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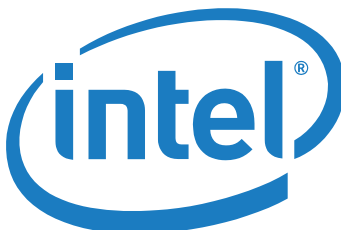
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BOOK OF ABSTRACTS

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The abstracts have been reproduced as submitted by the authors without any editing.

Oral and poster presentations, workshops

Abstract ID: 329

THE PROBLEMS OF AGING IN NEPAL

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Nepalese society is built along the ancient Vedic tradition preached by the Hindu philosophy of life. Spiritualism still runs deep in the Nepalese way of life though modern day materialism has increasingly made its cosmetic presence. The global economic wave has hit the Himalayan Kingdom too, however, the God-fearing Nepal's' faith in values they cherish is far from wavering and the temples, shrines, monasteries and the divine abodes are still thronged with the never-waning fatalistic drive. In Nepal, Hinduism and Buddhism have coexisted in peace and harmony.

Elderly population never really posed a problem in the Himalayan Kingdom, a home for nearly 25 million people. Impoverished and least developed though, it was the deep-seated Hindu values that kept the problem from growing. The society has still considers the elderly *pitri* (divine) and revere them. The Hindu tradition rooted on Holy Scriptures calls for sons to look after and take care of father. It is not merely a social obligation but a ritual having religious undercurrents. The ritual is still unflinching among middle class and higher Hindu families though grinding poverty at lower level witness the defeat of values.

Unfortunately, the Kingdom that lived in peace and harmony for ages bleeds now. Those putting up resistance are hacked to death or cowered in. The youth flee for life and the elders are left to their lot.

connects

Abstract ID: 333

VOICES OF A CENTRAL AMERICAN POPULATION GROUP ABOUT AGING IN CANADA

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Introduction: The major goal of this research is to discover knowledge about the help-seeking processes of Central American refugee women and their families in Canada. To appropriately care for the growing population of refugees, knowledge dissemination about their practices across the lifespan is essential.

Method: This qualitative research study was designed to thematically analyze the process of help-seeking from the experience of six Central American refugee women and their family's experiences with the health care system in Canada. Information from the participants indicates that the Central American forced migration experience poses an important clinical challenge for both physical and mental health services throughout the lifespan. There is a language of negotiation and to some extent resistance to some of the practices and changes they find in a new country.

Results and Conclusions: The findings from this study provide a greater understanding of the effectiveness of the health care system in reaching the ethno cultural communities while providing data on the groups' physical and mental health services and reasons for seeking care. The remembrances of experiences of cultural identity and practices including health and well being from birth to old age offer concrete accounts of where and how they lived and what was meaningful to them to retain in old age. The participants' reminiscent experiences about their life in their home country and what they need in Canada is vital to what they envision as health and meaningfulness in old age. Policy makers too need to consider cultural variation throughout the lifespan in health systems.

ageing

Abstract ID: 351**INTERGENERATIONAL SOLIDARITY AND DEPRESSION OF OLDER PEOPLE IN CONTEMPORARY SOUTH KOREA****Authors:**¹Seung-Min Park (Presenter)**Institutions:**¹Oxford Institute of Ageing, Oxford, U.K.

Many researches showed that the degree of depression of older people is affected by the socio-demographic and economic statuses as well as social support. However, it is very difficult to find empirical researches about the effect of intergenerational solidarity, as a way of social support, on the level of depression of older people. Therefore, this research aims to analyze the effects of socio-demographic, economic statuses and intergenerational solidarity on the degree of depression of older people in contemporary South Korea in the context of population ageing. Hierarchical multiple regression was run using 4,040 older people aged 65 and over selected from the second wave of the Korean Longitudinal Study of Ageing (KLoSA). The analysis showed that age, gender, religion, education, house ownership, associational solidarity, affectual solidarity, and functional solidarity are significantly positively associated with the degree of depression of older people. Specifically, younger older people are less depressed than old older people. Female older people are more depressed than male older people. Religious older people are less depressed than irreligious older people. Higher educated older people are less depressed than lower educated older people. Those who have a house are less depressed than those who do not have a house. Older people who more contacted with the first adult child are less depressed. Older people who are more satisfied with the relationship with adult children are less depressed. Older people who received more financial supports from adult children are less depressed. In the conclusion part, interpretations and discussion were suggested in the context of the changed intergenerational solidarity caused by the population ageing in modern South Korea.

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Abstract ID: 357

THE USE OF ALTRUISTIC ACTIVITIES TO ADVANCE THE HEALTH AND WELL-BEING OF OLDER ADULT RESIDENTS OF CARE HOMES: WHAT DOES THE RESEARCH TELL US?

Authors:

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¹Alyssa DeCiccio (Presenter)

Institutions:

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The purpose of our poster presentation is to describe how altruistic activities can be used to advance the mental health and well being of older adult residents of care homes. The move towards research activity in this area is consistent with the research priorities of The Madrid International Plan of Action on Ageing, which include quality of life and ageing in diverse cultural, socio-economic and environmental situations, as well as with the critical research area of mental functioning. Altruistic activities are defined as “actions that are (1) performed for the benefit of others and for the participants as ends in themselves, (2) emitted voluntarily, and (3) usually done for good of some sort (Cipriani, Faig, Ayres, Brown & Johnson, 2006). In different cultures these activities may also be known as “giving” activities, of which volunteering is a well known role. In our poster we will summarize the research in this area to date in both the quantitative and qualitative research paradigms. There is a growing body of research of the positive benefits of older adults experiencing these activities, including those in care homes. Benefits include improved attitudes towards ageing, improved well-being, improved life satisfaction, improved self esteem, and higher rates of participation in activities. Themes from the research included the promotion of a sense of community and a sense of connectedness. We will present the research findings in a manner that can be easily understood by the non-researcher. We also plan to discuss the relatively low cost nature of these activities, the importance of understanding how gender may influence participation and type of activity, and how cross-cultural considerations are important for adaptation by caregivers and policy makers in a particular country.

ageing

Abstract ID: 358

GADGETS, GIZMOS, AND GROWING OLD

Authors:

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Purpose: Sensors and communication technology systems, along with health care services technology are increasingly used to monitor the well-being of older adults to support them in their own homes. The intent of such technology is to promote aging in place, within a safe and supportive environment.

A literature review, the objective of which was to provide better understanding of the experiences of older adults, living within their own homes, who use health promotive technology was conducted.

Method: A metasynthesis of studies was completed. Studies were retrieved via computerized literature searches, cross referencing from original and review articles, and a review of reference lists. The inclusion criteria were: reporting on health promotive technology for older adults; setting of interest was the older adult's home, published in English; indexed between January 2000 and December 2010; and research. Theoretical articles were excluded.

Underlying the analysis process was a series of questions: What types of research questions are being asked? Are the findings of the different studies similar? What are the themes emerging from the findings? What are the implications for gerontological practice?

Results and Discussion: The completed analysis identified the themes of: embedded in the environment, an ounce of prevention, staying in touch, and where is the on switch?

Implications for health care professionals working with older adults are addressed, and how associations with a commitment to the wellbeing of older adults and legislators might use the findings from this study to promote quality of care for older adults who wish to age in place.

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Abstract ID: 360

GROWING OLD WITH A DEVELOPMENTAL DISABILITY

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Eunice Bailey is 52 years old and has Down Syndrome, some hearing loss, and early stage dementia. All of her life, she has lived with her parents. Her mother is concerned that she is growing too old and wonders about the future for her daughter.

The above scenario, although fictitious, represents the situations of some older adults with developmental disabilities. Relatively unrecognized in the past, practitioners, researchers, and policy makers are now acknowledging that individuals like Eunice make up a new subgroup of the larger population of older adults. Increased longevity and improved services of all kinds have led to an unprecedented growth in the population of persons with developmental disabilities. Living with a life-long disability, however, influences life course experiences and will impact how these older adults experience older age, and the supports they will require during the aging process. For some, support involves moving into a long-term care facility; for others, it might mean relocation perhaps into a group facility.

The challenges experienced by adults who are aging with developmental disabilities can best be understood within the context of a life course perspective. Within this paper, the life course perspective is described as is the concept of developmental disability and the challenges faced by adults aging with developmental disabilities. Emphasis is placed upon the challenges faced as these adults reach their forties and fifties and the implications for health care policy and practice.

ageing

Abstract ID: 374

PLAYING OUR PART: LONG-TERM CARE FACILITIES' ROLE IN PREVENTING ELDER ABUSE

Authors:

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The Canadian Nurses Association (CNA) is the voice of professional nursing, specifically registered nurses in Canada. It received funding from the Government of Canada for a national initiative entitled "Promoting Awareness of Elder Abuse in Long-term Care Homes" (PEACE). The goal of this project is to increase front-line service providers' awareness and understanding of elder abuse and enhance their capacity to respond to situations of abuse in long-term care facilities.

The objectives of the Promoting Awareness of Elder Abuse in Long-term Care Homes are to: 1) develop and deliver curriculum on elder abuse prevention; 2) promote elder abuse prevention; and 3) stimulate awareness and recognition among nurses that elder abuse occurs and can be prevented.

Within the province of Alberta, two organizations are recognized as PEACE sites. Each has adapted an education series developed on elder abuse prevention and customized it to their own setting. The key audience is front-line workers. Content topics include understanding and recognizing elder abuse, provincial / territorial and federal laws surrounding elder abuse, intervention strategies, and creating a work environment that values resident safety.

However, the initial audience has grown to include facility administrators and family members. Currently, on site PEACE co-ordinators are moving beyond the walls of their own long-term care homes to inform the public of this cutting edge health initiative. Described in this poster is the process of moving from a great idea into action. Some of the challenges and positive outcomes of this project will be described, including initial evaluation findings.

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Abstract ID: 375

BEING OLD AND RESPONSIBLE FOR AN ADULT PRESENTING AN INTELLECTUAL DISABILITY: CHALLENGES AND DIFFICULTIES ENCOUNTERED BY AGING PARENTS

Authors:

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Institutions:

¹Université du Québec à Chicoutimi, Sc.Humaines, Chicoutimi, Ville de Saguenay, Canada

Because of the increase of life expectancy of people with an intellectual disability (ID), it is current to see a 65 years old seniors and over having the charge of a old adult presenting an intellectual disability. This parenting role can be very demanding since constant monitoring might be necessary in order to avoid accidents at home, ensure control and assistance for hygiene or dressing and eating. It is easy to imagine that old parents having the responsibility of a child presenting an intellectual disability face several challenges. Certain studies on this subject name as the prevalent difficulty the parallel aging of both the parent and the child which could lead to a situation of cumulated handicap. Having charge almost for life of a child presenting an ID therefore represents an important source of stress for aging parents . As well, they are concerned for the future of their child after their death or when they won't have the physical capacities or health to take care of that child. In order to learn about the experiences of elderly people having charge of an adult presenting an intellectual disability, a qualitative study was conducted in Québec (Canada). The eight participants are 65 years old and over, and are the legal guardians of their impaired child. Interviews averaging 90 minutes were done and allowed to shed light on the main difficulties experienced daily by these elders as well as the challenges they must meet to assume their responsibilities. We will also be provided regarding the repercussions caused by having charge of an adult presenting an intellectual disability on the health, personal, social and professional life of the parents as well as the concern of these parents about the assumption of responsibility of their adult child once they cannot assume their role anymore.

ageing

Abstract ID: 376

EMERGENCY RESPONSE AND VULNERABLE OLDER PEOPLE: WHAT CAN WE MUST DO ?

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In the event of a natural or technological disaster, certain groups of people, some of elderly, are more vulnerable than others because they do not have easy access to the community resources. For example, several older people, especially those with a physical or cognitive incapacity and those with a low income, do not generally have a car available which can hinder their evacuation during a flood, an earthquake or a hurricane. Moreover, several elders live in older buildings not built to resist to shocks of all kinds. Older people, particularly those with a physical or cognitive incapacity, those with a low income or those without a social network belong to groups at risk to undergo wounds, to die or develop post-disaster health problems. Considering this, several researchers and national or international government and private as well as non-profit organizations such as World Health Organization, the International Red Cross or HelpAge International produced several guides on intervention aiming to support workers caring for the elderly during a disaster. The purpose of this communication is to present the main outstanding facts and recommendations of these various documents in order to heighten the participants' awareness of the importance to take into account the specificities of older people during the application of emergency measures and the recovery period of a community.

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Abstract ID: 377

SOCIAL INTERACTION AND DEMENTIA PREVENTION: FROM LONGITUDINAL STUDY

Authors:

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Institutions:

¹University of Tsukuba, Tokyo, Japan

Objectives: More than 30 years, prevention of dementia has been discussed in Japanese LTC systems. Emphasis is being placed on prevention-oriented services which help prevent seniors from becoming dependent by intervening while their need levels are still low. This follow-up study was designed to analyze the relationship between social interaction and the prevention of dementia.

Method: All participants (aged 65 years and above) lived in farming communities near major urban centers in Japan (n = 558). The contents of the questionnaire covered social interaction (using an index of social interaction constituting 18 items), health status, physical function, family structure, life events, age, and gender.

Results: After the baseline survey, 108 subjects were analyzed within the three-year period: (1) baseline age and physical function were related to dementia; (2) greater social interaction was positively related to reduced dementia; (3) the multiple logistic regression analysis adjusted for baseline age, gender, and physical function indicated that low frequency of newspaper reading was related to increased dementia.

Discussion: Empowering elders to improve social interaction may prevent dementia. The introduction of new services such as "strengthening of social ties" and "nutritional support" represent initial steps in establishing systems that enable elderly persons to live independently with dignity. An ongoing longitudinal study of elders in one community demonstrate that prevention-oriented services are essential to improving the healthy longevity of citizens, and that seniors will accept such services.

ageing

Abstract ID: 379

DEMENTIA, FRAILTY AND DISASTER: A NEW INITIATIVE FOR HEALTH CARE PROVIDERS

Authors:

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²St-Joseph's Health Care London, London, Canada; ³University of South Florida, South

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Purpose of the poster: To describe the development, piloting, evaluation, and dissemination of an e-learning tool entitled “*Frailty, Dementia and Disasters: What Health Care Providers Need to Know*”. Method: Key literature on geriatric emergency preparedness and response issues, including the roles and responsibilities of health care providers, was identified and synthesized in consultation with the International Working Group on Health Care Providers (Division of Aging and Seniors, Public Health Agency of Canada). Content was piloted in a facilitated workshop in London, Ontario. A Canada-wide health provider reference group provided feedback on the transition to an e-learning format. Iterative evaluation of the program included facilitated review by health care providers in two in-person workshops in Yukon Territory and two in-person workshops in Quebec. An on-line review was conducted by health care providers in British Columbia. A technical advisory group provided expert guidance for web based dissemination. Results: The four module e-learning program is now hosted on-line in French and English by the Canadian Dementia Research and Knowledge Exchange (CDRAKE) network and can be used by any health care organization as part of its emergency management learning strategy. Conclusions: Mounting evidence suggests that older people suffer disproportionately in disasters as a consequence of largely remediable factors that cross the four pillars of emergency management (preparedness, response, recovery, and mitigation/prevention). The development of this e-learning resource demonstrates an approach to building capacity among health care providers and their organizations to contribute to disaster resilience for vulnerable populations.

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Abstract ID: 389

CREATIVITY: AN INTERVENTION FOR HEALTHY AGING

Authors:

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Institutions:

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Purpose: Presented in this poster is a literature review, the objective of which was to provide better understanding of the relationship between creative expression and the quality of life of older adults. Creative expression is important for older adults from all cultures, regardless of geographic location, economic status, age, or level of physical, emotional, or cognitive functioning. Knowledge of the interplay between creative aging and older adults is vital in order to be proactive in providing quality nursing and health care. This is true regardless of the setting in which the older adult lives.

Method: A meta-synthesis of studies was completed. Studies were retrieved via computerized literature searches, cross referencing from original and review articles, and a review of reference lists. The inclusion criteria were as follows: reporting on creative experience specific to aging/older adults; published in the English language; indexed between January 1999 and December 2010; and research (defined as containing a statement of the purpose and a description of methods and findings, regardless of whether such terms were used). Ongoing analysis was done using a matrix and categories emerged. Underlying the analysis process was a series of questions: What types of research questions are being asked? Are the findings of the different studies similar? What are the themes emerging from the findings? What are the implications for health care practice?

Results and Discussion: Preliminary analysis indicates four themes: a land without borders, creativity promotes personhood, a bridge between growing old and quality of life, and illness / disease fighter. The findings will contribute to knowledge about how to promote positive aging.

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Abstract ID: 392

REPERCUSSIONS OF A CULTURAL MEDIATION PROJECT CARRIED OUT BY COMMITTED ELDERLY

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In 2010-2011, the city of Saguenay (Quebec, Canada) received a subsidy from the federal government in order to develop a pilot project. This project involved 26 older people who would take charge of the production of six half-hour television shows. This initiative was developed within the framework of a cultural mediation policy. Cultural mediation aims to support the identity expression of various minority groups of citizens by encouraging their social integration, while renewing the culture (Lafortune, 2008).

This pilot project entitled “Elder TV” was subjected to a pre-post intervention evaluation using the focus group method as a technique of data acquisition. Group interviews took place involving older people (N =22) taking part in the development of these television shows and paid or volunteer personnel (n=6) structuring the work of the elderly. This study made it possible to observe positive effects as much for the elderly as the personnel. Concerning the elderly, positive repercussions were noted on their self-image, their self-esteem and their feeling of social usefulness. As for the personnel, their participation in this pilot project modified their views regarding old age, among other things, along with their apprehensions concerning their own ageing. This project received an outstanding commendation award from the Québécois Network of Healthy Cities and Villages, in September 2011.

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Abstract ID: 396

COMPATIBILITY WITH DAILY LIFE: HOW DO THAI GRANDPARENTS MAINTAIN HARMONY AT SKIPPED-GENERATION HOUSEHOLD?

Authors:

¹P. Komjakraphan (Presenter)

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This phenomenological study explored the experiences of Thai grandparents who raising their grandchildren in skipped-generation household. Semi-structured were conducted with 15 grandparents. Data analysis identified the emerging themes as maintaining harmony of life, the perspective of life, frame of mind, courage and ambition, intrinsic motivation and perception toward a new role. A variety of unexplored areas were identified where additional and longitudinal research may yield new and interesting information regarding our understanding of factors that effect grandparents' harmony in skipped-generation household. The results of this study can contribute to enhancing the harmony of life for grandparents raising their grandchildren in skipped generation household.

Key words: Maintaining Harmony, Skipped-Generation Household, Phenomenology, Thai Grandparents.

ageing

Abstract ID: 415

INFORMATION COMMUNICATION TECHNOLOGY (ICT) FOR ACTIVE AGEING OF THE ELDERLY (AAE)

Authors:

¹Viswanathan Iyer (Presenter)

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In a society for all ages, active ageing makes the difference. It aims to help the elderly to realize their potential for physical, social, and mental well-being throughout their life course. In this paper, the author explains the role of Information and Communication Technology (ICT) in the Active Ageing of the Elderly (AAE). ICT helps the elderly to get knowledge, develop skills, and involve in training to remain active contributors to their families, peers, communities and nations. The author proceeds to point out the general barriers and constraints in the use of ICT by the elderly who belong to a heterogeneous group in terms of their interests, needs and capabilities. Stressing on the need for motivation for learning ICT by the elderly, the paper also delves into the ways and means of developing ICT enabled learning opportunities for AAE.

connects

Abstract ID: 423**MAGNESIUM TRANSPORTER GENES EXPRESSION AND THEIR IMPLICATIONS IN AGING RELATED DISEASES****Authors:**¹F. Cheng (Presenter)**Institutions:**¹Taichung Veterans General Hospital, Stem Cell Center, Taichung, Taiwan

Magnesium (Mg) is involved in the regulation of numerous biochemical and physiological functions. It plays a significant role in the genesis of various clinical diseases such as diabetes mellitus type 2, osteoporosis, preeclampsia, essential hypertension, atherosclerosis, myocardial ischemia, stroke, and various aging related diseases. In order to maintain the various functions of Mg, both extracellular and intracellular Mg concentrations are regulated by complex control mechanisms. Mg deficiency at both the cell and organism levels has been demonstrated to be involved in the development and/or symptoms of the above diseases. To date, all clinical studies have been hampered by the finding that not all patients respond to Mg supplementation. The study is to validate a newly developed test for intracellular Mg status, based on the expression levels of Mg-sensitive marker genes in mice. Total RNA was extracted and reverse transcribed to cDNA. Expression levels of nine magnesium transport associated genes were determined by quantitative real-time PCR. Gene expression levels were determined for relative quantification with included efficiency correction. Overall, the use of the newly developed test will deepen our knowledge of the Mg genetic variability in aging. The knowledge of Mg status should improve our understanding of aging mechanisms and the treatment of aging related diseases. As Mg is a safe and inexpensive nutritional supplement, a targeted increase in Mg supply should have a significant effect on human well-being and anti-aging.

The word "ageing" is written in a large, white, lowercase, sans-serif font. It is positioned in the lower half of the page, centered horizontally. The background behind the text consists of several overlapping, wavy, light blue shapes that create a sense of movement and depth.

Abstract ID: 425

THE CLOSURE OF CARE HOMES FOR OLDER PEOPLE IN WALES: PREVALENCE, PROCESS AND IMPACT

Authors:

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Institutions:

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Care home closure is a distressing time for all concerned and often the subject of media coverage. Care home closure and relocation is commonly believed to have a negative impact on the health and mortality of older residents. In 2009, the Welsh Government published guidelines outlining the responsibilities of health and social care agencies in the event of escalating concerns and closures. These guidelines could usefully be supplemented with principles for good practice to reduce the negative effects of poor closure processes and relocation planning for older people. The project uses mixed methods including secondary data analysis; documentary analysis; and case studies involving in-depth interviews with providers, older residents, relatives and carers during the closure of care homes and in homes where the care homes avoided closure. The experiences of and consequences for older people, their relatives and carers who are or have been involved in the process of closure and relocation as a result of home closure and care homes that have been announced as 'under threat' of closure will be explored. Findings suggest that the process of care home closure and management of escalating concerns differ between public and private sector care homes which have an impact on the outcomes older residents' experience. Presently, the Guidance is predominantly concerned with escalating concerns surrounding the standard and quality of care and not appropriate for homes that may be closing on a voluntary basis, most notably public sector care homes closing for policy reasons. Further, the way in which older residents are involved in the process of or where homes are under threat of closure is inadequate, particularly those with dementia for whom care staff and relatives lack the specialist skills to support them in the most appropriate way.

Abstract ID: 426

HRQOL OF DEMENTIA PATIENTS IN MALAYSIA: WHAT DO WE BELIEVE AND WHAT DID WE FOUND?

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Background: The evaluation of quality of life (QoL) among older adults has become increasingly important in health and a social science as there are important implications for ageing policies. Although this has been studied in developed countries, there are also issues for emerging countries which have aging populations. This study provides a review of the literature, a review of a study protocol to investigate this in Malaysia, and the preliminary findings.

Design: A cross sectional study of dementia patients from government hospitals (home care) and nursing homes involving interview with 221 dementia patients aged 60 and above was carried out. Measures were cognitive severity, quality of life, depression, activity of daily living (ADLs) and social isolation/connectedness using the Short Mini Mental State Examination (SMMSE), EUROPE Health Interview Survey-Quality of Life (WHO8), Assessment of Quality of Life (AQoL8), Cornell Scale for Depression (CSDD), Barthel Index (BI) and Friendship Scale (FS) respectively.

Result of pilot study: There were significant differences in QoL, HRQoL, ADLs and social connectedness among dementia patients in home care (n=19) and those in nursing homes (n=30) ($p < 0.01$). No significant differences were found by socio-demographic factors, cognitive severity or depression between the study cohorts. There were significant associations between QoL and relationship with children, financial status, social connectedness, health condition, depression and ADLs in dementia patients.

Conclusions: Older adults with dementia who were living at home experienced higher QoL, ADLs and social connectedness compared with those living in institutional care. The findings showed significant associations between QoL and children, financial status, social connectedness, health condition, depression and ADL. There are implications for the quality of care of those with dementia at the policy level as well as the care level.

ageing

Abstract ID: 429

INNOVATIVE SELF-DIRECTED COMMUNITY AGED CARE FOR OLDER PEOPLE WITH COMPLEX CARE NEEDS: A CAPABILITY-BUILDING APPROACH

Authors:

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Self-Directed Care is increasingly becoming a widely-available service option for older people in developed countries. In Australia, self-direction is truncated by restrictive government legislation. This presents challenges as well as opportunities for policy makers. This paper provides an overview of an Australian research project focusing on the design, implementation and evaluation of an innovative self-directed community aged-care program for people with complex care needs (including dementia). The research consisted of a program development phase based on 'coproduction' principles that directly involved older people and family carers in a range of research functions followed by a small pilot study, and an evaluation involving a multi-method cohort study (n=232) with one intervention and one comparator arm. The model consists of a blend of motivational health maintenance initiatives, collaborative planning, and mentoring to enable participants to achieve the level of self-direction they aspire to and feel comfortable with. The paper (a) provides a snapshot of the intervention with a specific focus on the support arrangements provided to participants, (b) summarises the at times surprising findings of the development phase and cohort study, and (c) highlights the key lessons learnt and their implications for practice.

connects

Abstract ID: 433

EXPERIENCES LIVED BY HUSBANDS AND WIVES DURING SPOUSAL RELOCATION INTO A NURSING HOME

Authors:

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This study aims to compare the experiences lived by husbands to those of wives during the relocation of their spouse into a nursing home. A qualitative methodology with phenomenological characteristics was used to study the experience. Six husbands and six wives were interviewed individually. The process of relocation among husbands and wives are held in four well-defined phases: decision making, the wait for a bed, permanent placement and the reorganization of life. After completing the analysis, relief is the dominant feeling spouses expressed after successfully relocating their partner into a nursing home. Husbands and wives feel mostly relieved when their spouse is finally relocated. They also feel powerless against the cognitive and physical deterioration that gradually took over their spouse's quality of life.

Husbands feel little guilt about relocating their wife into a nursing home. They believe that the relocation is caused by the spouse's deterioration and accept the transition. On the other hand, wives feel guilty about not being able to keep their spouse until the end. They would have preferred him to die at home along their side. Wives also expressed that they have no choice to relocate their husband due to burnout and personal health deterioration related to caregiver stress. The caregiver experiences enormous tension, the spouse sometimes becomes violent which causes difficulties between the couple. Relocation into a nursing home becomes the only possible outcome. In the nursing home, the husband becomes more involved in delivering care. Alternatively, wives distance themselves physically from their spouse. Gradually, the husband reorganizes their lives without their wife and the wives have difficulty making an autonomous and independent life.

ageing

Abstract ID: 438

WHAT WE KNOW ABOUT DISASTER MANAGEMENT IN NURSING HOMES: A META-ANALYSIS

Authors:

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Introduction: In the past 15 years, North American reports have focused extensively on man-made and natural disasters. Although not as extensive, there is a small but growing body of research examining older adults within the context of these disasters. This research however, tends to focus on healthier, community-dwelling older adults, rather than on older adults who reside in nursing homes, who are generally much more physically or cognitively vulnerable. **Purpose:** To examine what we know and do not know about disaster management in nursing homes. **Method:** A literature review of CINAHL, MEDLINE and Social Work Abstracts (1995- present) was completed. A meta-analysis of the research was conducted using the following questions: What are the research questions being asked in relation to disaster planning in nursing homes? What themes are emerging from the research? Where are there gaps in our understanding? What are the implications of such gaps? Results of this meta-analysis, as well as implications for policy makers will be discussed .

connects

Abstract ID: 440

OUR EXPERIENCE IN SOCIAL ENVIRONMENT OF ELDERLY

Authors:

Bojana Potic, Dragoslav Milosevic, Sanja Zdravkovic, Snezana Tomic, Nebojsa Despotovic, Dejan Trailov, Predrag Erceg

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Introduction: According to the latest examination from 2003 year, In Serbia there were 23% people older than 65 years.

The average age of population was 40,3 years.

Methods: We have analysed 1800 patients which were hospitalized during 2010 year.

Midle age was 78 years. There were 65% female and 35% male. Clinical examinations were spread according to basic disorders, like Rtg., computer tomography, laboratory tests, ultrasound (cardiac and abdominal). In the same time social interview was led with patients and their family.

Results: In this group were 60% patients who were retired, 20% farmers and 20% house wives. In this sample there were 18% patients with social help. Most of them lived with their families in the common home (65%), 20% lived alone and 15% were in geriatric residence. The help of geriatric nurse and helper was available in 28% cases. About 55% of these patients were interested in hobbies, traveling and company.

Conclusion: The traditional way of living with old members of family is a bit changed in urban environment, because of economic and social situation. Consequences of financial difficulties are high prices of settlement and pharmaceuticals, that made them less available to elderly individuals.

ageing

Abstract ID: 443

DIFERENTIAL DIAGNOSIS OF DEMENTIA IN GERIATRIC PATIENTS

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Introduction: The most important differential diagnosis of dementia in older people are delirium(confusional states) and depression.

Methods: We have analysed 60 patients, middle age 72 years, with mental impairment. Different diagnostic methods were used: clinical examination, laboratory analyses, Rtg. examination, computer tomography, ECG and these tests: Mini Mental State Examination Test, Moodscale, Neuropsychiatric Inventory, Resource Utilization in Dementia Questionary, Clinical Dementia Rating Worksheet, ADAS Cognitive Behaviour.

Results: There were different groups of patients. First :20%patients with delirium-transient mental syndrome with global disability of cognition ,thinking, perception, memory and attention, which were caused with medications(psychotropic,digitalis,anticholinergic,analgesics,H2 receptor antagonists, NSAID,, steroids), infections, metabolic and electrolyt abnormalities, renal insufficiency, dehydration, serious pain. Therapy was causal, with mild sedatives.

Second group: 20%patients with depression, loss of interest, self-neglect, often giving depressive "don't know" answers to question ,rather than providing an incorrect answers. Therapy was sertralin with 150mg daily.

Third group: 40%patients with dementia (memory impairment, disorientation in time andspace, changes in personality, impairment of judgement, behavioral disturbances).Applied therapy was donepezil hydrochlorid.

Fourth group: 20% of patients were with depression or delirium superimposed on dementia. Therapy was combination of sedative with antidepressiv effect and donepezil.

Conclusions: The first stage in the management is to obtain a definitive diagnosis. Therapy depends on clinical signs and cause of disability.

connects

Abstract ID: 444

THE IMPACT OF FRONTOTEMPORAL LOBAR DEGENERATION ON DRIVER PERFORMANCE

Authors:

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To date, literature regarding drivers with dementia has primarily focussed on Alzheimer's disease (A.D.). Frontotemporal lobar dementia (FTLD) is responsible for approximately ten percent of all dementias with the two main presentations causing behavioural change or impairment of language. The most common clinical presentations are profound alterations in personality and social conduct, with inertia, loss of volition and social disinhibition. A dysexecutive syndrome occurs with deficits in attention, planning, organization, judgement and problem solving¹. Unlike Alzheimer's disease there is not usually a primary memory disorder present.

Objectives: 1. For health professionals, clients and carers to better understand the driver characteristics of clients with FTLD, how they differ from drivers with A.D. and how the progression of symptoms affects driver performance.

2. To assist in advising other health professionals about the need for driver assessment, the expected rate of decline in driving ability and reassessment time frames. Description: Serial case studies will be presented, outlining driver characteristics and assessment outcomes, over time, for a number of clients. Contribution to practice: Occupational Therapists play a unique role in assessing and making recommendations regarding individual's licence status. It is important that they are aware of the lesser known impact of dementias such as FTLD, on driver performance and safety, in order to inform clients and their families and other health professionals.

Reference: 1. Neary,D., Snowden,J.S., Gustafson,L., Passant,U., Stuss,D., Black,S. *et al* (1998) Frontotemporal lobar degeneration A consensus on clinical diagnostic criteria. *Neurology*, 51, 6, 1546 - 1554

ageing

Abstract ID: 445

MARY AND ME – HOW WITH THE RIGHT SUPPORT, CARING FOR AN ELDERLY PERSON CAN BE AN ENRICHING EXPERIENCE FOR BOTH

Authors:

¹J. Swiggs (Presenter)

Institutions:

¹Josephine Swiggs, Adelaide, Australia

Care and support for caregivers is my passion as I am a caregiver and understand the need to be supported in this crucial role. As our societies become increasingly busy and fragmented, choosing to care for an elderly person is perhaps not a popular option, but with the increasing pressure on public health services it's an option which must be considered. My experience of caring for my aged mother has been anything but a burden. It's been a rewarding journey, one which has changed my life, and one which I want to share with others who may not have considered that it can be an enriching experience. Armed with a positive attitude and the right information, anyone can prepare for the role of carer, and work out ways to make sure an elderly person is loved, stimulated and kept safe, even from a distance.

My book *Mary and Me* is devoted to you, the caregiver. In it the stories of my own experience as a daughter and case studies I have gathered as a health care professional will help to support you in your caring journey. Of course it is a journey with challenges. As a health professional I am able to help demystify the complex web of aged care services you can access, and help you to think outside the square for ways of making caring and being cared for a richer experience.

Your health and happiness is a vital part of this journey. My priority is to arm you with the tools to support your caring role in a vibrant, socially- connected society.

connects

Abstract ID: 450

AGE-SPECIFIC HOUSING IN AUSTRALIA ARE LOW INCOME PEOPLE ADEQUATELY SERVED: A PROVIDER AND POLICY PERSPECTIVE?

Authors:

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Institutions:

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With larger numbers of older people in many developed nations living longer and limited social and public funds available to support this ageing population, there is increasing demand for age-appropriate and affordable housing suitable for older people on low incomes. Age-specific housing is defined in this paper as accommodation that involves facilities and/or services that are targeted towards the particular care needs of older people, incorporating both accessible physical design and additional care services. This paper will report on an Australian Housing and Urban Research Institute funded project evaluating affordable housing options for low to moderate-income older people. This project sought to answer the following key questions: One, what is the nature of the age-specific housing market in Australia at present? Two, what factors have influenced the provision of particular types of age-specific housing products? Three, what factors are shaping the market growth of particular types of age-specific housing? A number of age-specific housing models were evaluated using provider survey, policy forum and interview methods. Tenure arrangements examined included for-profit retirement villages, not-for-profit retirement villages, community housing, mobile home retirement communities, age-specific boarding houses, and assisted living villages. Key findings included that: the current supply of age-specific housing is old and not suitable for older people; providers have to navigate the planning system and communities resistant to change and the existing regulatory system is complex, and inappropriate regulation may both reduce the ability of the sector to innovate as well as discourage potential providers. Triangulation of data also indicated a lack of coordination between ageing, housing and care initiatives despite some degree of substitutability between residential and community care. The resultant lack of flexibility in both accommodation and care choice is sharpest for those older people on lower incomes.

ageing

Abstract ID: 452

THE GREEN CONNECTION – GARDENING PROGRAMS FOR THE ELDERLY POPULATION

Authors:

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Gardening programs constitute an innovative framework for the elderly, wherein they contribute and share a responsibility among themselves and in their community. Gardening for the elderly is an expression of human dignity, equality, mutual responsibility, cooperation and respect for the range of values that exist in society.

The gardening program provides a person with a feeling of self-worth, control over his life, and significantly improves his health. It increases a feeling of belonging, purpose and a shared challenge

Gardening activities, provide a partial response to the **Madrid Plan for Action** incorporating moving away from a feeling of loss of social networks and the need for solidarity and inter-generational mutual relations, while maintaining one's independence. Gardening activities encourage civic and cultural involvement amongst the elderly, helping them to combat feelings of exclusion and social isolation, while also enabling their empowerment.

The programs to be presented are:

Gardening in Day Centers and Institutions_– focused social gardening activities.

Community Gardens_– social gardening activity where participants jointly cultivate a public area with decorative as well as beneficial plants.

Gardening as a Home Activity_– volunteers visit home-bound elderly and implement gardening and other environmental-friendly activities.

Workshops for the Promotion of Health_– focusing on home grown spices and medicinal plants, and a range of possible usages.

Gardening for Elderly Immigrants_–growing familiar plants from their country of origin, as well as local plants, for daily needs such as cooking.

Intergenerational Gardening Activity_– takes place in educational institutions and elderly service facilities includes growing plants, environmental care, joint learning and spreading ecological knowledge.

These gardening programs take place in 160 sites across Israel. They enable the integration of unique cultural values and at the same time transform the elderly from an excluded population into a significant and active “pillar of the community”.

connects

Abstract ID: 461

CONVERTING ELDER ABUSE RESEARCH OUTCOMES INTO ACTION - A PRACTICAL GUIDE

Authors:

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A recently completed research report identified a number of practical and potentially achievable outcomes in the area of Elder Abuse. However, the implementation of the research is proving to be as big a challenge as the research itself. This paper looks at the implementation strategies tried by the researchers and the NGO that commissioned the research.

The research project "*Examination of the Extent of Elder Abuse in Western Australia - A Qualitative and Quantitative Investigation of Existing Agency Policy, Service Responses And Recorded Data*", by Professor Mike Clare, Dr Barbara Black Blundell and Dr Joseph Clare made recommendations that called for action by several different government departments and by some non-government agencies. The report was launched by the Western Australian Minister for Communities and Seniors, and has been referred to in Parliament. The opposition political party has released a discussion paper based largely on the research. Despite this, the researchers, and the NGO that commissioned the work, Advocare Incorporated, have run into several barriers to converting the recommendations into practical outcomes.

A combination of alliance building, coercion, cunning, persuasion and tenacity have combined to make some real progress on implementation.

The paper will cover the recommendations of the report, the initial obstacles and what was tried. Techniques that worked and those that didn't will be discussed. The paper will serve as a guide to other people trying to introduce good ideas into the real world.

ageing

Abstract ID: 462

TOWARD AN ELDER ABUSE MANIFESTO

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This presentation discusses work done in an NGO in Western Australia to devise a model political platform on the issue of elder abuse.

Traditionally there has been little incentive for politicians to address the issue of elder abuse in policy, and certainly not in election campaigning. However, growing community awareness of the issue of elder abuse, and the increasing proportion of voters reaching their senior years has meant that it is an issue whose time has come.

Using political platforms from all parties and states of Australia, along with a number of examples from other countries a “best practice” set of election promises has been derived. The process for developing the list, along with information about what it contains will be included in the presentation.

The next step will be to encapsulate the policy recommendations into a manifesto, including rationales for suggestions, and then distribution to all mainstream political parties in Australia.

connects

Abstract ID: 465

MEASURING THE QUALITY OF SERVICE PRESENTED TO ELDERLY PEOPLE LIVING IN NURSING HOMES

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Institutions:

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A general rule says that "you can not improve the thing that you can not measure"; So we are in need of measuring the service quality of the nursing homes, if we want to serve a better service to our elderly .From this point of view, in this study, measurement of the quality of service performed in the nursing homes is purposed. It is believed that such studies will increase the empathy and sensitivity of both service providers (care-givers) and the service buyers (elders) and their relatives; increase the individual and organisational awareness; increase the effectiveness of service quality at care centers; and bring new perspectives to the care services sector.

For this purpose, the (service quality measurement scale) SERVQUAL instrument is adopted and applied to the elderly people of the care centers of the central government. The sample of the study was determined as the elder care houses of Social Services Institution of the Central Government and surveys were conducted in 38 care houses in 16provinces, most of which are in the Marmara (North-East) Region of Turkey.

The results showed that, the calculated service quality score of the care houses was negative, which means that the service delivered by the care staff in general did not meet the expectations of the elderly people living in care centers. The results showed that, the most important quality dimension was outlined as "reliability" and the least one is the "empathy" dimension.

ageing

Abstract ID: 466

WORK PARTICIPATION AFTER AGE 55

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With the decline in fertility, mortality, and improvement in life expectancy, the percentage and the number of older population are growing at a faster pace than 10 years ago. At age 55, on average, a male and female retiree can expect to live for another 20 and 23 years, respectively. Many of them are still healthy and capable to continue working after their retirement at age 55. The purpose of this paper is to examine the work participation of older Malaysians aged 55+ in urban area. This paper utilizes data from a survey on Optimizing the Potential of Older Persons as Critical Resources for Development, which was conducted in 2004. A total of 341 older males and 235 older females were included in the analysis for this paper. The results showed that about one-third of the respondents were involved in paid work, with the work participation rate of older males and females were 40% and 22%, respectively. Logistic regression analysis confirmed males were more likely to work than females; and the work participation was negatively related to age, perception on the difficulty for reemployment, remittances from children and other relatives, pension, and other sources of income. Thus, to work or not to work after retirement age of 55 was much depended on the sources of financial assistance and other income. Employment opportunities shall be made available to those older persons who need to work after the mandatory retirement age, especially for those with no source of financial assistance and other income. As such, there is a need to review the retirement age, employment structure, financial needs and the social security system to safeguard the well-being of the older people and enabling them to continue their roles in nation building.

connects

Abstract ID: 475

OLDER AND ONLINE: MAKING AND MAINTAINING CONNECTIONS IN AUSTRALIAN RURAL PLACES

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Institutions:

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Community connectedness and social networks have established links to positive ageing and well-being. This is particularly relevant in rural areas where time and distance still exercise constraints on interactions outside the local environment. It is even more pertinent for older people, who may have additional challenges connecting with others because of restricted transport options, physical health limitations, and a lack of knowledge and access to new technologies. New technologies provide an ideal medium to foster and strengthen both localised community connections and dispersed social network ties for rural dwelling older Australians.

Linking Rural Older People to Community through Technology' is a three year research project that commenced in mid-2009, funded by the Australian Government Department of Health and Ageing. The project examined access and connection to the wider community for older Australians in rural locations through the use of new technologies. The first two phases of the project involved a paper-based survey (n=858) and follow-up in-depth social network interviews (n=201) with people aged 55 years and over living in rural South Australia. This was followed by a pilot study with a subset of interviewees; providing them with their choice of either a laptop computer or iPad tablet, 3G internet connection and self-directed, personalised tuition. A post-test replication of the social network interview with pilot participants and a control group of original interviewees 18 months later examined changes in social networks.

Results showed that older people are keen to embrace new technologies and that newer, user-friendly technologies combined with reliable, fast internet connections and on-going localised, personalised support enhance access to general information, social networks and community services. Pilot participants reported improved self-rated health, better community involvement, and positive changes to their social networks, in particular communication with dispersed family ties improved.

ageing

Abstract ID: 477

HOW CHANGING FAMILY STRUCTURES IMPACT ON INTERGENERATIONAL TRANSFERS OF TIME AND MONEY WITH-IN AUSTRALIAN FAMILIES

Authors:

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Institutions:

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The transfer of resources between generations lies at the heart of familial social bonds and have long been recognised as having economic benefit to societies. Increased life expectancy, combined with changing family structures, greater geographic dispersion of family members and increased female labour force participation are transforming the structure of family relations and the timing and nature of transfers.

The population aged 50 and above are at the centre of a complex exchange network within the family where they both give and receive support in the form of time and money. To date there is little research about these familial exchanges from an Australian perspective. To what extent older people are able and willing to provide time and money transfers to older and younger generations is not known. Nor do we know what their expectations are about receiving time and money transfers from other generations. Yet the involvement of these older generations in transfers of both time and money to older and younger family members has significant impact on the provision of services (for example child care and aged care services).

The research is based primarily on a quantitative national CATI survey of over 600 Australians aged 50 years and over conducted in 2011; exploring the nature of transfers of time and money between family generations. It also includes qualitative data from in-depth follow-up interviews with a subset of survey participants conducted in 2012.

This presentation will present the results of this national Australian study, examining the nature of intergenerational familial transfers to and from older generations in light of changing family and societal structures and the implications this has for policy, communities and aged care service delivery.

connects

Abstract ID: 479

ASSESSING LIFETIME HOMES STANDARDS

Authors:

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The concept of Lifetime Homes Standards (LTHS) was developed in the 1980s by Habinteg and the Helen Hamlyn foundation. LTHS aim to reduce the need to adapt the home as the occupants grow older. Given their growing importance, the UK government expects all public homes to be built to LTHS by 2011 and all private houses by 2013. As these standards are becoming mandatory, it is essential to assess their performance. This is increasingly important with an ageing population, in addition to the fact that the home has an impact upon our health and well-being as we grow older.

The aim of this paper is to report on a study that was undertaken to assess LTHS. The study used ten semi-structured interviews carried out with two architectural researchers, five housing design professionals and three housing occupants. Interview questions were centred on experiences of LTHS and ways of improving and evaluating these standards.

The analysis of the interviews showed that there is scope to improve LTHS. The interviewees indicated that they do not meet the needs of everyone, in particular residents with severe mobility impairments such as neurological disorders. They maintained that the design quality of the homes was hindered by the space standards. Furthermore, it is important not to build LTHS in isolation from the external environment. Interviewees felt that housing location and the accessibility of the home in the neighbourhood should not be overlooked.

This research provides an assessment of LTHS through the experiences of building users. Whilst LTHS have reduced the need for occupants to adapt their homes as they grow older, it is necessary to further improve these standards. For example their link with space standards should be revised and they should now focus on impairments which have been overlooked and may affect us as we grow older.

ageing

Abstract ID: 480

LISTENING TO THE PERSON LIVING ALONE WITH DEMENTIA

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Institutions:

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Objectives: Dementia is one of the leading causes of disability in older people. Current estimates indicate approximately a third of people with dementia live alone in the community and this number is expected to increase. Contrary to the wishes of these individuals evidence has highlighted the constant pressure by services to admit them to institutional care. This study explores how the person living alone with dementia deals with their condition, their living environment and their interaction with support services. By understanding individual needs and concerns providers can adapt their services to enable people to remain living in the community for as long as possible and to embrace ways to increase the autonomy of these individuals.

Methods: In-depth interviews were conducted with 9 people living alone with dementia and four advocates supporting those people living in the community. A critical realist theoretical perspective was used to frame this study as it focuses on the relationship between social structures and human agency and the causal mechanisms that produce actual events. A model of abduction and retroduction was used to analyse the results that had been coded within NVivo.

Results: This presentation will discuss the views of participants living alone with dementia, some of their self-imposed strategies to reduce the risk of harm, their social interactions and their concerns about services. It will discuss their personal perspectives on their overall quality of life.

