Objectives of the International Symposium on Healthy Aging

Healthy aging is defined as processes through life-span development, especially from adulthood to late life, reflecting subjective physical, social, psychological, and spiritual self-actualizations within the context of individuals’ particular communities. However, the definitions of healthy aging are diverse, therefore we will have opportunities to examine them among the United States, Sweden, and Japan.

The International Symposium can examine predictors of healthy aging for older adults interacting physical, social, and psychological factors from the perspectives of the United States, Sweden, and Japan. We will also clarify strengths and weaknesses of healthy aging for diverse older adult populations in the United States, Sweden, and Japan. Moreover the international symposium can propose policy implications for healthy aging for various ethnic groups of older adults. Eventually, we will provide multicultural psychosocial education for policy-makers, administrators, educators, researchers, health care providers, and older adults in global communities.

The International Symposium will mainly represent the two policy implications; 1) Policy implications for healthy aging for older adults in the United States, Sweden, and Japan; and 2) Policy implications for healthy aging for older immigrants in the United States, Sweden, and Japan. They can correspond to the needs of specific ethnic groups with their historical, cultural, and social backgrounds. In addition we can also demonstrate comprehensive policy implications for healthy aging society.

Presenting the International Symposium from University of California, Berkeley, where strongly emphasizes DIVERSITY, we can provide significant benefits not only for older adults but also for international longevity society, when all GLOBAL CHITIZENS try to be enriched their lives transcending culture and ethnicity. We will also lead to multicultural psychosocial education and advocacy for policy-makers, administrators, researchers, educators, health care providers through the process of the International Symposium on Healthy Aging to the future.
## Agenda of the International Symposium on Healthy Aging

**MC:** Fernando Torres-Gil, Ph.D. (Professor; School of Public Affairs, University of California, Los Angeles)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Details</th>
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| **1:00-1:20 pm** | **Opening Remarks**  
Stephen M. Shortell, Ph.D., MPH (Dean & Distinguished Professor; School of Public Health, UC Berkeley) |
| **1:20-2:50 pm** | **Session 1**  
**Chair:** S. Leonard, Syme, Ph.D. (Professor Emeritus; School of Public Health, University of California, Berkeley)  
**Presentation 1:** Healthy aging for older adults in the United States.  
William Satariano, Ph.D. (Professor; School of Public Health, University of California, Berkeley)  
**Presentation 2:** Healthy aging for older adults in Sweden.  
Gerdt Sundstrom, Ph.D. (Professor; School of Health Sciences, Jonkoping University)  
**Presentation 3:** Healthy aging for older adults in Japan.  
Takayuki Sasaki, Ph.D. (Research Fellow; JGSS Research Center, Osaka University of Commerce)  
**Discussion:** Healthy aging for older adults in the United States, Sweden, and Japan.  
S. Leonard Syme, Ph.D. (Professor Emeritus; School of Public Health, University of California, Berkeley) |
| **2:50-3:10 pm** | **Break** |
| **3:10pm-4:40pm** | **Session 2**  
**Chair:** Andrew Scharlach, Ph.D. (Kleiner Professor of Aging; School of Social Welfare, University of California, Berkeley)  
**Presentation 1:** Healthy aging for immigrant older adults in the United States.  
Winston Tseng, Ph.D. (Research Sociologist; School of Public Health, University of California, Berkeley)  
**Presentation 2:** Older Immigrants in Sweden: Policies, family care, and use of Public services.  
Gerdt Sundstrom, Ph.D. (Professor; School of Health Sciences, Jonkoping University in Sweden)  
**Presentation 3:** Healthy aging for older immigrants in Japan.  
Kazumi Hoshino, Ph.D. (Visiting Scholar; University of California, Berkeley/Professor; Shizuoka University)  
**Discussion:** Aging friendly community for older immigrants in the United States, Sweden, and Japan.  
Andrew Scharlach, Ph.D. (Kleiner Professor of Aging; School of Social Welfare, University of California, Berkeley) |
| **4:40-5:00pm** | **Closing Remarks**  
Fernando Torres-Gil, Ph.D. (Professor, School of Public Affairs, University of California, Los Angeles) |
Bilingual Book Project Based on the International Symposium on Healthy Aging

**Book Title:** Healthy Aging in Socio-cultural Context: Perspectives from the United States, Sweden, and Japan.

**Publisher:** Kazamashobo Publishing, Co., Ltd.

**Editor-In-Chief:** Andrew Scharlach, Ph.D. (Kleiner Professor of Aging, School of Social Welfare, University of California, Berkeley)

**Editors:** Kazumi Hoshino, Ph. D. (Visiting Scholar, School of Public Health, University of California, Berkeley/Professor, Faculty of Humanities and Social Sciences, Shizuoka University) 
Winston Tseng, Ph.D. (Research Sociologist, School of Public Health, University of California, Berkeley)

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William Satariano, Ph.D. (Professor, School of Public Health, University of California, Berkeley)
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Mats Thorslund, Ph.D. (Professor, Aging Research Center,Karolinska Institutet/Stockholm University)
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Fernando M. Torres-Gil, Ph.D, M.S.

