



THE WELL-BEING IMPERATIVE: ADVANCING BRAIN HEALTH AND RESILIENCE FOR ALL

Announcer 00:02

Please welcome the panel on "The Well-Being Imperative: Advancing Brain Health and Resilience for All". Moderated by Sylvie Raver, managing director, Philanthropy, Milken Institute.

Sylvie Raver 00:29

Great. Hi, everyone. Good morning. Welcome to "The Well-Being Imperative: Advancing Brain Health and Resilience for All." Thank you all for coming. I'm Sylvie Raver. I'm managing director of the Milken Institute Science Philanthropy Accelerator for Research and Collaboration. We call ourselves SPARC because the other name is a mouthful. I lead a team of scientists and philanthropic experts who partner with passionate funders to navigate the complex health and science ecosystem. We inform, build, and then often lead strategic high-impact science-driven initiatives. We've spent the last several days here at the Asia Summit attending enlightening sessions, exploring new partnerships, and having really thoughtful dialogue with each other and other leaders around the different industries and sectors about driving impactful outcomes for people in Asia and around the world. Now we're going to turn ourselves to something that underlies all that progress and affects every one of us, the health and resilience of our brains. As more people are living longer, this conversation couldn't be more important. We need to care for and support our brains and cognitive functions throughout our lifespans to maintain our health and well-being into old age. This morning, we're fortunate to be joined by a panel of experts who are working to advance brain health and philanthropic investments to have resounding impact. I'm going to introduce them, and then we'll get into some questions. Harris Eyre, executive director of the Global Brain Economy Initiative, is pioneering the brain economy transition, bringing leaders from wide-ranging disciplines to build frameworks for developing and capitalizing on the human brain's potential. Emi Kiyota, associate professor at the National University of Singapore and founder of Ibasho, is working at the forefront of neurospatial design, creating integrated and resilient cities where elders are engaged and able to actively participate in their communities. Laurence Lien, chairman of the Asia Philanthropy Circle, convenes Asian philanthropists and funders to provide them with a platform to organize and jointly grow the impact of their collective philanthropy through exchange, coordination, and collaboration. And Benjamin Tan, consultant neurologist and clinical director of the Division of Neurology at National University Hospital, translates research into practice, leading brain health initiatives across Singapore, and works to address modifiable risk factors for neurological conditions. Thank you all for being here. I have an opening question for

each of you, and because we're starting with health, I'm going to go to the doctor first. So let's talk about the concept of brain health and well-being. I'm personally really excited about how we can change our habits to reduce our risk of neurological diseases, and I think that idea is generating a lot of enthusiasm and contributing to the momentum that we see in this space today. Could you tell us a little bit about the types of modifiable risk factors you address? And then a second question, have you found specific risk factors that are more prevalent in certain communities than in others, or where people have more imperative to change them than others?

Benjamin Tan 03:23

Thank you, Sylvie. Let's go take a step back. I think the first thing to ask is how many in the room already know that brain health, things like dementia, stroke, are potentially preventable. Not many people, to be very frank. I had this conversation with many friends, family, and the first thing they ask, "It's preventable? There's something you can actually do for brain health?" Now, if we were to define brain health as the overall state and trajectory of brain function over one's life course, ideally in the absence of neurological or brain disease, but in the face of neurological or brain disease, the ability to remain resilient and maintain functional capacity, that is actually what we're trying to protect here. So brain health is what you have. So we know from the Lancet Commission study that 45 percent of dementia cases and almost 90 percent of stroke cases could potentially be preventable. And amongst the most common age-related brain disorders, they share multiple modifiable risk factors, and these are common across age-related brain diseases. For example, physical risk factors like diabetes, cholesterol, high blood pressure, BMI, social-emotional factors like social connectedness, stress management, lifestyle factors like sleep, exercise, nutrition. So these things are fundamentally very important that primary physicians should be talking to their patients about. So when you speak to family physicians, what they are usually talking about are cardiovascular prevention, cancer screening. But brain health never reaches the agenda. So now the question is, why? So in my practice, I see patients with stroke and dementia on a daily basis. Brain health is actually my entire profession. But I've gone on to realize that it's important we move the needle much earlier, midlife or even before then, because we want to prevent this from even happening in the first place. So I hope that answers your question, Sylvie.

