

## **Aging Fast & Slow Podcast**

### **Episode 4 – It Takes a Village: Aging2.0**

Dr. Sarah Szanton ([00:03](#)):

Welcome to Episode 4 of Aging Fast & Slow. For anyone new to our podcast, we speak to scientists, policy experts and innovators about social justice issues in aging. Today we're focused on the innovators. We are Dr. Sarah Szanton

Dr. Deidra Crews ([00:23](#)):

and Dr. Deidra Crews, your hosts. Stephen Johnston is a cofounder of Aging2.0 a global innovation network for aging and senior care that has 110 local chapters in 26 countries.

Dr. Sarah Szanton ([00:35](#)):

It was so interesting to talk to our guest Stephen Johnston. And I felt like, especially to hear more about the shift to aging 2.0 from aging 1.0 with the idea that in the past we've thought of aging as a challenge, a deficit, and now we're thinking more about an aging society with opportunity and designing things for everyone and also how can entrepreneurs get involved.

Dr. Deidra Crews ([00:58](#)):

Yeah, I agree. I was also really struck by the advice he offered that we should all be trying to give more value than what we take. Welcome Stephen!

Stephen Johnston ([01:14](#)):

Thank you. Thanks for having me.

Dr. Deidra Crews ([01:17](#)):

Really great to have you. Stephen, first off, tell us what is Aging2.0 and how did your journey lead you to co-founding it?

Stephen Johnston ([01:28](#)):

Aging2.0 is a global community of innovators that are all working around aging and longevity. The goal is to try and bring technology innovation to aging and longevity, senior care space, but really do this at a global perspective. I'd say this of three things that we are characterized by it, international approach, an interdisciplinary approach and intergenerational. Those three "i's" are really a good way to characterize what we're doing with Aging2.0.

Dr. Sarah Szanton ([02:01](#)):

Thanks.

Dr. Deidra Crews ([02:02](#)):

I'm just really curious and I'm sure our listeners will be curious - how did your journey lead you to co-founding Aging2.0?

Stephen Johnston ([02:12](#)):

Right, natural question. I don't have a background in geriatrics or gerontology or health even. I came from Nokia working in the mobile phone world and actually spent quite a few years at the end of my time there looking at mobile health related topics and ended up having left Nokia working with a dermatologist who was excited to put together a mobile dermatology app because he felt the feature was in mobile. It turned out that one of his clients during the process who was a billionaire had been diagnosed at a very early age with dementia. That sort of changed the whole conversation. I then spent the next two years with this doctor and the family working on a very interesting, what we call now venture philanthropy program to try and find a cure for this individual. It was a really interesting exercise looking at who are the experts around the world doing research in this topic and putting them together. It was really a conversation with a family who was saying, who out there is doing tech innovation for aging that I realized I didn't have an answer for that. I just felt there's this big gap and a huge opportunity to actually bring tech to the aging world to improve the lives of older people and also the caregivers and people that were being missed out from the focus that was in Silicon Valley.

Dr. Sarah Szanton ([03:39](#)):

We love your framework of moving from Aging 1.0 to 2.0 and the ways in which you sharpen the distinctions. For our listeners who don't know about it, I wonder if you could describe it without the visual and also tell us how you came up with that framework.

Stephen Johnston ([03:56](#)):

Yeah, it's a question we probably get asked a lot. You know, what is Aging 1.0 and what happened to it? I'd say the biggest thing is about a change of mindset, change of attitude. We actually were inspired by Tim O'Reilly. So back in early 2000, he created Web 2.0. Funny enough, it's hard to think about it, but actually it seemed that the web was struggling after the 2000 .com bust. He was a real visionary and created this framework of putting people in charge and actually empowering people with technology in the web context. It was a lot about shifting from just marketplace sites to actually things like social and engaging people, getting people, giving them the tools, allowing them to become part of it. On our website we talk about the graphic that you mentioned, but at its essence, it's about a power shift to giving people control and giving them the tools that we've seen in so many other areas where technology and a whole new shift of what the industry could be like.

Dr. Sarah Szanton ([04:57](#)):

To me it's also that there's opportunity to make innovations that make money as well. That it's not only doom and gloom and deficit and loss. That along with the idea that older adults can be resilient and can learn new skills and it can be a marketplace. It's also that there's room for innovation that could pay back investors as well.

