



# Copenhagen 2017 Summit

INTERNATIONAL FEDERATION ON AGEING

## Sponsorship Prospectus

IFA Global Think on Ageing  
(24-25 April, 2017)

&

IFA Copenhagen Summit

(Fall 2018)



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## International Federation on Ageing

The International Federation on Ageing is an international non-governmental organization (NGO) with a membership base comprising government, NGOs, academics, industry and individuals in 70 countries. The IFA began operations in 1973, at a time when the social and economic impact of population ageing was only just beginning to be understood by governments around the world.

The IFA has General Consultative Status at the United Nations (UN) and its agencies and is in formal relations with the World Health Organization (WHO). The IFA has been involved in: drafting key initiatives such as the UN Principles for Older Persons; is an active organization in the drive toward older people being recognised in the Sustainable Development Goals (SDGs); and has a strong voice in the dialogue on how best to legally protect the rights of older people globally.

The IFA is a registered charity in Canada, with an international Board of Directors democratically elected by its members, and led by the IFA President Mr Bjarne Hastrup, founder and Chief Executive Officer DaneAge.



**Mission:** A world of healthy older people whose rights and choices are both protected and respected.

**Goal:** To be the global point of connection and networks of experts and expertise to help influence and shape age-related policy.

## DaneAge

DaneAge was founded in 1986 and is a not-for-profit, direct membership organization. Currently, DaneAge has 755,000 members of which 33% are fifty years old or older. The mission of DaneAge is to fight for a society in which all can live long and good lives; a society in which: the individual is more important than their age, it is possible to live and flourish on their own terms, and support and care are available for those who need it.

DaneAge acts as an advocated through ongoing dialogue with the government and the public to promote a society without age barriers and ageism.

Furthermore, DaneAge provides knowledge and information to the public on the diversity of ageing through various forms of media including their bimonthly magazine title “Ældre Sagen NU”. DaneAge also provides assistance, support and counselling through their 9,000 volunteers who provide social humanitarian support and lawyers who provide free-of-charge impartial advice and counsel.



## Introduction

Older people globally are being viewed as a growing market opportunity, but also a rapidly growing social and economic concern for all levels of governments. There is a real need and a growing demand for evidence-based discussions and policy debates on emerging trends and immediate issues related to older people.

In response to this need, the International Federation on Ageing (IFA) and DaneAge, leaders in the non-governmental sector, established two interconnected meetings known as the IFA Global Think Tank and the IFA Copenhagen Summit. These international platforms are timely and appropriate responses from members of civil society who have the capacity and capability to work across sectors and disciplines.

The successful inaugural meetings on *Reablement and Older People* in 2015 sought to synthesise and debate the evidence that underpinned policy to improve the functional capacity of older people with diabetes, frailty and dementia. A great deal of consensus was realised toward the need for a proactive rather than reactive policy response to the consequences of these conditions.

The 2015 Copenhagen meetings attracted experts and thought leaders from 18 countries, and included experts such as Dr. John Beard, from the WHO Department of Ageing and Health who reported the evidence and ideology behind the paradigm shift from “active ageing” to “healthy ageing”.

The IFA and DaneAge have a demonstrated track record independently and in collaboration in their outreach to the United Nations (UN) and its agencies, governments, NGOs, business as well as academia in helping to shape and influence policies; and in convening major high-level meetings.

## The 2017 IFA Global Think Tank and Copenhagen Summit

The IFA and DaneAge is pleased to announce that the emerging area of *Cognitive Reserve* will be the focus of attention in the 2<sup>nd</sup> IFA Global Think Tank and IFA Copenhagen Summit to be convened respectively in April and October 2017.

These connected international events in 2017 aim to respond to a major gap in knowledge mobilisation around the topic of *cognitive reserve* and are convened at a time when nations globally are facing the consequences of several significant demographic changes including population ageing, globalisation, urbanisations and technology.

