

Copenhagen Summit on Cognitive Reserve:

A Public Policy Approach to Brain Health

24 – 25 October 2019, Copenhagen, Denmark

Background

Global population ageing is a current day phenomenon that is attracting the attention of all levels of government around the world. Currently there about 900 million older people and by 2050 there will be more than 2 billion. While healthy life expectancy is slowly increasing, between ten and twenty percent of older people report experiencing mild cognitive impairment, and some 46.8 million people are living with severe cognitive impairment impacting their ability to function independently in society.

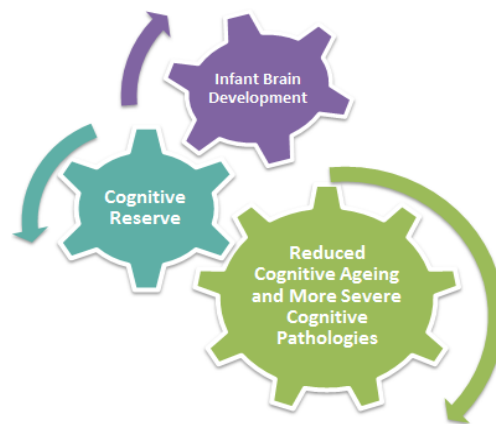
The World Health Organization’s (WHO) definition of health ageing is, “the process of developing and maintaining the functional ability that enables older people to do what they value”¹ and mitigating cognitive ageing and severe cognitive deterioration is an important global public health issue and aligned with priorities of the WHO.

While there is considerable variation in cognitive trajectories, cognitive decline becomes increasingly problematic when it impacts the functional ability of older people². The effect cognitive decline and severe cognitive impairment has on families, communities and governments is staggering, with costs associated with dementia estimated around \$818 billion USD per year globally³. If this issue remains unaddressed, governments will continue to leave older people at risk and the incidence of cognitive decline will steadily rise.

Scientific Response to Cognitive Decline

Growing evidence suggests that throughout the life course, brain health and cognitive function can be promoted and maintained – a concept known by neuropsychologists as ‘cognitive reserve’⁴. Since it is believed that cognitive reserve builds up through the repeated exposure to cognitively stimulating experiences across a lifetime⁵, it is imperative that initiatives are implemented from infancy and continue through adulthood and late life to safeguard brain function⁶.

Scientific evidence and best practice emphasize the importance of developing lifestyle modification interventions and cognitive impairment risk reduction strategies that are “person-centred, cost-effective,



¹ World report on ageing and health. Geneva: World Health Organization; 2015

² Blazer, D. G., Yaffe, K., and Liverman, C. T. (2015). Cognitive ageing: Progress in understanding opportunities for action. National Academies Press.

³ Prince, M., Wimo, A., Guerchet, M., Ali, G., Wu, Y., and Prina, M. (2015). World Alzheimer report 2015: The global impact of dementia: An analysis of prevalence, incidence, cost and trends. Alzheimer’s Disease International.

⁴ Stern, Y. (2002). What is cognitive reserve? Theory and research application of the reserve concept. *Journal of the International Neuropsychological Society*, 8, 448–60.

⁵ Valenzuela, M. (in press). Cognitive Reserve in the Ageing Brain. In *Oxford Research Encyclopedia of Psychology*. Oxford University Press.

⁶ Borenstein, A. R., Copenhaver, C. I., and Mortimer, J. A. (2006). Early-life risk factors for Alzheimer disease. *Alzheimer Disease & Associated Disorder*, 20(1), 63–72.

sustainable and affordable, and take public health principles and cultural aspects into account”⁷. The prospect of promoting cognitive reserve across the entire life course, and especially among the current ageing demographic, has significant implications for health systems, societies, economies and labour forces.

In response to the growing body of research and the global attention on cognitive disorders, the International Federation on Ageing (IFA), in collaboration with DaneAge, convened the IFA Copenhagen Think Tank on Ageing in Denmark (24-25 April 2017) to focus on the area of cognitive reserve. This meeting was attended by a multidisciplinary group of experts from Australia, Canada, Denmark, Greece, Ireland, Switzerland, the United Kingdom, the United States, as well as the WHO.

The IFA is therefore convening the **Copenhagen Summit on Cognitive Reserve on 24-25 October 2019** at the DaneAge Association with the aim of translating global knowledge on cognitive reserve towards policy development and implementation. The Summit program was informed by synthesized outputs of the Think Tank and will be critical in ensuring cognitive reserve evidence is shared with policy makers to influence both policy and practice.

