect them from discrimination. This includes the Civil Rights Act of 1964, the Older Americans Act of 1965, the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990.[6] Age-inclusive workplace policies and programs are effective only if the institutional culture surrounding them is equally inclusive. Unfortunately,

Organizations can create structured time for social gatherings and initiatives to foster sharing of diverse lived experiences and for peer support and mentoring by older workers.

age-based discrimination remains pervasive in the workplace. Nearly 80 percent of older workers surveyed by AARP in 2020 reported that they either saw or experienced age-based discrimination on the job — the highest level since 2003.[7] Employers can review existing workplace diversity and accommodation policies to ensure they encompass age and disabilities. Doing so protects both the rights and the well-being of older workers and places them on equal footing with their colleagues.

Second, workplace leaders can champion a culture of feeling valued and **mattering at work** for workers of all ages. This begins by regularly communicating these values across an organization to redefine how older adults are viewed and valued in the workplace, and to promote healthy aging and well-being at work. Leaders at all levels can consider sharing their own stories and challenges in grappling with ageism. Employers can proactively promote healthy aging via platforms such as AARP's Employer Pledge Program. This program acknowledges their commitment to an age-inclusive workforce, to demonstrating efforts to provide equitable opportunities for workers of all ages, and to valuing the perspectives and skills of experienced workers. Finally, leaders can involve older workers in shaping mission statements, values, and cultures of gratitude and can recognize their roles in achieving organizational goals.

Third, employers can **support measures that allow for work-life harmony** for older adults. Nearly 54 percent of people ages 50 to 80 are caregivers who say they've helped a senior adult with health, personal, or other care tasks in the last two years.[8] Others may be returning to work after injury or unemployment or living with chronic illnesses or a disability.[9] Supportive workplace policies, in addition to paid family and medical leave and paid sick leave, can include scheduling flexibility, remote or hybrid work arrangements, part-time or temporary work, elder care subsidies, retirement counseling and phased benefits, job accommodations, transportation assistance, and antidiscrimination protections, particularly for caregivers.[10, 11] Leaders and managers across all organizations can learn how to communicate about work-life challenges and the resources available to support their staff.

Fourth, employers can **build opportunities for workplace connection and community**, which researchers have associated with greater worker engagement, retention, productivity, creativity, and a sense of belonging and well-being.[12, 13] Organizations can create structured time for social gatherings and initiatives to foster sharing of diverse lived experiences and for peer support and mentoring by older workers. Cultivating meaningful work relationships can reduce stress and anxiety at work and can support healthy aging. This is

It is about our broader societal obligation to ensure that all workers across the life span know that they matter and that their work matters.

especially important with more remote work arrangements today where many teams must adapt to how they communicate, collaborate, and build strong connections in virtual environments. In this regard, employers can communicate the value of social connection at work and support the contributions of older workers to nurturing these relationships.

Fifth, workplaces can provide **opportunities for professional growth and learning** for older workers. A 2022 AARP survey found that despite their willingness to learn new skills, fewer adults ages 50 and older had participated in training and education programs at work.[14] Leaders should cultivate a culture of learning at work and should include older workers in training, education, and career advancement. The US Department of Labor's Senior Community Service Employment Program, the nation's oldest work-based skills training for older adults, offers valuable resources for employers. Investment in this area also includes leadership, management, and mentoring and coaching programs that can support worker engagement, satisfaction, and retention.[15, 16]

Ultimately, although workplaces will each have different abilities to offer certain financial, health, and wellness benefits and programs, all workplace well-being initiatives must be shaped by the voices of workers themselves, including those of older workers. By prioritizing and investing in efforts to address older workers' well-being, organizations can experience valuable returns. Numerous studies over the past few decades have shown that when organizations invest in workplace mental health and well-being, they see higher productivity, improved retention rates, and lower organizational costs, including reductions in illness-related absenteeism and annual health care claims.[1, 17] The evidence is clear: A healthy workforce is the foundation for both thriving organizations and healthy communities.

A Societal Obligation

Our responsibility to remake workplaces into spaces that support mental health and well-being for a growing cadre of older workers in the United States today is about our broader societal obligation to ensure that all workers across the life span know that they matter and that their work matters. This call to action is in alignment with the United Nations' *Decade of Healthy Aging* (2021–2030) and the National Academy of Medicine's 2022 Consensus Report: *Global Roadmap for Healthy Longevity*. Both initiatives underscore the imperative to provide greater support to older people, including by focusing on the role of work environments in mental health and well-being.[18, 19]

Employers have a powerful role in creating a culture of well-being for older workers. Employers can look to older workers as leaders and can empower these valuable managers and mentors with the resources to drive policy and program changes. They can give older workers the same opportunities for growth, support, and success as they give their younger colleagues. The benefits of doing so — of building a safe, healthy, multigenerational workforce — will accrue to individuals, organizations, and communities alike. And it will enable us to take an important step toward building a healthier, more resilient, and more inclusive society for all. ●

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Who's Working Longer — and Who's Left Behind? Good Jobs Make Delayed Retirement a Healthier Option

As Americans' life spans have increased, so have expectations of longer working lives. At first glance, raising retirement ages sounds like an ideal response to population aging and a solution to the problem of retirement security. People need income for more years of life — more years of work could provide it.

At second glance, the problems swim into focus. Policies that promote working longer assume that most Americans can indeed delay retirement, extending their working lives through their 60s and into their 70s or even beyond. When we began our research in this area, we assumed that, too.

But then we started to ask this key question: Who's left behind? The answers form the core of our edited book *Overtime: America's Aging Workforce and the Future of Working Longer.*[1]

The reality is that delayed retirement isn't a solution for a large and growing proportion of Americans. Poor health, family caregiving responsibilities, age discrimination, precarious working conditions, and unstable employment make it difficult or impossible for many Americans to work into their 60s or beyond. In our own research, we find that only half of older US adults are steadily employed throughout their 50s — and those who lack steady employment in their 50s are much less likely to be working in their 60s.

As it stands, many jobs aren't designed to support older workers. More than that, many jobs aren't designed to support *anyone*. Jobs that feature high turnover, sustained physical demands, unpredictable schedules, low pay, few benefits, and few protections are bad for workers of all ages, and they certainly don't pave the way for delayed retirement. What would jobs need to look like to make working longer not only feasible but healthy for more Americans?

Change the Work, Not the Worker

Health and job quality are deeply intertwined. There is increasing recognition that work is a major social determinant of health. Job quality affects workers' health; their health, in turn, affects their ability to keep working productively. Better jobs should help to support longer and healthier working lives.

In recent years, many employers have created wellness programs, often a combination of health screenings and wellness activities, with financial incentives for participation. They've become enormously popular: workplace wellness programs cover more than 50 million US workers.

Health and job quality are deeply intertwined. There is increasing recognition that work is a major social determinant of health.

Unfortunately, increasing evidence shows that typical workplace wellness programs don't actually do what they intend. Recent research that randomly assigned employees to wellness programs found almost no effects on the employers' medical spending, employees' productivity, or employees' health.[2]

The trouble is that workplace wellness programs are essentially designed to change individuals, not the wider systems or structures. A meditation program or a yoga class might aim to help workers cope with a stressful working environment, for example. There's nothing wrong with meditation or yoga. But to really improve workers' well-being, employers need to change the working environment. That is, they need to change the work, not the worker.[3]

What Is a Good Job?

So what does a good job — a healthy job — look like?

It should go without saying that fair pay, reasonable benefits, and safe working environments are basic. Sadly, these characteristics may be basic, but they are not universal. To take just one example — retirement benefits — about half of all US workers have no employer-provided retirement plan.[4] Consequently, more than a third of workers ages 55 to 64 have no retirement savings at all.[5] Similarly, large fractions of older Americans face jobs that feature low pay, heavy physical demands, or high turnover.

But let's take those basics as read. To those fundamental characteristics we add three work design principles:

- **Control at work:** Give workers more control of how, when, and where work gets done.
- **Tame excessive work demands:** Reduce time pressure from just-in-time scheduling and 24/7 expectations.
- **Improve social relationships at work:** Foster supportive relationships and create conditions for effective teamwork.

These three principles are rooted in years of research and encapsulated in the Work Design for Health Toolkit (workwellbeinginitiative.org) that one of us was involved in developing. The toolkit provides guidance for employers to implement these principles, with plenty of real-world examples of success.

These higher standards can raise the floor under job quality for workers of all ages and make working longer a better option.

Not all job quality improvements are costly. One theme in our research is that minor changes to working environments — changes that are relatively inexpensive for the employer — can have substantial effects on workers' experience.

For instance, researchers worked with Gap Inc. to improve schedule stability. Many retail employers use "just-in-time" schedules to try to match employee staffing to customer demand and keep the wage bill low. Unsurprisingly, schedules that are announced only a day or two in advance, changing from day to day and week to week with little control by the worker, are hard on workers' finances, families, and health.[6]

In this randomized trial, some Gap stores gave workers better schedules.[7] They created more consistent shifts, with similar daily and weekly start and end times; they provided more adequate work hours for some part-time employees; and they enabled more employee input into scheduling through an app that allowed associates to swap shifts without manager involvement.

The result for sales associates was better sleep quality and less stress. The result for the business was higher sales and labor productivity, driven by better retention of experienced employees. It was a small change with big results.

Why Should Employers Care?

There's an enormous amount of research on work redesign and a vast literature on what employers should do to improve workers' well-being. The billion-dollar question is this: What motivates employers to create better jobs?

Some employers see the business case for good jobs. As in the case of the Gap study, work redesign often improves workers' job satisfaction and reduces staff turnover, which can be costly. In some cases, though not all, improvements in the work environment also result in measurably greater productivity and higher profits. It is clear that employers can choose to be "high-road" employers and still make a profit, perhaps even greater profits than if they choose the "low road."[8]

It would be naïve to believe that enlightened self-interest is powerful enough to convince all employers to choose the high road. That's why public policy can play an important role in improving minimum standards, including higher minimum wages, flexible and portable retirement plans, paid leave, physical safety, and protections for worker organizing. These higher standards can raise the floor under job quality for workers of all ages and make working longer a better option.

But there are things governments cannot realistically legislate, including many of the details of work redesign. That's why we say that job quality requires both public and private action. Recognizing that work is a major social determinant of health and well-being, employers and policy makers can make choices that benefit older and younger workers alike — while paving the way for working longer. ●

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Age Inclusion and Healthy Longevity: Building Blocks for Business Success

A focus on employee health must be more than a reaction to the COVID-19 pandemic. A promising development in this regard is increased attention to the business case for healthy longevity. That is a key piece of a related business matter: age inclusion in the workplace.

By "healthy longevity," we mean the state in which years in good health approach the biological lifespan, with physical, cognitive, and social functioning, enabling well-being across populations. Why should this be a subject of central importance to the business world? Because there are substantial benefits — and a competitive advantage — for businesses that invest in workplace health.

Enlightened business leaders know the value of older workers, the productivity of a multigenerational workforce, and the importance of promoting the health and well-being of employees throughout every stage of their careers.

In the United States, we see increasing recognition of the importance of social determinants of health as a critical part of the health care equation. As health care policy encompasses these external factors, such as poverty, housing, access to nutritious food, neighborhood safety, and social isolation, we need to include a healthy work environment on that list.

Social determinants of health drive huge disparities in life expectancy and health care outcomes. These disparities take a profound toll on individuals and on the overall economy. The annual economic cost to US GDP from disparities in life expectancy is expected to reach $1.6 trillion by 2030.

The Value of Older Workers

Abby Miller Levy, managing partner and co-founder of Primetime Partners, a venture capital firm investing in companies that are working to transform the quality of life for older adults, said it well, "Employees appreciate. Machines depreciate."

"Appreciate" strikes two compelling chords in this context. Employees appreciate being treated well — and employees increase in value.

At this time when more people are working longer — because they need to, or they want to, or both — businesses have a great deal to gain from investing in the healthy longevity of their workforce.

These benefits include controlling costs, improving retention, reducing productivity losses, and increasing employee engagement. Businesses that invest in healthy longevity will be in a stronger position to attract and retain talent.

Also consider that many companies are struggling to find qualified workers. A commitment to the health and well-being of employees and a recognition of the value of older workers and a multigenerational workforce are key ingredients in a successful search for talent.

Employers are getting the message — or at least starting to get it. In a survey of 6,000 global employers, the overwhelming majority of global executives said that a multigenerational workforce is a key to success, yet more than half don't include age in their diversity and inclusion policies.

Myths vs. Reality

Myths about older workers hurt these workers — and hurt the bottom line. Older workers have the highest levels of engagement. They bring expertise, institutional knowledge and loyalty, wisdom, experience, higher rates of retention, the capacity to serve as mentors and much more. Yet age discrimination in the workplace is still a serious problem. A 2022 AARP research survey of nearly 3,000 people found that 91 percent said age discrimination against older workers is common.

AARP Survey of Age Discrimination in the Workplace

91% of people surveyed agreed that age discrimination in the workplace is common.



Research shows that multigenerational teams increase productivity and engagement, and lower absenteeism. These teams have better market insight.

Employers can stimulate intergenerational collaboration by dispelling harmful stereotypes about older workers, including the belief that older employees can only thrive in a traditional workspace. Workers across the age span have proven adept at teleworking, once again dispelling the myth of older workers as technophobes. This realization will have lasting consequences. Meanwhile while it is true that younger workers, who are perennial early adapters, are more likely to be mentors in tech solutions, older workers can share their expertise, institutional knowledge, and experience. This makes for a powerful combination. An age-based digital gap is often exaggerated, but it is shrinking as various age cohorts grow older and as technology becomes ubiquitous.

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What can employers do to create and support multigenerational teams? For starters, they can include age as part of their diversity, equity, and inclusion programs. When it comes to getting the work done, one of the best ways to facilitate collaboration is to take very deliberate steps to build multigenerational teams for specific projects. For example, organizations can bring together workers with various competencies to tackle a specific problem or design and develop a new strategic plan. Creating mixed-age project teams where possible, can increase the diversity of thought, experience, and problem-solving ideas. This approach leads to greater innovation.

Other key components for building and sustaining a strong multigenerational workforce include: Staying alert for unconscious bias; promoting training opportunities; and being deliberate about knowledge transfer.

Employers can take a number of steps that intentionally promote healthy longevity. They can help employees achieve a desirable work-life balance by instituting and sustaining flexible work schedules. They can adopt job sharing for certain positions.

They can put in place policies that meet the caregiving needs of their employees, something AARP does by offering 80 hours a year of caregiving leave on top of other benefits for AARP employees.

For older workers, indeed for all workers, businesses can be proactive as well as responsive in offering opportunities for lifelong learning and for retraining.

For older workers, indeed for all workers, businesses can be proactive as well as responsive in offering opportunities for lifelong learning and for retraining. A key building block for an age-diverse workforce is upskilling and reskilling. An AARP survey found that two-thirds of older workers are interested in additional job and skills training. Companies should make sure reskilling and upskilling opportunities are offered in such a way that it is easy for older workers to take part. This includes asynchronous opportunities that allow workers flexibility in when, where, and how they access training and other forms of education.

An International Hub for Age Inclusion

The Living, Learning, and Earning Longer (LLEL) collaborative, which has more than 100 members, serves as a forum for sharing best practices on healthy longevity as well as other information and policies that support a multigenerational workforce. LLEL also offers an array of research illustrating the powerful business case for healthy longevity and age inclusion in the workplace, providing information and tools for companies to learn from and for staff to use in making the case in their own workplace.

The business case for healthy longevity offers a promising path to business success, employee well-being, and a sound health care policy. Businesses that are visibly committed to healthy longevity and taking tangible steps to promote it will reap substantial benefits as they help to create healthier societies. ●



Scott Frisch
Executive Vice President
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AARP

Building a Competitive Future for All: The Business Case for Healthy Longevity



Resource available online at:

www.aarpinternational.org/healthylongevityworkbook

With the aging of American society, people either need or want to work longer. To successfully support this, workplaces must embrace the demographic and cultural shifts, making changes that promote lifelong well-being and health of employees. Done well, workplaces can inspire purpose, increase productivity, and capture new business growth.

"Building a Competitive Future for All: The business case for Healthy Longevity" is a workbook to guide that journey. Inside executives will find clear examples of changes that can be ushered in to unlock healthy longevity for employees and take advantage of consumer opportunities. Along with strong data on the aging of American society and what it means for businesses, the workbook gives insights for taking advantage of the trends and proven success stories from workplaces that have already adopted new ways of doing business that support healthy longevity.

Digital Discrimination: Addressing Ageism in Design and Use of New and Emerging Technologies

Digital technology is becoming increasingly integrated into everyday life, but aging populations have not fully participated in this technology revolution or benefited fully from today's connected and data-rich world — disparities characterized as the digital divide and data divide, respectively. According to research by FP Analytics (with support from AARP),[1] although 60 percent of the world's population is connected to the Internet, access to digital services is unevenly distributed, especially for older adults and people in low- and middle-income countries. Even within an advanced economy like the United States, 15 percent of adults age 50 or older do not have Internet access and 60 percent say the cost of high-speed Internet is a barrier to access.[2] Lack of digital access kept about 40 percent of older US adults from getting much- needed online services at home during the COVID-19 pandemic. This divide is deeper for women, who in developed nations are 21 percent less likely to be online and in developing countries 52 percent less likely to be online than men.[3] No or slow Internet access is just one of multiple barriers preventing many seniors from accessing or fully benefiting from digital services, which are rarely designed or provided with aging populations in mind or made accessible to people who may have limited physical and/or cognitive abilities.

The need to bridge the divides facing older individuals will only grow over time if patterns of digital discrimination[1] are allowed to persist. Not only are digital services and data applications becoming more prevalent, but the proportion of older adults is increasing due to changing demographics. Globally, there will be 1.4 billion people age 60 years old or older by 2030.[4] Within the United States, by 2034 the aging population is set to outpace its youth with a projected 77 million people age 65-plus compared with the projected 76.5 million people under 18.[5] At the same time, the working-age population is shrinking and is projected to decrease from 60 percent in 2020 to 54 percent by 2080.[6] As older populations grow, it is imperative that societies take steps to ensure that new and emerging technologies bring benefits to all people and do not deepen the digital divide: technology and data must be more accessible and digital fluency improved for everyone.

The Atlantic Council's GeoTech Center is working to identify and communicate what is required so that emerging technologies can enter use widely across the globe for public benefit while also identifying and mitigating potential risks, including to the aging population and underserved communities, globally. The Center thereby is an essential bridge between

To attract, retain, and support a more diverse workforce, companies will need to be deliberate and equitable in creating inclusive working conditions and lifelong learning opportunities to maintain digital literacy.

technologists and national and international policy makers, bringing together subject matter experts, thought leaders, and decision makers through purposeful convenings to consider the broader societal, economic, and geopolitical implications of new and emerging technologies; leverage technology to solve global challenges; and develop actionable tech policy, partnerships, and programs.

As discussed in a recent report,[7] the GeoTech Center shares AARP's concerns about the growing digital and data divides. The data divide can be reduced only if there is optimization in data processing, monitoring, and evaluation of the policies and programs from major stakeholders and alignment of public–private partnerships for social good. Monitoring the growth of digital skills and access to data is especially critical for tracking progress, yet a 2021 study found that of the 150 most influential technology companies, only 12 published impact assessments.[8] Key recommendations for stakeholders — including private-sector firms, governments, and civil society organizations — are the need to train a more inclusive generation of professionals; create new governance structures; and ensure equitable access, tracking, and control over data across society. These recommendations are especially important for aging adults and other demographic groups historically left offline and left behind in the rush to introduce new technologies and services into society.

As seniors become a larger component of the workforce and the importance of digital tools continues to grow, private-sector stakeholders who want to retain and benefit from the value such experienced workers can bring will need to double down on digital upskilling and reskilling for their employees. Moreover, as the proportion of the conventional working- age population declines, seniors and other underrepresented sectors of society will become an increasingly important segment of the workforce. To attract, retain, and support a more diverse workforce, companies will need to be deliberate and equitable in creating inclusive working conditions and lifelong learning opportunities to maintain digital literacy.[9]

It is also important to note that just offering digital literacy lessons is not enough; for the training sessions to be effective, older adults must be engaged and enjoy them. Digital training for older adults works best when they are delivered by institutions that seniors trust and have experience working with. These institutions can range from libraries to religious networks. Additionally, the learning

Among the many distinct needs and preferences to be considered are trust; privacy; and physical abilities including vision, hearing, and dexterity.

programs and instructors themselves must be compatible with the needs of the users. Older adults tend to engage better with instructors who have shared their experiences or are seniors themselves. They also tend to learn better with one-on-one instruction, which can be more personalized than automated training sessions.[3]

Although a range of ongoing activities exist across the public and private sector to bridge the digital and data divides associated with current technology, all sectors need to proactively work together to ensure that future technologies benefit aging populations and do not deepen those divides. For example, as discussed in a 2019 White House report, various emerging technologies have significant potential to assist older adults with successfully aging in place.[10] For these and other technologies to enter into use in ways that achieve that potential, the knowledge, skills, and abilities of seniors (and others historically left behind by technology) must be considered throughout the design process and product life cycle. Among the many distinct needs and preferences to be considered are trust; privacy; and physical abilities including vision, hearing, and dexterity.

