Here come the baby boomers
About the ILC-USA

The International Longevity Center is the first private, nonpartisan, international center devoted to science-based policy development on the aging of populations. Organized in 1990 by Robert N. Butler, M.D., the ILC-USA is a 501(c)(3) entity and is affiliated with Mount Sinai School of Medicine.

Our overseas partners, the ILCs of Japan, the United Kingdom, France, the Dominican Republic, and India, work both independently and collaboratively with the ILC-USA.

All ILC activities are intergenerational or life span in perspective; international, in that they draw on comparative data; and interdisciplinary, in that they bring together experts in a variety of fields to address specific questions.

Cover: The baby boomers, a multiethnic, cosmopolitan generation, have a variety of beliefs, interests, and concerns. Their commonality is in their proximity to each other in age; however, they are also individuals who have all experienced the trials of life in their own way.
LETTER FROM THE CHAIR

The men and women who returned from World War II created the baby boom generation in Europe, North America, Japan, and Oceania. The sheer size of this generation propelled its members to a dominant role in popular culture, politics, and the marketplace during the last 50 years.

The question now is how will the baby boomers fare when they reach old age? Statisticians predict that by the year 2050, 35 percent of the total European population will be over the age of 60—a rise of 15 percent. The trend of population aging is more pronounced in Europe than anywhere else on the globe and will elicit various social and cultural phenomena. The baby boomers will be driving much of this shift. Will they suffer the same prejudices their parents experience? In addition to ageism, will they endure financial difficulties? Because of the unhealthy lifestyles many practice, will they produce a large population of frail older people? Will they continue to deny their aging and chase anti-aging tonics?

To help answer these questions, the International Longevity Center, with its newly developed Alliance for Health & the Future, is working to understand how individuals and society can better finance longevity, advance health and quality of life, and combat ageism.

During the twentieth century, the contributions of baby boomers to society have left lasting effects on our global culture and continue to shape popular attitudes. We hope boomers answer the aforementioned questions correctly and awaken to their identity as forerunners in the new era of longevity. We hope they start to address the social and health policies related to age, as well as become engaged in their communities to take advantage of the opportunities offered by the revolution in longevity. When they do, they will begin to understand the importance of the ILC mission. The time has come for this generation to pursue a common purpose and move to address aging issues with their respective governments.

I personally believe baby boomers will contribute measurably to humankind by insisting on new policies to enhance the quality of late life. However, I fear that while this generation may be transformative, its members will not benefit as much as the generations that follow them. The longer they wait to act, the more true this fear may become.

Max Link, Ph.D.
Chair of the Board of Directors of the International Longevity Center-USA

Max Link is an economist and international biotechnology entrepreneur. The CEO of Centerpulse and former CEO of Sandoz Pharmaceuticals, Dr. Link serves on the boards of many multinational corporations.
The baby boomer generation, born between 1946 and 1964, constitutes nearly a third of the nation’s population. This supposed “me generation” is actually heterogeneous in terms of attitudes, ethnicity, religion, and geographic region. Despite its wide-sweeping diversity, it has one striking characteristic—the lack of preparedness for its longevity. Nor is society prepared for it.

From a financial standpoint, baby boomers are not ready for later life. Some have been financially successful, but on average they have saved only $100,000 for retirement. Even though this generation will inherit trillions of dollars from the older generation, the average boomer will receive only $47,000 in inheritance. With limited financial resources, many will need to work longer.

Additionally, baby boomers seem unaware of the reality of rising medical costs and health issues they face. Most boomers pay little attention to matters of Social Security and Medicare even though the oldest members will soon claim these benefits. Most have failed to comprehend the time needed to solve health issues facing them—Alzheimer’s disease, other dementias, and the shortage of physicians in the science and practice of geriatrics.

We should commit more resources to the solution of Alzheimer’s disease and to the prevention and treatment of frailty, and provide proper training for medical students and residents who will care for older persons. We should reform Medicare, updating it to correspond to changes in the ways we age and shifting its focus from acute illness to chronic illness and long-term care. We should enforce age discrimination laws to protect economic opportunities for an older workforce.

In 2005, there will be a White House conference on aging. While sponsored by government, the private sector, too, can join forces and inspire a national initiative to secure a decent and vibrant old age.
For the International Longevity Center-USA the year 2004 was marked by establishing a dynamic, new presence in Europe while continuing its longstanding commitments in the United States and elsewhere. The European footprint was made possible by the creation of an Alliance for Health & the Future, aimed at conducting research on the healthy life course, promoting better health practices, and engaging policymakers and thought leaders.

A footprint in Europe, renewed commitment, and new ventures at home

The ILC-USA celebrated its fifth anniversary under one roof at 60 East 86th Street, and the governing Board of Directors convened a Growth Agenda Committee to guide the organization for its next five years. As Chair Dr. Max Link found in assessing its work, the ILC has much to celebrate, noting that we’ve “accumulated substantial funding and resources, generated a corpus of research studies, created signature programs, and gained recognition for combating ageism,” among other accomplishments.

Longevity involves more than older people per se. It also includes the impact of population aging on and across the entire life span. That being so, the bulge of aging boomers in the U.S. population, in particular, has been a matter of keen concern in terms of health and work issues, Medicare, Social Security, retirement, and other topics. This was the featured theme of the annual Age Boom Academy in October and at various seminars and other presentations. This consciousness of boomerdom and its impact provides a useful organizing principle for much of the ILC’s work and is likely to be the case for some time to come.

The aforementioned Alliance for Health & the Future, legally a division of the ILC-USA, is a remarkable nexus of our two European sister centers, ILC-France and ILC-UK, with generous initial funding from Pfizer Inc and the Pfizer Foundation in collaboration with Edelman, Inc., a global communications company. The public face of the Alliance, which began with a Paris launch in November 2003, raised its profile at a major public health congress in Brighton, England, an Organisation for Economic Co-operation and Development event in Paris, and a corporate advisory in Berlin. While the Alliance co-chairs, Dr. Robert N. Butler, Baroness Sally Greengross, and Dr. Françoise Forette, presented forceful scientific and policy views in many venues, staff members in New York, Paris, and London grappled with health indicators, practical health guidelines, a study of occupations for older people, and a project linking the health and wealth of nations—and yet another on age discrimination. Virtually all of the ILC objectives focused on the study of healthy aging, productive engagement, and combating ageism are involved in the ten-nation venture, which was

By 2030, boomers who are over 65 will make up about 20 percent of America’s total population.
adding partners and collaborators as this was written. The idea is to create a powerful force for change through research, publications (including a new magazine, *Health & the Future*), conferences, and other outreach efforts. As always, careful attention to existing research and new knowledge was directed to an action plan for institutional leaders—and the general public. It is hoped that the Alliance will ultimately “go global” and achieve a connectedness that governments and NGOs have heretofore been unable to do.

