



HEALTHY AGEING

The Role of the Brain

Publication of the proceedings of a conference celebrating the United Nations “International Day of Older Persons” in 2025

A conference organised by the NGO Committee on Ageing, UN Vienna, 26 September 2025, at the United Nations, Vienna





IMPRESSUM

Publication of the proceedings of a conference celebrating the United Nations “International Day of Older Persons” in 2025. A conference organised by Dr.ⁱⁿ Jacqueline Ann Stark, 2nd Vice-President of the NGO Committee on Ageing, UN Vienna, on 26 September 2025, at the United Nations, Vienna.

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1. About the NGO Committee on Ageing at the United Nations Vienna

was constituted in 1981 as a Substantive Committee, being part of the Conference of NGOs in Consultative Relationship with the United Nations (CoNGO). The members of the Committee are international Non-Governmental Organisations (iNGOs) interested in multifaceted issues related to ageing and older persons. The Committee collaborates with similar NGO committees at the UN in New York and Geneva.

Topics discussed by the Committee in monthly meetings at the UN in the 'Decade of Healthy Ageing' (2020-2030) include Human Rights issues, intergenerational perspectives, the impact of digitalization, lifelong learning, as well as cultural aspects of ageing. In order to bring these topics into the open, the NGO Committee on Ageing holds regular side events at the annual sessions of the UN "Commission on Narcotic Drugs (CND)" and the UN "Commission on Crime Prevention and Criminal Justice (CCPCJ)". A special topical conference is organised to celebrate the UN's "International Day of Older Persons (IDOP)" on October 1st every year.

If you are interested in further information concerning the Committee, please consult our website: www.ngoageingvie.org



2. The conference celebrating the United Nations “International Day of Older Persons” 2025

Highlighting the Role of the Brain for Healthy Ageing

Halfway through the UN “Decade of Healthy Ageing”, global experts on ageing address the central role of the brain in maintaining one’s health and quality of life. The opportunities and challenges for older people for a healthy life across the life span are explored from various perspectives:

Welcome and introduction by Dr. Dirk Jarré

Chair of the NGO Committee on Ageing, UN Vienna, President of the European Federation of Older Persons (EURAG)

Moderator Dr.ⁱⁿ Jacqueline Ann Stark

2nd Vice Chair of the NGO Committee on Ageing, UN Vienna, I F A Representative

Speakers

Alana Officer: Senior Health Adviser, Department of Ageing and Life Course at World Health Organisation (WHO)

Presentation: UN Decade of Healthy Ageing: A Midpoint Reflection and Forward Strategy (Keynote - online)

Sandra Bond Chapman, PhD: Chief Director of the Center for Brain Health at the University of Texas at Dallas and Dee Wyly, Distinguished University Professor in the School of Behavioural and Brain Sciences

Presentation: Measuring and Increasing the Brain Health Span across Adulthood – A Global Health Imperative (Keynote – online)

Maciej D. Zatonski, MD, FFPM, PhD and Sara L. Farwell, PhD: Solution Makers, UK

Presentation: Begin with the Brain: Real-World Solutions for Health and Longevity

Ian Robertson, PhD: T Boone Pickens Distinguished Chair at the University of Texas at Dallas and Professor Emeritus at Trinity College Dublin, Ireland

Presentation: Confident Aging: Findings from the BrainHealth Project (online)

Sophia Casale, PhD student: University of Massachusetts, Boston, Research Assistant Gerontology Institute

Presentation: From Lifespan to Healthspan: Rethinking Aging Through a Life Course Lens (online)





3. Introduction

by **Jacqueline Ann Stark** and **Annemarie Spiessberger**,
NGO Committee on Ageing, UN Vienna

‘Highlighting the Role of the Brain for Healthy Ageing’



Dr. Jacqueline Ann Stark
2nd Vice-Chair

The brain’s role in healthy ageing was chosen as the theme for celebrating the 2025 United Nations’ International Day of Older Persons (UN IDOP) to highlight the significance and potential of the brain in the ageing process. Internationally renowned researchers and practitioners were invited to share their ideas and ongoing research from various perspectives halfway through the World Health Organization’s ‘Decade of Healthy Ageing’ (2021 to 2030).

Alana Officer, from the World Health Organization (WHO), reflected on emerging global efforts and strategies for achieving the goals of the UN Decade of Healthy Ageing (2021 - 2030) over the next five years. She provided an in-depth description of the four priority action areas, which are considered to be most urgent: act against ageism, foster age-friendly environments, integrate care, and access to long-term care. As inequalities in healthy life expectancy persist, Alana Officer is convinced that the coming years offer a crucial opportunity to build on momentum of the Decade, strengthen multisectoral collaboration, and promote inclusive, rights-based approaches to ageing. Achieving the goals of the Decade requires strong political commitment and financial investment from the relevant parties.

Prof. Sandra Bond Chapman then elaborated on brain health, stating that using its capacities is key for good health and also for economic growth. As Chief Director of the Center for BrainHealth at the University of Texas at Dallas, she presented new scientific breakthroughs made by the BrainHealth Project indicating that brain health optimization can be objectively measured for the first time. This can be enhanced with simple strategies and self-agency, regardless of the level at which it is initiated or educational level. Prof. Chapman proposed that improving brain function as we age is essential for enhancing healthy habits to increase one’s well-being or respond adequately to new challenges across the lifespan. She stated that brain-healthy practices can extend our peak brain years to be more consistent with our increased longevity.

Dr. Sara Farwell and Dr. Maciej Zatonski stated that people are living in a period with unprecedented technological progress, access to knowledge and modern medicine that allow them to fight diseases and live longer. Simultaneously, personal relationships are breaking



down, educational outcomes are declining, the overuse of medication is on the rise, and more people than ever are feeling lonely. Dr. Zatonski and Dr. Farwell stressed that the human brain is the common denominator, as it is central to our decision-making processes, relationships, physical health, and longevity. They presented their “2-SMTM Behaviour Dominoes Scaling Method,” which proposes to train a small set of keystone behaviours that trigger cascades of secondary effects. For example, “pause before replying” can reduce reactive speech and improve listening. Taking a quick breath before reacting reduces interpersonal tension, and, therefore, improves subsequent decision-making. Thus, ‘healthy ageing begins with the brain’, as the creators and directors of the “Solution Makers” concluded.

Prof. Ian Robertson, a colleague of Prof. Sandra Chapman, presented findings from the “BrainHealth Project”, which is a web-based application that offers completely free access to expert coaching and methods for improving the brain efficiency. The BrainHealth Project provides clear biological results from participating in smart training, stress management training, coaching and advice about sleep and exercises. The ability of the brain to change and adapt itself is scientifically proven. Prof. Robertson stresses the significant role of loneliness and its consequences for brain health. If a person recognises that he or she is socially supported and well connected, the brain will respond as if it has received a medical substance. He argues that confidence is crucial for overcoming the negative effects of constant unhelpful cycles (feedback loops) of avoiding activities due to fear. Confidence is a potential antidote against fear.

The last speaker was **Sophia Casale**, a PhD student at the University of Massachusetts, who brought in a youth perspective by pointing out that ageing doesn’t start at a specific point in life, but is an ongoing process. She stated that extending one’s lifespan is not enough. What truly matters is healthy ageing. “Healthspan” means leading a life in good health, in vitality, with purpose, and being connected to others. Ageing should not be experienced as an inevitable process of decline, but as a lifelong opportunity to cultivate resilience. This approach is key for younger generations to realistically understand the ageing process and actively design their own future.

Jacqueline Ann Stark and Annemarie Spiessberger

Vienna, 29 March 2026





4. Report on Alana Officer's contribution: UN Decade of Healthy Ageing: A Midpoint Reflection and Forward Strategy

by **Annemarie Spiessberger**, Mag.^a, NGO Committee on Ageing, UN Vienna,
and the European Federation of Older Persons (EURAG)

The content of the following contribution is taken from the online presentation of Alana Officer, presenting the World Health Organization (WHO), during the conference celebrating the UN "International Day of Older Persons" in 2025 at the United Nations in Vienna. The charts included in the text have been presented by Alana Officer during her speech.

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The aim, "**Adding life to years**", means that it is not about just the number of years that matters, but also **how we live** and **how we grow during that time**. This motto summarises the efforts of the "UN Decade of Healthy Ageing", which **Alana Officer** presented in her online speech during the celebration of the UN "International Day of Older Persons" in September 2025. She informed the audience about the **four** challenging **action areas** of the UN Decade of Healthy Ageing: **ageism, integrated care, access to long-term care** and **foster the abilities of older persons**.

Action Areas

1. Changing how we think, feel and act towards age and ageing
2. Deliver integrated care and primary health services responsive to older people
3. Provide access to long-term care for older people who need it
4. Ensure that communities foster the abilities of older people

Enablers

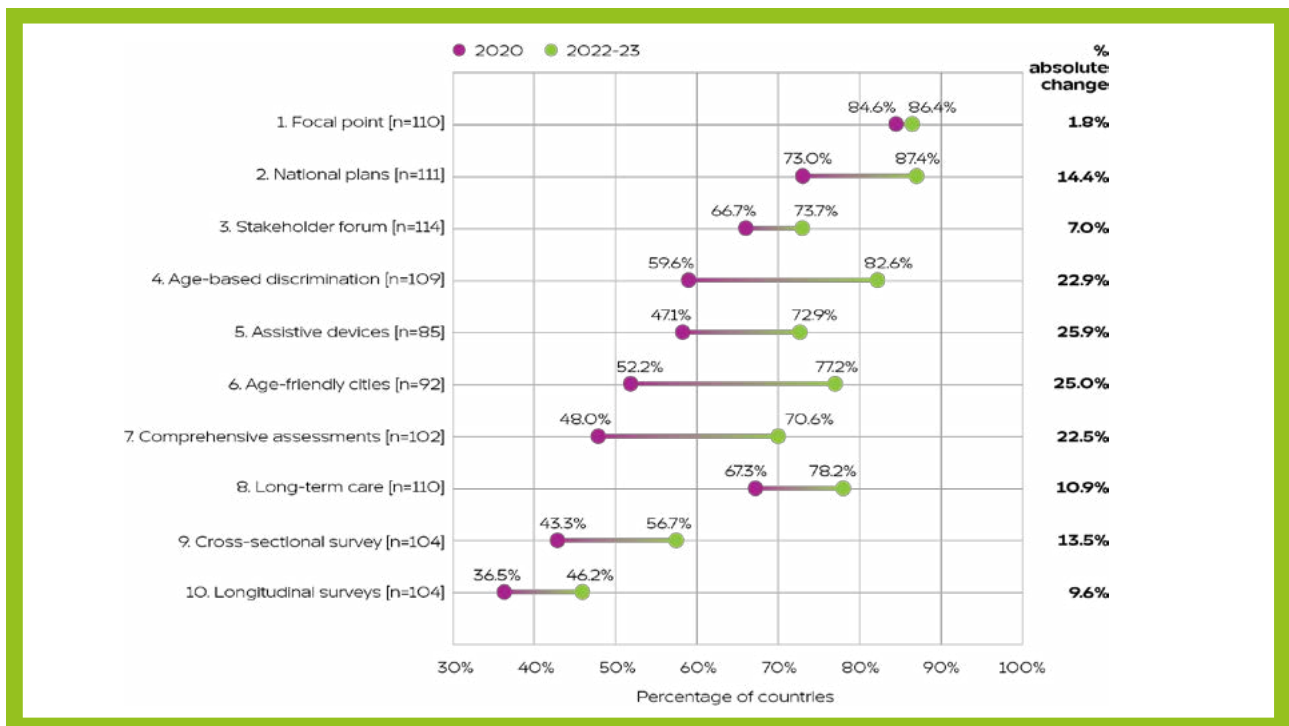
- Voice and engagement of older people, families, communities
- Nurturing leadership and capacity building
- Connecting stakeholders
- Data, research and innovation

Source: World Health Organization (WHO)

Alana Officer explained that older person's voices must necessarily be heard and their opinions should be taken into account in all decisions that affect them. Building capabilities, leadership and the involvement of all parties concerned is essential to achieve success in all four areas. Furthermore, improvements of data, research and innovation are also mandatory.



In 2023, the release of the first progress report from the beginning of the decade in January 2021 to 2023 provided information on the extent member states have successfully implemented the various action points. Altogether, 136 of 194 countries (about 70%) responded to the survey. Progress was measured against 10 main indicators. In addition, 140 case studies from governments, academics and civil society were collected. Together, the data – although limited - offer a powerful picture on what’s actually happening and about the progress that has been achieved.



Source: World Health Organization (WHO)

The greatest progress in combatting age-based discrimination was made in countries that adopted anti-discrimination legislation. As shown in the graphic above, in 2023 around 83% of the countries had legislation against age-based discrimination, compared to 60% in 2020. The data also illustrate improvements in access to assistive technologies. Numerous creations of more age-friendly cities and communities with the aim of ensuring that people gain access to comprehensive health and social care assessments were documented. The increase for both action areas is more than 20% between 2020 and 2023.





Alana Officer emphasised the fact that 87% of the participating countries now pursue a healthy ageing policy as an important milestone in the UN Decade of Healthy Ageing. Real stories are reflected by these numbers:

3 **Aged Care Council of Elders**
Australia
Lead stakeholder: Older people's organization

The Council of Elders provides a formal platform for members to speak directly to the Government on behalf of older people. The Council consists of 14 academics, advocates, activists, specialists and researchers, who consult older people on issues related to the quality and safety of care and the needs of older people and their families and carers. The priorities for the council since its establishment have included creating an equitable, accessible, high-quality care system [see [section 2.7](#)]; supporting older people to age well; tackling the abuse of older people [see [section 2.4.1](#)]; housing and homelessness [see [section 2.5](#)]; and supporting functional ability at all stages of life (22).

6 **Gendered impact of COVID-19**
Thailand
Lead stakeholder: CSO

The Geriatric Work Development Foundation, part of the Foundation for Older Person's Development in Thailand, undertook research into the impacts of COVID-19 on older women (29). It was found that gendered roles within families and households place older women at greater risk of exposure and that they cannot seek health services because of their care responsibilities. More than half of the women interviewed were still engaged in paid work, all in the informal sector [see [section 2.7.2](#)], which led to income insecurity and poor resilience to economic shocks. Both informal workers and those in unpaid care work in the home were ineligible for Government financial assistance during the pandemic, exacerbating their income insecurity.

