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OVERVIEW AND MISSION

Improving the experience of aging in Massachusetts through creative new solutions

In Good Company: The 2018 Optimal Aging Innovation Challenge is a \$20,000 (USD) global competition to improve healthy aging by leveraging the development of breakthrough technologies, community resources, and other solutions to reduce social isolation and loneliness and increase engagement among older populations.

Thinking Differently About Aging: Governor’s Council to Address Aging in Massachusetts

Massachusetts (MA) Governor Baker launched the *Governor’s Council to Address Aging in Massachusetts* (the “MA Aging Council”) in 2017 to support the Commonwealth’s desire to promote healthy aging in MA and make it the most age-friendly state for people of all ages. The Council’s mission is to address current practices that support healthy aging, improve public awareness of and access to services for older adults and caregivers, and leverage innovation and technology to support aging in communities.¹ Learn more about the MA Aging Council [here](#).

Demographic change impacts every community. The MA Aging Council believes all people should feel confident that they and their families can live vibrant, purposeful lives, free from all forms of ageism, in inclusive communities that support their accomplishments and contributions.²

BACKGROUND | A MODERN, GOLDEN ERA?

A New Normal?

Advancements in healthcare, technology, education, and standards of living are contributing to a change in demographics in most of the world’s countries, where populations are aging rapidly. By 2050, the world’s 60-plus population will more than double, and those aged 80 and over will quadruple in number. In the United States alone, the 65-and-over population will grow from 43.1 million to 83.7 million. By 2035, nearly a quarter of Massachusetts residents will be at least 65 years old.³

¹ Commonwealth of Massachusetts. *Governor’s Council to Address Aging in Massachusetts*. Retrieved from: <https://www.mass.gov/orgs/governors-council-to-address-aging-in-massachusetts>

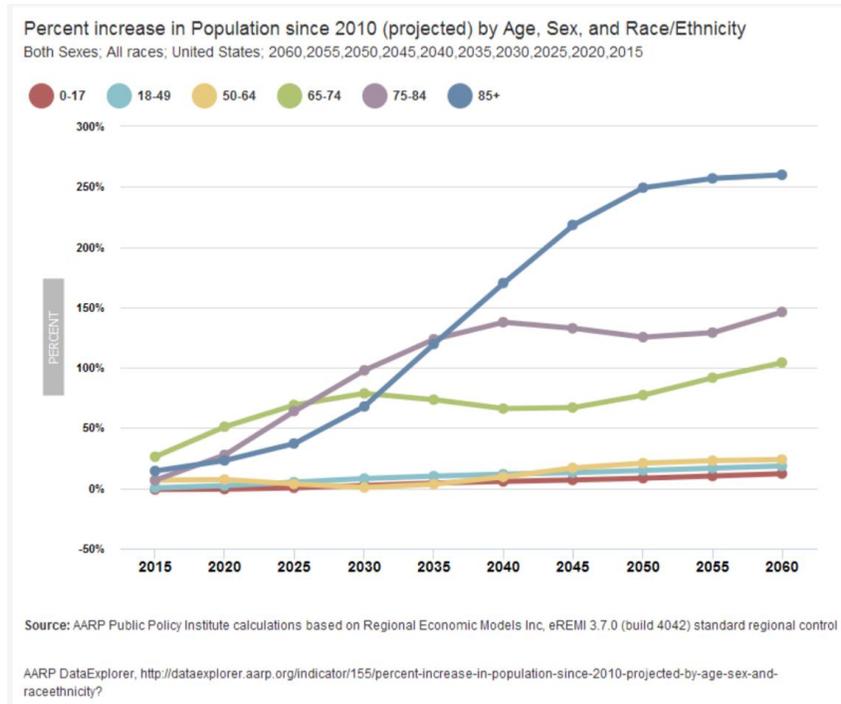
² Office of Massachusetts Governor Baker. (2017, May 12). *Executive Order No. 576: Launching the Governor’s Council to Address Aging in Massachusetts*. Retrieved from: <https://www.mass.gov/executive-orders/no-576-launching-the-governors-council-to-address-aging-in-massachusetts>

³ Ibid.

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The notion of retirement is changing. Many fortunate enough to reach the age of retirement in good health, and with sufficient financial resources, yearn to continue to contribute and miss the work that may have defined their purpose. Others, who have health and financial concerns, continue to work out of necessity rather than choice. For both these groups, jobs are a means of financial security and social engagement. A loss of employment for any reason can have negative consequences on physical, emotional and financial well-being. Older workers seeking to re-enter the workforce face a number of challenges. Ageism is pervasive, yet it often goes unnoticed. An unconscious bias against older people means we fail to take full advantage of their years of accumulated wisdom and valuable experience. These factors and many others contribute to loneliness and social isolation.