**ILC sister centers ask “Who Cares?”**

Not ignoring other world regions, the ILC’s joint meeting of the five sister centers met in November 2004 in Tokyo in connection with a global conference on Alzheimer’s disease and asked “Who Cares?” at a symposium on caregiving. During this meeting, ILC-India was accepted to the International Partnership. This and other work of the ILC builds on its extensive efforts at the 2002 UN World Assembly on Ageing, where it took a major role. ILC researchers presented their work to the UN’s Economic and Social Council, its NGO Committee on Aging, and other forums within the world body. Earlier, World Cities Project staff took its urban ecology initiative to Japan for meetings and consultations. Others on the ILC team gave papers in Canada, Italy, France, Greece, Japan, and other venues during the year, thus carrying the message of systematic research on aging for public benefit to far-reaching constituencies.

In connection with a planned 2005 conference on the health and wealth of nations at UNESCO in Paris, several leading economists came to the ILC to brief researchers and other interested parties on studies probing the economic well-being of societies. Among those who appeared were Dr. David Bloom, and Dr. David M. Cutler, of Harvard’s Department of Population and International Health, as well as Dr. Joshua Weiner, of RTI International.

**Geriatric medical fellowship program proves success**

At home, continuity in supporting the geriatric medical fellowship program in Congress again proved a success as new funds were allocated and the program strengthened. The ILC-USA has been a leader in promoting this vital initiative that trains medical school faculty and thus benefits doctors and their patients. Concurrently, attention was directed to a parallel fellowship program for palliative care, which was the subject of an ILC policy publication and an initiative in Congress to win support for the effort. Palliative care also got top billing at the annual Hatch International Lecture, a program conducted jointly with Mount Sinai’s Brookdale Department of Geriatrics. That lecture, delivered by Dr. Irene Higginson, renowned palliative
care expert from King’s College, London, addressed “Advancing Palliative Care for the World’s Aging Population.”

As in previous years, Dr. Robert Butler appeared before congressional committees. This included a keynote at a U.S. Senate Special Committee on Aging program in Boise, Idaho, hosted by Republican Senator Larry Craig of Idaho. Earlier, Dr. Butler shared the keynote position at a Westchester County, N.Y., event with Senator Hillary Rodham Clinton, and spoke at a colloquium on “The Silver Surge,” organized by members of Congress from Illinois, New Jersey, and Pennsylvania.

**ILC Arkansas Aging Project develops model for other states**

Also on the home front is the ILC Arkansas Aging Project, which involves a detailed analysis of the aging-rich resources of Arkansas, a state that has a demographic profile much like that which other states will have in 10 to 20 years. With the assistance of ILC board member Jackson T. Stephens, Jr. and the active collaboration of University of Arkansas chair in geriatrics, Dr. David Lipschitz, the ILC project is looking at the scope and distribution of aging services in Arkansas, interviewing experts there as well as business leaders, educators, policymakers, and others. The project involves encounters with local citizens and consumers, as well as a report that will be a case study for the nation. It provides us with the rare opportunity to learn from the experiences of a community whose demographic trend forecasts our nation’s future. The Arkansas Aging project will continue in 2005 and perhaps beyond.

**Alliance helps people “handle the heat”**

In New York City, the ILC connected research on hyperthermia to practical guidelines on “handle the heat” and circulated them to millions of citizens with the help of the New York City Department of Health and the AARP. This was the first public exposure of one of the Guidelines for a Healthy Future being developed with colleagues in the Alliance for Health & the Future. The hyperthermia work built on earlier seminars in the World Cities Project discussing the Chicago heat wave of 1995 and the European heat wave in 2003, which resulted in thousands of deaths. Concern with health guidelines drawn from indicators of healthy life expectancy connects the ILC’s work in Europe with that in North America. This work is central to our concern about healthy aging across the life span.

The work of the World Cities Project was greatly strengthened by a continuing grant from the Florence Gould Foundation, which supports French-American cooperation and allows for comparative studies...
of avoidable hospitalization, health and social service needs of older persons, and a steady flow of eminent visiting scholars.

Efforts at outreach included the fourth annual Age Boom Academy, a weeklong immersion seminar for journalists that is not only funded by the New York Times Company Foundation but also featured prominently in the annual report on the Foundation’s website. Alumni of the program, who remain connected to the ILC through regular contact and publications, operate a listserv that promotes better media coverage of longevity. The work of the ILC, and its applications for people everywhere, was featured on all of the network television morning shows, in major newspaper and magazine outlets, and on the Web. This began on New Year’s Day 2004, with Dr. Butler’s appearance on CBS’s *The Early Show*, discussing tips for healthy and productive aging, and continued through the year involving others on the staff. The prestigious French daily *Le Monde*, for example, featured an interview with Dr. Victor Rodwin of the World Cities Project.

**ILC research discussed in many forums**

The extensive efforts of ILC researchers continued apace, and the results of this work were seen at major meetings of the Gerontological Society of America and the American Society on Aging, as well as meetings of the American Economics Association, a conference at the Wharton School of the University of Pennsylvania, the Canadian Health Economics Study group, and the Society of Actuaries, among others. While the yield of research on the economics of aging and the World Cities Project is reported elsewhere, both programs benefited by visits of teams of experts drawn from the ILC’s outside Program Advisory Group led by Dr. George Maddox of Duke University. A team of economists visited in August, and a public and health policy group came in October. Their work was coordinated with the Program Committee of the Board of Directors, headed by Dr. Catharine Stimpson of New York University, as part of a five-year review of research activities.

**The scene of considerable intellectual traffic**

As always, the ILC was the scene of considerable intellectual traffic with the regular “Literature of Longevity” series featuring authors of important books on aging, a brown bag series of research seminars and symposia, another series on “Aging in World Cities,” frequent sessions on ethics and longevity, and even a special presentation by ILC board member and Nobel laureate Dr. Stanley Prusiner on “Safeguarding Our Food Supply” in the face of deadly threats over mad cow disease and other risks. Health ministers and other policy experts dropped by for visits and briefings, as did candidates for public office interested in longevity issues.

During the year, the ILC welcomed attorney and community activist Cory Booker of Newark, N.J., to its distinguished Board of Directors and said farewell and thank you to Dr. Christine Cassel, who now leads the American Academy of Internal Medicine, and Mary Carswell, former executive director of The McDowell Colony. With the support of the board and the efforts of the ILC management team and staff, as well as many associates, partners, and collaborators, the fifth year of this organization’s life in one locale concluded with promise for a dynamic future.

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

*Executive Director and Chief Operating Officer*
As European boomers grow older, the effects of their increased longevity and immense numbers will significantly impact the continent and reverberate around the globe. Europe is aging faster than most regions of the world. By 2050, more than one out of every three people in Europe will be over the age of 65. Understanding the inevitable impact of such a tectonic shift is at the core of the Alliance for Health & the Future.

Forging an alliance for health & the future

The Alliance for Health & the Future has initiated research efforts focusing on six key areas.