Finally, beyond simply considering consumer needs, technologists should include the aging population, caregivers, and others directly in the development process. Having a more inclusive, user-centered design process for a range of technologies should become common procedure — both for technologies used at home and for those essential for success in the future workplace. For technologies to support aging in place, it is important to include older individuals themselves and not just caregivers, recognizing that not all people will have access to caregivers or expensive care resources. Given that most technology is developed with younger customers in mind, achieving this vision of inclusive development will require additional public–private partnerships that can further bridge the gap between a more diverse set of users and developers. Bridging this gap would not only make technologies more effective but also provide increased economic opportunity. People with disabilities, many of whom are seniors, have a total spending power of approximately $6 trillion. Including this population in the design process could encourage them to become future consumers, therefore creating economic value for technology companies.[3] The establishment of additional smart partnerships will be crucial in the next decade if we are to prevent age from being a barrier to benefiting from new and emerging technologies in society and the future of work. ●

Bridging this gap would not only make technologies more effective but also provide increased economic opportunity.

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[8] https://www.worldbenchmarkingalliance.org/publication/digital-inclusion/.

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Achieving Equitable Healthy Aging in Low- and Middle-Income Countries: The Aging Readiness & Competitiveness Report 4.0

Reading this report reminds us of a quote from Wayne Gretzky, one of the world's greatest hockey players: "A good hockey player plays where the puck is. A great hockey player plays where the puck is going to be." This report is great because it points to what the global challenge is expected to be and what issues will need global attention, particularly for low- and middle-income countries (LMICs).

The World Health Organization (WHO) states that two-thirds of the world's population over 60 years of age will live in LMICs by the year 2050 (Ageing and Health, who.int). Not surprisingly, many international fora have recognized the significance of that demographic shift. The United Nations (UN) General Assembly declared 2021–2030 the "UN Decade of Healthy Ageing." However, this recognition of the need to better understand and address the complex problems of aging populations has not yet resulted in globally adopted initiatives that would effectively address aging inequities. This is especially true in LMICs. We applaud the authors of *Achieving Equitable Healthy Aging in Low- and Middle-Income Countries: The Aging Readiness & Competitiveness Report 4.0* for informing the readership about aging inequities in LMICs and for advocating a global call to action. The cost of inaction threatens to be dire not only for LMICs but also globally. As the report eloquently elaborates, aging inequities "manifest in unfair differences among older adults related to gender, race, ethnicity, place of residence (rural and urban) and socio-economic status." This report provides an overview of (a) the situation regarding aging inequities in LMICs and (b) specific challenges in tackling aging inequities in LMICs. It is an up-to-date source of information on current and projected aging trends and on demographic, economic, social, and health characteristics of older populations. It presents insightful conclusions and specific examples of lived experiences across the globe. Eminent authors and contributors have provided the necessary expertise and ensured the highest quality of data presentations, thoughtful analyses, and well-supported propositions.

Another unique aspect of aging in Africa is that the current Sub-Saharan population is remarkably young and is projected to remain so over the next few decades. Given the numerous needs of Africa's children and youth, it is not surprising that issues of the older population receive limited attention.

We have read this report with great interest, given that the Aga Khan University (AKU) serves many LMICs, and its Brain and Mind Institute's (BMI) mission is "Healthy Brain, Healthy World." Indeed, the BMI focuses on mental and brain health. One of the BMI hubs is in Kenya (serving East Africa), which shares a unique set of aging-related challenges with other African countries, including its exceptionally young population and lack of aging-related research/data collection.

The World Bank Africa poverty report (Poverty in a Rising Africa) shows that 7 out of the 10 countries with the greatest inequality are in Africa. This economic disparity contributes substantially to aging inequities. We specifically direct readers' attention to a thorough and insightful description of informal economies, gaps between urban and rural settings, and gender disparities as key factors underlying aging inequities. Clearly, examples of described inequities can be found in all countries, more so in LMICs, but especially in sub-Saharan countries. As a result, older adults in sub-Saharan Africa have shorter life expectancies, suffer higher disability and disease, and often endure severe stigmatization.

Another unique aspect of aging in Africa is that the current sub-Saharan population is remarkably young and is projected to remain so over the next few decades. Given the numerous needs of Africa's children and youth, it is not surprising that issues of the older population receive limited attention. In sum, the elderly are not yet a health policy priority in Africa.

We commend the authors of this report not only for underscoring current challenges and the need for improving resources and services for aging populations in LMICs but also for offering examples of initiatives that can ensure achievable equitable healthy aging in LMICs. This report describes several inspiring programs with a measurable societal impact, such as the National Health Extension Programs in Ethiopia and the Kaundu Community-Based Health Insurance Program in Malawi, both aiming to mitigate rural–urban inequities.

The ethos of BMI resonates with and wholeheartedly supports the key messages in this report. This is especially true regarding the narrative in section IV, titled "Call to Action,"

which concludes that "immediate action is needed to conduct more robust data collection (in LMICs)," since the scarcity of aging-related research in LMICs significantly impairs the creation of interventions that can alleviate aging inequities. Consistent with that, the BMI is in the process of developing a hub for healthy brain aging in Nairobi, Kenya, focused on (a) investigating and addressing biopsychosocial determinants of dementia, (b) aging inequities, and (c) building brain health resilience in East Africa and South and Central Asia. This hub will strive to build the much-needed knowledge base, expertise, and research capacity on aging in East Africa.

Despite extraordinary challenges that the older population in African countries face today or in the future, we would be remiss not to mention opportunities in Africa and lessons we can all learn by better understanding aging in African populations. After all, *Homo sapiens* walked out of the African Rift Valley to populate the world, evolutionarily speaking. Much value and promise are involved in understanding the roots of human conditions.

The explosive growth in the proportion of young people in sub-Sharan Africa presents a unique opportunity to detect and change trajectories early in the pipeline of the aging population. As the report stated, "Supporting today's younger generation empowers tomorrow's older populations." We would like to add that that support must also include the care for youth mental health as a prerequisite for healthy and equitable aging. Furthermore, we propose that mental health of the older population also needs to be discussed in light of aging inequities and thus should be included in upcoming AARP reports.

There are important lessons to learn through ethnographic and anthropologic studies and better understanding of aging in Africa. Families in Africa are a key care system in which older people are embedded and supported (Reference Keating 2011), nowhere more so than in sub-Saharan Africa. A large body of evidence offers strong support for the importance of good social connections. That is, "living with others, weekly community group engagement, interacting weekly with family and friends, and never feeling lonely" (Associations Between Social Connections and Cognition: A Global Collaborative Individual Participant Data Meta-Analysis, PubMed, nih.gov) are all associated with healthier aging.

Given the absence of similarly well-written compendia analyzing aging inequities in LMICs, and because of its scientific rigor, we highly recommend this report to researchers, educators, policy makers, and the general public interested in a better understanding of aging inequities not only in LMICs, but also in middle- to high-income countries. ●



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AARP ARC 4.0: Unleashing Solutions to Achieve Equity in Healthy Aging



Resource available online at:

www.aarpinternational.org/arc4

Building on the previous editions of the Aging Readiness and Competitiveness (ARC) initiative, the ARC 4.0 report examines aging inequity in low-and-middle income countries (LMICs) and aims to remedy knowledge gaps, identify and amplify solutions and leading practices, and contribute to the global endeavor to achieve equitable healthy aging.

Findings and insights were borne from an extensive literature review, interviews with subject-matter experts and older adults, data analysis, and case studies which were conducted by Economist Impact.

This ARC 4.0 report concludes with a set of recommended actions that interested parties from both LMICs and high-income countries can take to address aging inequity in the coming decades.

Inspiration and Insights from the “Village of 5 Million”

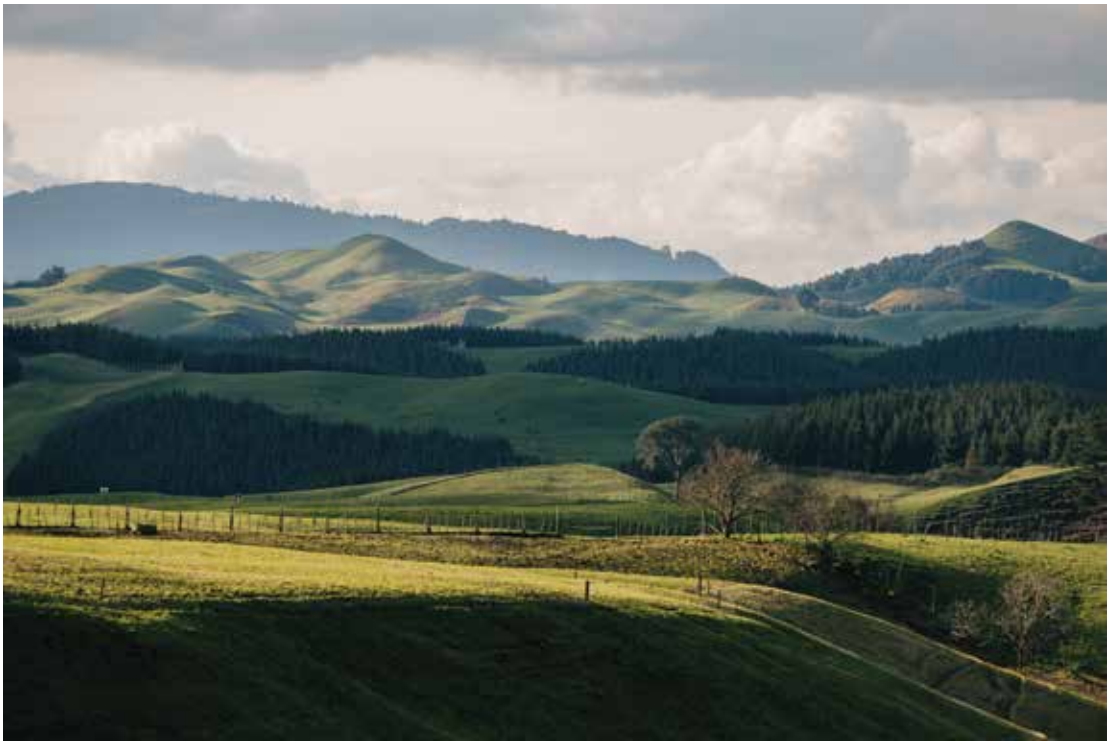


Waitematā Harbour, located in Auckland, connects the city's main port and the Auckland waterfront to the Hauraki Gulf and the Pacific Ocean.

By Debra Whitman, Peter Rundlet, and Holly Schulz

Among the many highlights of our work is the opportunity to go beyond the shores of the United States to learn about the creative and effective approaches to aging embraced by other societies. This fall we traveled across 16 time zones, to New Zealand, where we would investigate the many ways in which that country is successfully fostering healthy longevity.

We hoped to understand more about how the nation is working to reduce the significant disparities that exist among the indigenous Māori people, the Pasifika (Pacific Island) population, and the present-day majority white European population. With the helpful guidance of New Zealand's Office of Seniors, over the course of our journey we went to six cities, had dozens of meetings, and met with more than 100 people to get a better sense of what is working so well. As it turned out, our takeaways captured our imagination, just as the nation as a whole did.



Beauty and Contradiction

When Americans think of New Zealand, they might think of the stunning landscape that serves as the backdrop for *The Lord of the Rings*. Or they may think of the multitudes of sheep that grace that land, or perhaps even kiwis (the fruit, not the rare and famous bird to which the nickname "Kiwi" actually refers). Those especially in the know might also think of rugby and the legendary All Blacks, New Zealand's national rugby team which opens every match with a *haka*, the fierce and intimidating ceremonial Māori war dance.

All of these elements are present (and wonderful) in New Zealand, but what strikes you when you go there and immerse yourself in the culture is the sense of being part of a community that is grappling with its history of colonialism to forge a more equitable future for all who call it home: the indigenous Māori, the majority white Europeans, and the Pacific Islanders who reside there now. To be clear, there are real issues that need to be addressed. For example, the average Māori person lives seven fewer years than their white counterpart — a telling indicator of the underlying disparities that continue to exist between the groups.

But in a society that once outlawed the use of *Te Reo* (the indigenous Māori language), preventing generations from learning their native tongue in an attempt to extinguish the language and associated culture, change is happening. For starters, Māori is now one of three official languages of New Zealand (along with English and New Zealand Sign Language). Several people told us that it is nearly impossible to find an opening in a Māori language class these days due to its popularity; meanwhile, on our trip we witnessed such scenes as government officials learning Māori songs and dances



LEFT The Waikato region of New Zealand's North Island is known for its picturesque landscapes and lush green pastureland. **RIGHT** Staff and trustees of the Rauawaawa Kaumātua Charitable Trust welcome AARP to their facility in Hamilton.

during work breaks. Government agencies, civil society, and private businesses now interject Māori into everything they do, and nearly everyone refers to the country as *Aotearoa* New Zealand, adding the original Māori name. Especially in comparison to the treatment of indigenous populations in other countries, including the United States, there is a genuine sense of cultural embrace.

"Success is Inevitable"

We are unlikely to ever forget our visit to the Rauawaawa Kaumātua Charitable Trust. Thanks to the wise guidance of Dr. Pounamu Aikman, a Māori friend, we arrived with food. This simple act of *manaaki* (hospitality), we were told, is an essential part of Māori custom, and too often overlooked by visitors. Standing outside the gates of Rauawaawa, we were greeted by Owen Purcell and Pare Meha, who are both integral members of this impressive organization that serves the needs of the *kaumātua* (elders) of the region by providing a range of culturally focused and accessible services to enhance their well-being and quality of life.

We were richly rewarded for our small gesture. Above the entrance to this property was a sign — *Te Puna o Te Ora*, or "Spring of Wellness." Pare Meha explained that we were to announce our arrival with a Māori song, which she sang on our behalf. On the other side of the threshold, our hosts invited us to cross and join them with a welcome song of their own. With deep appreciation and quiet solemnity, we entered this special space.

Over the course of the next few hours, we were formally welcomed by Māori elders in their native language, and we exchanged words about our shared purpose to achieve greater understanding. During a tour, we



learned from their CEO, Rangimahora Reddy, about the variety of services and activities Rauawaawa provides. The staff, she explained, try to weave a blanket of services to "wrap around the *kaumātua* to keep them warm and safe." These services include health and well-being services, education and community classes, transportation services, social enterprise and economic opportunities, and more. "As long as the *kaumātua* are involved, success is inevitable," Reddy said.

The Trust was founded in 1997 with the guiding principle that the needs of older Māori may differ from the needs of non-Māori in some respects. Nonetheless, Rauawaawa provides services to Māori and non-Māori alike.

After breaking bread with the community, the inescapable feeling that came over us is one that can only be described in one way: the whole environment is infused with love — and joy. On a journey filled with highlights, our visit to Rauawaawa was among the most memorable, and we left with the knowledge that the center is a model for cross-cultural support services for older people that the rest of the world can learn from.

A Flawed but Enduring Treaty

New Zealand is one of a small handful of countries that does not have a written constitution. Instead, New Zealand has the Treaty of Waitangi, which is the foundational document of highest importance to the country. The treaty, which was initially signed on October 6, 1840, by approximately 40 Māori Chiefs and representatives of the British Crown, purports to establish future relations between the Māori and *Pakeha* (European) communities. Two versions of the treaty were signed, one in Māori and one in English, but they do not align in important



LEFT Trustees from the Rauawaawa Kaumātua Charitable Trust gather with AARP for lunch and a tour of their *kaumātua* (elder) housing. **RIGHT** An exhibit in Te Papa Tongarewa (The Museum of Wellington) on the Treaty of Waitangi examines New Zealand's founding document.

respects, particularly with respect to sovereignty over the land. As a consequence, many disputes ensued and the New Zealand Land Wars of 1845-1972 between the Māori and European colonizers followed. Despite this, the Treaty endures because it guarantees Māori the "full rights and protections of English subjects" and other promises that the Māori would still like to see fulfilled today. More recently, there has been an evident shift in that direction. In the dozens of meetings we had during our trip, there were only a few in which the significance of the treaty was not referenced. During our conversation with New Zealand Minister of Health Andrew Little, he explained that the country "has been on a journey, certainly during the last 40 or 50 years, of trying to honor it."

A New Health Care System for All

We also wanted to understand their health care system. Not long before our visit it was announced that the system would undergo a seismic shift toward a more centralized approach in order to reduce disparities in health care delivery and outcomes across the country. Minister Little described the prior district-based system as "fragmented" and "like a lottery," saying the government was working to "create a system where all New Zealanders have equitable access to public health." The new national health reform policy created *Te Whatu Ora*, Health New Zealand, which is working with the Ministry of Health to implement 26 new priority actions under their Healthy Ageing Strategy. Notably, as part of the transformation, the government also created *Te Aka Whia Ora*, the new Māori Health Authority, to ensure that "Māori have a greater role in designing health services that better meet the needs of Māori."



Health New Zealand has taken a life-course approach and broad view of the social determinants of health. Its strategy provides a mandate, making clear which government actors have responsibility for implementing particular elements of the strategy to reduce the fragmentation and uneven access to care. Nicky Smith, who is the Healthy Ageing Manager and implements the strategy, told us that they were working "to wrap the system around the person," not vice versa.

Significant health, wealth, and well-being disparities continue to exist between the Māori and the majority white population and they won't be eliminated overnight. But the systemic and cultural shifts are encouraging and should be observed over time to assess their effectiveness.

Forward Advance on Aging Policies

Similar to its work in disparities, New Zealand is working hard when it comes to aging issues. New Zealand has one of the longest life expectancies in the world — and, thanks to its effective response to the pandemic, it is one of the few countries in the world that *increased* its average life expectancy during the pandemic. In addition to providing universal health care, New Zealand offers a universal pension to everyone age 65 and older to help ensure that its older adults avoid poverty. Although most experts we spoke to said that it was modest and was falling behind rapidly rising housing costs, the superannuation, as it is known, that is provided to all residents starting at age 65 helps ensure a basic standard of living. New Zealand was also the first country in the world to create a universal automatic enrollment retirement savings system — called KiwiSavers — which is an account that moves with the individual from job to job and



LEFT Wellington's waterfront is a popular place for leisurely walks, cycling, and enjoying panoramic views of the Harbour. **RIGHT** The Civic House is the home to the Nelson City Council in the city of Nelson, a member of the WHO Global Network of Age-Friendly Cities and Communities.

features a default contribution that is supplemented by a government match; savers also have the opportunity to increase their contribution amounts if they choose. While experts agree the system can be made even better, it represents a notable innovation that other countries, including the United States, should emulate and improve upon.

New Zealand has also joined the World Health Organization's (WHO) Global Network of Age-Friendly Cities and Communities, which works at the local level to foster the full participation of older people in community life and promote active aging. We met with Hamilton Mayor Paula Southgate and other local leaders who helped their city become the country's first official community recognized by the WHO. Hamilton has an active and engaged Council on Aging and a comprehensive plan, with 21 objectives and 61 identified actions to achieve their goals. The cities of Auckland and Nelson, which we visited as well, are also WHO Global Network members, and the Office of Seniors is supporting additional communities in becoming age-friendly, as described in their *Better Later Life* strategy. We benefited from an extensive visit in Nelson, where we saw the implementation of the city's "Use our Loos" project, which promotes access to toilets in businesses to support older adults, as well as got firsthand looks at a project that engages older people in volunteerism and service and a terrific program that helps adults with mobility issues get onto the beach, among other innovations.

Every person over 65 gets the Gold Card, which provides access to free public transportation during certain hours as well as discounts off of many forms of entertainment. Moreover, New Zealand leads the 38 member countries of the Organisation for



Economic Cooperation and Development (OECD) in supporting a multigenerational workforce. In April, the Ministry for Seniors released its new Older Workers Employment Action Plan. Minister Ayesha Verrall told us that about a third of seniors over age 65 still work, half of them out of necessity. The government is actively seeking to lower barriers to work for older adults.

Despite all of the encouraging developments, New Zealand — like other parts of the world, including in the United States — is facing challenges in supporting its caregivers. We met with Laurie Hilsgren, CEO of Carers NZ, which had just released its "State of Caring in Aotearoa," a detailed look at the dire situation of overstretched caregivers in the nation. Malia Hamani, of TOA Pacific, a nonprofit organization that focuses on the needs of older Pacific Islanders, told us, "Caregivers are too tired and stretched to march in the streets." Hilsgren said, when it comes to caregivers, "We need a decisive fabulous step forward."

Policy for People

As we reflect on all of our engagements, it is clear that New Zealand's policy makers are energized to improve the lives and well-being of the country's older adults. But the magic of New Zealand seemed to go beyond policy. True to the country's reputation, there was a palpable feeling of community there and a strong sense that people prioritize being friendly and kind. Government officials like Nicky McDonald, Jessica Ettridge, and Bill Huppler gave up their weekends to ensure we got to see and understand all of the ways in which the city of Nelson is age-friendly. We shared laughs with the irreverent and joyous Katie Williams, the founder of the Kiwi Coffin Club, which gathers community members to



LEFT Katie Williams and Ron Wattam of the Kiwi Coffin Club share the unique concept behind their organization. **RIGHT** The Bee Hive, which houses the Executive Wing of the New Zealand government, and the Parliament House are located in downtown Wellington.

create their own beautiful, creative, and fun coffins in order to foster open conversations about death and dying. We visited the phenomenal CARE Village on the shores of Lake Rotorua, which provides world-leading dementia care and housing (based on Holland's *De Hogeweyk* model). And more.