### What is the IFA Global Think Tank on Ageing?

**The Think Tank on Ageing** is an invited-only meeting of experts (thought leaders, academics and practitioners) in the field of cognitive ageing and cognitive reserve.

The aim of the Think Tank is to gather intelligence through a series of carefully prepared questions on the degree to which cognitive reserve is a value-added investment to improve and maintain the capacity of older people.

The consensus paper from experts arising from the Global Think Tank will inform the program framework for the IFA Copenhagen Summit, to be held October, 2017.



### What is the IFA Copenhagen Summit?



**The Copenhagen Summit** is the Annual Meeting of the Global Think Tank. It is an international platform specifically convened to stimulate policy discussions with key decision makers from government, business and civil society on the issue of cognitive ageing and cognitive reserve.

Targeted discussions linked to the consensus papers is expected to stimulate intergovernmental dialogue about cognitive ageing and cognitive reserve and the corresponding social and economic business case for maintaining and increasing cognitive reserve in older adults as part of the life course approach to ageing.

As part of their commitment to policy reflection and development, participants in the Copenhagen Summit will be invited to commit to using the discussion papers and final

Summit report to introduce the issue of cognitive reserve and older people into their sectors, disciplines and departments.

The ultimate aim of public policy on ageing should be to maximise the functional ability and wellbeing of older people in a way that is maximises their social capital in an economically sustainable way.

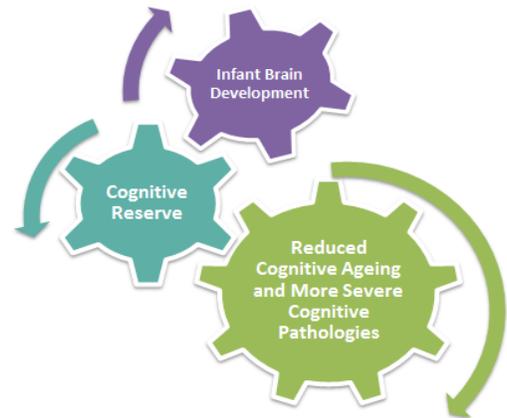
## Cognitive Reserve

Worldwide between ten and twenty percent of older people report experiencing mild cognitive impairments and some 46.8 million people are estimated to be living with dementia<sup>1</sup>. Unfortunately, efforts to develop interventions that will stop the progression of cognitive ageing or find cures for more severe cognitive pathologies (e.g. dementia) have been ongoing for many years, are expensive and yet to provide long term effective results (in 2015 it was estimated that the worldwide cost of dementia was \$818 billion USD)<sup>2</sup>.

With the aforementioned in mind it has become a new priority to identify interventions that are low cost, accessible to most people, and offer a promise of either: 1) reducing cognitive ageing and more severe cognitive pathologies or 2) enhancing cognitive function that will enable the use of alternative neuronal interconnections in order to compensate for changes caused by cognitive ageing and more severe cognitive pathologies<sup>3</sup>. Currently, one of these interventions is addressing and implementing the various protective factors that maintain and increase older people's cognitive reserve and address the risk factors that decrease cognitive reserve<sup>3 4</sup>.

The concept of cognitive reserve is important because it is not just relevant to the onset of dementia but also to the natural brain changes older people experience<sup>4</sup>. Older people with a greater cognitive reserve consistently exhibit less cognitive decline and later onset of dementia even when brain scans indicate brain tissue deterioration<sup>5</sup>. Researchers believe that cognitive reserve is due to greater neuronal connections due to a lifetime exposure to cognitively stimulating experiences<sup>6</sup>. As a result of this, when cognitive decline occurs there is a cognitive compensation in which alternate connections and problem solving strategies are used<sup>7</sup>.

Since it is believed that cognitive reserve is the result of exposure to a lifetime of cognitively stimulating experience, researchers argue that in order to build, increase, and maintain cognitive reserve, it is imperative that initiatives be implemented from infancy in order to safeguard brain development<sup>7</sup>. For instance, it has been found that poor intrauterine environment (e.g. malnourishment, lack of stimulation during infancy up to the age of six years by which point 93% of a person's brain size is attained) can have detrimental effects on brain development and cognitive reserve as there will be a reduced rates of active glial cell multiplication, myelination, reduce growth of neuronal dendritic trees and their accompanying synaptic connectivity<sup>7</sup>.