Indications of active life expectancy

This critical review of literature and data on population health and productive aging in Europe will be used to analyze the gaps in our ability to measure healthy aging and productive engagement in Europe. It will alert countries to areas that need improvement, including younger populations where intervention against smoking and obesity, for example, can have an impact on longevity and productivity. Countries to be studied include Canada, the Czech Republic, France, Italy, Germany, Greece, Poland, the Russian Federation, Spain, Sweden, the United Kingdom, and the United States.

Life guides for health and the future

Through the Guidelines for a Healthy Future series, the Alliance addresses the concerns associated with population aging, highlights the importance of making personal lifestyle improvements, and recommends strategies to promote healthy and productive aging. The Guidelines are intended to empower individuals with sound medical knowledge about their health; offer simple, inexpensive, and effective steps that anyone can begin and perform at any age; and convey the message that in order to take advantage of medications and treatment options, individuals must be proactive in seeking appropriate medical care. The first group of Alliance Guidelines focuses on the following four conditions: cognitive health, vision, hearing, and balance. These issues have been largely neglected by the mainstream media and public health initiatives, yet the partial loss of any of these functions can be devastating.

Health, longevity, and wealth

ILC researchers led by Dr. Anthony Webb analyzed the relationship between improvements in population health and spending power of younger boomers, those 39 to 48, is about $1.1 trillion.
and a nation’s wealth, including the impact of increased longevity on a nation’s GDP. This study is the impetus for a forthcoming Alliance thought-leader event and the basis for the report Do Health and Longevity Create Wealth?

**Age discrimination in Europe**

The elimination of age discrimination is critical to maintaining a healthy, productive life. A legal and policy analysis of age discrimination in the largest existing and accession countries of the European Union is being explored to develop model legislation and regulations that address age discrimination (e.g., the U.S. Age Discrimination in Employment Act and subsequent amendments). The analysis will consider relevant legislation and regulation as it applies to policymaking in health, housing, employment, and pensions.

**Productive engagement: occupations in an aging society**

This study explored the occupations most frequently held by older people and provided an analysis of policy initiatives like job search programs, training, and improvement of employer practices that would be most effective in expanding employment opportunities for older individuals. Two efforts related to this research initiative, *Productive Engagement: Occupations for Less-Skilled Older Workers* and *Productive Engagement: Occupations in an Aging Society*, are discussed in the Research Report section, starting on page 11.

**Long-term care insurance**

This multicountry study includes an analysis of different eligibility criteria and financing systems across various long-term insurance programs. This study will result in an evaluation of the different programs and a new model to help ensure financial viability of long-term care insurance programs.

**Alliance accomplishments for 2004**

Lead by its co-chairs, ILC-USA President Dr. Robert N. Butler, ILC-France President Dr. Françoise Forette, and ILC-UK President Baroness Sally Greengross, the Alliance for Health & the Future made great strides in these areas of interest in 2004. The effort launched at a November 2003 conference entitled “Placing Cognitive Health on Europe’s Social and Economic Agenda.” It addressed the latest research for maintaining lifelong cognitive health and documented the importance of continued research as a key to successful longevity. The proceedings of this conference generated the article “Maintaining Cognitive Health in an Ageing Society,” which was published in *The Journal of the Royal Society for the Promotion of Health* in May 2004. The article, authored by the Alliance co-chairs, focuses on the importance of pursuing policies that promote

With already limited financial resources available to them, many boomers will need to seek out currently unimagined employment options later in life so they can afford their own longevity.
greater attention to cognitive health and also reviews current research, finding that an individual’s lifestyle has a lot to do with his or her cognitive function.

Introducing the Alliance to the world

The Alliance for Health & the Future, through the ILC-USA, also participated in the UN Commission on Social Development in February 2004. One focus of the Commission was to follow up on the United Nations’ “Madrid International Plan of Action on Ageing.” Staff from the ILC-USA met with officials from around the world to announce the Alliance and explain its mission.


The aforementioned Do Health and Longevity Create Wealth? study found that the majority of research to date demonstrates a link between the health of a nation and its wealth. Healthier people are more productive and economically valuable. Over time, they generate more wealth than if they were in poor health. These findings show that it would be in a government’s best interest to ensure good health care for its citizens because healthy people are more apt to be wealthy people.

Luminaries join the Alliance for Health & the Future Advisory Council

The Alliance began assembling an esteemed Advisory Council in 2004.

—Dr. Bernard Kouchner is the founder, organizer, and president of the famed Médecins sans Frontières (Doctors Without Borders). Dr. Kouchner was France’s minister of health until selected by UN Secretary-General Kofi Annan as his special representative to Kosovo. He also served as the minister of state for humanitarian action (1988–1991) and minister of state for social integration (1988).

Dr. Kouchner will visit the ILC-USA in 2005 to learn more about the Alliance and the ILC, as well as to deliver the annual Hatch Lecture at the Mount Sinai Medical Center.

—Berglind Ásgeirsdóttir is the deputy secretary-general of the OECD. Ms. Ásgeirsdóttir, who became deputy secretary-general in September 2002, is responsible for overseeing work on education, health, labor and social policy, and public communication, as well as the multidisciplinary projects on health and sustainable development.
—Sir Michael Marmot, Ph.D., is professor of epidemiology and public health at the University College, London. Dr. Marmot has been at the forefront of research into health inequalities for the past 20 years as principal investigator of the Whitehall studies of British civil servants, investigating explanations for the striking inverse social gradient in morbidity and mortality.

**Signature publications off the press**

The Alliance premiered its signature publication, the magazine *Health & the Future*, in 2004. It focuses on aging-related issues and provides an opinion forum to explore viewpoints on related topics. The first issue featured “A Tale of Two Cities: Growing Older in London and Paris,” which discussed how the populations of these cities are rapidly aging and examined what officials can do to manage this trend. It also contained an essay by the eminent British bioethicist Dr. John Harris, entitled “Intimations of Immortality—the ethics and justice of life-extending therapies,” and an article on cognitive health entitled “Brain Jogging: Can we maintain cognitive vitality as we age?” The second issue focuses on health indicators and includes an excerpt from Sir Michael Marmot’s forthcoming book on social status and longevity. Dr. Everette Dennis serves as editor in chief of the magazine, Howard Lalli of Edelman, Inc., is managing editor, and Judith Estrine of the ILC-USA is associate editor.

Additionally, the Alliance newsletter, *Window on Health & the Future*, was published during 2004. It includes aging-related news from European Union member states, NGOs, and the business community. A sampling of headlines from the first few issues includes “EU member states fail to entice older people to stay at work,” “France presents plan for better health management during heat waves,” “New hedge fund woos older people by offering low volatility, less risk,” “German Football Federation draws veteran players back to the field,” and “EU Report highlights need for strategies on medical and long-term care of older persons.”