12 **Seoul Learn 4050**
Republic of Korea
Lead stakeholder: Government

The Seoul Metropolitan Government initiative, [Seoul Learn 4050 \(38\)](#), supports people in their 40s and 50s who are at a transition in their lives. It is designed to strengthen job skills, support employment, enhance digital skills, aid in life and retirement planning and establish a 'vitality happiness town' [a centre providing support for health, family, relationships and careers] to support people in planning an active, healthy older age. Different services and support are delivered to people of different ages, with support for job changes, career advancement, income security and work-life balance for people in their 40s and digital learning, socially useful, meaningful jobs and volunteer activities for people in their 50s.

Source: World Health Organization (WHO)

The Australian report (No. 3) states that older persons are now directly influencing care policies because they are part of an advisory council of older persons.

30 **Dementia Learning Centre**
New Zealand
Lead stakeholder: CSO

Alzheimers New Zealand has established the country's first [Dementia Learning Centre \(114\)](#), which provides support and information for people with dementia and their carers, with courses, workshops and webinars to increase their knowledge and skills. An online module on "Caring for the carers" was designed with significant input from people with dementia. The Centre has used virtual reality technology to demonstrate what it's like to live with dementia and provided a tailored session for the Parliamentary Friends of Dementia.

33 **Older people living with HIV**
Cameroon and Senegal
Lead stakeholder: CSO

The Regional Centre for Research and Training in Clinical Management, Fann, Senegal, is working with Positive Generations, Cameroon, to improve [access to health services for people aged 50 and over living with HIV \(117\)](#). The aim is to test strategies for integrating screening, diagnosis, specialized referral and treatment of co-morbid conditions in routine HIV care and also address stigmatization, discrimination and lack of confidence in the confidentiality of health services. Older people living with HIV are screened for chronic conditions and declines in intrinsic capacity and functional ability.

20 **Gender-based violence against older women**
Argentina
Lead stakeholder: Health sector

The National Institute of Social Services for Retirees and Pensioners of Argentina has opened the [Eva Guberti Center for Comprehensive Protection for Women and Diversities in Buenos Aires \(59\)](#). The centre supports older women who have experienced violence, using a gerontological approach to gender-based violence services and support. This is the first service of its kind in Latin America and the Caribbean. The centre provides psychosocial support, training and advice to older women, including on a telephone line, and represents a place to report gender-based violence. Services are provided by social workers, psychologists, lawyers and sociologists.

Source: World Health Organization (WHO)

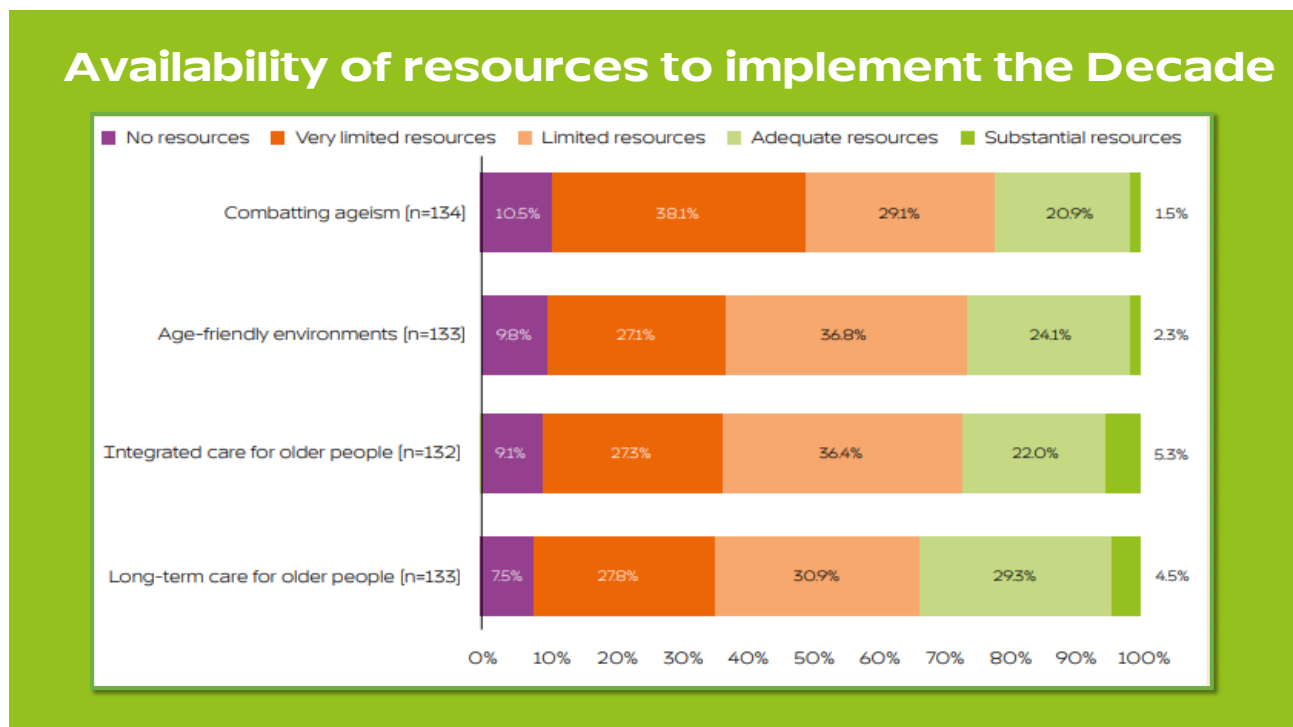
Argentina (No. 20) presents a pioneering example of healthcare and social services for older persons, particularly older women who are facing gender-based violence.

Case studies from Cameroon and Senegal in Africa reported that civil society is achieving great progress in improving access for HIV services for older persons, whereas still tackling discrimination and stigma. These examples show that progress is possible across many diverse areas, when governments, civil society, academia and the private sector and older persons work together. But, of course, huge challenges remain.





A serious key barrier to progress is the lack of available resources. Almost 80% of the countries report that they do not have sufficient resources to implement strategies to achieve goals, with the largest gaps being seen in the area of tackling **ageism**.



Source: World Health Organization (WHO)

Action area 1: Combatting Ageism

“Working to change how we think, feel, and act towards age and ageing (...)”.

In terms of ageism, which is defined as stereotyped prejudices and discriminatory attitudes towards ourselves and others based on age, is widespread. The UN report on ageism - published in 2021 - stated that globally one in two people is ageist against older persons. In Europe, one in three reported having been a target of ageism.

In April 2025, a Human Rights Council resolution requested the development of a binding instrument for the implementation of the rights of older persons and to push this agenda further. However, to address ageism effectively, not only policies are needed but also the improvement of education and the development of intergenerational contacts. The UN report on ageism suggests opportunities to bring generations together. However, change and progress in combatting ageism must be measured accurately. This year, the WHO launched the first ever global scale to measure ageism. It has been developed in cooperation with older persons and is the most comprehensive, valid and reliable instrument that exists today. This global scale to measure ageism has already been translated into various languages. The need to create **age-friendly environments** has been largely recognised and important initiatives taken to this end.





Action Area 2: Age-friendly Environments

“Working to create and sustain age-friendly environments by improving the knowledge base on the topic (...)”.

Creating age-friendly environments demands support to national and local actions across a range of sectors, be it housing, transportation, health, community care, employment, information and communication. This is done through WHO’s “Global Network for Age-friendly Cities and Communities”. The progress which was made so far in this action area is significant - as shown in the first chart.

Up to now, 27 national or global programmes support around 1.700 cities and communities in 60 countries benefitting 320 million people.

A variety of training programmes have been developed to support countries, cities and communities in becoming more age-friendly. To date, 12.000 people have already been trained. But regional gaps need to be taken care of, especially in Africa. This approach must be extended to humanitarian settings to ensure that the benefits of age-friendly cities and communities are available to all older persons, not just some. The third main action area is **integrated care**.

Action Area 3: Integrated Care for older persons

“Integrated care reorients health systems to meet individuals’ needs across their life course”.

That means, to coordinate services, to optimise resources, and to improve care quality and efficiency. This is important because, as we age, our care needs may become more chronic and even more complex.

Nearly half of the global population have no access to basic essential healthcare services and care, and when it is provided it is often fragmented. For example, care for cardiovascular diseases is provided separately from care to diabetes. This means that the focus is not on the whole person but only on particular diseases. That’s why 194 governments adopted integrated care as a priority for the Decade for Healthy Ageing.

As illustrated in the first chart, 71% of the reporting countries have policies for comprehensive health and social care assessments, a substantial increase from 48% in 2020. A handbook on integrated care for older persons has been released with guidance and support for care in the community and in primary care settings. Persons, who are responsible for the implementation in this action area noticed that many countries are building up workforce ca-





capacities in promoting more team-based care. France, for instance, is planning to implement the “Integrated Care for Older Persons (ICOPE)” approach nationwide and other countries should aim to do the same. The fourth action area is **long-term care**.

Action Area 4: Long-term Care

“Long-term Care is so important because it enables people to live with dignity, rights and support to live good quality lives”.

About 65% of older persons require some support for their daily living activities. The majority of older persons wish to remain in their own homes and communities as they get older. “It is known that unpaid, informal care accounts for 80% of all long-term care provided in Europe (...)”. Alana Officer mentioned that “the COVID-19 pandemic exposed vulnerabilities in care systems, including inadequate long-term care services (...)”. The need for improvement in long-term care is clear and governments must invest more in this area to address low payment, poor working conditions and limited training. As already mentioned, most of long-term care is still provided by unpaid family members, primarily women, who receive little or no support.

In response to the urgent need for a framework to support countries in achieving an integrated long-term care approach to universal health coverage (UHC), and to strengthen policies around long-term care, a WHO concept paper has been edited.

Priority action areas and cross-cutting issues

Global collaboration and efforts to do things differently are always at the center of the implementation process. The cooperation with leaders who are trying to orient the ageing agenda towards the launching of a “Decade Knowledge Exchange Platform” are good examples.

In the WHO, the issue of brain health is of key importance. Therefore, a dementia observatory has been established to collect all information about dementia. People developing dementia are involved in this project.

Additionally, work on loneliness and social isolation is pushed forward. Recently, the WHO Commission on Social Connection released an important report on the phenomenon of loneliness, with a focus on older persons.

Also, intensive work has been achieved on forms on how to prevent abuse of older persons. One of six older persons is experiencing abuse in their community and even more suffer it in long-term care institutions. Preventing abuse of older persons must be seen as a priority in future policies.





Final words by Alana Officer

All these actions can only be performed in cooperation with partners from other institutions of the UN, civil society and academia which are driving this work forward.

Significant progress has been made during the first phase of the Decade in terms of developing knowledge, evidence and tools, building partnerships and raising awareness, although much more is still needed. In particular, much greater involvement of older persons in decisions that affect their lives is required.

The WHO has released various guidelines to boost older persons involvement. But to make progress stronger political commitment. Above all, **financial resources are of paramount importance**. There is enough evidence to show what works but larger budgets are needed to implement corresponding programmes over the next five years.

Governments' commitments must be responsibly turned into actions because the "Decade of Healthy Ageing" is for everyone, for everybody, and must not leave anyone behind. It's for present and future generations of older persons!

Important documents of the World Health Organization:

World Health Organization (2021): Global report on ageism. Published on 18 März 2021.

<https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism/global-report-on-ageism>

Decade of healthy ageing – The Platform (2025): The WHO Ageism Scale: Manual and User Guide. Published on 28 April 2025.

<https://www.decadeofhealthyageing.org/find-knowledge/resources/publications/the-who-ageism-scale-manual-and-user-guide>

Global Campaign to Combat ageism

<https://www.aworld4allages.org/who-ageism-scale>

World Health Organization: Adding life to years. Age-friendly world. Guides and Toolkits.

<https://extranet.who.int/agefriendlyworld/category/guides-and-tools/>

World Health Organization: National programmes for age-friendly cities and communities.

<https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments/national-programmes-afcc>





World Health Organization (2024): Integrated Care for Older People (ICOPE) – Handbook. Guidance for person-centred assessment and pathways in primary care. Second edition. <https://iris.who.int/server/api/core/bitstreams/7516b015-e205-43d1-883f-01f2c31af261/content>

World Health Organization (2021): Framework for countries to achieve an integrated continuum of long-term care. Published on 30 November 2021. <https://www.who.int/publications/i/item/9789240038844>

World Health Organization (2024): Long-term care for older people: package for universal health coverage. Published on 8 Mai 2024. <https://www.who.int/publications/i/item/9789240086555>

World Health Organization (2025): From Loneliness to social connections: charting a path to healthier societies. Published on 30 Juni 2025. <https://www.who.int/groups/commission-on-social-connection/report>





5. Longevity of our Brain Health Span: New Frontier of Human Potential

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Founder and Chief Director of the Center for BrainHealth® at the University of Texas at Dallas. She is co-creator of The BrainHealth® Project, a collaboration network of the world's leading brain health experts. As Dee Wylie Distinguished University Professor, she teaches behavioural and brain sciences.

Longevity has become a global obsession, with demographic projections showing that the number of people ages 65+ is likely to double by 2050. Yet with the gift of extended longevity, in that more people are living longer than ever before, comes a critical realization: the goal is not just to live longer but rather to live better – to flourish. The major thrust must be to extend the health span, and even more specifically brain health span, not just extend life.

Today, the greatest fear of living longer is experiencing a brain problem - such as Alzheimer's Disease – outranking concerns about heart attacks and cancer (Milken Institute, 2021). People want to live as long as possible, but only if they have the brain capacity to navigate their lives, to make sound decisions, to carry out plans, to connect meaningfully with others, and to deal effectively with life stressors. The major dilemma is that human mental capabilities (such as speed of learning, working memory) and brain systems (such as brain blood flow and connectivity), typically begin to **decline in our early thirties** (Lu et al., 2011; Salthouse, 2009). This realization of early decline is unacceptable because it means most people could live longer with a brain in a state of decline rather than in a time of continued growth. Living longer is associated with increased suffering from an array of brain conditions such as age-related brain decline, stroke, progressive brain diseases including Alzheimer's, Parkinsons and other dementias, mental health disorders, diabetes, and other brain complications, with growing untenable healthcare costs. It is not a sustainable or desirable future.

As the global population ages, extending peak brain years (brain health longevity) is one of the most urgent yet neglected public health priorities and cost burdens of our time. Brain health stands as the most exciting new frontier in human potential and discovery. Boosting the brain's health is the key driver of improved health and economic growth (Greene, 2021).