Conclusion: Participants wanted to stay in their own homes for as long as possible. Services need better strategies to help them listen to, understand and consider the wishes of the person living alone with dementia. Supportive social interactions play an important role in the overall well-being of these individuals.

connects

Abstract ID: 481

STRENGTHENING SOCIAL NETWORKS BY COMBINING PHYSICAL AND VIRTUAL MEETINGS

Authors:

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A presentation of the possibilities and challenges of using 3D virtual environment for the elderly themselves, mainly for fun and social interaction, thereby strengthening their social network. Knowledge and learning (but also work) will be interesting for those communities as a subject to pursue, as long as pleasure and entertainment remain goal number one. I will discuss building a 'Metaverse' together with the target group based on their expectations. Firstly aiming at Baby boomers for more reasons than that I am one of them. Social networks are for meeting friends, making new friends, some of them are providers of services and advice or experts on issues relevant to you. We need them, especially when you get older and lose friends and the ability to make new ones. Since 2003 the world has seen the astonishing quick rise of virtual social networks. Millions of users joined them, but only a small percentage of those are senior citizens. Roughly speaking the analyses tell us that the relatively successful areas where the senior citizens are active are the ones that are closest to their 'lifestyle', their everyday experiences: email (reminding us of writing letters), search engines (looking up facts). But the 3D environment to meet people almost as in the physical world, has been ignored until now. This is a feature Facebook cannot deliver: the possibility to meet in groups and interact in groups.

My message: strengthening social networks to battle exclusion and loneliness should always be on the European agenda. All other goals are depending on that, including information, learning and work. I am a social psychologist and I've done four year research in Second Life and Open Grid 'worlds' on the opportunities and challenges 3D virtual environments offer senior citizens.

ageing

Abstract ID: 483

EARLY INTERVENTION APPROACHES TO AGEING IN A UNITED KINGDOM POLICY CONTEXT

Authors:

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An increasing body of evidence shows that successful ageing depends to a great degree on lifestyle choices made in early older age. Therefore, policy approaches that highlight empowerment, information sharing and the facilitation of healthier and more practical options for mobility, healthcare, housing and social contact can increase the opportunities for greater healthy life expectancy.

Globally, the challenges posed by an ageing population are central to policy making in an era where one in ten people is now aged 60 years or more, and by 2050 one in five people will be aged 60 or over (United Nations projection). In the UK the number of over 85year olds is projected to hit 5million by 2050, (from 1.4million today) and the costs of care are projected to rise by 75% as a proportion of GDP over the same period.

At the moment in the UK, around two thirds of the most serious threats to an older person's health, independence and well-being are not known to their primary care clinicians. The EASY-Care system aims to help overcome this by providing a holistic framework for the assessment of health and well-being which can be developed into practical plans to address the most serious priorities as identified by the user.

This presentation will focus on the recent trial of the EASY-Care system in the UK. It will also draw on relevant findings from a recent UK government scheme, LinkAge Plus, aiming to empower older people and give them greater choice and support in developing a support infrastructure to meet their needs.

connects

Abstract ID: 484

THE FRAILTY SYNDROME AND CANCER TREATMENT IN THE ELDERLY

Authors:

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Institutions:

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Treatment of aged cancer patients constitutes an unsolved problem, particularly for those who are frail. Cancer treatments in use most often include aggressive procedures, particularly harmful to elderly frail individuals.

Elderly cancer patients were most often under-treated or not treated at all. Moreover, the under-treatment was not evidence- based, since aged cancer patients were usually not included in clinical trials.

Cancer treatment in the aged was viewed differently by different authors. Balducci stressed the idea that age per se should not preclude "classical" cancer treatment and this should include the "fit" old patients which, he considered, constitute the majority of the elderly population (Balducci, Cancer Control 14: 7, 2007).

Indeed, the percentage of frail people among the elderly is low in many western countries (about 6%). However, they may constitute 20-30% in Southern European countries.

Moreover, the percentage of pre-frail individuals is very high (40-50%), in all countries. Pre-frail individuals are expected to become frail in several years. We suggest that the aggressive anti-cancer procedures may precipitate this transit from pre-frail to frail. It follows that up to 70% of elderly patients (frail+pre-frail) have to undergo a milder treatment.

Only a minority of elderly people are "fit" (about 30%) and can thus be treated "traditionally". For the other ones (about 70%), milder treatments have to be adopted. Recently, treatment of the main types of cancer, adapted for the different stages of frailty have been suggested (Monfardini S, Int Emerg Med 6: S115, 2011).

The non-fit elderly fraction constitutes thus a majority in the aged population, indicating that cancer treatment of the old is even a bigger endeavor than previously thought. Finally, changing social aspects of the frailty problem (elevating socio-economic status and education level, which affect frailty level) may be more efficient, less expensive and- most important- entail less suffering.

ageing

Abstract ID: 486

BUILDING SOCIAL CAPACITY FOR OLDER PEOPLE IN RURAL AUSTRALIA THROUGH INFORMATION AND COMMUNICATION TECHNOLOGIES (ICTS)

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The range of information and communication technologies (ICTs) now available suggest that they have great potential to build the social capacity of older people. This is particularly the case for older people from rural areas who are more likely to experience geographical and social isolation. Such technologies have undoubted benefits in offsetting rural disadvantage and building personal and community capacity, and hence contributing to positive ageing. In particular, they offer opportunities for expanding both *bonded social capital* through close ties with quality supports, but perhaps more significantly for *bridging social capital* beyond the limited local networks. ICTs provide opportunities for older people to connect with a broader social network, including relatives and friends who live in other locations, and inter-generational contact with young people. As authors such as Pruijt (2002) suggest, ICTs can, over time, produce what he calls, 'equalising potential' to diminish social polarisation and rural disadvantage.

However, despite this undoubted potential, the Australian Communications and Media Authority (2009) report that older people are not only the smallest techno-user group but are also the least skilled. There are a range of challenges, both personal and contextual, that impede the use of new technologies by older people in rural areas. Personal challenges include lack of confidence or understanding in the potential use of ICTs, and limited learning opportunities to gain digital literacy. There are also contextual challenges associated with rural disadvantage, renowned in rural Australia, which include problematic access and prohibitive costs. This paper reports research which highlights how these challenges are being met in practice in rural north-east Victoria, Australia.

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connects

Abstract ID: 487

THE ROLE OF RURAL PLACES IN MAINTAINING IDENTITY FOR LONG TERM RURAL RESIDENTS AND RETIREMENT MIGRANTS IN NORTH-EAST VICTORIA, AUSTRALIA

Authors:

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Institutions:

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As a consequence of higher levels of population ageing in rural areas, the issue of maintaining personal wellbeing and reducing the marginalization of older people residing in rural communities is attracting attention. In line with such a need, this exploratory, qualitative study (n=16) utilises identity process theory (Breakwell 1986, 1992) to explore how rural older Australians (inclusive of both retirement migrants and long-term residents) utilise their communities to maintain personal identity in the face of age-related loss. Specifically, the paper draws on the associated concepts of distinctiveness, continuity, self-esteem and self-efficacy in order to identify how this occurs. Findings indicate that rural living is beneficial in terms of identity maintenance, with differences observed between long term and more recent rural residents in constructing a 'rural' identity. However, findings also highlight that place-related change can potentially threaten older people's identification as a 'rural' person, and disenfranchise them from their rural communities. In doing so, this research highlights which aspects of rural living are particularly important to older people, and subsequently which are vulnerable to age or place related change. These findings are essential in facilitating positive environments for ageing to assist in the achievement of wellbeing, and in developing community support that allows older people to remain engaged with their rural communities. This is particularly significant in the context of issues related to climate change, increased tourism and development, rural decline and the continued ageing of rural communities.

ageing

Abstract ID: 488

HOW ANIMAL ASSISTED ACTIVITIES HAVE IMPACTED THE LIVES OF OLDER PEOPLE IN RESIDENTIAL CARE HOME SETTINGS

Authors:

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BCOP has been expanding upon its provision of AAA within the nursing home context for a number of years. This workshop will explore the value of AAA for residents and families living with dementia, drawing on the research currently being undertaken in partnership with Stirling University, Scotland, and practical innovations developed within a Nursing Home environment. It will offer examples of how information can be collated through the care planning process and demonstrate how person centered applications for residents and families can benefit both the resident and provider in delivering improvements in the quality of life experienced within the care home.

connects

Abstract ID: 496

EFFECTS OF COGNITIVE, MOTOR, AND KARATE TRAINING ON THE COGNITIVE FUNCTIONING AND MENTAL STATE OF ELDERLY PEOPLE

Authors:

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Goal of the study: The present study investigated the influence of cognitive, motor, and Karate training on the cognitive functioning and emotional mental state of older people between 67 and 93 years of age. While the influence of cognitive as well as of motor training have already been investigated in the elderly, Karate as a combination of cognitive, motor, and emotional training has not been considered at all.

Method: The three training groups consisted of 12 elderly participants. The waiting control group included 9 participants. Before the training participants had to solve cognitive measurements (cognitive speed: number connection test, number symbol test; memory performance: digit-span test, blocking-tapping test, Figure test) and an emotional mental state measurement. After this pre-testing they participated in specific training in (on average) 16 one-hour training sessions. The cognitive training exercised inductive thinking ability, the motor training worked on easy stretching and mobilization techniques, and the Karate training taught basic exercises for self-defence and Katas (formal exercises - sometimes thought of as representing a battle against an unspecified number of imaginary opponents). After the training sessions all tests were applied again.

Results: The results show no significant difference in cognitive improvement dependent on group between the three training groups. However, a significant improvement in the emotional mental state measurement was found in the Karate group compared to the waiting control group, $F(3,37)=4.12$, $p<.05$, $h^2=.25$.

Discussion: This result suggests that the high demand in Karate leads to a feeling of self-worth and it shows that the integration of new sports can help to improve quality of life. A study with more participants should be used to investigate the influence of sports participation on cognitive measurement in more detail.

ageing

Abstract ID: 497

AGEING AND SOCIETY IN IRAN: PROFILES AND CHALLENGES

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Institutions:

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Objective: The paper would explore how ageing is quite a new phenomenon for the Iranian society, and many policy-makers are not yet aware of its consequences. Though the issue is of extraordinary breadth and depth, yet it has not been well posited in the society so far as the growing ageing people are concerned. Ageing life course is highly subject to vulnerabilities, public health, care arrangements, social security, pension system etc. Many such exciting issues associated with the quality of life of the elderly people, are discussed and analyzed in the present paper. Population ageing as the outcome of demographic transition in Iran, needs pragmatic planning in a sustainable manner, and any failure to do so, could be translated as elder abuse. While Iran's elderly population of 65+ increased from 4 percent in 1956 to 7.3 percent in 2006, it is subject to quicker increase in the years to come. As the Iranian society is transforming from traditional to modern, the norms and values of families are also undergoing changes which obviously affects the overall lives of the elderly people with special reference to larger cities.

Method: In the present research, a sum of 500 ageing people living in Tehran as the capital city of Iran have empirically been interviewed.

Findings of the survey represent various indicators pertaining to the quality of life of the elderly in the Iranian society.

Conclusion: The study reached the conclusion that the young elderly with new needs and expectations are highly different from those of their previous generations in the Iranian society.

Keywords: Ageing people. Vulnerability. Demographic transition. Quality of life. Care arrangement.

connects

Abstract ID: 501

ASSOCIATION BETWEEN LIFE SPACE MOBILITY AND DOMAINS OF PHYSICAL PERFORMANCE IN KOREAN ELDERLY

Authors:

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Background: Age-associated mobility is now of major public health importance due to higher risk of falls, injury, chronic disease, dependency, institutionalization and mortality. However, there were few studies investigating the relationship between mobility and physical performance, especially domains of physical performance. The purpose of this study is to examine the relationship between life space mobility and domains of physical performance of elderly

Methods: The Life Space Assessment (LSA) and Short Physical Performance Battery (SPPB) were performed on random sample nested in the Korean Longitudinal Study of Ageing (KLoSA) panel. Subjects aged over 65 years who performed LSA and SPPB in the KLoSA were included. The association between LSA and SPPB was examined using linear regression analysis by sex, after adjusting for age and International Physical Activity Questionnaire (IPAQ). Additionally, the associations of each domain of SPPB (balance, gait speed, and chair stand up) and LSA were examined using linear regression analysis

Results: A total of 334 subjects were included in the analysis. Of those, 149 (44.61%) were men, and 185 (55.39%) were women. The mean (\pm SD) age was 69.60 (\pm 7.11) years in men, and 70.57 (\pm 7.08) years in women. LSA was significantly related to total score of SPPB ($b=3.25$, 95% confidence interval [CI] 1.41, 5.10) after adjusting for age, sex, and IPAQ. LSA was significantly associated with gait speed ($b=3.61$, 95% CI 1.21, 6.03) and chair stand up ($b=3.26$, 95% CI 1.41, 5.11). But the relationship between LSA and balance was not statistically significant ($b=1.63$, 95% CI -0.84, 4.10)

Conclusions: This study suggests the notion that LSA is associated to total SPPB score, gait speed, and chair stand up, but not to balance, independently of age and IPAQ.

ageing

Abstract ID: 503

ENHANCING CARE MANAGEMENT PRACTICE BY RECOGNIZING AND HONOURING PERSONHOOD OF OLDER ADULTS

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Health and social service professionals from a variety of different disciplinary backgrounds generally do not recognize the importance of eliciting and responding to personhood in practice. It has been shown that acknowledging personhood in practice can enhance care provided to older adults in a variety of practice settings (Buzzell, 1993; Buzzell and Gibbon, 2000; Kitwood, 1997; O'Connor, et.al. 2007).

This workshop is designed to disseminate the knowledge about personhood so that front line care providers, particularly care managers, can improve their interactions with older adults. Care managers in all types of care settings are responsible for identifying needs of older adults, developing care plans and coordinating and monitoring the care plans. Care Managers also have a responsibility to facilitate smooth care transitions, identify gaps in service, advocate for effective responses to unmet needs and be key participants in care and system integration efforts (Austin,McClelland, and Gursansky, 2006; McGeehanand Applebaum, 2007).

This workshop will enhance participants understanding of how these goals of case/care management can be best met by incorporating and addressing personhood of individuals. Through interactive learning activities, the workshop will explain the concept of personhood and demonstrate how to implement tthis approach into practice with vulnerable persons. Implementing some of the suggestions to honour personhood of older adults can significantly contribute to improving the quality of care and the quality of life of care recipients. Perspectives of various health professionals and older adults as well as rich stories about personhood demonstrate how asking the right questions during assessment process and in our daily interactions, we can promote the recognition of personhood and generate the positive outcomes that this philosophy and practice nurtures.

connects

Abstract ID: 516

SOCIAL SUPPORT FOR ELDERS EXPOSED TO ABUSE

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The Protective Services for the Elderly (PSE), Oslo, Norway, assists elders who are exposed to abuse. There was a need to explore how the elders exposed to abuse while living at home can be empowered through social support extended by PSE? Such social support can be emotional, informative, instrumental or assessable.

Method: This study has a qualitative approach. Interviews were used to collect data. The study is based partly on a strategic selection and partly on availability. Seven elderly persons participated. The analysis is derived from a mixed model, with elements from phenomenology and hermeneutics.

Results: The findings in this study show that the elders apply their resources to master the consequences of being abused. However, their ageing entails both health and social challenges that affect their ability to cope. Consequently, many elders seek social support from formal or informal relations. Trust is a prerequisite for social support. The competence of the PSE consultants evokes confidence. Through informative support the elder will gain access to knowledge of measures that produce confidence. Empathy and equality characterize the emotional support dialogue, and the elder's ability to handle the situation will be strengthened. Their pains will be alleviated by reducing their shame and giving the elders a feeling of value. Assessment support substantiates or offers possibilities to correct the elder's own theory of change, thus arriving at adequate solutions or lasting changes. Instrumental and material support will be offered by other help services. This may bring about a need for coordinating the services to create predictability for the elder.

Conclusions: The elder emphasizes competence of the expert as essential in order to see possibilities and produce changes. There is a need for more research that may throw light on coherence as to relations to abuser, the nature of abuse and social support.

ageing

Abstract ID: 517

THE DEGREES OF DEPENDENCE BASED ON PRINCIPLES ADL AND ICF

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The conditions of the entitlement to the care allowance are governed by the provision of Article on Social Services. The care allowance is granted to people dependent on assistance from another natural person for the purposes of providing the assistance required. The people entitled to the allowance include those who, because of their long-term unfavourable state of health, need another person's assistance to care for themselves and to ensure that they are self-sufficient to the extent laid down by the degree of dependence. From 1st January 2012, for the purposes of the Act on Social Services, the long-term unfavourable state of health is newly defined as the state of health which, according to medical science knowledge, persists or is to persist for longer than one year, and which limits the functioning required for managing the basic needs. The assessment of the degree of dependence will include the evaluation of the functional impact of the long-term unfavourable state of health on the ability to manage the 10 basic needs. The basic needs are considered to include: mobility, orientation, communication, self-feeding, putting on clothes and footwear, washing oneself, toileting, looking after one's health, personal activities, and household tasks. The new medical assessment criteria are based on a system on the Activities of Daily Living (ADL), proven in practice, and, concurrently, they are a reduced form of the International Classification of Functioning, Disability and Health (ICF). The ADL correspond to the ten activities of the ICF which encompasses all components of human health and certain forms of well-being. The new assessment aims at using the functional diagnosis and salutogenic approach to health, i.e. to monitoring the quality of life of people with disabilities.

connects

Abstract ID: 521**GUARANTEE: ACTIVE SAFETY PRODUCTS FOR ELDERLY TOWARDS THE SAFETY AND FEELING OF SAFETY AT HOME****Authors:**¹J. Kantorovitch (Presenter), ¹A. Laikari, ¹V. Pehkonen, ¹J. Väre**Institutions:**¹VTT, Espoo, Finland

According statistics especially elderly are suffering from accidents at home and are at risk. Current safety systems used at home are essentially passive in nature, limited in their scope and address only very basic needs of the elderly. Existing safety systems can typically detect dangerous situations such as fire or water leak, or provide the surveillance camera systems or emergency buttons. Active safety products can take a much more pro-active approach to risky situations, offering automatic in-home support or involving external support services. Active safety systems can respond to human behaviour. They are able to add the intelligence to interpret human behaviour within a context, and to act if a dangerous situation develops. This is a much more powerful approach that could well prevent many of the more common accidents in the home. Active safety products are known mostly from automotive domain. These products are designed to make vehicles and drivers more aware of the situation around them, addressing the front, sides, rear and even the interior of vehicles. In our research we leverage the current and emerging advances in sensing technology, pervasive computing, and wireless and mobile technologies to enhance the existing at home appliances to the level of active safety products on the safety benefits of end user. This is the entire new class of devices that are able to measure, sense, see and warn its owner if necessary interacting with other products and entire surrounding environment. The active safety product can be the door which is aware about strangers in front of it or it can be automatic vacuum cleaner which is able to take care about its owner and bring help if needed. Owning such intelligent and preventing aids may give confidence, retain elder's independence and provide peace of mind for them and their relatives.

ageing

Abstract ID: 522

EXPLORING OLDER PEOPLE'S PERSPECTIVES OF COMMUNITY ORGANIZING: A PHOTOVOICE STUDY IN THE PHILIPPINES

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Purpose: This qualitative case study explores older people's perspectives of community organizing, in urban poor communities in the Philippines. Community organizing facilitates older people's perspectives, mainstreams ageing issues in the development process and is a social welfare intervention that places the realities, needs, and capacities of older people at the forefront of development policy and practice. The research objectives are: (1) to understand contributing factors, to participation of older people, in community organizing; (2) to identify processes and objectives of community organizing, for older people; and (3) to understand how community organizing can affect change for older people, and for the larger community.

Method: In this study we used photovoice, a method that links research to social action whereby participants are provided with cameras, and use photography to express their issues and challenges, as an individual and as a collective. In addition we used videovoice which builds on the photovoice method, by adding movement, audio and sequential narrative to the participatory process. Validity was achieved by triangulation of photovoice data (participants' photographic images, written journal entries, and transcripts of discussion sessions) and videovoice activities (participants' environmental footage, interviews with other members, and transcripts of discussion sessions).

Findings: In analysing the data we found three interconnected themes on older adult's perspectives of community organizing: the traditional Filipino value of *bayanihan*, meaningful participation, and self-sustainability.

Discussion: Findings of this study highlight how community organizing is a social welfare intervention used by older people to facilitate changes at the individual, community and national level. It is an intervention that mainstreams issues of ageing and old age into the development context. Older people are active contributors and leaders in development and future community and international development practice with this population need to highlight the unique strengths and capacities of older people.

connects

Abstract ID: 526

SERVICE LEARNING AND CIVIC ENGAGEMENT MODEL IN THE TRAINING OF OLDER ADULTS

Authors:

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Institutions:

¹Marine Parade Family Service Centre, YAH! Community College, Singapore, Singapore

Singapore is facing a rapidly ageing population. This has led to both challenges and opportunities in the society. By designing an effective training model for older adults, social service agencies can make a positive contribution to the problem of an ageing population. This presentation showcases a pilot project known as the Community Education Programme embarked by Marine Parade Family Service Centre in collaboration with the National Council on Problem Gambling (NCPG). The participants of the programme, also known as Ambassadors of the Prevention of Problem Gambling, consist of older adults between 51 years old to 74 years old. The ambassadors have to undergo 120 hours of training programme using the service learning approach and upon completion, will commit themselves to at least one year of service. Besides being engaged by the NCPG to promote public awareness on the issue of problem gambling during their event, the ambassadors also find platforms in other community events to educate the public on the issue. They conducted surveys and collected data on the perception of problem gambling which serves as a reference to the Council in their work on the issue of problem gambling. The presentation will include an evaluation of the programme and shed some light into the training model of older adults that would increase their levels of civic engagement.

ageing

Abstract ID: 528**THE SENIOR'S HOUSING QUALITY PROGRAM****Authors:**¹Danis Prudhomme (Presenter)**Institutions:**¹Reseau FADOQ, Montreal, Canada

Senior's Housing Quality Program is aimed at continuously improving the quality of private seniors' residences. Created by the Réseau FADOQ, it is made up of professionals who evaluate the human and physical environment of each residence. Professionals are supported by volunteers who appreciate residents' satisfaction.

Developed from the expertise of the Réseau FADOQ, the Senior's Housing Quality Program was created with the financial support of the Ministry of Health and Ministry for Seniors and is complementary to government certification.

The Program is based on five values that are fundamental for the Réseau FADOQ, and it evaluates residences from 26 standards of quality recognized in Quebec, as well as internationally. Identity, intimacy, security, comfort and participation are the five quality aspects that residence operators must respect when making continuous improvements through the Quality Housing and Wellbeing Program.

Results of the assessment visits will lead into "Senior's Housing Quality Seals" ranging from 1 to 5 seals. The assessment process takes into consideration the difference between small residences (≤ 9 units) and larger ones (≥ 10 units). Each of those two categories of residences benefits from its own assessment tools and process.

The program uses two different tools. "Senior's housing quality evaluation" tool has 160 quality indicators and it appreciates the human and physical environments. "Senior's housing quality satisfaction" tool is composed of 46 questions and it appreciates the resident satisfaction level.

Réseau FADOQ will publish a Senior's Housing Quality directory which will be updated on an ongoing basis as evaluations take place. It will allow families and professionals to better understand the actual services offered by these residences. As the private housing offering is complex and incredibly diverse, the Senior's Housing Quality directory will prove an indispensable tool for seniors seeking a quality residence.



Abstract ID: 530

SENIOR-AWARE: PREVENT ABUSE AND FRAUD

Authors:

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Institutions:

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Senior-Aware Program was born from the collaboration between three flagship organizations working in the field of elder abuse in Quebec: Sûreté du Québec (National Police Force), Cavendish CSSS (Health and Social Service Center) and Réseau FADOQ.

Senior-Aware aims to raise awareness among seniors, social stakeholders and the general public regarding abuse too often committed against elders. Through free one-hour sessions, participants learn the various types of abuse and fraud and get essential tools to identify and prevent abuse.

Senior-Aware also has the objective of reaching the various cultural communities living in Quebec as well as the numerous native communities, two groups in which elders can be particularly vulnerable due to isolation caused by cultural and linguistic barriers.

Sessions are given by a senior volunteer and a police officer to combine the experience of a peer and the knowledge of a professional. Since the inception of the program, participants have greatly appreciated this unique energy that generates an atmosphere of trust while being very rich in content.

Senior-Aware is built around an interactive DVD with five original videos presenting abuse and fraud situations committed against elders, a reference kit and an animation guide made especially for volunteer leaders and for police officers. These documents were designed and validated by a provincial advisory committee comprised of key organizations known for their work in the field of abuse and fraud in Quebec.

Coordination of the program is done at two levels. A Provincial Coordinator oversees the training of the numerous volunteers, the coordination of the program with the National Police Force, and a follow-up with the partners and the advisory committee. Regional Coordinators (16) are present in every administrative region to maintain a strong and constant contact with volunteers, police officers and regional resources.

ageing

Abstract ID: 531

**MAKING THE DECISION FOR THE END-OF-LIFE CARE FOR A PERSON WITH
ADVANCED DEMENTIA: FROM THE PERSPECTIVE OF THE FAMILY CAREGIVER**

Authors:

¹H.L. Huang (Presenter), ¹L. C. Weng, ¹Y I. L. Shyu, ²C. M. Yeh, ²W. Y. Hu

Institutions:

¹Chang Gung University, School of Nursing, Tao-Yuan, Taiwan; ²National Taiwan University, School of Nursing, Taipei, Taiwan

Family caregivers usually have to deal with severe emotional struggles and feelings of helplessness when they are faced with having to make the end-of-life decision for their relative with dementia. The purpose of this study was to develop a conceptual framework based on the end-of-life care decision making process by family caregivers for their relative with advanced dementia. The grounded theory was used in this study. The main participants were family caregivers who had a relative with advanced dementia that lived in a long-term care institution or had a relative with advanced dementia that used to live in a long-term care institution but had passed away in the past year. Face to face interviews were used to collect the data. All interviews were audio-recorded and then transcribed verbatim. Our findings showed that “avoiding decisional regrets” was the core category in the decision making process. These inconsistencies create a dilemma, and under these circumstances the caregiver may attempt to develop some strategies to resolve their dilemma in order to avoid regrets for their decision. The desire to avoid decisional regrets resulted from the decision making process and the wish to maintain a harmonious relationship between the caregiver and the rest of the family, the medical team as well as society as a whole. The “avoiding decisional regrets” included six components: realizing the dilemma, imagining relative’s preferences, evaluating the results, rethinking the meaning regarding death, abiding by the family consensus, and supervising end-of-life care. Our findings could help health professionals to recognize the problems, stresses and needs of a family when going through the decision making process to decide end-of-life care for their relative with advanced dementia.

connects

Abstract ID: 532

**THE HISTORY AND FUTURE OF INTEGRATED ELDER HOUSING IN SWEDEN:
LESSONS LEARNED FOR 21ST CENTURY PLANNING**

Authors:

¹C. Henning (Presenter), ²H. Stolarz (Presenter)

Institutions:

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It has been the Swedish tradition to focus on housing in developing strategies to meet the challenges of a greying society. The concept of “aging in place” is defined in Sweden as living in the same apartment after renovation, but now it has a broader meaning - to be able to remain in the regular housing instead of being forced to move to some form of institution. During the 1960s and '70s a tradition of community work within social work emerged, inspired primarily by *community development* projects in the U.S., England and The Netherlands. Participation of social services in community planning is a means to reach this ambition. In the current debate concerning housing for the elderly, there is a goal in Sweden to find the new concept for future elder housing – an idea that could be implemented all over and where the government could allocate subsidies to stimulate the building of senior housing. This is the typical Swedish way. A big challenge to the future structure of welfare for the elderly lies in the ability to strengthen the potential for individual initiatives and mutual help. This will likely develop best in places where the young and old already live and where relationships have developed over many years – in other words, in “normal” residential areas. Proximity of services will not be enough without social integration being a focus. Sweden has experience of developing models for community planning with social goals. To plan accordingly for an aging-friendly society history really matters to learn from earlier mistakes that was far too managed from the top. The challenge lies in developing new strategies in order to encourage the participation and engagement of the elderly in a process managed from the bottom.

ageing

Abstract ID: 533

TWENTY YEARS OF AN INTEGRATED AGING COMMUNITY IN JAPAN

Authors:

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For twenty years, one typical farming community in Japan has been followed in order to understand the variety of factors related to healthy longevity for older persons. With the goal of creating an integrated health and social support services center for the community, local and national resources were utilized to design and implement services that allow persons to age in place and stay socially integrated into their community. Ongoing data collection reveals several factors of social integration that are related to delayed mortality, including communication with family, living an active lifestyle, and finding motivation to remain socially involved. Of all the residents over the age of 65, approximately 87% participate in the longitudinal study every 3years, with new people being added each time of data collection. A series of analyses demonstrate the importance of providing support services and social interaction opportunities where people live, rather than moving older persons to institutions. This enables elders to remain in their long-term housing and to keep active and involved for many years. The impact of this research on social policy in Japan will be discussed and new changes that have been made to social insurance policies as a result.

connects

Abstract ID: 534

INTEGRATED SERVICE AREAS (ISA) FOR AGING IN PLACE IN GERMANY, SWITZERLAND, DENMARK AND THE NETHERLANDS

Authors:

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Institutions:

¹German Foundation for the Care of OlderPeople (KDA, Bonn, Germany)

Throughout Europe attempts are made to restructure the provision of services for older people so they are able to take part in social life and to receive the necessary support within their residential area. The concept of Integrated Service Areas is focuses on residential areas of towns, municipalities or villages where old and young live together. Here active ageing and solidarity between generations can be best achieved by integrating the necessary provisions in cooperation of the local stakeholders and the participation of citizens. With the aim at promoting the exchange of experiences and encouraging mutual learning the international platform for Integrated Service Areas (www.isa-platform.eu) was set up. It serves primarily as a source of inspiration for specialists, politicians and civil organizations. In a first step, successfully implemented urban and rural examples from four countries – the Netherlands, Switzerland, Denmark and Germany - are presented on the platform along with the specific social and political background of each country. The comparison shows that although concrete solutions differ from location to location, the problems and approaches are global. Key issues are how to provide coordinated social and care services for small scale areas. The organization and financing of housing, and care and social services can vary from country to country. This impacts the role of stakeholders as well as the speed with which changes can be brought about. The ongoing comparative study will provide a better insight of how to overcome national barriers both in terms of administrative regulations and implementation strategies.

ageing

Abstract ID: 535

COMMUNITY SUPPORTS FOR AGING IN PLACE IN ISRAEL: NEW STRATEGIES FOR OLDER PERSONS

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Institutions:

¹Center for Research & Study of Aging, Department of Masters of Gerontology, Faculty of Welfare and Health Studies, Haifa, Israel

In Israel, there has been a national project enabling older people to stay in their homes for as long as possible, while also building and enhancing community relationships. These are called "supportive communities" and have been focused on where there are high concentrations of elders already living. There are two important components that will be discussed: 1) the "father of the community" is a role played by an employee of the municipality who community members can approach and ask for assistance with a variety of household tasks, assistance with medication, meals on wheels when needed, information for other community services, and encouragement to participate in social activities in the community. This role is paid for by each municipality, while participants also contribute, according to their income. Another important component is the "warm house" concept – where older community members host others from their neighborhood/building at their home for a meal and social interaction. If a person cannot afford it, they will receive municipality funds to host. The successes and challenges of this model will be discussed, and how it has already been replicated, in some form, in New York, demonstrating how we can learn from each other new ways to support seniors so they can age in place.

connects

Abstract ID: 536

VOLUNTEERING AND MUTUAL SUPPORT AMONG LOW-INCOME ELDERS IN THE UNITED STATES: CHALLENGES AND TRIUMPHS IN CIVIC ENGAGEMENT

Authors:

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Institutions:

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In the U.S. the “village” model of mutual help among older persons has become increasingly popular over the last few years. However, research reveals that almost all of these initial village models were developed by older persons with adequate financial resources (middle or upper middle class individuals) to contribute to the development of such a new model. More recent efforts have focused on how this mutual assistance model might work among older persons with fewer financial resources – those who might benefit the greatest from a system of mutual contribution and benefit, since they do not have the capacity to purchase private services and the public programs do not provide such services for low-income elders. This presentation shares the results of two projects on well-being and the role of volunteering and civic engagement among low-income seniors in a program in California – the impact on preventing and alleviating social isolation among this population through civic engagement and intergenerational program participation as well as the initial efforts to build a mutually supportive “village” model for this community of low-income and frail elders.

ageing

Abstract ID: 537

THE ROLE OF CIVIL SOCIETY IN HEALTH AND SOCIAL SERVICES: THE SWEDISH CASE

Authors:

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Sweden is often characterized as a role model for a country with high levels of taxation and a social policy system of universal welfare schemes with the goal of helping people across the lifespan to maintain independence and integration into the community. An overall aim is that all older people should have equal access of care and services despite age, sex, ethnicity, or financial situation. It has been assumed that civil society is weak in the Swedish kind of strong welfare system. Research, however, has shown that Sweden has scored relatively highly when it comes to civil society vitality in the form of volunteering in organizations and informal help and care-giving 1992-2009. Sweden gives an example of a country where there does not seem to be any simple contradiction between having a vital civil society and a welfare state including a substantial public sector. Demographic changes of an increasingly aging population will, nevertheless, lead to challenges for the formal care system to further support and promote the continuation of volunteering as well as informal care-giving.

connects

Abstract ID: 538

ADVISORY STATIONS FOR OLDER PERSONS IN ISRAEL: THE ROLE OF ELDERLY PEER ADVISORS IN MAINTAINING WELL-BEING IN LATER YEARS

Authors:

¹A. Lowenstein (Presenter)

Institutions:

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In Israel, the National Insurance Institute has created what are called “Advisory Stations for the Elderly” which are staffed by elderly volunteers. To participate in this program, the peer advisor volunteers receive a one-year training program through the various universities, so that there is a common basis for the work they do and standards of information and quality that are supported. In addition, they are supervised by professional social workers, who oversee the program. They visit home-bound and frail elders and recently widowed people, provide information about right and benefits and community-based services. Currently, there are over 3,500volunteers, serving over 13,000 seniors. Evaluations of the program demonstrate its effectiveness in both supporting all older persons involved - those who are volunteering and those who are being assisted by the volunteers. The role of government in supporting this program is crucial to its success.

ageing

Abstract ID: 539

CIVIC ENGAGEMENT AND WELL-BEING IN JAPAN: THE ROLE OF PEER SUPPORT AND VOLUNTEERING IN HEALTHY AGING AND LONGEVITY

Authors:

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In Japan, one community that has been studied longitudinally for 20 years demonstrates the ability of communities to move through Moody's stages of societal development (from Stage 1 of Rejection, through Stage 2 of Social Service, and Stage 3 of Participation, to Stage 4 of Self-Actualization). In Japan, this is evident not just in its attitudes toward, but also its policies and programs for the elderly, with the goal of healthy longevity and aging in place. Thus, the early stages of community development relied on professionals to design programs, though they worked continually to include all residents in the program design and evaluation processes. Thus, over 20 years, this community has moved from a social service model to one of self-actualization, where seniors actively participate in the design, implementation, and evaluation of various support services and community programs. They volunteer to provide information and referral, as well as personal and social support to other seniors in the community. The opportunity for real involvement in their own community and care has been found to be significantly related to overall well-being and to longevity. This community development model has also been used in a similar manner in Sweden in terms of designing and building and managing senior housing, demonstrating once more that we can successfully learn from others in different countries about how to best support and empower older citizens in their own care and aging in place.

connects

Abstract ID: 547**ELDER ABUSE: UNDERSTANDING THE 'REAL WORLDS' OF PRACTITIONERS
IMPLEMENTING POLICY TO SAFEGUARD OLDER PEOPLE FROM MISTREATMENT****Authors:**¹A. ASH (Presenter)**Institutions:**¹CENTRE FOR INNOVATIVE AGEING, SWANSEA UNIVERSITY, SWANSEA, U.K.

Article 5 of the UN Madrid International Plan of Action on Ageing, 2002, calls for elimination of all forms of abuse of older people. But what influences the action practitioners, such as social workers, take when confronted with potential mistreatment of an older person? This presentation reports on research carried out in Wales, UK, that set out to answer this question. National policy to protect vulnerable adults from abuse was introduced in Wales in 2000. Under this policy, social services departments were expected to coordinate local multi-agency arrangements to safeguard older people from abuse with other agencies, including the police and health service. Local experience and early research on implementation of this policy found social workers did not always use this multi-agency framework to deal with potential abuse of an elder. This mixed methods research, carried out in a social services department, was designed to understand the constraints and dilemmas social workers faced when suspected elder abuse. The research drew on elements of Lipsky's¹ (1980) theory of street-level bureaucracy - 'dissonance' and 'workplace culture' - to identify and understand the factors influencing social workers' local, or 'street-level', implementation of adult safeguarding policy. The research found awareness of elder abuse was low. The dilemmas and constraints social workers juggled when dealing with potential elder abuse included poor quality of some services to older people, and the challenges of multi-agency working in adult protection. Social workers described the day-to-day accommodations and trade-offs they made when dealing with potential elder mistreatment, as their 'real worlds'. The presentation critically evaluates how and where Lipsky's concept of 'street-level bureaucracy' can illuminate the mechanisms by which these 'real worlds' impact on social workers' use of policy to protect elders from abuse.

¹ Lipsky, M. (1980) *Street-Level Bureaucracy. Dilemmas of the Individual in Public Services*. New York: Sage.



Abstract ID: 548

‘IF YOU CAN’T SEE IT YOU CAN’T STOP IT’. ELDER ABUSE AND THE COGNITIVE MASK

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Sensitising professionals to elder abuse and its manifestations is a recommended action of the UN Madrid International Plan of Action on Ageing, 2002. In Wales, UK, considerable effort has gone into achieving this. Since 2000, national policy to safeguard older people from abuse has been introduced, local multi-agency procedures (and subsequently all Wales procedures) developed, and extensive programmes of training delivered to staff in health, social care and criminal justice agencies. Nonetheless, research and national experience suggested that practitioners such as social workers did not always respond to instances of alleged abuse of an elder. This presentation reports on research undertaken in Wales that set out, in part, to explore the understandings social workers and their managers had of the intentions of national policy to safeguard older people from abuse. The research took place in a social services department, and every social worker, adult protection worker, and manager in older people's services took part. The multiple research methods included: semi-structured interviews; focus groups; observed adult protection forums; and analysis of adult protection statistical and documentary data covering two years. The research found that potential abuse of an older was not always 'seen' by social workers; their awareness of the potential mistreatment of elders, and of domestic violence in older age, was low. Social workers operated in a resource-depleted service world, tolerating known poor quality of some services to older people, delays in police investigations into alleged abuse, and the lack of engagement of health service colleagues in the adult protection process. These accommodations and dilemmas were threads woven into social workers' accounts of their work; threads that masked questioning why such accommodations were necessary. The presentation develops the concept of a 'cognitive mask' to account for social workers' not 'seeing' elder abuse.

connects

Abstract ID: 549

‘PROCEDURES AREN’T ENOUGH’. AN ETHICAL RESPONSE TO ELDER MISTREATMENT

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The UN Madrid International Plan of Action on Ageing has key actions on establishing services to victims of abuse, and encouraging health and social care professionals to report suspected abuse. In the UK, awareness of elder abuse grew in the early 1990s. In 2000, Wales introduced national policy guidance on the protection of vulnerable adults. This presentation reports on research carried out in Wales on the implementation of local adult safeguarding policy in one adult social services department. The research explored, in part, social workers’ and managers’ understanding of adult protection procedures, and how they interpreted an elder’s situation when mistreatment was suspected. Every social worker and manager working in older people’s services was interviewed, either one-to-one or in a focus group; adult protection documentation, including reports and minutes were examined; and two years’ statistical data on adult protection activity were analysed. The research found social workers and their managers liked the adult protection procedures; they provided a multi-agency framework for action. Social workers described the balancing act they performed when deciding what to do if they suspected neglect or poor care of an elder in a hospital or care home. Typically, such poor care was not challenged. Other agencies’ lack of engagement in the multi-agency adult protection framework was tolerated. Resource shortfalls, inadequate services to victims of long-standing domestic abuse, or those living with dementia, were seen as inevitable. None of these factors was challenged or regarded as matter of morality: poor services were not viewed as ethical failings. Using these research findings, this presentation draws on Joan Tronto’s [1] work on an ethic care to map out how ethical care and ethical policy-making in adult safeguarding may be secured.

Tronto, J. (1993) *Moral Boundaries. A Political Argument for an Ethic of Care*. New York: Routledge.

ageing

Abstract ID: 550

GENDER GAPS AND LIFETIME INEQUALITY: AN EMPIRICAL ANALYSIS OF MICRO-DATA FROM EUROPE

Authors:

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Is the gender incomes gap still present among older populations? To what extent do gender inequalities in older ages reflect differences in initial conditions? Do men and women follow the same mobility trajectories upwards and downwards? Which factors account for the income differences between men and women over 50 years? What is the geography of gender inequalities in Europe? This paper attempts to address these questions using an international micro-data set. The Survey of Health, Ageing and Retirement in Europe (SHARE) is a unique micro-data set for people aged 50+ in 16 countries.

The contemporaneous income, social and health position of the individuals in this sample is described by the first two waves. The third wave (SHARElife) provides (for those individuals who answered wave 1 and 2) life-course information starting from their childhood. This allows a detailed mapping of changes in inequality across gender and enables investigation of how this process differs across cohorts (individuals aged 80+, 65-80 and 50-64) and across country groups.

connects

Abstract ID: 552

MENTAL HEALTH AND AGING: VARIABLES ASSOCIATED WITH DEPRESSIVE SYMPTOMS

Authors:

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²Cátedra Energesis de Tecnología Interdisciplinar, Universidad Católica de Valencia, Valencia, Spain

The present work approaches the most common pathology in mental health in the population over 65 years: depression. Several variables that might be involved in this phenomenon were analyzed: age, gender, marital state, cognitive impairment, physical dependence, coping style and psychological well-being.

This study was conducted on the city of Valencia, Spain. The participants of this research were 66 adults older than 65 years. The instruments used to collect the information were the Vocabulary Test from the Wechsler Adult Scale-III, the Geriatric Depression Scale of Yesavage, the Stress Coping Questionnaire (Sandín y Chorot, 2003), the Psychological Wellbeing Scales (Ryff), the Mini Mental State Examination and the Barthel Index. For data analysis, descriptive tests, correlation and probabilistic models, specifically Bayesian networks were performed.

The results show that, for our sample, the variables of cognitive impairment and coping strategies of open emotional expression have a direct and positive relation in the absence of depressive symptoms. The variables of psychological wellbeing and coping style focused on problems have correlated negatively with the presence of depressive symptoms.

With this work, we note the importance of promoting health and well-being in old age, focusing on the prevention of mental disorders, specifically depressive symptoms, contributing thereby to the promotion of successful aging in the population.

ageing

Abstract ID: 553

ELDER SELF NEGLECT: WHAT CAN WE LEARN FROM OLDER SELF-NEGLECTING ELDERS?

Authors:

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Institutions:

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Aims: To explore the unique aspects of the elder self-neglect phenomenon and to achieve phenomenological understanding of self-neglect through the eyes of self-neglecting elders.

Method: A qualitative study based on a sample of 16 self-neglecting elders. Data collection was performed through in-depth semi-structured interviews, followed by content analysis.

Findings: Four major themes emerged from the older participants: "I was unlucky:" a life course of suffering; "That's the way it is:" self-neglect as a routine of life; "They tell me that I'm disabled:" old age as exposing situations of self-neglect; "My empire:" how do I perceive my old age.

Conclusions: Self-neglect is not necessarily an issue of old age, but is related to the person's life history. Self-neglect as a way of life accompanied the participants into old age, but it was not originated or created there. The overall message of the self-neglecting elders was to see them as human beings and not as old neglected people; not to label them as an "age syndrome" but to perceive them in a holistic and humanistic manner.

connects

Abstract ID: 554

IMPACT OF WORKED YEARS ON HEALTH

Authors:

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Spain has one of the oldest populations in the world. Not surprisingly, many policy initiatives have promoted a delay on the retirement age. However, few investigations have been dedicated on evaluating the potential impact on elderly people health. The aim of this study is to examine the possible relation between the number of worked years and mental health on retired persons.

A correlational study was carried out. A sample of 340 elderly persons participated voluntarily in the research (156 men, mean 65 years, SD = 7.6 and 184 women, mean 65 years and a SD = 4.9) from a University program (Nau Gran) at the University of Valencia. A scale that refers to general mental health (the GHQ-12: General Health Questionnaire) was administrated.

Results: Differences between men and woman were not statistically significant according to GHQ-12. A negative association was found through the Spearman correlation coefficient ($r = -.13$, $p < .01$) between the number of worked years and the overall health questionnaire GHQ-12. Which also showed a negative correlation with retirement ($r = -.14$, $p < .01$). Focusing on gender, differences were statistically significant between worked years in men (mean 40.5) and women (mean 32.05), and age of retirement in men (mean 59.14) and women (mean 54.54).

Conclusions: The results show an inverse relationship between the number of worked years and retirement in relation to mental health. In other words, more worked years, better perception of health, which should not be interpreted as a cause effect relation. It would be interesting more research on this subject, using a homogeneous sample according to age and gender.

ageing

Abstract ID: 555

HEALTH PERCEPTION OF INFORMAL CAREGIVERS OF PERSONS IN DEPENDENCE SITUATION: DIFFERENCES IN TERMS OF GENDER.