To learn more about the Alliance, visit www.healthandfuture.org.
No matter their country, boomers around the globe share one important characteristic that makes them similar to each other and unique in their respective societies—their huge numbers. The prosperity of societies with a large boomer generation depends on the answers to the following questions: How will boomers remain productive? How will they afford health care and finance their own longevity? Several ILC research efforts are under way to help provide individuals, community organizations, and policymakers with the answers.

The final countdown: how the boomers will change everything

Will aging baby boomers create a productivity boom?

The countries researched by the ILC have aging workforces that many see as a threat to long-term economic stability. ILC research is showing this concern to be a fallacy. If society allows boomers to remain productive, then they have the potential to become a remarkable source of experienced and skilled labor that will continue to contribute to the economy. Developing public policy with this concept at its core will require new ideas for engaging older people in the workforce. To promote this process, the ILC is researching the job skills, educational background, work experience, and other characteristics of older workers in Europe—one of the world’s fastest aging regions. The project, entitled Productive Engagement: Occupations in an Aging Society, pays specific attention to issues related to job transitions near the conventional retirement age, future employment possibilities generated by fast-growing industries, and the job opportunities available for older workers of different skill levels. The goal of this project is to find out which policy initiatives are most likely to expand employment opportunities for older individuals. Although the study focuses on Europe, its results can apply to the labor markets of other developed economies.

During 2004, the ILC explored funding for a complementary effort, Productive Engagement: Occupations for Less-Skilled Older Workers. Through this project, researchers would identify jobs that less-skilled older workers could obtain with better labor market services, such as expand-ed job search and training programs. Additionally, the ILC completed Downsizing Among Older Workers: 1981–2001. This publication examined the trend of businesses shedding older workers at a higher rate than workers in other age groups.

How will boomers afford their own boom?

In addition to remaining productive in old age, the ability of individuals to finance their own longevity requires that they secure their income. Whether they have made
and saved a good amount of money or they are working later in life to meet their needs, older people and society should develop and fully understand the tools required to ensure financial well-being. Investments, the cost of insurance and long-term care, and affordable housing are three major issues that will significantly impact an individual’s ability to afford his or her longevity.

**Keeping their options open**

The ILC research staff is looking at the role of annuities in financing postretirement consumption. As the availability of defined-benefit pension plans continues to decline in favor of defined-contribution plans like 401(k)s, the possibility that people will outlive or lose their pensions increases. Many believe annuitization of investments is a possible solution to this issue. *The Determinants of the Annuity Decision in the Presence of Uncertainty: Theory and Evidence*, by Drs. Tony Webb and Irena Dushi, examines this by exploring the ideal age and conditions for individuals to consider the annuity option. The study differs from previous explorations of this topic because it allows for flexible annuitization habits over a life span and—unlike previous work—uses survey data on the proportion of preannuitized wealth. Generally, the study supports the assertion that individuals who age in the era of 401(k)-type plans will value the longevity insurance provided by the annuities as they enter their retirement. This finding has important implications for the annuity market and the financial planning industry as a whole. The effort was funded by a grant from the U.S. Social Security Administration (SSA) to the Center for Retirement Research at Boston College (CRR). It was awarded through the CRR’s Steven H. Sandell Grant Program for Junior Scholars in Retirement Research.

A global examination of the affordability and quality of housing for older people was reported in *Rich and Poor: How Differences in National Income Affect the Housing Quality of the World’s Older Urban Residents*. This study looked at housing quality of older residents in 29 countries in Africa, Asia, Europe, as well as North and South America. The study found that in low-income countries, two-thirds of older people live in dwellings that lack some or all of the facilities deemed necessary for a safe and healthy living environment. It also found a large disparity in low-income countries between housing in capital cities and other areas.

In the United States, housing and its relation to an individual’s ability to afford longevity was examined in *The Influence of Family and Community Ties on the Demand for Reverse Mortgages*. Reverse mortgages are loans, based on a home’s value, that are not payable until the borrower moves, sells the home, or dies. This study found that older people were likelier to be interested in reverse mortgages if their children lived relatively far away. In general, weak family ties and strong attachment to communities by older persons are associated with increased interest in reverse mortgages. ILC researchers are also working with the World Cities Project to examine housing conditions of older people in major metropolitan areas. You can read more about this effort by turning to the section about the World Cities Project, page 16.
Will boomers be healthy in old age?

Maintaining their health and the availability of affordable health care are important variables for boomers to consider as they age. The ILC study *Medicare and Disparities in Health in the U.S. and Canada*, funded by the National Institute on Aging and the Robert Wood Johnson Foundation’s Changes in Health Care Financing and Organization Initiative, looks at the effect of universal health care coverage on disparities in health and well-being among older people. More than one in ten Americans lack health insurance before the age of 65. These individuals use fewer health services than others before the age of 65 but more after reaching the age of 65 and obtaining Medicare eligibility. Turning 65 also abruptly increases diagnoses of some previously untreated medical conditions such as diabetes. This evidence suggests that the lack of universal health insurance in the U.S. may significantly impact the health of Americans as they age.

The strong link between lower socioeconomic status and poor health—measured by economists and social scientists as the SES-health gradient—has been documented in several studies, but few have attempted to compare the size of this gradient across countries. The ILC researchers are the first to do this by comparing the measurement across countries by age. *How Much Might Universal Health Insurance Reduce Socioeconomic Disparities in Health? A Comparison of the U.S. and Canada* found that being below median income raises the likelihood that a middle-aged person, 55 to 64 years old, is in poor or fair health by approximately 15 percentage points in the United States, compared to an increase of less than 8 percentage points in Canada. The study also found that the 7 percentage point difference in the gradient between the two countries is reduced to about 4 percentage points after age 65, the age at which the United States provides basic universal health insurance to most citizens through the Medicare program. The project was funded by the National Institute on Aging, and was a joint effort with Dr. Dahlia Remler, associate professor, Baruch College.

In addition to examining the effect of universal coverage on an individual’s utilization of medical resources and overall health, the ILC is also working to understand the take-up of employer-offered insurance coverage. *Worker Demand for Health Insurance: Own-Price and Spousal Options*, funded by a grant from the U.S. Department of Labor, Pension and Welfare Benefits Administration, found that the rising price of employer-sponsored health benefits is causing workers to decline health coverage—a trend likely to increase with rising health care costs—and that in dual-earner households, workers are less likely to elect coverage if their spouses are offered health benefits by their employers.

A related study, *Offers or Take-up: Explaining Minorities’ Lower Health Insurance Coverage*, has

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From a list of various activities, 87 percent of boomers surveyed rated walking as the expected favorite form of exercise during retirement.
found that coverage under employment-based health insurance has declined over the last 15 years, but the reasons for the decrease in coverage differ between white and minority workers. Employer offers of health benefits have remained steady for non-Hispanic white workers, but their take-up of insurance has declined somewhat. By contrast, employer offers of insurance over this period have dropped substantially for Hispanic and non-Hispanic black workers. This research was funded by the University of Michigan’s Economics Research Initiative on the Uninsured, a five-year research effort to understand health insurance coverage in vulnerable populations, supported by the Robert Wood Johnson Foundation.