The timing and topic of this Summit is of utmost importance as policy-related dialogue on the impact of cognitive reserve across the life course is relatively new and there are real opportunities for inclusion in current public health and age-related policies and strategies under development. To ensure that policies and initiatives impacting cognitive reserve are both comprehensive and coordinated, collaboration between stakeholders involved in cognitive reserve research and public health policy is critical to make an impact on the prevention and risk reduction of cognitive impairment.

The Summit: Goal and Objectives

The primary goal of the Summit is to transform the science of cognitive reserve into policies aimed at maximizing the functional ability and well-being of older people. In short, it is time to shift from evidence to action, especially as the global population ages.

Specific objectives for the Summit include:

- Determine opportunities and best practices that can be incorporated into public health policies that promote cognitive reserve across the life course.
- Illustrate that public health policies can foster cognitive reserve across the life course.
- Build consensus amongst attendees regarding the importance of cognitive reserve research being implemented into public health policy and practice.

Anticipated Delegates

This international gathering will comprise public health policy makers, international organizations focused on brain health, academics focused on cognitive reserve, ageing experts, as well as relevant industry leaders, who will discuss how to translate this cognitive reserve evidence to programme and policy solutions.

Bringing together cognitive reserve experts and policy makers is essential to effectively implement public health policies that promotes brain health. Collaboration between cognitive reserve experts and policy makers, as well as group ageing experts and the organizations that work on issues related to older people is necessary to address the many barriers currently limiting research on cognitive reserve’s implementation into policy and practice.

⁷ Global action plan on the public health response to dementia 2017–2025. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Sponsorship Opportunities

The IFA Copenhagen Summit on Cognitive Reserve will take place in Copenhagen, Denmark at the DaneAge Associations new headquarters with state-of-the-art facilities and auditorium. As the Summit program continues to develop, the IFA and DaneAge are seeking to engage a small group of sponsors committed to promoting brain health to be involved in the execution of this critical event.

Platinum Sponsor - \$60 000 USD

As the primary sponsor of the Summit, the Platinum Sponsor will be recognized throughout the promotion of the Summit, during the event and in post-Summit communications and publications. This includes but is not limited to the company name and logo being printed on signage at the Venue, in the program and in post-material papers, as well as being shared through social media, the IFA Newsletter and Copenhagen Summit website.

Verbal recognition of the Platinum Sponsor's support will be announced during the opening and close of the Summit and the company name and logo will be displayed on the Summit PowerPoint holding slide. Additionally, the Platinum Sponsor will have the opportunity to host a corporate company booth during the Summit and will receive three (3) complimentary Summit registrations.

Gold Sponsors - \$20 000 USD

Gold Sponsors of the Summit will be recognized in many ways throughout the promotion of the Summit and during the event. This includes but is not limited to the company name and logo being printed on signage at the Venue and in the program, as well as being shared on the Copenhagen Summit website. Verbal recognition of Gold Sponsors' support will be announced during the opening and close of the Summit. Additionally, Gold Sponsors will receive two (2) complimentary Summit registrations.

Silver Sponsors - \$5 000 USD

Silver Sponsors of the Summit will be recognized in many ways throughout the promotion of the Summit and during the event. This includes but is not limited to the company name and logo being printed on signage at the Venue and in the program, as well as being shared on the Copenhagen Summit website. Silver Sponsors will receive one (1) complimentary Summit. Additionally, Silver Sponsors may choose to sponsor a specific aspect of the Summit or receive a tailored sponsorship proposal, such as:

- Dinner and Reception;
- Lunch and Networking Session;
- Health Breaks;
- Keynote Speakers; or
- Additional speaking/ presentation opportunities.

If you are interested in being a Platinum, Gold or Silver Sponsor of the Copenhagen Summit on Cognitive Reserve, please contact IFA Secretary General Dr Jane Barratt (jbarratt@ifa-fiv.org) or IFA Project Officer Ms Hannah Girdler (hgirdler@ifa-fiv.org).

The IFA is eager to engage with companies and organizations working in the field of ageing and cognitive health, and as such is also willing to create tailored sponsorship proposals that represent unique needs and interests.