Sylvie Raver 05:39

Yeah, we'll talk a lot more about that as we go along. Thank you. So from the doctor's office into the community, I'm going to go to Emi next. Your work spans community-based solutions for aging, designing for brain health, and the intersection of aging and the built environment. What role does the built environment play in the aging process, and how should we be thinking about these environments and spaces and communities to help people thrive cognitively and socially as they age?

Emi Kiyota 06:03

Yes. I think built environment is either enabler or disabler. So what we are interested, coming after the doctor, and just the definition that I strongly believe is the WHO's health definition, which is health is physical, social, emotional health. I think architecture can actually address those three, all of them. But so far, we are very much focusing on accessibility to enable people to being independent. Our question these days for that brain health issue is, so what? You can be independent at home by yourself, no friends, no interesting place to visit, then what? So I think what we are trying to do from a built environment perspective is to try to understand how people behave and how people perceive their surrounding environment, so that we can actually respond better through the design, so that we can start to address what living well means. Because I think our discussion about dementia in architecture school these days, it is about really how can we protect them. And then sometimes we actually

harm their dignity, keeping them in a room. So basically, we are actually grappling this challenge at this moment in our school architecture. I would really like to have this discussion further with Ben. Because modifiable risk factors, let's say hearing loss. How can we design the space that address that issues in the societal level? It's not in the room, it is about neighborhood, city. So that really affect even public transport. So basically, I don't have answer for you, but I think I'm laying out what needs to be done, but I think we need a systematic approach. It's interdisciplinary approach to be able to start to understand and being able to respond.

Sylvie Raver 08:17

More people like you.

Emi Kiyota 08:19

I try. And I think the community is important because design can be a verb, it could be a noun. I think we focus too much on nouns. What outcome is. Design is your voice. How you design spaces with the community. That really helps because whatever we do for intervention, they have to own it.

Sylvie Raver 08:41

Excellent. We'll ask a little bit more about how that's showing up in specific regions later. Okay. So doctor's office, the built environment, now to the economy. To Harris, you're working to draw attention to the brain economy and brain capital, which is an economic framing that integrates brain health and brain skills as assets. You've argued that we urgently need to act on these concepts to treat brain skills as essential infrastructure in the 21st century. I'm parroting what you say, so you'll explain it better, I'm sure. Why do you see this urgency around brain capital at this moment, and what effects beyond health do you see this framework as having?

Harris Eyre 09:18

Thanks for having me, Sylvie, and good to see everyone. So my work is around recognizing that the cost of these mental and neurological conditions across the lifespan is globally \$3.5 trillion, and it's growing at 3 percent a year. So if we continue with things as they stand, this is going to drag down the economies of nation-states, the economies of large businesses, and the ability for even entrepreneurs to do their thing. And it affects all of us in a very deep human way as well as an economic way. And so the brain economy transition is about recognizing that the brain is not just a cost center, that we have health issues and education issues and labor issues. It's actually the brain is an infrastructure. It has an ROI if we invest in it, if we invest in it across the lifespan. And some of the analytics that we've done with the World Economic Forum and McKinsey Health Institute suggest that the ROI, if we change the world the way that we want to see it across health and architecture and food systems and the internet, is \$6.2 trillion of economic opportunity for the globe. And so that's what our work is about, is about how do we get the brain out of the health minister's portfolio, which is seen as just a rising cost, and put it into the finance and the head of state's portfolio and see the brain as infrastructure. It's key to the way that nations thrive and businesses thrive as well.