Although cognitive reserve is acquired through one's life, current research is showing that one can increase one's cognitive reserve even in old age. Thus, addressing and implementing the various protective factors that maintain and increase older people's cognitive reserve and addressing and mitigating the risk factors that decrease cognitive reserve are increasingly being viewed as a strength-based approach to maximize cognitive function, rather than a belated response to severe cognitive pathologies. This approach enables

<sup>1</sup> Alzheimer's Association. (2015). *Mild Cognitive Impairment*. Retrieved from <http://www.alz.org/dementia/mild-cognitive-impairment-mci.asp>

<sup>2</sup> Gonzalez, H. M., Tarraf, W., Bowen, M. E., Johnson - Jennings, M. D., & Fisher, G. G. (2013). What do parents have to do with my cognitive reserve? Life course perspective on twelve-year cognitive decline. *Neuroepidemiology*, 41, 101–109.

<sup>3</sup> Opdebeeck, C., Martyr, A., & Clare, L. (2016). Cognitive reserve and cognitive function in healthy older people: A meta-analysis. *Aging, Neuropsychology, and Cognition*, 23(1), 40–60.

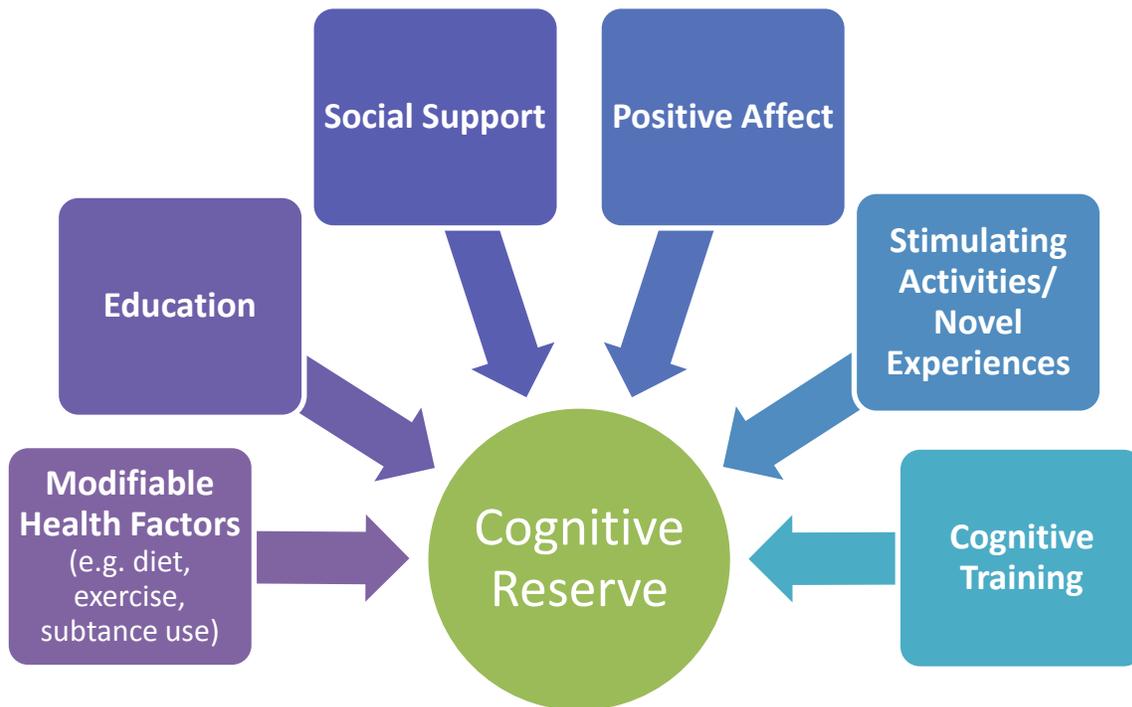
<sup>4</sup> Opdebeeck, C., Quinn, C., Nelis, S. M., & Clare, L. (2015). Does cognitive reserve moderate the association between mood and cognition? A systematic review. *Review in Clinical Gerontology*, 25(3), 181–193.