Everywhere we went, we heard people use the Māori word *whanua*. The term literally means "family," but many used it more broadly, as we might say in the US, "my people" or "my tribe." There seems to be a consensus there that New Zealanders should pursue the "common good." In fact, during one of our final meetings, one official from Health New Zealand described the country as "a village of 5 million people."

We couldn't describe it better. ●



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Highlights of the AARP Leadership Tour in New Zealand



In August 2022, a delegation from AARP's Policy, Research, and International team embarked on a two-week learning tour of New Zealand to discover the country's age-friendly initiatives and policies.

During the journey, the team met with more than 100 national and local government officials, academic experts, non-governmental organization representatives, and thought leaders to learn about efforts to improve the lives of older kiwis and their families. Beginning in Auckland and traveling through Hamilton, Rotorua, Nelson, and Wellington, the team discovered a deep commitment to inclusivity, with policies and research centered on addressing the social, economic, and health disparities faced by older adults across New Zealand.

ABOVE AARP meets with the team at Te Puia and the New Zealand Māori Arts and Crafts Institute (NZMACI).

OPPOSITE PAGE AARP spent time learning about the older Māori community with the Rauawaawa Kaumātua Charitable Trust and older populations in Auckland with the team at Age Concern Auckland.





Government Strategies and Programs

Better Later Life (He Oranga Kaumātua) 2019 to 2034
Better Later Life is the primary mainstreaming strategy for aging in New Zealand. It aims to prepare the country for 2034, when over one-fifth of New Zealand's population will be age 65 or older. Better Later Life focuses on 10 initial actions to enhance financial security and economic participation, promote healthy aging, and improve the accessibility of the built environment for older people. Every three years the government lays out its priorities and commitments to deliver on the Better Later Life Strategy through action plans. The current action plan identifies additional priorities and corresponding actions to support employment, housing, and digital inclusion among older adults. Implementation of the plan is monitored by a set of indicators and reported on every two years by the Office of Seniors.



Outdoor exercise equipment in the city of Nelson.

One project that is going especially well is the strength and balance training for older residents. The classes are held outdoors using exercise equipment installed in our parks and they have been so popular they are expanding into new locations.

— Nicky McDonald
Group Manager Strategy & Communications
Kaiwhakahaere Rōpū Rautaki me te Whakapā
Nelson City Council | Te Kaunihera o Whakatū

Hamilton Age-Friendly Plan 2021-2024
Hamilton was New Zealand's first city to join the World Health Organisation's Age-Friendly Network of Cities and Communities, in 2018. The Hamilton City Council collaborated with community agencies, organizations, and businesses to develop the Hamilton Age-Friendly Plan 2021-2024 which has more than 40 actions involving dozens of local groups and organizations. The Plan's implementation is being overseen by a group of experts in older people's issues. This group reports to Council every six months, and there are also bi-annual updates on the Plan's implementation provided to the Council's Community Committee.

PHOTO: NELSON CITY COUNCIL

Nelson's City for All Ages Strategy (He Rautak Whekatupuranga)
The City for All Ages Strategy seeks to make Nelson a community where older adults can live healthy and fulfilling lives. Life expectancy in Nelson is among the highest in New Zealand, and adults aged 65 years and older make up over 20 percent of Nelson's population. Developed by a community steering group with support from Nelson City Council, the plan seeks to ensure Nelson is an age-friendly city for this growing population. Innovative actions include the creation of a coalition of agencies aimed to support the continued employment of older workers and the development of an Active Transport Strategy that addresses the travel needs of older adults.



Deb Whitman with Paula Southgate, Mayor of Hamilton Kirikirioa.

New Zealand Carers' Strategy
Initially launched in 2008, the New Zealand Carers' Strategy aims to improve support for the nearly 1 in 10 New Zealanders serving as an informal carer for a friend or family member with a disability, health condition, illness, or injury. It was developed through a partnership between the government and the New Zealand Carers Alliance. The implementation of the Carers' Strategy is supported by five-year action plans. Mahi Aroha (Carers' Strategy Action Plan 2019-2023) is the third action plan launched to support the strategy. Mahi Aroha seeks to address ongoing issues highlighted by carers, including the need for respite, greater recognition, improved flexibility, greater employment opportunities, accessible and quality support services, and financial assistance. In addition to guiding the implementation of the Strategy for those years, the latest plan provides a new focus on target populations and a family, whānau, aiga-centered approach to the strategy's implementation.



A wonderful discussion with the Office of Seniors team.

NGO Strategies and Programs

Abbeyfield New Zealand
Abbeyfield New Zealand is a nonprofit community housing provider for older adults without major mobility or health issues. Founded in 1992, the organization is part of an international network which was first started in the United Kingdom. Today, Abbeyfield New Zealand owns and operates 14 homes that house 161 older adults across New Zealand. Abbeyfield's homes are designed to promote independent co-living arrangements, where residents can enjoy the companionship of their fellow residents without worrying about managing a household. Residents are accepted based on need and suitability. Affordability is a key goal of Abbeyfield, as there are no capital entry fees and rent set below National Superannuation.



Meeting with Stephen Neville (right) and Matthew Carroll (center), co-directors of the AUT Centre for Active Ageing.

Age Concern New Zealand
Age Concern New Zealand is a national non-governmental organization that both provides services to advocates for the rights and dignity of older people. It is made up of 34-member council located around New Zealand. Each local Age Concern branch offers a range of support services and social activities for local members, including home-visit services to combat loneliness and isolation, elder abuse response services, nutrition programs, exercise classes, and drivers' education courses for older adults.



Closing out our learning tour in good company – with Karen Billings-Jensen, Chief Executive, and staff of Age Concern New Zealand.

Auckland University of Technology Centre for Active Ageing
The Centre for Active Ageing (ACAA) is an interdisciplinary research center on aging housed at Auckland University. The inception of the ACAA began in 1999 as the Active Ageing Research Cluster. It became the ACAA in 2016. The ACAA research team includes university researchers in health, sports, and social science, in addition to student researchers and

research affiliates from other universities, and community members. Research priorities of the ACAA are co-designed with older people to ensure their voices are represented in research and results are translated into community benefits. Current research projects are focused on inclusive and equitable aging, the negotiation of health issues, and age-friendly communities.

Carers New Zealand

Carers New Zealand (NZ) is a national nonprofit network of approximately 490,000 carers (caregivers) and supporting organizations. The organization provides information, advice, and support for New Zealanders who care for a family member or friend with a disability, health condition, injury, or illness. Carers NZ also acts as the Secretariat for the New Zealand Carers Alliance, a group of 40 charities and non-governmental organizations that played a key role in developing the Carers' Strategy. Additionally, Carers NZ oversees special interest groups such as Young Carers New Zealand, a program that supports young people and children in caring roles. Other special interests overseen by the organization include CareWise, an advisory and support service for employers and working age carers, and weconnect.nz, a discovery portal aimed to help New Zealanders feel more connected to their communities.



An Insightful discussion with Laurie Hilsgen, CEO of Carers New Zealand (center) and Malia Hamani, General Manager of TOA Pacific (second from right).

Centre for Co-Created Ageing Research (CCREATE-AGE)

The Centre for Co-Created Ageing Research (CCREATE-AGE) is a transdisciplinary gerontological research center hosted by the faculty of the Medical and Health Sciences at the University of Auckland. Created in August 2022, CCREATE-AGE is focused on achieving equity in New Zealand, with a particular focus on Māori and Pacific populations. The center's research also seeks to contribute to the sustainable development goals. The center will take a co-created approach to its research, defining

research objectives and methodologies with its subjects. The center has secured funding through 2026.

HomeShare For Her
HomeShare for Her is a housemate finding service connecting with women who have a home to share with women who need a home. This joint initiative by Community Action Nelson and Nelson Women's Centre is currently being piloted in Nelson. It seeks to provide women with access to affordable and decent housing. Although HomeShare is not designed specifically for older women, a majority of the women registered are age 60 or older.

Grey Power
Grey Power is an advocacy group working to promote the well-being of New Zealanders aged 50 and older. Grey Power was founded in 1986 to organize older adults around the abolishment of the surtax on Superannuation (New Zealand's social security system). Today, Grey Power is made up of 73 local organizations. These local associations are supported by volunteer committees, who are advocating on behalf of older people in areas such as aged care, energy, health, emergency management, transport, housing, retirement income and taxation, social services, and telecommunications.



Meeting with Health and Disability Commissioner Morag McDowell (center) and Aged Care Commissioner Carolyn Cooper (left).

Rauawaawa Kaumātua Charitable Trust
Rauawaawa Kaumātua Charitable Trust is a nonprofit focused on providing Māori people aged 55 years and over with health, social, and educational services within the city of Hamilton (or Kirikiriroa in Māori). The trust is led by Kaumātua (Māori elders) and serves over 600 people, over 80 percent of whom are Māori. The services offered are culturally appropriate, with delivery centered on connecting the older person and their whānau with appropriate community health services, exercise programs, or



A welcome ceremony at the Rauawaawa Kaumātua Charitable Trust.



The CARE Village of Rotorua is an innovative aged care facility designed to reflect lifestyles that are 'normal' to New Zealanders.



Touring The CARE Village with Chief Executive Thérèse Jeffs (second from left).

social activities. Large life expectancy disparities exist between Māori and non-Māori populations, with Māori males living 6.6 and females 6.5 fewer years than New Zealand's average. Community-led health programs such as the Rauawaawa Kaumātua Charitable Trust may play a vital role in achieving health equity.

The CARE Village

The CARE Village is an 81-bed village, where older people, including those with dementia, can live together based on similar lifestyles and preferences. It is the first aged-care facility modeled on De Hogeweyk's concept of "normal living" to open outside of the Netherlands. The village was constructed in 2017 on a 1.3-hectare lakefront property. It is governed by the not-for-profit Rotorua Continuing Care Trust. While professional support is provided 24 hours a day by registered nurses and professional carers, the Village encourages residents to continue to complete as many daily living tasks, such as cooking or completing chores, as they are able.

Use Our Loos

The Use Our Loos initiative seeks to increase the availability and visibility of public toilets in and around Nelson. The availability of public toilets is a major accessibility concern for older adults. Based on a successful campaign in London, the initiative invites local businesses to display a sticker, indicating that passersby are welcome to use the toilets without needing to make a purchase. The City Council of Nelson also launched an interactive map that displays participating locations with public toilets. The map also indicates accessible public toilets and public toilets with baby changing stations.

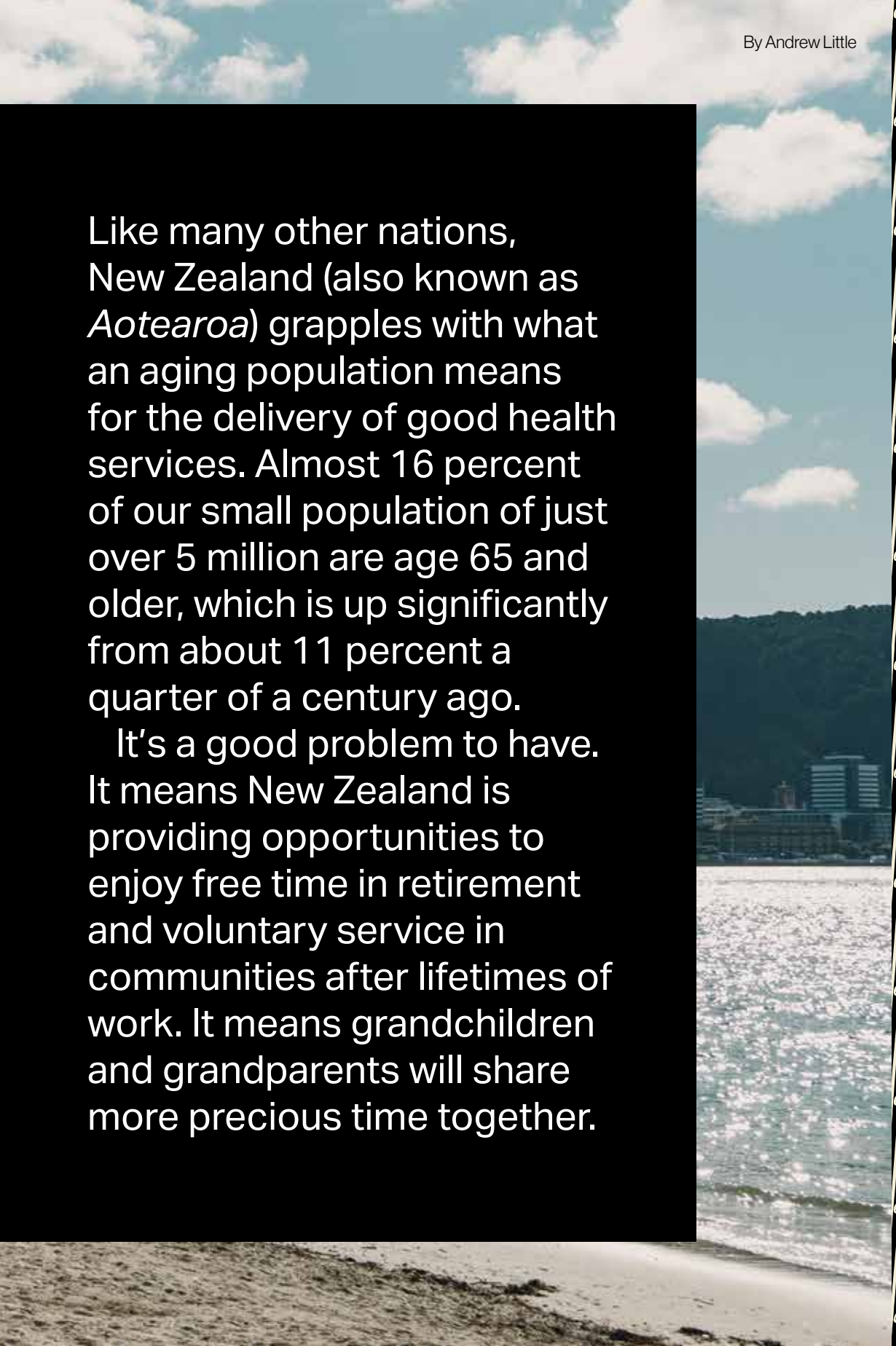
PHOTOS: THE CARE VILLAGE

Aging in New Zealand

A Commentary by Minister of Health Andrew Little



By Andrew Little



Like many other nations, New Zealand (also known as *Aotearoa*) grapples with what an aging population means for the delivery of good health services. Almost 16 percent of our small population of just over 5 million are age 65 and older, which is up significantly from about 11 percent a quarter of a century ago.

It's a good problem to have. It means New Zealand is providing opportunities to enjoy free time in retirement and voluntary service in communities after lifetimes of work. It means grandchildren and grandparents will share more precious time together.

Nevertheless, it creates a set of complex challenges for policy makers who seek to put equity at the heart of decision making as we do. The well-being of older New Zealanders is underwritten by one of the world's most universal non-means-tested pension schemes.



Older members of the Māori community in Hamilton, New Zealand.

Over-65s also enjoy free off-peak public transport, programs to assist with local government taxes, many free or copaid health and pharmaceutical services, and a no-fault system of accident compensation and other supports.

But aging and the well-being of older people sit in a context. It is not just about who pays for and who receives what and when.

Aotearoa has a unique history underpinned by a constitutional partnership between the indigenous Māori people and those who settled later, mainly Europeans from the United Kingdom and Ireland. We also have a sizeable Pacific population, and our largest city, Auckland, has the world's largest Pacific community. More recently we have attracted global skilled migrants, especially from East and South Asia.

New Zealand has other forms of diversity: many faiths and nonreligious people, people living with disabilities, LGBT communities, and others. Visitors are often surprised by how large our land mass is relative to our population. If laid over North America, the main islands of New Zealand would stretch from Canada to Texas.

Our diversity is a strength, and equity for all is a fundamental value for New Zealanders — but the health and social indicators make it clear we have not always lived up to that value. For example, Māori and Pacific peoples have lower life expectancy and health outcomes than other New Zealanders.

Fortunately, there is broad political consensus about the need for our country to have high-quality publicly funded health care within a mixed public and private system. How we deliver on that consensus remains a topic of lively democratic debate, as it should be.

The publicly funded health system touches all of our lives and by international benchmarks has performed well on a range of measures. On average, New Zealand has been around or above those countries we like to compare ourselves with for key indicators such as life expectancy and avoidable deaths. Every two seconds one of us sees a general practitioner or nurse, and each year there are around 1.2 million hospitalizations, carried out in over 150 public and private hospitals, by some of the 220,000 people working in the sector. Health care is our largest employer and therefore a source of human capital and a major contributor to local economies.

But even before the onset of the COVID-19 pandemic, we knew our system was

under serious pressure and not delivering equitably to all. Around half of Māori and Pacific deaths are potentially avoidable, compared with under a quarter of those for other New Zealanders. We have had to focus on reducing child poverty because its effects have a long tail through individual lives and the communities in which children grow to adulthood. It is in that context that one of the first things our government did after assuming office was to set up a comprehensive review of the structures of our health system.

And then the global pandemic hit.

New Zealand came through the pandemic better than many countries. In part this is because the actions we took at the start of the pandemic were particularly strong, including stringent lockdowns, border closings, managed isolation requirements, mandates around testing, and widespread contact tracing.

These "go hard, go early" measures have been credited with saving thousands of lives by limiting the transmission of the virus until widespread population vaccination could be achieved, particularly among our most vulnerable groups. The measures also meant New Zealanders were fortunate to enjoy a year of relative normalcy and freedoms without COVID-19 when much of the world was in lockdown.

What tied all of those initiatives together was a relentless focus on equity. Equity does not mean just tailoring government approaches to the needs of communities; it also involves empowering and supporting those communities to lead their own responses.

And by that measure we didn't always do as well as we would have liked. Our mainstream public health system proved slow to facilitate vaccination uptake by some Māori groups, and it was ultimately Māori themselves who, with support, took charge of the vaccination campaign through kaupapa Māori (culturally relevant) and *iwi*-led (tribe-led) health services.

The equity challenges we experienced in the pandemic response ultimately reinforced how the structures of our overall health system needed to change. So, as we responded to the pandemic, we also fundamentally changed the way our state delivers public health care.

Previously, New Zealanders received public health services from one of 20 local systems that struggled to share best practices and work together. The services and care individuals had access to depended more on where they lived than on what they needed. The result was sometimes significant differences of access within a town or even a suburb or street. In some regions people were twice as likely to die from potentially preventable causes than in others and three times more likely to be readmitted to hospitals for urgent needs. Some New Zealanders were twice as likely to get knee replacement surgery than others.

And the differences between population groups were stark. Only 50 percent of disabled people rated their health as good, compared with 89 percent of the remainder of the population.

New Zealand has been an international laggard in adopting modern interconnected data and digital systems to empower good decision making and make it easier for clinicians to provide care. The justification for real change was clear. So we pushed ahead with a once-in-a-generation reform to our health system.

On July 1, 2022, new legislation replaced the old disjointed system with a unified nationwide delivery agency, working in partnership with a new Te Aka Whai Ora/Māori Health Authority that has policy and



The vision for the new system is to achieve *pae ora* (healthy futures) for all New Zealanders. In short, we want to see people living longer in good health and with improved quality of life.

commissioning powers to address equity issues in the delivery of good health services for Māori.

The vision for the new system is to achieve *pae ora* (healthy futures) for all New Zealanders. In short, we want to see people living longer in good health and with improved quality of life.

The new system is guided by shared principles of equity, of course, but also partnership, excellence, sustainability, and person- and *whanau*- (family-) centered care. It aims for everyone to have access to comprehensive support in their local communities to help them stay well, with emergency or specialist care when they need it.

This year we also have transformed our fiscal management of health. Parliament, for the first time, is appropriating money for health on a multiyear basis to provide more certainty and greater opportunities for long-term planning by hospitals and providers. Our companion economic response to the pandemic has allowed us to fund the highest combined health and disability budget we have ever had.

It is of course early days in a period of profound change. We are fortunate that our location in the South Pacific has already seen us through this year's winter respiratory illness spike, and now we look forward to warmer months in which to roll out changes.

But we have no illusions about the scale of the challenges ahead. There is a legacy of deferred maintenance for our hospital buildings that must be remediated. Mental health services are being built up from a low base. While New Zealand's health workforce has been growing — underpinned by rising wages, more training opportunities, and streamlined immigration settings — we face the same competitive pressures as others in the globally mobile health labor market.

And through it all, the world economy in which we trade remains fragile, COVID-19 persists with its ever-evolving strains, and we must seek to be prepared for the next pandemic whenever it may come.

We will not get everything right the first time in all of the changes we are undertaking. We need to be transparent about the obstacles we encounter and share what we learn. We also need to learn from the experiences of friends around the world, because true equity is when all people can all live happier, healthier lives. There is a *whakatauki* (proverb) in our indigenous Māori language: "*Ehara taku toa i te toa takitahi engari he toa takitini.*" ["Our success is not mine alone; it is the strength of many."] ●



Andrew Little
Minister of Health
New Zealand


Aotea


arpa



New Zo


Salam!

New Zealand, like much of the world, is undergoing a massive generational shift. Currently, one in every six people is over the age of 65. By 2028, one in five people will belong to the 65-plus group,[1] making New Zealand a super-aged society.