Sylvie Raver 10:53

Thank you for laying that all out. We'll come back to that later. Okay, Laurence, over to you. So philanthropy is such a powerful tool to really drive some of these initial proofs of concept or bringing these different stakeholders together. You're chair of the Asia Philanthropy Circle. You work closely with many philanthropists, some of whom

focus on well-being. Can you tell us a little bit about what you see the role for philanthropic support here in well-being, and why we need to invest, especially now? Easy question.

Laurence Lien 11:26

Well, I think in philanthropy, we've got a lot of freedom to do what we want to do. And it's usually to address what we see are the most compelling and difficult challenges. And in this space, if you look at dementia, there are some figures that put it at a loss of \$1.5 trillion a year. So there's an economic opportunity, but there's economic cost of not addressing these things, right? If you look at mental health, there's a, I think, World Economic Forum figure of \$2.5 trillion a year of loss. And you are not even counting the human cost. You're only counting the tangible cost of productivity loss, caregiving, caregiver taking leave to care. I think that dementia and mental health is one of the least-funded areas. We all know the issues. And so I think among the philanthropists in Asia Philanthropy Circle, APC for short, and my own family foundation, Lien Foundation, we tackle different parts of it. The Lien Foundation, we have been tackling dementia care, so that's after it happens, and to scaffold the support from early diagnosis to when it's more serious, because when you are diagnosed, nobody knows what to do. Everybody's just shocked. And so a lot of care coordination, a lot of psychoeducation and all that to help them. Because you can prevent it from getting worse rapidly for many. Some are just aggressive. In mental well-being, I think there's a lot more appreciation that it needs to be a whole-government effort. There's a lot more funding, but it's very fragmented in terms of intervention. Where our members are looking at is going upstream into prevention. So how do you build resilience, particularly among young people when they are in school, when they are being parented by overly anxious parents, how do you work on that? But actually, we know a lot of what we need to do, it's just that it's a lot of things. Everything that Ben said. And it's very upstream, and the effects are only felt quite far away. And prevention is just tough, right? To get people's attention. It's everybody's problem, and when it's everybody's problem, nobody owns it. And so I think that we're just trying to see how we can—philanthropy tends to tackle the most difficult challenges that nobody's doing. That's where we can play in. And so doing experimentation, innovations, and building coalitions, bringing people to come to the table, that's what we can do. We'll talk more later.

Sylvie Raver 14:46

Yeah. You tackled that hard question really nicely. So maybe I'll keep on that thread of kind of bringing a lot of different disciplines together. We've already touched on it a bit. But you're all doing such important work to advance brain health and resilience, but from very different angles and very complementary angles, honestly. So interacting with different stakeholders in this space, whether they're researchers, funders, policymakers, community members, can you each maybe tell a little bit about how the ideas of brain health, resilience, brain capital, how are these ideas received? If it's nobody's responsibility because it's everybody's problem, you're doing a lot of translating and connecting dots here. So where do you find sticking points, maybe each of you, or areas where stakeholders are speaking different languages, and how are you overcoming those? How are you having those conversations? Can I start with you, Harris?

Harris Eyre 15:35

Sure. The brain economy transition is pretty radical because we're saying that it's brain health and it's brain skills which make brain capital this new economic asset. And so, we have a lot of education to do to explain ourselves and to really define our taxonomy and really nail it down. But we're doing it through the World Economic Forum. As a forum, for example, we have a Brain Economy Action Forum.

Sylvie Raver 16:05

The Milken Institute.

Harris Eyre 16:07

Sorry?

Sylvie Raver 16:07

The Milken Institute Asia Summit.