<sup>5</sup> Poranen-Clark, T., von Bonsdorff, M. B., Lahti, J., Räikköne, K., Osmond, C., Rantanen, T., ... Eriksson, J. G. (2015). Infant motor development and cognitive performance in early age: The Helsinki birth cohort study. *AGE*, 37(44), 1–8

<sup>6</sup> Vance, D. E., & Crowe, M. (2006). A proposed model of neuroplasticity and cognitive reserve in older adults. *Activities, Adaptation & Aging*, 30(3), 61–79.

<sup>7</sup> Borenstein, A. R., Copenhaver, C. I., & Mortimer, J. A. (2006). Early-life risk factors for Alzheimer disease. *Alzheimer Disease & Associated Disorders*, 20(1), 63–72.

older people to maximize their capacity and capability to live autonomously in their communities and environments<sup>8</sup>. Furthermore, evidence suggests that increasing cognitive reserve in older adults produces long-term effects and not just short-term stimulus associations<sup>9</sup>. Research has consistently started to find that older people who engaged in activities that increased cognitive function (e.g. education, more frequent religious attendance, and so forth) in old age demonstrated increased cognitive reserve which resulted in better cognitive function<sup>10 11 12</sup>.



<sup>8</sup> Blazer, D. G., Yaffe, K., & Liverman, C. T. (2015). Cognitive ageing: Progress in understanding opportunities for action. Washington, D.C.: The National Academies Press. Retrieved from <http://www.nap.edu/catalog/21693/cognitive-aging-progress-in-understanding-and-opportunities-for-action>

<sup>9</sup> Yaffe, K., Fiocco, A. J., Lindquist, K., Vittinghoff, E., Simonsick, E. M., Newman, A. B., ... Harris, T. B. (2009). Predictors of maintaining cognitive function in older adults. The Health ABC Study. *Neurology*, 72, 2029–2035.

<sup>10</sup> Lenehan, M. E., Summers, M. J., Saunders, N. L., Summers, J. J., Ward, D. D., Ritchie, K., & Vickeers, J. C. (2016). Sending your grandparents to university increases cognitive reserve: The Tasmanian brain project. *Neuropsychology*, 30(5), 525–531.

<sup>11</sup> Opdebeeck, C., Martyr, A., & Clare, L. (2016). Cognitive reserve and cognitive function in healthy older people: A meta-analysis. *Aging, Neuropsychology, and Cognition*, 23(1), 40–60.

<sup>12</sup> Opdebeeck, C., Quinn, C., Nelis, S. M., & Clare, L. (2015). Does cognitive reserve moderate the association between mood and cognition? A systematic review. *Review in Clinical Gerontology*, 25(3), 181–193.

## IFA Global Think Tank on Ageing - Cognitive Reserve - Attending Experts

### Professor Kaarin Anstey (Australia)

Professor Kaarin Anstey is a Professor of Psychology and Population Health at the Australian National University and an ANU Public Policy Fellow. Furthermore, Prof. Anstey is the Director of the Centre for Research on Ageing, Health and Wellbeing at the Australian National University and Director of the Dementia Collaborative Research Centre, Early Diagnosis and Prevention.

Prof. Anstey's substantive research interests include the epidemiology of cognition and dementia with a focus on identifying lifestyle, brain, and biological risk factors for cognitive decline, and the impact of cognitive ageing on everyday function and driving.

Prof. Anstey has worked extensively with longitudinal studies and leads the PATH Through Life study, a 16-year population-based study of three cohorts, including over 7000 adults, spanning early to late adulthood. Prof. Anstey is also involved in several interventions to prevent cognitive decline and reduce risk of dementia. She led the first online dementia risk reduction intervention and the development and validation of the first online risk assessment tool for Alzheimer's tool that uses only self-report measures.