Authors:

¹E. Navarro-Pardo, ¹A. Vázquez-Martínez, ¹T. Pastor-Vilar, ²C. Moret-Tatay (Presenter), ¹R. Díaz-Dhó-Brodsky, ³N. Flores Robaina, ³C. Jenaro Rio

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¹Universitat de València, Department of development Psychology, Valencia, Spain; ²Cátedra Energesis de Tecnología Interdisciplinar, Universidad Católica de Valencia, Valencia, Spain; ³Universidad de Salamanca, Salamanca, Spain

Due to the increase of the demand of cares, the role of informal caregivers has an increasing importance in society. The present work examines, in terms of gender, the health perception of the informal caregivers of persons in dependence situation. A sample of 203 caregivers was selected: 170 women (median = 55 years, SD=10.91) and 33 men (median = 59 years, SD=13.55). A semi-structured interview was carried out to collect sociodemographic information as well as the number of people taken care of, number of hours of care, visits to the doctor and a questionnaire about their health perception through a Likert scale. The number of people taken care of and number of hours of care were greater for women than for men, being these differences statistically significant ($p < .01$). On the other hand, statistically significant differences ($p < .01$) were also found in the health perception of men and women, being worse for the latter; even when women visit the doctor less than men (35% and 45 %, respectively). This fact evidence, that when the number of people taken care of and the number of hours of care are increased, the health perception is worse, while the sanitary attention demanded by the caregivers is, paradoxically, less. These results are important for the design of future intervention programs.

connects

Abstract ID: 556

LIVING THROUGH ART

Authors:

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Institutions:

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Forever Museum of Contemporary Art (FMoCA), as an art institution of the Medical Corporation Junkei-Kai, is committed to investigate and develop artistic actions in public space. We explore aesthetic possibilities that reside in a group of people especially in elderly facilities, acting with emerging artist and a collection focus on contemporary art. Defining the participants neither as “elderly” or “resident”, but as a private individual, art works and programs introduces participants to encounter with new experiences and values. These chances to revitalize one’s own mental health enhance dialogue and guide each participant to communicate with others including people from the surrounding community. In 2010, FMoCA began its research toward an architectural project aiming to have a rethink on the facility architecture, which is the gallery space of FMoCA and the “home” for facility residents simultaneously. Commissioned an internationally acclaimed Japanese architect, Junya Ishigami, the project is undertaken to alter the general idea of elderly facility. The works of contemporary artists and architects are more than objects of beauty. We believe that their specific practical functions in the social context of everyday life. Art calls for empathy that precedes inspiration, flashes of self-awareness that shine the light of insight not only personally but also collectively. At the IFA 11th Global Conference on ageing in Prague, we are pleased to present our recent programme, its achievement and an endeavor in progress.

ageing

Abstract ID: 557

IMPROVING THE LIVES OF OUR OLDER POPULATION: MEETING THE NEEDS OF CAREGIVERS USING A SEMI-STRUCTURED CARERS GROUP

Authors:

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One of the repercussions of an increasing ageing population is the rising carer burden placed on family/friends. Continuing in the caring role without support can impact on carers' health and on their ability to provide care.

Community Therapy Services (CTS) is a time limited, multidisciplinary, hospital-based rehabilitation service. It caters to all client groups in the local community, one of which is the ageing population and their carers. The relevance of CTS and the overall Sub Acute Ambulatory Care Services (SACS) will be acknowledged along with the importance of having a program that supports innovations in practice. The flexibility of the CTS will be highlighted, especially as it allows for intensive 1:1 carer sessions with social work if indicated.

A historical summary of the needs assessment and development of the Carers Group will be presented and the importance of commitment to continual quality improvements noted. The use of both quantitative and qualitative evaluation designs will be explored and results provided. Barriers and limitations to establishing such a group will also be highlighted.

There will be discussion of the core principles of the group including: empowerment, respect, affirmation and inclusiveness. The importance of gender specific issues and creating a safe and encouraging environment will be highlighted. Concepts such as humor, collective wisdom and creative group facilitation will be linked to how supportive environments can be achieved. Themes for carers will be considered including the recognition of the importance of the carer role, self management and utilizing community resources.

Recommendations will be made including:

- The importance of developing relationships with key stakeholders.
- The need for highly experienced facilitators to maximize the group's effectiveness.
- The importance of promoting student and junior staff participation under experienced supervision.
- The importance of data collection via validated methods.

connects

Abstract ID: 558

A NETWORK SYSTEM INTEGRATING SERVICES TO PROMOTE ELDER CARE IN SMALL COMMUNITIES

Authors:

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Japan is the fastest ageing country in the world with an ageing rate exceeding 23% of the population. In the year 2000, the Japanese government established the Long Term Care Insurance System in order to respond to the challenges of its fast growing elderly population. Moreover, to provide assistance necessary to maintain mental and physical health as well as stabilize the lives of elderly people and the local residents, Community General Support Centers were established nationwide in 2006.

I am in charge of the Community General Support Center in a small community located in the western part of Akita City in Japan. In this community, the elderly population is rapidly increasing giving rise to problems caused by dementia and abuse. The people who suffer from these problems especially family caregivers did not have enough advice or support from professional service providers. More so, the services available in the community did not work in together to learn from each other so as to be more efficient and effective.

As a solution to this, we introduced a network system that integrates experts of medical, welfare and care services, neighbourhood and community associations, legal practitioners, the police, fire brigade, provision stores, financial institutions, voluntary workers and family caregivers. Through the network system, all the available services in the community work together sharing ideas and seeking assistance from each other when dealing with elderly issues. We now promote this network system in the community so that it can attract more interest from the people to achieve better results in promoting elder care.

At the IFA 2012 Global Conference in Prague, I would like to introduce this network project including the challenges and positive outcomes we have recorded so far.

ageing

Abstract ID: 559

PREVALENCE AND FACTORS RELATED TO DEPRESSIVE SYMPTOMS AMONG FAMILY CAREGIVERS OF NURSING HOME RESIDENTS IN TAIWAN

Authors:

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Institutions:

¹Chang Gang University, nursing, Kwei-shan Tao-Yuan, Taiwan

Objectives: The purpose of this cross-sectional study was to understand the prevalence and risk factors for depressive symptoms among nursing home residents' family caregivers in Taiwan

Method: Family caregivers of nursing home residents were recruited by stratified random sampling from 11 nursing homes selected from various areas of Taiwan. Data were collected from caregivers in face-to-face interviews on depressive status (using the Center for Epidemiologic Studies Depression Scale; CES-D), on meaning ascribed to visiting nursing home residents (using the Family Meaning of Nursing-Home Visits scale), and on demographic data. Factors related to depressive symptoms were analyzed by logistic regression.

Results: The prevalence of depressive status among family caregivers was 29.8% as determined by the CES-D cutoff score of ≥ 10 . The non-depressed group (CES-D < 10) tended to visit residents in the roles of emotional maintenance and establishing a family education model, while the depressed group (CES-D ≥ 10) tended to visit in the role of responsibility for care quality. The results demonstrated that risk factors for depressive symptoms in family caregivers were their age, self-perceived health status, education level, visiting frequency, and visiting nursing home residents for their emotional maintenance and to monitor care quality.

Conclusion: These results fill a gap in knowledge by providing detailed, evidence-based data on family caregivers' priorities for visiting nursing home residents. These results also provide useful information for designing intervention protocols to reduce depressive symptoms in family caregivers of nursing home residents, not only in Asian countries but also in western countries with many Chinese/Asian immigrants.

connects

Abstract ID: 562

REDUCING THE USE OF ANTIPSYCHOTICS IN DEMENTIA CARE THROUGH STAFF EDUCATION

Authors:

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Institutions:

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Introduction: The widespread use of antipsychotic medication to treat the behavioural and psychological symptoms of dementia in residential aged care facilities is a world wide concern. Despite evidence of the numerous adverse effects of antipsychotic drugs, and the efficacy of non-pharmacological approaches, prescription rates are increasing in aged care.

Methods: This controlled before and after study aimed to investigate if an education intervention with family participation in dementia care reduced the use of antipsychotic drugs. Antipsychotic use was measured by audit of residents' clinical records. Three similar rural residential aged care facilities (RACF's) participated in the study. At site 1 and 2 staff undertook training in dementia care using an on-line learning tool and peer reviewed literature on the use of antipsychotic drugs in dementia. Additionally, family members participated in 'resident life story telling' at site 2. Site 3 acted as the control.

Results: At sites 1 and 2, twenty five staff (25%) volunteered to participate in training. No training was provided at site 3, the control site. Across the three sites 47 residents had a clinical diagnosis of dementia with 30 of this group prescribed antipsychotic medication at baseline. At the intervention sites the use of antipsychotic medication reduced from 85% to 69% at site 1 and from 50% to 38% at site 2. At the control site medication use increased from 61% to 69%.

Conclusion: Dementia education for staff may reduce antipsychotic medication use in residential aged care, particularly when families participate in care. Additionally, positive clinical implications such as reduction in falls were observed. The encouraging findings of this small study support further investigation in a larger sample.

ageing

Abstract ID: 563

WORRIED WELL ARE WELCOME – AN INNOVATIVE NURSE-LED MEMORY CLINIC

Authors:

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Institutions:

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Objectives: The study trialled a Nurse Practitioner led memory clinic aimed at augmenting dementia diagnosis and therapeutic interventions for those with dementia. The context includes a rapidly rising demand for dementia specialist services with known barriers in accessing dementia diagnoses. Family physicians may miss up to 69% of early dementia or cognitive decline cases, with diagnostic delays of up to 3 years¹.

Methods: The clinic offered a two-visit model with an initial assessment visit followed by a visit to develop a personalised plan for those with identified cognitive deficits. Data was collected on the profile (including cognitive status) of clinic clients, the services provided and their satisfaction with the service.

Findings: About half of our clients have been the 'worried well' – they have been given reassurance and risk factor reduction education. Around 25% have some cognitive impairment, but no failure to function, so they may be developing a dementia, this group are given risk factor reduction education and re-assessment in 12 months is recommended. Around 25% have had undiagnosed dementia and this group receive a referral to a Geriatrician or neuropsychologist for further assessment and review and referrals to other services.

Conclusion: The project provided an alternative access avenue for older persons who were concerned about possible cognitive changes and subsequently received reassurance. While the evidence obtained from this trial contributes to the international discussion about innovative workforce solutions for improving dementia diagnosis, it also focuses attention on how health services can move towards better access and more inclusive services for older people.

1. Valcour, V. G., Masaki, K. H., Curb, J. D., & Blanchette, P. L. (2000). The detection of dementia in the primary care setting. *Archives of Internal Medicine*, 160(19), 2964-2968.

connects

Abstract ID: 566

THE HEALTH OF OLDER WORKERS – IMPLICATIONS FOR FUTURE LABOUR PARTICIPATION

Authors:

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Institutions:

¹University of Adelaide, Geographical, Environmental and Population Studies, Adelaide, Australia

A key strategy for alleviating the pressures of population ageing is to increase and extend labour participation in older age groups. If successful, this measure will reduce government expenditure on age pensions, increase private retirement incomes, and contribute to continued social engagement. However, the success of this strategy largely depends on the health of older workers. Data from the 2008-09 Australian Retirement Intentions Survey shows that health exerts a major influence on the retirement decisions of older workers. Poor health is the main reason given for retirement in the 45-54 age-group (37.9%) and the second most common reason given by those 55 and over (19.9%).

This presentation explores the relationship between health and work for Australians in mid to later life (age 41-60) and considers how workplace environments mediate the effect of poor health on employment decisions. It highlights issues raised under Priority Direction 1, Issue 2 'Work and the ageing labour force', UN Madrid International Plan of Action on Ageing (pp11-13). The research uses data from a representative sample of Australian baby boomers, born 1946-1965 (n=1272), drawn from the North West Adelaide Health Cohort Study (NWAHS), based in Adelaide, South Australia. The NWAHS began in 2000, is now in its third stage and includes a wide range of biomedical and self report data obtained through clinic measurements and surveys.

Initial findings show a positive association between reduced labour participation and poor-fair self rated health and/or chronic conditions, with this association varying by age and gender. The results from this study will have significant policy implications for health promotion and prevention and for how health is managed in the workplace, both in Australia and in other Western developed nations.

ageing

Abstract ID: 567

WHETHER THE RELATIVE POVERTY OF WOMEN IN CHILDHOOD AND ADULT AGES AFFECT THEIR DISEASE/DISABILITY BURDEN IN LATER YEARS?

Authors:

¹R. Goyal (Presenter)

Institutions:

¹Institute of Health Management Research, Jaipur, India

This paper attempt a comparative analysis between disease and disability burden of men and women in old age and investigates its relationship with relative deprivations of women in nutrition, health care, education etc. in childhood and adult ages, taking India as a case. The analysis is based on secondary data culled out from Indian censuses and large scale surveys for last three decades. The study variables are identified through a correlation analysis depicting linkage between disease and disability burden in old age and access to necessities of life in childhood and adult ages.

The analysis indicates that the expectancy of life of women either at birth or at age 60 is higher than that of men. A time series analysis of prevalence of chronic diseases (pain in joints, tuberculosis, cough, blood pressure and heart problems) among elderly men and women at two points of time with respect to self-reported prevalence of diseases indicates that, though overall reporting of illness has increased during the reference period, gender specific difference in the prevalence of chronic diseases in old age was however, minimal. A multiple regression analysis between disease and disability burden of men and women and variables depicting deprivation to quality of life in childhood and adult ages did not show any significant effect of deprivation in childhood and adult ages on health status of women in old ages. Not only women are living longer, their health status is also at par with men.

The explanations are found in the socio-cultural domain of the Indian society. In spite of discrimination and neglect, the family institutions provide protection, care and respect to old women. In the Indian society, transition to old age provides new opportunities and status to women. Data on living arrangements of the elderly endorse this point.

connects

Abstract ID: 568

BABY BOOMERS: PLANNING FOR A HEALTHY OLD AGE OR JUST LETTING IT ‘ALL HANG OUT’?

Authors:

¹J. Buckley (Presenter)

Institutions:

¹University of Adelaide, Geographical, Environmental and Population Studies, Adelaide, Australia

Baby boomers (1946-1965) have broken “the mould of the modern life course” and are at the centre of a fundamental change in how later life is viewed, experienced and managed. There has been a shift towards increased individual responsibility for both health and finances in later life. This is reflected in the emergence of positive or successful models of ageing in which individuals are perceived as having the capacity to influence health outcomes in retirement by adopting a healthy lifestyle in early and mid-life.

Few empirical studies have tested how these models influence baby boomers’ actions. Nor has there been much exploration of constraints to adopting healthy lifestyles or of how constraints vary within the cohort. Such an analysis is important for policy development, particularly in relation to health promotion, as it identifies sub-groups that may be at risk, and avenues for intervention. This presentation focuses on the connection between beliefs and behaviour and on factors perceived as constraining the ability to adopt a healthy lifestyle. It speaks to Priority Direction 2, Issue 1, ‘Health promotion and well-being throughout life’, UN Madrid International Plan of Action on Ageing (pp22-25).

Differences within the cohort are examined by gender, age, socioeconomic status, employment status, mental health and the propensity to plan for later life. The research is based on quantitative data from the North West Adelaide Health Study (NWAHS), a representative, longitudinal, bio-medical study based in Adelaide, South Australia. The NWAHS began in 2000 and is now in its third stage. It includes a wide range of biomedical and self report data sourced through clinic measurements and surveys. Results suggest a strong discrepancy between health beliefs and behaviours and also highlight substantial differences in the type of constraints experienced by different subgroups within the cohort.

ageing

Abstract ID: 569**ARE BABY BOOMERS HEALTHIER THAN THEIR PARENTS?****Authors:**¹J. Buckley (Presenter)**Institutions:**¹University of Adelaide, Geographical, Environmental and Population Studies, Adelaide, Australia

Baby boomers (1946-1965) are generally assumed to be healthier than previous generations due to increased education, improved living standards, and medical advances. However, these positive changes are offset by the emergence of an obesogenic environment characterised by increased food intake and reduced physical activity. Evidence that baby boomers have better health is weak and, apart from several UK and US studies, there has been little research into how health differs between pre-and post-WWII generations.

This gap in the literature is critical, particularly as population level changes in health are likely to be associated with markers of social change eg increased female labour participation, structural changes to the labour market, technological advances and increased divorce. Understanding how social change has influenced health could inform a 'health in all' approach to policy development across a range of sectors. This would support the health capacity of older individuals, thus facilitating increased and longer labour force participation, a key government strategy for managing the pressures of structural ageing.

Using data from Australian National Health Surveys, we compared the health of a sub-cohort of baby boomers (1946-55) aged 53-62 in 2008 with an earlier born cohort (1927-36) aged 53-62 in 1989. A wide range of health and demographic variables was examined, with initial results showing a substantial increase in lifestyle risk factors such as obesity and alcohol but a reduction in smoking. In the baby boomer sub-cohort there is also a gender convergence of smoking and alcohol risk that was not present for the previous generation, suggesting the impact of social change on women's lifestyles.

These results have broad relevance to developed countries in the international community and have implications for health policy, government strategies on mature age participation, and workplace health and wellness policies.



Abstract ID: 570

WORK AFTER RETIREMENT: NEEDS, INTERESTS AND OPPORTUNITIES

Authors:

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Institutions:

¹European Foundation for the Improvement of Living and Working Conditions, Living Conditions and Quality of Life, Dublin, Ireland

Pension adequacy is a world-wide concern. While pension systems are being reformed, many retirees are left with insufficient incomes. For some, consequently, work after retirement becomes necessary, while it is also seen by many as a way to enhance sustained integration in society. The prevalence of work after retirement is discussed, as are the changes during the financial and economic crisis. While the focus is on the European Union, the data are presented in a global context. Characteristics of working retirees are identified and a basic theoretical framework is outlined with the causal mechanisms of work after retirement.

ageing

Abstract ID: 571

WAITING FOR RETIREMENT AGE. ITALIAN AND EUROPEAN WORKERS FACE UNCERTAIN ECONOMIC SUPPORT IN OLD AGE

Authors:

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Institutions:

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In recent decades, the increase in average life expectancy, job insecurity and the fiscal crisis have unsettled the financial equilibrium of most developed countries' pension systems. In Italy, the situation appears to be particularly severe. Enormous public debt, a stagnant economy and the shrinking population that have long characterized the country do not bode well for its future prospects. The succession of recent reforms (the Amato reform in 1992 the Dini reform in 1995 , and the Maroni reform in 2004), though intended to increase the system's efficiency and flexibility, have had a modest impact, and a young Italian entering the job market today is called upon to shoulder over two hundred thousand euros of pension debt. Given a situation as critical as this, what expectations do Italians have from the pension system? What criteria do they use to judge its fairness and sustainability?

A survey* conducted by questioning a national sample of 2,000 individuals regarding such topics as early retirement, size of pension contributions and retirement age made it possible to reconstruct the constellation of beliefs – positive and normative – about the criteria of intragenerational and intergenerational distributive justice. It was found that there is widespread dissent with the norm of seniority, though it is still one of the major parameters for assigning resources in Italy. In addition, comparison with the findings of recent international surveys addressing similar issues (Eurobarometer 56.1 and 60.3; European Social Survey, round 4) made it possible to draw a picture of common European beliefs and expectations concerning the pension system, as well as to compare inter-country variations in the main determinants.

* Research project sponsored and funded by the Piedmont Regional Administration (Official Bulletin No. 48 of November 27, 2008)

connects

Abstract ID: 572

WHAT CAN GOVERNMENTS AND COMPANIES DO? EVIDENCE FROM GERMANY

Authors:

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Institutions:

¹Dortmund University, Dortmund, Germany

Given the framework presented, the symposium subsequently focuses on how governments and companies can impact different elements of the framework in facilitating employment after retirement. Evidence is presented from Germany, exploring how other countries can learn from its experiences. The impact of government labour market policies, tax and benefit systems, equal opportunity regulations and social protection policies will be discussed. Company case studies performed early 2012 explore motivations for employers and employees, and show how these companies, including both small and large enterprises, seek to recruit and/or retain retired workers.

ageing

Abstract ID: 573

WHAT CAN GOVERNMENTS AND COMPANIES DO? EVIDENCE FROM THE CZECH REPUBLIC

Authors:

¹M. Potůček (Presenter)

Institutions:

¹Charles University, Prague, Czech Republic

Evidence is presented from the Czech Republic on how governments and companies can impact different elements of the framework in facilitating employment after retirement, exploring how other countries can learn from the Czech Republic's experiences. The impact of government labour market policies, tax and benefit systems, equal opportunity regulations and social protection policies will be discussed. Company case studies performed early 2012 explore motivations for employers and employees, and show how these companies, including both small and large enterprises, seek to recruit and/or retain retired workers.

connects

Abstract ID: 574

WHAT CAN GOVERNMENTS AND COMPANIES DO? EVIDENCE FROM ITALY

Authors:

¹A. Principi (Presenter)

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¹Istituto Nazionale Riposo e Cura per Anziani (INRCA), Ancona, Italy

Government labour market policies, tax and benefit systems, equal opportunity regulations and social protection policies will be discussed. Company case studies performed early 2012 explore motivations for employers and employees, and show how these companies, including both small and large enterprises, seek to recruit and/or retain retired workers.

ageing

Abstract ID: 577

CREATING AGE-FRIENDLY COMMUNITIES IN WESTERN AUSTRALIA – A CASE FOR SHARED OUTCOMES

Authors:

¹M. Dawkins (Presenter), ²C. Young (Presenter)

Institutions:

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This presentation will share information about the World Health Organisation (WHO) Age Friendly Cities approach and the work occurring in Western Australia with local municipalities (both urban and rural) and the State Government working towards the shared outcome of age-friendly communities.

The Western Australian Department for Communities in partnership with over 25 local councils is championing this approach to inform the development of relevant ageing strategies tailor made to local communities.

The presentation showcases methods of engagement with older people in a participatory approach to determine local priorities to facilitate age-friendly communities. It also presents innovative responses that communities have developed to facilitate age-friendly communities which involve intergenerational projects, approaches to providing appropriate housing, social inclusion, and community support and health services.

Making cities age-friendly is one of the most effective policy approaches in response to the social changes brought about by globalisation, urbanisation and the ageing population.

The presentation will highlight opportunities that the processes used in this project can provide to communities; by using research to drive strategic community planning, the engagement of older people throughout the process and the benefits of collaboration between local and state governments that share a common outcome of age-friendly communities.

connects

Abstract ID: 578

MENTORING MODEL IN MUNICIPAL HEALTH CARE IN DALARNA, SWEDEN - A MODEL FOR SUPPORTING NEW EMPLOYEED NURSES' PROFESSIONAL ROLE IN MUNICIPAL HEALTH CARE .

Authors:

¹T. Granström (Presenter), ¹L Olai, ¹M Olsen (Presenter)

Institutions:

¹School of Health and Social Studies, Falun, Sweden

Background: The society and health care units are increasing the demands on nurses. Newly employed nurses are expected to be able to work from the first day of employment independently.

Aim: That the newly employed nurses in communities within the County of Dalarna, receive support enabling them to feel safe in their professional role and ensure patient safety.

The scope of the project: The Mentor Model (MM) is based on the fact that the municipalities in Dalarna County (n =15) appoints a Headmentor (HM). The HM is responsible for appointing a mentor (M) for all newly employed nurses and has a supportive function for all mentors. The mentors (M) should have professional experience and are responsible for the newly employed nurses under a period of one year. In order for the M to provide support i.e. time for reflection with the HM and newly employed nurse sufficient, time must be allocated, i.e. two weeks.

The (M) should be available to answer necessary, and networking with other mentors in Dalarna.

Interviews with HM, M and newly employed in the municipalities showed positive gains with appointing an MM. The positive effects were: patient safety, the nurses felt more confident and the HM and M had opportunity to develop professionally.

ageing

Abstract ID: 580

COMPOUNDING VULNERABILITY: POPULATION AGEING, CLIMATE CHANGE ADAPTATION AND THE BUILT ENVIRONMENT

Authors:

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Institutions:

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This paper sets the context for the symposium by exploring the cumulative effects of population ageing and climate change and the adaptive role of the built environment (housing, neighbourhood and transport infrastructure). Separately these two phenomena represent a significant global policy challenge, but together their impact is compounded, particularly as ageing-in-place policies mean more older people will be living in the general community rather than in institutional care. It is well established that the built environment contributes considerably to global warming and therefore has an important role in both mitigation and adaptation to climate change. Urban areas are often more exposed to extreme climatic events because of their geographic (e.g. coastal or river) location and increased temperatures due to urban heat island effect. This is particularly the case in Australia whose population is highly urbanised and coastal and with its climatic range including both hot-humid and hot-dry extremes. The internal migration patterns of older people toward coastal (sea change) and regional (tree change) retirement locations with higher risks of extreme weather events further increases vulnerability. How well housing and neighbourhoods are designed to assist older people to adapt to climate change, is therefore a critical policy issue. This paper is based on a recent international literature review funded by the Australiana Climate Change Adaptation Research Network for Settlements and Infrastructure of the National Climate Change Adaptation Research Facility. Using Australia as an example, it provides an outline of the risks and vulnerabilities of climate change for an ageing population, key adaptation strategies and emerging policy responses. It argues that mainstreaming the needs of older people into general housing and planning policy for climate change adaptation is essential to providing a sustainable and liveable built environment for the future, not only for older people, but also for the wider population.

connects

Abstract ID: 581

LOCAL GOVERNMENT AND AGEING IN DIFFERENT ENVIRONMENTS

Authors:

¹M. Kay (Presenter), ²P. Phibbs, ²E. O'Brien

Institutions:

¹Local Government and Shires Association of NSW, Sydney, Australia; ²Urban Research Centre, University of Western Sydney, Sydney, Australia

The Local Government and Ageing Project was funded by NSW Ageing, Disability and Home Care in 2009-10 and was conducted by the Urban Research Centre at the University of Western Sydney in partnership with the New South Wales Local Government and Shires Associations (LGSA). The purpose of the project was to identify the magnitude of costs for Local Government of an ageing population in a range of settings, from urban metropolitan areas to coastal retirement destinations, highland towns and inland regional centres. Impacts measured included financial, council services, and potential impacts on council's revenue raising capacity as a result of population ageing. The study also documented the growing social and economic contribution older people are making to their local communities. In total 20 Councils were recruited for the study. Detailed information on the age-related nature of infrastructure and service provision was sought, including information on the age profile of users of services.

Provision of 'age friendly' infrastructure was a major focus for participant councils and it was evident from the study findings that councils require major resources to meet the demands for accessibility, mobility, walkability and connectivity. Issues varied for different environments. Transport to facilitate social participation in community activities was a major factor in remote rural locations, accommodating the needs of older tourists ("grey nomads") was a major issue for coastal areas and councils in remote parts of NSW faced particular walkability issues due to engineering requirements to address flash flooding.

To supplement the findings of the Local Government and Ageing Report, the LGSA developed a Toolkit to help councils assess their readiness to meet the financial implications of an ageing population, including taking a strategic view, managing costs, prevention and early intervention. Particular examples from each environment type provide data to help councils determine realistic cost estimates.

ageing

Abstract ID: 582

ENSURING ENABLING AND SUPPORTIVE REGIONAL TOWN CENTRES: AN IN-DEPTH LOOK AT THREE FROM AN OLDER PERSON'S PERSPECTIVE

Authors:

¹C. Bridge (Presenter), ²M. Kay, ³L. Langley

Institutions:

¹City Futures Research Centre, University of New South Wales, Sydney, Australia; ²Local Government and Shires Association of NSW, Sydney, Australia; ³Council on the Ageing (NSW), Sydney, Australia

The particular focus of this research concerns the town Centre/main street area. Australia's Home and Community Care program, is investing in measures that increase social participation and reduce waged care. In addition, challenges exist for regional government generally and the number, location, health, disability (physical, sensory, cognitive) and age skew of their older populations will impact on everything from their land-rate based income to their ability to provide and maintain appropriate public amenity and safety. A focus on regional NSW cities is timely as the rate of growth, patterns of migration; higher levels of health risk factors and of social and economic disadvantage all impact on ageing. For instance, in some Australian coastal areas, nearly one in four of the total population is already over sixty. A key hypothesis tested in this research, is that infrastructure requirements and older persons response to them will differ based on climate and topography. For instance, it is well known that thermal comfort tolerance changes with ageing and that thermal comfort is linked to active participation and wellbeing outcomes. Further, older people in rural communities have become marginalized by longstanding misconceptions and a paucity of research. This presentation focuses on the challenges faced by state and local government in creating more enabling and sustainable town centres in regional areas. It reports on the findings of a multi-method ecological research design involving: *Literature, policy and statistical review*; *Survey* (the Australian WHOQOL-BREF); *Older Persons walk and talk appraisal of their town Centre*; and a professional town Centre appraisal based on the newly legislated 'premises' standard stemming from anti-discrimination law. Accessible and welcoming environments encourage mobility, social interaction and inclusion and rely on the identification and analysis of these elements from the perspective of older people themselves.

connects

Abstract ID: 583

POLICY FACTORS WHICH IMPACT ON OLDER PEOPLE'S DECISION TO DOWNSIZE

Authors:

¹T. ADAMS (Presenter)

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This research on older people and downsizing included a review of policy which supported or inhibited older people's downsizing choices. The main policy areas relevant to downsizing were identified as: information on housing choice and downsizing; taxation policies such as stamp duties on the sale of property; planning policies affecting the location and appropriateness of housing; and policies related to the income and assets tests for the aged pension and the treatment of any 'profit' from the downsizing process. It was also identified that information provision to older Australians about making informed housing decisions is strongly associated with the income and assets tests for the aged pension.

In addition, the current Australian policy of 'ageing in place' actively encourages older people to remain in their own homes as they age, and defer seeking residential care until it is absolutely necessary. However, the assumption that older people already have or can move to homes that are suitable for ageing in place has not been tested. In fact, many current policies actively discourage older Australians from moving to suitable housing for ageing in place. These include tax disincentives and income support penalties.

This presentation will discuss the findings about the relevant policies in terms of tax incentives/disincentives, housing choice and suitability, links to the aged income support system and how these impact on individuals ageing in place. Comparisons will be made with European, New Zealand and North American approaches.

ageing

Abstract ID: 584

TECHNOLOGY-MEDIATED SERVICES FOR OLDER IN OUTLYING VILLAGES

Authors:

¹A. Kilpeläinen (Presenter)

Institutions:

¹University of Lapland, Social Work, Rovaniemi, Finland

In Finland, especially in rural areas is known a concept of triple-ageing: percent of aged people from the whole population is getting bigger, people live longer, and young people move to the centres. The tendency is to stay at home as long as possible. Hence, the need of services in the individual level has increased. Also the possibility to participate to decision-making has a growing importance. Because of this, producing services is a progressive challenge for authorities.

In sparsely populated areas like Lapland, information technology (IT) is taken as one possible solution to produce and maintain services. To get lab-results, arrange an appointment with a doctor, getting pre- and post-information from health centre and central hospital, and even meeting a doctor by using telecommunication is reality in contemporary world. By authorities technology is seen as a mean to ensure good quality.

This technology-mediated way to produce services requires a lot from citizens. They have to be active, take responsibility of their services, etc. This is possible by having well-enough advices, by having functionally produced services and by internalizing new ways to produce and use services. In addition, information technology is considered to be a tool for the citizens of remote areas to reach authorities easily. A crucial question is how to motivate older people to use services produced by using information technology.

The purpose of this presentation is to analyze possibilities to enhance every-day life in remote areas by using technology. On the other hand, what are the prerequisites for using IT. The data comes from the interviews I made for my forth-coming doctoral thesis in outlying villages. I have made both individual and focus group interviews in villages. In addition, I have also made a survey to two village-areas.

connects

Abstract ID: 585

**OLDER PEOPLE, SOCIAL NETWORKS, ONLINE SOCIAL NETWORK PLATFORMS –
MYTHE AND PRACTICE**

Authors:

¹M. Schwarz-Woelzl (Presenter), ¹Teresa Holocher-Ertl

Institutions:

¹Zentrum fuer Soziale Innovation , Vienna, Austria

Embeddedness in social networks contributes significantly to older people's quality of life. It leads to lower rates of depression, decreased risk of dementia and lower mortality rates. Diverse network types with family, friends and further significant others offer a higher degree of social well-being than restricted networks do. However, given current social changes, where significant others tend to live geographically remote and traditional venues for social interactions (such as local services) tend to close, the conventional opportunities for social interactions are under threat. New technologies and communication means, like online social network platforms, might have the potential to make up for decreasing "real-life" social interactions. But which features does it need to support older peoples' social needs and which social groups can be successfully linked and fostered online?

Derived from literature analysis and from seven participatory workshops with older people in the UK and in Austria, the paper will discuss: i. what are older peoples' main network groups with regard to social support, social well-being and feeling of attachment?; ii. how do these groups change with increasing age?; and iii. which functionalities on online social network platforms support best older peoples' network activities?

The paper concludes with older peoples' visions of the ideal social network in old age.

ageing

Abstract ID: 586

DESIGNING A NEW NARRATIVE FOR AN AGEING POPULATION

Authors:

¹G. Hougan (Presenter)

Institutions:

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All designed objects tell stories. They give definition to the social narratives that not only influences the behavior and health of the person using that objects but also the behavior and perception of our view of them using it. Design or product semiotics, the study of the use of signs in the design of physical products, says that people attribute meaning to products and interact with them according. The problem is that many of the products and environments associated with our ageing population are ageist and reinforces an unhealthy view of ageing. This presentation will look at what type of products and environments are associated with our aging population and how it influences our view of them and their view of themselves. Three main factors that are driving an ageist narrative in design of products today will be highlighted. The first factor is the healthcare/medical industry which has mostly defined the product language associated with an older population, the second factor is the products developed by this industry for that population group, and the third factor is the design focus of those types of products. These factors have resulted in a narrow array of products associated with an ageing population that is both influencing ageism and then reflecting ageism through the narratives associated with these older adults using those products. The second part of the presentation will provide a ten point plan for creating a new more positive narrative for the design of products and environments developed for and associated with an ageing population.

connects

Abstract ID: 587

THE CHOICE OF AN OPTION ACROSS THE CONTINUUM OF LONG-TERM-CARE (LTC) SERVICES: A DECISION-MAKING PROCESS BASED ON ISO-SMAF PROFILES.

Authors:

¹N. Dubuc (Presenter), ²C. Corbin, ²N. Delli-Colli

Institutions:

¹University of Sherbrooke, Faculty of medicine , Sherbrooke, Canada; ²Research Centre on Aging, Sherbrooke, Canada

The aim of this study was to develop a decision-making tool to help orient elders with disabilities within the LTC continuum.

The study was conducted using a three-step procedure. 1) We created a series of scenarios of hypothetical clients (n=71) based on 14 disabilities profiles in which we varied other components (e.g., family assistance). We also drew up a list of definitions of 8 LTC options and services ranging from care at home to care in residential and nursing homes. 2) We used a Delphi method with a sample of clinicians and administrators from a variety of disciplines and settings. In the first round, they used a scale to rank the appropriateness of each LTC option for each variation in the hypothetical client based on their own clinical experience. We analyzed their responses with the Rand method. Situations that had not reached consensus were returned for reconsideration in the light of group opinion. Respondents then had to give their opinion on which type of LTC setting would be the most appropriate for each clinical situation. 3) Results were discussed with an expert panel using nominal group technique.

One hundred and eight experts (41%) completed the two rounds of the Delphi consultation using e-mail questionnaires. The respondents were mainly female (69%) and clinicians (94%). Their mean age was 50 years with a mean of 17 years of experience. After the second round of consultation, an agreement was obtained for 7 of 14 profiles. Then, a final consensus for all clinical situations was reached by the expert panel. The results were synthesized and presented in decision trees illustrating LTC options according to the 14 Iso-SMAF profiles and other elder characteristics.

This tool will support clinicians to provide more structured advice to elders and their families across the full spectrum of options.

ageing

Abstract ID: 588

THE CHANGING FACE OF FAMILIES: AN AMERICAN AND AUSTRALIAN APPROACH TO INTERGENERATIONAL PROGRAMMING

Authors:

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Institutions:

¹Heath Village, Administration, Hackettstown, USA; ²Australia WA, Ltd., Subiaco, Australia

Based on the tremendous growth of the senior population, a great opportunity exists for seniors to become part of the educational process of young children! As in all new ideas, exposure to the concept is critical to further participation. Facilities must be proactive in joining seniors with children.

Since I serve as President of a successful and thriving intergenerational child care center and serve as the Executive Director of a large retirement community, I have experienced first hand the tremendous power of linking children and older adults.

I welcome the opportunity to share my knowledge with your audience and engage them on this very exciting concept. Please consider the addition of this important subject to your schedule.

Session Teaching Method

Workshop

Target Audience

Senior housing, continuing care retirement communities, nursing facilities, assisted living facilities, day care facilities.

Presentation Description

This session will provide up-to-date information with regard to the concept of Intergenerational Child Care, while exploring the planning, development, operation, and financial aspects of a successful project. The session will provide a case study of one such Intergenerational Child Care Center, the Friendship Center, Inc. The program will benefit administrators contemplating the development of this exciting new concept.

Content Outline

A. Introduction

1. Overview of Concept of Intergenerational Child Care

2. Brief History

3. Basic Goals

B. Developing an Intergenerational Child Care Center

C. Case Study: The Friendship Center at Schooley's Mountain

D. Operating an Intergenerational Child Care Center

1. Volunteer Recruitment

2. Regulatory Standards

3. Staffing Patterns

4. Program Design

5. Marketing

6. Fundraising

E. Summary of Advantages to Long Term Care Residents and Child Care Center Students.

connects

Abstract ID: 590

FAMILY STRATEGIES IN ELDERCARE IN HUNGARY AND THE ROLE OF ICT

Authors:

¹Zsuzsa Szeman (Presenter)

Institutions:

¹Hungarian Academy of Sciences, Budapest, Hungary

The presentation explores different patterns used by families in Hungary to care for their older relatives. 1.family carer as active member of the labour market; 2. care provided by inactive (mainly) retired women; 3.responsibilities shared by a wider circle of family members; 4. family carer receiving a nursing fee from the state; 5. family member buying care on the visible labour market; 6. family member buying care on the undocumented (black) labour market provided by undocumented Hungarian carer; 7. family member buying care on the undocumented labour market provided by undocumented migrant carer. The presentation explores the pros and cons, advantages and inadequacies of these strategies. By analysing a one year intervention research, the Skype Care carried out in 2010-2011, it also presents another solution, showing how ICT could help both older care recipients and informal carers to solve intensive care and what substitutive role an already widespread ICT tool, Skype and internet, has in solving care problems in a country where the proportion of older persons with internet access and PC skills is extremely low.

The model intervention programme proved that even very elderly, sick persons in need of nursing are capable of learning to use Skype. Skype acted as a catalyst, leading to a higher level in the learning process; successful learning aroused the curiosity of the elderly about new forms of info communications and the internet. Their loneliness and depression ended and their interpersonal contacts expanded. With the end of depression many health problems also disappeared. However, the learning process required a helping mediator, carers, relatives, neighbours and technicians, the regular activity of volunteers was indispensable. By making use of the possibilities offered by info communications the elderly persons are capable of reintegrating themselves into society.

ageing

Abstract ID: 591

INTERNATIONAL COMPARISON OF WORKING CARERS' RECONCILIATION STRATEGIES IN GERMANY, ITALY, POLAND, AND THE UK

Authors:

¹A. Hoff (Presenter), ²K. Hamblin

Institutions:

¹Zittau-Görlitz University of Applied Sciences, Faculty of Social Sciences, Görlitz, Germany;

²University of Oxford, Oxford, U.K.

This paper will present the findings from the international research project '*Carers @ Work: Between Job and Care - Conflict or Opportunity?*'. This project was funded by the Volkswagen Foundation and included partners in Germany, Italy, Poland and the UK. The project's aims were to explore transferable, innovative solutions for the reconciliation of work and care.

The issues of work and care are particularly pertinent for a number of reasons. In order to secure the sustainability of welfare arrangements and competitiveness in an era of globalisation, the EU is encouraging nations to secure full employment and encourage longer working lives. However, at the same time the need for care is increasing due to increased longevity and declining fertility. As a result of these changes, over the next 30 years, those aged 45-59 years of age will be in the most demand both by employers and by those within their own families needing care. Indeed, this age cohort already provides the majority of informal care and without adequate support, may find the increased onus on maintaining paid employment untenable. Withdrawal from the labour market to provide care has not only been found to result in financial difficulty for the individual, is it possible that employers will also lose experienced members of their workforce.

The project utilised 50-60 semi-structured interviews with working carers in each of the participating nations in addition to a number of expert interviews including employers and other stakeholders, as well as secondary statistical analysis of SHARE and EUROFAMECARE data. This paper will focus on the interviews with working carers to provide a discussion and cross-national comparison of the tensions and conflicts produced by the combination of care and work, as well as the most successful reconciliation strategies.

connects

Abstract ID: 592

SOCIAL POLICIES FOR WORKING CARERS IN THE EU

Authors:

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Institutions:

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The reconciliation of work and eldercare is highly relevant for European societies, since it affects both the labour market with regard to ageing work forces and family relations in terms of increasing care obligations for older relatives. To enable a successful combination of work and care, family carers in Europe need concrete social policy action towards their specific demands. Based on recent EU documents, e.g. Treaties, Directives, Green Papers and Guidelines, this presentation highlights topic-related social policy action on the EU-level. The analysis of these documents shows that in the reconciliation of work and care has been taken up growing importance on the EU policy agenda. However, working carers are more or less involved as implicit issue, as subsumed under terms of gender equality, working conditions (e.g., part-time, types of leave) or social inclusion, even when concrete actions are not suitable attended. Even though informal care is highly relevant due socioeconomic aspects, intergenerational solidarity and ageing in place, the contribution of informal carers are not very perceived on the agenda of public policy. Especially the aspect of care responsibilities for working carers has not been given much attention in the past and the special needs of employed caregivers are often overlooked, because informal carers had often been seen as full-time carers, e.g. retired persons. Whilst policies on ageing dominate implications on older workers, little in the way of concrete actions to the address caring dimensions seem yet to have been implemented.

ageing

Abstract ID: 593

SUPPORT FOR CAREGIVERS IN SLOVENIA: INTERPLAY OF TRANSITION AND AGEING

Authors:

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Institutions:

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The Slovenian welfare system today is the outcome of a series of gradual changes in the last 20 years. Its origins can be traced to the 1950s and the development of the Yugoslav welfare system (see Kolarič, 1990 and 1992; Kolarič et al., 2009), based on the compulsory payment of contributions by employees and enterprises to cover risks of income loss (including old age) and all contributions for education, childcare, care for older people etc. The major components of the welfare system (The public sector- a well developed and regionally dispersed network of public (state) institutions with formally organised professional services; The informal sector- largely based on strong value orientations, normative expectations and emotional closeness within family and informal networks; The “gray” sector – employees in public institutions who were offering services for direct payment) have changed considerably in the past 20 years. Major development in the quantity and quality of new services during the last 20 years is in the area of social homecare, in the area of institutional care and, in the development of new policy measures for informal carers. We will consider the characteristics of newly developed services and measures with regards to transition changes. We will reflect the users’ perspective, Long Term Care system perspective, and researchers’ perspective.

connects

Abstract ID: 598

UNDERSTANDING THE MENTAL HEALTH SERVICE NEEDS OF DEPRESSED OLDER ADULTS; A STUDY OF AGE DIFFERENCES IN RECEIPT OF EVIDENCE BASED TREATMENT FOR MAJOR DEPRESSIVE DISORDER

Authors:

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Research indicates that 80% to 90% of persons with major depressive disorder (MDD) can be successfully treated, yet depression often goes unrecognized or improperly treated. The American Psychiatric Association and other national organizations have developed evidenced-based practice (EBP) guidelines to achieve greater consistency and quality in clinical care. However, there has been insufficient research on factors that influence adherence to the approved guidelines.

Objective: The purpose of this study was to examine the role of age in receipt of evidence based treatment for major depressive disorder (MDD) among Florida's Medicaid enrolled adults.

Methods: This retrospective cohort study used two and a half years of Medicaid claims, and vital statistics data. Regression analyses was employed to determine the relative importance of age and other predictive factors for adherence to the APA guidelines for MDD and the relationship of predictive variables to mental health service use.

Results: In all, 15,950 persons met inclusion criteria. Findings show that MDD increased with age. A little over three fourths (75.6 %) of the sample were female. Approximately 37.2% were identified as White, 9% as Black, 42.3% as Hispanic, and 11.5 as "Other". Only 33% of participants received treatment that conformed to the APA guidelines. Overall, Hispanics were most likely to receive medication treatment that adhered to guidelines, while Whites were least likely. With regard to age, fewer older adults (65 years and older) received treatment that adhered to the EBP guidelines.. Multiple logistic regression analysis produced the following results: Age 18-44 vs 65+: OR = 1.31 (95% CI: 1.16-1.47); Age 45-64 vs 65+:OR = 1.43 (95% CI: 1.30-1.59).

Conclusions: Nonadherence to APA guidelines for MDD was the norm rather than the exception. Both age and race disparities were found in treatment of MDD. These findings provide a basis for future research and clinical training initiatives.

ageing

Abstract ID: 602**ATTITUDES TO AGEING IN MIDLIFE****Authors:**¹A. Thorpe (Presenter), ²P. Joyce, ²J. Pearson, ²P. Schluter**Institutions:**¹University of Otago Christchurch, Psychological Medicine, Christchurch, New Zealand;²University of Otago Christchurch, Christchurch, New Zealand

Against a backdrop of rapid ageing across much of the world, attitudes to ageing are receiving increasing attention. Attitudes may influence health, health-related behaviours and even longevity. This study examines the relationship between attitudes and health in midlife. Methods: Comprehensive health data was collected from the first 250 participants aged 50 – 52 in the New Zealand longitudinal Canterbury Healthy Ageing Life Course Study (Chalice). The sample was randomly drawn from general and Māori electoral rolls with an over-sampling of Māori. Response rates were about 65 percent, despite ongoing interruptions and transience created by the Canterbury earthquakes.

Measures of felt age (how old people feel), ideal age (how old people would prefer to be), expected longevity (how long people expect to live) and self-rated health were used, alongside the Attitudes to Ageing Questionnaire (AAQ), recently developed in twenty centres worldwide in conjunction with the World Health Organisation. These measures were correlated with gender, income, education, relationship status, chronic health conditions, depression, alcohol consumption, smoking, cancer screening and obesity.

Results: Consistent with other studies, the sample felt ten years younger than their chronological ages and wished to be twenty years younger. Positivity toward ageing, felt age and self-rated health were correlated. However people's chronic conditions influenced subjective longevity more than felt age. Surprising differences in the results from the Attitudes to Ageing Questionnaire emerged, compared to cross-country samples.

Conclusions: People's attitudes were found to have a relationship to their health and wellbeing. Understanding the role of attitudes on health conditions and health promoting behaviours, as stated in the UN Madrid International Plan of Action on Ageing, will be of increasing interest and relevance with baby boomers ageing in greater numbers than ever before.

connects

Abstract ID: 603

FUTURE CARE NEEDS OF OLDER CANADIANS NEEDING ASSISTANCE: WHO WILL DO HOW MUCH AND “WHAT IFS”...

Authors:

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The Canadian population aged 65 and older will grow in the coming decades, reaching 23 percent of the population by 2031, based on the medium-growth scenario provided by Statistics Canada. This increase will be largely due to the Boomers who begin to turn 65 in 2011. As the population increases in age, so will the need for support and assistance in performing everyday activities.

This paper will try to answer two research questions:

1. How many future older Canadians with changing socio-demographic characteristics, will need and receive assistance with everyday activities due to a long term health condition and help received will come from which support networks?