Such a rapid transformation has ramifications for every aspect of society. This island nation of 5 million located in the South Pacific has a global reputation for instilling progressive policies and fostering quality of life, and its approach to aging is underpinned by a solid infrastructure of support: a universal pension scheme, a newly reformed public health system, and a range of innovative nongovernmental and private sector programs and efforts.



Tuahana Clark, Trustee for Rauawaawa Kaumātua Charitable Trust, in Hamilton, New Zealand.

Although the country prioritizes the importance of healthy aging, rising income inequality, which in turn exacerbates a range of social and health inequities, adversely affects vulnerable populations, such as older people.

New Zealand has long prioritized age-friendly policies, creating a strategy in the early 2000s to promote the health, well-being, and participation of older adults in society. In 2019, the government launched the Better Later Life Strategy, which focused on areas such as employment, housing, health, and social connections, and emphasized the importance of addressing disparities faced by older adults from diverse backgrounds.

New Zealand has also been involved in the World Health Organization's Age-friendly Communities initiative, a global program that aims to promote healthy and active aging by creating more inclusive and accessible communities for people of all ages. Many communities in New Zealand have earned Age-Friendly designations and have developed plans and programs to address the needs of a growing older demographic.

Although the country prioritizes the importance of healthy aging, rising income inequality, which in turn exacerbates a range of social and health inequities, adversely affects vulnerable populations, such as older people. This is especially the case for the largest minority group, the indigenous Māori, who comprise 15 percent of the population. The aging experience in New Zealand differs drastically along ethnic lines. Māori life expectancies are seven years shorter than those of non-Māori, and statistics show that Māori experience the lowest health outcomes of all New Zealanders.[2] These disparities were even more apparent during the pandemic, with Māori and Pacific Islander communities disproportionately affected by the virus in terms of infection rates and severity of illness.

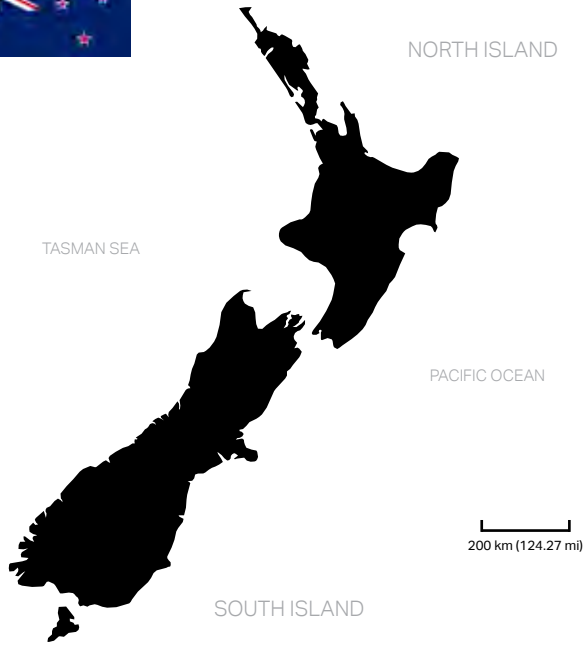
In recent years, the government has implemented a range of initiatives and programs to address these issues — most recently, the launch of the Māori Health Authority in July 2022. These initiatives focus on improving access to health services, addressing the underlying social and cultural determinants of health, and empowering communities to take control of their own health and well-being.

Overall, New Zealand's approach to an aging population is a combination of innovative solutions and ongoing challenges. While the country has made significant progress in improving healthcare outcomes and promoting social engagement among older adults, there is still much work to be done to ensure that all older adults have access to the support they need to age with dignity and independence.

1 https://www.stats.govt.nz/news/one-million-people-aged-65-by-2028/
2 https://academic.oup.com/gerontologist/article/60/5/812/5828144

NEW ZEALAND







COUNTRY
New Zealand

TOTAL AREA
268,021 sq km (103,483 sq miles)

POPULATION (WORLD RANK) 2023 EST.
5,164,080 (121ST)

POPULATION DENSITY (WORLD RANK)
19.1 per sq km (167TH)

DEMONYM
New Zealander / Kiwi

BUDGET (US DOLLARS) 2017 EST.
Revenues: $74.11 billion
Expenditures: $70.97 billion

GDP NOMINAL (US DOLLARS)
$242 billion (51ST)

GDP PPP (US DOLLARS)) 2022 EST.
$261 billion (63RD)

MAIN INDUSTRIES
Agriculture, forestry, fishing, logs and wood articles, manufacturing, mining, construction, financial services, real estate, tourism

NATURAL RESOURCES
Natural gas, iron ore, sand, coal, timber, hydropower, gold, limestone

GOVERNMENT TYPE
Parliamentary Democracy

ETHNIC GROUPS 2018 EST.
European 64.1%, Māori 16.5%, Chinese 4.9%, Indian 4.7%, Samoan 3.9%, Tongan 1.8%, Cook Islands Māori 1.7%, English 1.5%, Filipino 1.5%, New Zealander 1%, other 13.7%

LANGUAGES
English 95.4%, Māori 4%, Samoan 2.2%, Northern Chinese 2%, Hindi 1.5%, French 1.2%, Yue 1.1%, New Zealand Sign Language 0.5%, other 17.2%

RELIGION
Christian 37.3%, Hindu 2.7%, Māori 1.3%, Muslim, 1.3%, Buddhist 1.1%, other religion 1.6%, no religion 48.6%, objected to answering 6.7% (2018 est.)

NET MIGRATION RATE
5.83 migrant(s)/1,000 population (2022 est.)

LIFE EXPECTANCY AT BIRTH
Total: 82.54 years (24TH)
Male: 80.78 years
Female: 84.39 years (2022 est.)

BIRTH RATE
12.78 births/1,000 population (2022 est.)

MOTHER'S MEAN AGE AT FIRST BIRTH
27.8 years (2009 est.)

POPULATION GROWTH RATE
1.17% (2022 est.)

URBAN POPULATION
87% of total population (2023 est.)

AGE STRUCTURE
0-14 years: 19.63%
15-24 years: 12.92%
25-54 years: 39.98%
55-64 years: 11.93%
65 years and over: 15.54%

MEDIAN MONTHLY HOUSEHOLD INCOME
USD 79,128 (2022 est.)

UNEMPLOYMENT RATE
4.12% (2021 est.)

GINI INCOME INEQUALITY INDEX (2020)
0.320

GENDER INEQUALITY INDEX (2018)
0.088 / high (11th)

HEALTH EXPENDITURES
10% of GDP (2020 est.)

OBESITY RATE
30.8% (2016 est.)

LITERACY RATE
N/A

LABOR FORCE BY OCCUPATION
Agriculture: 6.6%
Industry: 20.7%
Services: 72.7% (2017 est.)

RESIDENT LABOR FORCE PARTICIPATION RATE
68.0% (2019)

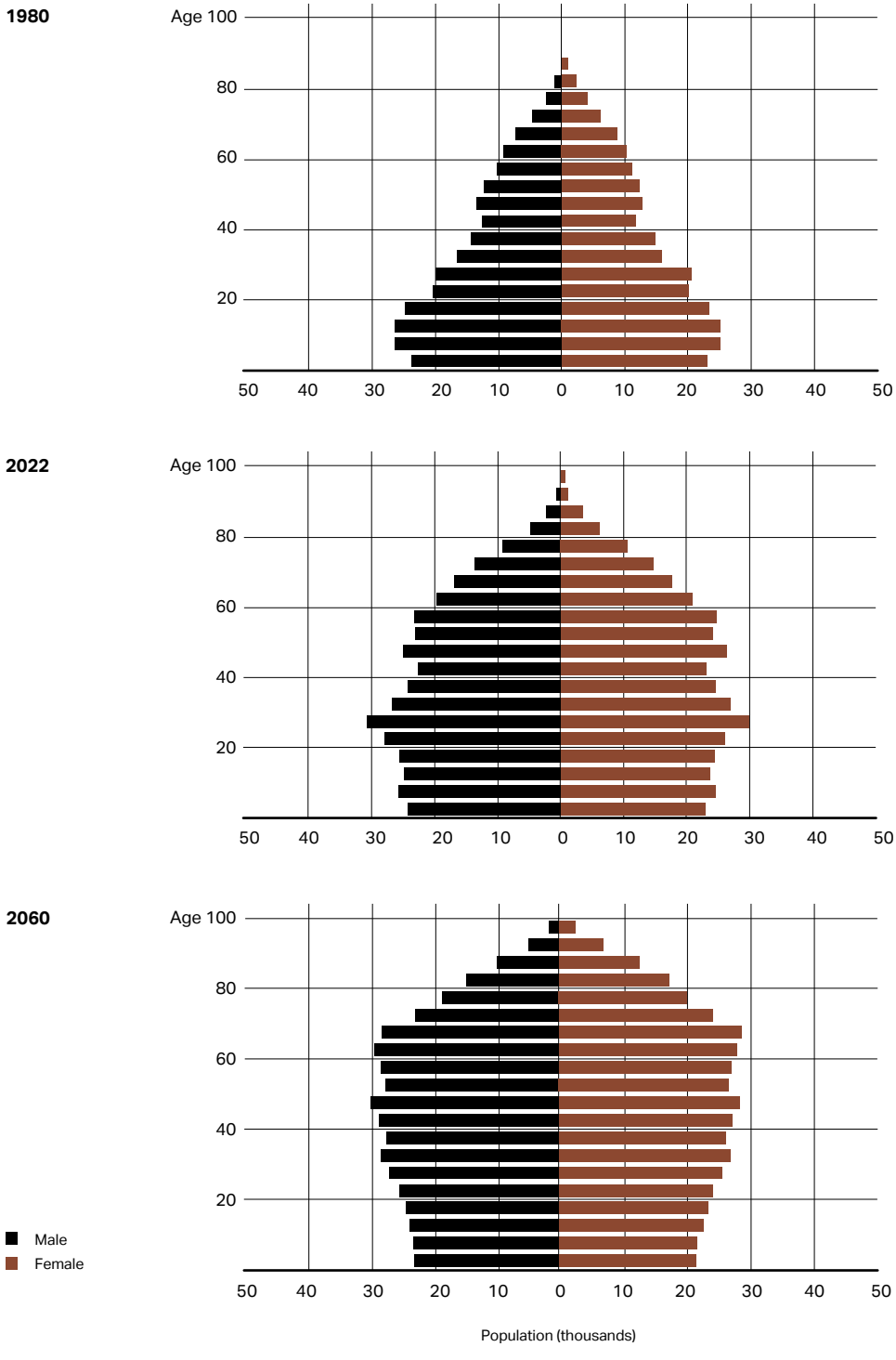
EXPORTS (US DOLLARS)
$54.77 billion (2021 est.)

IMPORTS (US DOLLARS)
$62.86 billion (2021 est.)

CURATED BY AARP INTERNATIONAL. DATA: CIA WORLD FACT BOOK / WORLD BANK / INTERNATIONAL MONETARY FUND / WORLD HEALTH ORGANIZATION / NEW ZEALAND MIINISTRY OF ENVIRONMENT / STATISTICS NEW ZEALAND

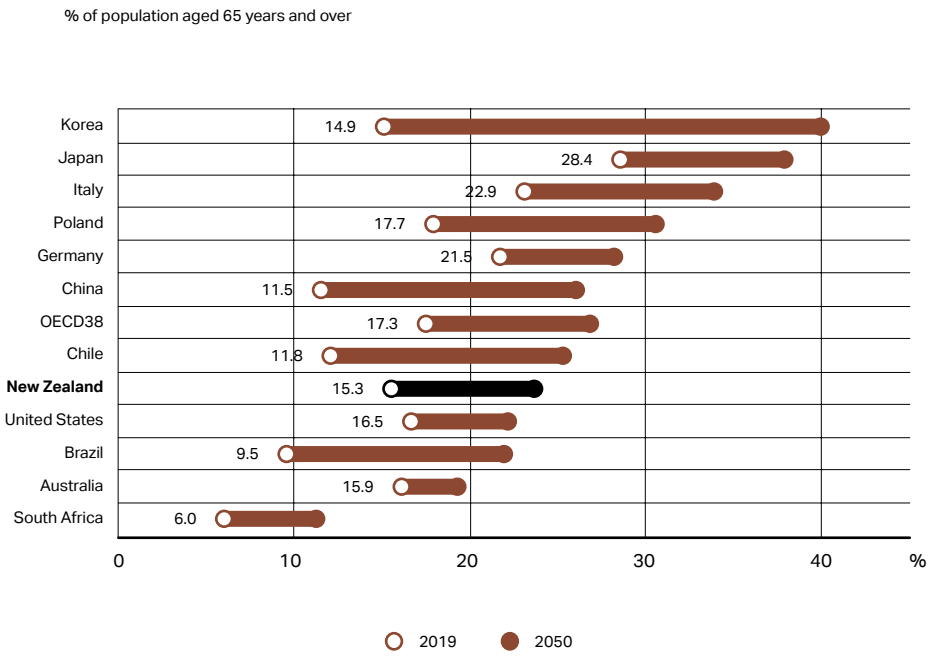
Aging in New Zealand

Demographic Profile



Aging Projections Through 2050

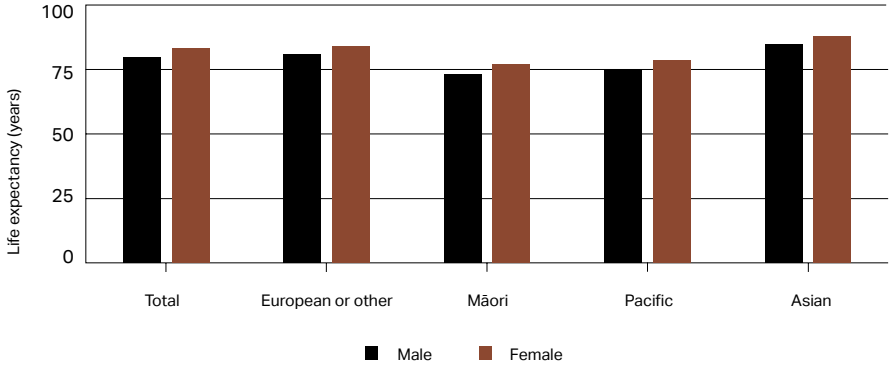
Share of the population age 65 and older in New Zealand and in other aging societies worldwide (2019-2050) [1]



Life Expectancy

Life expectancy at birth, by ethnic group and sex, 2017-2019 [2]

Life expectancy at birth was 75.4 years for Pacific males, and 79.0 years for Pacific females in 2017–2019. It was 85.1 years for Asian males, and 87.9 years for Asian females.



1 OECD ILIBRARY DATA: HEALTH AT A GLANCE 2021 - DEMOGRAPHIC TRENDS. 2021. AVAILABLE AT HTTPS://WWW.OECD-ILIBRARY.ORG/SITES/9988E95C-EN/INDEX.HTML?ITEMID=/CONTENT/COMPONENT/9988E95C-EN.
2 STATNZ. GROWTH IN LIFE EXPECTANCY SLOWS. 2021. AVAILABLE AT HTTPS://WWW.STATS.GOVT.NZ/NEWS/GROWTH-IN-LIFE-EXPECTANCY-SLOWS/



The Auckland waterfront and wharf are vibrant areas located on the edge of downtown Auckland along the Waitematā Harbour.


pwc
HSBC



Auckland's Central Business District, with its concentration of office towers and corporate headquarters, is the country's primary financial hub.


HILLSBOROUGH BUILDING
CityLink
BUS



Near the town of Matamata, tourists can visit the meticulously crafted film set that brings the fictional world of J.R.R. Tolkien's "The Lord of the Rings" and "The Hobbit" trilogies to life.





The summit of Mount Eden, a volcanic cone 5km southwest of the Central Business District, provides stunning panoramic views of the Auckland skyline.





Playing fields abound in Auckland Domain, a 185-acre park in the center of the city.





The Wellington Cable Car, first opened in 1902, is an iconic funicular railway running between Lambton Quay and the suburb of Kelburn, located on a hill overlooking the city.





Wellington's Queens Wharf, located in the city center, offers a picturesque promenade lined with cafes, restaurants, and shops, and serves as a gateway for smaller cruise ships and ferries.





The Auckland Sky Tower is the most recognizable landmark in the skyline and famous for being the tallest free-standing structure in the Southern Hemisphere.




Nature
Nest

NATURE'S KEEPERS
By Rina Diane Caballar
Photos by Marco Javier

Nature's Keepers

Older volunteers are major contributors to New Zealand's conservation efforts.







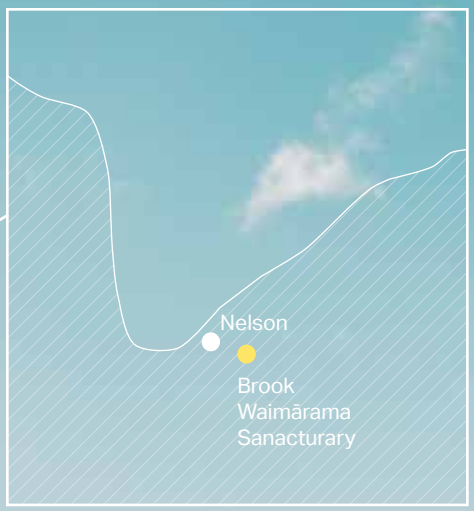




The Brook Waimārama Sanctuary, located just to the south of the city of Nelson at the tip of New Zealand's South Island, greets visitors with a cacophony of sounds. Entering the park, the roaring flow of water from the dam and gentle burbles of the stream below are immediately apparent, as are the melodious calls of the sanctuary's many birds: the clicks and cackles of the tūī, a white-tufted honeyeater with iridescent blue, green and bronze feathers; the singsong voices of the korimako, a yellowish-green bellbird; and the high-pitched chirps of the pīwakawaka or fantail, a small brown songbird with a white fanned tail.



Tucked away to the south of Nelson's city center is the 1,730-acre Brook Waimārama Sanctuary, a fenced predator-free haven for some of New Zealand's native flora and fauna.


Nelson
Brook
Waimārama
Sanacturary



Korimako
Bellbird



Pīwakawaka
Fantail



This 700-hectare (1,730-acre) valley covered in mature beech forest and canopies of native trees, established in 2004, is a haven for a variety of endangered species. Its 14.4-kilometer (9-mile) pest-proof fence wraps around the valley, making it the South Island's largest predator-free fenced sanctuary — and the second-largest in New Zealand. The fence keeps mammalian predators such as rats, stoats and weasels at bay, thereby protecting all the indigenous flora and fauna that call the sanctuary home.

"One advantage we have is that we started with pristine native bush, which puts us hundreds of years ahead of some of the sanctuaries that have established the same as we did," says Ru Collin, Brook Waimārama's chief executive. "We also had the support of a willing council that helped get things moving."

Another advantage that the sanctuary has in defending itself against the onslaught of predators: a wealth of volunteers, many of them aged 65 and over, who donate their time to protecting this unique ecosystem through activities such as bird monitoring, fence and track maintenance, pest detection, planting and weeding, and tour guiding. Like other parks and reserves across New Zealand, the Brook Waimārama Sanctuary has tapped into a strong network of older volunteers whose passion for conserving wild places has proved invaluable in sustaining the sanctuary's mission.

"We're fortunate to have an amazing volunteer team, and over the past years, we've put in a lot of effort into making sure we have a good culture," Collin says. "We spend a lot of time talking to new volunteers and try to place them in teams they will probably enjoy."

ILLUSTRATED BY ULTRA STUDIO. REFERENCES FROM NZBIRDSONLINE.ORG.NZ (CRAIG MCKENZIE) AND BIRDOFTHEYEAR.ORG.NZ





Yvonne Kyle and Deryk Mason are two of the dozens of volunteers caring for the Brook Waimārama Sanctuary and protecting its native wildlife.



Yvonne Kyle, 75, has been volunteering at the sanctuary for 15 years. As part of the pest detection team, she monitors the rectangular wooden traps scattered along the sanctuary lines and spurs, peeking inside for any predators and inspecting the white tracking cards for footprints. "I get a ride up to the perimeter fence, do my lines at the top of the sanctuary and come down. I keep very fit," says Kyle. "I'm into learning more about trees and birds. I sit there with my binoculars and watch them, and I take lots of photos. I love it. It's a win-win for me."

New Zealand has a strong culture of volunteerism, ranking 14th globally in the Charities Aid Foundation's 2022 World Giving Index, with 34 percent of the nation's people volunteering their time. Among them are the strong contingent of volunteers who drive many of the country's conservation efforts. In 2014, the government stated that more than 15,000 people participated in the Department of Conservation's volunteer programs, working for an estimated total of over 35,000 days.



Older volunteers are major contributors to the volunteering sector, with "those aged 65 years and over more likely to do volunteer work than all other age groups," according to a 2018 survey conducted by Stats NZ, the country's official data agency. A similar finding was shared in research from Volunteering New Zealand, stating that the same demographic "devotes triple the time on unpaid activities than people aged 12–24 years."

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Yvonne Kyle, 75, considers the sanctuary her "happy place," relishing in the sights and sounds of birds and the sweet smell of trees and flowers as she works. Above, Kyle inspects a trap meant to help rid the sanctuary of small pests like stoats, weasels, and rats.