Harris Eyre 16:09

And here, yes, of course. And that's something that I want to talk about, is what relevance can we have to the Asian region? We have engagement actually through the science ministry of Malaysia. They have a brain economy special interest group, and so that's fascinating, and led by a neurosurgeon of all folks. There's also interest now in the Chinese Brain Capital Index as well through the Shanghai Medical Research Foundation. And Japan as well is interested in dementia prevention-related brain economy activities in Japan. So would love to explore if this is relevant. But maybe the best example is in Houston, Texas, of all places. Who would think that Houston, where I spend half of my time, has a city-level brain economy initiative. It's called Project Metis, and Milken has been involved and with us there. But the Chamber of Commerce had an energy transition initiative. Houston went from being the biggest oil and gas emitter to the biggest clean energy producer. Now it has a brain economy transition initiative. We have companies involved in that, like British Petroleum. We have philanthropy. We have large hospital systems, universities, architecture and design firms, and the city is embracing this transition, this recognition that Houston's future success is dependent on the brains of Houstonians, and so we need to look after it across the lifespan, across industries and sectors. It's not just food systems, it's education systems, et cetera. So the Houston model is a great lighthouse that is also very receptive and welcomes people to come in and learn about it and see what they're doing. But maybe the last thing to say is that Accenture helped them to summarize their project and launched a "launch book" at the UN General Assembly a couple of weeks ago. So it's kind of memorialized if anyone wants to read about it.

Sylvie Raver 18:04

It's really compelling. I've got to see that there. Emi, can I go to you and ask a little bit, we talked just in the green room about how you sit in so many different spaces. You're very interdisciplinary. You focus on a very interdisciplinary topic. How do you do this translation? Where do you find people are speaking different languages about this topic, and how do you move them forward?

Emi Kiyota 18:25

Yeah. So now I run a research institute. It's called the Centre for Environment and Ageing Well. So we are very much focusing on the place-based solution to really address the issue of built environment and aging. And we are really focusing on aging well. It's not like try to solve the problem. We really want to kind of go beyond accessibility, so that's a level of intervention we are trying to do, but still very difficult. So I sit between, I have a joint appointment between medicine and architecture. Makes sense in general. But when we try to—the origin of this is that everything we have on the societal problem cannot be solved by one discipline. Architecture solution cannot be solved by architects. We need interdisciplinary team. But we somehow speak very different languages

because it was a silo system of the education. Within architecture school, architects, landscape architect, designer, like industrial designer, all speak different languages. So I feel like there are two issues that we have to deal with. One is internal communication, and we all have to learn to say we don't know, and it's okay. I think everybody—when we were having a meeting with medical school and architecture school, one of the leadership team said, "What is ADL and IADL you guys are talking about?" Because in architecture school, we don't talk about ADL and IADL every day. Because the management level, that person asked the question, it kind of opened up the questions for other people to be able to ask. So the doctor said, "What is the built environment you're talking about?" But I don't think we have that kind of conversation going on, even within the university. And I think, who is—the communication's one. Next one is equity issues. Who gets involved in decision-making? It's a design that we are talking about. People normally don't think about equity. But who is invited in the room to give a voice? Normally, those are academicians, researchers, policymakers. We rarely have representative, maybe few from community, and a person with dementia, rarely. I think that we are just trying to tackle the issues. So it is a big issues that people we're talking about. But at the same time, we always have to pay attention to the community members because those are the people we are serving.

Sylvie Raver 21:14

Absolutely. I'd like to go to Laurence, who has created this platform for people to learn together and really find areas of mutual interest and ideally collaboration. We talked right before a little bit about how climate has become kind of a throughline, a horizontal across a lot of giving in the region. Could you share a little bit about how maybe you see people all interested in the same topic or the same goal, but speaking completely different languages or having different concepts of this concept of brain health, well-being, resilience. Where are you seeing those conversations and maybe your role in them?