### Professor Linda Clare (United Kingdom)



Professor Linda Clare is a Professor of Clinical Psychology of Ageing and Dementia at the University of Exeter, where she directs the Centre for Research in Ageing and Cognitive Health (REACH) within the School of Psychology. REACH aims to improve the lives of older people and people with dementia through research that focuses on promoting well-being, preventing or reducing age-related disability, and improving rehabilitation and care.

Prof. Clare is particularly known for pioneering the application of cognitive rehabilitation approaches for people with early-stage Alzheimer's disease. Current studies include the IDEAL cohort study investigating factors that influence the ability to live well with dementia and the GREAT trial which examines the efficacy of cognitive rehabilitation for people with early-

stage dementia.

Prof. Clare has published over 150 peer-reviewed journal articles and book chapters, and is an Editor for the Cochrane Collaboration's dementia group and for the journal *Neuropsychological Rehabilitation*.

### Professor Nicola Lautenschlager (Australia)



Professor Nicola Lautenschlager is an academic old age at the University of Melbourne. Additionally, Prof. Lautenschlager is the Director of Research for the North Western Mental Health, Aged Persons Mental Health Program at Melbourne Health.

Her current research focus is diagnosis of cognitive impairment and intervention trials for older adults to improve mental health outcomes. Prof. Lautenschlager is also an investigator for “Physical activity guidelines for older adults with subjective cognitive decline or mild cognitive impairment” awarded by The Australian National University (2016-2017).

Since Prof. Lautenschlager’s publication in JAMA in 2008 (NT Lautenschlager et al.: Effects of physical activity on cognitive function in older adults at risk for Alzheimer’s Disease. JAMA 2008;300(9):1027-1037), Prof. Lautenschlager is considered an international expert in non-pharmacological interventions for older adults at risk of cognitive decline, MCI and dementia.

### George Rebok, PhD (United States)



Dr. Rebok is a Professor in the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health.

Since joining the Hopkins faculty in 1989, Dr. Rebok has pursued research in two interrelated areas: 1) the design and implementation of preventive trials targeted at childhood antecedents of adolescent and adult psychopathology, including depression, early achievement problems, and poor concentration, and 2) the neurocognitive predictors of functional abilities and decline in demented and non-demented older adults and their modifiability through interactive cognitive interventions.

Dr. Rebok’s research objectives include continuation and expansion of his research on: 1) pre-preventive identification of early risk antecedents and protective influences on later life cognitive health and functional decline; 2)

the prevention of age-associated cognitive and functional losses, Alzheimer's disease and related dementias, depression, and disability; and 3) the study of long-term outcomes of cognitive intervention trials with both well and minimally-to-severely impaired elderly.

### Professor Ian Robertson (Ireland)

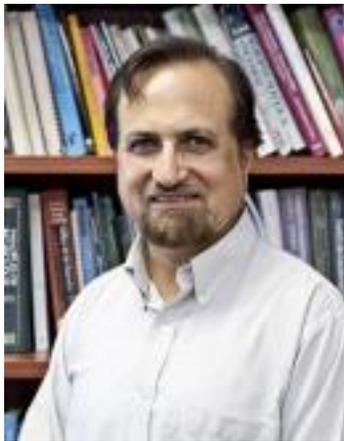
Professor Ian Robertson is a Professor of Psychology at Trinity College Dublin and was the founding director of Trinity College Institute of Neuroscience, as well as Dean of Research of Trinity College from 2004-2007. He is currently a lead PI on the Technology Research for Independent Living (TRIL) programme and also on the TCIN-GlaxoSmithKlein Neurodegeneration Programme.