A Challenge of Connections

Today, it is estimated that 29 percent of older adults are socially isolated⁴, and despite the advent of lightning-speed technological connectivity, the problem seems to be getting worse. As of 2016, 55-to-64-year-olds are less socially engaged than their predecessors of 20 years ago⁵, according to the Stanford Center on Longevity, and report lower levels of marriage; involvement in social organizations; and interactions with neighbors, family, and friends.

⁴ Holt-Lundstad, J., Smith, T.B., Baker, M., Harris, T., and Stephenson, D. (2015, Mar 11). *Loneliness and Social Isolation as Risk Factors for Mortality*. Retrieved from: <http://journals.sagepub.com/doi/abs/10.1177/1745691614568352>

⁵ Carstensen, Laura. (2016, May 12). *Baby Boomers are Isolating Themselves as They Age*. Retrieved from: <http://time.com/4327430/baby-boomers-are-isolating-themselves-as-they-age-thats-bad-for-everyone/>

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The risk for social isolation and loneliness grows as we experience changes associated with getting older. Research by the AARP Foundation shows that a combination of societal barriers and life transitions promote social isolation, which is worsened by poor health and lack of access to public spaces and transportation.⁶ Both isolation and loneliness are known to have adverse consequences on a person's health and chronic health challenges can also contribute to isolation. Self-reported loneliness induces stress and dysphoria, and AARP notes that prolonged isolation has a mortality effect equivalent to smoking 15 cigarettes a day, alongside other impacts such as increased risk for cardiovascular disease, depression, dementia and disability. Older adults who are isolated account for \$1,644 more in Medicare expenditures and have a 31 percent greater risk of death than those who are socially engaged.³ In fact, the American Psychological Association ("APA") warns that the loneliness epidemic now represents a threat to public health that exceeds obesity.

Although Massachusetts has one of the lowest suicide rates in the nation, the most recent data show more than half the suicides in 2015 were among individuals age 45 to 85. Rates of suicide among males 75 and older are among the highest.⁷

Aging Gracefully, Healthily and Sociably

The great demographic shift offers an untapped resource: a vast and transformative opportunity to improve the older population's quality of life as well as benefit society at large. By providing older adults with better tools, resources, and access, innovators can help them connect to their communities, stay healthy in their later years, and continue to lead meaningful lives. Social isolation is a growing problem that lies at the intersection of all these challenges, a central issue that is deeply antithetical to the goal of improving the quality of later life. New approaches will make it possible to take full advantage of older people's valuable insights and abilities, to ensure they remain valued members of our communities, enriching their quality of life and ours.

⁶ AARP. *About Isolation*. Retrieved from: <https://connect2affect.org/about-isolation/>

³ Shaw, J., Farid, M., Noel-Miller, C., Joseph, N., Houser, A., Asch, S., Bhattacharya, J. & Flowers, L. (2017, Sept 17). *Social Isolation and Medicare Spending: Among Older Adults, Objective Isolation Increases Expenditures While Loneliness Does Not*. Retrieved from: <http://journals.sagepub.com/doi/pdf/10.1177/0898264317703559>

⁷ Injury Surveillance Program, Massachusetts Department of Public Health. (Fall 2017). *Data Brief 2015: Suicides and Self-Inflicted Injuries in Massachusetts*. Retrieved from: <https://www.mass.gov/files/documents/2018/06/11/suicide-data-bulletin-winter-2018.pdf>

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IN GOOD COMPANY | CHALLENGE SUMMARY

About the Challenge

In collaboration with the Governor's Council to Address Aging in Massachusetts, GE Healthcare, MIT AgeLab and Benchmark Senior Living are reaching out to the global community to address a key issue in pursuit of optimal aging: **How do we reduce social isolation and loneliness in older populations?**

This challenge invites community members, creative thinkers, entrepreneurs, students, businesses, universities—anyone—to submit an Entry with innovations to reduce social isolation and loneliness among older people. Propose an idea drawing on at least one of the four pillars: **Caregiving, Transportation, Housing and Employment.**

Entry Guidelines

Your Entry must relate to healthy aging and alleviation of loneliness and social isolation among older adults, and must fall within at least one of the four pillars: caregiving, transportation, housing, or employment. The primary audience to benefit from your innovation/solution must be the older population, with secondary audiences/users that may include their extended network (caregivers, family, friends, etc.). Your solution should be accessible to diverse populations (different economic means, rural/urban/suburban, race, culture, gender, etc.). Your novel ideas, resources, and technologies should reduce isolation and loneliness, drive a new social experience and promote optimal aging—encouraging and facilitating older adults' engagement, empowerment, and impact within our communities.