- **Status:** Associate Dean, Academic Affairs; Professor of Social Welfare and Public Policy; Director, Center for Policy Research on Aging

- **Affiliation:** UCLA School of Public Affairs

- **University Degree (Domain/University):** Ph.D. and M.S.W. (Heller Graduate School in Social Policy and Management at Brandeis University)

- **Selected Publications:**

S. Leonard Syme, Ph.D.

- **Status:** Professor of Epidemiology and Community Health (Emeritus)

- **Affiliation:** School of Public Health, University of California, Berkeley

- **University Degree (Domain/University):** Ph.D. (Medical Sociology / Yale University)

- **Selected Publications:**

Andrew Scharlach, Ph.D.

- **Status:** Kleiner Professor of Aging

- **Affiliation:** School of Social Welfare, University of California, Berkeley

- **Degree (Domain/University):** Ph.D. (Psychology/Stanford University)

- **License:** Social Worker (California State)

- **Selected Publications:**
William A. Satario, Ph.D., MPH

- **Status:** Professor of Epidemiology and Community Health in the School of Public Health
- **Affiliation:** School of Public Health, University of California, Berkeley
- **University Degree (Domain/University):** Ph.D. (Purdue University); MPH (UC Berkeley)
- **Selected Publications:**
  - Ragland DR, Satario WA, MacLeod KE. "Driving cessation and increased depressive symptoms". Journals of Gerontology: Medical Sciences, 2005; 60(3): 399-403.
  - Satario WA, MacLeod KE, Cohn TE, Ragland DR. "Problems with vision associated with limitations or avoidance of driving in older populations". Journals of Gerontology: Social Sciences, 2004; 59(S): S281-286.

Gerdt Sundström, Ph.D.

- **Status:** Professor
- **Affiliation:** School of Health Sciences, Jönköping University
- **University Degree (Domain/University):** Ph.D. (Social Work/Stockholm University)
- **Selected Publications:**

Takayuki Sasaki, Ph.D.

- **Status:** Research Fellow
- **Affiliation:** JGSS Research Center, Osaka University of Commerce
- **Degree (Domain/University):** Ph.D. (Human Development and Family Sciences/University of Texas at Austin)
- **Selected Publications:**
Winston Tseng, Ph.D.

- **Status:** Research Sociologist of Community Health and Human Development
- **Affiliation:** School of Public Health, University of California, Berkeley
- **Degree (Domain/University):** Ph.D. (Medical Sociology/University of California, San Francisco)
- **Selected Publications:**

Kazumi Hoshino, Ph.D.

- **Status:** Visiting Scholar / Professor
- **Affiliation:** School of Public Health, University of California, Berkeley/ Shizuoka University
- **Degree (Domain/University):** Ph.D. (Educational Psychology/Nagoya University)
- **License:** Clinical Psychologist (Japanese Certification Board for Clinical Psychologist), Teacher (Japanese Language) for Elementary School, Junior High School, and Special Education School (Aichi, Japan)
- **Selected Publications:**
Session 1: What can we learn about healthy aging among older immigrants in the U.S., Sweden, and Japan?

Presentation 1: Healthy Aging for Older Adults in the United States

Presenter 1: William A. Satariano, Professor, School of Public Health, University of California, Berkeley.

Keywords: Aging, health aging, United States, theory, research, practice and policy implications.

Abstract:

Purpose: There are three objectives. First, to discuss the changing definition of “healthy aging”; Second, to consider the implications of the changing definition for estimating the prevalence of healthy aging as well as the conduct of research as to its causes, and the translation of that research to health policy; Third, to recommend new directions for research, practice, and policy to promote health aging in a growing, and increasingly diverse, aging population in the United States.

Part 1. Definition of Healthy Aging. “Successful aging” (later, healthy aging) was originally defined in terms of individual characteristics (avoidance of chronic disease, high cognitive function, and social engagement). Today, healthy aging is defined as “optimal physical, mental, and social well-being and function.” In addition, it is reported that healthy aging is most likely to occur “when physical environments and communities are safe, and support the adoption and maintenance by individuals of attitudes and behaviors known to promote health and well-being.”

Part 2. Implications for Research and Practice. The changing definition of health aging implies that there is, perhaps, a larger and more diverse population of older people who age well. However, it also implies that the design, administration, and interpretation of research on health aging are more challenging. It also implies that policies to promote healthy aging should focus on environmental factors that enhance safe mobility, physical activity, and access to goods and services.