Addressing Gaps and Big Questions About Brain Health

Brain health has not received the public awareness it deserves due to limited knowledge of how to best translate neuroscience discovery into practice. Until recently, the limited attention is likely due to factors such as the lack of a widely accepted definition, the absence of





validated multi-dimensional, composite measures of brain function, limited medical school training regarding neuroplasticity and its translation to promoting brain healthy practices, and reimbursement models for preventive brain care.

This report briefly highlights new discoveries from the BrainHealth Project (Chapman et al., 2021; Cook et al., 2025; Spence et al., 2024) that address these hurdles. The BrainHealth Project is a large scale, longitudinal study with the goal to enroll 100,000 healthy adults (18 – 100+ years of age) and follow for ten years or longer. We designed The Project after the Framingham Heart Study (launched in 1948) which uncovered now well-established preventative healthy heart strategies accessible to all (Andersson et al., 2019; Bitton & Gaziano, 2010). The BrainHealth Project is poised to make more rapid progress than the decades-long Framingham study, which required going door-to-door and focused on one small geographical region in northeast US. In contrast, the BrainHealth Project takes advantage of 21st century technology to reach participants around the globe (with people enrolled from every U.S. state – across urban and rural areas – and 65 countries) and incorporates big data analysis capabilities to reveal outcomes in a few years.

Four key questions addressed by the BrainHealth Project are:

1. What is a clear definition of brain health – and, in turn, brain health span – that captures its complexity?
2. Can the multidimensionality of an individual's brain health be measured and tracked bi-annually or annually to chart **upward gains**, maintained capacities, and detect early losses?
3. To what extent can healthy adults - young and old - be guided to improve, maintain, or regain their brain capacities with simple executive function strategies?
4. What are the economic and societal values of people maintaining or improving their brain capacities? This question stands in contrast to the well documented cost burden of brain issues.

The goals of the BrainHealth Project's efforts are to define, measure, and enhance brain health and performance, as well as to embrace the immense value of stronger brain health for individuals and societies (Cook et al., 2025). This effort provides the momentum needed to achieve for brain health what has been done for heart health, translating scientific discoveries into actionable insights for the population at large.

Definition of Brain Health and Brain Health Span

Scientists at the Center for Brainhealth at The University of Texas at Dallas first introduced the concept of brain health to the world in 1999.

Brain health is the continual promotion of optimal development of brain, cognition, connectedness, and emotional well-being.





Brain health is much more than the absence of brain disease and damage. Brain health is the ability to harness neuroplasticity **for continual growth throughout life, rather than a fixed state, thereby incorporating the evidence of lifelong neuroplasticity** (Merzenich & De Charms, 1996; Merzenich et al., 2014). This updated concept reverses the outdated, widely held view that the brain stops developing in childhood or early adulthood. Brain health requires a dynamic interaction of the dimensions of cognition, social connectedness, and wellbeing. These work together to impact overall brain function to support the ability to thrive at **every life stage** and across diverse contexts. These dimensions do not operate in isolation; instead, each dimension influences the others perpetually. For example, training cognitive strategies shown to promote higher order executive functions, such as strengthening possibility thinking and problem-solving, has shown to reduce symptoms of depression (↓60%) and stress (↓~40%) to improve wellbeing without directly focusing on mental health, and has increased real-life function and improved neural health (e.g., brain blood flow, connectivity, and cortical thickness) (Chapman & Mudar, 2014; Vas et al., 2016).

With regards to longevity of the brain health span, distinctions exist across the different domains – i.e., life, health span, and brain health span. Lifespan is how long you live. Health span is how long you live well, i.e., in good health, free from chronic disease or significant disability. Brain health span represents how long your mind allows you to stay: a) adaptable, b) sharp, c) able to perform regular responsibilities, d) capable of relating to others, and e) able to remain calm and resilient in the face of challenges.

Lifespan = How long you live

Health span = How long you live well

Brain health span = How long your mind stays sharp and resilient

It is possible to have a long health span but a shorter brain health span if cognitive decline occurs early. Many people are outliving their peak brain years while being quite physically fit. Brain health is the highest category of health, such that by increasing one's brain health span, individuals often take better control of their health choices and increase their health span in turn (Blalock et al., 2022).

BrainHealth Index Integrates Multidimensional Measures of Brain Health

The BrainHealth Index represents the first **holistic, multidimensional metric** designed to measure and track brain health longitudinally with validation using brain imaging. The Index can be repeated as often as every 3 months and is recommended to be taken at least annually to inform people about habits needed to maintain and promote stronger brain performance. The Index is offered through an online BrainHealth Platform that can be accessed either by enrolling as a research participant in the BrainHealth Project (<https://www.thebrainhealthproject.org/>) or by arranging a collaborative partnership with the BrainHealth

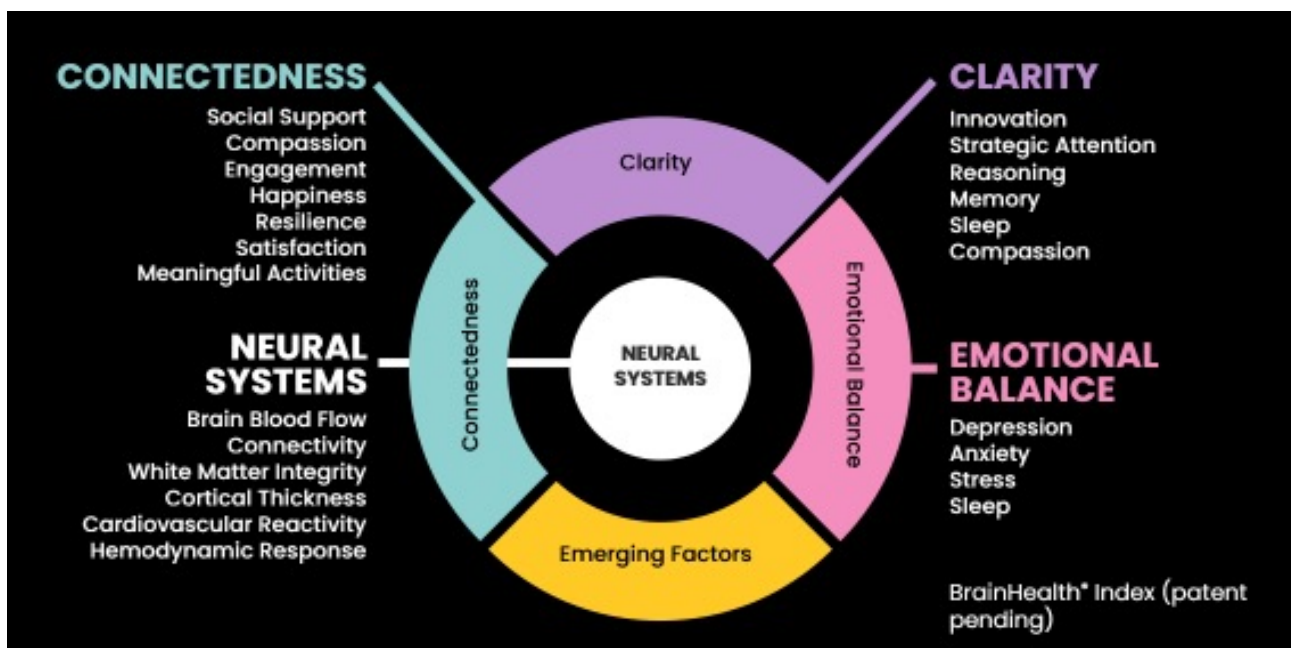




Team (<https://centerforbrainhealth.org/science/research-network>). Our current collaborators include researchers, health care providers, workplace teams, community groups, and others. At present, the BrainHealth Index is only offered in English. Other language versions are expected to be developed, tested, and validated in the coming years, with current efforts focused on a Spanish version.

The BrainHealth Index takes about one hour to complete and is comprised of a wide array of measures. The output is a composite score as well as performance on the contributing factors:

- **Clarity** - cognitive health
- **Connectedness to people and purpose** - social health
- **Emotional balance** - mental health



Source: Sandra Bond Chapman, Lori G. Cook, Andrew S. Nevin, Center for BrainHealth, The University of Texas at Dallas

Unlike traditional assessments that focus on deficits or compare individuals to normative databases, the BrainHealth Index is uniquely designed to:

- **Serve as a personalized benchmark** – tracking change against an individual’s own baseline rather than population norms. This change in basic assumptions is critical as it considers the **unique ‘brain print’** we each create based on the design of neuroplasticity where our environment, experiences, and habits modify our brain moment by moment by how we use it. As such, the practice of comparing a person’s brain against a normative brain dataset is flawed. A more personalized health-driven goal based on neuroscience would be to compare an individual’s ability to strengthen, maintain or re-





gain their brain performance against their own performance from one time point to the next, revealing their ability to harness their neuroplasticity.

- **Capture growth potential** as well as decline, emphasizing optimization rather than just diagnosis. Our brain changes moment by moment by how we use it. Specifically, we each build our own brain by every experience, new learning, and exposure year by year. Our brain changes in positive ways with healthy thinking habits or negative ways by toxic brain habits or exposures.
- **Visualize trajectories** over time, empowering individuals to see how their brain capacities are changing to take ownership of their brain health.

How does the BrainHealth Index Differ from Other Measures?

Most existing brain health measurements:

- Are **deficit-oriented**, designed for screening or diagnosing impairment (e.g., dementia risk scores).
- Focus on separate domains such as cognition, mental health, or lifestyle factors without integration into how they work together to elevate brain health.
- Offer limited personalization and rarely provide actionable guidance for improvement.

In contrast, the BrainHealth Index:

- **Combines multiple validated instruments and novel tasks** into one composite score, reflecting the interdependence of cognitive, emotional, and social dimensions.
- **Leverages machine learning analytics** to derive factor scores (Clarity, Connectedness, Emotional Balance) rather than presupposed components.
- **Validation with neural metrics** (predictive hemodynamic response functions) in conjunction with functional neuroimaging, reinforcing its scientific rigor.

To date, the BrainHealth Index has shown itself to be extremely sensitive to changes, especially positive gains but also maintained abilities as well as early slippage. Even more exciting is the evidence that the behavioral changes measured by the BrainHealth Index and its component measures are being validated by brain imaging results (Ajith et al., 2024; Chapman et al., 2015; Honea et al., under review; Spence et al., 2024).

Effectiveness of the following intervention protocols were tested using the BrainHealth Index, including an executive function training, i.e., Strategic Memory Advanced Reasoning Training (SMART) (Chapman, 2014; Chapman et al., 2021; Venza, 2025) as well as BrainHQ (Venza, 2025; Young, et al., 2025), Hormone Replacement Therapy (Fratantoni et al., 2025), and physical fitness training (unpublished data – Zientz 2025). We propose that the





BrainHealth Index could measure any number of brain interventions – i.e., pharmacological, lifestyle, drug + behavioral protocols. Using machine learning, the large, growing longitudinal dataset is now being used to predict, at an individual level, who will benefit and who will not. We found that even people at risk for developing dementia – those with mild cognitive impairment (MCI) – show benefits, albeit slowed relative to those without MCI (Chang, et al, in process).

Strategies to promote Brain Health across the Adult Lifespan

Research at the Center for BrainHealth for the past 25+ years has been dedicated to not only measuring brain health but also seeing what strategies work to strengthen and enhance brain performance as we age, starting at young ages and continuing until end of life. The BrainHealth Project's early findings reveal individuals can benefit from simple strategies that show them how to be proactive – i.e., get 'Left of Boom'. Left of Boom is a military term meaning to take action before problems set in. Otherwise, if we wait until concerns arise (Boom), we are trying to prevent a condition a person already has.

Some of the most unexpected findings were that adults showed gains, regardless of age – meaning that people in their 70s improved as much as those in their 20s and 40s. The degree of gain depended on their utilization and was not simply attributable to practice effects, as those who did little to no training did not yield significant gain (Chapman et al., 2021). A second refreshing result was that significant benefit was possible, whatever an individual's starting level – so low performers as well as peak performers continued to show trajectories of improvement in overall brain health over time (Cook et al., under review). Documenting these significant gains would not have been possible if we had adopted more traditional measures of cognitive, social, and emotional wellbeing, as most metrics have defined ceilings on performance rather than allowing for measurement of continuous improvement.

The following example illustrates how one individual leveraged brain health strategies to achieve meaningful gains and a renewed sense of purpose in retirement.

Rose (alias) is a 70-year-old female who joined the BrainHealth Project during the COVID-19 pandemic and retired within her first year of participation. Over her five years in the study, she learned and applied brain health strategies delivered through the BrainHealth Platform to guide her use of her everyday life activities as described in Cook et al, 2025. Her BrainHealth Index showed an upward trajectory, driven primarily by gains in Clarity and Connectedness. Notably, during the first year of her retirement, her Index revealed a significant decline in her Emotional Balance, which later rebounded. During that same period, her remarkable growth in Clarity – reflecting her consistent engagement and application of cognitive strategies in her daily life to maintain purpose – helped sustain and enhance her overall brain health.





By year three, she reported feeling significantly healthier than in early retirement, citing improved sleep, regular exercise, and a 25-pound weight loss. Today, she remains highly engaged and purposeful, prioritizing activities that stimulate her mind and strengthen social connections. She is learning piano and Spanish, volunteering, and participating in local book and speaking clubs. She also uses innovative approaches to manage her everyday tasks, such as exploring multiple solutions for tackling a major decluttering project, including breaking tasks down into small, manageable steps. She now describes retirement as deeply fulfilling, emphasizing lifelong learning, resilience, and gratitude.