Laurence Lien 21:54

For us, one of the ways that we work at APC is to bring funders together around common themes. And so youth mental health has become a collective as a collective of funders, of members who are interested in it, and who each have their own ideas about how to start and what to do. So one is to really come together and to share, right? But when we know so little, because quite often we philanthropists, we tend to think we know more than we do, right? We're quite self-confident. This is a part of it—I say that's the solution. No, it's really to invest in research, and then that's the first thing that one of our members did, to look, I mean, to commission—in fact, it became a consortium because not everybody knows everything, right? So that's, I mean, this idea of bringing coalitions together is very important because many people need to be part of it. And to research into, because we want to go upstream. And then that's why we want to look at what is causing young people—I mean, we have a mental health crisis among young people. And that's not just in Singapore, because we are focused on Singapore, it's around the world. You just look at the numbers. I don't have to elaborate. And you see it in our families and our friends' families, right? And the peak prevalence of it quite often is in teenage years. So if you start in teenage years, you're too late almost. Then you have to go look at the early years. And that's where I said, "Wow, that's tough." I mean, do you work on the parents? Do you work in the school? Do you work—and that's where evidence is important. And the evidence will be around when is the best time to intervene, when, or doing a meta-analysis of all the intervention programs in the world and then seeing, what is—and start rating them right, in terms of effectiveness. But it's not just about programs, because how you—implementation fidelity is also very important. You have a good idea, but done badly is equally bad as a bad idea done well. So we need to make sense of it. And that's where we are. And then kind of coming together. And when we start funding, hopefully it is, we could do it on our own, but we're not yet there because we're just at a point of digesting the data, the research. But hopefully it will translate into something that is more, something we can do together because it needs a lot of players, it needs a lot of

funding. And then after that, you have to build the coalitions around it, and government and parents and schools, they're all stakeholders. You can't just intervene in one. It has to join up.

Sylvie Raver 25:06

Of course. Yeah. Very holistic. Ben, maybe the last word to you here with the same sort of question. You have this role of really taking evidence into very intimate personal conversations and helping people change their behavior in ideally durable ways. How are you feeling about the translation piece? How does this show up in your life and work?

Benjamin Tan 25:29

Yeah. So, Sylvie, you talked about what is sticky earlier. I think that's a very important question. If you look at individuals in the community, if I speak to my patients, what has been sticky so far in my conversations with these people is this concept of brain care. So now I'd like to introduce a new concept of brain care. So brain care is actually providing the individual or empowering the individual with the ability to practice certain behaviors to improve their brain health. And at the heart of brain care is this score called the Brain Care Score, which is a very pragmatic, simple tool that has been translated from years of epidemiological data into a summative list of risk factors coined by a group from Harvard, where I did my visiting fellowship with from 2023 to 2025. And it helps an individual measure basically where they are in terms of their risk factors and what they can focus on. Now, the Brain Care Score has been co-developed with patients, so the lived experience is very important. And we have started to realize this when doing research, that in order to translate our findings, we need to co-create, co-produce with people on the ground. So we need to make this instrument accessible to everyone everywhere, whether it's through language, through framing, through semantics, all right, through the medium of distribution. I think all these are very important questions. Now, in Singapore, we have this test bed called the Health District at Queenstown, where my group, and many multidisciplinary scientists are working on. We are actually piloting a digital brain care program in Queenstown Health District. So here we actually help individual measure their risk factors using the Brain Care Score through AI methods, through large language models. We actually coach the individual to try to improve their brain health over time. But in this research, like what Laurence was sharing, it's still very nascent. All right? We've begun to understand that the human touch is still very important in teaching or imparting about brain care, and people don't just want to talk to a chatbot or a large language model. So the concept of perhaps even incorporating hybrid coaching, wearable data, where there's a closed-loop feedback will help to improve their brain health over time. So these are concepts that we have been wanting to research on. And of course, the main barrier is the funds, like what Laurence has mentioned, and I'm hoping to convince him here today to invest more in brain health research. Now, we take Singapore for example, right? Singapore is a super-aged society, 20 percent of our population aged 65 and above. And of that population aged 60 and above, 8.8 percent have dementia, but another 40 to 50 percent are undiagnosed. So that's a huge burden of disease. Now, the government has realized this. In fact, in the National Research Foundation, RIE2030 Plan, brain health is an important pillar that they're funding. So governments are starting to realize this because of concepts like brain capital, brain economy, and these are priorities that I hope people in the private industry will fund.

Sylvie Raver 29:05

Good call to action right there.

Laurence Lien 29:07

Help me improve my brain's health score.

Benjamin Tan 29:09

Care Score. Let's do a Brain Care Score.