Entry Requirements

Entries must provide an introduction and high-level overview of your idea or technology. Each Entry must include the following sections:

- **A description of proposed idea or technology**, including:
 - A clearly framed problem, an explanation of how your innovation solves that problem (including rationale for how it will reduce isolation and loneliness), and a strong value proposition;
 - A clear definition of the pricing and business model for your solution, including a distinction between buyers and users, vision for the market, and why this solution is different from other offerings currently on the market;
 - A plan for how success of the program / idea / technology will be measured and evaluated;
 - Evidence (such as direct interviews, focus groups, or survey data) of the target population confirming that your solution would benefit them and their network;
 - A detailed estimate of the type and amount of impact the program / idea / technology should drive within the Massachusetts market;
 - Explanation regarding how the solution will be accessible to diverse populations and communities;
 - A clear description of the feasibility of deployment of the program / idea / technology within the Massachusetts market; and,

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- Any supporting documentation (e.g., illustrations, performance data, preliminary evidence, etc.).
- **The technical maturity of proposed solution or technology**, including:
 - A description of commercialization progress to date (current technical maturity);
 - A description of a pathway to commercial scale (including timing, estimated budget, and any barriers to bringing your solution to market); and,
 - Level of interest in collaborating to bring your solution to market.
- **Entrant's (or each team member's, if Entry is a team) background and related expertise** (such as a CV)

RESPONDING TO THE CHALLENGE

By submitting an Entry, respondents agree to the [Official Challenge Rules](#), which include but are not limited to the requirements noted below.

Confidentiality

Respondents confirm that their Entry does not contain any confidential information, and that no confidential relationship or obligation of secrecy is to be established between the Entrant and Sponsors.

Selection and Review Process

Respondents acknowledge that Competition Sponsors, in collaboration with the MA Aging Council, reserve the sole and absolute right and discretion to award prizes as stated in the Challenge, including awarding prizes to fewer than four (4) respondents.

The judging and award determination will be made by a panel of at least five (5) judges comprised of the GE employees associated with the GE Healthcare business, Benchmark Senior Living employees, and MIT AgeLab employees, in collaboration with the MA Aging Council (the "Judges Panel"). The Judges Panel may seek additional specialized input from a series of experts, as needed.

Awards and Opportunities

Up to four (4) respondents will receive a cash prize of \$5,000 USD each. Cash prize winners may also have the opportunity to participate in prospective public/private endeavors or further engagements with Prize Sponsors and Prize Sponsors' partner entities to help mature the winning solution such that it can better serve the aging population and their networks.

Subject to Official Rules [<http://bit.ly/InGoodCompanyRules>]. Must submit at least one Entry by no later than 5pm EST on Sept 28, 2018 to be eligible. Must be 18 years of age or older to participate. No purchase necessary. Void where prohibited. Up to 4 cash awards (USD \$5,000 total each). Winning depends on Entrant's skills in meeting judging criteria. Sponsors reserve right to limit or not award all prizes depending on quality of Entries received.

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REFERENCES

1. **Governor's Council to Address Aging in Massachusetts -**
<https://www.mass.gov/lists/governors-council-to-address-aging-in-massachusetts-reports-and-resources>
2. **Executive Office of Elder Affairs 2017 Annual Legislative Report**
(<https://www.mass.gov/files/documents/2018/06/14/Elder%20Affairs%202017%20Annual%20Legislative%20Report.pdf>)
3. **Massachusetts State Plan on Aging 2018-2021**
(<https://www.mass.gov/files/documents/2018/06/14/MA%20State%20Plan%20on%20Aging%202018-2021%20Approved.pdf>)
4. **Department of Public Health Suicide Data** – most recent data bulletin
(<https://www.mass.gov/files/documents/2018/06/11/suicide-data-bulletin-winter-2018.pdf>) or general information and data (<https://www.mass.gov/lists/suicide-prevention-data-and-resources>)
5. **Massachusetts Healthy Aging Collaborative Data Report and Community Profiles -**
<https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/>
6. **MeHI's Caregiver and Digital Health: A Survey of Trends and Attitudes of Massachusetts Family Caregivers -**
<http://www.mehi.masstech.org/sites/mehi/files/documents/MeHI%20Caregivers%20and%20Digital%20Health%20Report%202017.pdf>
7. **UMass Boston's Center for Social and Demographic Research on Aging Elder Economic Security Index -** https://www.umb.edu/demographyofaging/elder_economic_security
8. **MIT AgeLab -** <http://agelab.mit.edu/about-agelab>