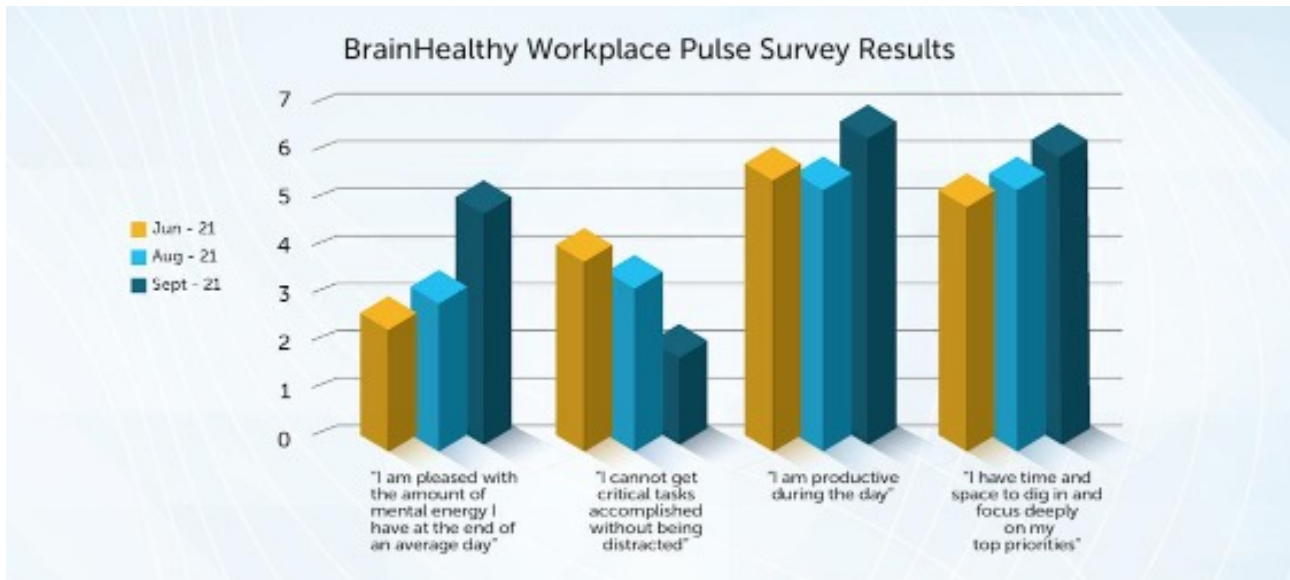
Economic and Societal Value of Better Brain Health – Brainomics

In addition to the tremendous human impact of focusing on brain health and performance across the lifespan, there is increasing evidence for significant economic impact. We call this the study of Brainomics (Chapman, 2014). It is not just a question of extending an individual's working span or delaying the onset of neurodegenerative diseases – which are certainly important – but helping people work more meaningfully and productively throughout their lifespan. We believe the main economic benefit comes from empowering individuals with simple, science-backed strategies and tools to build brain-healthy daily habits at all ages throughout education and the workforce, leading to 40 or 50 years of more productive and fulfilling work. For example, we see that fostering a sense of connection to purpose at work (one of the important factors of brain health as mentioned above) increases innovation levels by 30% and retention by 40%, both of which would have a significant economic impact (Center for BrainHealth, 2025).

While we need more evidence to build a fuller picture of brain health and performance in the workplace, we share our case study from KepnerCPA. KepnerCPA is a small accounting firm in Dallas, whose entire team participated in a six-month BrainHealthy Workplace engagement (Center for BrainHealth, 2024). Employees not only demonstrated measurable gains in cognitive performance, but also reported improvement in mental energy, ability to focus deeply on critical tasks, and overall productivity. The firm achieved and sustained a 25% increase in revenue without adding any new employees, and the CEO estimates that applying brain-healthy strategies saves 30% of his time.

“Brain training is a part of the way we would distinguish ourselves from others. Quite frankly, I think it’s going to be commonplace in businesses in years to come.” - Gerald “Kep” Kepner, CPA, CEO





Source: Sandra Bond Chapman, Lori G. Cook, Andrew S, Nevin, Center for BrainHealth, The University of Texas at Dallas

While this is a small company, we have a strong hypothesis that investing in brain health and performance will have an immense economic impact for an organization of any size. This kind of investment doesn't require major infrastructure or budget overhauls but is as simple as learning how to use your brain more effectively.

To continue to build this evidence, we are conducting a number of interventions with larger partners, including one organization that has over 1,100 people and is doing a full implementation of brain health and performance habits. Evidence from workplaces like this will be a launching pad to roll out investments in brain performance on a wider scale to improve work satisfaction, economic outcomes, and well-being, personal relationships, and resilience. To put this another way, there is no tradeoff between positive human outcomes and economic outcomes, as investing in brain performance benefits both simultaneously.

Conclusion

Improving the health of our brain is a global health imperative. The brain drives all that we do, imagine, plan, feel, express, create, learn, and overcome. Building stronger brain function as we age is essential for supporting all other healthy habits, elevating well-being, honing people skills to connect meaningfully, and strengthening creativity to flexibly deal with new challenges across the lifespan. The brain is our greatest asset and most neglected organ. Global efforts focused on putting the brain at the center of our health promotion could extend and even double our peak brain years – reshaping our ability to flourish as a worldwide enterprise. We welcome the opportunity to work with and learn from other countries to prioritize the brain health of their citizens to advance global wellbeing.





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6. Begin with the Brain: Real World Solutions for Health and Longevity

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Introduction

We live in a time of unprecedented rates of depression, anxiety, attention disorders, and insecurity. It is the largest mental health crisis ever recorded in human history, far exceeding what was reported after World War II (Figure 1). Access to healthcare, scientific knowledge, and technology has never been greater, yet the global burden of mental ill-health and metabolic disease continues to rise. More than one billion people are currently living with a mental health condition (World Health Organization, 2025), and global metabolic syndrome prevalence more than doubled between 2000 and 2023, now affecting an estimated 1.54 billion adults (Noubiap et al., 2025). Depression and anxiety alone are estimated to cost the global economy approximately US\$1 trillion annually in lost productivity (World Health Organization, 2025).

These trends are not independent. Poor mental wellbeing and metabolic disease share common behavioural and physiological pathways, including sedentary routines, dysregulated sleep, and chronic distress. Both poor mental wellbeing and metabolic disorders erode cognitive abilities such as executive control, emotion regulation, and attentional stability that are required for successful daily functioning and healthy ageing across the lifespan (Salt-house, 2009). Yet clinical and public health responses continue to address these conditions in parallel and largely address the downstream symptoms rather than the real root.

This paper proposes a **brain-first** framework as a practical alternative for brain health, wellbeing, and healthy ageing. A brain-first approach treats cognitive function as an *upstream* determinant of health behaviours, and health behaviours are treated as downstream determinants of cognitive ageing. It identifies the regulatory conditions the human brain requires in order to function effectively and treats the restoration of those conditions as the primary intervention target. We focus on the two keystone behaviours that result in compounded ef-





fects across multiple physiological and behavioural domains simultaneously: low-input mental pauses and daily movement. We describe the mechanisms underlying each, present an implementation framework for scaling them with minimal friction, and situate this approach within the objectives of the United Nations Decade of Healthy Ageing (2021–2030).

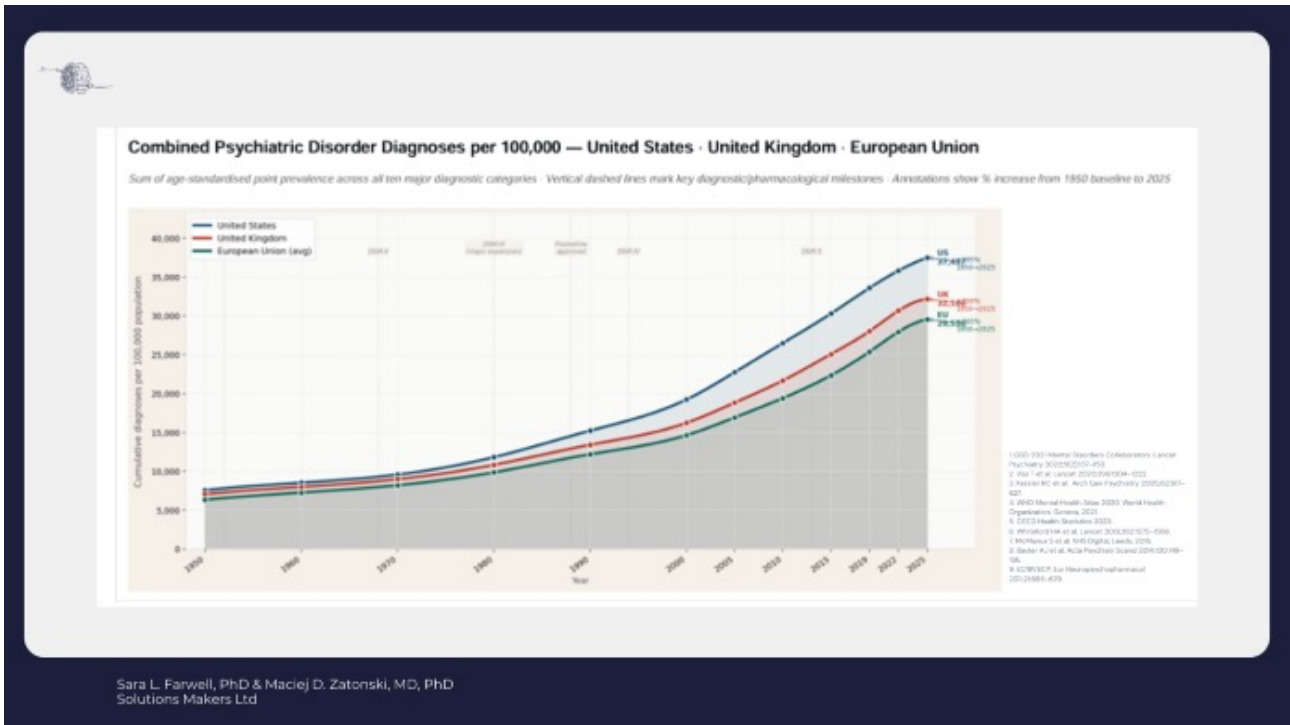


Figure 1. Cumulative rates of mental health disorders continue to rise

Converging Health Concerns with Long-Term Cognitive Consequences

The global burden of mental ill-health is substantial and growing. Depression and anxiety are the leading contributors to disability worldwide, impairing attention, working memory, information processing speed, and goal-directed behaviour (World Health Organization, 2025). Beyond their direct effects on wellbeing, these conditions erode the cognitive capacities that underlie all other health behaviours: the ability to make consistent decisions, regulate emotional responses, sustain effortful action, and maintain social bonds.

The second global public health crisis is the rapid expansion of cardiometabolic risk, including metabolic syndrome and type 2 diabetes. Global metabolic syndrome prevalence more than doubled between 2000 and 2023, rising from approximately 13% to 28.4% and affecting an estimated 1.54 billion adults worldwide (Noubiap et al., 2025). Diabetes prevalence has similarly increased across recent decades (World Health Organization, 2024b). These conditions carry substantial cognitive consequences: metabolic dysfunction is associated with elevated vascular risk, systemic inflammation, disrupted sleep architecture, and progressive loss of brain integrity — all established risk factors for age-related cognitive decline and dementia. Physical inactivity, now affecting nearly one third of adults globally (World Health Organization, 2024a), is independently identified as a significant modifiable risk factor for dementia.





Although mental and metabolic disorders are often treated as separate clinical domains, they share behavioural and physiological pathways. Sedentary routines, irregular sleep, and persistent distress contribute to both. The cognitive implications are substantial. Executive control, emotion regulation, and the capacity to sustain attention under pressure are central to both daily functioning and healthy ageing (Salthouse, 2009). Interventions that simultaneously improve physiological resilience and attentional control therefore offer high leverage. At the same time, modern educational and work environment pushes cognitive offloading of even the simplest daily mental efforts (such as reading, writing, researching information, using maps, finding a way back home, counting, social interactions, basic planning) to software, AI, and digital devices at unprecedented scale.

The Cognitive Impact of Continuous Input

A defining feature of the current environment is the near extinction of unstructured quiet time. Human cognitive systems evolved to learn through cycles of focused acquisition followed by periods of relative quiet that allow consolidation, arousal recalibration, and experiential integration (Atkinson & Shiffrin, 1968; Wamsley, 2019). When acquisition becomes continuous and integration time is eliminated, cognitive efficiency declines and emotional volatility increases, undermining performance, social functioning, and long-term brain health.

Many services and platforms are designed to maximise engagement through persuasive design principles, including prompts and variable reinforcement that strengthen habitual checking (Fogg, 2009). For children and adolescents, the stakes are higher. Social media use is widespread, with up to 95% of young people aged 13–17 in the United States reporting use of at least one platform, and more than a third reporting near-constant use (Office of the Surgeon General, 2023). Large population datasets illustrate the association between heavy screen use and adverse health outcomes, highlighting a correlation between screen use and poor sleep routines, less frequent physical activity, and development of symptoms of anxiety and depression (Zablotsky et al., 2025).

A related issue is attentional fragmentation. When attention is repeatedly interrupted, working memory resources are consumed by task-switching, incomplete goal states, and emotional appraisal of incoming signals. The problem is not that information exists, but that the default setting of continuous acquisition leaves too little space for integration (indexing).

Two Keystone Interventions

Indexing and the neurobiology of mental pauses

Information-processing theory distinguishes between the acquisition of information and the subsequent processes that stabilise and integrate it into longer-term memory systems (Atkinson & Shiffrin, 1968). Although memory science has advanced beyond early store models, the core insight remains that learning is not a continuous stream of encoding. Without





intervals that reduce interference and allow consolidation, retention, transfer, and recall are constrained. Brief periods of quiet wakefulness following learning have been shown to empirically improve later recall, plausibly by reducing new interference and supporting consolidation processes (Wamsley, 2019). Strategic pauses following demanding cognitive work may support learning, reduce reactivity, and improve decision quality.

Mindfulness and meditation can be understood as structured forms of low-input attention training. A systematic review identified measurable neurobiological changes associated with mindfulness and meditation in networks supporting attention and emotion regulation (Calderone et al., 2024). Meta-analytic evidence also suggests small-to-moderate improvements in objective cognitive outcomes across domains in adults participating in mindfulness-based programmes (Whitfield et al., 2022). These findings do not imply that mindfulness is a panacea; rather, they support the broader claim that deliberate training of attentional stability and quiet awareness is feasible and can contribute to cognitive functioning.

From a performance perspective, low-input pauses serve at least three functions. First, they facilitate downshifts in autonomic arousal, improving behavioural inhibition and reducing reactive decision-making. Second, they create an opportunity to detect internal signals (fatigue, irritability, bias, threat reactivity) before these signals distort judgement. Third, they support consolidation of learning and integration of social information (Wamsley, 2019). These functions are central to mental toughness: the capacity to sustain values-aligned behaviour under discomfort and uncertainty.