Prof. Robertson has published a number of academic books on alcohol problems, unilateral neglect, and neurorehabilitation. He has also published two self-help manuals, as well as a number of neuropsychological test (e.g. Test of Everyday Attention, Test of Everyday Attention for Children). Prof. Robertson has published over 180 peer reviewed articles, including in Nature, Brain, Journal of Neuroscience and Psychological Bulletin.

Prof. Robertson is dedicated to developing non-pharmacological methods for enhancing brain function, particularly in ageing, but also in conditions such as traumatic brain injury, autism, schizophrenia and attention deficit disorder.



### Professor Perminder Sachdev (Australia)



Dr. Sachdev is Scientia Professor of Neuropsychiatry at the University of New South Wales (UNSW), Co-Director of the Centre for Healthy Brain Ageing (CHeBA) and Clinical Director of the Neuropsychiatric Institute (NPI), The Prince of Wales Hospital in Sydney, Australia.

Prof. Sachdev has extensively examined the outcome of psychosurgery, and is currently involved in examining brain stimulation techniques (TMS, DCS, VNS and DBS) for psychiatric disorders.

Dr. Sachdev is past-president of the International Neuropsychiatric Association and inaugural Chair of the Section of Neuropsychiatry of the Royal Australian and New Zealand College of Psychiatrists. He is current President of the International College of Geriatric Psychoneuropharmacology.

Prof. Sachdev has published five books and over 350 papers in peer-reviewed journals. His most recent books are 'The Yipping Tiger and other tales from the neuropsychiatric clinic' and 'Secondary Schizophrenia'.

### **Nicola Scarmeas, M.D. (United States)**

Dr. Scarmeas is an Associate Professor of Clinical Neurology in the Taub Institute for the Research on Alzheimer's Disease and the Aging Brain, at Columbia University College of Physicians and Surgeons.

Dr. Scarmeas, by using both epidemiological and brain imaging methods, is investigating how people with higher cognitive reserve can cope better with damage caused to their brains by Alzheimer's Disease.

Dr. Scarmeas is also exploring how cognitive, behavioural, genetic and imaging characteristics of patients with Alzheimer's Disease can contribute to clinical heterogeneity and predict subsequent disease course including cognitive-functional decline and risk for death or institutionalization.

Most recently, Dr. Scarmeas has developed a special interest in the contribution of diet in Alzheimer's Disease risk. Currently, Dr. Scarmeas is investigating the effect of composite dietary patterns in Alzheimer's Disease risk.



### **Honorary Professor John Starr (Scotland)**

Professor John Starr is a consultant geriatrician and honorary Professor of Health & Ageing at the University of Edinburgh.

Working with his colleagues Ian Deary and Lawrence Whalley, Prof. Starr has developed his interest in the relationship between physical and mental health. Their work was recognised by their receipt of the Tenovus Scotland Margaret MacLellan Award 2006 for research on 'The Brain including both neurological and psychiatric disorders'.

Currently, Prof. Starr is a co-Investigator for the HALCyon programme, contributing to WP6 and 7 on biological aspects of healthy ageing. He is a co-director of the MRC Unit for Cognitive Ageing and Cognitive Epidemiology and Director of the Scottish Dementia Clinical Research Network. Prof. Starr works on the Lothian 1921 and 1936 birth cohorts and has a longstanding interest in the relationship between physical and mental health.





**Yakoov Stern, PhD (United States)**

Dr. Stern is a Professor of Neuropsychology in the Departments of Neurology, Psychiatry, and Psychology, and the Taub Institute for the Research on Alzheimer’s Disease and the Aging Brain, at Columbia University College of Physicians and Surgeons. Dr. Stern directs the Cognitive Neuroscience Division of the Department of Neurology and the post-doctoral training program Neuropsychology and Cognition in Aging.

To date, Dr. Stern has supervised 20 postdoctoral fellows. He is currently on the editorial board of The Journal of Clinical and Experimental Neuropsychology and the Journal of the International Neuropsychological Society.