A global examination of aging and work

The ILC also continued working with its Economic Status of Older Persons (ESOP) database during 2004. The continually updated database, listed in AARP’s AgeSource Worldwide as an important resource regarding older people around the globe, contains a variety of labor-force participation data from 56 countries going back to 1960 and covering approximately 75 percent of the world’s population. ILC staff also placed a sampler, entitled Aging and Work Worldwide, on the ILC website to provide researchers worldwide access to this unique comparative tool. It includes 22 charts with explanatory summary text that examine occupation, industry, employment, and unemployment, as well as other labor-force statistics and population data in five-year age groups for persons 60 years of age and over, comparing OECD with non-OECD countries. Aging and Work: An International Report from the ESOP Project, a more detailed undertaking generated from the ESOP database, was also made available during 2004. The report presents the database as a policy resource and provides a series of detailed tables that analysts can consult for historical and current statistics on the economic activity of older persons.

During 2004, ILC researchers began the expansion of the ESOP database to include a study that examines the consumption, savings, and debt of households of older persons in several countries, entitled Income and Expenditure of Households of Older Persons. The ESOP database is also an important component of the Alliance for Health & the Future. Please see the Alliance section (pages 7–10) to learn more about this landmark effort.

70 percent of boomers surveyed say they strongly agree that they will live longer if they remain physically active.
A selection of ILC research published in refereed journals and third-party publications since late 2002.

These represent samples of work taken from several ILC efforts in the financing of longevity, health insurance, employee benefits, and international comparative studies.

Published ILC Research

**Gender Medicine**
August 2004
“Gender Disparities in the Treatment of Coronary Artery Disease for Older Persons: A Comparative Analysis of National and City-Level Data”

**Journal of Pension Economics and Finance**
July 2004
“Household Annuity Decisions: Simulations and Empirical Analyses”

**Health Affairs**
May/June 2004
“A Broader Vision for Managed Care, Part III: The Scope and Determinants of Community Benefits Provided by HMOs”

**Health Affairs**
November/December 2003
“Health Care for Uninsured in Physicians’ Private Offices”

**Direction de la Recherche, des Études, de L’Évaluation et des Statistiques (DREES), Études et les Résultats**
September 2003

**Health Affairs**
June 2003
“AHCPPR and the Politics of Health Services Research”

**American Economic Review Papers and Proceedings**
May 2003
“Price and Spouse’s Coverage in Employee Demand for Health Insurance”

**Benefits for the Workplace of Tomorrow**
April 2003
“How Demographic Change Will Drive Benefits Design”

**Journal of Urban Health**
December 2002
“The Evolving Role and Care Management Approaches of Safety-Net Medicaid Managed Care Plans”

**Journal of Health Politics, Policy and Law**
December 2002
“Policy Feedback and Public Opinion: The Role of Employer Responsibility in Health Care”

**Journal of Urban Health**
December 2002
“The Evolving Role and Care Management Approaches of Safety-Net Medicaid Managed Care Plans”

**Health Affairs**
November/December 2002
“Exploring the Limits of the Safety Net: Community Health Centers and Care for the Uninsured”
New York, London, Paris, and Tokyo exercise a powerful influence in the world beyond their national boundaries, but are these influential centers prepared to meet the challenges of the longevity revolution? The World Cities Project (WCP) investigates various aspects of this question and seeks to identify lessons that may improve health in world cities and beyond.

Growing older in the world’s major cities: a look into the future


A WCP study of infant mortality found that, except for Tokyo, each of these cities has experienced a widening of the infant mortality rate gap between its low-income (or high-deprivation) neighborhoods and the rest of the city. Yet Manhattan still stands out in comparison to London, Paris, and Tokyo because it is the only city with a statistically significant association between infant mortality rate and income (or deprivation, in the case of London).

Furthermore, the magnitude of the infant mortality rate gap is dramatically greater in Manhattan than in any of the other cities.

In the major world cities, community-based organizations are often where older people must turn for necessary services. In New York City, these organizations tend to be underfunded. However, those who work there are driven by a deep dedication and truly care for the older people who rely on their help.

Urban Ecology of Old Age: Neighborhoods, Social Interaction, and Healthy Aging investigates how public policies, neighborhood characteristics, and local institutions affect the health of older city residents. In 2004, a pilot test of this study was conducted in New York City and Paris, and the initial results were presented at a conference in Tokyo sponsored by ILC-Japan. For the first stage of the research, the WCP research team compiled detailed information on the characteristics of each neighborhood in New York City and Paris and validated an in-person survey instrument.
in both cities. They found great variation in the quality of the built environment, the availability of health and social services, and the concentration of older persons within each city. During the next year, they will investigate the correlation between these and other neighborhood characteristics and the health status of older persons.

Coronary Artery Disease Among Older Persons in London, Paris, and New York seeks to determine differences in mortality, morbidity, and treatment patterns, as well as the extent of gender disparities in the invasive treatment of coronary artery disease for persons 65 years old. In a Robert Wood Johnson Foundation Scholars in Health Policy working paper, L’Affaire du Coeur in the United States and France: The Prevalence and Treatment of Ischemic Heart Disease in Two Nations and Their World Cities, Drs. Michael K. Gusmano, Victor G. Rodwin, and Daniel Weisz show that, after accounting for disease prevalence, rates of revascularization (angioplasty and coronary artery bypass surgery) are lower in Manhattan than in Paris, and lower in the United States than in France among the 45- to 64-year-old cohort. These findings contrast with the typical characterization of the U.S. health care system as one that relies more heavily than its counterparts in the developed world on high-tech surgical interventions.

Avoidable Hospital Conditions in London, Paris, and New York explores another enduring criticism of the U.S. health care system: that the failure to provide universal access to primary care results in many costly hospitalizations that could be avoided. The WCP is conducting a study that investigates the magnitude of this problem in New York City, where 28 percent of the population is uninsured, as well as in London and Paris, where there are no financial barriers for all legal residents. They have found that rates of avoidable hospital conditions (AHC) are three times higher in New York than in London or Paris. Within New York City, rates of AHC are significantly higher among Medicaid recipients and the uninsured than among those with private health insurance, even after controlling for race, gender, age, and socioeconomic status.

President Ronald Reagan’s death this year made Alzheimer’s disease front-page news. Although the coverage was short-lived, it opened discussion on an issue that could likely be the story of the twenty-first century.

Alzheimer’s and caregiving: the boomers’ double burden

This disease, first described by Dr. Alois Alzheimer, in 1906, is expected to grow in prevalence by 350 percent nationwide as boomers age. By 2030, when the entire baby boom generation is over 65, it is estimated that eight million Americans will have the disease, 14 million by mid-century. One in ten individuals over 65 and nearly half of those over 85 suffer from its debilitating effects. Alzheimer’s disease and other forms of dementia may affect boomers in two ways.