The specific form of low-input pause is less important than its regularity and its function as a reduction in informational input. Silent rest, mindfulness practice, prayer, and contemplative exercise all engage overlapping mechanisms, and the evidence base spans these modalities.

Movement as a neurocognitive intervention

Physical activity is often framed as a cardiovascular (aerobic training), metabolic (strength training) or a weight-management intervention; however, movement is also a primary neurocognitive intervention. Increased cerebral perfusion, improved sleep regulation, and reductions in systemic inflammation are plausible pathways through which physical activity supports brain health.

The evidence for the cognitive benefits of exercise is increasing. In an umbrella review of meta-analyses, exercise interventions were associated with improvements across cognition, memory and executive function across populations (Singh et al., 2025). Global consensus recommendations for older adults now identify combined aerobic and resistance training as central to healthy longevity, with evidence supporting benefits across functional, metabolic, and cognitive domains (Izquierdo et al., 2025).





A practical implication is that movement should not be treated as an optional ‘add-on’ for already busy people. Rather, it should be designed as a behavioural default, embedded in the cadence of daily life. This is particularly important considering that physical inactivity is widespread and increasing. The World Health Organization estimates that nearly one third of adults worldwide did not meet recommended levels of physical activity in 2022, with inactivity rising since 2010 and projected to increase further without decisive action (World Health Organization, 2024a). Short bouts of activity may be particularly valuable when they interrupt prolonged sitting and are paired with attentional recovery. Small, repeatable behaviours are substantially easier to initiate and maintain than major lifestyle change (Lally et al., 2010), and the cumulative neurological benefit of consistent low-intensity movement is well established.

The 2-SM™ Behaviour Dominoes Scaling Method

Rationale

Traditional interventions for lifestyle, behaviour, or health changes often fail because they increase cognitive load. Addition of a new course, app, task, or checklist can produce short-term motivation (emotion) but rarely changes the underlying behavioural and belief system. The 2-SM™ Behaviour Dominoes Scaling Method proposes an alternative: train a small set of keystone behaviours that trigger cascades of secondary effects. Zatonski and Farwell describe the approach as changing one behaviour at the top of a chain so that multiple downstream outcomes shift, including physiology, perception, social behaviour, and decision quality (Zatonski & Farwell, 2025). The 2-SM™ Method is named such because successful, sustainable implementation of this domino effect occurs over four phases: Self-Awareness (S), Mobilisation (M), Stabilisation (S), and Mastery (M). The unique dual-practitioner approach to this behaviour change is highlighted by the “2”.

Keystone behaviour selection

The keystone behaviours highlighted in this method are deliberately small and often almost invisible. Examples include micro-pauses before responding, deliberate slowing of movement, holding silence, deliberate exposure to discomfort, or diagnostic listening (Zatonski & Farwell, 2025). These behaviours may reorganise interpersonal dynamics through autonomic and social signalling: when one person reduces their own arousal and reactivity, others often follow. This can plausibly improve psychological safety, information sharing, and conflict de-escalation within teams.

A key advantage of a domino approach is that it targets upstream processes of self-regulation. A single behavioural rule such as ‘pause before replying’ can reduce reactive speech, improve listening, decrease interpersonal threat, and improve subsequent decision-making. Likewise, a simple movement rule such as ‘stand and walk briefly between tasks’ can reduce prolonged sitting, increase alertness, and improve mood, thereby lowering the barrier to further physical activity.





Evidence-based implementation

From an implementation standpoint, the method aligns with established models of behaviour change. The COM-B system posits that behaviour depends on capability, opportunity, and motivation (Michie et al., 2011). Keystone behaviours are selected to minimise capability requirements (simple actions), create opportunity (environmental prompts and norms), and reduce dependence on motivation (behaviour is small enough to occur on low-motivation days). Habit formation research indicates that automaticity develops through repetition in stable contexts (Lally et al., 2010); thus, designing consistent triggers for micro-pauses and movement is central to scalability.

The 2-SM™ method in practical case studies supports this (Figure 2). For example, initiating a daily indexing practice in individuals presenting with sleep disruption, emotional dysregulation, and problematic health behaviours has been associated with sequential downstream improvements across sleep quality, decision-making, dietary behaviour, and physical activity, outcomes that would typically require parallel, multi-component interventions. Similarly, initiating structured low-intensity movement in individuals with metabolic dysregulation has been associated with sequential improvements in glycaemic control, energy stability, caloric regulation, mood, and cognitive performance, with progressive increases in voluntary activity occurring as downstream effects rather than additional requirements. These observations, consistent with the domino model, suggest that well-selected keystone behaviours can generate behavioural cascades that extend substantially beyond the initial intervention target.

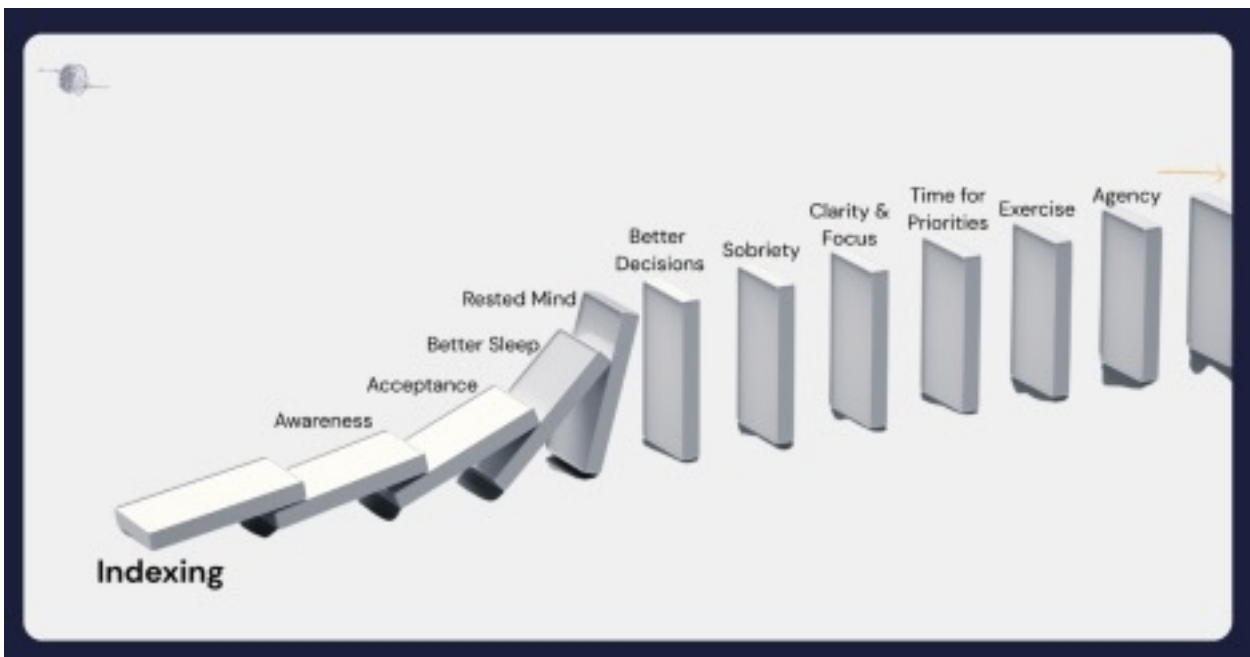


Figure 2. An example case study with indexing as the keystone behaviour in the 2-SM™ Method





Implications for Healthy Ageing

The preventive case for a brain-first approach is strongest when considered across the full lifespan. Age-related cognitive decline begins earlier than is widely assumed and progresses continuously across adulthood (Salthouse, 2009). Physical inactivity is among the most significant modifiable risk factors for dementia (World Health Organization, 2024a), and the now near-ubiquitous prevalence of metabolic syndrome (Noubiap et al., 2025) compounds this risk through vascular and inflammatory pathways. Interventions that increase physical activity and improve metabolic regulation therefore carry direct downstream implications for brain health over time.

Preserving the capacity for learning and adaptation across the lifespan requires sustained consolidation opportunity. Quiet rest and mindfulness practice support attentional control and reduce stress-related interference with memory consolidation processes (Wamsley, 2019; Whitfield et al., 2022). A consistent daily practice combining movement and intentional mental pauses functions as a cognitive maintenance programme. Importantly, it is one that can be initiated immediately, at low intensity, and progressed appropriately, making it accessible to all ages and across a wide range of baseline fitness levels and cognitive health states.

The United Nations Decade of Healthy Ageing (2021–2030) defines healthy ageing as the preservation of functional ability, the capacity to meet basic needs, make decisions, build relationships, learn, and contribute meaningfully to society. Each of these capacities depends fundamentally on intrinsic cognitive capacity: executive regulation, emotional modulation, attentional stability, and physiological resilience. Protecting and extending brain health span is therefore not a peripheral concern of the healthy ageing agenda, it is its foundation. The keystone behaviours described in this paper are among the most tractable and evidence-supported for this on the global scale.

Conclusion

Healthy ageing begins with the brain. Preserving cognitive function across the lifespan depends fundamentally on the integrity of the body and brain. The rising global burden of metabolic dysfunction, attentional fragmentation, and stress-related dysregulation reflects the criticality of retaining cognitive function and mitigating these pressures. Addressing this requires upstream interventions that restore the conditions under which the brain can regulate behaviour, physiology, and decision-making effectively.

Our brain-first framework identifies two keystone behaviours – indexing and movement – as primary levers. These behaviours influence multiple converging pathways, including executive control, autonomic balance, vascular function, sleep, and metabolic stability. Because they affect many downstream functions, their effects compound over time, improving not only immediate performance and well-being, but long-term brain health span.





The 2-SM™ Behaviour Dominoes Scaling Method offers an implementation model designed to minimise cognitive load and maximise adherence by embedding small, repeatable actions within stable contexts. Rather than relying on sustained motivation or complex programme layering, this approach targets behavioural rules capable of initiating predictable cascades across physiological and social systems. While formal evaluation is required to quantify long-term population effects, the mechanistic coherence of this model aligns with established principles in cognitive science, exercise physiology, and behaviour change theory.

Finally, a key objective of the United Nations Decade of Healthy Ageing (2021–2030), is to extend brain health span as a foundation of the healthy ageing. Functional ability, autonomy, and sustained participation in society depend on preserved cognitive regulation and physiological resilience. Embedding movement and intentional mental pauses into daily life represents a practical, evidence-informed strategy for healthy ageing and wellbeing across the lifespan.

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7. Report on Ian Robertson's contribution: Confident Aging: Findings from the BrainHealth Project

by **Annemarie Spiessberger**, Mag.^a, NGO Committee on Ageing, UN Vienna,
and the European Federation of Older Persons (EURAG)

The content of the following contribution is taken from the online presentation of Prof. Ian Robertson during the conference celebrating the UN “International Day of Older Persons” in 2025 at the United Nations in Vienna. The charts included in the text have been presented by Prof. Ian Robertson during his speech.

Contact: Prof. Ian Robertson, Ireland – <https://ianrobertson.org/contact>

The BrainHealth Project is a web-based application which offers access to real human coaching and methods for improving the brain efficiency. Training methods, such as stress management, training in relaxation or advice about physical activity and social connectedness, is comprehensive and open to anyone who wants to join it, as Ian Robertson said. Ian Robertson emphasised that this programme is **completely free of costs for participants**.

The first step is to figure out one's own BrainHealth Index (BHI). Participants work with their own BrainHealth Index for a period of six months. Then, they will be contacted by a coach who will advise them on aspects on how to use the big online platform most effectively.

There is remarkable data about the effects how people perform at any age, regardless of the level where they start. This is what is understood as brain plasticity. It refers to the ability of the brain to change and adapt based on experience. Several thousand people use the BrainHealth Index, and the charts below illustrate how much their score has changed.

The research team of the BrainHealth Project wanted to find out how active people are in using the offers provided: they monitored at how frequently people go online and use the website's resources; whether they take part in the coaching sessions every six months; and whether they are taking advantage of the technological incentives. The team found out that there is a strong relationship between how much somebody actually used the system and how much progress they made.

The three elements of brain health measured are:

- Clarity of thinking, along with sleep and compassion.
- Social connectedness: How strong social connections with others are.
- Emotional balance: The extent to which the person is not suffering from too much anxiety or low mood.





How does the BrainHealth Project work? – Examples from the field

Ian Robertson explained to the audience that the low users of the BrainHealth Project, progressed hardly at all. However, frequent users benefited significantly, as shown by their improvement score. The three colours represent the three user-groups. The success of the three user-groups is illustrated by the elements of the brain: clarity, connectedness and emotional balance.