“Most of the people here are retirees, so they’re able to be flexible. We can choose which day of the week and how many hours we need to work as long as we get the job done. That makes it very attractive.”



Deryk Mason, 74, is delighted to be part of a volunteer team that’s bringing back the native birds of his childhood to his hometown of Nelson.



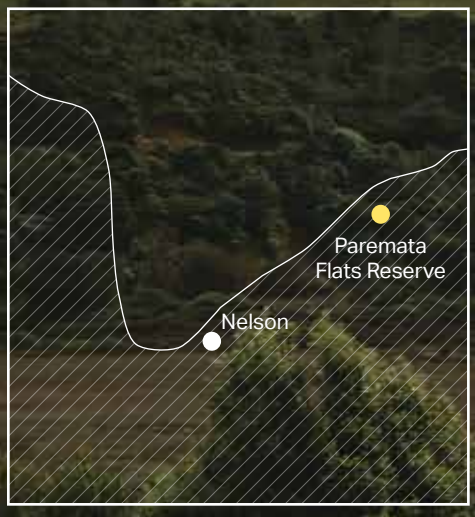
Collin notes that the age of volunteers at the Brook Waimārama Sanctuary ranges from 25 to 83, with an average age of just under 65. “We tend to attract older volunteers because they have time,” he says. “They’re drawn to something that requires a degree of fitness because they’re keen on looking after themselves.”

This is true for Deryk Mason, 74, who has been volunteering at Brook



Waimārama since he retired 10 years ago from a management role in the packaging industry. "Most of the people here are retirees, so they're able to be flexible," he says. "We can choose which day of the week and how many hours we need to work as long as we get the job done. That makes it very attractive."

As part of the fence maintenance team, Mason checks the fence regularly and repairs any damages — tasks that, like those Kyle performs, keep him physically active. "I wanted something productive to occupy my time," he explains regarding his volunteer gig of choice. "I wanted to get outside and keep active."


Paremata
Flats Reserve
Nelson



One of Nelson's best-kept secrets, the 74-acre Paremata Flats Reserve encompasses coastal forest, and its surrounding estuary is home to at-risk wetland birds.





Beginning in 2007, Julie McLintock, 74, spearheaded efforts to conserve the Paremata Flats Reserve. In 2015, she was awarded for her dedication to protect native wildlife and restore their habitat.

Meanwhile, 25 kilometers (15 miles) to the east of the Brook Waimārama Sanctuary, Julie McLintock, 74, is clearing out unwanted underbrush from a thicket of trees at the Paremata Flats Reserve, a 30-hectare (74-acre) alluvial plain encompassing lowland coastal forest, as well as estuary and salt marsh environs home to the at-risk wetland birds moho pererū (banded rail) and mātātā (fernbird). A few feet away from McLintock, her fellow volunteers hunch low, bent on the ground as they weed out old man's beard, an invasive, fast-growing vine that infests forests, smothering and collapsing tall trees.



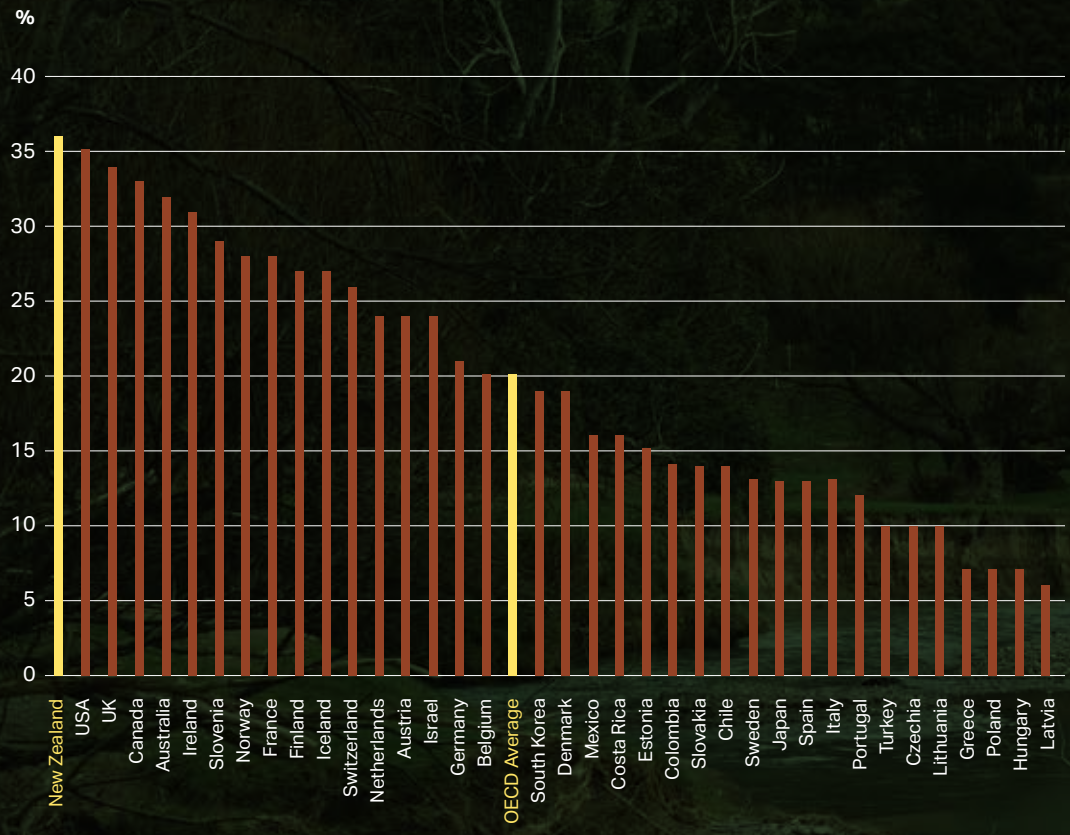


"A team of about 10 of us come out here every week and work away, checking [predator] trap lines and looking after the trees we plant," McLintock says. "I can work beside people and chat with them. We break for morning tea and lunch, and it is social. That helps your health, too."



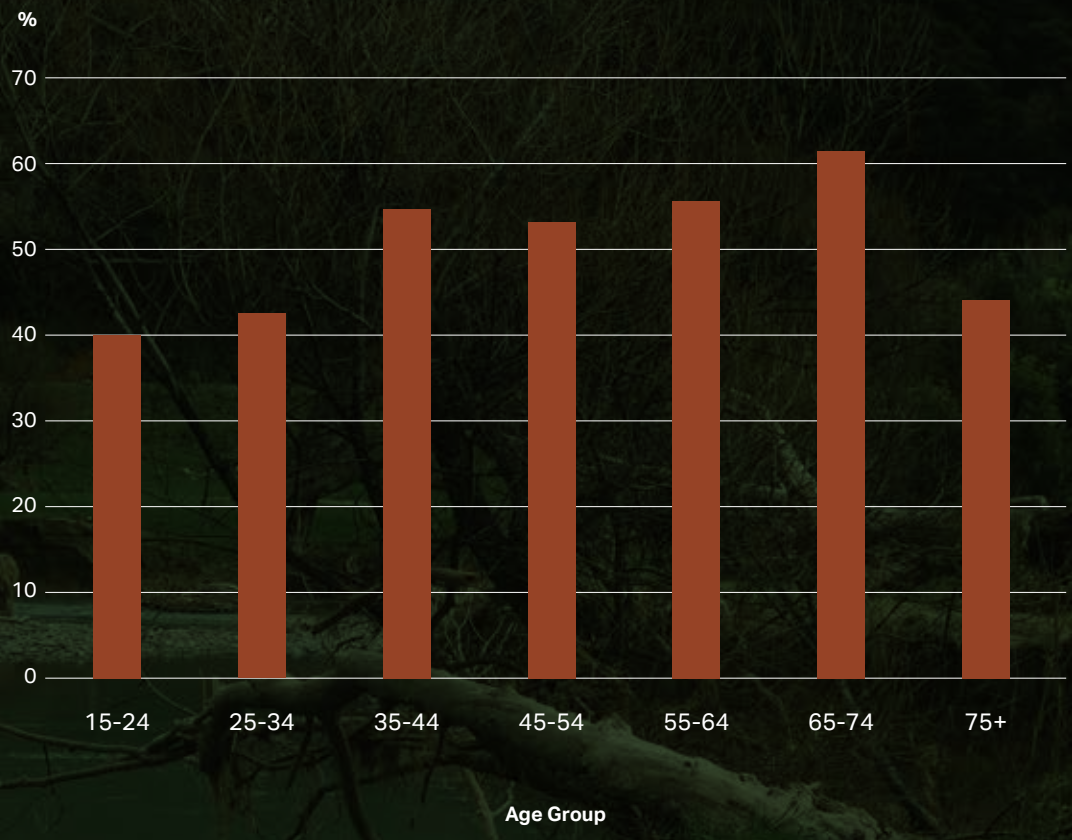
At Paremata Flats Reserve, volunteers remove invasive pests such as old man's beard, a quick-growing vine that can smother and kill even the tallest trees and the tiniest seedlings.

Volunteering Rates Across the OECD, 2019
(Living Standards Framework Dashboard Indicator)



SOURCE: OECD

Percent of People Who Report Having Volunteered, 2016



SOURCE: STATS NZ (GENERAL SOCIAL SURVEY)

Miang Lim, 67, a retired food scientist and now artist who has been volunteering at the Paremata Flats Reserve for five years, echoes this sentiment. "I like being outdoors with friends who like the same thing," she says.

Volunteering offers a number of health and well-being benefits for older people. Research shows that volunteering can facilitate healthy aging, helping reduce the symptoms of depression and lessen feelings of isolation through enhanced social connections, as well as improving physical capacity and providing higher life satisfaction. Volunteering may also have a positive





impact on older adults' level of autonomy and self-esteem.

But the benefits go far beyond the physical. As so many volunteers express, through their unpaid work they feel a sense of purpose from the meaningful work they do. "Every tree planted helps, and you become part of seeing





McLintock's volunteer work at the Paremata Flats Reserve entails jumping over electric fences that keep mammalian predators at bay, walking along lines of trees she helped plant over decades, controlling weeds, and looking after wētā, centuries-old giant grasshopper-like insects endemic to New Zealand.

the trees grow," says McLintock. "Since we've taken over the trapping, birdlife has definitely increased. The fernbird and banded rail have multiplied. It makes you feel good because you can see results."

Most importantly, volunteering is a way to leave a legacy. "I was born and raised in Nelson, and when I retired, I thought it's time to give something back," Mason says. "The idea of reintroducing lost species into the sanctuary and bringing back the native birds I saw when I was a child is worthwhile."

For Lim, it's all about creating a livable world for future generations. "When I was growing



up, we were taught to leave the world a better place when we go," she says. "I hope that is something I can do through volunteering." ●



Miang Lim, 67, and Leslie Johnstone, 76, love the outdoors, so volunteering at the Paremata Flats Reserve was a natural choice.

End-of-life Style

END-OF-LIFE STYLE
By Lauren Hassani
Photos by Marco Javier

Older New Zealanders take a creative approach to the end-of-life process through DIY coffin clubs.



Harold Gordon, 87



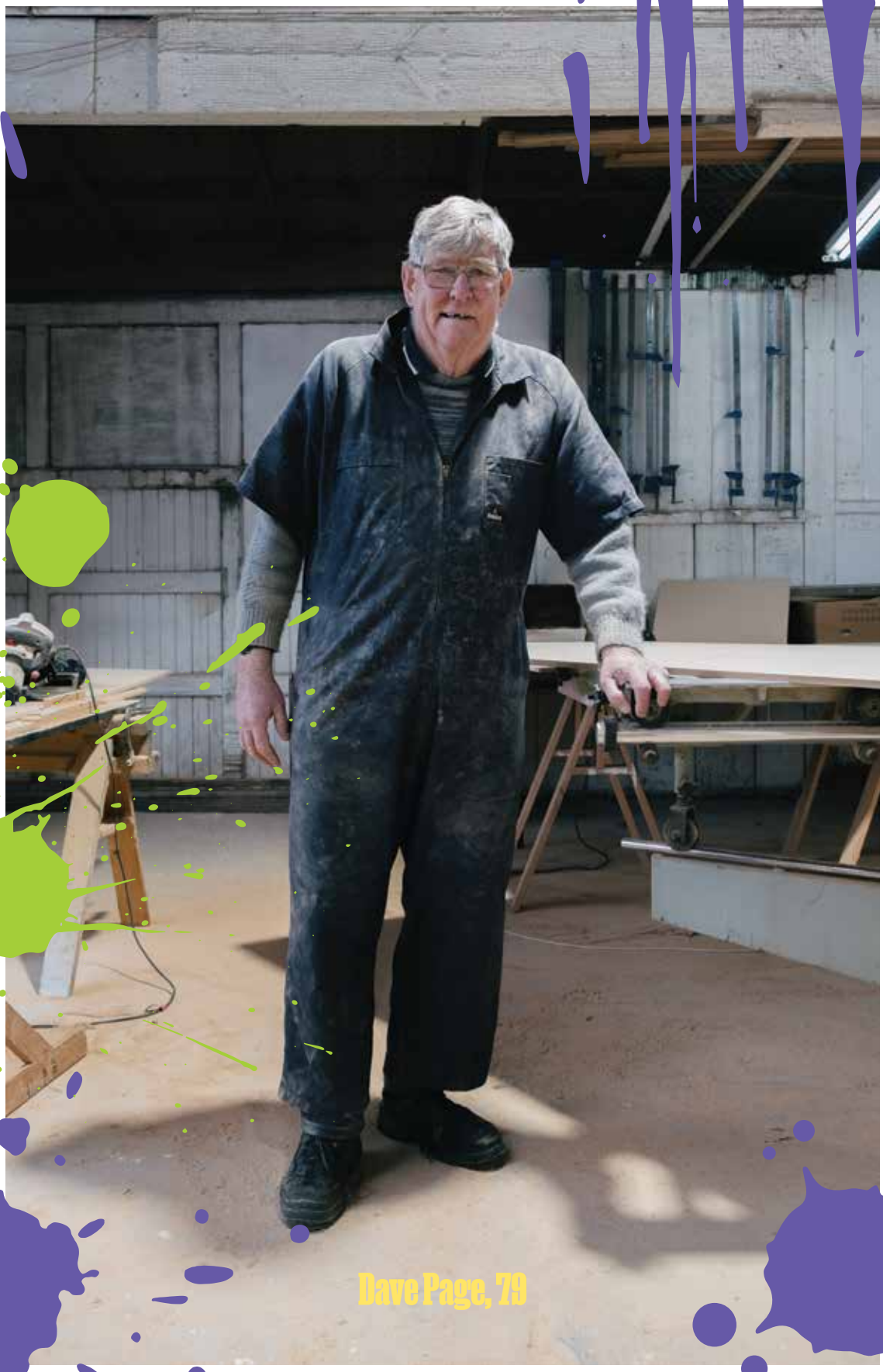
Jill Clark, 65



Dianne Pye, 78



Bruce Browne, 72



Dave Page, 79



Kay Farrow, 76



Katie Williams, 84

The topic of discussion at the Kiwi Coffin Club on a Wednesday morning in September was, of course, funerals. Specifically, the funeral of one of their own, Jan Kite, 68, who had been laid to rest just the day before in her bright yellow coffin (of her own design, painted to match the exact shade of her first Mini Cooper). The Coffin Club members who had attended the service recounted the mishap that had occurred while transporting Kite to the cemetery: the hearse broke down and, after a few moments of confusion, the coffin was loaded onto the bed of a pickup truck (along with several members of the immediate family) and sent along its merry way.

"She would have loved that!" says Kay Farrow, 78, laughing. The other members agree that Kite would indeed have gotten a hoot out of her unorthodox ride. It was only fitting for a woman with her vivacious personality, whose license plate read "NOZIMOM" and whose funeral program featured her on the cover, grinning, wearing an inflatable gold crown.



Coffin Club member Jan Kite, as featured on her funeral program, was known for her larger than life personality.

The ability to find the humor in something as grave as death is par for the course for the Kiwi Coffin Club, a group of older volunteers who gather weekly to make custom coffins, for themselves and others, in a facility in Rotorua, a small city on New Zealand's North Island. Despite its name, this club is more for the living than the dearly departed, serving as a place to socialize and have fun while talking frankly about death, lowering funeral costs, and adding a personal touch to an end-of-life process.

Former midwife and palliative care nurse Katie Williams, 84, came up with the idea in 2010 while attending a University of the Third Age conference. Though her suggestion for a new special interest group was met with uncertainty from the audience ("dead silence," as Williams likes to recount), people lined up post-meeting to express their interest. The club began shortly thereafter — out of Williams' garage, before relocating to a larger donated space once the growing fleet of coffins had spilled into nearly every room in her house.

Today, taking inspiration from Williams' brainchild, there are coffin clubs across New Zealand. Even in Rotorua there are two: Kiwi Coffin Club and Coffin Club Rotorua, both of which stemmed from Williams' original group. After splitting in 2019 for

"People these days cannot afford to live, therefore they can't afford to die," laments Williams. This "funeral poverty" is one of her motivations in creating the club.

regulatory reasons (new government safety standards related to the operation of woodworking machinery), each group now has a slightly different focus.

The Kiwi Coffin Club moved to a larger workshop and took over the technical construction and decorating of coffins from start to finish. They source their materials, including plywood, medium density fiberboard, paint, and hardware fittings, from local suppliers. Coffin Club Rotorua, with Williams at the helm, instead focuses on embellishing basic, pre-fabricated shells obtained from a manufacturer for a steep discount — work that requires no specialized training.

Both groups remain quite close, in geographic proximity as well as friendships, and both share the same mission of creating "high quality and affordable underground furniture." After contributing NZ $25 to join, members can design their own casket for a fee. Kiwi Coffin Club's fully decorated models run NZ $800 (US $517), while Coffin Club Rotorua's range between NZ $450-$490 (US $284-$316). All participants are unpaid volunteers and profits are donated to community organizations and charities.

"People these days cannot afford to live, therefore they can't afford to die," laments Williams. This "funeral poverty" is one of her motivations in creating the club. With a





ABOVE Glenys Williams, 80, adds a lining to a coffin. **RIGHT** A completed coffin sits inside Coffin Club Rotorua's headquarters. **FAR RIGHT** The building, located on Old Quarry Road in Rotorua, was offered to the Club rent free, courtesy of generous local benefactors.






Coffin Club

maximum funeral grant from the government topping out at NZ $2,280.72, or US $1,440 ("not enough to do one leg," she quips), many people do not have the resources to cover the average funeral costs in New Zealand, which some sources put as high as NZ $10,000 (US $6,314).

The coffin clubs proudly offer low-cost, no-frills boxes, or "quickies," according to Williams. These have no embellishments, are painted in basic colors (white, cream, beige), and are kept in stock at both club locations for people who need a fast, affordable option.

For those who have more time to plan, there is no limit to the imagination, provided the coffins adhere to certain basic requirements. The clubs have designed countless coffins in the colors of favorite sports teams, with Rastafarian themes, and adorned with favorite pets, places, poetry, and pastimes. The family of a retired tram driver from Auckland designed his casket to look like a replica of the tram he drove for years, down to the name, number, and Auckland Transport logo. Many club members are on the second or third iteration of their coffins, having changed their minds over the years.

Diane Pye, 77, just completed her third coffin. Her second version, which she painted a bright pink during the COVID-19 lockdown in 2020, turned out to be too small — a realization she came to only after climbing inside to try it out.

Ask anyone about the Coffin Club and inevitably the Elvis coffin will come up in conversation. Designed by member Raewynne Latemore, 77, the black and white masterpiece is an homage to her favorite heartthrob. She'll even confide, with a giggle, that the inside of the lid is plastered with a giant picture of the King, so that he can be on top of her for all eternity. In the meantime, the coffin sits in her bedroom and serves as a dressing table.





Coffin Club Rotorua's facility includes a workshop, kitchen, and gathering space.






Coffin Club
MANUFACTURERS OF HIGH QUALITY AND AFFORDABLE UNDERGROUND FURNITURE











As expected, there are heartbreaking stories too. A four-year-old boy with a terminal illness requested a coffin designed as his favorite car, a Chevy Camaro (red with black stripes and silver wheels). A sister covered her little brother's coffin with photos and words that chronicled their time together.

"I don't know if it makes you happy, exactly," says Kay Farrow, Secretary for the Kiwi Coffin Club Charitable Trust. "But it makes you feel good. When people come in and they're in distress and they need a coffin, and you can sell them just what their mother would have wanted, it's just a lovely feeling."

Many club members first wandered through the doors out of a desire to create their own coffins but wound up staying for the strong sense of community. Both Rotorua clubs break for morning tea and conversation, but Coffin Club Rotorua has more of a social component, with members gathering weekly to chat, play games, celebrate birthdays, and connect with others, in addition to their work decorating coffins. Their numbers are very slowly rebounding to its pre-COVID-19 peak of about 50 regular attendees. For many, this outing is their only socialization of the week; during off hours, members visit and call those who feel unwell.

The club has spurred many conversations about death; members discuss everything from coffin design to funeral services. Some have designed their own funeral programs. There is plenty of laughter and good-natured ribbing, all of which helps people to feel at ease with a typically taboo topic.

"When I first arrived here I was actually really scared," admits Bruce Browne, 72. "Because you're so, so close to death. But now it doesn't worry me, death doesn't worry me. When I go, I go."