Sylvie Raver 29:11

Yeah. It's so user-friendly. It's very easy to use. It's all the things we know that we should be doing, probably already. I'd like to ask a little bit, you talked about how Singapore is a hotbed for this. Maybe some of the other regional realities of where you're all working. Here at the Asia Summit, we're interested in these very global issues, but really focused on what's happening right here in Asia. This is a diverse region with different demographics, type, health care coverage, governments, and cultures. We already talked about that a little bit. I want to take a look maybe at what Emi is doing in one of these regions, which is Japan, which has a very large, older population and is working proactively with Ibasho to address some of the community and built environment initiatives to help people live older. So can you talk about maybe some specifics of what you're doing there and how they might be translatable to other parts of the region? Or maybe Houston?

Emi Kiyota 30:10

Yeah. So Ibasho is a small nonprofit organization that I created 2011. If you remember, that's the year we had a big earthquake in Japan. So aging issues, for Japan is not only about percentage of older people and low birth rate, we still have to deal with climate change issues. So we have to grapple with how to look after the older persons, because we have a higher percentage of older population, but also how to address the issue of climate. Because disaster is—like my hometown is Kumamoto, which we just had earthquake. So those things are everyday basis. Do we want to treat them as a vulnerable population or are we going to keep them as a resource? Those are the two difference, the two option we have. So people always said, "Oh, we have aging society. It's going to be expensive. It's going to be aging tsunami and all these things." But when you really look at older person like your parents or grandparents, for some people, they are actually—most of them are still able to help you and they want to help you. Yet our societal approach is, "We have to come and help you." My mother has dementia. She lives in group homes. But if I ever tell her that I am going to help her, she will say, "No, I am the one has to help you." And I think that's what people want, but I don't think we have providing that. So that's why the Ibasho came about. And then my question was, "Okay, that's a great idea. We going to challenge the narrative of older people being someone we have to look after to someone who can actually help us and educate younger children. Great idea, but how?" So that's how Ibasho started. I am the first one to say I know I don't know a lot of things with what I do. That's why I do research to try to understand what older people want at that time right after the tsunami happened, I knew nothing. So I went there and sat down and talked to the older person. She had pink Gap hoodie in front of, at the café, and she was 85 years old lady. She said, "Turn the air conditioning off." And she was screaming and yelling, and we learned that the sound coming from air conditioning was the sound of tsunami that she lost her family members. We don't know all this until we really talked to her, and we said, "Oh, we are here to help you." She said, "Okay, help is good. What do you do?" And I started to ask her, "Do you like to come to this tea gathering?" She said, "Yeah, I do, because this young lady's nice to me, so I come at the temporary housing." And I asked her, "So do you come here often? For what?" "Because these ladies are nice," and they were, like, 65 years old. And the third question I asked, "Do you think you can make a better tea?" And she said, "Of course, yes." "Why don't you do it?" "No one ask."

Emi Kiyota 33:39

I thought it was a quite important moment to my career and what I do, and I try to practice in research. I think we should start with being interested—gain trust from the older populations. And I don't think—people always said, "So that's what we should do." And I said, "You cannot ask question once, because people's interests change and needs change." So that's what we are trying to do. So each time we try in Singapore, we try in Germany, we try in Nepal. There are fundamental needs. People want to help others. That's the fundamental needs. But how they want to coordinate activities, those are cultural issues. So that's something that we are trying to do. And I think, again, from our contribution from architecture, aging has been treated as if it's a disease. But for us, from architecture point of view, we are really creating people's living. And I think it's a prevention and upstream ideas, that prevention and upstream is a little bit more medical for me. But if we were to say, can we address living? So quality of life is a typical term, but what about quality of living? Because we are really dealing with people's living.

Sylvie Raver 35:10

That's a really good framework. I like that shift. Anything that anybody wants to respond to, feel free. I have more questions, of course.

Laurence Lien 35:18

Still trying to work with Emi on that. Improving quality of living in Singapore among seniors. But Emi, we both agree Singapore is very hard for various reasons.