Part 3. New Directions. New directions for research, practice, and policy are considered. These recommendations include new strategies for the surveillance of indicators of health aging for evidence-based programs and policies to enhance health, mobility, and longevity in a growing, and increasingly diverse, aging population in the U.S.

Presentation 2: Healthy aging for older adults in Sweden

Presenter 2: Gerdt Sundström, Ph.D. /Professor, Institute of Gerontology, School of Health Sciences, Jönköping University

Key words: Sweden, healthy ageing, older people

Abstract:

1. Purposes: This presentation stresses the long history of ageing in Sweden, with today’s services in place for a rather long time. It also emphasizes that older people increasingly control their own lives and develop new lifestyles, shown by data on households and housing, partner choices, health, mobility, time-use, finances etc. Yet, in the established welfare state, most older people eventually lose both health and independence.

2. Part 1. Living conditions of older people: Demographics and survey data show that older people are either married/partnered or live alone, including a rather low percentage in institutional care, and usually transiting in that sequence. They often own their dwelling (91 % have a cell phone, 59 % an email address), are of full mobility (85 %), and active: over 40 % are members of pensioner organizations, 22 % are care givers, few are isolated or lonesome. These are averages: consideration of the full life-course warns us against over-simplifications and exaggerating improvements in health.

3. Part 2. When not so healthy: family care and use of public services: Surveys show that informal care is vast indeed in the Nordic countries, and also increases, as the welfare state can not expand it services further. Public services, ever more diversified, are used ever later in life, usually in conjunction with family care, the desired constellation for both givers and users of care. About 80-90 % of older people are covered by one or - usually - more of these services before death.

4. Recommendations: We do well to remind ourselves and the authorities that ageing is a multi-faceted experience. More people stay healthy and active longer, but many will also face needs of various kinds at the end of life. Therefore a diversified supply of services serves older people, and their families, best.
Abstract:
1. Purposes: The purpose of the present study is three-fold: 1) to shed light on covert social issues in Japan by delineating a current picture of Japan as the world’s fastest aging society combined with dwindling birthrate; 2) to review physical, social, psychological predictors of healthy aging in Japan; 3) and to make propositions in answering where Japan should be headed for healthy aging.

2. Part1: Current picture of Japan as the world’s fastest aging society combined with dwindling birthrate
Since the end of the Second World War, Japanese life expectancy has consistently expanded, and Japan became one of the greatest longevity societies in the world. At the same time, however, the decline in Japanese total fertility rate (TFR) has continued, and the current figure ranks the lowest among developed countries. Such rapid demographic change accompanied with severe long-term economic recession provoked a collapse in typical Japanese life model. Particularly, disparity between generations is key to understanding covert social issues in Japan (e.g., employment, poverty, and hopelessness).

3. Part2: Predictors of healthy aging in Japan
“Every illness comes from the mind” is one of the old Japanese sayings. Recent studies empirically supported that the maintenance of positive mental state is indeed linked to the prevention of cardiovascular diseases and higher survival rates among Japanese elders. It is important to have a certain role in the society or a certain connection to the society in order to keep positive mental state. By reviewing current social policy on aging in Japan, such as long-term care insurance, medical and social services, potential obstacles for healthy aging will be discussed.

4. Part3: Future direction of healthy aging in Japan
The right to live in dignity and security should be guaranteed for all citizens. Nonetheless, a variety of social changes in recent Japan have jeopardized the principle of basic human rights. Given findings from large-scale social surveys, such as Japanese General Social Surveys (JGSS) and East Asian Social Survey (EASS), “symbiosis” gives us a clue to dissolve social divide. It is important to allow all individuals (i.e., men or women, young or old, single or married) to be diverse in their life-courses, and create flexible and sustainable social policies to promote successful aging.
Session 2: What can we learn about healthy aging among older immigrants in the United State, Sweden, and Japan?”

Presentation 1: Healthy Aging for Immigrant Older Adults in the United States

Presenter 1: Winston Tseng, Ph.D., Research Sociologist, School of Public Health, University of California, Berkeley

Keywords: Aging, healthy aging, attitudes, race and ethnicity, immigrant

Abstract:
A dramatic shift in the racial/ethnic make-up of the American population needing Long-Term Care services is anticipated, with ethnic minority groups increasing from 16% to 36% nationally by the year 2050. Latinos and Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NHPIs) are the fastest growing populations. Large gaps in data overall among Latino, AA and NHPI older adults make it difficult to assess progress toward achieving Health People 2020 objectives. The purpose of this presentation is to examine the attitudes of healthy aging, health, and health care access among immigrant older adult populations in the United States.