2. What if we project important changes in the patterns of support networks usage of older persons? How would such a scenario affect the support networks in the future?

This research will move beyond the authors' basic projections (base scenario) to produce a scenario of variations in the utilization of support networks based on data from the 2002 and the 2007 General Social Survey. This will be useful to examine the effect of a behavioral change of the Canadian population on access to the different sources of assistance.

The base scenario shows that the increases in the size of incoming older cohorts - due to the arrival of the Boomers - will lead to an almost doubling of the future demand for either formal or informal support. However, the pace of this increase in demand will nevertheless be less than that of the total population 65 years and over.

However, the main result of our scenario of utilization of support networks is the drastic increase, when compared with our basic scenario, in the number of older people receiving both formal and informal assistance.

ageing

Abstract ID: 604

CONNECTED FUTURES THROUGH TECHNOLOGY: BSL PROJECTS ON ICT FOR OLDER PEOPLE

Authors:

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Institutions:

¹Brotherhood of St Laurence, Retirement and Ageing, Melbourne 3065, Australia

Brotherhood of St Laurence (BSL) is a NFP organisation based in Melbourne Australia. Social Inclusion is an underpinning principle of all BSL's work. Social isolation and barriers to participating in aspects of community and civic life, that are available to others, are impediments to active ageing, health and well-being. BSL's Retirement and Ageing strategic plan is to: strengthen its efforts to eliminate poverty and social exclusion amongst older people; work towards ensuring all older Australians have the opportunity to age well; and to deliver services that demonstrate innovative ways of responding to ageing.

As Australia embarks on one of its biggest infrastructure projects, the National Broadband Network with high speed broadband services to be available to 97% of citizens, BSL is ensuring older Australians don't get left behind in this revolution.

Significant new social design is being undertaken by BSL to ensure the development of new types of social support services and social networking ICT opportunities in order to strengthen Australia's economic and social capital through its older citizens.

In 2011, BSL held a forum for ICT Trainers, *Making IT and internet training a success for seniors - exploring best practice forum*. This has informed our IT strategy for older Australians and instigated the first network of ICT Trainers, service providers and researchers to progress this work.

BSL is building on its programs to provide: tablet mobile technology; broadband virtual services; intergenerational contribution; event management website to assist older Australians to access local events and activities through a mix of web 2.0 applications that utilize video and audio streaming as a way engaging people who are socially isolated and lonely back into community; further development of its ICT network; and university and business partnerships. Success in these areas will see the ability for a national roll-out of programs.

connects

Abstract ID: 607

LONG-TERM INFLUENCES OF MIDLIFE WORKING CONDITIONS ON HEALTH IN LATER LIFE – COMPARATIVE ANALYSES

Authors:

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Recent research has highlighted the importance of former life stages in explaining social inequalities in health at older age, where people in lower social positions generally experience worse health than those in more privileged social positions, often in combination with premature exit from the labour market. Against this background, we present preliminary findings of long-term effects of midlife working conditions on health and retirement behavior in later life across 15 countries. Midlife working conditions are measured in terms of detailed information on individuals' working trajectories and of exposure to psychosocial stress at work, as defined by the demand-control and the effort-reward imbalance models. Moreover - given cross-national dataset – we explore to what extent specific indicators related to social and labour market policies (e.g. expenditure on active labour market policy) are associated with 'good' midlife working conditions. Data are derived from three longitudinal ageing studies with comparable information: The US-American Health and Retirement Study (HRS), the English Longitudinal Study on Ageing (ELSA), and the Survey of Health Ageing and Retirement in Europe (SHARE) .

ageing

Abstract ID: 608

**GENERATIONAL INTELLIGENCE AND THE DIGITAL DIVIDE: REFLECTIONS ON
MEDIATED COMMUNICATION AND INTERGENERATIONAL COMMUNICATION**

Authors:

¹S. Biggs (Presenter), ²A. Lowenstein, ³I. Haapala

Institutions:

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It has been argued (Biggs and Lowenstein, 2010) that increased attention needs to be paid to Generational Intelligence and its effects on intergenerational relationships. This position emphasises the importance of an ability to put oneself in the place of the age-other. Generational empathy is viewed as being a key, yet often neglected component of shared generational understanding and source of sustainable negotiation. Without it new forms of ageism fill the space between groups, such that the age-specific priorities of the dominant group colonise the priorities of others, replacing existential life tasks that arise spontaneously from that part of life. The process of generational intelligence consists of four steps that can be used to examine the degree to which empathic understanding is possible. New forms of electronic communication have become a significant force, mediating communication. Edmunds & Turner (2005) have examined the use of an 'IT generation' to distinguish novel forms of age-based identity within a globalised communicative world. Generational metaphors, such as a distinction between analogue and digital thinking, have become associated with this mediating space, which is assumed, often wrongly, to be a 'youthful' domain. By applying the four steps approach to the use of skype, blogs, social networks and other forms of 'new' communication, the possibilities for enhanced generational communication are explored.

connects

Abstract ID: 609

AGEING, AGE COHORT AND SURVIVAL: EXAMINING THE RELATIONSHIP BETWEEN AGE AND WELLBEING

Authors:

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There is a strong suggestion of a U-shaped relationship between age and wellbeing in later life, with wellbeing improving in the years leading to standard retirement age, and declining in the years after retirement. However, this evidence is not uniform across different measures of wellbeing (eudaimonic and hedonic), nor across different contexts and subgroups of the population, and almost all of this evidence is cross-sectional in nature. So uncertainties remain as to the nature of this relationship and what the drivers of any relationship may be. For example:

- Is it a reflection of an on-average change in well-being across the life course?
- Or of differences across age-cohorts reflected in an apparent cross-sectional relationship with age?
- Or of survival effects, similarly reflected in a cross-sectional relationship with age?
- How does this vary across contexts and subpopulations (perhaps relating to retirement trajectories, health and socioeconomic position)?
- And how consistent is this relationship across different measures of wellbeing and why might it vary across different types of measure?

These questions will be examined using panel data from the English Longitudinal Study of Ageing and the US-based Health and Retirement Study. Both are nationally representative studies of the population aged 50 and over, designed in parallel to enable comparative analysis, and will provide five waves of data covering the period 2002-2010. In addition, because of their multidisciplinary design, both studies contain detailed information on the health, economic and social circumstances of respondents, allowing an in-depth investigation of the correlates of changes in wellbeing, including the role of transitions in later life (such as retirement and widowhood) and the nature of those transitions.

ageing

Abstract ID: 610

SOCIAL SPACES, RURAL PLACES: AGEING IN PLACE IN RURAL SOUTH AUSTRALIA

Authors:

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All older people should be able to participate in community life according to their needs, desires and capacities; while being provided with adequate security, support and care when they require assistance regardless of where they choose to live. One important aspect that shapes an older person's experience of ageing is the availability of resources; both basic services such as shops, transport and medical care, and life enriching resources such as family, friends and social opportunities. For older people living in rural communities, access to key elements for a good ageing experience, such as these, are more problematic. This presentation examines what makes an Australian rural community a liveable community for older people, utilising 424 face-to-face in-depth interviews with rural dwelling older people, aged 55 years and over, living in the Murray Lands region of South Australia from two separate studies (n=223 in 2007 and n=201 in 2010). Both sets of interviews explored the social, physical and temporal attributes of participants' social networks, using GIS technology to enable social networks to be examined spatially. Results from both studies on the spatial distribution of the social and support networks of older rural Australians suggest that most family network ties do not live close enough to provide on-going physical informal support; yet the majority of today's older rural Australians continue to want to age where they are living now. It is unclear if this means that older people in rural areas will have higher expectations of formal services to fill this vital gap or if it will mean a greater likelihood of a 'pushed' move to a new location (closer to family but away from their established sense of place) in later life.

connects

Abstract ID: 611

EFFECTS OF HAVING A CHILD WITH DEVELOPMENTAL OR MENTAL HEALTH PROBLEMS ON PARENTAL HEALTH: MODERATING EFFECTS OF EXCESSIVE ALCOHOL CONSUMPTION

Authors:

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With the increase in life expectancy, many parents who have children with developmental or mental health problems assume their caregiving responsibilities until late in life. However, little is known about the prevalence of health risk behaviors among these parents and the impact of such behaviors on parents' long-term physical health. The current study examines: (1) the effect of having a child with developmental or mental health problems on parents' alcohol-related health behaviors in mid-life (in the 50s); (2) the effect of having a child with developmental or mental health problems on parental physical health in later life (in the 60s); and, (3) the moderating effects of binge drinking and problematic drinking in the relationship between having a child with a disability and parental physical health. Analyses are based on data from Wisconsin Longitudinal Study, a longitudinal survey of randomly selected individuals who graduated from high schools in Wisconsin in 1957 and their siblings. The most recent data collection occurred in 2003-2004, when the majority of the original sample reached the age of 62. Results showed that having a child with a disability did not significantly influence the number of drinks that parents consume in mid-life. However, symptoms of problem drinking behaviors in mid-life significantly moderated the relationship between parenting a child with a disability and physical health in later life in that the negative impact of having a child with a disability on physical health was greater for those who showed problem drinking behaviors. The findings suggest that interventions for caregiving parents should be designed at the health behavioral level so that risky health behaviors do not further aggregate the toll that children's disability takes on parents' physical health.

ageing

Abstract ID: 612

SEXUALITY AND DISCRIMINATION AND THEIR IMPACTS ON HEALTH AND WELLBEING

Authors:

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This presentation will present results from the New Zealand Longitudinal Study of Ageing (NZLSA). One of the key aims of this research programme, is to identify the drivers of wellbeing and quality of life among the older population. Amartya Sen's capabilities approach has formed the conceptual basis of the theoretical framework of this research programme (Sen, 1999). Subjective measures that complement Sen's emphasis on the importance of human freedom were included to balance the otherwise objective, material emphasis of the capabilities approach.

An extensive survey of a national random sample of 3,317 older New Zealand citizens aged between 50 to 84 years was carried out in the second half of 2010. A theory driven approach to the survey questionnaire construction led to the selection of the domains of wellbeing, which included commonly applied questions on income, health, housing, social interaction, etc and other less common questions around discrimination, elder abuse and sexuality were chosen to highlight wellbeing capabilities, functionings, instrumental freedoms and needs. These variables were correlated with a range of health and wellbeing measures, including CASP 12, WHOQoL 8 and the World Values Survey Life Satisfaction Question.

The results revealed significant associations, indicating that older people who engage in sexual activity show higher levels of wellbeing and those who are discriminated against show lower levels of health. These findings demonstrate Sen's notion that human freedom and functional capability are at the centre of human wellbeing. While the resources objective approach to wellbeing and the subjective happiness approach to it show important aspects of quality of life, other variables, such as those applied in this study, are also important to demonstrate people's capacity to function well and should play an important role in social policy development.

connects

Abstract ID: 614

EASY-CARE PROGRAM IN IRAN

Authors:

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Institutions:

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Introduction: Like most of Middle-East countries, the number of older people in Iran is increasing rapidly and around 8 percent of total population is elderly.

The aims of the EASY-care program in Iran are to undertake cultural adaptation, validation and pilot testing of EASY-care instruments in Iran. The work is explained in 3 parts:

1-Completed activities: The EASY-Care project in Iran started after forming the research and executive team and completing preparatory work. A training workshop was helpful as was attending a yearly international EASY-Care meeting and presenting plans at international conferences. The Iranian team developed a care-plan to respond to needs identified from an EASY-Care assessment to fit the resources in Iran, undertook translation and cross-cultural adaptation into Persian and produced EASY-Care as an electronic tool.

2-Ongoing: A psychometric evaluation of the Persian version of EASY-Care Standard in Iran, a literature review of similar assessment approaches, testing the electronic version and making it available for all members of the international network are all near completion.

3-Future: Data from use of EASY-Care in Iran is being combined with data from the international network to create a large data set for international comparisons and internal psychometric evaluation. The results of these studies will be submitted the 20th IAGG conference, Seoul 2013 as evidence for EASY-Care as an international standard for assessing individual and population needs of older people.

Conclusion: The EASY-Care program could find an important role in the assessment and management of older people to help preserve health, independence and well-being. The programme could help improve health care services for older people in Iran, increase understanding of its strengths compared to other assessment systems and allow comparisons of need and health status of older people in Iran with other countries.

ageing

Abstract ID: 619

‘LEARNING TO NURSE’ THE OLDER ADULT

Authors:

¹L. Shorting (Presenter), ²Dr. Annette Lane, ²Dr. Sandi Hirst

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Topic: Given the emerging understanding vulnerable older adults living in residential care facilities frequently need registered nursing care services, professional nursing staff are required to possess the knowledge, skills and expertise to manage complex health challenges facing the older adult and their families. Internationally educated nurses (IENs) working in Alberta, Canada often start their professional careers employed in these residential care facilities. The very notion of the state role and responsibility in caring for older adults is counter intuitive to many IENs cultural norms and understanding of their own role and responsibility as a health care professional.

Research question: A small qualitative research study investigated the experience of twenty-five IENs working with older adults living in residential care. The research question asked ‘How do IENs learn to provide safe and competent care to vulnerable older adults living in residential care facilities?’

Findings: IENs report working in near isolation with infrequent contact with other registered nursing professionals. They report their transition to caring for the older adult in the safest and most competent way is often through “trial and error”. Despite their high motivation to learn and to become safe practitioners, their own fear of making a mistake and facing disciplinary action deters them from addressing their own learning needs.

Uses : IENs have unique learning needs that could be addressed in the delivery of continuing professional development activities targeting specific issues related to older adults living in facilities.

connects

Abstract ID: 620

WE ARE NOT SPEAKING THE SAME LANGUAGE BUT WE CAN STILL UNDERSTAND EACH OTHER IF WE ARE "LISTENING"

Authors:

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Institutions:

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This paper will focus on research conducted over two years in South Australia regarding the Greek ageing population. In 2009 a research team was formed at Flinders University combining academics from the Centre for Ageing Studies, the Southgate Institute for Health, Society and Equity and the Department of Modern Greek. The main objective of this team was to conduct research from a linguistic and cultural perspective, in other words, the group's focus was to collect, analyse and discuss information regarding issues arising from the cultural or language barriers confronting ageing Greek migrants. At the beginning a literature review revealed an almost total absence of research conducted in Australia from linguistic and cultural perspective, in particular regarding Greek migrants. Then the team conducted a variety of in-depth interviews focussing on the interaction between Greek migrants and the service providers in South Australia and Darwin. The results showed that indeed the communication between formal service providers and the migrants was problematic and needed urgent attention. Throughout the analysis of the interviews a variety of other cultural issues came to surface and particularly the structural understanding of a variety of "systems" organised by various governmental agencies. In 2011 the team also organised an international conference at Flinders University entitled 'Ageing in the Migrant Diaspora' where the similar topics were presented regarding a variety of communities, nationally and internationally. The team is continuing to be actively involved with this ongoing research project. The paper will present some of the most important findings so far.

ageing

Abstract ID: 621

AGE ENCOUNTERS: INTERGENERATIONAL RELATIONS COMMUNICATED THROUGH VIDEO

Authors:

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Age encounters was a multi-generational project exploring older and younger people's perceptions of age and ageism. Interviews were conducted with 10 older (75+) and 10 younger (<25) people about their perceptions of age and ageism. These interviews were both filmed and transcribed and a 10 minute DVD "Age Encounters" was produced that brought to life the themes identified through analysis of the transcripts. Building on Biggs' theory of intergenerational intelligence, interviewees were asked about how they experienced their own age, age cohort, ageism and how they imagined the other age experienced these components of generational awareness. Each interviewer (one younger and one older) interviewed 5 participants from each of the two generational cohorts. The project team also represented several generations.

Neither generation was highly aware of age as an issue – some younger interviewees expressed a desire to be a bit older (2-5 years) and some older interviewees would have liked to be younger (10-50 years). Few revealed direct experience of ageism although some reported ageism directed at others of their generation and the other generation. The two generations shared an understanding of some of the challenges that faced the other generation (including over or under exposure to social media and other ICT applications) and had strong relationships with members of the other generation within the family. Outside the family there were few opportunities for intergenerational connection but a key public meeting space was public transport.

This oral presentation will include a brief introduction to the DVD and description of the main themes and then the DVD will be shown. The DVD (now on Facebook and youtube) exemplifies the conference theme of "engaging generations - tweets, blogs, social networks and the digital divide".

connects

Abstract ID: 622

COMBINING PAID WORK AND FAMILY CARE-GIVING IN POLAND

Authors:

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The reconciliation of work and family care still goes unnoticed by policy makers and politicians in Poland. Since it is most frequently the family (quite typical also for other CEE countries), which is responsible for organizing the care - finding the balance between work and care could be problematic. In this paper, we will start with the discussion about the present situation and solutions for policy in this field, but the main aim is to present unique results of the research (based on qualitative interviews with 58 working carers) carried out in 2009 and 2010 in Poland within the VW project. We conclude with presenting some recommendations for different stakeholders.

First of all, our findings show that the majority of the carers strongly felt that the care they provide was causing stress and specific sorts of conflicts in their lives. The level of stress differed greatly among the carers, varying from slight (or hardly perceivable) to severe forms of depressions (the finding was supported by our secondary data analysis based on SHARE data). In fact, the conflicting issues in reconciliation of work and the elderly care are: the constant lack of time, pressure, weaker family relations. Most of the conflicts were of private nature and many respondents admitted there was little influence on their daily work.

Moreover, we found that quite often working carers faced uncompassionate attitudes of the managers or directors in their workplaces, who did not understand the specificity of situation of the working carer and were not willing to facilitate the work and care anyhow (the worst situation was for those working carers, who had fixed working hours and had no possibility of even a slight change, i.e. work at night). A slightly better situation, but also difficult to manage, was the work in public offices (administration) or in services open to the public at certain hours.

ageing

Abstract ID: 629**THE IMPLEMENTATION OF THE UN MADRID INTERNATIONAL PLAN OF ACTION ON AGEING DIRECTIVES IN AUSTRALIA****Authors:**¹E. Banasik (Presenter), ¹I. Tempone, ¹K. Farquharson**Institutions:**¹Swinburne University of Technology , Faculty of Business and Enterprise, Melbourne, Australia

Government budgets are an important indicator of governments' priorities in shaping public policy. Budgetary allocations will be evaluated within the policy framework developed in the "*National Strategy for an Ageing Australia*" to determine whether the rights of older persons as espoused by the United Nations "*Principles for Older Persons*" and by the Madrid International Plan of Action on Ageing are being observed by governments in Australia. The budgets issued by the Australian Federal, Victorian State and two Victorian local governments were examined and analysed using content analysis, commencing from the introduction of the National Strategy in 2001 till 2011. Eight policy areas were identified in the National Strategy around the theme - "health promotion and well-being throughout life". The Federal Government provided support that directly benefited older persons such as health assessments for older Australians for five out of the eight policy areas. However, throughout the analysed period, the level of budgetary support for these areas was either reduced or discontinued, with many policy areas being only supported for short periods of time. Other government bodies did not provide any funding, except for one initiative introduced in the 2001/02 Victorian State budget. Regarding support for initiatives benefiting the broader community, such as cancer awareness campaigns, out of the eight policy areas identified, four were supported by the Federal Government, three by the Victorian and one by the Whitehorse Council. The evidence shows that healthy ageing can significantly offset the negative effects of ageing on a society. The results of this study revealed that Australian governments provide only limited support of health promotion and well-being in their budgetary allocations. To succeed in preparing the Australian society for an ageing population, more proactive actions are required on the part of Australian governments at all levels.

connects

Abstract ID: 630

DETERMINANTS OF SUBJECTIVE WELL-BEING IN NURSING HOMES: A QUALITATIVE STUDY ON INSTITUTIONALISED ELDERLY IN TURKEY

Authors:

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High quality of life, well-being or life satisfaction among elderly is regarded as the key element for active or successful ageing. Especially subjective well-being has become the main focus of various disciplines such as gerontology, economics, sociology and psychology, all trying to come up with standardised determinants and indicators of well-being. However, there is little focus on the mechanisms of how these factors affect elderly people. In this respect, we employed a qualitative approach to look at subjective well-being of elderly in nursing homes. Focusing on the negative and positive aspects of their lives, both at the cognitive and emotional level, we tried to understand how the experience of being institutionalised affects elderly people's subjective well-being. While there is a common tendency to establish subjective well-being indicators or correlates through quantitative methods, this study proposes to understand the mechanism through which well-being of elderly is determined and reproduced by institutionalisation. In the scope of the project, semi-structured interviews are conducted with thirteen elderly who live in a nursing home in Ankara. The subjects were asked questions through which they evaluate their own condition (cognitive) and express their feelings (emotions) simultaneously. The findings show that the elderly, who has control over the decision of going to the nursing home is more satisfied compared to the ones who did not have a choice. Institutionalisation hinders people from the activities that they used to do and limits their interaction with relatives and families. Furthermore, acceptance of ageing and role consciousness emerge as a common theme among the elderly subjects.

ageing

Abstract ID: 631

DEMYSTIFYING PERSON-CENTRED CARE FOR PEOPLE RESIDING IN LONG-TERM CARE FACILITIES

Authors:

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Institutions:

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Limited staff and resources for people who need long-term care continue to be an extraordinary challenge in the South African context. Occupational therapists working in these private (mostly non-profit organisations) as well as in government institutions are also confronted with providing person-centred care. When addressing a culture of care where many residents are still prone to helplessness, loneliness and boredom, creativity and innovation are needed. This paper aims to disclose what person-centred care should entail and how a variety of small scale research projects executed by a group of final year occupational therapy students endeavoured to improve the human habitat of residents with advanced dementia. Techniques and approaches from current global trends (e.g. the Eden Alternative and Dementia Care Mapping) were utilised to contribute towards transforming care as opposed to the acquisition of funding. The result was that staff members felt they were closer to enabling people with advanced dementia, who are vulnerable and frail, to live a life worth living.

connects

Abstract ID: 632

SOCIAL RESPONSIBILITY VIEW OF ANKARA UNIVERSITY CENTER ON AGING STUDIES: A MODEL PROJECT ABOUT “COLOURING THE LIVES OF ELDERLY”

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Ankara University Centre on Ageing Studies (Its abbreviation YASAM means LIFE in English) was established in 2010. Considering the rapid demographic transformation that is taking place in Turkey, the mission of LIFE is to form social policies to meet the economic, social, cultural and psychological needs of elderly people, to publish and develop sustainable education and implement models for the elderly, to provide training for professionals working in the field of elderly care and welfare and to provide relevant consultancy services. LIFE tries to achieve these goals through co-operation with national, international, non-governmental organizations, local administrations, public and legal persons. LIFE embraces an interdisciplinary/trans-disciplinary approach and tries to liaise between the university and the organizations in service of the elderly people.

In the scope of its objectives, especially putting on emphasis on co-operation from different sectors, LIFE has introduced a social responsibility project under the title of “Colouring the Lives of Elderly”, carried out by the co-operation of LIFE, Local Municipality and a private company. In the scope of the project, to increase their life quality and add value to their lives, the houses of the elderly (either living alone or with their families) are fixed and painted in a certain neighbourhood in Ankara. The number of elderly that lives under the line of poverty is constantly increasing and they are not even able to meet their basic needs such as food. In this case, elderly people do not regard maintenance of their houses as a priority. Even if they do, they usually do not have the means for it. For that reason, with the contribution of different sectors, the houses of the elderly are fixed and coloured through this project. This paper will analyze how co-operation between various sectors contributes to the lives of elderly.

ageing

Abstract ID: 634

CLAIMING BACK THEIR VOICE – SEEING THE LIVES OF ENVIRONMENTALLY DEPRIVED RESIDENTS THROUGH THEIR OWN EYES.

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When words like ‘occupational injustice’ are used, most people think about people who are deprived of earning an income or who are living in situations of dire poverty. Unfortunately many elderly persons in residential care facilities also face occupational injustice on a daily basis. Not only are they restricted from engaging in meaningful occupations (occupational deprivation), but they experience prolonged periods of isolation and feelings of emptiness (occupational alienation). Five third-year occupational therapy students were challenged during a 10-day community service learning project to enhance their personal awareness and understanding of the impact of institutionalisation on residents and staff in residential care facilities. They specifically had to investigate the impact of institutionalisation on two elderly residents who live in their beds (i.e. bedridden). These students were advised to utilise “photovoice” as part of their assignment” as a qualitative research method when encouraging residents to speak out about the highly structured and often highly formalized systems they have to live in. This presentation aims to portray dual journeys. On the one hand gains were understanding, insight and compassion and on the other opportunities to impart knowledge, share life experiences and the liberty to have a say. The process of intergenerational contact making that were engaged in ensured that students were encouraged to view themselves as young adults rather than prospective professionals in a situation where elderly residents could be *givers* rather than *receivers*. “Photovoice’ was the catalysts for this social action and process of change. It was particularly the immediacy of the visual image and accompanying stories that furnished evidence and promoted an effective, participatory means of sharing expertise for creating mutual understanding and insight. [Reference: 2008. Photovoice, social change through photography. Available at: <http://joinipe.org/welcome/?p=405>]

connects

Abstract ID: 638

IS THE GROWTH AND EXPANSION OF SENIORS' OFFICES A POSITIVE OUTCOME FOR CURRENT AND FUTURE SENIORS? LESSONS FROM CANADA

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In response to an increasing complex policy environment and larger cohorts of seniors, multiple Canadian provinces have established and/or expanded "seniors' offices". Relying on three different administrative approaches to tackle ongoing policy problems related to population ageing, this presentation demonstrates that the creation and expansion of seniors' offices is a mixed blessing. On one hand, these offices are providing highly valuable services in disseminating information on current policies affecting seniors, creating a potent line of communication to governmental officials for seniors' groups, and facilitating the adoption and implementation of senior-friendly initiatives across various provinces. In addition, contrary to the development of departments managing public programs, these offices achieve core objectives without considerable amount of new financial resources. On the other hand, as in the cases of similar Youth's and Women's office, a potential problem is that everything related to seniors may be directed or even offloaded to these offices, which do not have the personnel and policy capacity to act appropriately. Thus, without proper support to coordinate activities across ministries, this organizational structure may in fact reduce the input of seniors within the broader policy making process.

ageing

Abstract ID: 640

E-HEALTH BUSINESS MODEL DYNAMICS TO FACILITATE TELEHOMECARE IN AN AGEING SOCIETY: THE DUTCH EXPERIENCE

Authors:

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Technological development offers opportunities for older adults to be part of the society for many more years and it facilitates both professional and family caregivers to be supportive in a more efficient way. Technologies can connect people to relatives, health care professionals and observation systems. For companies in the quickly growing health sector, and e-health companies in particular, it is not easy to supply what users demand, because of the structure of the health care market. Each company has a business model, which describes the way they serve the customers. Our study uses a case study method to examine business model dynamics, i.e. the way companies adapt to their environment to be able to serve the needs of the ageing society.

We investigate the underlying fundamentals for business model design and dynamics in the Dutch e-health industry, examining to what extent the ways in which firms operate are driven by three underlying forces: institutional aspects, globalisation and technological change. We classified the business models of six case study companies, identified the impact of the three forces of change and connected those forces to the company's business model design.

The result of the study is a better insight in the most important issues companies face. This can be input to further research, leading to insights in what governments can do to increase the possibilities for companies to produce what the ageing society needs. We found that most of our case study companies create value by connecting people. The most important external factor influencing their business model is of an institutional nature. They are continuously adapting to regulatory structures created by governments and insurance companies. Paying attention to the choices companies have to make, can improve the innovative capacity of the e-health market in the ageing society.

connects

Abstract ID: 641

SENSOR TECHNOLOGY, THE PERCEPTION OF FAMILY CARERS AND OLDER ADULTS

Authors:

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Introduction: In the Netherlands, 2.6 million older adults aged over 65 plus. In 2040 one quarter of the Dutch population will be 65 plus. The majority (90%) of the older adults live independently. Their wish is to age-in-place. An important factor in ageing-in-place is family care. They provide the largest volume of care. In the near future however, the volume of care will decrease by 50%. Therefore, SME's design and develop several E-Health solutions. One solution is the use of sensor technology by family carers and older adults who live independently. Sensors are placed in the home of older adults which have a long term demand for care. The sensor system provides family carers with information about daily activities of their relatives via the Internet or the mobile phone and to be alerted in case of an emergency. The aim of this study was to gain insight about how both family carers and older adults perceive the use of sensor technology to monitor daily living at home.

Methods: Structured interviews have been conducted with family carers (n=19) and older adults (n=8). The interviews are tape-recorded and analyzed. Interviews items were , social status, independency, demand for care, benefits and drawbacks towards the sensor system.

Results: The majority of the family carers interviewed is taking care of a parent and are worried about their health. The results show that family carers and older adults are mainly positive about the use of a sensor technology system to monitor their relatives at home when it supports them to age-in-place.

Conclusion: Both family carers and older adults indicated that in case of physical decline, it could be useful to be alerted by the sensor system in an emergent situation. Further studies should examine the predictors for use of sensor technology at home.

ageing

Abstract ID: 642

USE OF VIDEO COMMUNICATION FOR E-MENTAL HEALTH IN AN AGEING SOCIETY

Authors:

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Global society is ageing rapidly. In the Netherlands, 2.6 million older adults are >65 years old. Frail older adults are at risk for developing mental diseases like Alzheimer. 10 % of the older adults suffer from Alzheimer. In addition, 1.4 % of the Dutch population suffers from mental disorders.

In the treatment and support of people with a chronic disease, e-Health is one of new tools being used. With use of E-Health or in case of mental disorders, called e-Mental health, treatment and support can be provided remotely from the patients.

In the subproject of the iKOP project, expanding e-Health Knowledge, a mental healthcare institution in Rotterdam (the Netherlands) is introducing a video communication system, as a e-Mental-health tool, that will be used by all carers to provide care to the inpatients.

In this research project, we examine how video communication can be part of traditional provided mental care. Furthermore, preferences of both older adults and professional carers of the e-Mental-Health tool are examined by use of a structured interview with the professional carers.

Examining, usability, user-friendliness of the new introduced system are also part of this sub-project. The results of this study will give answer to whether or not e-Mental-health is applicable for providing care for older adults. At the same time results of this study will help small and medium businesses to (further) develop their video communication systems used in a mental healthcare environment according to the preferences of their users.

connects

Abstract ID: 643

VIDEOCONFERENCE AS A TOOL IN TELEHEALTH FOR THE ELDERLY

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In the Netherlands videoconference by means of a television screen with set-top box or a videophone in the homes of the elderly in home care, has been evaluated in small projects since 2005.

There are lessons to be learnt from these experiences and lately more healthcare organizations and SMB's ask for knowledge of the usability for different settings.

At Rotterdam University this has resulted in working together with a healthcare organization, housing cooperation and a system integrator to design and implement a system in independent apartments where care services can be delivered up to nursing home level. The interface is chosen with help of elderly citizens in focus groups and is used for care services, opening the central door and apartment door after video communication, and video communication with neighbours, family and friends. The end-users of the care services are both older patients and care professionals. This screen to screen care, amongst other services, is currently being evaluated by the Rotterdam University.

At the same time an international literature search has been performed, at the request of a SMB and client, to answer the question if video communication is also suitable for delivering ambulant care services to people with acquired brain injury. As a result a business case was made by the SMB and the involved health care organization decided to start a pilot in 2012. The Rotterdam University is advising on the design of the evaluation and is conducting a first survey under the care professionals.

These examples of knowledge transfer can be shared with international parties to learn from experience in practice, since it is difficult to answer specific questions by health care professionals and SMB's because of the wide spread and small scale projects.

ageing

Abstract ID: 646

**THE BIAS FOR INSTITUTIONAL CARE FOR OLDER ADULTS IN THE UNITED STATES:
TOWARD COMMUNITY-BASED ALTERNATIVES**

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Many poor and middle class older Americans find themselves placed in institutions such as nursing homes because they cannot get access to adequate care in the community. Home-based care, especially non-medical personal care, is largely unavailable to poor and middle class people. Those who lack a family and social network are particularly vulnerable. Through the use of case examples, participants will gain an understanding of the financial and social obstacles facing older adults in the US who want to remain in their communities as they age. Long term care outside of institutions is only available to those who can pay for it privately or have family members who can provide the care. Once their funds are depleted, nursing home care is often the only option because that is what government-funded Medicaid health coverage is designed to pay for.

In this session participants can expect to learn about the current system of disincentives for home based care and about alternative models for keeping older adults in their home communities as long as possible.

connects

Abstract ID: 647

DEVELOPMENT OF A MALNUTRITION SCREENING AND ASSESSMENT TOOL FOR ELDERLY IN HOSPITALISED SETTINGS

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Malnutrition in hospitalized patients is associated with increased morbidity, duration and cost of hospitalization and mortality. This research aimed to develop and test a simple, non-invasive instrument for nutritional screening and assessment of hospitalised patients. Existing nutritional screening practices were studied in 10 private, 10 government hospitals and 5 nursing homes in Delhi. 10 doctors, nurses, dieticians from each hospital were administered an interview cum questionnaire schedule. Over 50 % responded that no detailed anthropometric, medical, dietary, psychological or sociological screening was done. Malnutrition Screening and Assessment Tool for elderly (MSAT-E) was constructed consisting of 4 sections - anthropometry, global, subjective and dietary assessment with a framework for nutritional care. MSAT-E was tested for reliability, validity, sensitivity and specificity against Mini Nutritional Assessment (MNA) and Subjective Global Assessment (SGA) tools on 300 elderly patients. Determined cut-off points for MSAT were set into scores by using Receiver Operating Characteristic (ROC) analysis. The screened patients were categorized into 3 categories as malnourished, at risk and well nourished patients. Sensitivity and specificity of MSAT-E with MNA was 75.5% and 74%; with SGA was 74.6% and 71% respectively. Chronbachs alpha reliability coefficient was 0.83. In conclusion, MSAT-E is a simple, effective, age specific nutritional screening and assessment tool for use for hospitalized elderly patients in India.

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ageing

Abstract ID: 651

NURTURING THE HEART: FROM THE CUSTODIAL CARE MODEL TO SERVING OTHERS

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Institutions:

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A major issue in caring for elders, especially elders who are afflicted with memory loss, confusion, physical frailty and disorientation, is how to care for them lovingly on an ongoing basis and avoid the often prevalent emotional neglect and often outright abuse. Over time, caregivers - be they professionals, family members and/or friends - often lose their sensitivity in the care for the elder in need thus causing much silent and overt suffering for the elder. This is especially important because of the large increase of assisted-living and dementia-specific communities in the world which are now increasingly secular in origin. This presentation will propose a necessary attitudinal shift towards the phenomenon of care, a shift away from care as a necessary burden to care as a teacher for the caregivers own personal and professional growth and development. This mind-shift can be trained through instituting an educational program for caregivers that emphasizes a different look at how we conceptualize and provide care. Foremost, we are moving away from the custodial care model prevalent in most elder care facilities and amongst professional caregivers to a model that understands care as service. As such, the education of caregivers - professional and laypeople - must incorporate a training that connects them to their own meaning and purpose of the care they provide for elders. Using the existing training program of AgeSong, San Francisco, as an example, this presentation will outline clear steps to the adaptation of such training programs in elder care facilities, for geriatric and gerontological professionals as well as for family members who care for their loved one.

connects

Abstract ID: 653

AN INTERCULTURAL GERONTOLOGY CURRICULUM: RESPONDING TO CONTEMPORARY TRENDS IN AGING AROUND THE WORLD

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Intercultural gerontology curriculum development at the baccalaureate level is proposed as a response to the challenge of global aging and the need for a culturally competent workforce. Reviews of contemporary gerontology curricula indicate that cultural awareness and cultural sensitivity are outcomes of the multicultural, cross-cultural, and valuing-ethnicity orientation of courses in which cultural essentialism is the theoretical orientation. This recognized, the diversity among students, teachers, and older adults in Canada and across the globe requires a shift from Eurocentric perspectives on “other” cultures and the study of aging to a more inclusive interculturally-focused curriculum. An intercultural gerontology curriculum will assist in the development of cultural competence in today’s increasingly globalized community.

The impetus for this response began in an undergraduate university classroom where students of diverse origins and cultures explored key issues in gerontology. International students who were part of the class were sometimes shocked to learn about North American values in relation to aging. The “home students” in the class, those born in the general geographic region of the university, maintained their own version of “friendliness at a distance,” ignoring their international classmates and accepting the curriculum at face value.

Having acknowledged the contrary viewpoints of the two student groups, the presenter who is a doctoral student in an Interdisciplinary PhD in Human Studies program reviewed the educational literature in two main areas: educational theory for higher education and curriculum design. The goal of this review was to discover and /or develop a foundation for gerontology curriculum reform. This foundation as well as the complexities of working with international faculty in order to implement such reform will be presented.

ageing

Abstract ID: 656

I CAN'T WAIT TO BE OLD, OR: LIFE IS GETTING BETTER WITH AGE

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A central aspect of promoting health and well-being throughout life is shifting our attitude towards our perception of life. More and more evidenced-based research shows the importance of personal attitude on the overall well-being of a person. Given most Western societies have a limiting view of older adults, a central project is to shift attitudes towards aging away from limitation to possibility, away from loss to gain, from decline to growth. AgeSong and Pacific Institute are two organizations based in San Francisco, California, which have been leading the way to change an outdated concept of aging to one that emphasizes the many gains a long life brings - not only to the well-being of the individual but also to that of society at large. This workshop will work experientially with all participants so that each person can understand their own internalized ageism, become aware of their self and world construct, and begin the process of appreciating their lives at any age. Clear suggestions for implementing changes to such a belief-system will be discussed and participants will be given steps towards an attitudinal change with respect to aging and growing older.

connects

Abstract ID: 657

TEAM WALES: THE OLDER PEOPLE'S COMMISSIONER FOR WALES' REVIEW OF THE ADVOCACY ARRANGEMENTS FOR OLDER PEOPLE IN CARE HOMES IN WALES, UK

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This paper reports on the current review of advocacy arrangements in care homes in Wales for older people by the Older People's Commissioner for Wales. The Commissioner, an independent public body set up to safeguard the interests of older people in Wales, has the power to review arrangements for advocacy through powers and functions derived from Section 5 of the Commissioner for Older People (Wales) Act 2006. The purpose of the review is to explore whether, and to what extent existing advocacy arrangements for older people who live in care homes in Wales are effective in safeguarding their interests and rights. The Commissioner can require a prescribed person to provide information which is considered necessary for the purpose of reviewing advocacy arrangements. Information was sought from a range of public bodies in relation to their existing arrangements for advocacy provision for older people in care homes. In addition, in-depth interviews were conducted with older residents, relatives, care home managers and staff of care homes in Wales to explore people's understanding and experiences of advocacy in care settings. The review is underpinned by the United Nations Principles for Older Persons which includes the right to enjoy fundamental freedoms such as being treated with dignity, respect and to be able to make decisions about their own care and the quality of their lives. Emerging themes from the data suggest that a more robust understanding of advocacy needs to be developed both from a statutory and non-statutory functional perspective. Of concern is the lack of consistency and process in monitoring and assessing the efficacy of existing advocacy services for older people who live in care homes and where the responsibility for this inspection should be located. Advocacy is arbitrarily defined leading to confusion and fragmentation in how services are commissioned and delivered.

ageing

Abstract ID: 660

PROBLEMS WITHIN THE AUTONOMY PARADIGM AND SOME PROPOSED SOLUTIONS

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To an enormous extent the problems faced by the ageing population can be seen as issues of autonomy: That is, impediments to their right to control their relative independence and freedom of choice. Consequently, to a correspondingly enormous degree the solutions to these problems tend to seek securing that autonomy in one way or another. In short, there is an “autonomy paradigm” that exists in the mind of those seeking to help the aged.

There are genuine problems that exist in advancing that autonomy however, and these might be thought of as being both intrinsic and extrinsic: “Intrinsic” problems, such as the genuine inability of some older persons to express their autonomous wishes. And “extrinsic” problems, such as a lack of societal structures to even allow them to express such wishes much less carry them out.

Quite evidently then, across a very wide spectrum of the issues confronting the aged advancing their interests depends on understanding these generic impediments. Accordingly, doing such an analysis as well as providing some suggestions for solutions is the subject of this proposed presentation.

For example, the presentation would explore the problem of mental impairment and suggest the establishment of some standardized method of assessing and grading same. Likewise, the presentation would discuss the lack of societal methods for the ageing population to memorialize their autonomous wishes, to empower surrogates and especially legal representatives to carry them out, and etc.

connects

Abstract ID: 662

OLD AGE, AIDS AND LIVING OPTIONS

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While largely considered a fatal illness in the 1980s, with treatment, AIDS has become a chronic illness in the 21st century. As such, many individuals with AIDS are living decades with the illness, but their rate of aging is accelerated over that of the general population. This means that some older adults in their 50s and 60s need health care assistance to remain independently in their homes and others need supportive housing/long-term care of some sort.

However, what kinds of housing arrangements are needed? In order to determine what housing supports/long-term living arrangements are required, we searched the following data bases: CINAHL, Nursing Reference, MedLine and Social Work Abstracts using the search terms “older adults”, “AIDS” and “nursing homes”. We then replaced the term “nursing homes” with “housing arrangements” in order to widen our search. The bulk of the literature and research we uncovered addressed prevalence rates of AIDS in older adults, educational needs of uninfected older adults in relation to sexuality and AIDS, health teaching for older adults with AIDS, stigma and social support in this population. Little information regarding housing options or long-term care for older adults with AIDS emerged. Within this poster presentation, we present what information is provided in the literature and research regarding housing options for this older adult sub population. We address implications for older adults, health care professionals, long-term care facilities and policy makers.

ageing

Abstract ID: 666

TEAM WALES: DIGNIFIED CARE? THE EXPERIENCES OF OLDER PEOPLE IN HOSPITAL IN WALES

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This paper will consider how utilising the United Nations Principles for Older Persons and the rights enshrined in the European Convention on Human Rights can make a real difference to older people accessing health services, and the role of real experiences of older people in securing systemic changes.

The case study highlighted in this paper involves evaluating the Review undertaken by the world's first exclusive statutory Commission for older people – the Older People's Commissioner for Wales – into the treatment of older people as hospital in-patients and the need to maximise dignity and respect. The Older People's Commissioner for Wales has the power to review the functions of health, local authority and 'national / regional' government, through powers and functions derived from Section 3 of the Commissioner for Older People (Wales) Act 2006.

The paper will consider the methodology, conduct, follow-up and outcomes of the review highlighting how a Commission with dedicated statutory powers can secure changes and commitments to improve practices and behaviours.

connects

Abstract ID: 667

MOVEMENT MATTERS: DANCE AS AN INNOVATIVE HEALTH PROMOTION STRATEGY

Authors:

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The Sheridan Elder Research Centre for Creative Aging(SERCCA), located in Oakville, Ontario, Canada, has undertaken a number of projects designed to enhance the health and well-being of adults 55+ through active engagement in the creative and performing arts. One of these studies, funded by the Canadian Institutes for Health Research (CIHR), focused on dance as an innovative health promotion strategy that encourages healthy aging and helps to maintain functional autonomy.

As a cohort, older adults participate in physical activity less frequently than other age groups. Offering traditional, gym based exercise programs may not appeal to everyone and discounts a number of documented barriers to participation. One promising strategy for encouraging the physical health and psychological well-being of older persons is to advocate for the provision of a greater variety of age-appropriate physical activity programs.

The overarching goals of the SERCCA dance program were to validate the physical benefits of dance participation and to explore its impact on feelings of self-efficacy and mastery in participants. SERCCA researchers assessed physical changes in older adults who participated in a 12-week dance program and explored potential internal and external barriers to inclusion in physical activity (e.g. self-limiting beliefs, stereotypes and lack of opportunity). The dance program provided older adults with an opportunity to engage in physical activity, participate in novel learning experiences and expand their notions about what is possible as they age.

The dance classes took place over a two-year period in a variety of settings near Oakville and will continue in the winter of 2012 with SERCCA's first remote site in Vancouver, British Columbia.

In this presentation, Ms. Spadafora will report the research results from this pilot study, briefly outline next steps and share information about an Arts, Aging and Applied Research collaboration that has evolved from this study.

ageing

Abstract ID: 671**CHALLENGES OF DISSEMINATING INFORMATION TO BROAD STAKEHOLDER GROUPS****Authors:**¹E. Cummings (Presenter), ²P Nixon**Institutions:**¹BRAID Project, University of Tasmania, School of Computing and Information Systems, Hobart, Australia; ²BRAID Project, University of Tasmania, Hobart, Australia

This presentation will discuss the challenges involved in developing and implementing a complex dissemination strategy for a broad range of stakeholders using the case of the Bridging Research in Ageing and ICT Development (BRAID) project as an example. BRAID issues are embedded in broader societal issues including policy, e-inclusion efforts, employment, community care, health care, standards, insurance and business models. The intention of the dissemination plan is to identify and plan the methods by which information regarding the BRAID project can be communicated between the project team and to the various stakeholder groups. On the most basic level, we aim to ensure the project results are disseminated to all the groups identified in the early stages of the project. However, there is an increasing demand for “scaleable” stakeholder involvement in the development of the understandings in any baseline, multi-stakeholder mechanism identification, vision building, scenarios, trends and roadmaps.

Dissemination strategies range from “passive” to “active”. Passive strategies do not require the stakeholder to actively engage, they can remain a passive recipient of BRAID information. Whereas active strategies require them to commit their own time to actively engage with BRAID information products, BRAID partners or other stakeholders. Likewise, stakeholder involvement in dissemination and impact creation ranges from “low” to “high”. A low level of involvement may simply take the form of receiving and reading our final roadmap. High-level involvement may take the form of regular community activity or attendance at stakeholder workshops.

By structuring our dissemination around a range of stakeholder involvement methods, we aim to make it scaleable. In this instance scaleable means hundreds of users can remain passive recipients of information but can at any time easily move to higher forms of involvement via the community portal and hence become engaged in more active dissemination strategies such as meetings.



Abstract ID: 673

SCREENING AND INTERVENTION DECISIONAL AID FOR ELDER ABUSE

Authors:

¹S. Israel (Presenter), ²E. Montgomery Sklar, ¹M. Soulieres (Presenter)

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Taking Charge is a pan-Canadian project funded by the Government of Canada's New Horizons for Seniors Program in partnership with the Julius Richardson Foundation and the CSSS Cavendish (Cavendish Health and Social Services Center). The project includes a multidisciplinary team of researchers, practitioners, professionals in the legal and judiciary system as well as community organisations working to define and refine resources to raise awareness and increase knowledge on elder abuse.