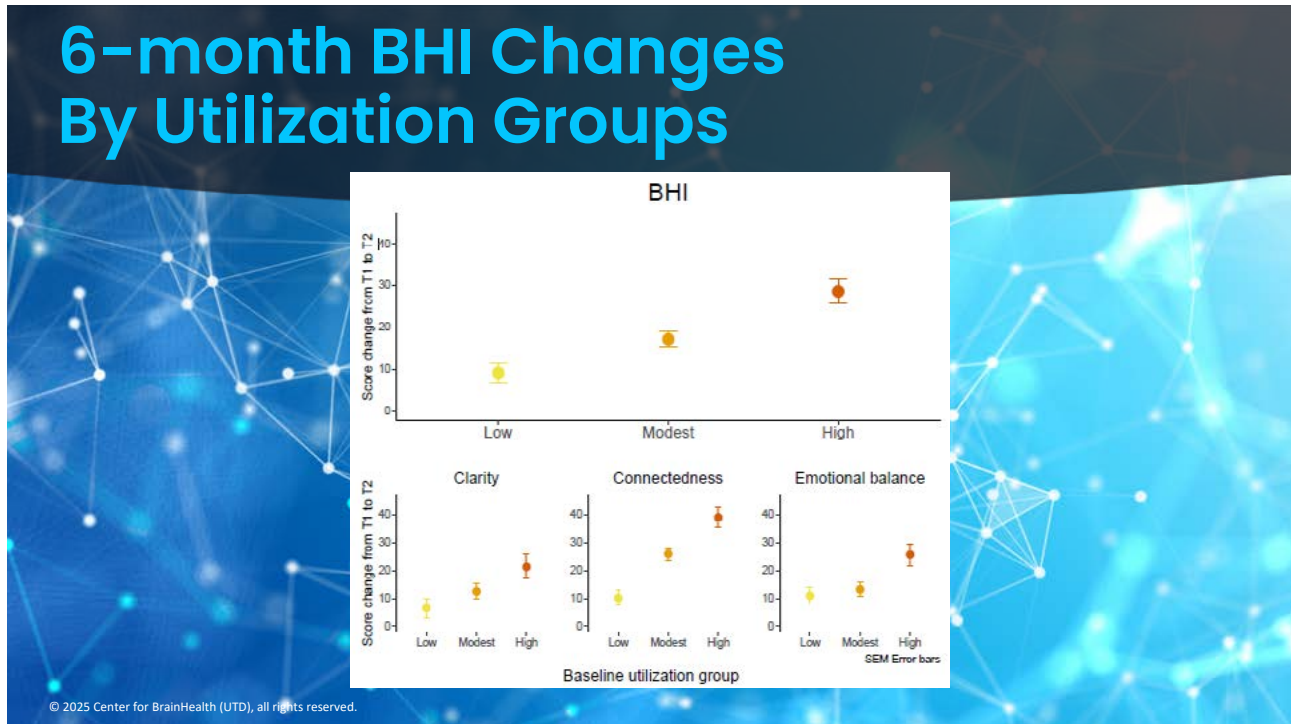


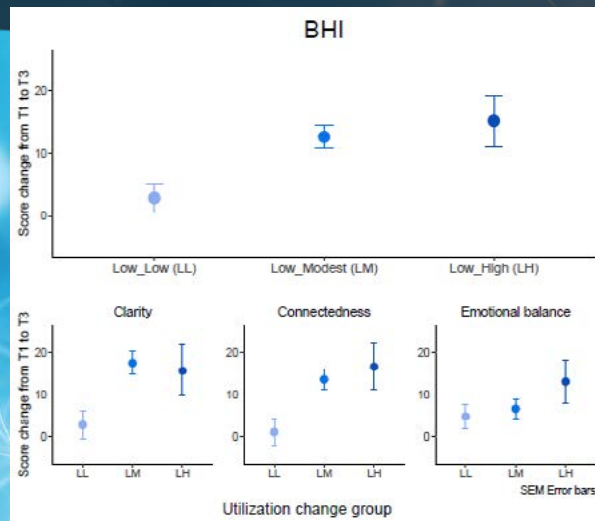
Figure: Magnitude of score changes from Time 1 (T1) to Time 2 (T2) assessments across all brain health indices, by utilization groups (low, modest, high)

Although many thousands of people have been submitted to the BrainHealth Index test, many of them dropped out or did very little and didn't follow the training.

The following figure illustrates the changes in scores from "Time 1 (T1)" to "Time 3 (3)" for those who used the BrainHealth Platform the least.



1-year BHI Changes for Only Initially Low Utilizers



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Figure: Magnitude of score changes from Time 1 (T1) to Time 3 (T3) assessments across all brain health indices, considering only initially low-level utilizers

Scored Low_Low (LL) are people who maintained low usage of the BrainHealth Platform over a one-year-period.

Scored Low_Modest (LM): Low to modest are participants who improved their engagement with the project. These people followed the so-called online smart training. Smart training could be helpful to use the brain effectively, to take brain breaks in the right way that allows the brain to recover, use the programme of sleep that's available on the platform, and are ready for a coaching call etc.

Scored Low_High (LH): Low to high are participants who went from a low usage to a high usage over the one-year-period. **Importantly, as their usage of the BrainHealth Platform increased, their brain health index increased also significantly.** This was the case during the entire period of monitoring clarity, social connectedness and emotional balance.

Using the plasticity of the brain

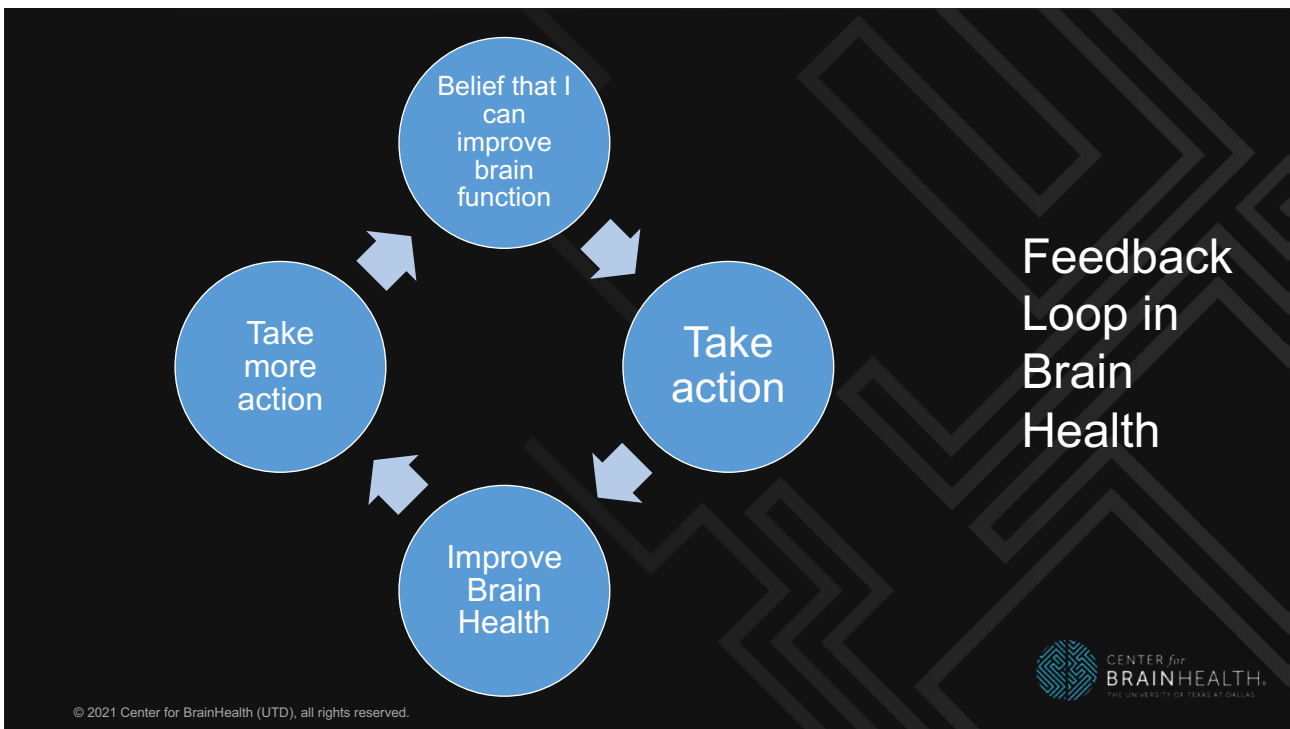
Today it is known that the consequences of loneliness are critically important for brain health. Evidence shows that actual dopamine receptors in the brain's reward network are crucial not only for cognitive functions but also for the feeling of well-being, as they react directly to perceived social support. So, if one perceives oneself to be socially supported and well connected, the brain will respond as if it has received a pharmacological substance. Sandra Chapman and Ian Robertson explained that the BrainHealth Project improves the social connectedness of participants.



It is usually thought that molecules determine mental health. However, it can also work the other way round: the mental health can influence the molecules. Ian Robertson concluded by stating that people can **improve their brain function** if they trust in it, take action, and recognise that they are actually **altering the neuroplasticity** of their brain, and this works at fundamental biological level.

The phenomenon of the “Feedback loops”

The “**Feedback Loops**” are critical for the brain health and therefore **central to brain ageing**.

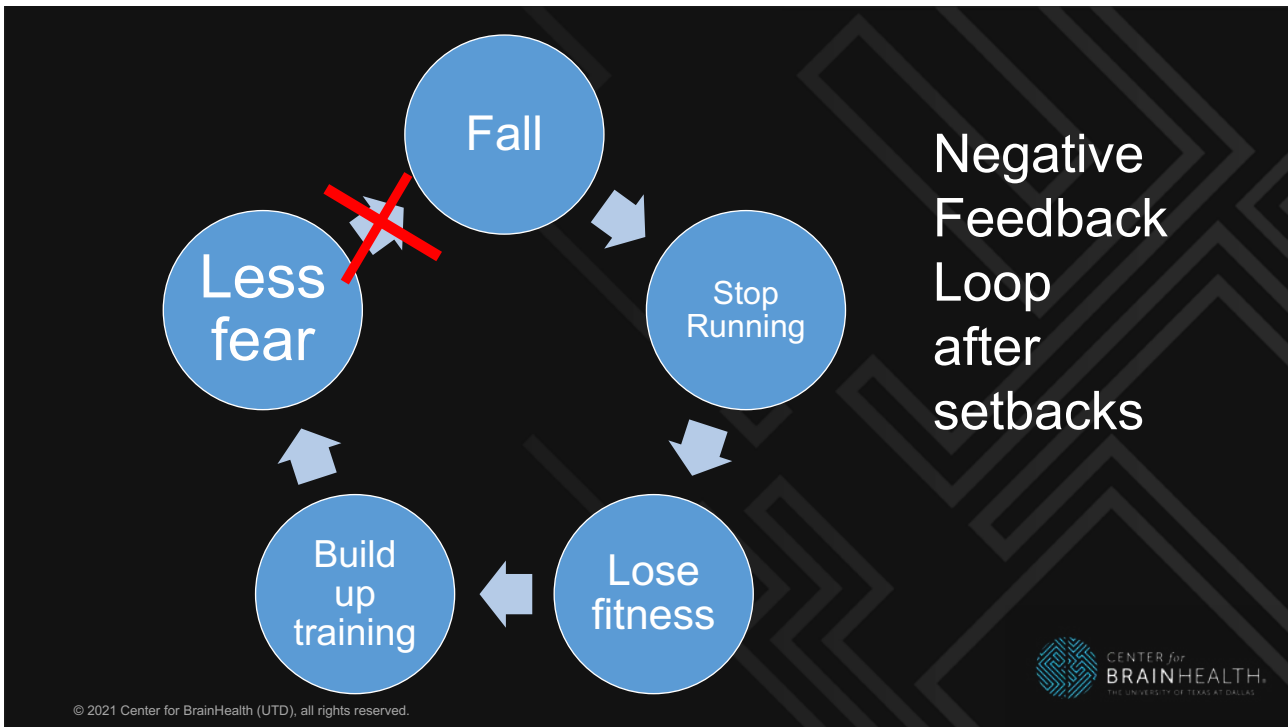


Source: Center for BrainHealth, the University of Texas at Dallas

About the negative feedback loop

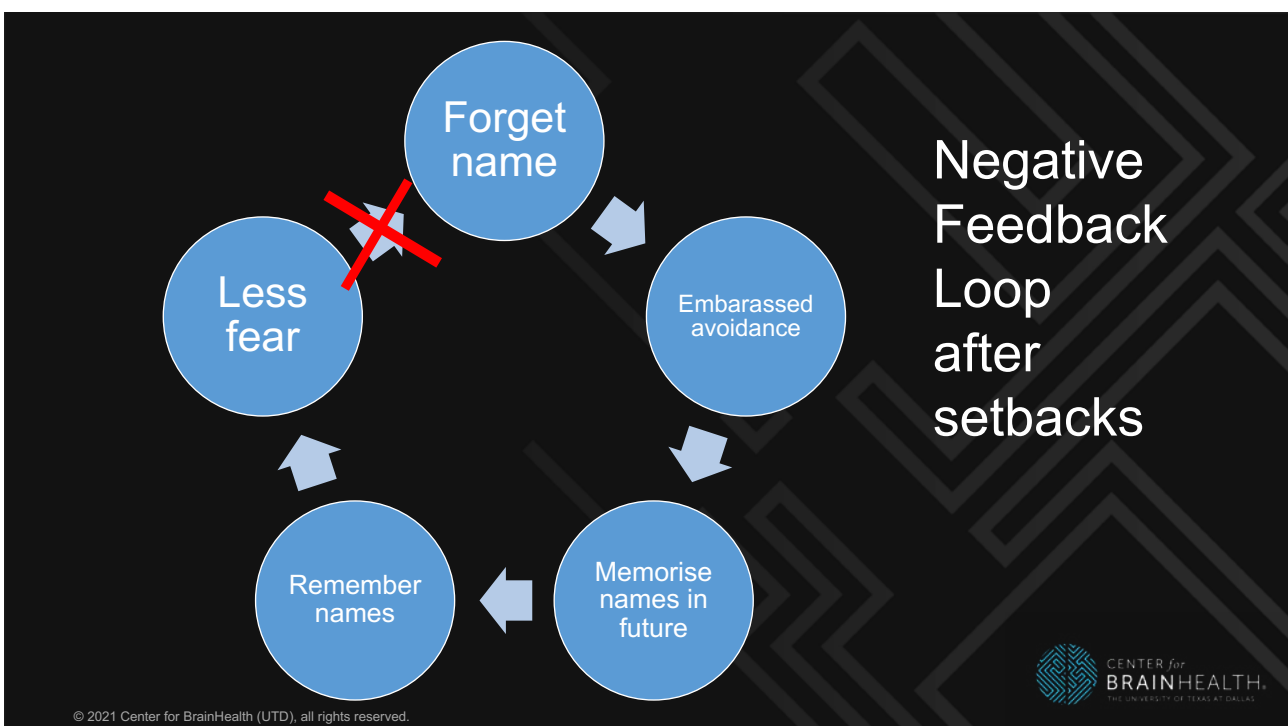
The **negative feedback loop** can be shown by the example of an ankle injury that had been suffered as a result of a fall.





Source: Center for BrainHealth, the University of Texas at Dallas

When people fall, they tend to stop running for a while. **Avoidance** of activities leads to lose fitness and that makes people less inclined to go out running because they are afraid of falling again. If people build up their physical capacity slowly, the **recovery** process will start immediately and the **deconditioning** process is overcome by the training. With the help of therapists, the **negative feedback loop** can be interrupted and people are able to get back to a normal physical condition. Another example for a negative feedback loop is to forget someone's name.