Emi Kiyota 35:29

Well, I won't even ask about that one.

Sylvie Raver 35:31

Well, maybe I'll keep on that. You said the needs evolve, and things really change throughout the lifespan. And Laurence already talked about this, how you can't intervene too early. Honestly, you really have to start early, and Benjamin's nodding really emphatically, so I know that this resonates with you. So maybe if we shift the aperture a little bit earlier, brain health needs don't begin or end later in life, although that's a really important place to focus. They shift constantly. And if I think about one of the demographics that we've talked about already is working-age people and the sandwich generation of raising children, while caring for aging parents and trying to stay healthy and productive themselves. This is not making it about me, but this is rather personal. So in the United—and it's for you, too, in the US, or here in East Asia, the underlying dynamic is the same. So I know that this is topical to you because this is such a capital investment that's needed. Can you share a little bit about how you see the brain capital movement and the brain economy movement really focusing on this particular imperative?

Harris Eyre 36:37

Yes. I think one of the points about stickiness or receptivity of the brain economy narrative is for businesses. This recognition that business success is massively dependent on the performance of the staff and the cohesion and the chutzpah of the staff, if you will. And so, we are very interested in thinking through what is modern brain capital for workers. How do you help workers perform well, be well, be happy? And so for us, that manifests in a few ways: there's an organization that was established called the Business Collaborative for Brain Health, where we're looking at strategies to improve the brain health of workers, and that's where things like the Brain Care Score can be implemented in the workplace. Then also, what are the skills that we need for workplace brain capital if it's brain health, brain skills? What are the skills that we need? And that's where we're developing a project to

figure out what do business leaders want to see of the skills. And skills for workers are a moving target, given artificial intelligence. AI models come out every couple of weeks, and so therefore, the skills that workers need needs to change. And so if you're going to be a worker, like all of us, that's going to change your skills, you've got to have brain health so you can have the underlying ability to be agile. But maybe I'll stop with one concluding example is that yesterday I was at the JLL offices. JLL is a big real estate services company. They're a partner of ours, and they use design and architecture to design neuroscience-inspired office places around the world. And I was at CapitaSpring was their office, but one of the interesting innovations they've developed is a brain gym that they're actually working with British Petroleum on. So these gyms that the BP staff will go to, that JLL designed, where you can exercise your body and your mind, and then go back to work afterwards. And so they're doing trials to determine the performance and health benefits of brain gyms. So there are these types of workplace brain strategies that we can think about. But workplace should be about mental health, health benefits, and then performance and skills. It needs to be a collective thing. And so exactly how we do that is something that no one really knows, but we need to keep working and thinking about how to develop a strategy for it.

Sylvie Raver 39:13

That's why we're all here, invested in this in various different ways. So we've got just a couple minutes left, and I wanted to give you all a final word of a bit of a call to action for the region, for the community that we've gathered at the Asia Summit. We opened this panel talking about imperatives to improve our brain health and our resilience, focus on investments, ways to support lifelong brain health. And before we close, if each of you had a minute or so to convey to the stakeholders that are here at the summit. We've got funders, we've got policymakers. You've already made your pitch, so you can do a different one. But leaders of respective fields to advance your mission, your passion, and capitalize on this current momentum in brain health and resilience. What would that be? I'll start with Ben.