Dr. Stern on July 23, 2016 as part of the Alzheimer’s Association International Conference launched a Professional Interest Group (PIA) titled Reserve, Resilience and Protective Factors. As a result of the PIA Dr. Stern, along with Assoc. Prof. Valenzuela (University of Sydney, Australia), and Prof. Ewers (Munich University, Germany), are preparing the outlines of a white paper to be distributed among the PIA members.

**Associate Professor Michael Valenzuela (Australia)**



Associate Professor Michael Valenzuela recently established and leads the Regenerative Neuroscience Group (RNG) at the Brain and Mind Research Institute, University of Sydney.

The general theme of Assoc. Prof. Valenzuela’s group is furthering our understanding of the competing forces of neuroplasticity and degeneration in the ageing brain and harnessing this knowledge to better prevent and treat dementia.

Assoc. Prof. Valenzuela has a particular interest in new brain imaging technologies such as Magnetic Resonance Spectroscopy to help ‘see’ stem cells in the live brain.

Assoc. Prof. Valenzuela also believes that dementia is a critical challenge for our ageing society and dedicates a lot of time to communicating healthy brain ideas to the public. In 2011, he released a popular-science book in this area and was part of the Alzheimer’s Australia team that developed BrainyApp, the world’s first iPhone app designed to help users maximise their long term brain health.

### Premium Sponsors

Copenhagen 2017 Summit	\$60,000
IFA Global Think Tank on Ageing	\$40,000

### Contributor Sponsors – IFA Global Think Tank on Ageing

Welcome Dinner	\$1,000
Gala Dinner	\$2,000
Lunch (2 opportunities)	\$500
Health breaks (2 opportunities)	\$500

### Contributor Sponsors – Copenhagen 2017 Summit

Welcome Reception	\$3,000
Gala Dinner	\$4,000
Lunch (3 opportunities)	\$2,000
Health breaks (3 opportunities)	\$1,500
Plenary Panel (3 opportunities)	\$1,500
Side events (3 opportunities)	\$500

*\*Please note that all amounts are in US Dollars*

If you are interested in being a Premium Sponsor or Contributor Sponsor of the IFA Global Think Tank on Ageing, please confirm by 31 January, 2017.

If you are interested in being a Premium Sponsor or Contributor Sponsor for the Copenhagen 2017 Summit, please confirm by 31 July, 2017.

	Premium Sponsors		Contributor Sponsors – IFA Global Think Tank on Ageing				Contributor Sponsors – Copenhagen 2017 Summit					
	Copenhagen 2017 Summit \$60,000	IFA Global Think Tank on Ageing \$40,000	Welcome Dinner \$1,000	Gala Dinner \$2,000	Lunch \$500	Health breaks \$500	Welcome Reception \$3,000	Gala Dinner \$4,000	Lunch \$2,000	Health breaks \$1,500	Plenary Panel \$1,500	Side Events \$500
<b>Signage:</b> Company name and logo printed on signage at Venue	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Copenhagen 2017 Summit Website:</b> Company logo and click through ability to company website	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Program:</b> Company logo inside	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Program:</b> Company logo on cover	✓											
<b>Media:</b> Recognition in any pre and post activities	✓	✓	✓	✓			✓	✓		✓	✓	
<b>Logo on inside of post-material papers</b>	✓	✓										
<b>IFA Newsletters:</b> Four postings during 2017	✓	✓										
<b>IFA Website:</b> Company shout out on with logo and click through ability to company website	✓											
<b>Corporate Company Booth:</b> For company reps to host and interact with delegates during Summit	✓											
<b>Summit Material:</b> Company logo displayed on various materials provided	✓											
<b>Summit Registration:</b> Complimentary for two company reps	✓											
<b>Plenary Panel:</b> Opportunity to be selected as a discussant	✓									✓		
<b>Plenary Panel:</b> Verbal recognition of support	✓									✓		
<b>Plenary Panel Slideshow:</b> Company name and logo displayed	✓									✓		
<b>Side events:</b> Opportunity to host around Summit schedule	✓											✓
<b>Brand Recognition:</b> Tea, coffee and snack table					✓	✓			✓	✓		