Source: Center for BrainHealth, the University of Texas at Dallas

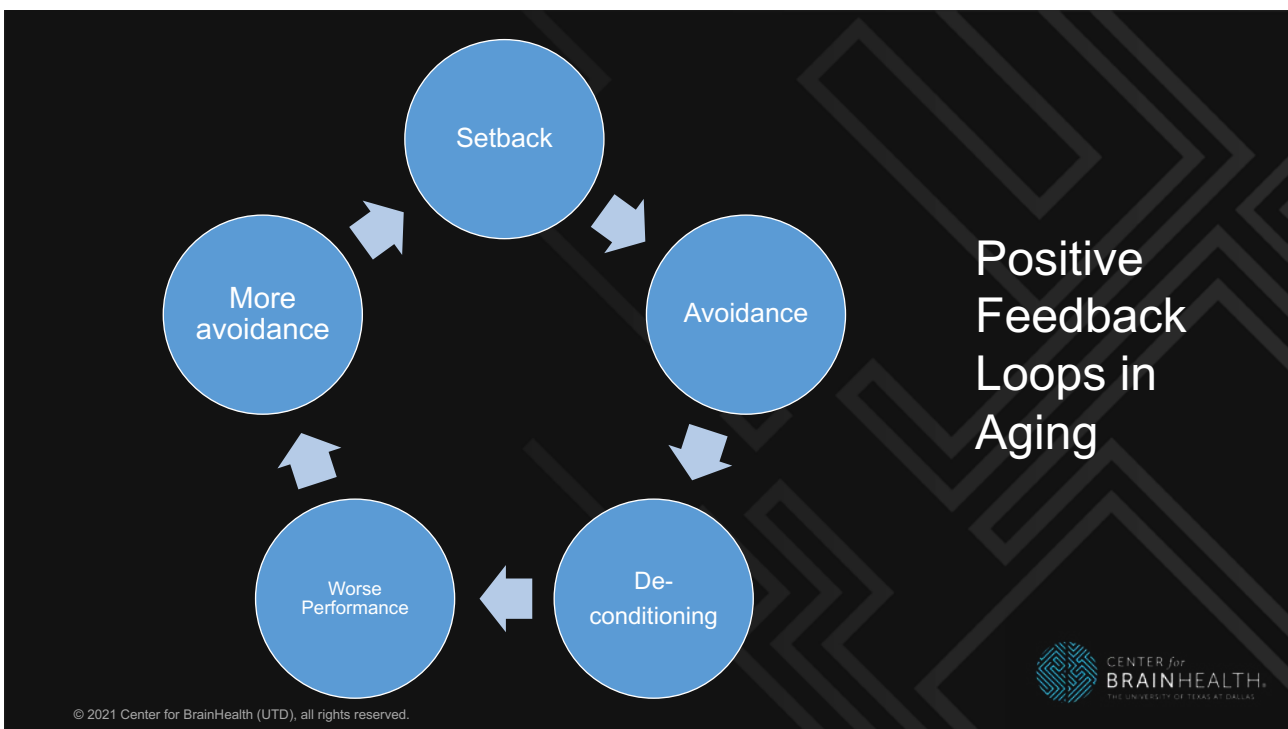




Forgetting someone's name can make people feel embarrassed about themselves. People may have a **tendency to avoid** situations where they cannot remember a name of a person. But if they deliberately go into social contact situations and carefully memorise the people's names, the effect is that they remember the names better. The **fear** to forget is becoming **less**, and this is the **recovery process of the brain**.

About the positive feedback loop

A positive feedback loop is defined as a process in which a system reacts in a way that intensifies the state of certain parameters. "**Positive**" means here that the effects are intensified by repeated cycles. However, it can also happen that the mechanism of cycling works well but the feedback loops act on negative elements like, for example, in ageism attitudes.



Source: Center for BrainHealth, the University of Texas at Dallas

Ian Robertson explained that even “positive” feedback loops can lead to **avoidance, de-conditioning** and after **worse performance** to **more avoidance**. This cycle is dominant in ageing and also largely a result of the ageing stereotypes. Unpleasant experiences, due to interactions with someone who has prejudices about ageing, can lead to feeling rejected in some way or, for example, even to losing a job. Naturally, there is a tendency to avoid such situations. But avoidance leads to deconditioning of the body and the brain, to worsen performance and to more avoidance of alike situations. This “positive” feedback loop can have very negative effects and is therefore a vicious cycle. When people grow older, situations like these usually happen.

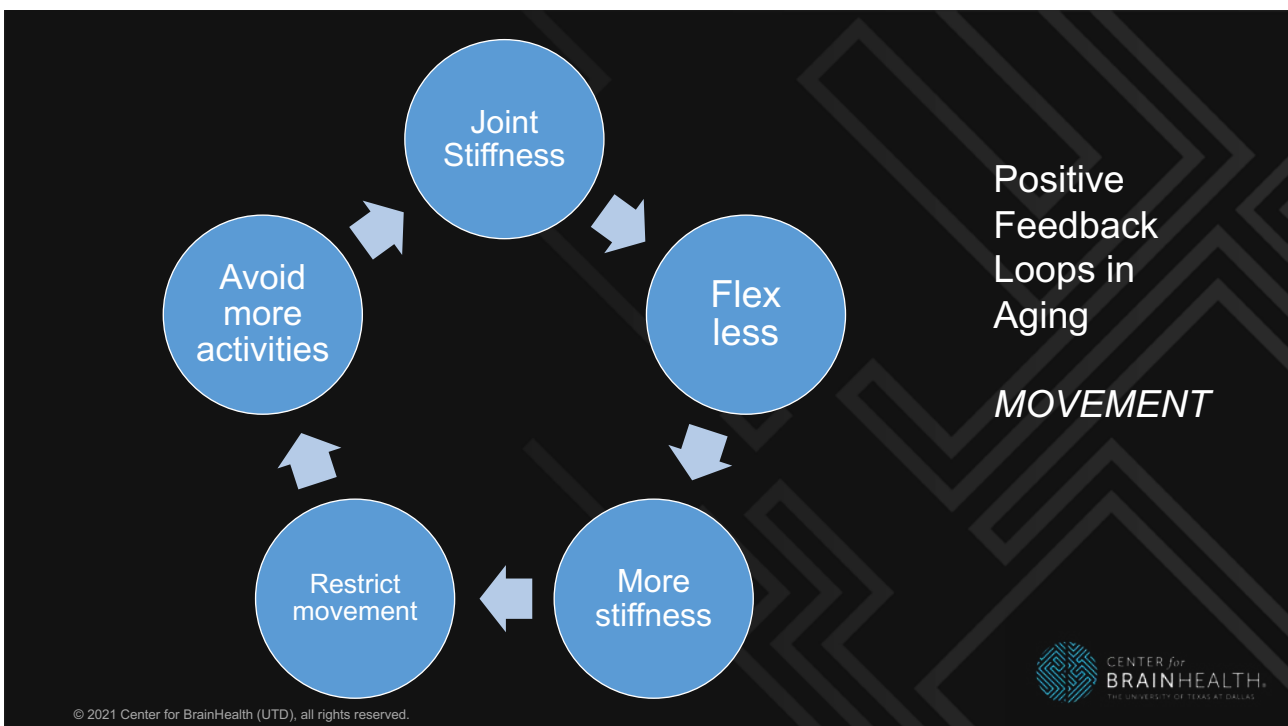




People who internalise stereotypes on ageing and have negative expectations in respect to ageing tend to create negative parameters. In the feedback loops, such as stereotypes on ageing, people's reactions act in the opposite sense to the recovery model.

In contrast to the “positive” feedback loops with negative effects, where the vicious cycle can be interrupted with the help of therapists and training, Ian Robertson presented examples to illustrate how “positive” feedback loops work, if the vicious cycle is not interrupted.

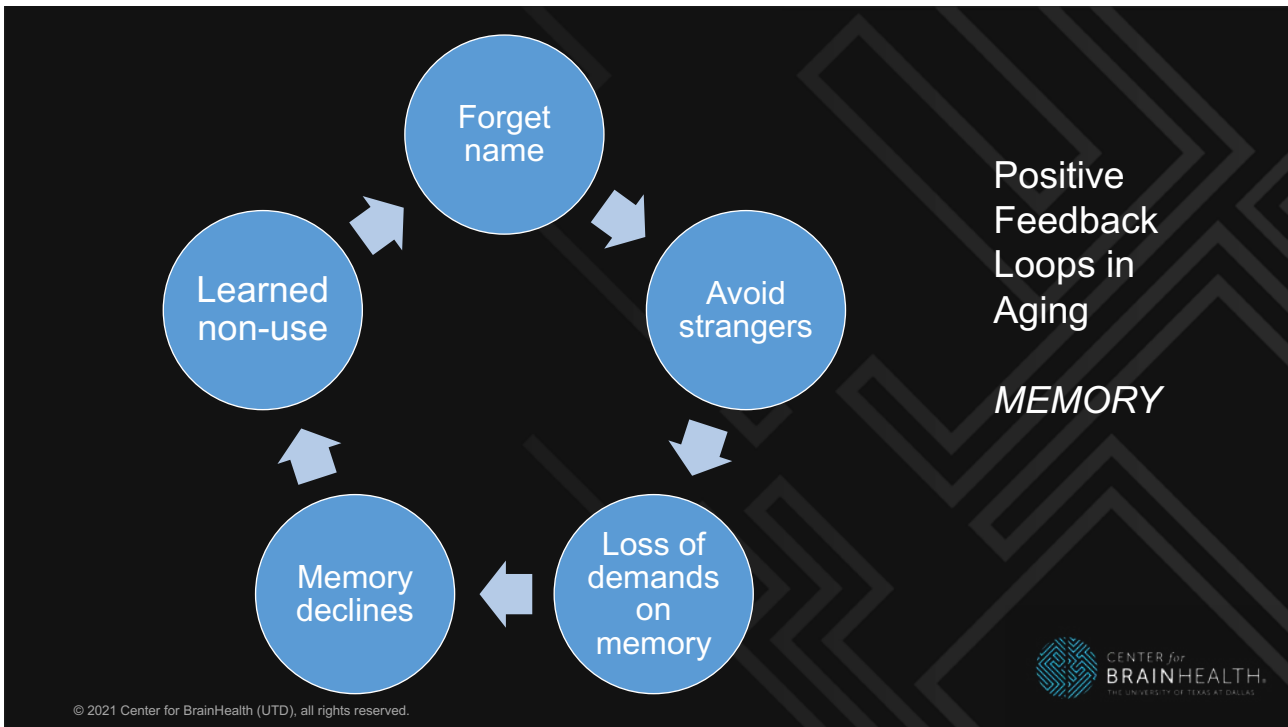
He presented examples of feedback loops with negative effects that become more prevalent with age, such as disorders of the musculoskeletal system and memory impairment. These disorders can negatively affect each other and thus increasingly impair the physical and mental health of older persons.



Source: Center for BrainHealth, the University of Texas at Dallas

With increased stiffness of the joints, people flex their joints less because then they have less pain. But if they flex joints less, in order to avoid pain, the stiffness worsens. Avoiding physical activities and social interaction can diminish older persons capabilities.





Source: Center for BrainHealth, the University of Texas at Dallas

This can result in a decline of memory capacities through a lack of use, even though the basic capabilities are still there. This is called “learned non-use”. By not using one’s capacities because of the stereotype threat, the anxiety associated with prejudices increases. These **“positive” feedback loops** can be a **harmful mechanism** for all people, but are **extremely dangerous for older persons** in respect to a healthy and good life. As presented by Ian Robertson, the bad loop works through avoidance and deconditioning, as well as one’s own thoughts of worse performance, which trigger off more avoidance.

What underlines the importance of “feedback loops” in ageing?

Interestingly, Ian Robertson presented some results from “The Irish Longitudinal Study on Ageing”, over a two-years period, which involved around 8.000 participants aged 50 to 90 years. Among other characteristics, the study measured their internalised negative attitudes towards ageing. Researchers discovered - by using a standard walking speed test - that the more negative their perceptions of ageing at a specific time were, the more the walking speed declined over the two-years period. The association between stereotypes and walking speed is therefore a remarkably strong biological marker of health, which could contribute to negative expectations of ageing. Ian Robertson stated once more that people who internalise stereotypes of ageing and have negative views about ageing, tend to create these kinds of parameters in their feedback loops and develop it as detrimental factor to recovery.

Confidence as a critical marker in ageing processes

According to the Ian Robertson, positive means the fact that the effects are magnified by constant cycles and not that they are good. He argues that **confidence** is critical in the ageing process. Confidence is a potential antidote.





He explains confidence in contrast to optimism and self-esteem. Optimism, for him, is the belief that things will turn out well. Self-esteem is just one's self-evaluation. **Confidence**, in contrast, **empowers action**.

Effective expectations, or **I can-do it**, and outcome expectations, or **it can-happen** are two strands of the bridge that activates the brain in a very positive way. If one doesn't believe that one can do something, and if one doesn't believe that there will be good effects of one's doing, this leads to apathy, and results in significant defects in the brain. But if a person thinks she or he is able to do something, the outcome might be positive. But if a person believes that she or he can not do anything, even if she or he could do it, even a good outcome would make the person anxious.

It is scientifically proven that confidence activates particular regions of the brain, first and foremost, those areas associated with action (reward, memory, motor-related areas etc.). A lack of confidence, in contrast, results in negative emotions and a decline of energy. Identical are the effects of negative stereotype-making. The level of performance declines with age in all sorts of areas. But confidence is a potential antidote to that because of its biological effects. Similarly, confidence will decline with age if we do nothing about it. But if a person can improve the performance, confidence also increases, that is a welcomed virtuous cycle.

Ian Robertson finished his contribution by saying that in relation to the BrainHealth Project, there are clear biological effects from participating in smart training, stress management training, getting coaching and advice about sleep and exercises, to name a few advantages. All of these things show biological effects in the brain because they affect cerebral blood flow and the hemodynamic response in the cells in the brain that interacts and regulates the local blood flow. This mechanism ensures that active tissues receive adequate oxygen and glucose to meet increased metabolic demands.

However, there is also this great confidence-boosting effect of feeling in control of your brain. The feeling that a person can do things which she or he has avoided doing before, for example because of fearing to get a negative cognitive test or to be diagnosed with dementia. The same may apply for not going to the gym because of the fear of getting an assessment of a low physical fitness.

These are just a few aspects of what the BrainHealth Project is all about.

Ian Robertson closed his speech by saying: *"Feeling confident in control of your brain health means being confident about life, including about ageing. And both are self-fulfilling prophecies and virtuous feedback loops."*





Ian Robertson has published a book on these issues in June 2021, titled: “**How Confidence Works - The new science of self belief**”

<https://ianrobertson.org>

Contact:

Prof. Ian Robertson

Neuroscientist

Co-leader of Sandra Chapman’s BrainHealth Project

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8. From Lifespan to Healthspan: Rethinking Aging Through a Life Course Lens

Sophia Casale, PhD student in Gerontology at the University of Massachusetts

In addition to her doctoral studies, Sophia Casale is a research assistant at the university's Gerontology Institute. She has participated in research projects for the AARP Foundation and the World Health Organization (WHO) on the topic of healthspan of older persons.