Draft Program

Day One – Thursday 24 October 2019		
11:30am – 12:30 pm	Networking Lunch	
12:45 – 1:00 pm	Welcome and Opening Remarks	
1:00 – 1:45 pm	<p>Keynote Address – Evidence to Policy: The Future of Cognitive Reserve</p> <p>Growing evidence suggests that throughout the life course, brain health and cognitive function can be promoted and maintained – a concept known by neuropsychologists as ‘cognitive reserve’. This keynote address will broadly highlight what is known about cognitive reserve and the importance of translating this research into public health policy and practice. Key themes and opportunities that exist for policy, as well as work that still needs to be undertaken, will be introduced.</p>	
	1:30 pm	Question period from audience
1:45 – 2:00 pm	Health Break	
2:00 – 3:45 pm	<p>Plenary Panel – Evidence to Policy: The Tobacco Plain Packaging Example</p> <p>The history and importance of tobacco plain packaging serves as a critical example translating scientific research related to lifestyle into policy. f how to move forward with translating cognitive reserve research into successful policy practice. Panelists will discuss their role in moving this agenda forward. This will be followed by a policy focused question and answer period.</p>	
	2:00 pm	<i>Introduction of session topic</i>
	2:05 pm	<i>The role of anti-tobacco advocacy</i>
	2:35 pm	<i>What does it take to shift policy at a national level?</i>
	2:55 pm	<i>The international implications of policy leadership</i>
	3:15 pm	Question period from audience
3:45 – 4:15 pm	Day One Closing Messages and Introduction of Day Two Program	
7:00 pm	Dinner and Reception	

Day Two – Friday 25 October 2019	
7:30 – 8:30 am	Networking Breakfast

8:30 – 8:45 am	Opening Remarks and Day One Summary	
8:45 – 9:30 am	<p>Keynote Address – The Future of Ageing and Cognitive Reserve</p> <p>With a rapidly ageing global population, mitigating cognitive ageing and severe cognitive deterioration is an important global public health issue. While there is considerable variation in cognitive trajectories, cognitive decline becomes increasingly problematic when it impacts the functional ability of older people. During this keynote address an overview of the current status of cognitive reserve policy will be provided, as well as how future policy development requires individuals, societies and governments taking a life course approach to cognitive and brain health.</p>	
	9:15 am	Question period from the audience
9:30 – 9:45 am	Health Break	
9:45 am – 12:00 pm	<p>Plenary Panel – Evidence and the Science of Cognitive Reserve</p> <p>During this session, panelists representing three evidence areas supporting cognitive reserve (neuroscience, epidemiology and community-based interventions), will discuss the knowledge gained in their respective areas.</p>	
	11:30 am	Question period from audience
12:00 – 1:00 pm	Lunch	
1:00 – 3:15 pm	<p>Panel Discussion – Translating Research into Policy</p> <p>Building on the review of cognitive reserve discussed during the previous panel, this session will focus on how to ensure that this research is accurately and appropriately translated into policy. Panelists will address various pathways to influencing policy and practice at differing levels (e.g. individual, national and international). During this session, presentations will focus on best practices and successful interventions, as well as participate in a moderated discussion.</p>	
	2:45 pm	Question period from audience
3:15 – 3:30 pm	Health Break	
3:30 – 5:45 pm	<p>Panel Discussion – Opportunities for Future Policy Action</p> <p>To close the Summit, next steps for global action towards public health policies that promote cognitive reserve will be discussed. Experts from different industries will highlight specific next steps that will help shift the conversation around cognitive decline to that of promoting cognitive reserve across the life course. Gaps in current research/ understanding will also be reviewed, illustrating what evidence is still required to influence policy will</p>	

	also be discussed by panelists. Panelists will be allocated a brief period to discuss their opinion and knowledge, followed by a moderated discussion.	
	5:15 pm	Question period from audience
5:45 – 6:00 pm	Wrap Up and Closing Remarks	

Appendix

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. With an overarching goal to be a global point of connection and networks of experts and expertise to influence and shape age-related policy, the IFA strives to mobilize and harness the energy and expertise of members 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 and is an active organization in the drive toward older people being recognised in the Sustainable Development Goals (SDGs). Globally, the IFA has a strong voice in the dialogue on how to protect the rights of older people and promote health ageing.

DaneAge

DaneAge was founded in 1986 and is a not-for-profit, direct membership organization which currently has 840,000 members. 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 is 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 19,000 volunteers who provide voluntary social work, provide local membership activities and local advocacy.