One of the four tools developed was the Screening and Risk Assessment Decisional Aid for Elder Abuse. This tool has been conceived for first responders to help evaluate risk and promote measures of prevention and/or protection from abuse which are least restrictive of autonomy to the individuals concerned. It was designed to help practitioners faced with a situation of abuse, to assess the level of risk and prioritize appropriate subsequent intervention. It provides a visual template for processing pertinent information according to risks and legal responsibility. Scenarios may vary in terms of urgency and the capacity to consent. The tool has been validated in a pilot project that generated feedback from the practitioners using it and allowed for modifications.

This poster presentation will allow for the showcasing of the decisional aid and dissemination about its relevance for practitioners and usefulness as it can be adapted based upon the reality of other legal and ethnocultural practice settings.

ageing

Abstract ID: 674

IT'S IMPOSSIBLE; I'M TOO OLD TO LEARN HOW TO USE A COMPUTER.

Authors:

¹N. Bosler (Presenter)

Institutions:

¹Australian Seniors Computer Clubs Association, Collaroy Plateau, Australia

Technology has allowed us to communicate in a multitude of amazing ways and age should not be a limiting factor. We must seek ways to ensure that older people can enjoy the benefits and satisfaction of using technology. They need access to knowledge, education and training so that they too can be a part of the world of electronic communication and learning.

The Hon. Kevin Andrews, MP, then Federal Minister for Ageing took the report Ageing in Australian Society to the Second World Assembly on Ageing which was held in Madrid, Spain 9-12 April 2002.

Under the heading 'Communication and Technology Needs the report read:

Ensuring that older Australians are able to benefit from the advances in communication and information technology is an important national objective.

Ready access to information, the capacity to access and receive services, including health services without needing to leave the home, the ability to communicate with people all over the world and the potential for learning and education are just some of the ways in which new technology will be able to enrich the lives of older people and support their ongoing participation in society.

This paper will look at how the Australian Seniors Computer Clubs Association (ASCCA), a not-for-profit community organisation which is run by older people for older people, is endeavouring to meet those objectives and how we consider that some government initiatives such as Broadband for Seniors Kiosks and the roll out of the National Broadband Network are addressing those important needs.

Many older people do use technology and they use it well!

connects

Abstract ID: 675

AS A PRIMARY CARER I TURNED TO TECHNOLOGY.

Authors:

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Being a carer changes your life.

I was my husband's primary carer for 13 years and during that time my computer became my strongest link to the world.

My experiences helped me see how valuable it is for carers to become computer literate.

Part of the report Aging in Australian Society that an Australia delegation took to the Second World Assembly on Ageing in Madrid in 2002 read:

Ensuring that older Australians are able to benefit from the advances in communication and information technology is an important national objective.

I consider that the objectives in that report are vital as we strive towards an enabling and supportive environment for carers. Using a computer and accessing the Internet can open up a new world for all carers irrespective of age.

Information and browsing on the Internet can help them find information and services. Don't imagine that social networking is only for young people. Carers can network with other carers via groups on Facebook, blogs, Skype or messaging with their phone. This support is invaluable. Carers don't have to be alone. Carers shouldn't feel they are alone.

A carer can use a computer to create aids such as a memory book or a wonderful collage of family photographs to assist a person with dementia.

Technology can help a carer remain linked to their community and they are still able to contribute to social capital via technology. Consider the enjoyment of emails to and from friends whether they live across the road or across the world.

A carer can't share their problems with the person they are caring for; they just have to cope as best they can, smile and say 'everything's fine.' They can however share their problems with friends via technology.

ageing

Abstract ID: 676

UNRECOGNISED ASPECT OF MENTAL WELL BEING WITHIN AGEING POPULATION OF SOUTH ASIAN ORIGIN IN UK

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Amongst the ageing Minority Ethnic Populations in UK, older people of South Asian origin are reported to be better adjusted. (Patel 2004 - PRIAE). This presentation uses the findings of studies carried out to highlight some of the deep seated issues that impact the mental well being of this group. Most of this ageing population consist of those that arrived in UK when they were young and economically active. Some in the process of migration experienced spending initial time in refugee camps and all have had to cope with settling in new and often racist cultural environment. Most of this group having held full time jobs and raising their family in UK, now find that their children have begun to adopt more individualistic values which are in stark contrast to wider and communal family outlook that the members of this ageing group have held. On one hand there is this cultural assumption by the ageing that their care will be provided within family home particularly by their sons and on the other hand there is a general trend of the younger South Asians to adopt the ideals and the lifestyles of the nuclear and individualistic living arrangements. The findings highlighted the impact of social and cultural change on the process of ageing and on their mental well being. The studies found that this South Asian ageing population were not only facing the changes in their family dynamics and the generation/ cultural gap but a set of changes that questioned their fundamental cultural assumptions and expectations of the provision of care within the home and extended family. The paper highlights the feelings of isolation, disillusion and fears as they face the changing values between generations in terms of expectations of familial responsibilities.

connects

Abstract ID: 677

A TELEDENTISTRY APPROACH FOR ORAL HEALTH SCREENING IN NURSING HOMES

Authors:

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This proposal represented a response to the serious dental workforce shortage to care for the Australian population. This project promoted affordable, timely oral health care by testing an oral health model in which ICT was used with the aim to extend clinical care to people who were physically separated from the examining oral health professional. It tested whether improvements in accessibility and appropriateness of oral health services could be achieved by using information and communication technology (ICT) - based video communication technology to screen for oral disease.

Face-to-face patient's examinations are regarded as the most accurate method for correct oral health diagnosis. However, only 11 percent of Victorian nursing home residents have seen a dentist in the past 12 months, with few dentists available to provide dental care for residents of aged care facilities. In fact, only half of Victorian dentists reported providing care to residents of RACFs, and this half, reportedly spent only one hour-per-month providing care.

This pilot study (*Proof of Concept*) tested the feasibility and reliability of using videoconference and intraoral cameras at remote facilities for screening of patients for oral diseases and conditions and development of treatment plans in real-time compared with traditional face-to-face oral examinations.

Result indicate that the proposed teledentistry approach for oral health screening using an intraoral camera was feasible and reliable as an alternative to traditional oral health examination. Patients expressed high levels of satisfaction with the teledentistry service.

This study provides an additional step towards closing the gaps in the provision of sustainable oral health care services in rural areas. In Victoria, just over half of residents are dentate, and dental treatment needs are high. Rural and regional Australia has an increased proportion of older people living in their communities and these communities are demographically ageing more rapidly than their metropolitan counterpart .

ageing

Abstract ID: 678

TELEHEALTH IN GERIATRICS: A HONG KONG EXPERIENCE

Authors:

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11% of Hong Kong's 7.8 million people are aged 65 or older. Information technology (IT) and communications networks are highly developed and readily accessible in the metropolis.

Examples of major advances in tele-health care for older people will be presented.

1) Electronic patient record (EPR) - the Hong Kong Hospital Authority (HA) operates 40 public hospitals and 55 primary care clinics, serving in excess of 90% of our citizens. HA's data warehouse contains millions of medical records. Each individual's record includes health care utilization data, clinical notes, laboratory tests, diagnostic imaging and prescriptions. Patient records can also be accessed in nursing homes via remote access.

2) Telemedicine – this was developed in the late 1990s to support nursing home residents with limited access to health care. These institutions were linked with healthcare professionals (geriatrician, psychogeriatrician, geriatric nurse, physiotherapist, occupational therapist and podiatrist) via real-time teleconferencing. During the Severe Acute Respiratory Syndrome (SARS) epidemic, teleconferencing was used to deliver group rehabilitation to older patients in community social centres, as many hospital-based clinics were suspended.

3) Telephone support to post-discharge patients – the Community Health Call Centre (CHCC) started in 2003 with a single community nurse making calls to patients recently discharged from medical wards. The objective was to make sure the patient was coping at home and to provide education and information relating to drugs and follow-up. To-date, the CHCC employs 50 part-time nurses and make over 20,000 calls each month to patients all over Hong Kong. 20% of the calls are in-coming enquires from patients and carers.

4) Other applications of telehealth – electronic forms and protocols to facilitate geriatric care, web sites providing information and self-assessment for patients with chronic diseases, home monitoring and alert system, etc.

connects

Abstract ID: 686**LONG TERM OUTCOMES OF RESTORATIVE HOME CARE****Authors:**¹G. Lewin (Presenter), ¹J. Alan, ²H. Alfonso**Institutions:**¹Curtin University, Centre for Research on Ageing, Perth, Australia; ²University of Western Australia, Perth, Australia

Silver Chain's restorative home care programs have been operating across metropolitan Perth since 2003. Since their implementation the effectiveness of these programs has been measured in terms of the need for ongoing home support services from Silver Chain. The programs have been demonstrated to be very effective in these terms for the more than 12,000 individuals who have now received a service. The limitation of these findings has been the length of our follow up and our reliance on Silver Chain data alone. The study that will be presented used data linkage to look at older individuals' use of any aged care service in Western Australia for up to 5 years after participating in a restorative program and compared their outcomes with those of individuals who received standard home care. Records for 8829 restorative and 2487 standard home care clients were extracted from the Silver Chain database and linked to the other datasets. Clients receiving standard home care tended to be older, more dependent and more likely to be living alone than those who received restorative care. When these and other demographic variables were adjusted for statistically, individuals receiving restorative care were found, when compared to those receiving standard care, to be significantly less likely to: use home care services for the next three to five years, depending on the service; be referred for a Geriatric assessment and recommended for residential care; die; and, have higher than median community aged care costs over the next five years.

This study clearly shows that individuals who receive a restorative home care program rather than standard home care have better outcomes and cost less in terms of government funded aged care services over the next five years.



Abstract ID: 688

TELEHEALTH MONITORING OF PEOPLE WITH COPD – ARE WE FOSTERING SELF MANAGEMENT OR SERVICE DEPENDENCY?

Authors:

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Institutions:

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Do telehealth monitoring interventions increase individuals' ability to self-manage their chronic disease or promote their reliance on a service via a machine? This is an important question if we are looking for the most cost effective ways to reduce the health care costs associated with the high prevalence of chronic disease in our ageing populations. Following a randomised controlled trial in which telehealth self-monitoring was found to reduce the number and length of hospital admissions for older people with Chronic Obstructive Pulmonary Disease (COPD) we undertook a further study to see if the effects were sustained when the telehealth equipment was withdrawn.

A cross-over trial was conducted in which the equipment was removed from half of the group who received the intervention in the first trial, while the other half of the group continued with the telehealth monitoring. Similarly, half of the control group continued to be the no treatment control while the other half of the group now received the telehealth intervention. This trial, like the first, lasted six months.

The results, although somewhat complicated because of the study design, were quite clear. Individuals who had been, but were no longer being monitored, had the lowest rate of hospital admissions of all the groups. The majority of them had without prompting continued to self-monitor their symptoms and respond to any early signs of an exacerbation of their disease. The implications of these findings as regards the type of monitoring technology that we should be using if we are to maximise self-reliance, and hence cost effectiveness of this type of approach, will be discussed.

connects

Abstract ID: 689

PERSONAL ALARMS: PURCHASE AND OUTCOMES

Authors:

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Personal alarms are designed to enable older people who are living alone to gain assistance in an emergency. Australia's population is ageing and the number of older people living alone is increasing. Although personal alarms have been available for many years there has been surprisingly little research and there are still many gaps in our knowledge. These limit our ability to maximise the potential of this technology in enabling older Australians to age well and productively at home.

Four years ago we completed a retrospective study which involved a mail out survey to 2,610 users of the Silver Chain CareLink Personal Alarm Service. Clients reported positive impacts in terms of: gaining faster assistance in an emergency; extending the time they were able to remain living at home; increasing feelings of security and confidence in performing everyday activities; and, reducing anxiety about falling. One year ago we received funding to conduct a prospective study to examine the decision making process involved in the purchase of a personal alarm service and ascertain whether the positive impacts identified by participants in the first study are observable as measurable differences in outcomes for individuals who use a service compared to individuals who have considered it, but chosen not to.

To date, 181 users and 31 non users have been: recruited, interviewed, and completed a range of baseline measures. They are now being contacted monthly to record the nature/outcomes of any emergency that may have occurred. My presentation will describe the main reasons given for purchase and identify the characteristics and 'risk profile' of those who do and do not purchase alarms. Preliminary results on use of the alarm in emergency situations will also be presented. The implications of these findings as regards the cost effectiveness of government subsidised personal alarm services will be discussed.

ageing

Abstract ID: 691

A STEP AHEAD AND A STEP BEHIND: LESSONS LEARNT FROM TRIALLING A CONSUMER-LED WEB-BASED CARE MANGEMENT SYSTEM

Authors:

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Information and Communication Technology (ICT) has an increasingly important role to play in health and aged care, especially in managing chronic illness and ongoing care needs. A consumer-led website supporting shared care and self care across care settings was deployed and pilot tested. The project, supported by the Victorian Department of Business and Innovation, brought together clinical researchers from a specialist cancer centre, consumer organizations, and ICT experts from SeeCare.

The project partners have successfully explored the opportunities and challenges in introducing a Consumer-Led Web-Based Care Management System into the cancer care setting. They have explored the potential for consumer-led care within the existing health care system. Organizational, technical, and practical issues were identified and managed. This presentation provides insights for government, health providers, and ICT companies, intending to engage in similar projects. It highlights the lessons learnt from this project. These can be viewed as strategies for managing risk and increasing the likelihood of a successful deployment of a consumer-led care management system.

The general overarching lesson learnt from the project was that a consumer-led care management system is a step ahead of current medical and hospital practice. Nevertheless, it is already a step behind consumer demand and requirements for uptake of such technology.

The project also included a large number of structured interviews with consumers and health professionals. The project confirmed the significant demand from consumers for a consumer-led web-based care management system. Health professionals recognize the potential benefits of consumer-led care. However, existing medical and hospital practices, existing care provider ICT, and general concerns regarding changes to the care model, introduce significant challenges to the advancement of a consumer-led care model.

The lessons learnt from this project cover three distinct themes: (1) Organizational and Contextual Considerations; (2) Project Governance Considerations; and (3) Project Implementation Considerations.

connects

Abstract ID: 696

ELDERS ACADEMY: RE-ESTABLISHING THE ROLE OF ELDERSHIP IN SOCIETY

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A central issue in our Western societies is the dominant idea that youth and adulthood are the learning years. Old age is often seen as a time where elders' education is about filling time rather than as important continued learning that has the ability to contribute to society. A campaign of photographs with text called ELDERS TODAY: OPPORTUNITIES OF A LIFETIME, which will be shown in this exhibit of slides, is used as an example to change perceptions of older adults to one that highlights the important tasks and roles elders must play in our societies. Images of elders at work, studying, learning, teaching, mentoring, guiding, and leading, are conveying to the larger public that Elders are vital members of our societies and cultures. These images serve to counter the dominant view of elders as being 'useless' and replace that view with images and ideas of elders being important contributors to a better, more balanced society.

Just as Hollywood images inhabit our minds, so images of active elders doing what they do best with their life-experiences and self-knowledge are essential in changing our perception of older adults and are contributing to creating again the role of the elder in our community of people. Re-establishing the role of eldership in our society will serve as a reminder that after youth and adulthood, there is still education to be pursued to become an elder. Ideas of curriculum development are also proposed by looking at the skills elders bring to us. Those ideas will be in the form of photographs of elders who range from active, to frail and even forgetful residents of various assisted living and independent living communities.

ageing

Abstract ID: 697

THE "VILLAGE" MOVEMENT: ELDERS HELPING ELDERS TO AGE IN PLACE

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This session summarizes findings from three years of research on the "Village" movement. "Villages" are community-based peer support organizations that engage older persons as active partners in meeting their own needs and those of their communities, consistent with MIPAA guiding principles.

Unlike other service models designed to help older persons to age in place, Villages receive little or no government support, and rely on their members for organizational development, governance, service provision, financing, and quality control.

Sixty-five Villages currently are operating in the United States and Australia, with more than 150 others in development. Based on survey data from more than 70% of these Villages, combined with in-depth case studies of individual sites in the United States, we are able to offer a detailed picture of Villages and their members, including their position in the organizational field of senior services, their ability to meet the needs of the broad array of older persons, and their potential sustainability.

We find that most Villages serve populations that are relatively advantaged (economically, physically, and socially) compared with the overall elderly population, although some emerging Village models are serving more disadvantaged individuals. Organizational sustainability is enhanced through collaborative relationships with existing public and voluntary service organizations. Village members benefit from peer and intergenerational relationships, as well as assistance with household and personal tasks, social and educational activities, and linkage with a wide variety of pre-screened discounted services. For the members, this can create a virtuous cycle, whereby membership promotes social engagement, enhancing member health and well-being in a recursive manner that has benefits for society at large. These findings have important implications for worldwide efforts to engage older persons as active partners in meeting their own needs and those of their communities.

connects

Abstract ID: 699

EXPLORING RELATED-HEALTH STUDENTS ATTITUDES TOWARDS OLDER PEOPLE

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Purpose: It is proposed that students' attitude toward elder care is related to what kind of education they received. Therefore, the focus of the study was to explore the relationship between students' major and students' attitudes toward old people.

Method: A scale questionnaire survey was conducted. 105 participants were recruited from three different schools in the North of Taiwan. 45 students were from the Department of Nursing, 22 students were from the Department of Health Developing and Marketing, and 38 students were from the Department of Eldercare. The content of questionnaires included demographics and Old People Scale(OPS). Sex, schools, departments, and age were listed as the content of demographics. The OPS was consisted of four subscales; appearance and physical characteristics, psychological and cognitive characteristics, interpersonal relations and social participation, and work and economic safety .One-Way ANOVA and General Linear Model (Repeated Measures) were used to validate the fitness of the conceptual framework of the study.

Results: According to the results of One-Way ANOVA test, the total score of OPS was $F=1.893$; $p=0.156$. It showed that there was no significant difference among students from three departments. Therefore, a repeated measure ANOVA was selected to describe if students' major was a contributing factor in the assessment of the OPS. The results indicated a significant main effect of the OPS, but not of departments, $F=1.893$, $p=0.156$. However, the OPS main effect was qualified by a significant interaction between the four factors and departments, $F=3.13$, $p=0.005$. An analysis of One-Way ANOVA indicated a significant effect of departments on the " Interpersonal relations and social participation" score, $F=3.828$, $p=0.025$. **Conclusions:** To conclude, this study may be of importance in describing the role of interpersonal relations and social participation in enhancing students' attitudes toward elder caring.

ageing

Abstract ID: 704

**WELL-BEING AMONG COMMUNITY DWELLERS AND ASSISTED LIVING RESIDENTS:
A COMPARATIVE ANALYSIS**

Authors:

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Institutions:

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Introduction: Decreased quality of life is one of the problematic issues accompanying longevity. Finding the best solutions for this relatively vulnerable population has become a challenge in all developed nations. Currently, the leading worldwide approach for maintaining successful aging is to enable older people to "age in place" – in their homes and communities. This study put to test this dominant approach by investigating well-being of community-dwellers (CD) and residents of assisted living (AL) institutions(both for- and non-profit).

Method: Interviews were conducted with two groups of people aged 75+, living in three Israeli cities. One group included AL residents who agreed to participate in the study, and were physically and mentally independent (n=148). This group was matched on age, gender, family status, education, cognitive and economic status with 150 CD.

Results: The two groups were similar in socio-demographic characteristics, self-rated health, ADL and IADL. The AL participants systematically ranked themselves higher than their CD counterparts on a series of indicators of well-being, indicating a clear trend. Statistical significance in this direction was found on satisfaction with life (two measures), self-perceived successful aging, and in the opposite direction on depression. Results of a multivariate analysis showed that the best predictors of successful aging were self-evaluated health status, type of residence, and self-evaluated economic status, when controlled for age, gender, health and economic status.

Conclusions: In addition to health and economic status, the place of residence plays an important role in influencing older adults' well-being, assisted living being preferable. The residence effect is stronger than age, gender, and family status. These findings and their practical implications shatter the currently dominant beliefs and practices regarding best residence solutions for elderly people, and therefore may be difficult to accept. However, we must continue promoting evidence-based best responses to older adults' needs.

connects

Abstract ID: 705

IMPORTANCE OF FOOT HEALTH IN OLDER PEOPLE – A REVIEW OF LITERATURE

Authors:

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Foot health is essential for older persons in maintaining functional ability and in managing daily activities. Despite these foot problems are highly prevalent in older people. However, foot problems are often considered as a part of ageing process and not as a health problems needing professional care.

The aim of this paper is to highlight the importance of foot health in older people without long-term foot-related diseases and consequences of foot problems for older people based on earlier literature. The literature search was conducted from Medline and Cinahl databases to identify articles focusing on foot problems and their influence on wellbeing in general. Search terms were foot, problem, disorder, complaint, condition, disease and the search was limited to English language, aged 65 and over years and timeframe 2001-2011. Articles concerning diabetes and surgery were excluded because the aim was to identify foot health in older people without foot-related diseases. After two stage selection process 10 articles were identified for the content analysis.

Foot problems were reported to cause disability and poorer functional status leading to increased risk of falls and impaired functional ability and balance. Foot problems affect negatively on quality of life and in overall health and wellbeing. Different foot problems increased the disabling foot pain especially in the area of toes.

In conclusion, different foot problems hamper many ways older person's safe living. Due to growing number of older people in the future, careful attention needs to be paid to the promotion of foot health and to prevention of foot problems. Untreated foot problems can affect older person's general wellbeing and functional ability.

ageing

Abstract ID: 706

INCOME SECURITY, POVERTY AND HOUSING AMONG OLDER PEOPLE

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The aim of this research is to identify the drivers of wellbeing and quality of life among the older population. Amartya Sen's capabilities approach has formed the conceptual basis of the theoretical framework (Sen, 1999). This paper will report on the results of the New Zealand Longitudinal Study of Ageing (NZLSA) and compare them with European and other OECD countries. The study had a national random sample of 3,317 New Zealand citizens aged between 50 and 84 years.

The objective of the research reported here has been to analyse the level of income poverty and non-poverty applying three commonly used poverty thresholds and to study the changing pattern of housing tenure in New Zealand as compared with different European and other OECD countries. The results have been designed to provide an evidence base for anti-poverty policy formation.

Objective measures of income and wealth are compared with the older people's subjective assessments of the adequacy of their income to meet their everyday needs, their satisfaction with their economic standard of living, and with their assessment of overall wellbeing and subjective health status. Two internationally comparable poverty thresholds at 50 and 60 percent of median household income are also applied plus a fixed income threshold.

The results demonstrate significant relationships between income, quality of life and health status. They also showed that the subjective assessments of living standards were significantly in line with the results of the objective indicators of income and wealth. Income and housing tenure were significantly associated with wellbeing.

After attending this session participants can be expected to be more informed about the significant challenges to the quality of life of older citizens if the critical issues of income, housing and affordable access to essential services are not adequately planned for.

connects

Abstract ID: 707

BUILDING AN INCLUSIVE ENVIROMENT FOR THE RURAL ELDERLY PEOPLE-CAMEROON

Authors:

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Institutions:

¹CAA CAMEROON, BUEA, Cameroon

In a country like Cameroon where technology is below standards and the rural population of older people is witnessing the highest level of segregation, where social change has only touched them through modernization in this 21st century, This will drastically affect their traditional system of which they participate in projects in their communities

In years to come, by implementing the Madrid International Plan of Action in 2002 (*Article 7*) and the United nations MDG's, NGO's, Government and Civil Society organizations and the Rural Older People Associations (OPA) must network and be active actors in execution of support programs especially those financed by international organizations and other donors to the rural elderly people aimed at empowering them socially and financially thereby eliminating misuse of funds .If these funds are managed in collaboration with the older people themselves they will not be marginalized and be put at risk by social development programs .By so doing change will come ,where we would see older people's social and economic contribution to their rural communities and to society. CAA Cameroon in working with local and government authorities is implementing a channel to bridge the gap for funding through local NGO's by bringing the elderly people involved themselves on the forefront to manage the projects.

ageing

Abstract ID: 708

PERCEPTIONS OF ORAL HEALTH ADEQUACY AND PRACTICES IN NURSING HOME IN JAPAN

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Institutions:

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Objective: The close relationship between oral health and quality of life of the elderly has been well recognized. The trans-disciplinary approach is essential to the comprehensive oral care of the dependent elderly. The purpose of this study was to investigate perceptions of oral health adequacy, practices and attitudes to oral care in nursing homes to improve the oral health of the dependent elderly.

Methods: A 17-item questionnaire exploring aspects of oral care was mailed to all 238 nursing homes of Saitama Council of Nursing Facilities.

Results: Facility response rate was 42.9% (n=102). There were 5 facilities that employed a part-time dentist and eight facilities that employed a part-time dental hygienist. 92 facilities had dental professionals to consult about dental hygiene of the residents and 94 facilities expressed being satisfied ('very' or 'somewhat') with easy access to dental services. An annual oral examination by a dental profession was conducted in 34 facilities. Training courses in oral care of the residents for nursing staff were offered in 49 facilities. Six facilities had indices that measure oral hygiene status of the residents. A nursing staff's manual for oral care of the residents was prepared in 51 facilities. A care plan for dental hygiene of the residents was prepared in 13 facilities. 59 facilities expressed being satisfied ('very' or 'somewhat') with oral hygiene of the residents. There was a significant relationship between implementation of an annual oral examination and satisfaction with oral hygiene of the residents.

Conclusions: The provision of oral care by caregivers was inadequate. Caregivers are required the knowledge and skills to undertake oral care. Assessment and care planning is essential to maintain oral health of the dependent elderly. The cooperation with dental professionals and caregivers should be developed to support and assist the oral care of the dependent elderly.

connects

Abstract ID: 709

WORKING CARERS IN EUROPEAN SURVEY DATA

Authors:

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Population and work force ageing is one of the main developments in modern European societies, especially facing them with the challenge of how to combine work and care of the older members of the family. Labour markets are in need of higher employment rates, both of women and of older workers, but on the other hand the civil society may also need these 'younger-old' people as more women are participating in the labour market, have less time for caregiving and volunteer work, while the share in the population of 'older' people who need care is increasing.

The present study aims to present key results of some selected secondary data (mainly from the EUROFAMCARE and SHARE European projects) which will describe not only the situation of the working caregivers but also discuss what conflict and stress situations are typical among caregivers; what strategies they use to reconcile work and care; the influence of the qualification level and of the income situation; the existence of gender and country differences and the most efficient kind of support.

The analysis revealed that, according to EUROFAMCARE data, working time reduction is the most used strategy, but workers feel this choice more as a restriction than as a winning strategy. The positive experience of caregiving helps to reduce stress and to facilitate there conciliation success. For example in the SHARE sample, working carers have usually a higher income and a higher education level than not working ones.

On the basis of the secondary data analysis, practical recommendations for policymakers are provided, to underline the importance of reconciling work and care tasks. Indeed, dealing with needed care responsibilities of older members of the family can be an important limitation in professional and personal everyday life, and combining work and care may create a particular burden.

ageing

Abstract ID: 711

PEOPLE AT CENTRE STAGE: REWRITING COMMUNITY AGED CARE

Authors:

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A research project involving six community aged care organisations in Melbourne and Sydney conducted between 2009 and 2011. The research employed a range of methods including action research encouraging the active involvement of older people and care givers to develop, implement and test a self-directed care model that resonates with the needs and preferences of older people with complex care needs and their carers. The model that emerged from this process aims to build older people's capacity and self-confidence to self-direct the care they receive. The paper discusses how the model was developed, what older people regarded as its most attractive features, and how older people responded to the capacity building aspects of the model.

The model was evaluated over 18 months using a multi-methods approach including a cohort study (n=254), structured and semi-structured interviews with care recipients, care givers, service provider staff, and support volunteers.

connects

Abstract ID: 712

OPENING DOORS INTO COMMUNITY: COMMUNITY LEADERSHIP FOR SOCIAL INCLUSION

Authors:

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A partnership of agencies working in the area of health and aged care in the east of Melbourne, Australia, identified the potential health effects of social isolation on our ageing community. The partnership chose to use a capacity building approach to addressing social isolation, which resulted in the Opening Doors Program – developing community leaders to promote social inclusion. This initiative focused on grass roots leaders and a number of these leaders were community members in their 80's and 90's. In the first year the specific focus was on the social inclusion of older people, and a number of the projects that were developed as a result of the leadership program had an educational focus. There were two new Universities of the Third Age established, with one adapted to the specific needs of the Chinese community.

Two evaluations of the program have been conducted showing significant benefits to the participants and the community through the project established.

ageing

Abstract ID: 713

THE BETTER PRACTICE PROJECT: IMAGINING A BETTER LIFE FOR OLDER PEOPLE

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Since 1997 the Better Practice Project in South Australia has been working with home care services to utilise an approach that is person-centred and promotes the health and well-being of older people through maintaining community engagement, being in control of their own support arrangements, and using restorative approaches.

In 2011, the project launched a Handbook for Co-ordinators “Imagining a Better Life for Older People” which advocates a different approach to traditional “assessment” that is strengths focused and empowering. The Appreciative Inquiry (AI) framework is used to reframe the traditional processes of “assessment” and “care planning” in working with older people. The Handbook follows the Four D’s of AI to help Co-ordinators discover the strengths of the older person and their networks, assist older people to dream of their desired future, and collaboratively design the assistance they may require to fulfil their destiny.

The Handbook has been introduced in a series of sessions for service providers and its use will be evaluated. Consumer Advisory Groups have also received the Handbook and are actively involved in the training of staff and advocating for more empowering approaches to service provision. The plan is to embed this approach in many aspects of training that is provided for community care workers at all levels. 1000 copies of the handbook have been distributed in 6 months and a second print run has been ordered. An evaluation of the application of the concepts contained in the Handbook is underway.

connects

Abstract ID: 717

EXPLORING THE RELATIONSHIP BETWEEN QUALITY OF LIFE AND MORTALITY IN OLD AGE: A COMPARATIVE STUDY

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Introduction: Lower quality of life may increase the risk of mortality in old age. Although previous research has suggested that predictors such as health, social relationship, and depression can affect mortality among older people, little research has explored the relationship between quality of life and mortality and compared this relationship across different countries. Therefore, the main purpose of this research was to determine the relationship between quality of life and long-term mortality among elderly people in the UK and Taiwan.

Methods and materials: Data were derived from the 1989 waves of two nationally-representative samples of older people: the Nottingham Longitudinal Study of Activity and Ageing (NLSAA) in the UK, and the Survey of Health and Living Status of the Elderly in Taiwan (SHLSET). Kaplan-Meier analysis and the log-rank (Mantel-Cox) test were used to explore the relationship between levels of life satisfaction (low versus high) and 14-year mortality in old age in the two studies.

Results: There was a significant difference in the mean survival time for people with high and low levels of life satisfaction over the 14-year period in unadjusted models in both studies. There was not a significant difference in survival for people with high life satisfaction between the two countries ($p=0.588$). However, people with low life satisfaction in the SHLSET study (Taiwan) lived significantly longer than people with low satisfaction in the NLSAA study (UK).

Conclusion: Older people with higher reported quality of life had lower long-term mortality than people with low reported quality of life. Whether this is due to quality of life per se, or due to mediating factors, is not clear. There was some evidence of cross-national difference among people with low quality of life. Further analyses will explore the quality of life-mortality relationship further whilst controlling for potential explanatory factors.

ageing

Abstract ID: 718

OLD AGE AND SOCIAL SECURITY SYSTEM IN NEPAL

Authors:

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Ageing is a process of gradual change in physical appearance and mental situation that cause a person to grow old. We also recognize the problem that arises in the family due to age and generation gap goes up to national level. For most of us, old people may be troublesome. Nevertheless, we should not forget our duty towards them. Ageing population means an increase in the share of the elderly in the total population. It is closely related with the dynamic process of demographic and socioeconomic transformation. The marital status of the elderly is an important indicator of their places of residence, their support systems and, importantly, their individual well-being. Many parents in that society believe they are responsible for the marriage of their offspring. Arranged marriages are common in Nepal. The elderly depend on their children, particularly sons, for support and security in their old age. Government should develop a two-prong strategy with the objective of easing the lives of elderly people and making them creative force. Necessary legal and institutional provisions will be made to establish the rights of the senior citizens. The number of old couples living along in the villages is increasing. It is due to temporary migration of young and adult males and females including their children. Old couples, living in the villages, are facing many problems though they have some cash. The old couples staying at home are now compelled to participate in all activities from kitchen to public meeting and birth to death rituals. Old age couples feel physically tired and weak while working. But they have to do all activities since very morning to the evening each day. The couples are not physically alone because they are in couples. But psychologically they are alone at home. They feel the environment alone because they could see no young, adult and children around.

connects

Abstract ID: 720

ABUSE AND VIOLENCE AGAINST OLDER WOMEN: PREVALENCE AND QUALITY OF LIFE

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Prevalence Study of Violence and Abuse against Older Women (AVOW), funded by EU's Daphne III programme surveyed women over 60 years of age who live at home about their experiences of violence and abuse but also about their quality of life. The survey took place in five European countries (Austria, Belgium, Finland, Lithuania and Portugal).

In the AVOW survey the concept of violence covers the following dimensions: neglect, psychological abuse, financial abuse, physical abuse, sexual abuse and violation of personal rights. Attempt was made to see how different dimensions of violence and abuse affected self rated quality of life. The survey was conducted using a questionnaire developed by the AVOW project team. Quality of life was measured using the EUROHIS-QOL. T-test was used to measure differences on quality of life between abused and non abused elderly.

2880 aged 60-97 years old women living in at home indicate that 28.1% of older women across all countries have experienced some kind of violence and abuse in the last 12 months by someone who is close to them. Emotional abuse was the most common form of violence (23.6 %) followed by financial abuse (8.8 %), violation of rights (6.4 %) and neglect (5.4 %). Sexual abuse (3.1 %) and physical violence (2.5 %) were least reported. Older women who had experienced any kind of abuse reported having lower quality of life than older people who had not experienced abuse.

Since a significant number of older women have experienced violence and abuse, the issue has to be made visible as it has a direct effect on their well being and quality of life. Bringing the issue to the fore can also underline the fact that older women are vulnerable and the effects of violence and abuse go far beyond the possible physical signs.

ageing

Abstract ID: 721

ADAPTATION AND EVALUATION OF EARLY INTERVENTION FOR OLDER PEOPLE IN IRANIN IRAN

Authors:

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Introduction: Like most of Middle-East countries, the number of older people in Iran is increasing rapidly and around 8 percent of total population is elderly.

The aims of the EASY-care program in Iran are to undertake cultural adaptation, validation and pilot testing of EASY-care instruments in Iran. The work is explained in 3 parts:

1- Completed activities: The EASY-Care project in Iran started after forming the research and executive team and completing preparatory work. A training workshop was helpful as was attending a yearly international EASY-Care meeting and presenting plans at international conferences. The Iranian team developed a care-plan to respond to needs identified from an EASY-Care assessment to fit the resources in Iran, undertook translation and cross-cultural adaptation into Persian and produced EASY-Care as an electronic tool.

2- Ongoing: A psychometric evaluation of the Persian version of EASY-Care Standard in Iran, a literature review of similar assessment approaches, testing the electronic version and making it available for all members of the international network are all near completion.

3- Future: Data from use of EASY-Care in Iran is being combined with data from the international network to create a large data set for international comparisons and internal psychometric evaluation. The results of these studies will be submitted the 20th IAGG conference, Seoul 2013 as evidence for EASY-Care as an international standard for assessing individual and population needs of older people.

Conclusion: The EASY-Care program could find an important role in the assessment and management of older people to help preserve health, independence and well-being. The programme could help improve health care services for older people in Iran, increase understanding of its strengths compared to other assessment systems and allow comparisons of need and health status of older people in Iran with other countries.

connects

Abstract ID: 724

A MODEL FOR WORKING ACROSS DISCIPLINES, SECTORS AND BORDERS

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Governments, funders and universities are increasingly undertaking programmes to develop the ageing research community in terms of size, focus and quality. However, there has been little opportunity to share the knowledge from such initiatives. This paper will provide delegates the opportunity to consider a model for successfully building a community of age focused researchers in priority areas.

The Centre for Ageing Research and Development in Ireland (CARDI) was established in 2007 with the backdrop that a variety of research in ageing and older people was taking place across the island of Ireland, but there was little or no connection and co-ordination of this work, limiting its potential. Operating at a strategic level and in an advisory capacity, CARDI has focused on promoting research co-operation across sectors, disciplines and the island of Ireland. It has concentrated on influencing the strategic direction of research into older people and ageing in Ireland – north and south.

This presentation, using the CARDI grant programme, will case study a model which has used a modest funding budget, in a focused manner, to support the development of 25 research partnerships, raise the profile of ageing research and helped build a greater sense of community within ageing research across Ireland.

ageing

Abstract ID: 727

VULNERABLE SENIOR CITIZEN HOUSING PROVIDED BY THE STATE OF CHILE, RISK EVALUATION AND IMPROVEMENT THROUGH ARCHITECTURE AND DESIGN THROUGH

Authors:

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One of the less attended aspects related to the increasing aging population in Chile concerns the built environment. By 2050, one of four inhabitants in our country will be over sixty, requiring adequate living conditions minimizing risks and extending autonomy for this age group.

We present an ongoing research related to the identification of risk situations in housing solutions for senior citizens offered by the government of Chile, in order to develop guidelines which can serve as a base for improvement through architecture and design. Methodologically we have designed an instrument from an ergonomic perspective, which allows us to evaluate risk conditions in the development of basic day life activities, in cases studies selected for each typology. Our observation takes in consideration objective, subjective and reference opinions. From an objective point of view we consider observation by professionals participating in this research, architects and industrial designers; as a subjective input we consider the opinions of users and finally reference scales through bibliography.

Findings consider design problems related to inadequate provision of built - in furniture, location of elements within reach, provision of additional aiding elements as well as environmental issues such as security related to the need of protection and definition of territory or healthy environmental conditions required in the interior of units involving heating and ventilation.

This research pretends to collaborate with a new approach to public policies related to ageing, autonomy and architectural design. We believe adequate housing redesign should be extended to all individuals over 65 considering that 85% of this age group in Chile owns their home. Diminishing risk conditions for the elderly promotes autonomy and maintains as long as possible their inclusion in society with a better quality of life.

connects

Abstract ID: 728

THE CONCEPT OF MINDFULNESS AND ITS IMPACT ON THE WELLBEING OF OLDER PEOPLE

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The concept of mindfulness, as developed by Professor Ellen Langer has captured the imagination of clinicians and academics who work with older people. The concept of mindfulness has been articulated as being: “situated in the present” (Langer and Moldoveanu, 2000).

An individual may situate his or herself in the present through actively drawing new distinctions and in doing so, not allowing pre-existing rules and routines to govern behaviour irrespective of the current context. Adopting a mindful approach, it is argued, allows the individual to exercise greater control over themselves and their surroundings. The exercise of control, which may be understood in this context as subjective autonomy, has been found to greatly improve health outcomes, such as levels of reported pain and even life expectancy.

This presentation will focus on the results of a study exploring a practical application of mindfulness theory. Previous research conducted by Crum and Langer (2007) has investigated the notion that it is our perceptions about our physical selves rather than our objective physical selves that limit our ability to function optimally. This study builds on this work and applies it in the context of a cohort of older people based in the UK.

The study explores the relationship between the height and shape of walking canes used by older people and their physical and mental wellbeing. The protocol is based on an experiment devised and piloted with young people at Harvard University. It is hypothesised that exchanging traditional curved handled walking canes, which are negatively associated with infirmity, for hiking poles, which are positively associated with vitality, will result in positive change in a range of physical and psychological measures of wellbeing. As such the study demonstrates the impact of practical applications of mindfulness approaches on the health and wellbeing of older people.

ageing

Abstract ID: 729

MEETING THE URGENT TRAINING NEEDS OF CARE GIVERS IN NURSING HOMES FOR SENIORS

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Institutions:

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The province of Québec (Canada) comes next to Japan with regard to the rate of aging relative to active population. By 2030, 50% of Québec population will be over 50. The dynamics of demography is already somewhat overwhelming. The State relies on the private sector to help with the delivery of services, namely for accommodation and assistance with activities of daily living. Manpower recruitment is an ongoing challenge. At least 50% of employees are hired without any preparation and finding replacements to enable them to attend training sessions is almost impossible. There are presently 2 400 private nursing homes for seniors with a clientele of nearly 80 000 people whose needs cover all stages in the care and services continuum.

Formarez is a training Mutual fostering an approach focused on the development of a training culture. Its programs cover topics such as the relational dimension of service and the management of behaviour associated with dementia. Based on a « train the trainer » approach, the Mutual has developed video tools with professional actors to illustrate conditions from everyday life and situations commonly experienced by employees. The objective of these group sessions is to help employees recognize the skills acquired in the course of their job and acquire complementary skills in order to meet specific needs. This approach enables the owners of nursing homes to organize training sessions on their premises and in ways that fit in with their operations. They can also have access to an expert by teleconference. By means of a dynamic facilitation (including games), this approach contributes to the development of a training and apprenticeship culture better than traditional methods can.

connects

Abstract ID: 730

COORDINATED SUPPORT TO NURSES WORKING IN NURSING HOMES OR ASSISTED ACCOMODATIONS

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Elderly care nurses mostly work alone, without the possibility to share or discuss actual caring and nursing problems with colleagues. They may have access to information such as national guidelines and evidence based methods, but there are no clear routines for how to use this information.

Dalarna University in Sweden has, together with all 15 local authorities in the county of Dalecarlia, developed a knowledge centre for elderly health care. The aim is to support and coordinate work and care development in elderly health care, based on research and evidence based practice. The knowledge centre contributes support regarding processes and structures for knowledge dispersion and practical issues with a special focus on elderly care nurses.

The approach includes registered nurses on several levels working in close collaboration with the Senior Lecturer at the knowledge centre. The nurses indicate relevant nursing problems and participate in the knowledge process and the production of relevant information. If appropriate, the diploma work carried out by nursing students may contribute to the knowledge centre and be a part of the development of care practice.

Since the start of the centre in autumn 2010 work has focused on patient security, implementing national guidelines, routines for delegating health care duties to unqualified staff, i.e., care assistants, introduction- and mentor-programmes for newly employed registered nurses, support networks for nurses with responsibilities in dementia, diabetic care etc. The work has generated a number of ideas for diploma work for nursing students and some ideas for research have also been formulated.

Material produced by the University knowledge centre is available on a Swedish web-site (www.du.se/kommunalvardutveckling) with free access.

ageing

Abstract ID: 731

USING INFORMATION ON HOW A PERSON WALKS TO KEEP THEM HEALTHY AND ACTIVE

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One of the main reasons why people fall is due to an unstable or poor gait. Current methods for ascertaining whether a person is at risk of falling include subjective assessments, e.g the 'Berg Balance Test'. These require a skilled practitioner to assess the activities and the results are dependent upon the individual's ability. Furthermore, they provide an indirect measurement of the person's ability to walk under different conditions.

With advancements in sensor technologies it is now possible to measure the gait profile of a person directly. This provides objective measurements, enabling the gait cycle to be broken down and quantified. This approach, using inertial measurement units mounted onto the thigh and calf of each leg has been used to measure people aged 60 to 97 at a Day Centre in London, UK. The gait parameters were obtained for 25 people once. 10, aged 65 to 93 who all attended a balance class once a week then participated in a year long study to monitor gait changes with time.

Their results were compared to a database of 90 healthy people aged 20 to 65. The findings showed that people can maintain a healthy gait into their 90s and that fundamental gait parameters, specifically knee flexion and stride duration do not alter in people up to the age of 80. From 80 to 97 there is a slight reduction in knee flexion and increase in stride duration. Exercises have been shown to help maintain a healthy gait in people over 65. The findings also show that gait parameters can be obtained and that these can be equated to a likelihood of falling.

The conclusion is that new gait assessments, like the one described, could be used to help tailor an individual's exercise regime, in order to keep them healthy and active.

connects

Abstract ID: 732

VALUES-BASED DECISION-MAKING RELATED TO CAREGIVING SITUATIONS: TOOLS FOR RESOLVING DILEMMAS

Authors:

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The purpose of this workshop is to introduce participants to a model of values-based decision-making related to caregiving situation they may be facing. The objectives include: learning about the Hall-Tonna Values Inventory, discussing factors that can interrupt clarity of values, applying that inventory to caregiving scenarios, and practicing conversations about decision-making that they may have with their own families, or with clients in a variety of settings (health care, care management, social work, clinical psychology, etc.). The outcomes will be that the participants will have an additional set of tools with which to respond to caregiving and decision-making dilemmas and/or challenges that they face or that they support others in facing. This workshop is appropriate for any level of professional experience from novice to advanced, and can be applied in any situation where decisions need to be made and the persons involved can benefit from articulating and clarifying their underlying values that may be consciously or unconsciously influencing their decision-making. This can be especially helpful in situations where values may seem to be in conflict with one another in a given situation, but where conversations can help delineate and prioritize those values, leading to clearer and more intentional action, in line with one's personal values. This will be a highly interactive session, where participants will identify and reflect on their own values, as well as practice identifying underlying values in a variety of real-world caregiving scenarios. In addition, participants will engage in "practice" conversations with caregivers and care recipients to clarify values.

ageing

Abstract ID: 734

SCREENING FOR RISK OF MISTREATMENT OF THE OLDER ADULT BY HOME HEALTH PROFESSIONALS: OVERCOMING THE CHALLENGES

Authors:

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Elder mistreatment, an escalating social problem, is a complex phenomenon resulting from numerous risk factors. For the isolated older person victimized by his caregiver, the consequences may be devastating and sometimes fatal. To prevent such negative outcomes, screening for risk of mistreatment of the older adult is crucial. Health professionals who visit older adults in their homes are ideally positioned to detect risk of mistreatment. However, research demonstrates that although these professionals are likely to encounter mistreatment on a routine basis, they fail to detect it. Studies conducted with various disciplines have reported some primary challenges which may impede their ability to carry out their professional and ethical responsibilities. These can be grouped into three categories: lack of knowledge, lack of instruments and lack of support. Although much progress has been made in regards to research of mistreatment of the older adult, this evidence based knowledge has not yet been successfully disseminated to assist the health professionals providing care to the older adult in the field. To address this research-practice gap, strategies are offered to overcome the primary challenges. In regards to lack of instrumentation, evidence-based tools in the literature which can be adopted by health care professionals will be offered. Secondly, the lack of knowledge stemming from inadequate preparation at the baccalaureate level as well as the absence of training from health care employers will be addressed with the discussion of core competencies in curriculum and training events. Lastly, organizations and government services which exist in Canada to provide support and guidance to these professionals will be offered. The implementation of such strategies can successfully assist those providing home health care to the older adult.

connects

Abstract ID: 735

MOBILE SOCIAL NETWORKING PLATFORMS AND THEIR POTENTIAL FOR ADDRESSING SOCIAL NEEDS OF OLDER PEOPLE

Authors:

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In our increasingly dislocated and mobile society, online social networks provide a valuable means of bridging distances and facilitating interaction and communications, especially amongst younger people. However, older people tend to miss out on these benefits, as the new technology is designed with younger people in mind.