Browne, a retired truck driver who works in the Kiwi Coffin Club workshop, has built

Members of Coffin Club Rotorua meet every Wednesday to decorate coffins and catch up with friends over tea and snacks.



“When I first arrived here I was actually really scared,” admits Bruce Brown, 72. “Because you’re so, so close to death. But now it doesn’t worry me, death doesn’t worry me. When I go, I go.”



The coffins are as unique as the people they are meant to hold. Members use a variety of creative techniques to design coffins that reflect their personalities and lives.
















































CHECKED OUT
GONE FISHING

KIDNAPPERS
MUSIC









ANNE

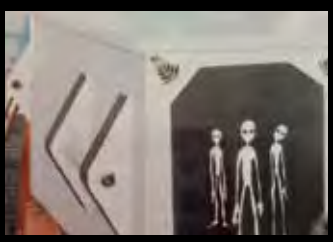









BEATLES





















4 SALE







In the Kiwi Coffin Club's building on Ti Street in Rotorua, a small team of dedicated volunteers builds and finishes coffins from scratch.



coffins for himself and his wife, who has cancer. He keeps these coffins lined up against the wall in the spare bedroom. When his grandchildren visit, they are unconcerned with the unusual decor, an attitude they have adopted from him.

There's clearly something very compelling about the coffin clubs, which have spread to a growing list of countries. Multiple articles, video stories, and TED talks chronicle the unique concept. A short musical with performances by the original Rotorua gang tells their story through singing, dancing, and elaborate set design.

Her recent star turn has been fun, but at the core Williams is still that same hospice nurse who wants to bring comfort to people confronting death.

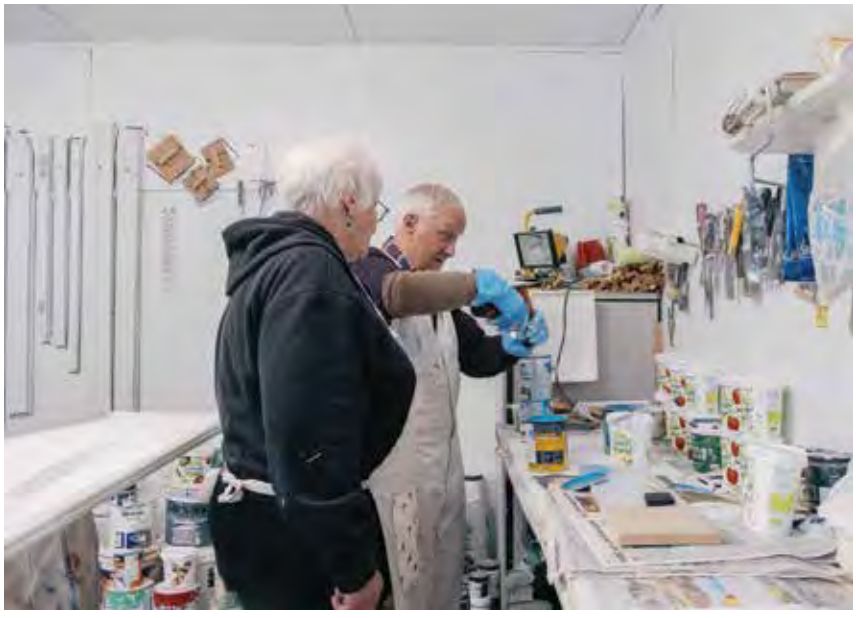
She tells the story of a man who requested a coffin designed to look like a go-kart, because he had always wanted one as a child. He was terminally ill and too weak to see the progress on the coffin in person, so he would send instructions and Williams would send pictures to update him. Those pictures went into a brag book he would show his friends and anyone who would listen.

"He didn't actually see his coffin fully finished," says Williams. But he did, she believes, take immense joy in creating something so meaningful to him. She smiles and seems satisfied by that thought. "He went off with great style." ●









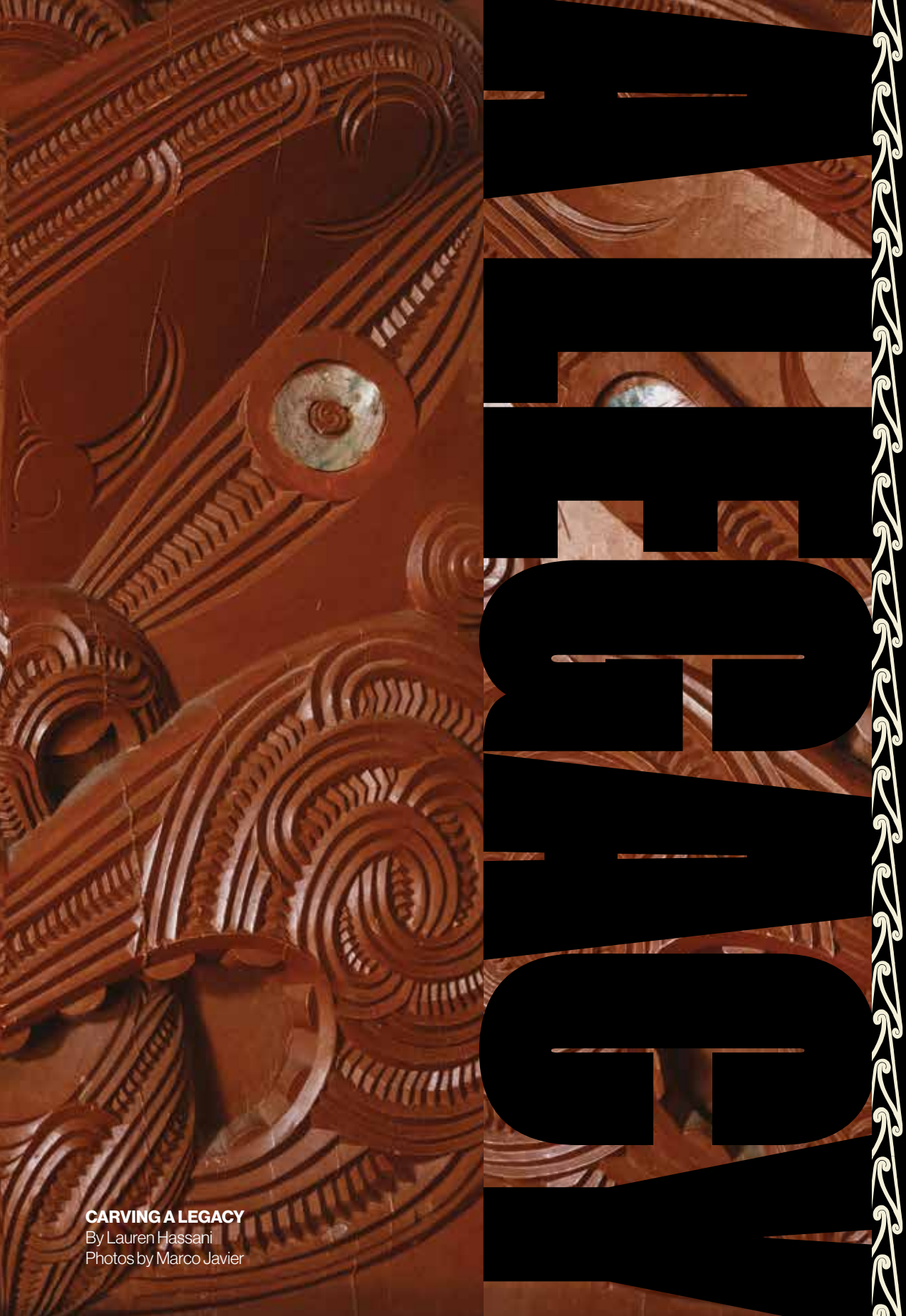




CARVING



Te Puia's woodcarving school exemplifies efforts to save traditional Māori arts.



LEGACY

CARVING A LEGACY
By Lauren Hassani
Photos by Marco Javier







The presence of the ancestors is palpable in the hushed room, with its steeply sloping roof and soaring rafters adorned with intricate curved patterns of white, red, and black. Down the length of the hall, on tall wooden panels, eyes of shimmering white abalone shells pressed into faces of dark brown wood gaze upon all who step across the threshold. In this *wharenui*, or meeting house, in Te Puia, a cultural center in Rotorua, New Zealand dedicated to preserving Māori arts and heritage, the link to the past is literally carved into the walls.

A *poupou* (carved wall pillar) in the *wharenui* (meeting house) is one of the many handcrafted carvings located throughout the buildings at Te Puia.



Together, Te Puia and its sister organization the New Zealand Māori Arts and Crafts Institute (NZMACI) form a unique two-pronged model featuring culture and commerce sides. Te Puia, the commercial arm, generates revenue in offering ticketed entrance to 70 hectares (173 acres) of geothermal springs and geysers, a state-of-the-art kiwi bird conservation exhibit, and live Māori cultural performances. That largely funds the other side of the entity, committed to preventing Māori traditions and identity from being lost forever.

A key part of such preservation efforts is NZMACI, home of the national schools of wood carving, stone and bone carving, and weaving, where tuition costs for students are covered in full through the tourism proceeds. Guests can walk through the school, whose campus is nestled within the Te Puia visitors park, learn about a range of revered Māori arts and crafts, and even buy student work in the gift shop to take home with them.

The most impressive display of these crafts is the meeting house itself, at the literal and metaphorical center of Te Puia. Built by trainee and graduate carvers under the direction of the school's Master Carver Hōne Te Kāuru Taiapa, the structure took 14 years to complete, from 1967 to 1981.





TOP LEFT Situated on the grounds of Te Puia, Te Aronui-a-Rua is one of the few, fully carved meeting houses in New Zealand open to everyone. **ABOVE** Wall carvings inside the building depict ancestral stories. **BELOW** Te Puia spans 70 hectares of geothermal features, including the largest active geyser in the Southern Hemisphere.





Oni

"The transferring of knowledge is something that is natural in our Māori culture"

It stands as a visible testament to the success story of Te Puia, and to a concept so intrinsic to both the organization's and the Māori world view: the exchange of tribal knowledge, passed from one generation to the next. Since its inception, Te Puia has operated under an intergenerational structure that draws from the Māori culture and serves as a model for how to stem the rapid loss of indigenous practices.

"The transferring of knowledge is something that is natural in our Māori culture," says Te Puia General Manager Eraia Kiel, 45. He explains that early Māori culture was based around oral lore, with certain people chosen and trained to be knowledge experts, or repositories of tribal information. They would in turn train the future experts.

Wood carving is particularly representative of this system, with master craftsmen passing down not only the skill of fashioning objects from wood, but also important tribal lore encoded within the carvings themselves. The intricate carved panels in the Te Puia meeting house and similar structures all over New Zealand are visual showcases of important folktales and *whakapapa*, or genealogy, of an *iwi*, or tribe.

The *wharenui* in Te Puia is distinctive, however, in that it is a symbolic representation of all *iwi*, not just the local ones; Kiel's own affiliation, Te Arawa, a confederation of *iwi* based in the Rotorua area, has historically shouldered a huge burden in keeping the culture alive for Māori people across the country.

Since the eighteenth century, colonization by European settlers, subsequent decades of forced assimilation, and laws like the 1907 Tohunga Suppression Act which kept *tohunga*, or keepers of knowledge, from practicing their crafts, wreaked havoc on Māori culture.

"Because of the suppression act, our leaders realized there were literally less

The New Zealand Māori Arts and Crafts Institute (NZMACI) is home of the national schools of carving and weaving.



"Because of the suppression act, our leaders realized there were literally less than a handful of carvers left," says Sean Marsh, Te Puia General Manager. "Now, if you lose the carvers, you lose the ability to maintain and build wharanui. Then you lose the center of the community and the actual physical thing that brings everybody together. And that's what was at stake."







CLOCKWISE FROM TOP An array of tools sits on a table in the workshop at Te Wānanga Whakairo Rākau o Aotearoa (The National Wood Carving School); the exterior of the school, which has been located in Te Whakarewarewa Valley since 1967; and soaring rafters at the entrance to the *wharanui* (meeting house), which were carved by NZMACI students and teachers between 1967 and 1981.

than a handful of carvers left," says Sean Marsh, Te Puia General Manager, Sales and Marketing. "Now, if you lose the carvers, you lose the ability to maintain and build *wharanui*. Then you lose the center of the community and the actual physical thing that brings everybody together. And that's what was at stake."

With the passage of the Māori Arts and Crafts Act of 1926 and the support of prominent Māori statesman Sir Āpirana Ngata, who had a vision of establishing centers of learning to maintain and preserve traditional practices, the first carving school opened in Rotorua in 1927. This school was eventually reestablished during the 1960s as the New Zealand Māori Arts and Crafts Institute and eventually became Te Puia-NZMACI, the national tourism and cultural arts institution that exists to this day.

Today, the school offers courses in carving, weaving, weaponry, *waka* (canoe) making, and bronze casting. Across all programs, tutors and masters of their respective crafts work alongside young students. The wood carving school is currently teaching its forty-sixth intake, or class. The weaving school was founded in 1969 and the stone and bone carving school opened in 2009, both with two-year study programs.

One side of the wood carving workshop at NZMACI is lined with piles of raw timber and planks waiting to be transformed. Students and teachers, all dressed head to toe in black, are hunched over work tables spaced throughout the high-ceilinged room. A couple are chiseling the decorative details on their versions of a *taiaha*, a traditional pointed fighting staff. Another is focused intently on shaping a large *tekoteko*, a free-standing statue of a human figure.

Students are assigned a tutor, typically a graduate of the program who has been













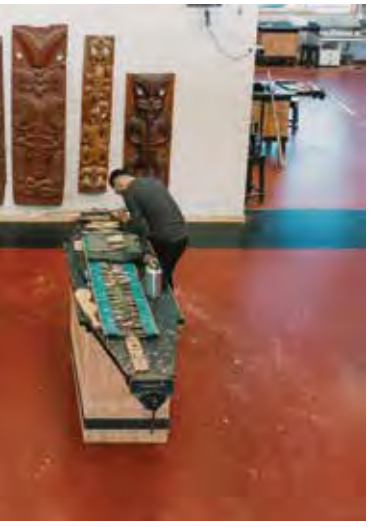


















The wood carving program at NZMACI was the first of three to be established, with stone and bone carving and weaving following later. After completing the three-year program, many graduates continue to build and restore *wharenui* (meeting houses) and practice their craft throughout New Zealand.

hired by the school to stay on in a teaching capacity. The wood carving school offers a full-time, three-year program, open to a maximum of five students of Māori descent each year who are selected from locations across New Zealand. Because carving was traditionally considered a *tapu*, or sacred, artform that was the domain of men, only male students are allowed to enroll in the program. The weaving program is open to both men and women.

The school currently has two master carvers who serve as the overseers of the prestigious program, including one, Clive Fugill, 73, who was part of the school's original intake of students in 1967. The other is Albert Te Pou, 63, from the class of 1979; he has been carving for more than four decades and has no plans to slow down for at least another 10 to 15 years.

"I like the idea that this place is available for students to learn the art and knowing that I have this skill to be able to teach them, that part fulfills me," says Te Pou.

Second year student Towharau Mohi, 22, appreciates Te Pou's soft spoken way. "He has a small amount of words, but a lot of meanings." Mohi describes how Te Pou can expertly redirect students without over-explaining. Each of the teachers has their own technique and teaching style and they are available to give guidance to any of the students. "It's an open floor," says Mohi, who defines the process as a *wananga*, or an open forum in which information and knowledge is shared.

Mohi's own father and older brother were also graduates of the wood carving school, so for him mastering these skills feels even more like a destiny fulfilled. Like the rest of his fellow students, he is learning all aspects of the craft, from the historical and spiritual significance of wood carving practices to the





"The culture has been gifted to us. We are just passing it down to future generations."

Grace Hiini, Te Puia and NZMACI



The first intake of students at NZMACI in the wood carving school in 1967 studied under Master Carver Hōne Te Kāuru Taiapa. Master Carver Clive Fugill (third from left) was a member of this original class and has spent more than five decades at the school passing down his knowledge.





Master Carver Albert Te Pou, 63, with students and tutors in the NZMACI workshop.

Ngā mahi whakairo Carving Patterns



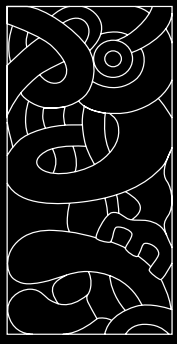
Rauru

This spiral pattern is named after Rauru Kitahi, an early carver and a revered *tupuna* (ancestor).



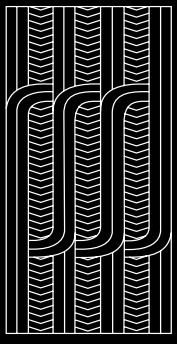
Korurangi

This pattern is named after the bulb-like center of a spiral.



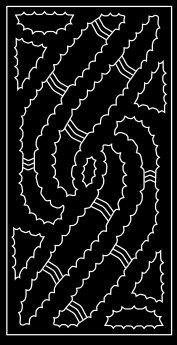
Manaia

A *manaia* is a creature with a bird-like head and a human body. The figure is used in wood carving mostly in the background to fill in spaces.



Pākati, haehae and whakarare

Pākati are the small notches between the cut lines, or *haehae*, in a carving. *Whakarare* means 'to cross over'. In this case, the *haehae* crosses over the *pākati*.



Taratara-ā-kae

The pattern refers to the jagged teeth of Kae, who was the *tohunga* (priest) who ate the pet whale of his ancestor Tinirau.



Kōwhaiwhai

Kōwhaiwhai are the scroll patterns painted on the rafters of a meeting house.



Māui

This pattern is named after Māui, a famous *tupuna* (ancestor). It is a flowing design that represents a fish-hook, an import part of Māui's life.



Raurumaui

This pattern is the same as the rauru spiral. The ends fly out, often forming another spiral.

Māori carving patterns are often inspired by New Zealand's natural environment. Many of the birds, fish and ferns on which the ancestors based the carving patterns were unique to the country.



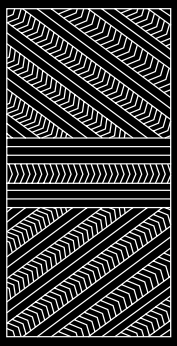
Unaunahi

This is a pattern based on fish scales. When Māori set nets and caught fish in the mesh, the mesh would have scales left behind.



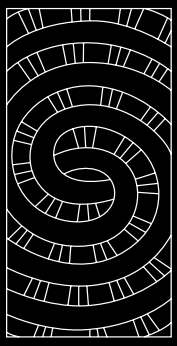
Kiri kiore

Kiri means 'skin' and *kiore* is a native rat. When a native rat was skinned, this pattern was seen on the inner skin.



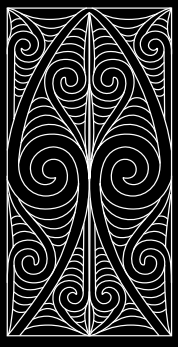
Rauponga

Rau means 'leaf' and *ponga* is a species of native fern. This pattern is sometimes used to show a backbone and a ribcage.



Takarangi

Taka means 'curve' and *rangi* is the sky. On the *taurapa* (stern-post) of a *waka taua* (war canoe), one can look through the takarangi spiral and see the sky in the background.



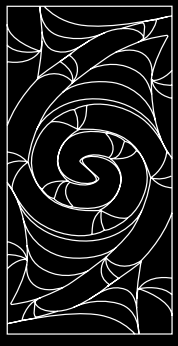
Raperape

The pattern is derived from the tattoo on the buttock of a warrior. It is an easy design to draw. You draw the letter 'S' and continue the ends around evenly to form the design.



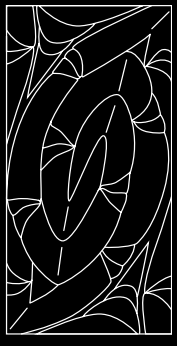
Puhoro

This pattern is derived from the tattoo on the leg of a warrior. The design represents speed, telling us that the warrior could run fast.



Pūngāwerewere

This is an East Coast tribal pattern based on the spider web.



Powerewere

This is a Taranaki tribal pattern representing the spider web. The small elements in the design represent the feet of the *pākura*, or *pūkeko*, the purple swamphen (*Porphyrio porphyrio*).

SOURCE: TE PUIA, THE NEW ZEALAND MĀORI ARTS AND CRAFTS INSTITUTE





CLOCKWISE FROM TOP Towharau Mohi, 22, a student in the The National Wood Carving School, carves a *taiaha* (pointed staff); Master Carver Albert Pou, 63, stands in front of examples of student work; Many Māori designs utilize inlays of iridescent *paua* (abalone) shells.

technical aspects of carving various *taonga*, or treasures.

Students are schooled in the eight defined tribal styles associated with the different regions of the country, with the rationale that students can then find work in any one of those regions. The end goal is that they will become practicing wood carvers, carrying their trade to the far corners of New Zealand, or tutors, continuing the age-old tradition of sharing their experience with new groups of students.

"It's definitely a responsibility of ours, of mine, to give back and make sure this art, our traditional life and our traditional thinking, will survive," says Mohi.