Stephen Johnston ([05:22](#)):

Yeah. This idea that we've actually got a market opportunity - we've got to be quite careful and there's a lot of people who have obvious and logical concerns about exploiting older people. But I think there's so much that could be done that would be a win-win for both older people and the business community. So I'd say our bias has been to try reframe this as an opportunity, not just a challenge. One of the reasons why I find this space so interesting is that it requires a real sensitivity towards innovation and new technology and growth, but also being very human and very focused on who actually is benefiting.

Dr. Deidra Crews ([06:03](#)):

Great. I was struck by you mentioning a power shift and Aging Fast & Slow is really an opportunity for us to try to highlight some of the health equity issues that exist when it comes to aging. Just curious, what are some of the innovations that you have come across that you think may have helped to actually improve some of the inequities that we see that that may be faced by people who either have low incomes or from other vulnerable populations among older adults?

Stephen Johnston ([06:35](#)):

Yeah, I think that's a great topic. I love what you're doing with the focus here and it's certainly a topic after my own heart. I would say that we've got to start with the way that we're thinking about the approach as systems change rather than just any individual. For example, with disruptive technology, you create massive new consumer value, often reducing existing revenues and business models. I think the example here could be ways in which we're seeing a shift from traditional medical centralized services, more towards the community. I think this idea that you are able to be given the tools, be given the insights, given information to actually make better decisions so that you can look after yourself and you can have a more preventive and proactive sort of care, before you need it - is one of those things that we're seeing is a rival of consumer centricity also means that you put people in the driving seat and a lot of the inequities in my view are because of information disparities. A lot of the time information is power. I was looking at a study recently about the health productivity rates in healthcare and I think the shift that I'd like to see is we get the consumer tech innovation rates rather than the healthcare productivity rates. If we can shift to a consumer technology pace of change and mindset, then we'll be able to disseminate the innovation as much more effectively into the community.

Dr. Sarah Szanton ([08:07](#)):

We'll also need to take care of access to that technology too. I know in my world where I work with low income, older adults often they just have a certain number of minutes or, and they don't have broadband. So anything you're expecting of them to do to take care of themselves is competing with their minutes that maybe their grandchild has for being able to speak. So I think we'll also need to do better about broadband for everyone. Just treat it like it's a road - you don't pay extra for driving on the road unless it's a highway.

Stephen Johnston ([08:38](#)):

Yeah, no, I completely agree. Actually we've just brought Nomura Research on from Japan to be a topic champion in our new elective program and the topic they're focused on is crossing the digital divide. I think they're really recognizing that this is a foundational piece. It's actually more about public policy and government than it is necessarily about healthcare. It's about defining health much more broadly than the traditional sort of medical silos. I think if we can make people think that healthy aging is everybody's business and a political imperative and not just something to do with nursing homes, but actually how we run our communities, then it becomes much easier to do those things.

Dr. Sarah Szanton ([09:20](#)):

You've mentioned the Aging2.0 collective. Tell us a little bit about it and how you see its role within accelerating aging innovation.

Stephen Johnston ([09:27](#)):

As I moved back from Silicon Valley to London a couple of years ago, one of the things that for me changed was a sort of a shift in mindset from a startup focus to a systems focus. Startups in Silicon

Valley - you are used to thinking that the startups are the heroes that are gonna save the world. But as, as we all know in aging, it takes a village. The idea of actually how to make a system work more effectively is really quite complicated. We created then the collective to be a big graph database of all of the innovations globally that we're seeing. This essentially, this first stage has been about connecting. But the next stage after connecting is aligning. That's where it gets really interesting, which is who else around the world is doing something that I'm interested in. Let's allow them to collaborate and share best practices and share the metrics that matter of what people are working on it. Once you have that layer of visibility technology transparency, it's much easier to see who's good at it, much easier globally to have a common understanding of what innovations are happening around the world.

Dr. Deidra Crews ([10:39](#)):

The novel coronavirus or COVID-19 has certainly brought about the need for us to really immediately create different networks of people and communities and make use of innovations. You've been spending the last eight years creating this network of over 40,000 people. How have you tried to capitalize on this infrastructure that you've built in order to try to address some of the issues that older adults are dealing with during this crisis?