Go-myLife (www.gomylife.eu), an Ambient Assisted Living project, aims to close this gap by providing a mobile social network adapted to older peoples' needs.

Therefore Go-myLife built a mobile platform which supports older people in establishing and maintaining links with (distant) family members and friends and fosters local community life.

It connects older people also to existing online social networks like Facebook and Twitter, aiming at bridging the generation gap. In other words, Go-myLife provides a common place for older people to meet with their social network wherever they are.

To investigate the impact of this platform for the social well-being of older people, Go-myLife is currently evaluated by 36 older people from UK and Poland during a period of two months. Via group-based walkthroughs, user-diaries, questionnaires, regular jour-fixes and a final workshop the benefits of its usage, the impact on the social networks of older people, as well as the faced challenges and barriers are investigate. The evaluation results show: i. How and to what extent online social networks have the potential to address social isolation of older people; ii. If mobile social networks can successfully facilitate the Asharing of reciprocal emotional and instrumental support, whether older people are at home or out and about; iii. How far Go-myLife changes the quality and size of social networks; and iv. To what extent it encourages older people to get out of the house and maintain an active role in their community.

ageing

Abstract ID: 736

THE HIDDEN COMPLEXITY OF LONG-TERM CARE: A CASE STUDY OF CONTEXTUAL FACTORS THAT MEDIATE KNOWLEDGE TRANSLATION AND BEST PRACTICE

Authors:

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As one component of a program of research entitled, Translating Research in Elder Care, an in-depth qualitative case study was conducted to examine the research question “How does organizational context mediate the use of knowledge in practice in long-term care facilities?” A representative long-term care facility was chosen from the province of Saskatchewan, Canada. Data were collected in the form of document review, field notes from direct observation of daily care practices and operations, and interviews with staff at the direct care, allied provider, and administrative levels. Through constant comparative analysis, a theory of the contextual factors that influence knowledge use and best practice was developed. This theory, The Hidden Complexity of Long-term Care, encompasses eight salient categories that enmesh to create a backdrop of context within which knowledge exchange and best practice are executed. These categories range from the more apparent and obvious (Physical environment, Resources) to intrinsic but more obscure (Ambiguity, Flux) to implicit but nearly invisible (Relationships, Philosophies). Two last two categories (Experience & Confidence and Leadership & Mentoring) mediate the impact of the other contextual factors. Decisions regarding care are imbued with nuance; each of the categories identified as central to the context coalesce to demonstrate the truly intricate circumstance of care provision. Navigating the challenges of inappropriate physical environments, in adequate resources, ambiguous situations, continual change, multiple relationships, and often contradictory philosophies makes for an extremely complicated context in which to provide care. This complexity is mediated through tacit knowledge gained through experience and development of confidence and through solid empowering leadership and supportive mentoring. Without attention to the complexity of the context in which care decisions are made, improvement in knowledge exchange mechanisms and best practice uptake cannot be successful.

connects

Abstract ID: 737

GENDER AND PENSIONS: AN ANALYSIS OF FACTORS AFFECTING WOMEN'S PRIVATE PENSION SCHEME MEMBERSHIP IN THE UK

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There has been considerable international debate about the future sustainability of pension provision over recent years with increasing longevity, growing economic dependency ratios and rising pension deficits (DWP, 2011; Immergut and Anderson, 2006; Naegele and Walker, 2007). At the same time there has been an increasing awareness of the situation of many female pensioners without access to significant pension entitlements in their own right (DWP, 2005; Foster, 2011; Ginn, 2006; Marin, 2010; Price, 2010). Governments and the pension industry face the difficult challenge of satisfying two potentially contrasting demands: to ensure that government pension spending remains stable and respond to the needs of the poorest pensioners, many of whom are women. Over recent years international governments have increasingly emphasised the role of private saving and individual responsibility in pension provision as a means of reducing expenditure and encouraging long-term sustainability (Barr and Diamond, 2008). The promotion of a discourse of responsibility in negotiating changing economic risks places many women without the means to ensure adequate retirement savings in a particularly difficult predicament, especially those with an interrupted work history (Foster, 2008).

This presentation explores the differences in private pension acquisition between men and women and factors leading to the 'gendered' nature of pension provision in the UK. By employing logistic regression analysis, a form of multivariate analysis, to investigate the UK General Lifestyle Survey (GLF) 2008, it examines the relative impact of various characteristics on the likelihood of men and women contributing to a private pension such as educational attainments, income, occupational group, full-time/part-time status and whether an individual has any dependent children. These characteristics are all shown to impact on access to private pensions. Finally, it suggests that strategies to alleviate gendered pension disadvantages must take into account the complex circumstances that individuals experience throughout the life course.

ageing

Abstract ID: 738

HOW CAN INFORMATION AND COMMUNICATION TECHNOLOGIES SUPPORT REMOTE CARERS AND THE OLDER PEOPLE THEY CARE FOR? SEEKING INNOVATIVE SOLUTIONS THROUGH CROSS-SECTOR KNOWLEDGE EXCHANGE

Authors:

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Three million people in the UK combine unpaid caring responsibilities with paid work – 1 in 7 of those in the workplace. In Europe, there are 125 million informal carers – 4 out of 10 combine paid work with caring for an older person. One in 6 working carers gives up work to care. How can information and communication technologies be developed so that they assist remote carers in balancing work and caring responsibilities?

Our presentation will provide preliminary qualitative findings from a series of scoping discussions held as part of a knowledge exchange project *Care in Business* currently underway in Wales, UK. The project explores how new and existing information and communication technologies can be innovatively exploited to help support remote carers and to enhance the independence and wellbeing of the older people they care for.

The project is unique in facilitating much needed cross-sector knowledge exchange between academic experts, businesses, care organisations, informal carers and older people as stakeholders who have had limited opportunity to learn from each other about evolving trends and needs in their respective fields. As well as leading to the development of a number of product ideas focusing on integrated, cost-effective communication solutions, project partners are developing a greater understanding of the aspirations and needs of carers and older people, the market potential they represent for businesses and gaps in current research knowledge.

Preliminary results suggest that care organisations would benefit from information and training about existing products; that businesses are still slow to recognise older people as informed and active ICT product consumers; that older people and informal carers are prepared to spend money on simple, “off-the-shelf” product solutions, but want to be engaged in all stages of the design and marketing processes to ensure that products and services reflect their requirements.

connects

Abstract ID: 739

FRENCH-CANADIAN NURSING STUDENTS AND THE AGEING POPULATION

Authors:

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The nursing shortage in Canada is now deeper and wider than ever, contributing to the considerable scarcity of human resources everywhere but especially in elder care. The increasing number of seniors in long term care is furthering the demand for nursing resources, a workforce in shorter supply as the current incumbents reach retirement age. Attracting a succession becomes difficult in long term and geriatric care, a specialty that appears less popular with the next generation of nurses while this area is bursting with activity. In a 2008 study on labour and human resources, only 3.2% of new Ontario graduates indicated a preference to practice in long term care. The new breed of graduates seeks high tech environments in which to start their career. Where does this take us? Since there is little research in Canada on the subject of preference for geriatric practice, a phenomenological study was conducted to examine the interests of student nurses in their final year of training. The objective of the study was to explore the perceptions of pre-graduates with respect to their experience in caring for seniors. Six francophone pre-graduate nursing students were individually interviewed. The ensuing phenomenological analysis clarifies the significance of working with seniors and establishes the links between the interviews and the featured themes. Prospective graduates enjoy working with seniors and value the importance of this population, ever present in all areas of clinical education, however long term care does not meet their immediate learning needs. The ambition of new graduates is to drop anchor in an active clinical environment where technical skills can be perfected and they can improve their practice by developing clinical expertise initiated during training. They seek a more brisk and exciting clinical environment, in contrast to long term care, in which to accomplish their goal.

ageing

Abstract ID: 742

THE EFFICACY OF SUBJECTIVE MEMORY COMPLAINT QUESTIONS FOR THE DETECTION OF DEMENTIA IN LOW-INCOME COUNTRIES

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Background: There are few data on dementia prevalence in sub-Saharan Africa, partially due to the lack of a simple screening instrument. Subjective Memory Complaints Questions (SMCQs) have previously been reported as sensitive but not specific. We aimed to determine if 2 SMCQs with wording intended to increase specificity are a simple and effective way to identify dementia.

Methods: Those aged 70+ in 6 randomly selected villages within the Hai district of northern Tanzania were screened for cognitive impairment using the Community Screening Instrument for Dementia. Subsequently a stratified sample of these cases underwent full clinical assessment. All participants (or their carers) were also asked two SMCQs: *Do you have persistent problems understanding not because of a hearing problem? Has there been a deterioration in your memory that stops you doing your normal daily activities without assistance?* A positive response to either question was deemed positive overall.

Results: Of the 1198 aged 70+, 296 (a stratified sample) were further assessed. Of these, 78 had clinical DSM IV dementia, 46 had mild cognitive impairment and 172 had no dementia. Of 35 who responded positively to at least one SMCQ 22 (62.9%) had dementia, representing the positive predictive value. Of 215 who responded negatively to the SMCQs, 56 (26.0%) had dementia, giving a negative predictive value of 74.0%. The sensitivity and specificity of the SMCQ were 28.2% and 92.4% respectively.

Conclusion: A positive response to a specific SMCQ indicated a high likelihood of dementia. In resource poor settings SMCQs would be a good way for non-medical investigators to screen for dementia whilst minimising time used by medically trained staff evaluating false positives and affording the benefit of further assessment and intervention for true positives. However given their poor sensitivity we cannot recommend SMCQs as a lone method for cognitive screening to record prevalence.

connects

Abstract ID: 743

ANALOG AND DIGITAL WORLD'S COLLIDE?

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In an environment of rapid change affecting industry and government, online community engagement has become increasingly important to ensure stakeholder participation. But how have community engagement practitioners traversed the digital divide to ensure the representation of older Australians? Social media has given both Government and NGOs cost-effective tools which allow them to easily engage with larger audiences more than ever before – but are they inclusive? Has the emergence of these channels further disenfranchised the most overlooked segments of our society?

Twenty-five percent of over 65 year olds in Australia use social media, however, only a minority share their thoughts on these channels. Are the reasons purely technological? What can we do to ensure that we capture their contribution to the debate and motivate the 'analogue audience' to participate in a digital world? In an era where younger voices dominate social media and older people feel increasingly unheard, ensuring an inclusive approach to online community and stakeholder engagement is of significant social and cultural interest.

This paper will report on our joint study into the participation of older people online. This research was both on-line and in hard copy to ensure older people not on line could contribute to our understanding of their needs and non-participation in the social media and online space.

ageing

Abstract ID: 745

**ASSESSING DEPRESSION IN OLDER ADULTS IN THE EMERGENCY DEPARTMENT:
RELIABILITY OF THE 5-ITEM GERIATRIC DEPRESSION SCALE.**

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It has been identified that 30% of older adults in hospital emergency departments have depression in addition to their presenting medical problem. This is not surprising as depression is the most common mental health disorder in older adults. Emergency department (ED) assessment of older people does not, however, include routine screening for depression. This is despite evidence linking depression to functional decline, increased ED use, morbidity and mortality. Routine screening for depression in older people who present to emergency departments is well supported, however, must be completed with a psychometrically sound assessment. One standardised approach used to screen the mental health of older people is the 5-item Geriatric Depression Scale (GDS-5). To date this has not been examined for use with older people who present to the ED.

Study aim: The internal reliability of the GDS-5 with older adults who presented to the ED was examined.

Methods: The GDS-5 was administered to patients who had attended the ED in the prior week and were discharged directly home. The GDS-5 was administered by phone. Reliability was examined using Cronbach's alpha and item-to-total correlations.

Results: The GDS-5 was administered to 103 patients. Average age was 79 ± 9.1 years (69 females, 34 males). Fifty percent of patients screened positively for depression. The Cronbach's alpha was 0.5.

Conclusion: The GDS-5 has been verified as a suitable screening tool to detect depression in older adults in a range of clinical settings. This study found 50% of older adults screened positively for depression. Internal reliability was low, consistent with previous research completed with inpatient and outpatient older adults. This presentation discusses psychometric findings in relation to selecting the best option for assessing the mental health needs of older adults presenting to the ED.

connects

Abstract ID: 746

INVESTIGATING ACCEPTABILITY OF EASY-CARE INSTRUMENT FROM THE PERSPECTIVE OF OLDER PEOPLE: A PILOT STUDY IN IRAN

Authors:

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Background: EASY-Care is a research project which is developed in 1990. EASY-Care standard is a comprehensive assessment of older people's health and care needs. Some pilot studies were conducted in some countries to determine the acceptability of the EASY-care standard from the perspective of older people and health care professionals. This study is a part of a pilot study conducted in Tehran.

Aim: To assess the acceptability of the EASY-Care instrument from the perspective of older people in Tehran, Iran.

Methods: The acceptability of the EASY-Care instrument were assessed using a questionnaire was developed for assessing the acceptability of the instrument asking questions about the length and clarity of the instrument, needs identification as well as recommending the instrument for use with other older people. 50 older people were involved. 25 females and 25 males. All of them were over 60. After achieving informed signed consent, EASY-Care instrument and the questionnaire developed to assess the acceptability of EASY-care were completed. The data was analyzed using SPSS version 16.

Findings: On the whole EASY-Care was highly accepted by older people in Iran and their suggestions included. More research is needed to investigate acceptability of the EASY-Care in other cultures to generate an international version of the EASY-Care instrument.

ageing

Abstract ID: 747

SOCIAL WORKERS' TIME EXPENDITURE IN HOME CARE SERVICES: WITH WHOM, HOW AND WHY?

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The increasing number of people aged 65 years and over, especially those in need of health and social services has an impact on the workload of social workers in home care services in Quebec (Canada). The main objective of this study was to identify the elderly's characteristics that influenced the social worker's time expenditure.

Method: a cross-sectional study was conducted. First, we recruited 12 social workers who worked in four different home care services. A continuous time and motion study was conducted for 10 days with an *Ipod touch* in order to collect reliable data, on the time spent by social workers on different activities. Meanwhile, each elderly (n=172) who received a direct or indirect intervention by the social worker during the time and motion study was recruited to participate to a standardized assessment.

Results: A total of 122 work days and 4700 activities have been measured. The analysis revealed that the time dedicated to elderly's files was 64 % of total time, divided between direct therapeutic activities (17%) and indirect therapeutic activities (47%). Concerning the elderly's characteristics, the average age was 81; 59 % were female and 39 % were widowed. Moreover, 63 % lived in their home and 37% lived in residential care facilities for seniors. With regard to the social network, 85 % had children, an average of four children and seven significant people with whom 58 % of the sample is in contact by phone, email or in person, at least every day. Also, 74 % received more than one form of social support. They also had an average of 7 health problems, 3 psychosocial problems and moderate to severe autonomy lost measured by the functional autonomy measurement system. The impact of those characteristics on social workers' time will also be discussed at the conference.

connects

Abstract ID: 750

WHEELCHAIR MOBILITY AND ITS RELATIONSHIP TO CONFIDENCE WITH USING A MANUAL WHEELCHAIR AMONG OLDER ADULTS

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Background: Wheelchair mobility is a basic and necessary activity that supports the ability of individuals to independently engage in desired pursuits and social roles. Addressing issues with wheelchair mobility among older adults is becoming increasingly important largely because the majority (59% of individuals between the ages of 65 and 84, and 76% of those ≥85 years of age) of older individuals living in Canadian communities require assistance with using their manual wheelchair.

Confidence with using a wheelchair is an emerging construct that is defined as the belief individuals have in their ability to use their wheelchair in a variety of challenging activities and physical environments. Confidence has been demonstrated to be predictive of mobility among individuals with ambulatory ability; however, the construct has not been investigated among manual wheelchair users. Having the confidence to use a wheelchair as needed, presents a novel, and potentially important element of wheeled mobility.

Purpose: The purpose of this study is to investigate the relationships between mobility characteristics (e.g. distance, area traveled, speed), demographic variables (e.g. age, sex, etc...), and confidence with using a manual wheelchair among older individuals.

Methods: An observational study will be conducted using a convenience sample of 25 community living older adults (≥ 50 years of age) who use their wheelchairs on a daily basis. The mobility variables will be collected for one-week with an electronic data-logger. Confidence will be evaluated with the Wheelchair Use Confidence Scale, and demographic variables will be collected with the demographic information form. Correlations will be used to explore the strength of the relationships between the variables (significance level set at $p < 0.05$).

Expected results: This study will provide important evidence in support of the development of novel mobility interventions, geared towards improving the health and quality of life of older wheelchair users.

ageing

Abstract ID: 751

AGEING WELL AT HOME WITH BROADBAND

Authors:

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With the ageing of the population, spending on aged care in Australia is projected to grow from 0.8% GDP in 2009-10 to 1.8% GDP in 2049-50. Expenditures will be increasingly allocated to providing care in the home as it is government policy and the wish of most older people to remain living independently in the community for as long as possible. One strategy to counteract the physical and cognitive decline associated with ageing is to encourage older people to be physically active. However, the majority of older people are not sufficiently active to achieve health benefits.

Supervised group exercise programs for older people tend to have higher adherence rates than individual programs, however not everyone can access community facilities. In addition to physical decline, some individuals are also at risk of becoming socially isolated. Information and communication technology may provide a mechanism to help older people remain independent, maintain or improve physical function and enhance social connectedness. The new generation of wireless gaming consoles brings low-cost, easily accessible virtual environments to lounge rooms, physiotherapy clinics and aged care facilities. Active gaming technology offers older people a new and entertaining way of becoming more active or participating in activities they once enjoyed.

This presentation will describe Ageing Well at Home with Broadband. It capitalises on the Australian Government's National Broadband Network initiative which, over the next 10 years, will provide high speed broadband services to 93% of the country. The aim of this project is to develop and implement a "virtual" group exercise class that can be accessed from the comfort of one's living room using Microsoft's Kinect for Xbox 360 platform.

Participants will be provided with a gaming console which will allow real-time interaction with each other and an instructor via their television screen, thus enhancing motivation and connectedness.

connects

Abstract ID: 753

DOES TARGETTED ASSESSMENT OF FUCNTION INFLUENCE EMERGENCY DEPARTMENT RE-PRESENTATION IN OLDER ADULTS: AN AUSTRALIAN INSIGHT

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Hospital emergency departments (EDs) in Australia provide universal and equal access to health-care services. Older adults accessing EDs present with a key medical problem in addition to a range of complex and chronic conditions that impact on their well-being. These include cognitive decline, mental health issues and functional impairment. Only addressing the presenting problem places patients at risk of adverse events including further health decline and/or re-presentation. Increasingly, there are attempts to address these co-morbidities in the ED. One model used in Australia is comprehensive free assessment of health factors beyond the immediate medical problem. Assessment of function and interventions to remediate functional problems are examples of this model in action. Following medical assessment, older adults are referred to ED-based teams where occupational therapists can assess and address any functional deficits. Although this approach is increasing nationally, the impact on ED re-presentation is unknown. As this service is free to patients, health administrators need to know if it impacts on rates of re-presentation.

Aim: To examine 12 month ED re-presentation rates for patients provided with occupational therapy assessment and intervention.

Method: Retrospective data was collected on patients who received ED occupational therapy over a three year period. Re-presentation patterns were compared to existing literature and contributing patient factors were examined.

Results: In total, 2200 patients received occupational therapy. Five percent re-presented in the first week and 42% re-presented at some point in the following year. Long term re-presentation rates were lower than previously reported literature. This paper will appraise the impact of occupational therapy on ED re-presentation and identify patient characteristics that contribute to this outcome. An indepth discussion will examine this model of practice and determine its value as part of the universal and equal access to health-care services provided in EDs.

ageing

Abstract ID: 756

ENABLING WHEELED MOBILITY: THE DEVELOPMENT OF A SELF-EFFICACY ENHANCED WHEELCHAIR TRAINING PROGRAM FOR OLDER MANUAL WHEELCHAIR USERS.

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More than half of older adult manual wheelchair users require assistance with mobility, which can have negative individual, societal and economic consequences. According to the Social Cognitive Theory, self-efficacy is one of the most important predictors of behaviour , thus may be important for wheelchair use. Self-efficacy for using a manual wheelchair is the belief in one's ability to overcome situations that are challenging in a wheelchair. Early findings suggest that older adult manual wheelchair users report lower self-efficacy than younger adults, which is consistent with other areas that challenge self-efficacy, such as exercise.

Social cognitive approaches that employ the four sources of self-efficacy (enactive mastery, vicarious experience, verbal persuasion, and physiological affect) have been successful for improving self-efficacy in other areas of rehabilitation. Current wheelchair training focuses primarily on improving skill, but not self-efficacy, and current practices are variable and non-standardized. Development of a self-efficacy oriented wheelchair training intervention may improve wheelchair use for older adults.

The self-efficacy enhanced wheelchair training program (WheelSee) was developed using Social Cognitive Theory as a guiding framework. Specific situations that challenge confidence using a manual wheelchair have been identified (the physical environment, activities performed in a wheelchair, advocacy, managing emotions, knowledge and problem solving, and managing social situations) and social cognitive approaches have been applied to address these specific situations. Peer-trainers are used to foster improved self-efficacy using task specific practice of self-identified goals in a group setting, with positive reinforcement from family and peers, using situational vignettes and group discussions to facilitate the reinterpretation of somatic and physiological responses.

Self-efficacy using a manual wheelchair is an emerging and novel research construct that has the potential to impact wheelchair mobility, health, and social participation.

connects

Abstract ID: 760**ACTUAL VERSUS PREFERRED WORK STATUS IN OLDER ADULTS****Authors:**¹F. Alpass (Presenter)**Institutions:**¹Massey University, School of Psychology, Palmerston North, New Zealand

The past two decades have seen a significant increase in labour force participation by older workers, particularly by women and those aged over 65 years. Decisions around work continuation are influenced by financial preparedness for retirement and health status. Also thought to play a part in the work-retirement transition process are work histories, and historically these differ between men and women. For many older workers, employment preferences are not realised and this may impact on psychological and financial well-being in later life. Using data from two waves of the Health, Work and Retirement study we examined actual versus preferred work status in older New Zealand workers (N=2,484), with a focus on gender differences in work histories. Participants were categorised as matched, under-employed or over-employed according to their preferred and actual work status at time 2. Data on wealth, measures of well-being, quality of work life, and work histories were obtained. The under-employed at time 2 reported the lowest economic living standards at time 1. There were no differences in well-being between the three groups at time 1, however the under-employed reported the poorest mental health at time 2. Differences in quality of work life were seen between the matched group and the over-employed, with the latter group having significantly lower scores on career commitment, career satisfaction and job satisfaction, and higher reported levels of job stress at time 1. Men reported more stable work histories, however, gender was not related to work status groupings at time 2. Realising employment preferences in later life was achieved by 70% of our sample, however financial considerations and quality of work life appear to be related to a mismatch between actual and preferred work status and this can have an impact on psychological well-being.

ageing

Abstract ID: 761

"WELL FOR LIFE"- REFOCUSING HEALTH AND COMMUNITY CARE SERVICES TO IMPROVE SENIOR VICTORIANS' EXPERIENCES AND WELLBEING

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The Victorian health and community care service system is characterised by the involvement of both Australian and Victorian (State) governments. Uniquely among Australian states, Local Government also plays an active role in planning, funding and delivering community care services for older people.

The range of services available, to a growing cohort of older people, need to be more than just available. They need to be person-focussed - appropriate for an individual's own situation, employing goal oriented care planning, and empowering the older person to be involved in decision-making.

This aspiration applies across the health and community care systems in Victoria:

- promoting healthy ageing for the wider population of older people;
- basic home and community care services to maintain people more independently at home;
- sub-acute services, providing rehabilitation, geriatric evaluation and specialist clinics;
- acute services when needed (nearly half the people in Victorian hospitals now are over 70 years of age).

Across these service settings, our focus is to promote healthy ageing, capacity building, person centred care and a restorative approach to service delivery.

Policies for improving care for older people in acute and sub-acute settings complement those promoting the Active Service Model (ASM) approach to community care and health promotion through the Well4Life program.

Well4Life promotes physical activity, good nutrition and emotional wellbeing for people at home and in residential care. The ASM aims to re-orient services to focus on the person and the people around them (family, friends) who support them, and to recognise the potential people have to improve their capacity.

This presentation will provide an overview of the ASM and Well4Life. It will provide practical examples of what this approach has begun to deliver on the ground.

connects

Abstract ID: 762

EFFECT OF AN ADAPTED LEISURE GROUP PROGRAM TO ENHANCE QUALITY OF LIFE OF CAREGIVERS AND THEIR RELATIVE WITH ALZHEIMERS DESEASE

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Introduction : Most support programs for caregivers focus on the burden associated with caring and neglect to consider the positive aspects of caregiving. Shared leisure activities bring opportunities to enhance quality of life of both caregivers and care-receivers. Such activities might contribute to the maintenance of satisfactory relationship in the dyad caregiver-care-receiver. An adapted leisure education program in a one to one approach showed positive impact as support for caregivers. In an efficiency perspective, it was important to develop a group approach of the adapted leisure education that can be offer in the community.

Objective: 1) To develop a group approach of the adapted leisure education program. 2) To evaluate the impact of the group approach program on caregivers' well-being, self-efficacy in adapted leisure and quality of relationships. 3) To evaluate the impact of the program on quality of life of care-receivers.

Method: A quasi-experimental trial (n = 20 dyads) was conducted using mixed methods. The quantitative part included a pretest-posttest with follow-up design while qualitative part consisted in open-ended interviews (n = 20).

Results: The quantitative results suggested the program had some effects for the caregivers as well as for the care-receivers. Moreover, results from the qualitative analysis revealed improvements for both the caregivers and the care-receivers which were not captured by the quantitative tools. Notably, the program contributes to the quality of life of the dyads by providing them a sense of social inclusion in their community.

Conclusion: The qualitative results bring in-deep understanding of the impact of the program. This study confirmed the importance of focusing on the positive aspects of caregiving rather than the burden of caregiving.

Study supported by the Secrétariat aux aînés du Ministère de la famille et des aînés du gouvernement du Québec.

ageing

Abstract ID: 764

GRANNY POWER: OLDER WOMEN MAKING A DIFFERENCE IN AFRICA AND CANADA

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In 2009/10 Peggy Edwards studied the unique Grandmothers to Grandmothers Campaign, which operates in sub-Saharan Africa and Canada to answer the question “How do we engage, nurture and sustain older women advocates in civil society?” Volunteers in the Canadian campaign, which is associated with the Stephen Lewis Foundation, provide support and a voice for grandmothers in sub-Saharan Africa and the millions of AIDS orphans in their care.

The objectives were to:

document the barriers, benefits, and lessons learned about engaging and empowering older women as voluntary advocates analyze and share the findings so as to promote the value of older women as voluntary activists, and to enable their engagement as advocates for social justice.

Results: The Grandmothers Campaign demonstrates 10 key principles for nurturing the participation of older women activists. These themes are captured in a 10-minute video called “Voices of Advocacy: Older Women Speak Out”.

Conclusions: Twenty-five years ago, Gloria Steinham said, “Someday an army of older women may quietly take over the earth.” That army is gathering and the grandmothers are leading it. Along the way, they will influence the well-being of older women and children in Canada and Africa, the conscience of Canadians and how older women are viewed in society.

connects

Abstract ID: 767

CLINICAL RELEVANCE OF AN ELDER ABUSE INTERVENTION HELPLINE

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On October 1st 2010, a Provincial Elder Abuse Information and Intervention Line was launched in Quebec, Canada. In its first year of implementation, it received 4879 calls. Who called? What type of abuse was reported? What was the risk evaluation made by the practitioner who responded to the call? What type of intervention was made by the Line and was it pertinent to the caller's situation?

Through a research project funded by the Minister for Families and Seniors, we have attempted to answer these questions. We did an analysis of the Line's overall statistics from October 1st 2010 to September 30th 2011 and an in-depth analysis of more than 30 individual case studies.

The main results show that 35% of the calls were made by elderly victims themselves, thus challenging the "myth of the silent victim". Most of the presumed victims were women (69%), over 80 years of age (42%) and living in the community. The situations of abuse and neglect reported involved various types of violence; the two most often reported were financial exploitation and negligence in 35% of the calls and psychological and financial violence in 32%.

The qualitative analysis revealed complex family dynamics. Violence was reported predominantly within the context of a relationship between an adult child with a mental health profile and an elderly socially isolated mother.

The relevance of a telephone help line as a promising practice against abuse and neglect of older adults will be discussed.

ageing

Abstract ID: 770

CENTENARIANS AND HEALTH IN AUSTRALIA

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Introduction: The global phenomenon of ageing societies highlights the need to understand the health implications of and for our very oldest citizens. Many key actors including governments, policy makers, service providers and families will benefit from increased knowledge of the health status of the oldest old. As there is a dearth of information on this topic in Australia, the purpose of this paper is to begin building an information database on health and ageing of the aged population, especially those in their 9th, 10th and 11th decades of life. The current work in progress focuses on centenarian functional status, living arrangements and aged care service use. It also compares centenarians with octogenarians and nonagenarians.

Methods and materials: The data are drawn from confidentialised records of the Australian Aged Care Assessment Program and include first assessments for 14000 persons aged 80+, including 109 centenarians. Descriptive statistics are used to illustrate their characteristics and service recommendations. Logistic regression is used to identify predictors of living arrangements and recommended services.

Results: Reflecting differential survival by sex, centenarians are predominantly female and widowed. More than half are mobile (60%), continent (51%) and aware of time/place (65%); these functional abilities are correlated with each other but are not related to sex and marital status. Disability, especially continence, is associated with institutional residence. Marital status is also a predictor of institutional residence unless multiple disabilities occur.

Centenarians are more disabled than octogenarians but not always more so than nonagenarians. Age is a significant predictor of recommendations for several aged care services for centenarians living in the community after controlling for living arrangement.

Conclusion: Further research is needed to understand the relationships between age, functional ability, living arrangements and recommended aged care services for our oldest old citizens.

connects

Abstract ID: 777

ABSOLUTE RISK CHARTS FOR DEATH WITHIN 10 YEARS FOR AUSTRALIAN IN THEIR 70'S BY BEHAVIOURAL RISK FACTORS

Authors:

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Institutions:

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Introduction: Demographic changes and increasing life expectancy in developed countries mean that ever increasing numbers of people will live into their 70s. These individuals, their families and health care providers, and health care policy makers will be seeking valid, yet simple, information that helps them predict their long-term mortality and how their risk may be reduced. Increasing age and health-related behaviours, such as smoking and physical activity, are major modifiable determinants of long-term mortality. We aimed to develop a valid, user-friendly colour-coded chart of absolute risk of death for elderly men and women in Australia.

Methods: Data were from people aged 71-79 participating in the Australian Longitudinal Study on Women's Health (national sample, n=7438) and the Health in Men Study (Perth, Western Australia, n=6053). Logistic regression models were fitted for each sex separately with age, level of physical activity, body mass index and smoking as explanatory variables. The expected proportion of deaths within 10 years for each combination of explanatory variables was estimated.

Results: The risks of death were high, all exceeding 10% for women and 20% for men. Risks were substantially higher for men than women. For both sexes risk was highest in the oldest age group among smokers who reported little or no physical activity.

Conclusions: The risk charts we have developed provide a simple tool for health promotion, policy development and evaluation, and clinical management based on understanding the risks (and benefits) of health related behaviours for older people in the context of the substantial effects of age and sex.

ageing

Abstract ID: 778

GENDER DIFFERENCES IN THE IMPACT OF GASTROINTESTINAL PROBLEMS AND THEIR ASSOCIATION WITH FRAILTY

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Introduction: Symptoms of indigestion and heartburn are common in older adults and have adverse consequences on their functional status and quality of life. Indigestion has been shown to be associated with reduced mobility and lower limb function in 70-year old participants. In this paper, we explore the cross-sectional association between indigestion/heartburn and frailty in a cohort of older Australian adults.

Methods: Participants were men (n=1085) and women (n=1916) aged 82-87 years from two longitudinal surveys (the Health in Men Study and the Australian Longitudinal Study on Women's Health) conducted in 2008. Logistic regression was used to examine the relationship between frailty and indigestion/heartburn adjusting for demographic factors. Frailty was assessed using the FRAIL scale (**F**atigue, **R**esistance, **A**mbulation, **I**llnesses>5, **L**oss of Weight > 5%).

Results: The prevalence of frailty was 27%, 41%, 37% and 51% in participants who reported "never", "rarely", "sometimes" or "often" had indigestion/heartburn in the last 12 months respectively. Higher frequencies of indigestion/heartburn were associated with higher scores on the FRAIL scale. At the univariate level, Indigestion/heartburn was associated with frailty (odds ratio (OR) for "rarely" 1.89 (95% CI: 1.55-2.31), OR for "sometimes" 1.69 (95% CI: 1.32-1.98), OR for "often" 2.89 (95% CI: 2.09-4.01) relative to "never") and the association remained significant but attenuated after controlling for confounders.

Conclusions: In addition to common investigations for indigestion/heartburn in older adults, healthcare professionals need to consider assessing frailty in patients with these symptoms.

connects

Abstract ID: 779

MENTAL HEALTH, PSYCHOTROPIC MEDICATIONS AND THE SUBSEQUENT RISK OF FALLS IN OLDER WOMEN AND MEN

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Introduction: Poor psychological well-being and the use of psychotropic medications have been associated with an increased risk of falling in older adults. However, little attention has focussed on gender differences in these risk factors for falls. Using longitudinal data drawn from a large sample of community-dwelling older men and women, we aim to examine the effect of poor mental health and psychotropic medications (antidepressants, antipsychotics, anxiolytics or hypnotics) on falls, and injuries from falls.

Methods: Participants included 2,167 women from the Australian Longitudinal Study on Women's Health and 974 men from the Health in Men Study, who were aged 82-87 years. Logistic regression was used to examine the relationship between mental health and psychotropic medication use at baseline and subsequent risk of falling, adjusting for age, marital status, use of other medications which could affect postural stability, BMI, chronic conditions and vision and hearing deficits.

Results: Poor mental health and the use of psychotropic medications were associated with a higher risk of a subsequent fall in both men and women. Older adults who had poor mental health were more likely to be injured as a result of a fall (OR 0.99, 95% CI: 0.98-0.99) as were older adults who used psychotropic medications (OR 1.37, 95% CI: 1.01-1.84). There were no significant gender interactions.

Conclusions: Healthcare providers should be aware that older adults who are on psychotropic medications or who have poor mental health are at increased risk of falls and subsequent injury.

ageing

Abstract ID: 780

SOCIAL SUPPORT AND DISABILITY: IT'S NOT THE SIZE OF THE NETWORK THAT COUNTS

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Introduction: Evidence suggests that social support is protective for both mortality and morbidity however this relationship may be affected by general health status. High levels of social support and engagement may in fact help sustain good health and functional ability but findings have been inconsistent. The aim of this analysis was to explore the effect of social support on subsequent difficulty in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs) in a group of community dwelling older women and men.

Methods: Participants included 2,013 women from the Australian Longitudinal Study on Women's Health and 680 men from the Health in Men Study, who were aged 73-78 years at baseline (1999 and 2001 respectively). ADLs and IADLs were measured at follow up in 2008. Ordinal logistic regression was conducted to examine if social network size and satisfaction predicted subsequent difficulties in ADLs or IADLs. Separate analyses were conducted in women and men. To control for potential confounding of existing morbidity, the regression model adjusted for chronic conditions at baseline.

Results: Social network size was not associated with subsequent disability in either women or men, however men and women who were dissatisfied with their social support at baseline were more likely to report subsequent difficulty in performing ADLs (OR 1.52, 95% CI: 1.11-2.08) and IADLs (OR 1.62, 95% CI: 1.20-2.18).

Conclusions: Our results suggest that the size of a social network is insufficient to limit subsequent disability: support provided must be subjectively perceived to be relevant and adequate.

connects

Abstract ID: 783

MENTAL ILLNESS OR TERMINAL ILLNESS? COMPETING CONSTRUCTIONS OF ADVANCED DEMENTIA AND IMPLICATIONS FOR CARE

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Dementia is a progressive and irreversible condition that has been identified as reducing both the quality of life and life expectancy of affected individuals. Palliative care, that takes a proactive, holistic and life-affirming approach to the care of those with dementia, has been widely advocated. Notwithstanding this, evidence from the developed world indicates that those with dementia approaching the end of life experience both poorly managed symptom burden as well as invasive and futile medical interventions. This paper reports on findings from a qualitative study undertaken in two Australian states across 2010-11 which investigated nursing/care workers' (n = 40) and family members' (n = 14) of people with advanced dementia living in residential aged care understandings of dementia and explored implications of these for end of life care.

Findings included that dementia was primarily constructed as a mental illness by participants. As an extension of this, behavioural management dominated as a care frame, while associated life-limiting symptoms such as infection and dysphagia were not linked to the dementia syndrome. Participants expressed difficulty in reconciling a condition which they perceived as a mental illness with its terminal physiological consequences. Dementia does include cognitive and behavioural symptoms, and is frequently located within professional discourse as a mental illness (including within the *United Nations Madrid International Plan of Action on Ageing*). However, this paper argues that promoting a broader construction within a more robust, holistic, palliative frame will better represent the complexity of the affected person's needs and assist the associated decision making of family and carers. Such a construction should include changing needs across the dementia trajectory, and specifically embrace both the cognitive/behavioural and physical/clinical – along with its particular socio-cultural-spiritual dimensions.

ageing

Abstract ID: 786

**ACCESSING HEALTH SERVICES IN THE DEMOCRATIC REPUBLIC OF CONGO:
PERSPECTIVES OF ELDERLY**

Authors:

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The history of the Democratic Republic of the Congo has been marked by political instability and conflict. This has obviously impacted the older population but it is difficult to come across reliable data on the health situation of the country. Qualitative interviews were conducted with older men and women to shed some insights into their health and health seeking behaviour. Men and women reported that they were suffering from a range of health ailments which they attributed to their harsh living conditions. However, they also expected that their health will decline with increasing age. Their precarious socio-economic situation contributes to their ill health because they cannot afford to pay for health care services. Cost is a major barrier to accessing health care services in the DRC. In the rural areas there are limited health services and older men and women have to walk long distances to get to the nearest health facility. For the frail elderly this is difficult and limits their access to health care. In the rural areas, older men and women feel abandoned by their children who left in search of better opportunities in the urban areas.

connects

Abstract ID: 788

EXPERIENCES OF THE ELDERLY IN A POST-CONFLICT SETTING

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This paper aims to document the experiences of the rural elderly in Rwanda using in-depth interviews. Interviews were conducted with 10 men and 10 women in rural areas in Rwanda. The findings suggest that older population living in the rural areas are faced with a number of challenges. Most prefer to live in the rural areas because there is a greater sense of community. In addition, rural areas are more affordable than the urban areas. However, the rural areas lack basic amenities and infrastructure; in particular, there is a dearth of health care services. The impact of the genocide continues to plague the elderly. Most elderly men and women lost their close family members and friends as well as their belongings in the violence that gripped their country. They are struggling to cope with the emotional and psychological effects of the genocide.

ageing

Abstract ID: 798

DERIVING THE SOCIAL RETURN ON INVESTMENT FOR INDEPENDENT SENIOR HOUSING IN POLAND

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Over the next 20 years, the senior demographic in Poland will be the largest growing demographic in Poland.

Government officials have talked about changes in retirement, health care and social support and building more nursing homes and social housing. While these types of housing units are necessary, there is a demographic band of seniors who do not fit into these two categories of housing. These “independent” seniors will be looking for housing options beyond the traditional options currently available.

Independent senior housing or care housing can fill this gap. The benefits of this housing type will be discussed. The goal of this paper is to show that there is a social benefit and this benefit has micro and macro economic impacts. The goal of the work shop will be to share empirical data on an area that has seen no formal research on this topic and promote further research and discussion.

The research will take into consideration the drivers for this investment – demographic, economic, social/cultural changes. With this information, informed decisions can be made by developers, investors, property managers, health care providers and public policy professionals as far as development and investment in this property type. A propensity matching analysis will be used as part of the overall methodology.

Similar derivations of the social return on investment on this property type have been performed in other countries. Theoretical and practical models do exist. However, these models have been derived and utilized for housing in western countries and societies where the real estate and social and cultural mores are different compared to Central and Eastern Europe. To the best of the author’s knowledge, no such derivation of social return on investment for care housing has been performed in Central or Eastern European countries.

connects

Abstract ID: 800

ADVOCACY FOR AN M-HEALTH REMOTE CARE INITIATIVE FOR THE AGEING POPULATION OF BANGLADSEH

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Issue:

By 2020, there will be over a billion elderly people on the planet with 700 million of these in the developing world. Despite the fact that a large aging population is challenged by chronic illnesses, improper medication use and limited access to care and information, the importance of geriatric care have failed to penetrate properly into the existing healthcare policy in Bangladesh. An m-health remote care initiative for the elderly through condition management, post hospital care and assisted living could enable improvements in health-care, quality of life, continuum of care and avoid age-related discrimination and stigma.

Description:

An m-Health approach usually follows Store and Forward or Real-Time-Consultation techniques. However, for cost-effectiveness and greater patient satisfaction a hybrid technology using SAF and RTC by audio-communication would be preferable. In this 2-3 steps communication, older patients with the help of caregivers will send pre-loaded standardized templates containing disease information, queries and applicable images to the coordinating doctors using mobile phone technologies. After personal evaluation or consulting with the relevant specialists, the coordinating doctors will send feed backs. Although modifications can be adopted depending on existing disease pattern, types of intervention, ICT infrastructure, funding, etc, but this will be the basis for an m-health approach.

Points to remember

m-Health is not all about technology, rather a process involving people with technology. move away from a single focus solution towards a greater state of openness reusing and recycling of the most realistic, relevant and proven initiative is more productive than creating a new one.

m-Health at scale will only come from meaningful public-private partnerships.

Conclusion:

By understanding the concept, application, potentials and lessons from previous experiences, we have to move forward with an intuitive m-Health remote care initiative for the elderly-which could be an effective solution for Bangladesh.

ageing

Abstract ID: 803

CROSS DISCIPLINARY RESPONSE: A WAY FORWARD

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The purpose of this workshop on the theme of abuse neglect and violence is to identify effective and practical ways of delivering effective cross disciplinary services. Older adults who have been abused commonly have various co-existing needs such as health issues, legal problems, and service barriers. Effective response requires service providers from various disciplines to work in cooperation but cross disciplinary service provision can present unique challenges. This is particularly true if one of these services is legal representation. Lawyers have a unique code of ethics and best practice standards which are dissimilar to the professional requirements of other professions, such as social work. The objective of the workshop is to address the challenges inherent in cross-disciplinary service delivery and to identify practical approaches to working effectively in this context.

The presenters will draw illustrations from the work of the BC Centre for Elder Advocacy and Support (BC CEAS) which operates a law clinic, and provides a range of other services for older adults who have been abused. Services include a toll free help line which is the entry point for all client services. The service delivery model at BC CEAS necessitates cooperation across several disciplines. In 2011 BC CEAS participated in a two program evaluations, one external and one internal. Case files from 2009 were reviewed and new ways of providing effective cross disciplinary services were identified. New procedures and best practices were developed and implemented in response to this review.

The presentation will be followed by discussion of case examples which will be provided. Participants will have the opportunity to share information and examples of effective integrated cross-disciplinary services in their own jurisdictions. Attendees will leave the workshop with a broader understanding of collaborative work and best practices across disciplines.

connects

Abstract ID: 804

ELDER MEDIATION: PROTECTING VULNERABLE ADULTS

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In this oral presentation the preliminary findings of a study entitled Elder Guardianship Mediation: Best Practices and Standards for Protecting Vulnerable Older Adults will be presented. This oral presentation fits in the abuse, neglect and violence theme. Elder mediation is a new and growing field for collaborative decision making regarding care plans or other matters affecting older adults. Best practices and ethical standards have been developed in the United States, where this area of practice is quite common. However, laws and services for older adults are different in other jurisdictions and standards developed in the United States do not necessarily apply elsewhere. This study is a comparative study looking at elder mediation programs in several jurisdictions including different laws and different social context. The study is paying particular attention to the intersection between adult protection laws and best practice standards to determine if best practice standards in elder mediation are different in jurisdictions with adult protection regimes than in those without. Although the study examines formal elder mediation practices, the information will be of interest to anyone who deals with elder decision making.

ageing

Abstract ID: 805

CO-ORDINATED CARE AND QUESTIONABLE CAPACITY

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The purpose of this workshop, under the theme of mental health needs of older persons, is to increase the participants' ability to provide care in the context of best practice principles to clients with diminished capacity. As capacity decreases the number and variety of issues and service providers increases. Managing these situations can leave professionals, caregivers, and clients in a confusing web of needs and services. The key to quality care is co-ordinated care which must be provided in a cross disciplinary milieu. These issues will be explored from a broad perspective with a particular focus on the intersection of legal and psycho-social services.

For elders with fluctuating or diminished capacity, complex issues arise with the need to balance the needs for safety and self-determination; privacy and continuity of care; and professional boundaries and coordination of care for clients. These, often competing, needs create unique challenges for professionals, family members and clients in developing and implementing optimal care plans.

The service delivery approach discussed in this workshop builds on an approach to vulnerability supported by the results of a research project carried out in British Columbia Canada in 2007 – 2009 entitled by Vanguard Project. The workshop will also incorporate new and ongoing research in the area of elder mediation. The presenters will provide case examples, of how services can be effectively adapted to meet the needs of clients with diminished capacity due to mental health issues or other reasons. Practical examples and case studies involving clients both with and without family support will be presented for discussion participants will be invited to share knowledge from their own jurisdictions. In the course of the workshop participants will receive tools and guidelines to assist them in providing optimal and best practice based service to their clients, whatever their capacity.

connects

Abstract ID: 806

A STRATEGIC APPROACH TO THE WIDE-SCALE IMPLEMENTATION OF ASSISTIVE TECHNOLOGY: THE CASE OF THE SCOTTISH TELECARE DEVELOPMENT PROGRAMME 2006-2011

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The Scottish government has acknowledged the challenges presented by an ageing society by embracing the use of assistive technology to support people in need of social care, particularly older people wishing to remain in their own homes. With an investment of £20 million over five years (2006-2011), the government has worked with Local Care Partnerships across the country to initiate and/or develop telecare services, with a focus on innovation and sharing good practice.