First, boomers will become the caregivers to older relatives who suffer from dementia disorders. Both the financial and emotional costs are considerable. A person with the disease can live up to 20 years or more from the onset of symptoms. More than seven out of ten people with Alzheimer’s disease live at home, where family and friends provide almost 75 percent of their care. The average lifetime cost of care for an individual with Alzheimer’s is $174,000, with an average of $12,500 per year that families pay out of pocket.

Second, boomers are at risk of developing the disease in unprecedented numbers. While the risk factor increases with age, research has shown that people can reduce the risk by maintaining their cognitive vitality. There is increasing evidence that changes in lifestyle and health habits such as exercising, socializing, and participating in educational activities may stave off dementia conditions. Baby boomers should follow this advice now.

In October 2004 at “Dementia Care in an Aging Society,” the twentieth International Conference of Alzheimer’s Disease, in Kyoto, Japan, the International Longevity Centers joined representatives from more than 70 countries to discuss the issue of dementia and caregiving at a symposium entitled “Who Cares?”

President and CEO of the ILC-USA, Dr. Robert N. Butler, examined how the U.S. Medicare system and private sector are both currently unequipped to deal with the explosion of long-term care needs caused by Alzheimer’s and other debilitating conditions related to aging. In addition to his presentation in the symposium, Dr. Butler gave a keynote speech on “Human Rights of Older People with Dementia.”

The following are abstracts of the presentations by the ILCs of the Dominican Republic, France, Japan, and the United Kingdom, which examined Alzheimer’s disease and the long-term care necessary to treat those who contract it.
Baroness Sally Greengross, president of the ILC-United Kingdom, stated that since the 1990s the UK government has emphasized the importance of domiciliary care and reducing hospital stays. Therefore, privately operated residential and nursing homes with low-paid, relatively poorly trained staff provide the majority of formal care. It is also means-tested unless there is a health need. The other source of care is the informal—family and friends as well as the vibrant UK voluntary sector. She also examined dementia issues, including the impact of increasing longevity of people over age 85, the lack of future caregivers because of changing family structure, and the funding of long-term care, which remains unresolved despite a Royal Commission in 1999–2000.

Dr. Rosy Pereyra, president of the ILC-Dominican Republic (DR), noted that relatives care for most Alzheimer’s disease patients in the DR—81 percent of the older population live in multigenerational households, 18.2 percent live on their own, and only .5 percent live in institutions. Created five years ago, the Dominican Alzheimer Society, together with the Dominican Societies of Neurology, Geriatrics, and Psychiatrics, is actively making people aware of the importance of early diagnosis of the disease. Additionally, the DR has participated in research for the past seven years that focuses on the protein found in the brain of people afflicted with Alzheimer’s.

The president of ILC-France, Dr. Françoise Forette, discussed her country’s efforts to increase the awareness of Alzheimer’s and the quality of care. Alzheimer’s forums, organized throughout France since 1998, accomplished this by helping to motivate the government to develop a dementia plan in 2001. This plan helps train general practitioners to recognize the early signs of intellectual impairment, the development of memory clinics for the assessment and care of Alzheimer’s patients, and the setting up of Resources and Research Memory Centers devoted to training, research, and organization of resources.

Shigeo Morioka, president of the ILC-Japan, gave the introduction for the symposium and Shiro Yamasaki, assistant director-general for the Division of the Health and Welfare Bureau for the Elderly, who helped create the long-term care insurance system introduced in Japan in 2000, discussed the current and future goals of the system. This system is being revised as follows: 1) sustainability of the system, including efficiency and accentuation of benefits; 2) switching to a prevention-oriented system to forestall declining life function of older people; and 3) synthesizing social securities, clarifying functional share of each system, including long-term care, pension, and medical care.
The ILC Age Boom Academy, sponsored by a generous grant from The New York Times Company Foundation, is a marquee media event that aims to improve coverage of longevity by immersing journalists in population aging issues. The 2004 Age Boom Academy was also supported by a donation from Wileen Coyne.

The 2004 Age Boom Academy class studies the boomers

More than 50 journalists from a variety of major national media outlets have attended the Academy since it began in 2000. This year’s event was held in October 2004 and hosted journalists from National Public Radio, Business Week, The Christian Science Monitor, New York Daily News, Dallas Morning News, St. Louis Post-Dispatch, San Diego Union-Tribune, St. Paul Pioneer Press, and Vancouver Sun, among others.

Eminent speakers from a variety of disciplines and industries examined the issues related to aging boomers while providing this year’s class of journalists with the latest research and statistics.

Speakers at the seminar included Dr. Stanley Prusiner, Nobel laureate for his work with prions and mad cow disease, who discussed the coming impact of neurodegenerative diseases on aging boomers; and Dr. Roseanne Leipzig, vice chair for education at the Mount Sinai School of Medicine, who reviewed how baby boomers might benefit from the growth of evidence-based medicine. Humphrey Taylor, chairman of the Harris Poll, examined the boomer voter and the 2004 presidential election; and Dr. David Callahan, director of research at Demos, followed this theme by reviewing how values have changed from post-war America to today’s aging boomers. “Is Social Security a Time Bomb for the Boomers?” was the question examined by Dr. Richard Leone, president of The Century Foundation; and Dr. Richard M. Suzman, associate director at the National Institute on Aging, discussed the Institute’s research agenda for a “Boomer America.” Famed journalist Carl Bernstein spoke at the Age Boom Academy dinner on “The Press 30 Years After Watergate.”

The Academy program is more than just the event itself. The work of the Academy continues after the journalists have returned home, thanks to the Age Boom Journalists Exchange e-mail listserv—the only e-mail listserv community for journalists interested in longevity issues. A group of nearly 100 journalists from across the country exchange ideas, discuss sources, and post their latest work on this service.
In addition to the many other projects mentioned in this publication, a number of other activities were undertaken in 2004. The following is a selection of those activities.

Highlights for 2004

A series of seminars on “How Health Creates Wealth” occurred at the ILC in the summer and fall of 2004. The series was organized to inform a major conference at UNESCO in Paris in 2005 that the ILC is developing for the Alliance for Health & the Future.

A book on osteoporosis coauthored by former governor of Texas Ann Richards and Dr. Richard U. Levine, of Columbia University, was featured at a literature of longevity seminar in June.

Dr. George Maddox, chair of the ILC Program Advisory Committee, was joined by Drs. Marjorie Flavin, professor of economics at UC-San Diego, Kathleen McGarry, professor of economics at UCLA, and Sara Rix, of the AARP’s Public Policy Institute in Washington, to review ILC’s economics “of aging” research program.

The ILC’s first director of corporate and government relations, James Sheridan, joined the organization in June.

Dr. Marjorie Honig, ILC co-director of research, was named co-editor of the journal Social Security, Pensions, & Retirement Income.

Former mayor of Bogotá, Colombia, Enrique Peñalosa, discussed “Social and Environmental Sustainability in Cities” at a June WCP-sponsored seminar.