Stephen Johnston ([11:06](#)):

Right. Yeah. In many ways, Aging2.0 has really been built for this moment. I mean it's a tragic realization about how inadequate many of the systems are and how impacted older people are, and the urgent need for innovation and best practices and sharing. We've been having regular meetings with our chapter ambassadors to share best practices that we're seeing. We've created a survey to ask stakeholders what they are seeing, what their priorities are and how essentially the Aging2.0 Community can most help. The feedback that we had was really interesting in terms of specifically those at the front lines, which were really picking up the PPE issue much earlier than hit the headlines over the last few weeks. Specifically, for example, in the U.K. the care home sector has been much less prioritized than hospitals when it comes to infrastructure like that. For example, the caregivers would go to multiple different residential communities and one of our members in Vancouver changed their model so that a single provider would only work with a single building. That would sort of make less risk for people's spreading. We've been finding stories like that, sharing stories, and then asking the network for ideas and innovations and the startup concepts that are relevant. A lot of the time they've got a specific app, Care app is one that comes to mind here in Australia that's like a social network to connect families. There's broadly this sense that if we can just do a better job of articulating what the priorities are, then the community can start to actually come together around these topics. We're putting updates on our, on our website. We don't want to be distracting because everybody is so busy right now. But I think there's a real role for best practices and innovation to play.

Dr. Sarah Szanton ([12:57](#)):

Great. How would you define success of the Aging2.0 Collective?

Stephen Johnston ([13:03](#)):

Yeah, Aging2.0 in general and the Aging2.0 Collective share a goal to bring a community of innovators together globally. So I'd say we've probably got two ways to look at it. First is how effective is the community - how much engagement enriches the information flow? It's almost like the velocity of new ideas, innovations globally. Then the second thing would be a case of how much impact have we been seeing around the world? That's where it's hard to measure the discrete impact. What we've been doing

that's different now with the Collective is building a data model to articulate progress around these missions. I'd say let's check back in in a few months time and see what progress we've made between now and then.

Dr. Sarah Szanton ([13:48](#)):

Yeah, we'll hold you to it. Stephen, can you tell us about any interesting collaborations you've had recently?

Stephen Johnston ([13:57](#)):

Yeah, absolutely. So we've had, with this network, we've started to get some really interesting corporate partners. For example, Proctor and Gamble - who are probably the world's best marketers in many ways - they are really interested in how to reach older adults. This is an area that we see a huge opportunity for to change the mindset from products and services that are just perhaps the "I fall and I can't get up" to much more consumer-driven services that are really helping people live their best lives and follow their purpose.

Dr. Deidra Crews ([14:31](#)):

Stephen, you've had a really fascinating professional journey. I'm curious what pieces of advice have, have you gotten along the way that have carried with you?

Stephen Johnston ([14:45](#)):

I think at business school I was very inspired by Clayton Christensen who is very much able to articulate how to have an impactful life and the importance of impact and a personal sort of north star and doing something that mattered. Tim O'Reilly in an interview I heard, he was suggesting that a good measure is to try and give more value than you take. I think that's the way that we have tried to embody in Aging2.0 is to encourage community where people are offering and sharing. If we can kind of create some mechanism to share value and make it easier for people around the world to give more than they take, I think we would be helping things along in a small way.

Dr. Deidra Crews ([15:31](#)):

Wow. That's really powerful advice.

Dr. Sarah Szanton ([15:34](#)):

Fantastic. Well thank you for spending the time with us. We really appreciate it.

Stephen Johnston ([15:38](#)):

My pleasure. Thank you for inviting me.

Dr. Sarah Szanton ([15:43](#)):

Thank you Stephen for sharing your insights. Check out our website, [nursing.jhu.edu/agingfastandslow](http://nursing.jhu.edu/agingfastandslow) for the articles and resources referenced in the episode. We invite you to add to the conversation by tweeting @agingcenter.

Dr. Deidra Crews ([16:10](#)):

In the next episode, we are talking to Dr. Lisa Cooper about bias in the healthcare setting and how it can lead to health inequities. If you enjoyed this podcast, please share it with a friend, rate it or write us a review.

Dr. Sarah Szanton ([16:16](#)):

And to all the researchers listening, are you developing a behavioral intervention and trying to figure out how to advance it through the research pipeline? Join the Johns Hopkins School of Nursing Center for Innovative Care in Aging on June 8th and 9th for two half days of virtual learning, best practices, and workshopping ideas on how to fund, test, and develop behavioral interventions for more information contact [agingcenter@jhu.edu](mailto:agingcenter@jhu.edu).

Dr. Deidra Crews ([16:46](#)):

Special thanks to Jennifer McCord for editing and sound design, Erika Hornstein for production assistance, Raphe Reggie for technical expertise, Tim Carl for web design and Sydnee Logan for marketing. See you next time on Aging Fast & Slow!