This paper will present evidence from two strands of research:

1) a qualitative study concerning the impact of telecare services on carers (Jarrold and Yeandle, 2009): it will be shown that telecare services have a positive impact on carers, promoting well-being, employment and recreational opportunities, and the ability to care. Carers commonly described the impact of these technologies as resulting in a “weight off my mind”.

2) a review of quantitative impact assessments carried out by the presenter in 2011: on the basis of data from detailed cost saving analyses, it will be shown that telecare services have a significant impact on health and social care system, leading to efficiencies from: delayed discharges from hospital; reduction in unplanned hospital admissions; reduction in care home admissions; and reduced home check visits. The value of benefits arising from the programme was approximately £79 million.

In conclusion, a case will be made for the benefits of long-term investment and a wide-scale strategic approach to the implementation of assistive technology. A range of good practices emerging from the Scottish Telecare Development Programme will be presented, including the importance of: appropriate training for health and social care staff; demonstrating the advantages of telecare to key stakeholders; supporting organisations with less experience of assistive technology; and addressing issues related to the affordability of equipment for service users.

ageing

Abstract ID: 807

WHAT MAKES PEOPLE ANXIOUS ABOUT LIFE AFTER THE AGE OF 65? THE EVIDENCE FROM INTERNATIONAL SURVEY RESEARCH IN JAPAN, THE UNITED STATES, CHINA, AND INDIA

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A major challenge in social security research in this aging era is how to ease people's concerns about their old age. The cause of such concerns is uncertain. This research investigates a) the reasons for anxiety about life after the age of 65, and b) the variability of such anxiety and whether or not the causes differ according to social contexts.

To this end, this research conducts an international survey. First, the research includes a questionnaire designed to grasp the respondents' degree of anxiety regarding their lives after the age of 65, together with other variables, including age, income, and family structure, that may be mitigating variables affecting the degree of concern about life in old age. The researcher(s) will distribute the questionnaires to thousands of individuals in accordance with census data. Second, the research will be conducted in countries with different social contexts: Japan, the United States, China, and India.

The social context of each subject nation is different. A large portion of Japan's entire population is aged and Japan has a universal long-term care insurance system. A large portion of the United States' entire population is also aged, but the public long-term care system is means-tested. China is expected to have a large aged portion of its entire population due to its long-lasting one child policy, yet social security is weak and underdeveloped. India also has a weak social security system, but its increasingly aged population has not become a social issue because of its equally large population of young people.

This research is a part of Osaka University's "Human Behaviour and Socio economic Dynamics" project. The data will be collected from January to March 2012. The research outcome will be available at IFA 11th Global Conference on Ageing.

connects

Abstract ID: 816

OLDER WORKERS' PARTICIPATION IN ADULT EDUCATION AND LABOR MARKET OUTCOMES – GERMANY AND RUSSIA COMPARED.

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In the wake of current globalization trends and demographic developments, governments are forced to retract their early retirement policies and to reduce public expenditure on pensions. The most natural strategy from a micro as well as a macro perspective is to motivate older workers to remain in the labour market and to enable them to do so by offering different forms of adult education. However, previous research does not give clear answers regarding the returns to adult education for older workers.

The aim of this paper is to assess whether participation in adult education has a measureable effect on labour market outcomes of the older population, who received their initial education before the fall of the Iron Curtain. We have three core questions: (1) Do participants stay longer in the labour market? (2) Does participation in adult education decrease unemployment risks? (3) Is participation associated with upward mobility and/or income increases? Our analyses compare two post-socialist countries, the former German Democratic Republic (GDR) and Russia, making use of the German Socio-Economic Panel (GSOEP) and the Russian Longitudinal Monitoring Survey (RLMS). We analyze the whole German sample, but run analyses separately for persons grown up in the GDR and the Federal Republic of Germany (FRG).

Preliminary descriptive results reveal increasing participation in adult education over cohorts for both Germany and Russia. Being male worker tends to increase participation in FRG. Conversely, the gender difference is reversed in Russia and GDR and increases over birth cohorts in Russia. Participation tends to fall with age, whereas higher education tends to increase the probability of participating. For Germany, workers who grew up in the GDR are more likely to participate in adult education. Finally, preliminary results suggest that among Russian workers adult education corresponds to slightly higher job stability.

ageing

Abstract ID: 817

MISUNDERSTANDING DEMENTIA – KEY CHALLENGES IN PROVIDING EVIDENCE BASED DEMENTIA CARE

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The care of people with dementia in aged care environments should be provided as a partnership between staff and family caregivers. Yet care planning is impacted by the parties knowledge of dementia. This includes variations in the dementia trajectory, expected symptoms and associated management options. In practice knowledge of dementia will influences take holders capability to engage with care planning and influence their capacity to collaborate to ensure the person with dementia receives optimal care. However, the literature indicates that people with dementia undergo unnecessary interventions, which in turn suggests that the knowledge of dementia of those engaged in related care planning is less than satisfactory.

This paper reports the findings of a project, which takes up this issue. The DKAT2 survey was interviewer administered to aged care staff (n=315) in eight Australian residential aged care facilities. It was also administered to family members (n = 163) of residents assessed as having moderate to severe dementia. Data were analysed dichotomously as either corrector incorrect. Nonparametric analysis was used to compare scores due to the non-normal nature of the data.

The survey findings highlighted a relatively poor knowledge of dementia among all participants, and a statistically significant positive correlation between staff qualifications and knowledge. Key knowledge deficits, such as a lack of recognition of dementia as a terminal condition, pain assessment and confusion raise significant concerns about how care decisions are made for this highly vulnerable group of people. They also highlight an imperative to build capacity in the aged care sector to enhance staff and family members' knowledge of dementia to provide evidence based dementia care.

connects

Abstract ID: 821

SOCIAL TOURISM AS STRATEGY FOR PROMOTING PERSONAL AUTONOMY OF ELDERLY PEOPLE

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Nowadays, European population is living an ageing process that represent a long term trend and it is likely to affect all European Union Members States. Also, dependent and disabled people are an important share of the European population and will increase in the following decades, due to the ageing process and the growth of chronic diseases related with disability like diabetes, cardiovascular diseases and mental disorders.

In this framework, European organisms are promoting initiatives that try to prevent dependency situations or enhance the elderly quality of life and, subsequently, reduce social and health spending and the burden of informal caregivers. With these aims, Accessible Social Tourism, which is the social tourism focused in elderly and disabled people, could be used as strategy of social policy due to the benefits that some studies have linked with tourism in other social excluded groups like self-wellbeing and self-perceived health.

With this research, authors analyze if the detected benefits in Social Tourism participation in other social excluded groups could be extended to elderly, concretely, benefits related to health, autonomy and social integration in elderly tourism participation and their effects in social and health systems. For this purpose, data from a randomly selected sample of 43 people of 65 years old or more have been collected in the Valencian region (Spain) during year 2011, through a self-designed questionnaire which is composed of four validated instruments that measure self-perceived health, cognitive decline, dependency for instrumental activities for daily living and social integration. Results show a relationship between holidaying and self-perceived health and independency to carry out activities of daily life among the elderly people of the sample.

ageing

Abstract ID: 822

EVALUATING THE LEVEL OF AGE-FRIENDLY OF RURAL AREAS IN TAIWAN

Authors:

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The world is ageing in a fast pace. Many countries found rural areas confronting a worse condition in ageing. Thus Canadian Federal/Provincial/Territorial Ministers Responsible for Seniors endorsed the "Age-Friendly Rural/Remote Communities Initiative" in 2006, producing a practical guide based on eight domains classified by the "Global Age-Friendly Cities Project", discussing common barriers in the rural or remote areas in Canada.

Taiwan faces similar challenge. In response, the Council of Agriculture put emphasize on elder care in rural areas from 1991, treating an overall evaluating system for both physical and social environment of older farmers as essential.

Generally, elders who lived in rural areas have different lifestyle compared to the one in urban area. Studies identified issues such as physical and mental health (Tseng I-Lin, 1995), social care and participation, employment, retirement and volunteer, and transportation are relatively important in the rural areas. (symposium of Conference on Ageing Society – South Taiwan Research Result Publication)

Each of these main topic are deeply discussed, but few has been evaluated in a comprehensive way.

This research intends to followed the eight domains proposed by "Age-Friendly Rural and Remote Communities: A Guide" to explore the different living environment and lifestyle among Taiwan rural areas compared to urban areas. Through questionnaire and interviews, the research will examine the age-friendly level and older people's expectations of rural areas, and expect to establish the age-friendly environmental evaluation indicator which meets the needs of Taiwan rural area.

connects

Abstract ID: 823

**RESEARCH ON USABILITY FOR ICT SYSTEM TO IMPROVE THE HEALTH OF
DEPENDENT ELDERLY PEOPLE WITH CARDIOVASCULAR OR OSTEOARTICULAR
DISEASE**

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“Industrial Investigation of New Technologies for the Health and the Functional Capability Telemonitoring of Dependent Patients in their Home and within the Community” is a research project funded by de Regional Government of Valencia through the Regional Ministry of Industry, Trade and Innovation. The main objective of this project is the design of a new technological social and health system to improve the prevention, control and self-management of chronic diseases and the autonomy of dependent elderly people affected by a cardiovascular or osteo-articular disease. The technological system will include in a single solution a portable device for the control and communication of the health status and localization of the patient outwards and a control domotic system with movement detection at home.

The novelty of this technological system remains in the sending of medical and localization data in real time by the portable device and in the integration of an environment control system at home. All the generated data will be sent to an information platform. There, the information will be processed and sent to the corresponding defined user. The system will also include other services like video conference, video surveillance, cognitive stimulation for elderly people, etc.

In this work, a pilot study has been made in order to determine the way the different users (patient, caregiver and general practitioner) want to receive the information from the users. With this purpose nine patients, four general practitioners and six caregivers have been interviewed. Patients would prefer to obtain the information from the device itself and from a TV or computer monitor. The general practitioners' preferred way of getting the information is the email and the caregivers would prefer phone calls as the best way to receive the emergencies or a weekly report for the monitoring process.

ageing

Abstract ID: 825

PSYCHO-EDUCATIONAL INTERVENTION PROGRAMMES TO FACE UP THE INFORMAL CAREGIVERS BURDEN

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Informal care has been conceptualized as a vital stress factor, which jointly with its chronic character and the lack of foresight about the time of its finalization has been associated to the negative repercussions on the physical and psychological wellbeing of the caregiver. This situation has been denominated “caregiver burden”. Burden is associated with depression, anxiety and abandonment and mistreatment of the dependent person. Optimal psychosocial interventions to be assumed by European Governments in their long-term care systems have still to be developed to fight against this burden.

The objective is to review the main psychological and social programmes developed to deal with the informal caregiver burden, in order to propose the more appropriate programmes to be adopted by the European long-term care systems. A review of the main theories and results of the existing research about the concept of the caregiver's burden has been done in policy papers, peer-reviewed journals and researches developed by the authors.

The results lead to conclude that the psycho-educational intervention programmes framed within the respite services jointly with the knowledge of the determining variables of the burden can comprise the first optimal approach in order to effectively deal with the problem of caregiver burden.

connects

Abstract ID: 826

ELDER ABUSE IN ITALY: SELECTED FINDINGS FROM THE ABUEL PROJECT

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Background: Elder abuse is a complex phenomenon that has recently reached a remarkable international importance. It is still not much studied in Italy but also in Europe. The abuse can cause health problems in older people, and also a general reduction in quality of life.

Objectives: The aim of the ABUEL project is to identify the key risk factors and the possible consequences of elder abuse, a phenomenon yet largely invisible and neglected, due to difficulties of detecting and tackling such a taboo in the aging population debate.

Methods: Results are based on the analysis of the ABUEL survey which involved, in 2009, seven European countries: Italy, Germany, Greece, Lithuania, Portugal, Spain and Sweden. The survey reached a random sample of 4467 subjects overall (628 in Italy). Subjects were people aged 60-84 years, with no dementia, living at home, which were investigated on health conditions, quality of life and possible difficult situations, including the occurrence of experiences of mistreatment and abuse.

Results: 13.4% of the Italian sample perceived to have suffered some type of abuse, mainly psychological and financial. Most of the abused are concentrated in the age range 70-74 (mainly men), with low level of education, especially divorced/separated, living alone but also with spouse/partner, artisans and workers, and their main source of income are disability pension/care allowance and various subsidies. Therefore they are the most disadvantaged and potentially victims of social exclusion.

Conclusions: The information provided by the ABUEL study can be useful starting points for policy makers, healthcare services developers and planners, local service providers and older people associations in order to identify: methodologies and tools aimed at detecting the phenomenon timely; international guidelines for the implementation of measures and actions in support of the victims of abuse; policies and strategies to monitor and prevent the phenomenon.

ageing

Abstract ID: 827

AGING, POVERTY AND POLICY INTERVENTION IN PORTUGAL

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The communication aims to discuss critically the policy intervention to combat poverty among the elderly in Portugal and present some good practices in policy intervention in relation to social inclusion.

This study is part of an ongoing research project: Aging, poverty and social exclusion: a interdisciplinary study on innovative social services. Its aims at providing evidences of the efforts done at policy level and of good practices in services provisions in order to fight inequalities and social exclusion, in relation to older people living in poverty.

Policy interventions in Portugal have been focused on increasing the minimum pensions, (solidarity supplement for the elderly), the improvement and promotion of safety equipment for seniors, specific programs on housing, the creation of a variety of specific services (day centres, home assistance etc.). Furthermore, it includes cross-cutting policies that integrate the network of care facilities with medical services, and voluntary intervention.

The concept of active aging has challenged social policies to combat poverty among the elderly. In order to create safety nets, participation and effective health care, programs such as PNAI (National Plan of Action for Social Inclusion), PAII (Plan for Integrated support services for the elderly) were developed. Such programs stress shared responsibility by the state authorities, civil society organizations and families.

Despite these policy measures, poverty remains widespread among older people in Portugal. Moreover, such measures address only basic needs of older people (food, housing, health, etc), but do not stress the importance of older people full participation in society, freedom and self-determination, that is their citizen rights.

connects

Abstract ID: 828

SUSTAINABLE HEALTH AND SOCIAL POLICIES: EFFICIENT CONNECTIONS BETWEEN FORMAL AND INFORMAL CARE

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The sustainability of the Long Term Care (LTC) systems is becoming more urgent due to the increase demand of care generated by the ageing process. Nowadays, the informal care provides the majority of care for elderly and its economic contribution exceeds the formal care. However, the current care system is facing a decreasing availability of informal caregivers and new challenges caused by social changes occurring in Europe.

Specifically, social and health policies must answer the decline of informal caregivers due to the incorporation of women into the workplace (traditional providers of informal care) and the need to reverse the negative consequences of current informal care system which is characterized by maltreatment, poverty and informal caregivers' burden. These consequences turn informal caregivers into users of social and health services.

Moreover, financial aid for maintenance and recruitment of informal caregivers and/or immigrants have favoured that these human resources are characterized by heterogeneity and contractual training that has confused the limits between formal and informal care, increasing the conflict between different groups of careers and causing a lack of social and economic recognition of the career figure.

The health and social policies are exploring and developing good practices for a better coordination of formal and informal caregiver through better links between health and social policies, empowerment and training formal and informal caregivers, coordination between informal care and LTC, among others.

Authors present the results of a thorough analysis conducted in seven European Union countries within the project Interlinks (7FP-HEALTH-2008-223037). Concretely, it will be presented the situation of informal caregivers within LTC policies in Spain, its connections with formal care and a number of good practices in Europe that have led to improved coordination and quality of LTC services.

ageing

Abstract ID: 829

PERSONALISATION AND SUPPORT FOR CAREGIVERS: NEW EVIDENCE FROM POLICY EVALUATION STUDIES IN ENGLAND

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During the 2000s, lobbying by a well-established carers' movement and a strengthened evidence base about the extent and range of carers' roles in supporting older, sick and disabled people led to substantial investments in new support for carers in England, including: (i) A programme of training for carers '*Caring with Confidence*' (delivered by 40 providers who registered over 12,000 carers); (ii) 25 Department of Health-funded '*Demonstrator Sites*', which helped over 18,000 carers access breaks, practical support, information, benefits and timely guidance (delivered through local health, social care and voluntary sector partnerships); (iii) Improved access to 'return to work' support for carers via the Department for Work and Pensions.

Based on studies of this new support for carers, the paper explores how well these developments met carers' needs, with particular reference to those caring for older people, and the extent to which they were successful in 'personalising' support for carers. Drawing on detailed evidence (Yeandle and Wigfieldeds., 2011a, 2011b) and on analysis of how carer support fits with broader policy trends in the care of older people (Yeandle et al, forthcoming 2012), it highlights progress, challenges and opportunities in supporting carers of older people, concluding with an assessment of lessons from the English case potentially applicable in other countries.

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connects

Abstract ID: 832

RETIREMENT AND EVOLUTION OF CANCER INCIDENCE IN THE FRENCH E3N COHORT

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Background: As people live longer, retirement, which is recognized as one of the most stressful events in adult life, has become a widely analyzed outcome in medical research, particularly because of the improvement of life expectancy and the diminution of the workers to older inactive person ratio. The aim of our study was to estimate the evolution of cancer incidence before, around and after retirement.

Material: Associations were evaluated among 51,199 women from the French E3N cohort, aged 40 to 65 at recruitment in 1990. During 16 years of follow-up, 4,832 cases of cancer were diagnosed.

Methods: Information on retirement was assessed at each of the 8 follow-up questionnaires, sent every 2-3 years between 1991 and 2006. Retirement and cancer occurrence were considered as longitudinal data and generalized estimating equation models were performed to estimate odd ratios (OR) and their 95% confidence intervals, separating short and long term effects of retirement on cancer incidence.

Results: A significant increase in cancer incidence was observed (OR=1.19 [1.05-1.35]) when comparing women newly retired to women who were about to retire. This increased risk was restricted to hematopoietic (OR=3.28 [1.72-6.25]) and gynaecologic cancers (including breast) (OR=1.20 [1.03-1.40]). After retirement, a borderline significant decreased cancer incidence was observed (OR=0.75 [0.55-1.00]) when long-time retired women were compared with women being retired for a short time. This association appeared to be driven by digestive cancers (OR=0.38 [0.16-0.88]). No significant difference in cancer incidence was observed before retirement.

Conclusion: These findings provided evidence for an increase in cancer incidence following retirement and a long-term beneficial impact of retirement on cancer risk.

Conflicts of interest: None

ageing

Abstract ID: 833

THE DIMENSION OF FUTURE IN OLD AGE: PROMOTING HEALTHY AND ACTIVE AGING WITH OLDER WOMEN IN PORTUGAL

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This paper focuses on the relevance that the dimension of future has for promoting active aging. It describes and discusses critically an activity carried out in Portugal among older women in a poor area in the suburb of Lisbon: self-awareness atelier on the future.

The data analyzed in this paper compares the interviews conducted with the psychologist who facilitated the atelier, and the audio recordings of the atelier sessions. The data are part of an ongoing interdisciplinary study: "Aging, poverty and social exclusion: an interdisciplinary study on innovative support services" The project aims at documenting good practices in social intervention with older people living in poverty.

In the Second World Assembly on aging, "advancing health and well-being into old age" (UN, 2002, 7) was identified as a focal priority of the International Plan of Action on Ageing.

Moreover the WHO (2002) contribution to that same conference stressed the importance of active aging for older people as a form of health prevention. Participation in social activities and social network is important for the quality of life of older people, but also it has preventive effects on mental and physical functioning.

Older people have generally difficulties in talking about the future and when they do they generally express very negative perspectives on it. They often just hope for the time go by and they do not enjoy and use their time effectively. The atelier was aimed to problematise and mobilize such limiting ideas of the future, proposing to elaborate projects and discussing actual procedure to carry them out.

connects

Abstract ID: 835

ELDERLY HOUSING RESIDENTIAL PREFERENCE AND DEMAND FOR THE ELDERLY AFTER RETIREMENT IN TAIWAN – A CASE STUDY OF CIVIL SERVANTS AND TEACHERS IN TAIPEI CITY

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Since 1993, elderly population has rapidly increased in Taiwan. Providing sufficient and proper housing units is considered as the priority. Studies identified that older people's housing needs will become more diverse in the future and housing developments will be one of the prosperous industries. In Response to the actually demand for social movement and elderly families, both public and private sector has been provided housing units for elderly in Taiwan since 1990s. The Ministry of Internal Affairs initiated a program that promoted private participation in community development for the elderly in 2004, but it was failed without any successful project and had to terminate the program by 2008. For the private sector, more than a dozen of residential unit developments are mostly located in Taipei due to the highest density of elderly population distribution. However, the overall average occupancy rate is less than 70%. Before clarifying the potential demand of elderly housing market and reasons for its failure, it will be risky to promote any large-scale apartment project for elderly in Taiwan. Therefore, this study will start from a thorough literature review intending to analyze possible reasons for low occupancy rate of existing elderly housing in Taipei from Consumer behaviour. To further identify the major constraints for meeting the housing demand of elderly, questionnaire for potential consumers the middle-aged and senior people whose age over 50 and the level of urbanization and academic degrees higher and live in Taipei City will be conducted. Collecting data by questionnaire and using quantity methodology of Logistic Regression and Cross Analysis to understand the factors that affect potential consumers to choose elderly housing. By predicting the potential demand of elderly housing community, the final part of the paper could expect to offer recommendations for future development projects.

ageing

Abstract ID: 837

A COMPARISON OF CAREGIVER BURDEN IN PERSONS WITH PARKINSON'S DISEASE AND/OR DEMENTIA IN SUB-SAHARAN AFRICA

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Introduction: Caregiver burden includes the many physical, mental and socio - economic problems arising from caring for individuals with chronic and disabling diseases. Being a carer in sub-Saharan Africa (SSA), where little is known about chronic neurological conditions, may be extremely demanding. Conversely, multigenerational living may allow sharing of care among many caregivers.

We wished to determine the relative burden of caring for two chronic neurodegenerative conditions (Parkinson's disease (PD) and dementia) in rural Tanzania.

Methods: The Zarit Burden Interview (ZBI) is the most commonly used tool to define caregiver strain in dementia. Higher ZBI scores (range 0-88) reflect higher burden.

All surviving patients from a PD prevalence study, new PD cases diagnosed during a neurological disorders study, and all cases from a dementia prevalence study were invited to participate in the study.

Results: Of 29 PD patients, ZBI was recorded in 20 (14 male). Six had no identifiable carer and 3 carers were unavailable. Two had PD with dementia (PDD). Of 75 dementia cases (excluding 2 PDD), 43 (32 females) completed the ZBI. For the other 32, the informants felt the care they provided was a normal inter-generational expectation in Hai.

Mean ages were 77.4 and 86.1 years for PD and dementia, respectively. Mean ZBI was 30.2 for PD and 15.2 for dementia ($U = 166.0$, $z = -3.913$, $p < 0.001$). In linear regression models patient age and gender, carer age and gender, disease duration and disease severity were used as predictor variables. Disease severity was the only independent predictor of ZBI score for PD, and none were predictive for dementia, patients.

Conclusions: Caring for an individual with PD may be more burdensome than caring for an individual with dementia in SSA. More advanced PD causes higher caregiver burden.

connects

Abstract ID: 840

PSYCHOLOGICAL FIRST AID FOR OLDER ADULTS

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Although most people experience one or more traumatic events by old age, few have been taught how to help traumatized people effectively cope and recover from adverse events. Because a growing body of research demonstrates that words have a powerful effect on mental and physical well-being, psychological first aid was developed to reduce distress and promote adaptive functioning and coping in those who have experienced a traumatic event. This intervention is now routinely used by the Red Cross and other agencies in the United States that provide relief services to disaster-affected people.

Like medical first aid, psychological first aid does not have to be delivered by highly trained clinicians nor is its use exclusively limited to disasters. For example, people who have experienced a car accident may benefit from psychological first aid intervention. It is well recognized that existing physical and mental conditions, such as sensory impairment, physical disability, dementia, psychiatric disorders, and medical illnesses greatly increases risk for poor outcomes, resulting in higher rates of resident morbidity and mortality after disasters. Adequate and timely response has the potential to offset adverse consequences. Until recently, existing psychological first aid programs focused primarily on meeting the needs of children, teens, and health adults. In 2011, a new psychological first aid program was developed by an interdisciplinary team of experts to address the needs of older adults during emergencies. This workshop teaches the fundamentals of psychological first aid with older adults.

At the conclusion of this workshop, the participant should be able to ...

1. describe the objectives of psychological first aid and use with older adults.
2. apply the 8 core components of psychological first aid.
3. recognize and assess older adults at risk for emergency and disaster-related adverse mental health outcomes.

ageing

Abstract ID: 841

SIMPLE TELEMONITORING SYSTEM BASED ON ARM DEVELOPMENT KIT

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Telemonitoring of a health status is an important thing of the assistive technologies for seniors. Systems could provide the health status for doctors and relatives by wireless connection to the internet or mobile phone network. Moreover systems can predict life threatening situations. If the situation occurs it can activate an alarm or call ambulance service.

Simple system for the vital functions monitoring can be created on the ARM based development kit EVO Primer. This is simple embedded device with microprocessor unit, display, buttons, accelerometer and rechargeable battery power supply. Kit contents extension board connector for external modules. These modules can be designed for biosignal acquisition and wireless data transfer.

The device called “Intelligent Primer Nurse” has been developed. The base of the system is created on EVO Primer development kit. This device can monitor vital functions like ECG, PPG, heart rate, body temperature and movements. Device can provide measured data by Bluetooth, Wi-fi or GSM. A special ear and temperature sensor has been developed as a part of the system. The sensor could be integrated to hearing aid for better comfort in the future. The main aim was to design a multi-purpose device suitable for use in senior homes, houses for elderly, spas, or for lonely seniors. In this device special algorithms are implemented for activating alarm in life threatening situation like heart attack or fall of a user, where a danger of losing consciousness exists. In the future there will be a possibility to use several “Primer Nurses” for user’s multi-monitoring using one central computer

On the other hand this telemonitoring system can be used for teaching assistive technologies at the universities and the high schools as well.

connects

Abstract ID: 843

TEAM WALES AND NORTHERN IRELAND: OLDER PEOPLE'S RIGHTS – THE ROLE OF INDEPENDENT COMMISSIONERS AND THE UN PRINCIPLES OF OLDER PERSONS

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This paper will discuss the role and impact of the world's first statutory Commission for older people – the Older People's Commissioner for Wales and the initial work of the recently appointed Commissioner from Northern Ireland.

The Commissioners have powers to uphold older people's rights and their work is underpinned by the United Nations Principles for Older Persons focussing on the main themes of independence, care, self –fulfilment, participation and dignity .

The paper will consider the way in which the Commissioners roles have developed and opportunities they have taken to influence local and national government, health bodies and others, by focusing on the rights agenda. Examples include adult protection, hospital and care settings.

In addition, it will consider how utilising the United Nations Principles for Older Persons and the rights enshrined in the European Convention on Human Rights can make a real difference to older people, and the role of real experiences of older people in securing systemic changes.

ageing

Abstract ID: 844

REGENERATION, GENTRIFICATION AND AGEING: PERCEPTIONS OF OLDER INNER CITY RESIDENTS

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Our research aims to fill a gap in understanding the urban processes that shape the everyday practices of older inner city residents as well as it tries to question how the increasing share of older people influence the local environment and spatial policies. Our paper brings the new research result from the empirical part the project“ Ageing in the environment: regeneration, gentrification and social exclusion as new issues in environmental gerontology”. The new results presented in our paper are based on multiple methods and data sources: 1) 7focus groups discussions, 2) 30 individual in-depth interviews, and 3) two waves of quantitative survey with 276 and 900 older community dwelling residents of central parts of three biggest Czech cities: Prague, Brno and Ostrava. Regeneration and gentrification as a rapid changes of the inner cities is tightly connected with other processes having the major impact on the housing and living conditions in Czech cities. Our study shows how the contemporary changes are perceived not only within the context of post-socialist transformation, but also in broader framework of social change that the informants dealt with in their adult life, which decreases their critical view of the nowadays shifts. On the other hand, the feeling of instability, powerlessness or the fear of displacement are in the narratives of our informants mostly expressed as a results of insecure housing conditions and increasing rents depending on the form of the homeownership in contrast to the rental or co-operative housing. Concerning the outer environment, our results bring unique insights into the daily perception of the public spaces and their accessibility, the sources of urban fear as well as the perception of renovation process causing new possibilities and new – physical as well as symbolic - barriers.

connects

Abstract ID: 847

**VALIDATING A TOOL FOR EVALUATING NURSING HOME ENVIRONMENTS:
INTEGRATING RESEARCH AND EXPERT EVIDENCE.**

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As frail older people spend a lot of time in their place of residence, the design quality of the building in which they live will significantly influence their quality of life. However, there is still a lack of valid instruments that can evaluate the quality of building design. In this paper we present the results from the first phase of a project, seeking to develop a building design evaluation tool appropriate for Swedish nursing home facilities.

In a first stage, a systematic literature review was performed on literature published between 1990 to 2011, to document environmental or building design evaluation tools appropriate for use in nursing home facilities. Databases searched including PubMed, Cinahl, PsycINFO, Scopus, Cochrane and the Avery Index to Architectural Periodical. Search keywords were: tool, instrument, assessment, measurement, audit, scale, screening, space, facilities, environment, setting, building and healthcare. A qualitative analysis of discovered instruments was then undertaken, and the Sheffield Care Environment Assessment Matrix (SCEAM) was determined as the tool with the greatest potential for use in Swedish nursing homes. This tool was double back-translated into Swedish.

In the second stage, face/content validity of the translated tool was determined via a scoping study of the expert opinion of stakeholders. Five categories of stakeholders were identified: building planners/project leaders; nursing home managers; nursing home staff; architects; older people advocates. Three to four representatives of each stakeholder category were tasked with examining the tool to rate the relevance of each item for the Swedish nursing home environment, using a structured questionnaire format. A CVI score was calculated. Suggested new items were accumulated from the expert stakeholders through an open-ended item in the questionnaire.

A finalised Swedish version of SCEAM will be tested in a sample of nursing homes in Sweden.

ageing

Abstract ID: 851

ETHICAL AND LEGAL ISSUES IN TELEMEDICINE

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Integrating information from different sources and implementing it with knowledge discovery techniques allows medical and social actions to be appropriately performed with reliable information, in order to improve quality of life of patients and care-givers.

The major ethical issues arise about the handling of sensitive data about health and data about everyday activity patterns. Explicit informed consent must be asked to the participants in order to record their sensitive medical data and also all other types of data. There must be defined how long the data should be stored if no alarm or unusual situation occurs, who should have the right to access such data, whether the data is to be stored locally or in a central data storage.

All the procedures must conform to relevant EU legislation and to national legislations related to the principle of respecting confidentiality. Since a proportion of considered clients are presumably affected by some degree of cognitive impairment, special precautions must be taken as regards such patients. The restrictive rules applied in case of Clinical Trials are to be used (Directive 2001/20/Ec of the European Parliament and of the Council of 4 April 2001 relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for clinical use): "In the case of other persons incapable of giving their consent, such as persons with dementia, the written consent of the patient's legal representative, given in cooperation with the treating doctor, is necessary before participation in any such clinical trial.

In the management of sensitive data it is necessary to define some levels of security: *confidentiality*, *integrity*, *authentication*, and *non-repudiation*. All these issues are again affected by EU and national legislations.

We will discuss these aspects in more detail and show case studies how we approached the problem.

connects

Abstract ID: 852

AGEING AND PERCEPTION OF ENVIRONMENTAL QUALITY

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In our paper we are going to analyse the influence of changing environment on the experience of ageing. We are going to concentrate on older people living in inner cities of the biggest Czech cities. The inner-city usually has an older demographic structure than the outskirts and gentrification and regeneration, i.e. processes adjusting the space for younger people, have been occurring in different ways. However, older people feel very strong place attachment.

Although there is a fairly broad consensus that well-being depends on environmental quality, some researches have shown that it is not always true. Therefore we have paid attention to a correlation between the perceived quality of environment and the individual ageing process. Old age and health limitations seem to imply a more negative perception of environment. On the other hand the importance of environmental quality increases with age. Individual cultural capital can hugely influence the feeling of familiarity with a certain place.

Due to these findings we have focused on subjective perception of the environment. Older people can perceive as negative not only the lack of security or deprived or vandalised environment but also aspects desirable from the administrative perspective, e.g. tourism. We have used the data obtained within the research project: “ Ageing in the environment: regeneration, gentrification and social exclusion as new issues in environmental gerontology(2010 – 2012) ”. The paper has been based on quantitative data analysis of two surveys made within this project in 2011 and the in-depth interviews from 2010.

ageing

Abstract ID: 853

AN ORIGINAL LOW-COST INDOOR LOCALIZATION SYSTEM AND ITS TESTING IN REAL HOUSEHOLD

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Higher age is connected with number of health hazards and falling is one of the most frequent problems. If a person falls and he/she cannot stand up again it is most important to get necessary help as soon as possible. That is why number of fall detectors has been designed. Unfortunately, they produce very frequent false alarms that should be filtered out by a confirmation from an independent source. The most natural candidate for such a source is checking change of the precise position of the considered person during a selected well specified time period. Outdoor, this information can be obtained through GPS but inside the buildings this technology is no more reliable.

Our contribution will review current approaches to indoor localization of a person and describe our low cost solution combining various technologies including *Wifi*, *ZigBee*, *active RFID* and *NFC handhelds* with intention to meet the three basic requirements. First of all the solution has to be able to localize a person with a precision of 1meter. Second, its installation into any real flat should be possible while setting minimal requirements on wiring and any additional changes in the household. Third, the system has to be complemented by an interactive support system that will help in gaining all system's parameters describing the specific features of the considered household, e.g. using *smart SW data mining techniques*. We will present results of preliminary testing of our system in real living environment and discuss its advantages and limitations. Finally we will identify those tasks of supportive household environment that could benefit from our solution and suggest its further applications.

connects

Abstract ID: 854

WHEN THE PLACE WHERE WE AGE CHANGES. OLDER PEOPLE'S EXPERIENCES OF SOCIAL EXCLUSION IN TWO MONTRÉAL NEIGHBOURHOODS UNDERGOING CHANGE.

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Immediate environment becomes increasingly important with age because older people's social networks and daily routines are more restricted in space. Also, ageing in a familiar environment increases the feeling of security and sense of self among older people. Consequently, "Aging in Place" has become a burgeoning topic in gerontology. Yet although some studies have explored aging in deprived neighbourhoods (Phillipson, 2010), little is known about what occurs when the neighbourhoods where people are ageing themselves undergo change.

Drawing on concepts of social exclusion, displacement and place, this qualitative study sought to fill this research gap by examining the daily lives of seniors aging in gentrifying neighbourhoods. Semi-structured interviews were conducted with 30 autonomous and mostly low-income seniors aged 68 years and over, and 10 key informants, in two working class neighbourhoods evolving in contrasting directions: 1) La Petite-Patrie, a rapidly gentrifying neighbourhood; 2) Lower Notre-Dame-de-Grâce, an increasingly deprived neighbourhood. Our study revealed complex and unexpected impacts of neighbourhood change. In La Petite-Patrie the loss of institutions such as seniors' clubs and churches led to social disconnectedness, invisibility and loss of political influence on neighbourhood planning. Nevertheless, despite an inflating housing market, no economic hardships were reported. NDG's increasing deprivation was mitigated by the recent construction of a community centre, unanimously recognized as a positive addition, generating feelings of inclusion and cohesion. We identified three types of experiences and positioning of older people with respect to these changes. The results stress the strategic importance of policies protecting tenants as well as maintaining spaces dedicated to seniors.

Recommendations include maintaining a social and demographic mix in neighbourhoods, via, *inter alia*, reinforcement of existing tenant-protection measures, and by creating and maintaining spaces dedicated to seniors in order to promote their social visibility and inclusion.

ageing

Abstract ID: 858

SENIOR'S AND SEXUALITY: EDUCATING STUDENT NURSES ABOUT AGEISM

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In collaboration between Mount Royal University (MRU) School of Nursing and the Calgary Sexual Health Centre (CSHC), third year nursing students are introduced to the realities of older adult sexuality with a focus on issues of ageism, and rising sexually transmitted infections within this population. This initiative emerged through a confluence of needs between the two organizations. Educating future health care professionals regarding sexual health concerns has become a mandate of the CSHC and raising awareness regarding ageism and older adult health concerns is an ongoing mandate of the MRU Senior's Health program.

The research proposed will evaluate the impact of one workshop intervention on third year nursing students in terms of the pre-workshop understanding of senior's and sexual health through a written survey.

The second stage of the research will occur as a follow up focus group discussion with those students who volunteer following their six-week clinical placement. During these facilitated focus groups, students will be encouraged to discuss any changes they perceived in their practice with older adults with regard to sexual health concerns.

Our question for this research is: How does this educational intervention impact on undergraduate nursing student awareness of older adult sexual health concerns?

connects

Abstract ID: 859

INTEROPERABILITY ISSUES IN EHEALTH

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Our work on previous projects has led us to the conclusion that successful integration of partial solutions will be strongly dependent on the issue of interoperability of sensors, medical devices, and information systems. It comprises problems of standardization of data acquisition, communication, processing and storage; and connected problem: correct data mapping between different ICT applications.

If we want to develop flexible Health, AT or AAL systems we have to define standard interface that allows “plug-and-play” type of connection. Especially AT and AAL systems are composed of different hardware and software modules that must communicate. The basic condition is that the receiver understands correctly the content of the message. Thus it is not sufficient to be able to receive the message, i.e. to understand the syntax of the message, but it is necessary to understand the semantics. This requirement implies development of a data model that maps semantic content from the data received from the devices into an information system that is usually used for collecting and evaluating data from monitored persons. We can find inspiration in information systems in health care that use frequently HL7communication standard (<http://www.hl7.org>). It is based on several relatively simple principles: creation of formats and protocols for exchange of data records between health care information systems; format standardization and connected interface unification; minimizing different interfaces; minimizing expenses for interface implementation and several more.

The greatest problems and at the same time the greatest space for future solutions are in the area of correct mapping of acquired data onto a data model that describes electronic patient record or similar data structure. With respect to future development and possibility to sense, store and process far more larger volumes of heterogeneous physiological parameters the issue of interoperability becomes highly important.

ageing

Abstract ID: 862

A TELEHEALTH DELIVERED SUPPORT GROUP FOR SPOUSAL CAREGIVERS OF PERSONS WITH FRONTOTEMPORAL DEMENTIA: CONNECTION AND ACTION

Authors:

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A support group for rural and remote-dwelling spouses of persons with frontotemporal dementia (FTD), an atypical dementia characterized by early age-onset and challenging behaviours, was developed and facilitated by two neuropsychologists affiliated with a rural and remote memory clinic. Because FTD is relatively rare, these rural spousal caregivers are geographically isolated from others in similar circumstances. In order to bridge the geographic barrier faced by rural caregivers, the support group meets monthly via telehealth, a type of video conferencing technology delivered over a secure connection. After meeting via telehealth for a year, nine of the ten spouses plus two facilitators met in person for a retreat. A main purpose of the retreat was to evaluate the utility of the telehealth delivery of the support group and to identify the essential therapeutic ingredients in order to guide others offering similar interventions. Focus group discussions were conducted which were recorded and transcribed verbatim. In addition to an evaluation of the support group, a broader thematic analysis of the discussions was conducted along with a narrative analysis of personal accounts of care giving written by four of the group members; these results will be presented here. Core categories of connection and action were identified as central in the analysis, including subcategories of understanding, awareness, navigation, and advocacy. Each subcategory contributes to an understanding of the needs of spousal caregivers of persons with FTD, and how a telehealth delivered support group helps them to appreciate and address those needs.

connects

Abstract ID: 863

CENTRE OF ASSISTIVE TECHNOLOGIES: A TESTBED FOR DESIGN AND DEVELOPMENT

Authors:

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Currently the mobile technologies, sensors and other devices enable collecting vast amount of data of individuals. This multi-parametric data may include physiological measurements, genetic data, medical images, laboratory examinations and other measurements related to a person's activity, lifestyle and surrounding environment. There will be increased demand on processing and interpreting such data for accurate alerting and signalling of risks and for supporting healthcare professionals in their decision making, informing family members, and the person himself/herself. Recent development in ICT shows that it is almost impossible to design and implement an AAL system as fixed to certain hardware, operating system, and infrastructure. Thus it is necessary to develop easily extensible and modifiable architectures. The main idea is to design and develop an integrated platform (both hardware and software) that would help people especially in their home environment when they are suffering from certain disabilities or have to perform rehabilitation after an injury or brain stroke. Till now most of the solutions are represented by isolated tools, devices or pieces of software. But many of the health problems are rather complex and thus need complex approach to assistance. We have established a specialized facility – Centre of Assistive Technologies composed of several laboratories and working places. The Centre serves as a platform both for education and for applied research in the area of AAL. The main idea is to offer space for development of integrating solutions. Currently there are many partial solutions of smart homes, home security, health state monitoring, internet services. The problem is that these applications have been developed separately and usually they work as closed systems without possibility to interconnect them. The aim is to offer a standard user interface and communication for interconnection of various services and devices. We will discuss such approaches in the presentation.

ageing

Abstract ID: 864

**WE HAVE GIVEN THEM WINGS, BUT DO WE ALLOW THEM TO FLY?....BEYOND
POLICY TO PRACTICE. CONSIDERATIONS FOR EMPOWERING, EMPLOYING,
ENGAGING OLDER PERSONS**

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The second World Assembly on Ageing in Madrid in 2002 was a landmark policy development in terms of the positioning older people. In setting the three priority directions namely: older people and development, creating an enabling environment and healthy and active ageing, the International Plan of Action on Ageing started the ball rolling in helping older people realise their rights.

The South African delegation that attended the 2nd World Assembly facilitated the SA Policy on Ageing and included in this policy a forth priority direction which addressed the issue of protection of older people. This translated into The Older Persons Act 13/2006, implemented from the 01.04.2010. In March 2011, the Older Persons Charter was launched which detailed the rights of older people.

The intention of the various policy documents are commendable, however the economics of care renders it almost impossible to deliver on the promises implied in these documents. Governments in developing countries cannot continue with the aspiration to “be all things to all people”. Services to older people are expensive and calls for a paradigm shift in terms of intervention with older people.

This paper proposes that we move beyond the philosophy of care provision for older persons to empowering and employing older people to meet their own care needs. It proposes a strengths based perspective that takes into consideration the value, skills and wisdom of our older people. It challenges all governments to develop marketing strategies for the older people that talks to true empowerment and ultimately gives older people the space to spread their wings and realise their potential and contribution to the communities in which they live.

connects

Abstract ID: 865

BEYOND BRICKS, STONES AND CEMENT – AN AFFORDABLE DEVELOPMENTAL APPROACH TO HOUSING FOR OLDER PEOPLE IN AN URBAN AREA

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“It is recognized that good housing promotes good health and well-being” (Clause 95, International Plan of Action on Ageing, 2002). The provision of affordable housing for older people in urban areas of developing countries is a continuous challenge. This paper explores a practical, affordable model for sustainable housing provision which takes into consideration the changing needs of older people while also encouraging their connectivity to each other and the rest of society.

It details the practical application of networking and partnership arrangements as well as demonstrates the value of working together.

The paper is based on a project situated in the heart of Durban, South Africa. It challenges some commonly held myths about older people in urban areas, their contribution to society and how to break the “welfare cycle”.

The author also explores some realities of integrating “race groups” in a post-apartheid South Africa. Aside from issues of racial stereotypes and prejudices, the diversity of cultural practices amongst the older people in urban South Africa presents its own sets of challenges from a management perspective.

The totality of the project also details sustainability issues and highlights how creative arrangements can be made to provide housing that is appropriate and responsive to the needs of older people.

ageing

Abstract ID: 866

ON YOUR MARKS, GET SET, GO!!! ... THE GAMES HAVE BEGUN...AN ACTIVE AGEING PROGRAMME CONNECTING PEOPLE THROUGHOUT THE COUNTRY.

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It is generally understood that engaging in physical activities improves an older person's physical and mental health and generally contributes to an improved quality of life. This paper tracks the impact of the National Golden Games in South Africa from the pollution-ridden South Basin in KwaZulu Natal to the sleepy city of Bloemfontein. It tracks the challenges, the frustrations, the accomplishments, the friendships, the fun and the achievements of a group of "working class" older people. It practically demonstrates the "connectiveness" between the generations as they prepare for the local, district, provincial and finally the national games. This paper explores the indirect benefits of participation in a coordinated sporting programme.

connects

Abstract ID: 867

THE PREVALENCE OF ABUSE IN COMMUNITY DWELLING PERSONS AGED 60 YEARS AND ABOVE IN A PERI- URBAN SOUTH AFRICAN POPULATION

Authors:

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In recognition of the importance of elder abuse, the Older Person's Act of South Africa includes guidelines for the detection and management of elder abuse. Although there have been several qualitative reports on elder abuse in South Africa, there are no quantitative studies. This study attempted to determine the prevalence of elder abuse in a community living participants aged 60 years and over residing in the INK area and the risk factors for elder abuse. One hundred and forty one participants (14%) reported positively to at least one of six questions adapted from the Hwalek – Sengstock Elder Abuse Screen. Men and participants with a monthly household income of > R1600 were more likely to report elder abuse, whereas participants residing in the KwaMashu reported a lower prevalence of abuse. There were no significant differences in reports of abuse by age, household size and structure, level of education and dwelling type. This study suggests that elder abuse is common and has implications for the development of services to address this problem.

ageing

Abstract ID: 881**A PHENOMENOLOGICAL EXPLORATION OF AGING: A CONTEXTUAL VIEW OF GLOBAL PERSPECTIVES FROM CULTURAL AND SPIRITUAL PERSPECTIVES****Authors:**¹L. O'Ryan (Presenter)**Institutions:**¹Western Illinois University, Counselor Education, Moline, USA

Aging increasingly plays a significant role in the development of global policy. As a result, understanding the role that culture and spirituality play for older adults across societies is essential. The Madrid Plan advocates for health promotion and well-being throughout life, and calls for increased recognition of the mental health needs of older persons. One such need for older adults concerns the role of elderhood. Elderhood may be viewed as a culminating stage for individuals who have attained a sense of wholeness (Richmond, 2011). Elderhood means to mentor, impart guidance and offer perspective. It is the means for the intergenerational transmission of cultural values. An important element of elderhood involves spirituality. Spirituality can be viewed as meaning and purpose in life, as well as an awareness of the universality and interconnectedness of life. It is a part of an individual's cultural conventions that inform meaning, worth and direction of human issues (Miller, 1995). Likewise, culture exists in relation to the contextual framework in which individuals find themselves (Fry, 2006). It can be conceptualized as learned, shared and patterned behaviour passed down from one generation to the next (Groff & Smoke, 1994). Spirituality and culture are interrelated facets that come together to create a sense of wholeness for aging individuals. This paper draws upon the principle that older adults, in the role of elder, are the guiding agents of global change. The research describes a phenomenological exploration of the contextual intersection of spirituality and culture for aging individuals. It postulates that the aging process includes a place for a spiritual understanding of life as whole and interconnected. Hearing elders' voices from a global perspective can move societies from seeing the world as separate and unrelated, to viewing it as whole and interconnected.