Dr. Irene Higginson, an end-of-life expert, delivered the 2004 Harold Hatch International Lecture on “Advancing Palliative Care for the World’s Aging Population,” in April at the Mount Sinai Medical Center.

Margaret Gullette, famed author of Aged By Culture, discussed her book and its implications for aging in the 21st century during an informal interview with Dr. Rick Moody at a brown bag lunch at the ILC in February.

The following is a select listing for some of the off-site activities:

ILC staffers represented the organization at the annual Gerontological Society of America conference in November and the ASA/NCOA conference in April, as well as many other conferences related to their research efforts.

In addition to her presentation at the ILC joint conference in Tokyo in October, Nora O’Brien, ILC director of partnerships, spoke as one of ten invited guests at the Global Symposium on Ageing Society, also in Tokyo, near the start of 2004.

Several ILC staffers visited Arkansas during the fall of 2004 to assess aging services in that state. The state’s demographics offer a preview of what much of the nation will look like in 20 years. ILC board member Jackson Stephens provided support for the project.

In August, the ILC’s executive director, Dr. Everette Dennis, was honored in Toronto with the Eleanor Blum Distinguished Service to Research Award.

In an important effort for the new Alliance for Health & the Future, Dr. Kenneth Knapp, ILC research analyst, discussed “Human Settlements of Older Urban Residents” before the United Nations NGO Committee on Aging.
We seek support from individuals, corporations, foundations, and government agencies, and rely heavily on the continuing loyalty and support of our friends.

To secure a sound financial base, the ILC has established the means through which interested donors may contribute to research and education that prepare society and individuals for population aging. For the ILC to realize its objectives, endowment support is crucial. Named gift opportunities begin at $50,000.

How you can support the ILC

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

A gift of cash is of immediate benefit to the ILC and is the most direct way to give. At this unique and important stage in the ILC’s growth, a fully deductible cash gift allows the organization to use the funds immediately.

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

Corporate matched gifts can double employees’ charitable contributions. Please contact the human resources office of your employer for a matching-gift form.

Other assets such as real estate and closely held stock can also be used to make contributions to the ILC.

Life income gifts and bequests offer significant tax advantages to making a bequest to the ILC as part of your estate plan. Life income gifts, such as charitable remainder trusts and charitable gift annuities, also afford substantial tax savings while benefiting you and the ILC during your lifetime. You may make a life income gift to the ILC by irrevocably transferring securities, money, or other property.

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

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Director of Development
Tel: 212-517-1298
Fax: 212-288-3132
E-mail: bettys@ilcusa.org
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### Balance Sheet

**As of June 30, 2004**

<table>
<thead>
<tr>
<th>Assets</th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$2,011,801</td>
<td>$2,312,152</td>
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<tr>
<td>Grants receivable</td>
<td>596,706</td>
<td>123,006</td>
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<td>Prepaid expenses and other assets</td>
<td>31,651</td>
<td>45,705</td>
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<td>Inventory</td>
<td>172,284</td>
<td>199,534</td>
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<tr>
<td>Property, plant and equipment, net</td>
<td>6,851,310</td>
<td>6,939,638</td>
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<tr>
<td>Pledges receivable, net</td>
<td>185,540</td>
<td>254,000</td>
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<td>Investments</td>
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<td>2,362,288</td>
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<tr>
<td><strong>Total assets</strong></td>
<td>12,359,280</td>
<td>12,236,323</td>
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</table>

<table>
<thead>
<tr>
<th>Liabilities and net assets</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities:</strong></td>
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<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>279,223</td>
<td>472,968</td>
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<tr>
<td>Amounts due to Mount Sinai School of Medicine</td>
<td>102,500</td>
<td>113,981</td>
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<td><strong>Total liabilities</strong></td>
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<td>586,949</td>
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<td><strong>Net assets:</strong></td>
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<tr>
<td>Unrestricted</td>
<td>9,170,604</td>
<td>8,861,626</td>
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<tr>
<td>Temporarily restricted</td>
<td>113,425</td>
<td>175,460</td>
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<tr>
<td>Permanently restricted</td>
<td>2,693,528</td>
<td>2,612,288</td>
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<tr>
<td><strong>Total net assets</strong></td>
<td>11,977,557</td>
<td>11,649,374</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$12,359,280</td>
<td>$12,236,323</td>
</tr>
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### Statement of Activities

**For fiscal year ended June 30, 2004**

<table>
<thead>
<tr>
<th>Support and revenue:</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Grants and contributions</td>
<td>$1,872,338</td>
<td>$4,867,550</td>
<td>$812,128</td>
<td>$6,821,128</td>
<td>$3,485,771</td>
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<tr>
<td>Fees for services</td>
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<td>9,850</td>
<td>11,778</td>
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<td>Investment income</td>
<td>57,315</td>
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<td>57,315</td>
<td>36,522</td>
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<td>Sale of inventory</td>
<td>20,837</td>
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<td>20,837</td>
<td>54,660</td>
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<td>Realized gain on investments</td>
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<td></td>
<td></td>
<td></td>
<td>4,917</td>
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<tr>
<td>Net unrealized gains (losses) on investments</td>
<td>12,995</td>
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<td></td>
<td>12,995</td>
<td>(8,159)</td>
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<td>Net assets released from restrictions</td>
<td>4,929,585</td>
<td>(4,929,585)</td>
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<tr>
<td><strong>Total support and revenue</strong></td>
<td>6,902,920</td>
<td>(62,035)</td>
<td>812,128</td>
<td>6,922,125</td>
<td>3,585,489</td>
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<table>
<thead>
<tr>
<th>Expenses:</th>
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<th></th>
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<th></th>
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<td>Program Services:</td>
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<td>Direct research</td>
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<td>2,471,797</td>
<td>1,403,164</td>
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<td>Research grants and program development:</td>
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<td></td>
<td></td>
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<tr>
<td>Grants</td>
<td>666,000</td>
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<td>Research program development</td>
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<td>1,394,466</td>
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<td><strong>Total research grants and program development</strong></td>
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<td>4,332,263</td>
<td></td>
<td>4,332,263</td>
<td>1,403,164</td>
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<tr>
<td>Communications and publications</td>
<td>864,497</td>
<td></td>
<td></td>
<td>864,497</td>
<td>696,270</td>
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<tr>
<td>Other program services</td>
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<td></td>
<td>282,565</td>
<td>571,651</td>
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<tr>
<td><strong>Total program services</strong></td>
<td>5,679,325</td>
<td></td>
<td></td>
<td>5,679,325</td>
<td>2,671,085</td>
</tr>
</tbody>
</table>

| Supporting services:                      |               |                       |                       |             |               |
| General and administrative                | 619,973       |                       |                       | 619,973     | 728,547      |
| Fundraising                               | 294,644       |                       |                       | 294,644     | 394,245      |
| **Total supporting services**             | 914,617       |                       |                       | 914,617     | 1,122,792    |
| **Total expenses**                        | 6,593,942     |                       |                       | 6,593,942   | 3,793,877    |
| Excess (deficiency) of support and revenue over expenses | 308,978   | (62,035)               | 81,240                | 328,183     | (208,388)    |
| Net assets at beginning of year           | 8,861,626     | 175,460               | 2,612,288             | 11,649,374  | 11,857,762   |
| **Net assets at end of year**             | $9,170,604    | $113,425               | $2,693,528            | $11,977,557 | $11,649,374  |