When walking the grounds of Te Puia, it is the young people, like Mohi, who bring a sense of optimism about the future of the Māori people. In the courtyard, a group of middle schoolers lead a tour while speaking fluent te reo Māori. In the park, teenagers sing traditional songs and talk at great length about the history of their *iwi* and customs. In the classrooms, young students take up carving and weaving, learning at the feet of the *tohunga*, or masters. All of them have a confidence beyond their years in their roles as stewards of culture. Following decades of cultural suppression, Te Puia itself is a reassuring symbol of steadfastness and survival.

"It's hugely gratifying to see the next generation coming through. One day they will take our place," says Eraia Kiel. He shares a *whakataukī*, or Māori proverb, that sums up his feelings perfectly: *Ka ngaro he tētēkura, ka whakaete mai he tētēkura*, which essentially means, as one fern frond dies, one rises from the ground to take its place.

"That's the cycle of life, I guess. It's extremely humbling and I'm proud to be part of the legacy here." ●









Eraia Kiel, General Manager, Te Puia and NZMACI

"The new generation is quite phenomenal. It's very reassuring for my generation, who's a little older than them, and for my parents, and some of my grandparents who are still alive, that our culture is in safe hands."

"In the period of first contact, colonization, and urbanization, there was just a massive loss of language and culture and connection. When the leaders created our organization, it was critical that it be established somewhere central that all people could access."



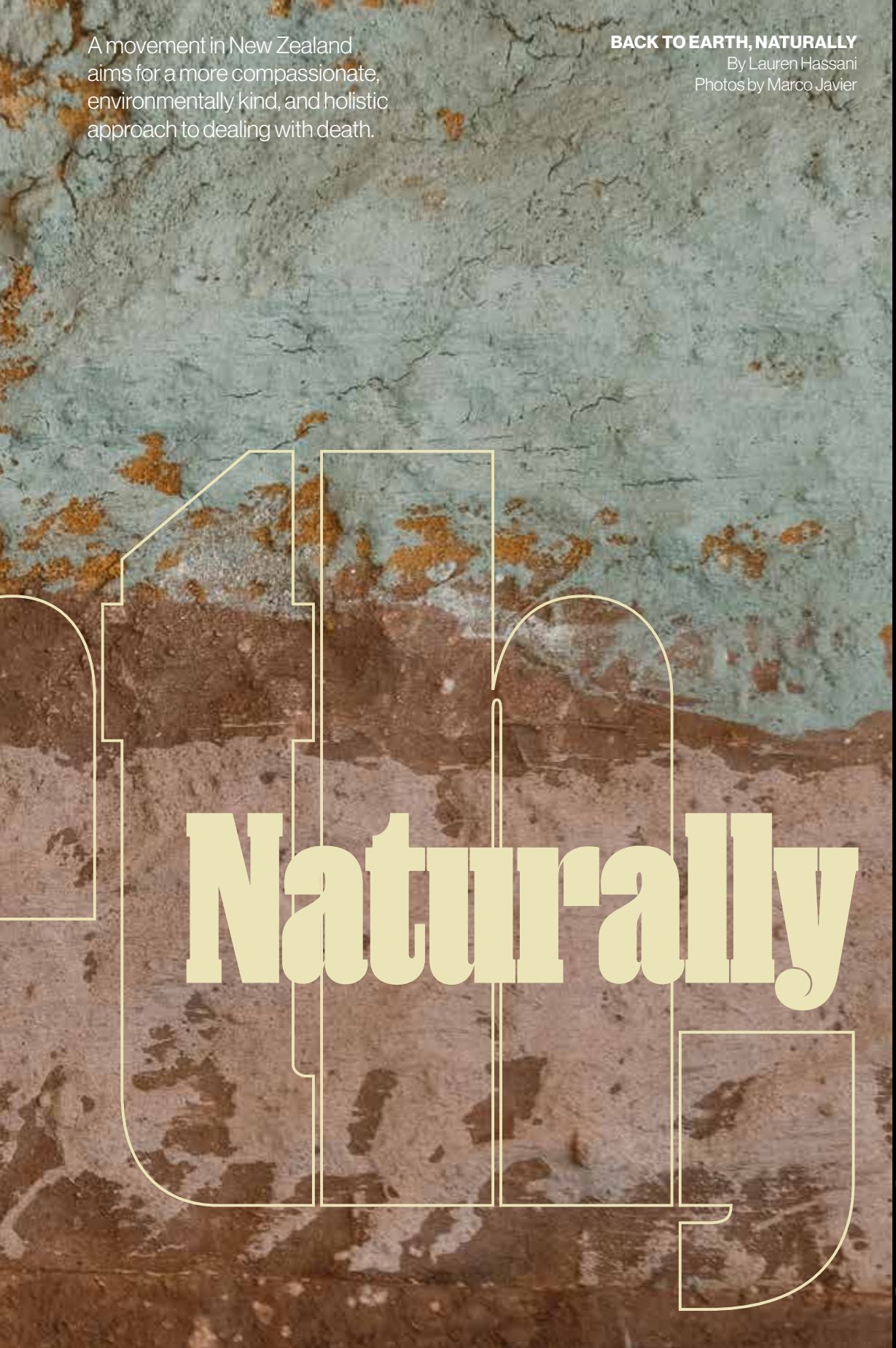
Sean Marsh, General Manager Sales and Marketing, Te Puia and NZMACI

Back to the



A movement in New Zealand aims for a more compassionate, environmentally kind, and holistic approach to dealing with death.

BACK TO EARTH, NATURALLY
By Lauren Hassani
Photos by Marco Javier



Naturally



Sarah Dewes, 65, unfurls the large roll of handmade paper standing in the corner of her living room in Rotorua, New Zealand, gently smoothing out the stack of area-rug-sized sheets with deckled edges. The papers are tissue thin — so thin that when she lifts up an individual sheet, light shines through and illuminates the flecks and strands of the *harakeke* (flax) fibers from which the paper is made. It looks like a veil, or some ethereal fabric crafted by Mother Nature. "This is my shroud," she explains. "I'll be buried in this."



Pania Roa, 49, outlines the game plan. "When the time comes, I'll probably cut a small veil that'll go over her face at nighttime. Then the bigger shroud — one will go on top and the other will go beneath her body."

Lyn Walmsley, 59, concurs. "We've got each other's backs covered." An apt statement, in both a literal and metaphorical sense, and in death as well as life. The three are friends and collaborators in promoting the small but growing movement towards natural burial practices in New Zealand. They represent complementary sides of the same interest in returning to a more compassionate, environmentally kind, and holistic approach to dealing with death.

Their efforts are joined through the nonprofit organization, Te Atawhai Aroha Compassionate Communities Rotorua Trust — Dewes as a Coordinator, Roa as *Tikanga* and *Reo* Māori (Māori customs and language) Advisor, and Walmsley as a trustee, co-chairing the Charitable Trust. The group of volunteers is based in Rotorua, a city of 77,000 people located about 140 miles southeast of Auckland on the North Island. Its Māori and non-Māori members work together to enable family-led, affordable, eco-friendly funerals, which they facilitate through a combination of educational services, advocacy work, and collaboration with community groups, health agencies, and government agencies. Te Atawhai Aroha's vision is to eventually train funeral guides, or death doulas, who can guide and support families during the grieving process.

"It's really about giving people options," Walmsley says. For those of Māori descent, like Walmsley and Roa, natural burials offer a return to *tikanga*, or customs, around death that had been lost over decades of colonization. They also encapsulate the Māori ideals of respect for and stewardship of the land.



Pania Roa demonstrates the transparent qualities of the paper shroud. Te Atawhai Aroha Compassionate Communities Rotorua Trust holds workshops to teach the art of harakeke (flax) paper making.

“When the time comes, I’ll probably cut a small veil that’ll go over her face at nighttime. Then the bigger shroud – one will go on top and the other will go beneath her body.”







Lyn Walmsley's family burial ground in Horohoro, just outside of Rotorua, is owned collectively by members of the Northcroft-Waaka-Moke clan.



For Dewes, who is of Irish descent and comes from a background in public health policy, the environmental benefits are particularly appealing. Equally important is addressing inequities that result in funeral poverty.

Natural burial is the interment of a body directly into the earth without the use of embalming fluids or coffins; the remains can decompose fully and much more quickly, without leaching embalming preservatives like formaldehyde and glutaraldehyde into the soil. The body is usually wrapped in a biodegradable container of some sort, as opposed to modern coffins, which are often made of engineered woods and other finishes, some toxic, that do not break down. Graves are typically shallower, only a meter deep, as opposed to the traditional burial six-feet under, which also aids in rapid decomposition.

The benefits are dramatic from a cost perspective as well. Natural burials are typically thousands of dollars cheaper than that of a traditional funeral, which, according to



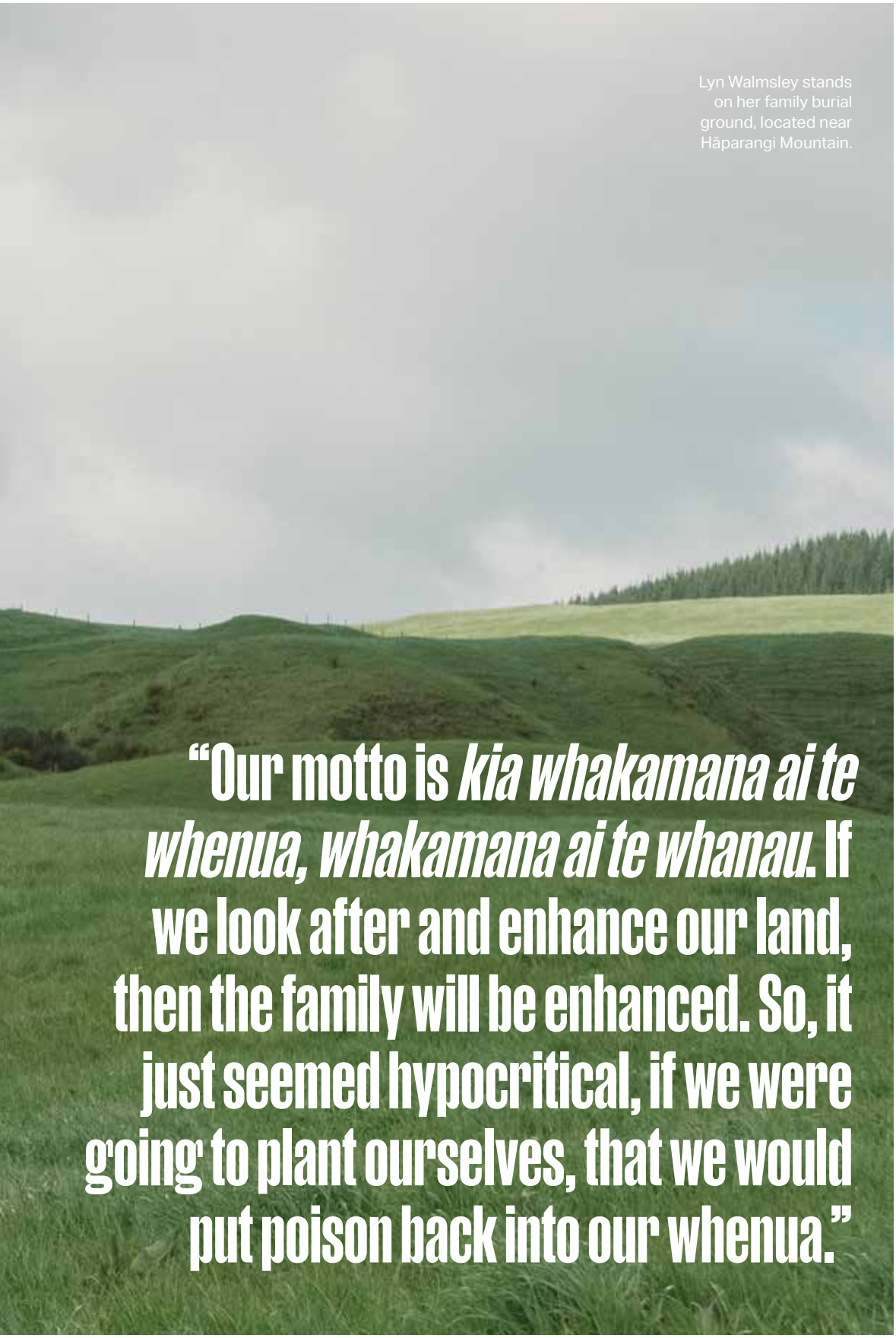
The plot began as an empty field but now contains an abundance of native vegetation.

the Citizens Advice Bureau New Zealand, can cost an average of NZ $8,000–10,000 (US $4900–6100).

There are currently 19 certified natural burial sites located throughout New Zealand and Te Atawhai Aroha is petitioning for one to be added to public land in Rotorua, open to citizens of the city and managed by the local council.

Others, like Walmsley, are looking to their own land to create family burial grounds. Her family, the Northcroft-Waaka-Moke clan of the Tūhourangi-Ngāti Wāhiao *iwi* and *hapū* (tribe and sub-tribe) has set aside five hectares (roughly 12 acres) of their 54-hectare (133-acre) farm in Horohoro, on the outskirts of the city, as a final resting place for future generations. The land was owned by her great grandmother and all descendants are eligible to be buried there. Their certification differed from that of public burial sites in that the petition went through the Māori Land Court, a more expedient process.





Lyn Walmsley stands on her family burial ground, located near Hāparangi Mountain.

"Our motto is *kia whakamana ai te whenua, whakamana ai te whanau*. If we look after and enhance our land, then the family will be enhanced. So, it just seemed hypocritical, if we were going to plant ourselves, that we would put poison back into our whenua."



Pania Roa started exploring the idea of *kopaki* weaving after her father mentioned seeing one at a friend's funeral. Already an experienced weaver, she was quickly able to learn the process.



As early as 2005, her family began discussing a project to regenerate a section of land that was looking sparse. One person brought up the idea of putting in a cemetery. "It just kind of melded together and evolved naturally," says Walmsley. "We want to plant trees. We want a cemetery. Then we may as well plant ourselves."

After a 15-year journey, their *urupā*, or burial ground, is finally ready. What once was an empty plot with a lone pine tree is now a picturesque meadow filled with native trees and shrubs. As Walmsley points out, the Māori refer to themselves as *tangata whenua*, or people of the land, so it is only fitting that they go back into the land to nourish it. All things are connected through *mauri* — a life force or energy that is continually transferred from the people to the land, and vice versa.

Historically, Māori wrapped their dead in *whāriki* (mats) and placed the bodies in shallow graves, caves, or sometimes tree hollows. However, by the early twentieth century, most had adopted the practices of the European settlers — employing the services of undertakers to prepare the bodies, with burial done in coffins six-feet under or in mausoleums. Walmsley's *urupā* is a step toward reclamation of traditional Māori practices.

She, along with other Māori, are hoping to bring more of these customs to the forefront and are resurrecting lost rituals around burials, from prayers and incantations, to methods of preparing the body. Weavers like Pania Roa are helping to bring back the art of making *kopaki*, or hand-woven burial mats.

Made from the same *harakeke* as Dewes' delicate paper shrouds, Roa's *kopaki* are intricately woven mats that are wrapped around the body before being placed in the earth. Roa began weaving as a teenager but has shifted to making *kopaki* in recent years. One of her mentors, Maata Wharehoka, revitalized the practice in the early 2000s, and in turn Roa now teaches workshops to others so that they can become self-sufficient in making their own *kopaki*.









Wrapping bodies in *kopaki* (woven mats) is part of Kahu Whakatere, the ancient Māori practices around death and burial. This empty *kopaki*, created by Pania Roa, was created to demonstrate the weaving process.



She explains that in *te reo Māori*, the Māori language, the word for placenta and land is the same: *whenua*. And a flax strand, *whenu*, is also derived from that same word. "The whenu holds it all together. It's beautiful. We have a holistic way of thinking."

The three friends — Walmsley, Roa, and Dewes — meet regulaly around Dewes' kitchen table to plan and discuss the work of Te Atawhai Aroha. The experience of learning about natural burials has prompted them all, Māori and non-Māori, to have more upfront conversations around death and dying — and to find comfort in being able to talk about it. They each know how the other wants to be buried.

"We're in this with the premise that we know we all die and we're all in the same boat — we call it a *waka*. We're in the same boat together in this life," says Dewes.

According to Walmsley, she now discusses death openly with her grandchildren, letting them know that even after she is gone, she will leave behind a *tohu*, or reminder, of herself. But she is not adamant about having an exact memorial or grave marker for her descendants to visit. Leaving behind the land and having them know that she is somewhere buried beneath the trees is enough.

She surveys the peaceful field where she will one day be placed. "If I do one good thing in my life, I'm going to grow a tree. That makes me pretty proud and happy, just knowing that I'm part of that circle of life." ●



Dewes, Roa, and Walmsley have become close friends through their involvement in natural burials.

She explains that in te reo Māori, the Māori language, the word for placenta and land is the same: *whenua*. And a strand of flax, *whenu*, is also derived from that same word. "The *whenu* holds it all together. It's beautiful. We have a holistic way of thinking."



Asians in New Zealand

The population of New Zealand is rapidly transforming across the demographic spectrum. Aside from growing older, the country is also becoming more diverse. The Asian population in particular has expanded in recent decades — in fact, it is the fastest growing group across all regions. According to Stats NZ, New Zealand's official data agency, Asians are set to make up 26 percent of the country's population by 2043, as compared to 16 percent in 2018.

This change is most noticeable in Auckland, one of the world's most culturally diverse cities. In 1991, only 5 percent of Auckland's residents identified as Asian. This number had increased to 28 percent in 2018, a result of waves of migration from countries such as China and India. By 2043,

Xiu Ying, 84, attends an event hosted by Age Concern Auckland for older members of the Chinese community.



it is projected that 44 percent of Auckland's population will identify as ethnically Asian.

Though the Asian population generally skews younger than the general population, there is a burgeoning number of Asian seniors, many of whom struggle with language barriers and require culturally appropriate support. Age Concern Auckland, the largest organization in Auckland devoted to providing programs and services for people over age 65, created an Asian Services Team specifically to address this concern. The team is comprised of coordinators, social workers, and other staff and volunteers from within those Asian communities, who speak the languages and understand the cultural nuances.

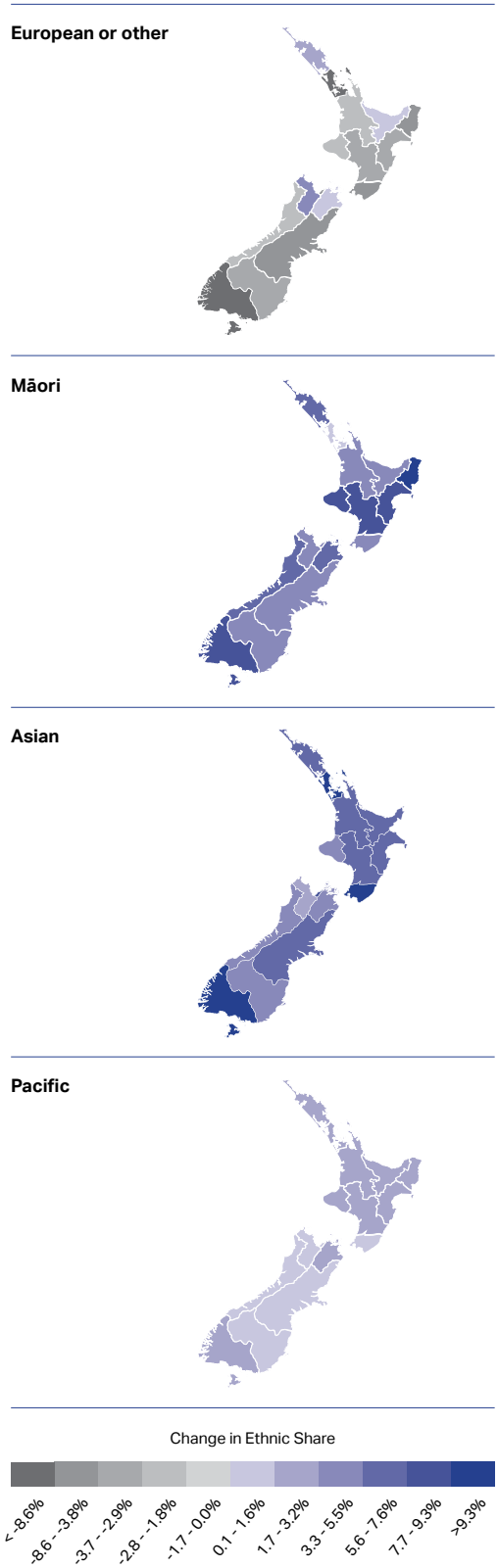
The organization operates out of three Auckland offices, with support offered in English, Mandarin, Cantonese, Korean and Japanese. Programming includes health promotion workshops, along with classes such as conversational English, singing, dancing, cooking, and art. Social workers provide individual casework and group sessions to address issues affecting the population.

Age Concern Auckland has seen a doubling of demand from Asian seniors over the past year and has continued to adjust its approach to better communicate with this group — for example, setting up channels on WeChat and Kakao to better reach people and modifying outreach language to be more culturally relevant.

While community activities are plentiful, there is also a growing need for services to address issues like dementia and domestic abuse. According to the organization, neglect and abuse of older people have historically been under-reported within the Asian community and are not familiar concepts in some cultures.