Benjamin Tan 39:59

Yeah. So, within Asia, we have to think about what is, I would say, unique in Asia. Let me talk about the community. So community activation helps individual activation. So for example, I have patients coming to my clinic, and they tell me they're not taking their medications. So the question is why, right? And then I ask them the next round, "Please bring your wife." And then after that, the wife tells me, "Oh, he tells me he's taking his medications." So, this is a whole concept of, in Malay, we call it the kampong spirit, right? So we need to get family members involved, friends involved, and activate the individual to improve their health. So that's something that I find is uniquely Asian, and something that we should leverage on. So that's one. Number two, the burden of vascular diseases in Asia is very high, partly due to our diet and nutrition. So at the policy level, if someone would look at that and interrogate that at scale, things like salt intake, which several governments are actually looking at. I think that's a key focus, and that can tremendously drive down the incidence of age-related brain diseases like stroke and dementia. Number three, genomics. So genomics is coming. I think you've heard Minister Ong Ye Kung yesterday talking about PRECISE movement, where we are actually sequencing half a million Singaporeans, almost half a million Singaporeans. And how can we leverage genomic data and deliver precision brain health prevention or brain care? Now, there are tremendous ways to do this because nowadays, patients are coming to my clinic and they ask, "What's my genetic risk for stroke? What's my genetic risk for dementia?" So they're asking things like this. And there are instruments that we are developing to help us understand the individual's risk, both at a risk factor level in terms of the physical, social, emotional risk factors, but also at the biomarker and genetic risk level. And if we were to integrate both, that would be really powerful. So that's my pitch for uniquely Asia. I think we need to have our own genomic data. We cannot rely just on the West. We need to understand our biology a lot better.

Sylvie Raver 42:19

Laurence, you're really leading a lot of this, too, within even your own foundation. You have the APC, but you've also been driving a lot of this work. What is your call to action for others to get on board this train?

Laurence Lien 42:32

I think my call is to help humans flourish. I think too often we focused on intervention when things go wrong. Or prevent things from going bad, that we forget, actually, the here and now. Needs can be improved. And that could mean—you know, I'm training to be a therapist at home. So I'm working with clients and, not that I see myself as pursuing this as a third career, but really to understand how to design something upstream. How to get people to seek counseling when it is not the last resort at the end of the world, but something that can help you show up better in the world. And I think everything needs to come together, right? The built environment, the family, the community, but to support the human flourishing.

Sylvie Raver 43:35

Lovely. Lovely note. Emi?

Emi Kiyota 43:38

Yeah, I think I emphasized on living. I think people with, without dementia are living. Sometimes we treat them as half-broken human beings. But I think that really it's a deeper issue that we have to address, is ageism. I think we really have to get to ageism or dementia is almost, we have this stigmatized image to just one word to describe millions of people, right? Everybody's very different. But I think, moving forward, I would like to be able to see us really look at a person who are living with certain conditions. How can we reach out to them? And I think to do that, for that built environmental study, we all have to work with sociologists, actually. Because we can create a nice environment, but if people are not nice, nothing changes. I think we really need education through architecture and through sociology. And the last one I'd like to challenge, we talked about work. I think when I see Japan, a lot more older people stay in the workforce—and they are getting into workforce because a lot of people are a little bit uncertain about their financial issues, or they want to be engaged. But I don't think the current concept of job and work really is going to fit well to our societal needs moving forward. So I think I would like to challenge also for us to think about how to redefine work and job so that we have a better understanding.

Sylvie Raver 45:23

That's great. All right. Final word to you. Redefining things all the time.

Harris Eyre 45:28

Well, I think that my call to action is that we need to develop an Asian brain economy strategy with you and Milken and all of you in the room. And I say that because, organically, the Malaysian Science Ministry, major Chinese philanthropy, various groups in Japan have all started to adopt this sort of brain economy strategy and learning from the Houston model, et cetera. So it's kind of happening already, and I think we need to formalize it. But it needs to be done uniquely in the ethnic, socioeconomic context of different geographies, cities, and countries. So there's no one-size-fits-all. It needs to be developed organically. And I think I was reflecting, I grew up on the Great Barrier Reef in Australia, so maybe I grew up closer to Asia than actually to Melbourne or Sydney. So, I'm part of this as well. But that's what I think should happen. And so I ask all of you for advice and ideas about

how we should develop that. Is it with APEC, ASEAN, private, public, philanthropic? How do we do this, and how do we get started as soon as tomorrow?

Sylvie Raver 46:39

All right. A lot of great work to do. Thank you so much for being here. Thank you all for contributing. This was really exciting. I really enjoyed the conversation. Thank you so much.

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