*An audited financial statement is available upon request.*
Dr. Irene Higginson, professor of palliative care and policy, at Guy’s, King’s and St Thomas’ School of Medicine, King’s College London, delivered the 2004 Harold Hatch International Lecture on “Advancing Palliative Care for the World’s Aging Population,” April 29 at Mount Sinai Medical Center. The lecture, jointly sponsored by the International Longevity Center and Mount Sinai’s Brookdale Department of Geriatrics, involved a week-long stay by Dr. Higginson, one of the world’s leading authorities in palliative care—a medical specialty that focuses on caring for patients with advanced incurable conditions by providing expertise in the management of symptoms, providing support to distressed patients and families, coordinating social care, promoting patient choice at the end of life, and offering family support in bereavement.

“Palliative care maximizes the patient’s quality of life through the highest quality medical care in a cost-effective manner by delivering the right care at the right time and right place,” said Dr. Diane E. Meier, director of the Center to Advance Palliative Care at the Mount Sinai Medical Center.

In the Hatch Lecture, Dr. Higginson identified four goals for success in the future: the promotion of effective solutions of pain relievers like the use of opiates; making palliative care available to all patients who require pain management; educating policymakers and the public about palliative care; and investing in research to “fill the gaps of knowledge in the field.”

While visiting, Dr. Higginson worked in conjunction with the ILC-USA, the Alliance for Health & the Future, and the regional office for Europe for the World Health Organization (WHO) to launch two new reports, entitled Palliative Care: The Solid Facts and Better Palliative Care for Older People. These reports aim to stimulate thoughts and actions from policymakers worldwide about the value of palliative care programs.

The Hatch lecture

Throughout the year, the ILC brings in intellectual allies to review and discuss various issues related to the longevity boom. This mission includes a number of efforts, most notably the Harold Hatch International Lectureship, the Literature of Longevity Series, and the newly initiated “How Health Creates Wealth” seminar series.

Palliative care takes center stage

Department of Geriatrics, involved a week-long stay by Dr. Higginson, one of the world’s leading authorities in palliative care—a medical specialty that focuses on caring for patients with advanced incurable conditions by providing expertise in the management of symptoms, providing support to distressed patients and families, coordinating social care, promoting patient choice at the end of life, and offering family support in bereavement.
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Scientific Workshop Reports
- Promoting Men’s Health: Addressing Barriers to Healthy Lifestyle and Preventive Health Care (2004)
- Sleep, Health, and Aging (2003)
- Biomarkers of Aging: From Primitive Organisms to Man (2001)
- Is There an “Anti-Aging” Medicine? (2001)
- Achieving and Maintaining Cognitive Vitality with Aging (2001)
- Maintaining Healthy Lifestyles: A Lifetime of Choices (2000)
- The Aging Factor in Health and Disease: The Promise of Basic Research on Aging (1999)

Policy Reports
- Guiding Principles: Redesigning Health Care for an Older America (2004)
- Palliative Care Academic Career Awards: A Public-Private Partnership to Improve Care for the Most Vulnerable (2003)
- Gerontology and Geriatrics in Israel (2002)
- Long-Term Care: The Experience of Two Nations (2001)
- A National Crisis: The Need for Geriatrics Faculty Training and Development (2000)

Issue Briefs
- Walk to a Healthy Future (2003)
- The Digital Opportunity Investment Trust (DO IT): Using Information Technology to Prepare for an Older America (2002)
- Old and Poor in New York (2002)
- Preparing for an Aging Nation: The Need for Academic Geriatricians (2002)
- Lifelong Learning in Norway (2001)
- Old and Poor in America (2001)
- Social Security: An Investment in Family Protection (2001)

Working Papers
- Older Homeowners and Renters in Six U.S. Cities (2002)
- Demand for Reverse Mortgages: The Influence of Family and Community Ties (2002)
- Can Medicare Improve Cancer Mortality? (2001)
- Housing and Living Arrangements of Older Persons: An International Comparison Study (1999)
AARP-ILC Publications

- Is there an “anti-aging” medicine? (2002)

Other Reports

- Cultural Perspectives on Longevity (2002)
- Threats to Longevity (2002)
- The Netherlands: Reform of the Care System for Older Persons (2001)
- Aging in Japan (2000)
- Charting the Productivity and Independence of Older Persons (2000)
- Cross-Cultural Differences in Myths and Realities of Aging (2000)
- Symposium: The Quality of Life in Old Age: Views from Various Cultural Perspectives (1997)

Newsletters

- The ILC Policy Report
- Human Values in Aging
- ILC Update: What’s New at the ILC

Occasional Papers


Books

- The New Love and Sex After 60 By Robert N. Butler, M.D., and Myrna I. Lewis, Ph.D. (Ballantine, 2002)
- Delaying the Onset of Late Life Dysfunction Edited by Robert N. Butler, M.D., and Jacob A. Brody, M.D. (Springer Publishing, 1995)

ILC in Spanish

- Longevidad genes (ILC website)
- ¿Hay algún medicamento contra el envejecimiento? (ILC website)
- Recompensas Injustas: Las realidades económicas de las mujeres mayores (ILC website)
- Logrando y manteniendo vitalidad cognitiva en la vejez
- Perspectivas culturales sobre la longevidad
- Ley No. 352-98 sobre protección de la persona envejeciente
- La declaración de derechos humanos del adulto mayor
- Logrando y manteniendo un estilo de vida saludable todo una vida de elecciones

ILC in French

- Divergence des perspectives culturelles sur la longévité
- Déclaration des droits des personnes âgées
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The International Longevity Center-USA is a not-for-profit, nonpartisan research, policy, and education organization whose mission is to help individuals and societies address longevity and population aging in positive and productive ways, and to highlight older people’s productivity and contributions to their families and society as a whole.

The organization is part of a multinational research, policy, and education consortium, which includes centers in the United States, Japan, Great Britain, France, and the Dominican Republic. These centers work both autonomously and collaboratively to study how greater life expectancy and increased proportions of older people impact nations around the world.

Our Priorities

To advance healthy aging, to advance productive aging, and to combat ageism.

Our Strategies

1. To proactively frame public discussion through solid research.
2. To increase the number of people who understand and work on issues.
3. To establish ILC as a respected source of knowledge, expertise, and ideas.
4. To build a sustainable organization through development and other institution-building efforts.

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ISSN:1549–9138