Age Concern Auckland continues to advocate for increased funding for this type of programming, which is certain to be more in demand in the coming years. The demographic shifts across New Zealand bring added diversity and vibrancy to the country, but also a greater need for robust, culturally appropriate aged care services for all people. ●

Projected Change in Ethnic Shares
Medium projection by regional council, 2018 (base) - 2034



Age Concern Auckland has seen a doubling of demand from Asian seniors over the past year and has continued to adjust its approach to better communicate with this group — for example, setting up channels on WeChat and Kakao to better reach people and modifying outreach language to be more culturally relevant.

Numbers of Older People are Increasing Across All Ethnicities

	2018	2034
European or other	637,500	928,200
Asian	59,500	171,900
Māori	48,500	109,400
Pacific Peoples	21,300	46,700
Middle Eastern / Latin American / African	4,000	18,000





Seniors at Age Concern Auckland's community event learn how to prepare traditional Chinese almond cookies. The baking class emphasizes easy, healthy techniques.









CLOCKWISE FROM TOP LEFT Age Concern offers a digital literacy class specifically tailored to Auckland's Chinese community; Seniors spend their down time on their phones; Tai chi led by volunteer Ji Ji, 85, provides gentle exercise; and Age Concern Auckland's Lily Lin, 38, Social Coordinator, and Jenny Chen Zhen, 38, Program Coordinator, help run the weekly classes, which are held on Auckland's North Shore.













Attendees of the gathering range in age between 72 and 90, with most over age 80.











Attendees chat over snacks in between classes at the Age Concern Auckland community event for Chinese seniors.



Caring for Kaumātua

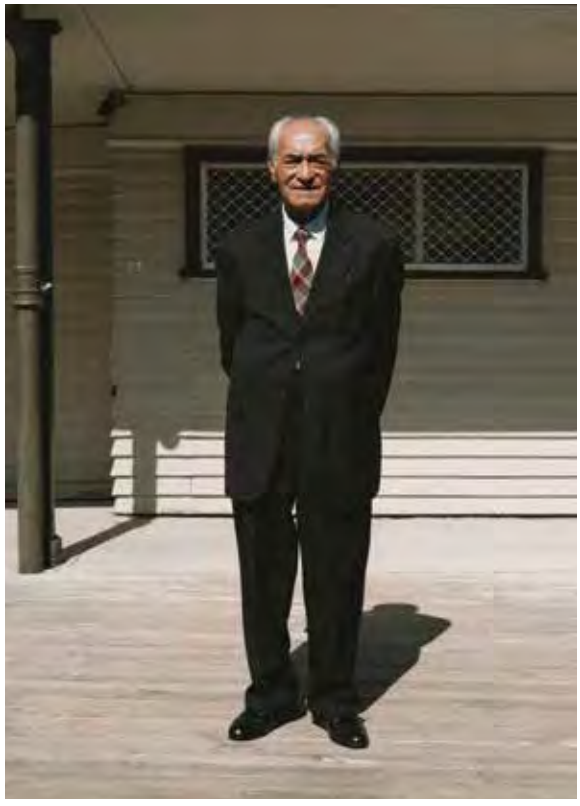
The Rauawaawa Kaumātua Charitable Trust is a unique nonprofit organization in Hamilton, New Zealand that is both governed by and serves the needs of *kaumātua*, or older people. The Trust provides a range of culturally appropriate and accessible health, social, and community-based activities and programs for those over 55 years old, with the purpose of enhancing their quality of life. Approximately 80 percent of the people who utilize the organization's services identify as Māori.

The Trust operates under the *korowai* framework, a Māori-centered approach with a focus on culturally appropriate ways to support the holistic well-being of *kaumātua* and their *whanau* (families). A *korowai* is a traditional Māori ceremonial cloak made from the fibers of the flax plant. The vision of the Trust is to weave together a *korowai* of offerings (education, recreation, welfare, housing, and health and well-being) to wrap around the *kaumātua* "to keep them warm and safe." Cultural inclusion and community engagement have helped to make Rauawaawa an essential support system within Hamilton, and a valuable resource for the wider community. ●

Kaumātua volunteer George Richmond, 69, at the Rauawaawa Kaumātua Charitable Trust.









CLOCKWISE FROM TOP LEFT Trustee Raiha Gray, 81; Trustee Bosen Rota, 79; Kiriata Matiu, Kotahitanga Member for the Trust, leads the group in singing a traditional song; staff and trustees join in a virtual exercise class; and the Board of Trustees gather in the courtyard of the organization's facility, Te Puna o Te Ora ("Spring of Wellness") in Hamilton, New Zealand.







Staff perform a Māori song in the *wharekai* (dining room). Prior to becoming the home base of the Rauawaawa Kaumātua Charitable Trust in 1988, the building served as a housing facility for members of the local Māori community. Today, the building continues to be a gathering place for *kaumātua* and their *whānau* (families).



The Benefits of Village Life for Older Māori

For Gayle Wineera, 64, the sense of community is what sets her neighborhood apart. Especially during the height of the pandemic, she appreciated the bonds of her close-knit village. "We looked after one another really well with the help of the outsiders. It was really good, and it's carried on even after," she says.

Wineera is living in one of 14 units in Moa Crescent Kaumātua Village in Hamilton, New Zealand. Developed by nonprofit organization Te Rūnanga o Kirikiriroa from 2012 to 2014, Moa Crescent is a collection of affordable one and two-bedroom homes for *kaumātua*, or seniors. All 19 residents are over age 60, with the majority of them identifying as Māori. The Rauawaawa Kaumātua Charitable Trust provides "wrap around" health and social services to ensure that the seniors are able

Moa Crescent resident Daisy Haimona (center), 73, stands outside her home with Rauawaawa's Huhana Wilson, 63, and Pernell Pakau, 54.



to age in place and that those with disabilities have proper support.

The Trust offers transportation services to and from their facility, where seniors can participate in a wealth of activities, from exercise classes to health seminars. Many of the residents go multiple times a week and look forward to gathering with other *kaumātua* from the Trust's 700-person membership. During COVID-19 lockdowns, the organization delivered food and necessities to residents.

Moa Crescent was designed to replicate the concept of an urban *papakāinga*, which are Māori housing developments on ancestral *whenua*, or land. Shared gathering spaces and an emphasis on communal living helps keep isolation at bay and fosters greater resilience. As resident Daisy Haimona, 73, affirms, "It's like having one big family." Despite having a huge clan of her own (including 6 children and 36 grandchildren), it is her Moa Crescent family she relies on every day.

The *kaumātua* housing played a key role in Hamilton's 2014 acceptance into the WHO Global Network for Age Friendly Cities and Communities. The Rauawaawa Kaumātua Charitable Trust worked with research partner Building Better Homes, Towns and Cities to create a report of best practices for other communities who wish to create similar housing projects. Moa Crescent represents a new approach to housing that meets a growing demand for culturally sensitive, affordable living designed around the needs of older people. ●



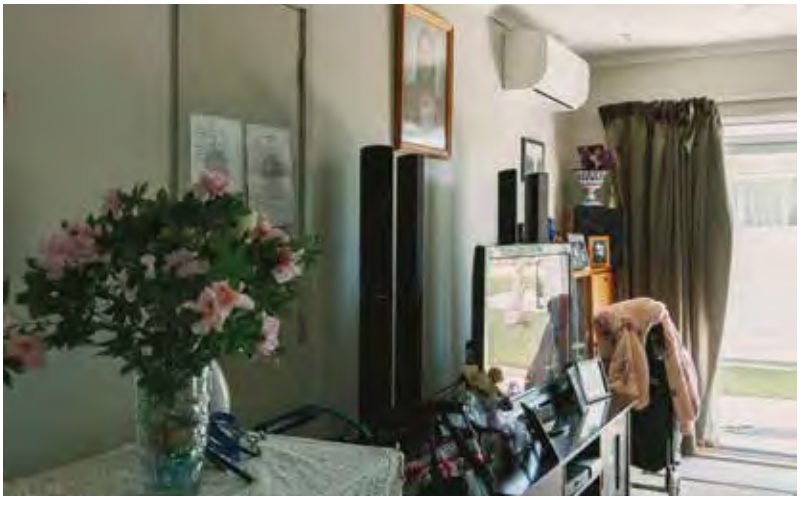
"Rauawaawa organizes everything for our health that we need. They take us to our appointments — specialists, hospitals, even our appointments at the doctors."

-Daisy Haimona, 73



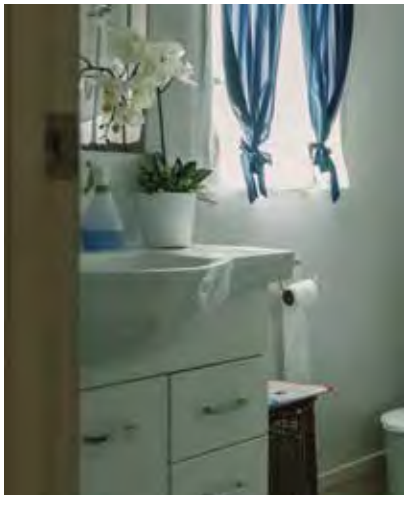












Daisy Haimona's unit at Moa Crescent Kaumātua Village in Hamilton, New Zealand includes a kitchen, bathroom, bedroom, and living area.









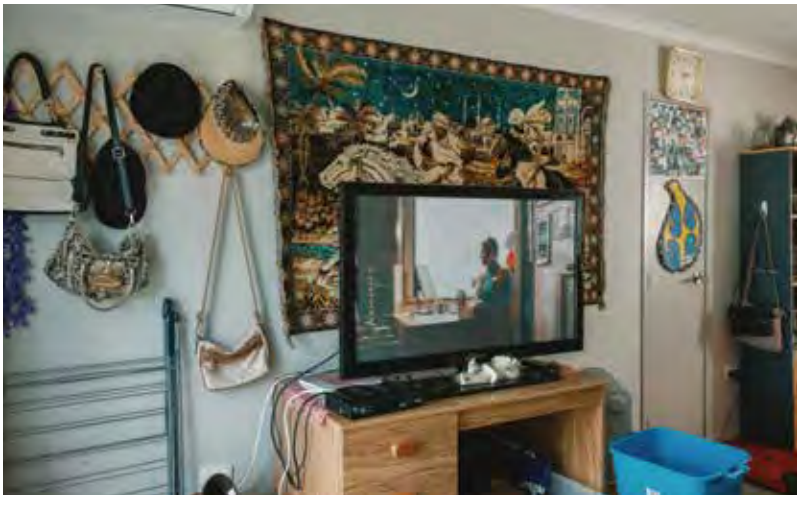












Marilene Kingi, 70, pictured in her home with Rauawaawa community health workers Huhana Wilson and Pernell Pakau, has lived at Moa Crescent since 2014.















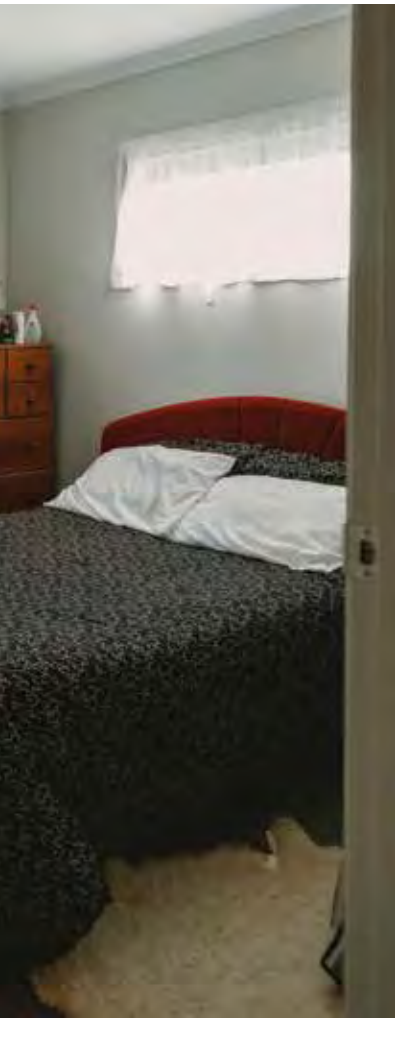




Gayle Wineera, 64, moved into Moa Crescent after her husband (pictured with her, top right) had a stroke. Previously, the couple lived in Taranaki, a region on the west coast of the North Island, but relocated to Hamilton to be closer to his medical care.










2



The 14 housing units are all in close proximity to each other, with plenty of shared outdoor space for gathering with neighbors.

Hoki Purcell, 86, and Owen Purcell, 89

Hamilton, New Zealand





OPPOSITE PAGE The couple on the steps of the Hamilton New Zealand Temple, a temple of the Church of Jesus Christ of Latter-day Saints where they served as labor build missionaries in the 1950s. **ABOVE** Mementos from Owen Purcell's career with the New Zealand Police.

Hoki and Owen Purcell are the definition of community leaders — even well into their retirement years. The two remain active in various organizations and give generously of their time. They are 2020 recipients of the Queen's Service Medal for their lifetime of volunteer work and contributions to the Māori community.

They are both founding members of the Rauawaawa Kaumātua Charitable Trust, a nonprofit organization based in the city of Hamilton that provides a range of activities and services for *kaumātua* (the Māori word for seniors). Owen is Chairman of the Board and Hoki is head of the Fundraising Committee and the Aroha ngā Mokopuna Committee, which ran a three-year intergenerational project that brought *kaumātua* volunteers into underserved area schools.

Hoki, a former social worker, and Owen, a former police officer, have been married for 69 years. They have four children, 14







ABOVE One of the bedrooms in the Purcells' home in Hamilton, New Zealand. **OPPOSITE PAGE** Hoki Purcell shares memorabilia, including an album recorded by the Te Arohanui Māori Company of New Zealand, a Māori performing arts group, of which she was a member; and the Purcells eat lunch in their dining room.

grandchildren, and 35 great-grandchildren. Both are members of the Hamilton New Zealand Temple; they were labor missionaries who, in the 1950s, established the temple, the first Church of Jesus Christ of Latter-day Saints in the Southern Hemisphere.

Owen retired from the police force in 1988 and has filled the past 35 years with leadership positions at a variety of organizations: Te Rūnanga o Kirikiriroa Charitable Trust, Te Kōhao Health, Te Ngā Rau Tatangi (Māori Housing Foundation), Ngāti Kahungunu Inc., Ngāti Kahungunu ki Kiririoa, among others. He also served as President of the New Zealand Labour Missionaries Association from 1999 to 2017.

Although the Purcells are slowing down as they near 90, they still keep close tabs on the causes that mean the most to them. They live mostly independently in their home in Hamilton, although their daughters periodically stay with them to help out. Typical days


THE TE AROHANUI MAORI COMPANY
OF NEW ZEALAND


A&W



ABOVE A family portrait from the 1960s with the couple and their four children, Jessica, Merrill, Roland, and Kathy. **OPPOSITE PAGE** The view from their home in the suburbs of Hamilton; and the Purcells visit the Hamilton New Zealand Temple.

are spent with family, friends, and the organizations they helped build over the years.

Hoki, who still drives, jokes that she is "on call" for Rauawaawa, ferrying other seniors to doctors appointments and activities. She has found purpose in the work she and Owen have tirelessly supported within the Māori community. "We love and appreciate bringing good to others," she says. "That's the most important thing — what can we do to make the lives of others better? How can we enrich one another? What do we need to do?" ●









CLOCKWISE FROM TOP LEFT Hoki Purcell sorts through tablecloths, which she uses for decorating event spaces for underserved members of the community; Owen Purcell visits nonprofit Māori-led health organization Te Kōhao Health, where he served as director for many years; visiting a marker commemorating the Labor Missionary Building Programme; and leaving for an afternoon of errands.





Jan Rae, 75, and Wallace Rae, 79

Paraparaumu, New Zealand





OPPOSITE PAGE The couple outside of their home in Paraparaumu, New Zealand. **ABOVE** Jan Rae checks her email and manages her busy weekly schedule.

Seven years ago, Jan and Wallace Rae left their home of 46 years and moved to Paraparaumu, a town located about 55 kilometers (34 miles) north of Wellington. Their move was motivated in part by wanting to be closer to their three children and to help with their four young grandchildren. However, they were also looking ahead to a time when they themselves might need assistance. In their smaller, one-level house with easy access to parks, shopping, transportation, and medical care, the couple live busy, independent lives.

Jan, a former high school biology teacher, is secretary to the parish council for their church and sings with the choir. An avid sewer, she belongs to a patchwork quilting group and knits clothing for the Nest Collective, a nonprofit group that donates




Professionals
SEPTEMBER



ABOVE The exterior of the Raes' home, where they have lived for seven years. **OPPOSITE PAGE** Baby sweaters knitted by Jan Rae ready to be donated to local families in need; and a handmade patchwork quilt, also part of the items to be donated.

baby essentials to families in need. She is also a guide leader for a local Brownie pack of 7- and 8-year-old girls. Jan has served as a guide leader with GirlGuiding NZ for 48 years, mentoring hundreds of girls both in her former city of New Plymouth and in Paraparaumu.

Despite being retired from his career as an industrial chemist, Wallace continues to stay current on developments in the field and takes on the occasional consulting job. He spends roughly four hours per day reading relevant articles and conducting background research, which he says keeps him mentally stimulated. He plays tennis four times a week and volunteers with a wetland restoration group at the local park. He is also an avid photographer.







ABOVE A photo of the couple on their wedding day in 1968.
OPPOSITE PAGE Wallace tends the 500 square-foot garden outside of the couple's home.

The couple have been married 54 years, and although they do some things together, the majority of their hobbies and interests are quite separate. For both Wallace and Jan, self-reliance is key, and their greatest fear is developing a disability that diminishes their ability to do things on their own. They have looked into retirement villages and care homes in their area, but for now are enjoying their active lifestyles to the fullest.

"You don't know when your health is going to pack up or you're not going to be able to do something," says Jan. "So, it's important to keep doing as much as you can, while you can." ●








GivEasingNZ

CLOCKWISE FROM TOP LEFT Jan Rae puts on her GirlGuiding NZ uniform; leading the weekly troop meeting with fellow guide leader Margaret Irvine, 74; proudly displaying her badges, earned through 48 years of service to the organization; and the GirlGuiding NZ facility in Paraparaumu, located a short 5-minute drive from her house.






NGA
WHAKAA
MAUI
AOTEAROA



Images from New Zealand



AARP Leadership with Harry Burkhardt, chair of the Ngāti Kuri Trust and New Zealand Māori Arts and Crafts Institute.



Auckland's iconic Sky Tower, a 328-meter structure in the city's Central Business District.



Nighttime on Quay Street in Auckland.



A poster for artist Tame Iti's installation entitled "I Will Not Speak Māori," on display in Wellington's waterfront.



The Auckland War Memorial Museum, one of New Zealand's most well-known museums.



The rooftop at Auckland's Saint Alice restaurant overlooks Viaduct Harbour.



St. Heliers Beach, a seaside suburb east of Auckland.



Fully automated public Exeloo toilets are designed and manufactured in Auckland.



A group of seniors socialize on the boardwalk at St. Heliers Beach.



Harbour Eats, a 650-seat food court, is located at Commercial Bay on Auckland's waterfront.



The skyline of Auckland, New Zealand's largest city.



Local guide John S., on Auckland's North Shore.



Sunset on Waitematā Harbour, near Queens Wharf, Auckland.



Cornwall Park, in the heart of Auckland, is home to a working farm with 600 sheep and 60 cows.



Whakarewarewa Valley is an active geothermal area in Rotorua.



Annabelle's Restaurant, on Tamaki Drive in Auckland.



Orakei Marina in Auckland sits on Okahu Bay, opposite the entrance to Auckland Harbour.



Poster advertising "Be a Tidy Kiwi," a litter prevention campaign first created in the 1960s.



Patariki Dawson, a student in the National Stone and Bone Carving School within the New Zealand Māori Arts and Crafts Institute (NZMACI), works on a carving.



Student Patariki Dawson's handiwork, an intricate *pounamu* (greenstone) carving.



The AARP team with the team at Te Puia, a Māori cultural center and geothermal attraction in Rotorua.



Student carvings in the workshop at the National Stone and Bone Carving School, which was founded in 2009.



Eva Chang, 72, and John Li, 74, attend a community event for Chinese Aucklanders.



Madeleine Sales Dela Rosa, 70, an Auckland resident and Filipino immigrant.



Mount Eden, also known as Maungawhau, is a prominent, long-dormant volcanic cone in the Auckland area.



Houses at the Hobbiton movie set, located on a 1250-acre sheep farm in Matamata.



Mount Eden is one of Auckland's most visited mountains, with over one million visitors each year.



Interviewing senior volunteers at the Brook Waimārama Sanctuary in Nelson.



AARP's Debra Whitman meets with Ru Collin, Chief Executive of the Brook Waimārama Sanctuary.



AARP's *The Journal* Editor-in-Chief Peter Rundlet at the Wellington Cable Car summit.



AARP's Debra Whitman learns about the Rauawaawa Kaumātua Charitable Trust from Trustee Hoki Purcell.



Queens Wharf is situated along the Wellington Waterfront.



Volunteers maintain wētā motels, man-made structures built to shelter wētā, large insects endemic to New Zealand.



A residential area near the Oriental Parade, a waterfront path overlooking Oriental Bay in Wellington.



Downtown Wellington, New Zealand's capital city and third most populous urban area.



The AARP team is welcomed inside the *wharanui* (meeting house) at the Te Puia cultural center in Rotorua.



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