Good morning, good afternoon, and good evening. It is an honour to be here with all of you today. I would first like to thank Kelly Fitzgerald from the NGO Committee on Ageing Geneva for recommending me as a speaker for this year's International Day of Older Persons event. I thank Jaqueline Stark of the NGO Committee in Vienna for considering Kelly's recommendation and providing me with the privilege to be here virtually today.

I was invited to bring a youth perspective into this dialogue, and when I reflect on that role, I see it not as separate from the voices you have already heard, but as part of a continuum. We all know that aging is not something that suddenly arrives at a particular birthday. It is unfolding right now - for every person in this room. Each choice we make, each environment we shape, each policy we design is already influencing the older adulthood, many are already at or for some of us, will one day be so lucky to be at.

For too long, measurements of progress within older adulthood primarily revolved around this idea of expanding one's lifespan. This is, of course, a tremendous achievement of science and public health. But as we know, years alone are not enough. Healthspan — the years lived with vitality, purpose, and connection — is what truly matters. If the twentieth century was about adding years to life, the twenty-first must be about adding life to those years.

What inspires me about the discussions today is that they make this shift tangible. We are learning that healthspan is not an abstract idea but something we can actively shape. Science now shows us that the brain — the seat of memory, emotion, and decision-making — can be strengthened through intentional practices at any stage of life. This reframes aging not as a process of inevitable decline, but as a lifelong opportunity to cultivate resilience. For younger generations, this is especially empowering. It tells us that we do not need to wait until later in life to invest in our well-being. Every healthy habit we form today — in movement, rest, connection, and reflection — is a direct investment for the decades to come.

Equally important, brain health helps us sustain the other pillars of health. Nutrition, exercise, sleep, and social engagement are often treated as separate concerns, yet it is the brain that enables us to follow through, to make decisions that align with our goals, and to adapt





when circumstances change. When we place the brain at the center of health, everything else comes into alignment. This insight is essential not only for older persons striving to maintain their autonomy, but also for young people navigating the pressures of modern life. At a time when so many of us struggle with stress, distraction, and disconnection, nurturing brain health is a way to anchor ourselves — and to build the habits that will carry us through the decades ahead. Thank you to my fellow panelists for shedding light on this today.

At the same time, individual action must be matched by broader support. The UN Decade of Healthy Ageing reminds us that environments shape outcomes. Access to safe housing, community programs, age-friendly spaces, and supportive healthcare systems all play decisive roles in determining whether additional years are lived in health or in hardship. From my perspective in the United States, inequities in healthspan are impossible to ignore. Income, race, and geography remain powerful determinants of how well — or how poorly — people age. This is why collective action is so important. Without supportive structures, the benefits of longevity will remain unevenly distributed. With them, we can make healthy aging a shared opportunity.

This brings me to what I believe is the most important message for my generation: **healthy aging is not someone else's concern. It is our concern.** That seems daunting, I know. The practices that sustain well-being later in life are the very practices we need now to manage stress, foster resilience, and build meaningful relationships. By investing in our own healthspan today, we also help reshape the social narrative around aging. We show that it is not something to fear, but something to prepare for with intention.

And for older generations, the opportunity is equally powerful. By continuing to invest in your healthspan - you demonstrate that growth is lifelong. You provide the examples and encouragement that younger people need to believe that aging can be vibrant and engaged.

This is intergenerational solidarity in action: older persons modeling possibility, younger persons carrying that possibility forward, and researchers and policymakers ensuring that the structures around us make it attainable for all.

So, as we prepare for this year's International Day of Older Persons, let us commit to rethinking what longevity means. Let us move beyond counting years and instead ask how fully those years are lived. Let us see healthspan as the true measure of progress — something shaped by individual choices, advanced by scientific discovery, and reinforced by policies that create supportive environments.

Lifespan tells us how long we live. Healthspan tells us how fully we live. And it is within our collective power — as individuals, as researchers, as policymakers, and as communities — to bring those two measures into alignment. If we succeed, we will not only live longer lives; we will live better ones.





9. Short biographies and abstracts of the speakers



UN Decade of Healthy Ageing (2021-2030) by Alana Officer, Geneva

Alana Officer's academic background spans Podiatric Medicine, Applied Science (Exercise and Sports Science) and Public Health. Prior to joining WHO, Alana held a range of clinical and managerial positions working on health, disability, rehabilitation and development in Africa, Europe, South Asia, the Middle East and the Western Pacific.

After 8 years of leading WHO Headquarters work on disability, Alana joined the ageing team to lead the development of the World Report on Ageing and Health (2015) and the UN Decade of Healthy Ageing 2021-2030.

Alana now heads the Demographic Change and Healthy Ageing (DHA) unit and coordinates the implementation, monitoring and evaluation of the UN Decade and oversees the organizations work on age-friendly environments including the Global Network on Age-friendly Cities and Communities and the Global Campaign to Combat Ageism. She also coordinates the recently established Commission on Social Connection (2023 -2026).

Abstract: UN Decade of Healthy Ageing: A Midpoint Reflection and Forward Strategy

At the midpoint of the UN Decade of Healthy Ageing (2021–2030), this presentation reflects on emerging global efforts and explores strategic opportunities for the next five years. It considers actions to address ageism, foster age-friendly environments, integrate care, and improve access to long-term care—while acknowledging gaps and disruptions, including those exacerbated by the COVID-19 pandemic. As inequalities in healthy life expectancy persist, the coming years offer a crucial opportunity to build on momentum, strengthen multisectoral collaboration, and promote inclusive, rights-based approaches to ageing. Ahead of the next formal progress report, the presentation offers forward-looking insights to inform and inspire continued global action through 2030.





The View of the Founder of the BrainHealth Center by Sandra Bond Chapman, USA

Sandra Bond Chapman is Chief Director of Center for BrainHealth® at The University of Texas at Dallas and Dee Wylie Distinguished University Professor in the School of Behavioral and Brain Sciences. She is committed to enhancing human cognitive capacity and the underlying brain systems across the lifespan.

Dr. Chapman is co-creator of The BrainHealth® Project, a collaboration of 32 of the world's leading brain health experts focused on doubling peak brain performance, inoculating against decline and extending brain capacity to match our longer lifespan. With more than 50 funded research grants and 200+ peer-reviewed publications, Dr. Chapman directs clinical trials dedicated to developing, testing and applying novel and multi-dimensional approaches to build cognitive capacity and well-being, improve life function and enhance supporting brain systems. She leads major international efforts to deliver the first-of-its-kind BrainHealth® Index – a composite measure of brain health – to motivate improvement in three broad domains: clarity, connectedness and emotional balance.

She is committed to democratizing access to strategies and tools to achieve for brain health what has been done for heart health. Her work is transforming how we care for our brain before something goes wrong, removing stigma, and elevating brain health with scientifically validated measurements, interventions and practices.

Abstract: Measuring and Increasing the Brain Health Span across Adulthood – A Global Health Imperative

Boosting brain health is the key driver of great health and economic growth; yet we fail to tend to our brain health until we experience brain disease or decline. Dr. Chapman will share new breakthroughs from the BrainHealth Project revealing that brain health optimization can be

- 1) measured for the first time at scale and
- 2) enhanced with simple strategies and self-agency,

regardless of starting level, age or education. Advances in heart health have increased our lifespan with a focus on healthy practices long before heart problems arise. Now, this landmark study is revealing that brain healthy practices can extend our peak brain years to better align with our increased longevity.





A Perspective on Health and Longevity by Maciej Zatonski and Sara L. Farwell, UK

Maciej Zatonski and Sara Farwell are the co-founders of Solutions Makers, a science-driven consultancy that combines medicine, cognitive & physical training, and executive mentoring to enhance cognitive performance

and resilience for personal and professional longevity.

Dr. Zatonski is a board-certified pharmaceutical physician, author, and former Head and Neck Surgeon with expertise in disease prevention, sleep medicine, and cognitive optimisation. He has held senior leadership roles in the pharmaceutical R&D industry and brings over 20 years of experience to high-level professionals and organizations.

Dr. Farwell is a cardiovascular biologist and certified physical performance and nutrition expert. She held previous leadership roles in the vaccines industry and has mentored professionally and academically for over a decade. Together, they combine their experience in disease prevention, nutrition, physical fitness, mental wellbeing, and executive coaching to provide people with effective solutions for cognitive and physical health and success. They translate cutting-edge science and apply practical tools for individuals and teams to enhance mental clarity, decision-making, and their long-term potential to thrive.

Abstract: Begin with the Brain: Real-World Solutions for Health and Longevity

We live in a time of extraordinary technology progress, medical advancements, and global connectivity. We have access to most of our knowledge, AI guides, trainers, nutritionists, and coaches at our fingertips. Modern medicines allow us to live longer than ever and survive diseases that were fatal less than a century ago.

Yet – we also live at the time of a collapse of personal relationships, the highest rates of divorce, declining educational scores, the highest prevalence of loneliness, overreliance on pharmaceuticals, and an unprecedented, major mental health crisis.

The common denominator across this paradox? The Human Brain, the center of our decision-making, relationships, physical health, and longevity.

Brainspan – the capacity for cognitive, emotional, and social vitality – is increasingly recognised as essential not only for preventing age-related cognitive decline or dementia, but a foundation for overall longevity and life-long wellbeing. While large-scale studies and global initiatives have helped define its importance, brain health is still often addressed separately from other pillars of healthy aging such as physical performance, nutrition, supplementation,





or overall disease prevention. Through real-world examples and individualised programming, we demonstrate how cognitive conditioning enhances adherence to health behaviours, reinforces resilience, and leads to measurable cognitive and physical changes. Focused cognitive conditioning enables more effective integration of physical activity, nutrition, sleep and work habits which further reduce the risk of all of the four major causes of mortality and culprits against longevity. We present an integrated, brain-first model of health and longevity and highlight how this approach can be taken at any age to improve both short-term success and life satisfaction and long-term health outcomes.



Perspectives of Confident Ageing by Ian Robertson, Ireland

Ian Robertson is T Boone Pickens Distinguished Chair at the University of Texas at Dallas and Professor Emeritus at Trinity College Dublin, Ireland. He is a co-investigator on the UT Dallas BrainHealth Project directed by Dr. Sandi Chapman. He has written over 600 scientific papers and books on neuropsychology, including discovering new ways of improving brain function in aging and in brain impairment. In 2024 he was awarded an honorary Doctor of Science and an honorary MD by Trinity College Dublin in recognition of his research achievements.

Abstract: Confident Aging: Findings from the BrainHealth Project

Confidence in one's cognitive and emotional capacities enhances performance in both, while lack of confidence does the reverse. Negative aging stereotypes undermine confidence because they reduce the perception of self-agency and control. Lack of self-agency about one's mental capacities must inevitably lead to a reduction in one's sense of control over the external world. The BrainHealth Project (<https://centerforbrainhealth.org/science/the-brain-health-project>) has shown in over four thousand people over 4 years that it is possible to improve brain health (cognition, emotion and social connection/purpose) and that a key potential mediator of these improvements is increased confidence and self-agency in taking action to improve their brain health.





Perspectives of Ageing from a PhD Student in Gerontology by Sophia Casale, USA

Sophia Casale is an early career professional in the field of ageing. Currently, she is a PhD student in Gerontology at the University of Massachusetts – Boston and a Research Assistant with the university's Gerontology Institute. Sophia has collaborated with her colleagues within these roles on research projects spanning local senior center improvements to internationally representative work for AARP and the WHO. Prior to this role, Sophia has worked as a Memory Care Assistant Lifestylist within a United States-based long-term care facility. Sophia's work in this role aimed to support the well-being, autonomy, and dignity of older persons with Alzheimer's Disease and Related Dementia.

Sophia also served as a volunteer Project Coordinator for Gray Panthers NYC; an advocacy organization dedicated to confronting ageism, advancing the human rights of older persons, and promoting intergenerational solidarity. As a member of Gray Panthers NYC, Sophia has collaborated with others to create Open-Ended Working Group on Ageing as well as High-Level Political Forum side events and has co-led the organization's internship program as well. In November 2022, Sophia joined the NGO Committee on Ageing Geneva and has since supported the Committee in various ways. Most recently, she sat on the 2023 IDOP Planning Subcommittee and the Membership Survey Task Force. As a Member-at-Large, Sophia will continue to work closely with other members to meet the Committee's needs and advance the Committee's mission.

Sophia holds academic degrees in Psychology (BA) from Stockton University, US and Gerontology, Management of Aging Services (MS) from the University of Massachusetts – Boston, US.

Abstract: Confident Aging: Findings from the BrainHealth Project

Healthy aging is a lifelong process that begins well before old age, requiring attention across all stages of life. Rather than waiting for signs of decline, individuals, especially younger persons, should be encouraged to consider their own older adulthood and take proactive steps to enhance their healthspan, not just their lifespan. New scientific advances highlight that brain health and emotional well-being can be cultivated through simple, everyday practices that build resilience, purpose, and agency over time. An intergenerational perspective reminds us that investing in healthy aging benefits not only individuals but entire communities, fostering shared strength and connection across age groups. By embedding these values early in life, we empower future generations to redefine aging as a vibrant, intentional, and engaged chapter of life.





10. Organisations which supported the conference



NGO Committee on Ageing, UN Vienna (CoA)



The Conference of NGOs in Consultative Relationship with the United Nations (CoNGO)



European Federation of Older Persons (EURAG)



International Federation of Business and Professional Women (IFBPW)



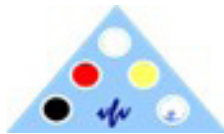
Women's Federation for World Peace (WFWP)



International Federation on Ageing (IFA)



Soroptimist International (SI)



Society for the Advancement of Global Understanding (VfV)



Women's International Zionist Organisation (WIZO)



Graduate Women International (GWI)



European Federation of Older Students in Universities (EFOS)



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International Association of Gerontology and Geriatrics (IAGG)



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Solution Makers London, UK



World Health Organisation



Center for Brain Health



University of Massachusetts Boston





Would you like to support the committee or do you require further information? Then **please contact us at:**

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Organised by the NGO Committee on Ageing, UN Vienna