In a CDC study, the major attitudes for aging well are living to an advanced age, social involvement, having a positive mental attitude, having a good cognitive health, having good physical health, and spirituality. By ethnic groups, fewer Latinos emphasized living to an advanced age and spirituality in aging well. American Indians, Whites and African Americans were more likely to emphasize the importance of social involvement. Chinese and Vietnamese were more likely to emphasize the relationship between mental attitude and fewer health problems.

According to data from the California Health Interview Survey, the general health and health care profile is different between immigrant and non-immigrant elder populations. In terms of general health status, Vietnamese, Latino, Korean, and Chinese elders reported the highest rates of fair or poor health across all racial/ethnic groups. By elder falls, American Indians, Latinos, and NHPIs reported the highest rates. By moderate physical activity, NHPI, White, and American Indian elders reported the highest rates. In terms of ER visits, African Americans and American Indians reported the highest rates.

In sum, these findings suggest healthy aging is primarily affected by the social environment and increasingly by immigrant contexts. Policies on caring for healthy older adults need to address the growing diverse population and associated literacy, cultural and linguistic needs. In addition, health promotion among diverse older adults needs to focus on shared attitudes of aging well. At the same time, health promotion messages need to be culturally sensitive and relevant to the targeted racial/ethnic groups.

Presentation 2: Older immigrants in Sweden: Policies, family care, and use of public services

Presenter 2: Gerdt Sundström, Ph.D., Professor, Institute of Gerontology, School of Health Sciences, Jönköping University

Key words: Sweden, immigration, older people

Abstract:
1. Purposes: Immigration is a recent feature of Swedish society, which used to be rather homogeneous, ethnically and socially. The presentation describes how vast post-war immigration led to rapid demographic shifts at all ages, and how traditionalistic social services fail to accommodate new groups of older people. The presentation emphasizes the diversity of immigrants, socially and in other ways.

2. Part 1. Immigration policies: The more or less outspoken official policy has been accepting or even encouraging of immigration, but expected immigrants to “integrate” (assimilate). Authorities have attempted to steer immigrants’ geographic choice of residence and tend to neglect both their (potentially) special needs and their specific competence, linguistic and otherwise.

3. Part 2. Family care and use of public services by older immigrants: Popular stereotypes about older immigrants suggest they are mostly cared for by family, although this is largely true also about Swedes. Available evidence indicates that older immigrants do indeed use public services, but less than native older people, and less the shorter the time of residence and less the larger the cultural distance.

4. Part 3. Recommendations for public policies: It is suggested that Swedish (Nordic) policies are loosened up to accommodate the new reality with more diverse older people, with less monolithic needs assessments and a more flexible administration of public services. This is partly under way, with more consumer choice introduced in public services for older people in recent years.
Presentation 3: Healthy aging for older immigrants in Japan.

Presenter 3: Kazumi Hoshino, Ph.D. (Visiting Scholar, School of Public Health, University of California, Berkeley / Professor, Faculty of Humanities and Social Sciences, Shizuoka University)

Keywords: Healthy aging, Socio-cultural perspectives, People from Asia and South America

Abstract:
1. Purposes: This research presentation addresses three issues. The first is to examine policies for immigrants and migrants in Japan from socio-cultural perspectives. The second is to clarify issues of health care and social supports among immigrants and migrants in Japan who come from East Asia, South Asia, and South America. Finally, we will propose recommendations for the health care policies for older immigrants in Japan.
The Japan population was 127.7 million in 2005, and will decline to 105 million by 2050. Working population (15-64 years) and older adults (65 years and older) of the total population will be 59.7% and 28.7% respectively by 2025, although working population was 68.1%, and older adults were 17.4% in 2000. Reflecting the low total fertility rate, inappropriate work life balances, and unsuccessful work share, the Government has been implementing immigration policies, international student plans, and overseas nurses/caregivers plans.
3. Part2: Health care issues among immigrants and migrants in Japan
Qui (2009) suggested there were limited social support resources among people who come from China, and Onishi (2001) clarified stressors and support resources among people who come from Bangladesh, Pakistan, and Iran. Sugioka & Kodama (2005) found lower depressive tendencies among people who come from Brazil with an integrative cultural sense, meaning they feel they belong to both Brazil and Japan. Lie (2008) discussed diversity of ethnic identity formation among Koreans who live in Japan according to their cohorts.
4. Part3: Recommendations for Health care policies for immigrants and migrants in Japan
Immigration policies should not only be focused on increasing the labor population but also on promoting to communicate with diverse immigrants from their socio-cultural perspectives. To reduce service barriers among people who come from East Asia, South Asia, and South America, National Health Insurance and Long Term Care Insurance could be available for diverse older immigrants with cultural sensitive service needs. Moreover, we should create psychosocial education programs for administrators, health care providers, and communities to promote Globalism and Global Competency based on Cultural Identity Development (Banks, 2006).