Abstract ID: 882

GLOBAL COUNTRY CONNECTIONS AND PARTNERSHIPS – THE EXCITEMENT AND THE CHALLENGE

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Learn how the IAHSa (Global Ageing Network) Global Connections Programme began and how IAHSa has facilitated the formation of partnerships between South African aged care service providers and various service providers in other countries overseas

Hear about which partnerships have been successful and what contributed to their success, and which partnerships have struggled and possible reasons for the challenges encountered

Recognize the importance of building mutually beneficial relationships with providers worldwide to foster a greater awareness of global aging issues.

Explore ways to connect and support aging services providers around the world to enhance care delivery around the world.

ageing

Abstract ID: 883

HOW ASSISTIVE TECHNOLOGY USE BY OLDER INDIVIDUALS WITH DISABILITIES IMPACTS THEIR INFORMAL CAREGIVERS

Authors:

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Assistive technology (AT) can facilitate activity performance and social participation among older adults with physical disabilities. Although many AT users also receive help from others, limited attention has been paid to the impact of AT on their informal, unpaid, caregivers. This neglect produces an incomplete portrayal of the benefits of this technology.

Objectives: To evaluate the efficacy of a formalized approach to AT provision that is inclusive of AT users and their caregivers by testing whether it 1) increases AT users' occupational engagement and 2) decreases their caregivers' sense of physical and emotional burden.

Methods: We enrolled individuals with physical disabilities and their informal caregivers in a randomized control trial. Each dyad was assigned to either an immediate intervention group or a delayed intervention group. The intervention involved three steps: 1) a detailed in-home assessment, 2) negotiation of a personal AT plan with both caregiver and AT user, and 3) implementation of this plan, including device provision and training and home modifications. Before and after intervention, we measured the user's difficulty performing selected activities using the Individualized Prioritized Problem Assessment and their caregiver's sense of physical and emotional burden using the Caregiver Assistive Technology Outcome Measure.

Results: Forty-one dyads participated in the study. AT users and caregivers had mean ages of 82 and 70 years, respectively. Preliminary analyses indicate that the intervention significantly decreased caregivers' physical and emotional burden and users' difficulty in performing selected activities.

Conclusions: This is the first study to demonstrate that provision of assistive technology decreases caregiver burden. Given growing concerns about caregiver burnout, our findings have significant policy and practice implications and should help health-care providers to advocate for better funding of AT and related follow-up services.

connects

Abstract ID: 884

TASK SHIFTING IN THE PROVISION OF HOME AND SOCIAL CARE:IMPLICATIONS FOR QUALITY OF CARE

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Task shifting, a process of delegation whereby tasks are moved to less specialized workers is being used as a process to make more efficient use of health human resources in many countries around the world. In Canada, there is a trend to using unregulated home care providers such as Personal Support Workers (PSWs) to perform tasks once done only by trained nurses or therapists. The purpose of this presentation is to explore the process of task shifting and its relationship to the quality of care provided by PSWs to their older clients. The methodology included key informant interviews across 10 Ontario Service Delivery Centres with Directors, PSW Supervisors, PSWs, Nurses and Therapists. Task shifting was viewed as improving the quality of care to clients as well as increasing job satisfaction for PSWs. While a promising policy option to increase productive efficiency of the delivery of home and social care services, there are challenges including variability in training of PSWs, recognition and management of changes in client's conditions, consideration of regulations for task-shifting, implications for curriculum development and the potential impact on PSW compensation with the expanding scope of practice .

ageing

Abstract ID: 885

OLDER CZECH'S CARE CONSUMPTION PREFERENCES

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This presentation will look more closely on the general notion of care provision as being a special form of consumption. This is raising issue in the context of “commodification” of care provision for older persons, framed up in the debates on borders between filial piety and societal responsibility recently going on in Czech society. The paper will build up on representative survey “Older consumers” carried out in November/December 2011 among people aged 40+. In this survey several types of consumption preferences and habits were followed. Type of preferred care provision in ones old age was one of them. Those preferences will be cross-tabulated with selected respondent characteristics in order to illustrate heterogeneity of preferred older care consumption based not solely on socio-demographic characteristics, but on IADL, subjective age, social/cultural capital and class as well. For these different groups being a customer for social services may carry different meanings, which may influence their take up, satisfaction with services but also quality of life more in general. We may further expect that there is some change in preferences, bending away from institutionalised care towards more home based and privately organised. That would go in line with more general disillusion with institutions at least in some social classes and/or groups. Conclusions on future expectations of old care provision and social policy recommendation will be drawn.

connects

Abstract ID: 886

HEALTH PROMOTION FOR OLDER MEN AND WOMEN:10 YEARS ON

Authors:

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In the 10 years since the launch of the World Health Organisation's Active Ageing Framework in 2002, there has been considerable development in our understanding of health promotion for older people. This paper outlines current thinking, policy and evidence-based practice in health promotion for older people and how this can be applied in an Australian context. Supported by the Victorian Health Promotion Foundation (VicHealth) this work will help to inform future directions for health promotion in Victoria.

It examines health promotion strategies and how they should be adapted for older people, taking into account the lifelong impact of the social determinants of health as well as the challenges specific to older populations. Drawing on examples of successful health promotion for older people, including peer education, age friendly cities, volunteer programs, and mass media, a framework for successful health promotion for older people is proposed.

ageing

Abstract ID: 888

THE ASSOCIATION BETWEEN RECEIPT OF INFORMAL CARE AND SOCIAL EXCLUSION IN OLDER PEOPLE

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Background: Older people are one of the groups in the population at greatest risk of social exclusion, with frail older people at the highest risk. Frail older people are likely to receive informal care, but it is not known whether the receipt of informal care influences levels of social exclusion. Purpose: To examine indicators of social exclusion in older people with differing levels of care need and receipt. Methods: Community resident older people (N=1250) from a single UK metropolitan area were randomly recruited, and completed a questionnaire on social exclusion via interview. Participants were categorized into one of four groups: receiving informal care; receiving informal support; no receipt of informal care/support despite need; no receipt of informal care/support, no need. Results and Conclusions: Associations ($p < .001$) between group membership and health status ($F=75.7$), functional status ($F=159.1$), well-being ($F=29.5$), and loneliness ($F=28.9$) indicated the 'receiving care' and 'no receipt of care/support despite need' groups had the worst social exclusion profiles. Logistic regression determined primary social exclusion predictors of group membership. A significant group of older people receives no informal care/support despite frailty, and experience high levels of social exclusion. Research is needed to determine why some older people do not receive informal care appropriate to their needs.

connects

Abstract ID: 889

EXPERIENCES FROM ASSESSING DAILY ACTIVITIES TO INCREASE SAFETY AND COMFORT OF OLDER PERSONS LIVING ALONE

Authors:

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Older persons may be afraid of falling or encountering another emergency situation while being at home alone without being able to call for help. Providing means to recognise such situations and automatically triggering an alert was one of the objectives of the eHome system developed by an Austrian research consortium. Additionally, mid and long term trends in older persons' behaviour can be monitored and remotely visualised for carers or relatives (if so wished by the user).

The aim was to demonstrate practical usefulness in daily life. An extensive evaluation with 5 prototype systems installed in 11 homes of older persons over a total time of 18 months was carried out in the Living Lab Schwechat and in Vienna.

Based on the individual daily rhythms of the users' habits the system was able to classify "usual behaviour" over time. This can be used in different ways: Firstly, unusual sudden changes can trigger an alarm (e.g. when the user does not leave the bed in the morning even a significant time after his/her normal time of waking up, or if the user stays at toilet room during night much longer than usual). Secondly, mid-term and long-term trends can be explored. In the first case (triggering alarm), the system must assume a possible emergency case. In the latter case (midterm and long term trends), recognised changes are presented to care persons (using web based interface) in order to let the experts do the judgement about the meaning and severity of recognised changes.

Despite needs for improvement, there is evidence that the developed eHome prototype system actually is considered by users and care experts to have the potential to bring significant benefits in supporting older persons and carers.

Acknowledgements: Supported by: Austrian Federal Ministry for Transport, Innovation and Technology (FIT-IT contract number 815195). Consortium: TU Vienna, Ceit Raltec, Kapsch Carriercom and Treventus Mechatronics. Web site: www.aat.tuwien.ac.at/ehome/

ageing

Abstract ID: 890

VOLUNTEERING IN THE ELDERLY POPULATION:WHO IS CHOOSING TO ENGAGE IN VOLUNTEERING IN THE HOSPITAL-BASED PROGRAM?

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Background: The positive association between older people's quality of life and volunteering is well supported by research. However, there is still need to investigate who is choosing to engage in volunteering in the elderly population.

Objectives: To determine the impact of volunteering on quality of life in elderly volunteers in community-based hospital and, secondarily, to explore older volunteers demographics.

Methods: Two hundred four volunteers at McLaren Regional Medical Centre in Flint, Michigan, in May 2011, were mailed an anonymous survey. The RAND 36-Item Health Survey (Version 1.0) was used as the instrument for quality of life measurement. The demographic questions included: gender, age, marital status, ethnicity, completed level of education and house-hold income. The responses were collected for eight weeks. We analyzed demographic variables and compared them between our mean and those of the general elderly volunteering population, obtained from the literature. Analysis of quality of life data is pending.

Results: One hundred three participants returned completed surveys, resulting in 45% response rate. 91 % were female, ages from 65 to 94 with the majority (38%) in the 75-84 range. 91% Caucasian, 55% single as opposed to residing with someone or married, either completed the 12th grade (38%) or some college (35%). 28% annual income range fall in the 20-34,000 \$, though a significant proportion chose not to provide this information.

Conclusion: National data tends to group older volunteering adults into one large category of 65 years and older, however, we were able to break this group down and revealed the demographic variables. Additionally, as opposed to the current research which suggests that those with higher educational and income levels make up the general volunteering population, our research indicates that it is those which fall in the middle range on both items who choose to participate in volunteering activity.

Abstract ID: 891

THE IMPACT OF OLDER ADULTS' USE OF POWER WHEELCHAIRS ON THEIR INFORMAL CAREGIVERS

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Background: Power wheelchairs are critical devices for enabling mobility for older adults with mobility limitations, but their effects on informal caregivers may be mixed. Qualitative research suggests that informal caregivers may benefit from the decreased physical demands required for moving a power wheelchair (versus a manual wheelchair), but may experience increased difficulties transporting these devices and increased worries about the users becoming injured. No research has quantified the impact of these devices from the perspective of informal caregivers.

Objective: To document the impact of power wheelchairs on user's informal caregivers.

Methods: Cross-sectional data was collected using the Power Mobility-Caregiver Assistive Technology Outcomes Measure (PM-CATOM). The PM-CATOM measures the frequency of caregiver's physical and psychological burden experienced with power wheelchair-related and non-power wheelchair-related care provision (higher score indicates less caregiver burden). Participants needed to provide a minimum of two hours of unpaid care per week to an older adult power wheelchair user (PWU).

Results: A volunteer sample of 19 informal caregivers participated. Daily power wheelchair-related assistance was provided by 47% of the caregivers. The burden related to both the provision of power wheelchair-related and general assistance was similar, with mean CATOM scores of 53/70 and 15/20 respectively. The three most common burden-related concerns of caregivers were that the PWU may be harmed using the device, anxiety, and that the caregiver must be nearby when the PWU was using the power wheelchair. The three least common concerns of caregivers were the time required for wheelchair-related assistance, being overwhelmed, and that the caregiver may be harmed when helping the PWU.

Conclusions: These preliminary findings suggest that the psychological burden of caring for a PWU is greater than the physical burden. Such results have implications for the training and resources required to support informal caregivers.

ageing

Abstract ID: 892

EMPLOYMENT AND DEVELOPMENT OPPORTUNITIES FOR OLDER ADULTS IN RUSSIA: DO POLICIES COMPLY AND REALITY CORRESPOND TO THE MADRID INTERNATIONAL PLAN OF ACTIONS ON AGEING?

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Pensionable age in Russia is 55 for women and 60 for men. In 2010 the percentage of people of the pensionable age was 21 % and is supposed to have grown to 29% by 2031. Our report discusses findings from the survey of over 800 citizens of pensionable age and over 40 interviews with the employees of governmental and nongovernmental organizations in 8 Russian cities.

In 2010 and 2011 governments at all levels in Russia made a considerable effort to catch up with the recommendations of the Madrid International Plan of Action on Ageing. It was mainly reflected in the multiplied numbers of new regulations, programs launched as well as pensions indexations. However, age discrimination at work, few opportunities for retraining and re entering the workforce in older age are still a reality for the majority of the older population. In our survey from 52-59% of participants in each city reported violation of the right to work. From 30-42% of the respondents reported that they were forced to leave their jobs or cannot continue working even though they would like to. Only 8-10% agreed that there is no age discrimination at work in advancement and promoting of older workers. Unfortunately, these facts are not recognized by the government officials. Accordingly, no measures are taken to prevent them.

The second major problem is that work environment is not adapted to the needs of older workers and policy makers do not see the need for that. 97% of participants disagreed that employers are encouraged to provide wide range of employment opportunities for older citizens and the same amount reported workplaces not adapted to special needs of people with any level of disabilities. Older workers are generally not trained or educated about possible ways of transition into retirement.

connects

Abstract ID: 893

STUDY OF THE CONCERTATION AND THE PARTENERSHIP AS DETERMING FACTORS FOR THE IMPLEMENTATION OF AN ADAPTED LEISURE GROUPE PROGRAM TO ENHANCE QUALITY OF LIFE OF CAREGIVERS AND THEIR RELATIVE WITH ALZHEIMERS DESEASE

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Context: This study concerned the implementation of a group leisure program as support for caregivers. This program aims to help caregivers enhance pleasant events in daily life with care-receivers. Implementation of such a program requires involvement of health agency. Concentration and partnership takes a central place in that process. In-deep understanding of the process of partnership and concentration between health agency and community organisation is require for more effective implementation of such a program. Qualitative data were collected through open-ended interviews with six groups: management comity, community organisation staff, volunteers, resident, caregivers and professionals from health agency.

Results: Three dimensions seem central in the development of the partnership: motivation, recognition and organisation. First, sharing the motivation to develop the program seems essential for the success of such a project. Actually, every ones were really concerned with the difficulties associated with caring for a person with Alzheimer disease and were then committed in project success. Second, the recognition of the value and expertise of each organisation involved in the project contributed greatly to the achievement of the objectives. Third, organization represent the cornerstone of the success of the partnership Members of the management comity claim that each ones responsibilities need to be clearly specify . Volunteers explained that they feel satisfied of their participation and enough informed of the role. However, the community organisation staff organisation felt less concern by the project. All groups underline the importance of stricter planning and follow-up. Many would have appreciated a more regular communication and information of project development.

Conclusion: These results demonstrated complexity and importance of concentration and partnership between the different organisation involved in the implementation of such a program.

ageing

Abstract ID: 895

SUPPORTING SITUATION FOR MENTAL HEALTH OF PRODUCTIVE ELDERLY

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After 6 months doing qualitative research in Tengger indigenous elderly who live in the peak of Bromo mount, we found :

1. coping styles of be sincerely, no worries cause of surrounding to the Creator and harmony were a positive perception and as a supporter to be productive in the poor and limited condition

2. the perception was developed by personal and situation of spiritual culture after literature study of healthy elderly, we found :

1. productive elderly was defined as a healthy, be active and independent (socially and economically)

2. biomarker of productive elderly were cortisol and heats hock protein (HSP)72.

So, we compared the productive elderly in high and lowland and associated with the biomarker and basic other examination and laboratory test.

An Observational analytic study with the self reported coping styles questionnaire based on the qualitative study was developed.

Levels of stress perception against to the survey of 1245 poor elderly man in 37 Tengger villages were correlated to the social inclusion, religiosity practice and interpersonal network of social supporting and the examination and laboratory test.

Social intervention should be integrated because the elderly matters are not separated from other issues based on the lifestyle approach.

connects

Abstract ID: 896

DEVELOPING A PLAN FOR AN AGE-FRIENDLY PORTLAND

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The window of opportunity for preparing for the unprecedented aging of populations globally is rapidly shrinking. Dwindling public resources and increasing needs, as well as the benefits associated with the growing proportion of older adults, require thoughtful and deliberate planning to best address these challenges and opportunities. Portland, Oregon (USA) was accepted as one of the first members of the World Health Organization's (WHO) Global Network of Age-Friendly Cities. Portland's City Council and Bureau of Planning and Sustainability joined with the Institute on Aging (IOA) at Portland State University (PSU) to apply for membership and are developing an Action Plan for making Portland a city that is friendly to all ages and abilities.

The Action Plan is intended to be based on preliminary assessments of age-friendly features and barriers, and suggestions for improvement. The preliminary assessments included work conducted by the IOA (i.e., 2007 WHO Age-Friendly Cities project in Portland) and the City of Portland (i.e., Vision PDX and the Portland Plan) and provided an excellent starting point, but additional input was needed.

This presentation describes efforts to engage various stakeholders to ascertain how Portland and important public, private and non-profit agencies can create a Portland that is healthy, vibrant, and accessible for all. The WHO's Age-Friendly Cities framework provides the structure for the Plan, focusing on eight domains: (1) outdoor spaces and buildings; (2) housing; (3) transportation; (4) social participation; (5) respect and social inclusion; (6) civic participation and employment; (7) communication and information; and (8) community support and health services. Preliminary indicators and the process for their development as benchmarks in each of these areas are described, including forming an Advisory Council, developing partnerships, and building upon the work of PSU's Institute for Portland Metropolitan Studies, the Coalition for a Liveable Future, and Portland's regional government, Metro.

ageing

Abstract ID: 897

BABY BOOMERS, CAM, AND AGING ANXIETY: PRELIMINARY RESEARCH FOR AN INTERVENTION MODEL

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Complementary/Alternative Medicine (CAM) is on the rise in the United States, especially CAM therapies to ease the process of aging. These products' increasing allure might come from the increased prevalence of aging anxiety among older adults. Moreover, the aging 70-80 million members of the Baby Boomer generation pose a significant portion of the consumer base of "anti-aging" products. Scientists frequently argue against investment in the study of CAM therapies, but the Self-Rated Health levels of CAM users in the United States tends to be higher than those of non-CAM users, a trend particularly evident among older adults. While the Baby Boomers' aging, their generational tendency to have a lower Self-Rated Health level than previous cohorts, and the present and increasing medical professional shortage present a major problem for the nation, there is the possibility that CAM therapies might be part of the solution. This study focuses on the relationship between aging anxiety, CAM use, and self-rated health among the members of the Baby Boomer cohort, with attention paid to influential factors such as race and socioeconomic status. The results of this study will inform the development of an intervention to promote general health and wellness among older adults through lay initiatives.

connects

Abstract ID: 898

THE DEVELOPMENT OF A TOOL TO MEASURE THE QUALITY OF STAFF-FAMILY RELATIONSHIPS IN THE AUSTRALIAN RESIDENTIAL AGED CARE SETTING

Authors:

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Institutions:

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Background: When residential aged care staff have a positive relationship with the families of residents, care delivery for the resident is likely to be improved. To date there has been no measure available to determine how well staff and family currently engage in this setting, thereby making it difficult to test and evaluate interventions that have been designed to improve the quality of relationships. This presentation describes a self-report tool that allows aged care facilities to measure the quality of the relationship between staff and families. It also describes a tool to measure the underlying attitudes and beliefs of staff and family members that are hypothesised to affect the quality of relationships, with a view to exploring the impact that these individual attitudes and beliefs have on relationship quality.

Methods: Two measures were developed for administration to families and staff: a measure of attitudes and beliefs about staff-family relationships and a measure of the quality of current relationships. Both measures are based on items developed through a systematic review of the literature, data from focus group interviews with residential aged care facility staff and family members of residents, and a modified Delphi technique.

Results: The psychometric properties of the two measures were explored (Alpha coefficient 0.80) and the factor structures of the two measures were explored using exploratory and confirmatory factor analysis.

Conclusions: Families play an important role in the wellbeing and health of older people living in residential settings. A valid and reliable tool to measure the quality of staff-family relationships will enable aged services to measure, evaluate and improve the quality of care they provide.

ageing

Abstract ID: 899

SEXUALITY, DEMENTIA AND RESIDENTIAL AGED CARE

Authors:

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Although sexuality is increasingly seen as an essential component of successful ageing, the expression of sexuality for older people living in residential aged care, particularly if they have dementia, remains a major challenge. Many residential aged care facility staff do not see sexuality as a legitimate or priority care need and a 'sexuality assessment' is not the norm.

This paper will present the evidence base that underpins the development of an assessment tool that will allow aged care facilities to determine the extent to which they have addressed the sexuality needs of residents (including those with dementia) in their policies and processes, and provide strategies that will support residents and guide staff. The paper will report on the findings of research conducted in two Australian states and discuss its practical application to aged care policy, information provision and education.

Abstract ID: 902

CONNECTING HEALTH AND WELL-BEING NARRATIVES OF OLDER PEOPLE

Authors:

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Many older Australians have a positive approach to life and are ageing well. This study explored a small number of stories about older people who are living the life they want to live and realised the potential of establishing a website by which older people could continue to talk about their ageing experiences. This living database of stories could inform, encourage and engage older people in conversations about mental and physical health and well-being and the strategies used to maintain their lifestyles. Social participation through story telling and electronic publication has benefits for individuals, communities and populations.

ageing

Abstract ID: 903

SPES PROJECT IS NOT JUST HOPE: SPES CALMS FAMILY AND ENSURES PATIENT SAFETY

Authors:

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Institutions:

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The SPES project aims at transferring the original approach and results achieved in the implementation of an OLDES platform into 4 geographical contexts focusing on the following target problem domains: dementia, mobility challenged persons, respiratory problems and social exclusion . The main goal of the OLDES project was to create and test new technological solutions to improve the quality of life of older people, through the development of a very low cost and easy to use care platform, designed to make easier life of the older persons in their homes. The SPES pays special attention to the problems intersection between technology and social inclusion with focus on providing patient safety. The SPES-concept is evaluated in four pilots: i) the Ferrara pilot (Italy) is targeted to the patients affected by chronic respiratory failure, requiring long-term oxygen therapy ii) the Vienna pilot (Austria) endeavours to find tailor-made solutions for persons with dementia who face health risks and who are prone to accidents because they tend to get lost , the Boskovice pilot is focused on mobility impaired clients implementing home automation and iv) the Kosice pilot (Slovakia) is devoted to the problems related to the social aspects of technology development for aged persons.

connects

Abstract ID: 909

POETICS OF AGING: TOWARDS CREATIVE AGING DEMONSTRATED THROUGH FILM AND FOLLOWED BY DISCUSSION

Authors:

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Institutions:

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The Poetics of Aging is a movement that began in January of 2011 with the coming together of major universities and organizations, including UC Berkeley, Stanford University, UC San Francisco, and Pacific Institute with its eldercare program Age Song Institute. Under the leadership of Age Song Elder Communities, these institutions and organizations initiated a conference to celebrate aging as growth, rather than decline and illness. The inaugural Poetics of Aging Conference, held November 16 - 19, 2011, was a huge success, bringing together both professionals and members of the community, with an arts focus, including the theater, dance, and music performances, art and architecture exhibits, poetry-circles and a wide range of workshops exploring creativity in aging. Moderated film clips of the conference are shown to stimulate participants' discussion and reflection on the value of bringing together professionals and community members to celebrate life at any age or stage.

ageing

Abstract ID: 911

CREDENTIALING PARAPROFESSIONAL DEMENTIA TRAINING

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An estimated 2.7 million paraprofessional workers in the United States provide personal and nursing care to frail elders and disabled individuals. Direct care workers provide services in settings that range from private homes to long-term care institutions. Dementia poses special problems for paraprofessional caregivers who need to have basic knowledge about dementing illnesses, an understanding of the philosophy of the dementia program, and who can use communications skills and behavioural management techniques during their interactions with patients to ensure appropriate care is delivered. Recognizing the prevalence of Alzheimer's disease and related disorders among elders receiving formal care, the State of Florida was among the first US states to require dementia training for all direct care staff working in formal care settings. Legislative requirements prescribe the curricula components and require a review of curricular content and minimum educational standards for training providers. Using the experience captured by approximately 600 curriculum reviews that cover multiple didactic modalities, we will present the credentialing training model and summarize the lessons learned establishing and managing this credentialing program. A potential model for credentialing curriculum will be presented. This workshop will detail Florida's ten year history to ensure that accurate and educationally sound curricula are used to train direct care workers. By the end of the workshop attendees will be able to:

1. summarize the USF Training Academy curriculum review process with detailed flowcharts delineating decision-making processes;
2. attain sufficient materials and tools to replicate the Florida credentialing curriculum model;
3. categorize reasons for rejection of curriculum with examples; and
4. assess adjustments needed for credentialing to ensure newer Alzheimer disease training modalities (on-line training) maintain training program fidelity.

connects

Abstract ID: 913

INITIAL VALIDATION OF EARLY ASSESSMENT AMONG ELDERLY PEOPLE IN KOSOVO AND ALBANIA

Authors:

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Institutions:

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Background: Our aim was to perform an initial validation and adaptation of the EASY-Care instrument in Albanian-speaking settings including Albania and Kosovo.

Methods: In 2010, the EASY-Care instrument was pre-tested in Kosovo and Albania using a community-based sample of elderly people 60+ years (20 people in Kosovo and 18 people in Albania).

Results and Conclusion : Based on “need for care and support” summary scores and on the present cut-off points, it can be concluded that 18% and 8% of participants are in moderate and high need for care and support, respectively. Based on “risk of hospital admission” summary scores and on the present cut-off points, it can be concluded that 24% and 8% of participants are in moderate and high risk of hospital admission, respectively. Based on “risk of falls” summary scores (a score of 3 or more means high risk), it can be concluded that 26% of participants are in high risk of falls.

ageing

Abstract ID: 917

MOTIVATION TO PROVIDE HELP TO OLDER PARENTS BETWEEN AND WITHIN COUNTRIES

Authors:

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In this study we explored, from a cross-national perspective, three motivations of adult children to provide help to older parents, based on the Intergenerational Solidarity paradigm: effectual solidarity, parental need for care, and filial norms. The sample was based on 1,055 adult children from Norway, Spain, and Israel who were part of the OASIS* study. These countries were selected because they represent different family cultures and welfare regimes. We found that effectual solidarity and parental need for care affected amount of help in all three countries, whereas filial norms had no effect. Country context had a differential impact. In Israel, both among Jews and non-Jews, effectual solidarity was more strongly associated with amount of help. In Israel and Norway, parents' need for care was related to amount of help, whereas in Spain help provided was high, regardless of parents' need for care. In this study we demonstrate the universality of motivations to provide help to older parents and the influence of cultural context on these motivations, between countries and taking into account within country differences.

*OASIS was funded under the 5th program of the European Union, Contract No. QLK6-TC 1999-02182.

Abstract ID: 918

THE CHANGING LIFE-COURSE, INTERGENERATIONAL RELATIONS AND SOCIAL POLICY

Authors:

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While both international and national policies have tended to view adult ageing as problem of demography or economics, it is also a question of culture. These policies have arisen predominantly in Europe and North America, with concern that older people risk exclusion with respect to other age-groups unless they are productive in a restrictive sense of work and work-like activity. In Australasia/ East Asia, rapid changes in work and demography have brought calls for increased services and pension rights on some states and retrenchment in others. Internationally, it has also been argued that societies risk intergenerational conflict and different age-groups will not age well together if questions of work and retirement are not re-examined. Australian society is facing a situation that is historically unprecedented, and has responded with a series of 'Intergenerational reports'. This raises the question of what sort of life-course is desirable for mature adults and for generational relations in general. A number of alternative models for exploring what is happening to the adult life-course are explored, as a consequence of the combined effect of increased policy attention to population ageing and intergenerational relationships. The impact of 'decline', 'leisured', 'productive' and 'stretched' life-course models will be examined with examples being drawn from international, European and Australian policy. Economic approaches will be compared with what can be learned from humanistic and dynamic psychology. Alternative life-priorities will be explored as a basis for sustainable public policy in this area.

ageing

Abstract ID: 924

STEP-FAMILIES IN LATER LIFE: ARE BABY BOOMERS DISADVANTAGED IN THEIR POTENTIAL FOR INTERGENERATIONAL SUPPORT?

Authors:

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Institutions:

¹Andrus Gerontology Centre, University of Southern California, , USA

Change in family structure over the last several decades has brought up questions about the viability of intergenerational sources of support and care for elderly persons. Particularly salient is the proliferation of step-families and step-relations owing to the rapid rise in divorce and remarriage rates since the 1970s. In this paper we use data from the Longitudinal Study of Generations (LSOG), a four decade study of four-generation families, to investigate adult parent-child relationships of Baby Boomers, the generation that experienced the brunt of the divorce revolution. In the 2005 survey of the LSOG, about 20% of this generation (n=636) were step-parents of at least one adult step-child. Multilevel random effects analysis was used to examine whether contact (in-person, telephone, email) between children and these late middle-aged parents varied by whether the child's relationship was biological or step. Further, the quality of family conditions 20 years earlier was examined as a possible moderator of the relationship between bio/step status and contact with parents. Implications are discussed in terms of the future support and care portfolio of the Baby Boom generation.

connects

Abstract ID: 925

INTERGENERATIONAL SOLIDARITY AND FAMILY SUPPORT – THE SOCIAL CONTRACT

Authors:

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The social contract between the generations is the visible and invisible contract that binds the generations together in caring for children, educating the young and looking after the parents of adult children. But the balance between the generations is changing drastically; which has brought the contract into focus as a subject for debate and renegotiation. Great Social changes lie ahead of us now, since the 21st century will be the century of older people. The population of older people will grow at an increasing pace, while at the same time we can expect the new generations to continue to have increasing life expectancy. This will affect social conditions in every country of the world. Ageing will thus be one of the biggest global challenges, where every country will be dependent on others. We can expect to see many reforms in such areas as pensions, the labour market, care and the economy. The Social Contract will make a contribution by providing an overview and helping to inspire new political strategies that will be acceptable to all generations, so that neither the elderly nor any other group will be impoverished.

ageing

Abstract ID: 927

OLDER PERSON SOCIAL SECURITY AND POVERTY PREVENTION

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Indonesia is considered an aged-structured population. The proportion of its older population (60+) is 10% (23 million) and it is estimated to be above 20% in the middle of this Century. Indonesia will experience a demographic dividend beginning the earlier part of this Century. Thus, Indonesia has quite sometimes to prepare for an overall aged society.

The social economic condition of older persons especially in the rural area were low, support was mainly received from the family; the general health condition was quite good; the environmental health condition was poor, psycho-social condition of older persons was relatively good.

Social protection and prevention of poverty is regulated in Act No. 13/1998 and Government Regulation No. 43/2004 especially for non-potential/dependent older persons. Non contributory older persons who used to work in informal sector were not covered by the social security system. In 2004 with the issuance of Act No. 40/2004 on National Social Security System could be used as reference in income security, but presently its implementation is not yet felt especially by older persons.

Beginning in 2009 The Ministry of Social Affairs has implemented cash transfer for about 10% of poor older persons. It is a Social Insurance for very poor older people with idex Rp 300 000,- per month /person. The total budget is \$ 4 Million per year, allocated in 28 provinces. In 2011, the total budget is \$ 5,3 Million for 33 provinces. Distribution of funds to older person social security recipient technically is in cooperation with the Indonesia Postal Service through direct service by the postman to the address of the recipient and older person attendant.

The government stated that this policy will be continued gradually with an increasing budget as one of the old people social security and poverty prevention effort.

connects

Abstract ID: 928

THE HARRY & JEANETTE WEINBERG CENTER FOR ELDER ABUSE PREVENTION, INTERVENTION AND RESEARCH A CREATIVE, COST-EFFECTIVE COMMUNITY MODEL: LEARNING FROM THE NEW YORK EXPERIENCE

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Institutions:

¹The Weinberg Centre for Elder Abuse Prevention at The Hebrew Home at Riverdale, Riverdale, NY, USA; ²The Hebrew Home at Riverdale, Riverdale, NY, USA

The Weinberg Centre for Elder Abuse Prevention, the first comprehensive elder abuse facility in the United States, was established in 2005 to fill a critical gap in direct services for victims of elder abuse and domestic violence grown old, as well as to heighten community awareness, identify, address and study this growing epidemic. The Weinberg emergency elder abuse shelter, located within The Hebrew Home at Riverdale, a large geriatric care facility, is available to victims of elder abuse 24/7, regardless of ability to pay. The Weinberg shelter provides a safe harbour, mental health, counseling, civil legal support and healthcare services for victims with the intended outcome of a safe discharge home or to other appropriate housing. The Weinberg Centre's outreach team provides information, training, education and replication programs and materials to professional and community groups throughout the United States.

Central to the accomplishments of the Weinberg Centre, is its initiative in the development and leadership of the principal multidisciplinary, multi-system partnerships of organizations and individuals working together collaboratively to provide diagnoses. This has exponentially strengthened The Weinberg Centre's reach and impact in the community. The development of a continuum of housing and supportive care for victims of elder abuse in the community, which is currently under development by The Weinberg Centre, will also be presented. Using the applied experience of The Weinberg Centre, session participants will learn how to: a. examine the circumstances and impact of elder abuse to understand and address individual needs; b. receive and discuss ABUSE, the Weinberg screening tool designed to assist practitioners detect elder abuse and risk for abuse, promote prevention and intervention strategies; c. develop outreach, education and replication programs; d. adapt the Weinberg Centre model to meet the needs of their community.

ageing

Abstract ID: 930

**A COMPREHENSIVE RESPONSE TO ELDER ABUSE IN NEW YORK CITY, USA:
MULTIDISCIPLINARY TEAMS (MDT)**

Authors:

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Abuse, neglect and financial exploitation of older adults are growing problems in the United States. A recent study in New York State estimated that 1 in 7 older New Yorkers had experienced elder abuse since turning 60.[i] There is no reason to believe that New York is unique in struggling with this epidemic. With our rapidly aging population, there is every reason to believe that the problem will increase in the future.

The New York City Elder Abuse Centre has begun using a Multi-disciplinary Team (MDT) approach to coordinate care and create solutions for the growing number of complex elder abuse cases. On a weekly basis, MDT representatives from the fields of medicine, law, social work, and social services come together and offer a single point of service. The depth and breadth of expertise and resources of the participants minimize gaps in service and duplication of efforts.

Using case examples, the presenters will demonstrate how the MDT approach works for both service providers and victims by connecting diverse systems and offering comprehensive services. Participants can expect to learn how the MDT works in New York City, how NYCEAC planned and implemented this new approach, and what the steps they should take to start an MDT in their communities.

[i] Lifespan of Greater Rochester, Inc. Weill Cornell Medical Centre, NYC Dept. of Aging; "Under the Radar: New York State Elder Abuse Prevalence Study" May 2011

connects

Abstract ID: 936

HOPE IN DAY TO DAY LIVING OF RESIDENTS IN LONG TERM CARE

Authors:

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Institutions:

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A project designed to focus on hope for residents was implemented in an ongoing support group in a long-term care facility in Western Canada. Because seniors frequently enter a care centre when there has been a decline in function it is imperative to provide the necessary resources to enable them to maintain as much functional status as possible and to ensure an adequate quality of life. Hope is about envisioning a future in which they would be willing to participate, even in the face of adverse circumstances. With hope they are more willing to try things and risk participating in the programs offered. Without it they feel at the mercy of circumstances and can slip into depression. This project was implemented based on the belief that hope is a necessary element for seniors to achieve and maintain a good quality of life.

An eight session pilot project (offered twice monthly) was delivered to residents who were members of an already existing small group. Each session focused intentionally on strategies that were designed to enhance hope. During the group sessions, residents explored their own understanding and conceptions of hope and participated in activities designed to foster hope. Residents were interviewed prior to and after the completion of the eight sessions regarding their understandings of hope and how the sessions impacted them. Hope focused strategies that were used will be presented. Since this project will be implemented during the winter of 2012 (February-May), preliminary findings will be presented.

ageing

Abstract ID: 943**AGEING WELL AND AGEING IN PLACE - A COMPREHENSIVE STRATEGY FOR DESIGNING, DEVELOPING AND DEPLOYING A RANGE OF TELEHEALTH AND TELECARE TECHNOLOGIES AT HOME AND IN RESIDENTIAL CARE FACILITIES****Authors:**¹B. Celler (Presenter)**Institutions:**¹CSIRO, ICT Centre, Marsfield, Australia

There is now clear evidence that the use of telehealth services in the home to manage chronic disease leads to better healthcare outcomes because of improved patient self management, better case management and improved use of limited clinical resources. The evidence is less clear for the effectiveness of telecare technologies such as alarm buttons, wander detectors, falls monitors and low cost ambulatory monitoring devices communicating via mobile telephones or dedicated communications hubs although such technologies are now becoming ubiquitous and widely deployed. Even less well documented is the healthcare impact of unobtrusive monitoring and communications technologies that use low cost sensors or networks to track and analyse a range of activities of daily living as markers of changes in health status. Almost universally these systems fail because of low sensitivity and specificity and therefore an excessive number of false alarms

In this paper technical requirements for such telehealth enabled primary care services will be presented, and strategies discussed for the design, development and large scale deployment of such services in both metropolitan and rural and remote communities. Expected outcomes would be the creation of a network of interconnected telehealth enabled facilities in outer metropolitan, peri-urban and rural and remote locations, supported by specialist clinicians in tertiary referral centres. These distributed facilities would provide a community based primary care focus, would support and make more efficient use of the available health work force, and would take pressure off outpatients departments in metropolitan and regional hospitals by triaging patients and avoiding unnecessary hospitalization. The research being undertaken in these and related areas at the Australian eHealth Research Centre of the CSIRO will also be presented.



Abstract ID: 944

TELESCOPE: A EUROPEAN CODE OF PRACTICE FOR TELEHEALTH SERVICES

Authors:

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A Code of Practice for Telehealth Services is being developed, involving 13 partners in seven EU countries, within the European Commission funded TeleSCoPE project. A draft Code is in place and is in the process of being validated in five EU countries. This presentation explains the purpose (and some of the detail) of the Code within a context for telehealth that seeks to ensure delivery of or access to services in relation to the health and well-being of people of all ages. Such telehealth services are recognised as utilising both fixed and portable technologies; and embracing activity and vital signs monitoring; medication compliance, health and motivational training. Ethically appropriate parameters for such services are set out and discussed, including those that relate to the collection, storage and sharing of health and personal data.

ageing

Abstract ID: 946

THE ELDERLY FRAIL IN ALGERIA : SITUATION AND OUTLOOK

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The aging of the population now covers the whole world , including developing countries that are considered for a long time, as " young country" such as Algeria . Through a socio-anthropological approach, this article summarize the characteristics of the daily lives of frail elderly living at home in the Algiers region .After independence in 1962, Algeria has experienced very significant population growth, rising from 10 million inhabitants in 1962 to 26 million in 1992 to 35,500,000 inhabitants in 2010. Algeria has never introduced a policy of "old age in its political program. There are almost no device support problems related to old age and frailty. The majority of older people with diminishing abilities are supported by their families (children, grandchildren.) In the coming decades Algeria as other developing countries would have to confront the same challenge as the developed countries but more acutely and with fewer resources The demographic transition that lasted 10 years for developed countries but for developing countries this change will last only 25 years old .So countries with limited resource have the least time to prepare their countries to deal with an aging population. This new situation requires from the state and all social partners the implementation of policies and concrete measures to provide appropriate responses to problems "interdisciplinary" of old age. As well expressed GH Brundtland, leading of the W.H.O: "Developed countries became rich before it became old developing countries will be old before becoming rich."

connects

Abstract ID: 949

CONSIDERING THE ELDERLY PEOPLE IN NATIONAL HEALTH PLAN AND POLICIES IN NEPAL: A CRITICAL ANALYSIS

Authors:

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Institutions:

¹Ram Hari Adhikari, Bournemouth, UK, U.K.

CONSIDERING THE ELDERLY PEOPLE IN NATIONAL HEALTH PLAN AND POLICIES IN NEPAL: A CRITICAL ANALYSIS

The census of Nepal in 2001 showed that the percentage of people above 60 years is 6.5 and the people above 75 years are 1.3. The data show that the life span is increasing in Nepal which has increased the number of old people as well. The families are breaking down to nuclear from the joint structure where the elderly have less care and protection from their families. The societal care system is getting less effective due to the globalization effect. In the other hand, the old aged people still have to rely on traditional types of care services like Pashupati Old Age.

In the other hand, the government is not solely effective to provide enough care and support to the elderly people. However, it is trying to establish some services to the elderly such as social pension scheme. Some model homes for the old age have been run in the regional bases which do not have adequate facilities as per their requirement. The government of Nepal formulated the Senior Citizens Policy and Working Policy in 2002, National Action Plan for Senior Citizens in 2005, Senior Citizens Act in 2007 and Senior Citizens regulation in 2009. Similarly, elderly issue has been taken as one of the five Inclusion sector in the government programmes.

But there is big challenge to implement them. Unless Nepal is unable to implement the existing policies, the exploration of new policies for further improvement is not possible. In this moment only the ministry of local development (MLD) is seem to be responsible to think. So, it is an urgent need to assess the needs of the elderly, formulate new and review the existing plans and policies and implement them effectively.

ageing

Abstract ID: 956

SCREENING TOOLS FOR ELDER ABUSE: EVALUATION AND IMPLEMENTATION IN IRELAND

Authors:

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Elder abuse is a complex phenomenon which occurs in all settings (residential, respite, day care, community). Risk factors and theoretical explanations have identified a multi-factorial context which can facilitate abuse of older people. Furthermore, a recent Irish prevalence study indicates a 2.2% prevalence of elder abuse in community dwelling older people. However, when this figure is compared to elder abuse reports to the Health Service Executive, there is a considerable gap. This implies that elder abuse is not being reported and is not always being recognized by healthcare professionals. Screening tools have been suggested as a way of assessing an older person's vulnerability to elder abuse. This paper presents work undertaken by the National Centre for the Protection of Older People (NCPOP) in Ireland on the topic of elder abuse screening tools. The discussion commences by considering the debate on the use of screening tools for elder abuse and examines published screening tools which have been subject to empirical research. Following this review, two screening tools are examined as having particular merit in raising suspicion regarding elder abuse:

The Elder Abuse Suspicion Index (EASI) (Yaffe et al 2008) &

The Older Adult Financial Exploitation Measure (Conrad 2010).

The paper will then discuss current NCPPOP research which is aimed at introducing both screening tools to the Irish context. This two year project commenced in October 2011 and is due for completion in October 2013.

Abstract ID: 962

‘THEY DIDN’T TELL ME MUCH’: HOW LANGUAGE PROFICIENCY CAN DISADVANTAGE THE HEALTHCARE EXPERIENCE OF OLDER PEOPLE FOLLOWING STROKE

Authors:

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There is increasing language and cultural diversity in the world's aging populations. It is important to recognise this diversity and its challenges to providing equitable healthcare and opportunity for wellbeing. Older people who are not proficient in the main language spoken in healthcare can be disadvantaged in the quality and outcomes of their healthcare. How this disadvantage occurs is unclear, making it difficult to address in policy and practice. The aim of this research was to explore how older people with limited English proficiency managed in an English-speaking healthcare context after stroke and how it influenced their healthcare experience.

This paper is based on findings from a study that used a constructivist grounded theory approach to explore the healthcare experience after stroke for older people with LEP.

Twenty-four in-depth interviews were completed with 14 older people who had returned home after stroke and 8 informal carers. Participants were from 7 language groups.

Professional interpreters assisted with 19 interviews. Interviews were conducted approximately 6 weeks and 18 weeks after the older person was discharged from inpatient healthcare.

It was found that participants did not question their need to manage in English during healthcare after stroke because they did not perceive an opportunity or need to use their own language in their position as passive patients obeying expert health professionals.

Participants initiated a variety of strategies to manage in English that were dependent on the resources they perceived to be available to them, but which were not always successful.

Managing in English in healthcare left participants uncertain and uninvolved regarding decisions about their healthcare and the future management of their stroke recovery. These findings have implications for the use of interpreters and translated resources for older people who are not proficient in the main language that is spoken during their healthcare.

ageing

Abstract ID: 963

COMMUNITY-BASED ACTIVITY MONITORING SERVICE FOR THE ELDERLY

Authors:

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Institutions:

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We are improving safety and social support for the elderly and engaging generations by developing an acceptable community-based activity monitoring service (ComCare), which utilizes the Social Networking Services(SNS).

The Comcare service concept combine daily basis communication and sensor technology for a lightweight monitoring system. At home the Comcare application runs on Android tablet and it delivers status updates to the server and to the followers. The status updates may come from the elderly (target), acquaintances, relatives, or from the sensors and RFID readers. The sensors to be used are, for example, simple contact sensors, a passive infrared sensors(PIR), and combinations of RFID readers and tags.

Target has three different circles that are called as a Comcare community. It refers to group of people who are taking care of a target. The circles have different access rights for updates coming from target, relatives, or sensors.

Updates are filtered and decoded in the server and transmitted to the recipients according to the pre-determined right sand rules. Rights and rules are set up based on the circle type or on the activity-monitoring mode. The activity-monitoring feature has three different modes; normal monitoring, enhance dmonitoring, and continuous monitoring.

New members can be added to, or accepted to the target's circles only from the target's profile. This is similar to mainstream social media application (e.g. Facebook, Google+). The main difference compared to existing SNS services is a context sensitive data delivery, which means the same data is presented differently to the followers depending on recipient's profile.

We argue, acceptance of the activity monitoring can be achieved by the system based on communal, bidirectional and equal interaction. Next we will set up the system and start preparations for the field study in which the system is being used at least six months.

connects

Abstract ID: 966

AWARE PROJECT: AGEING WORKFORCE TOWARDS AN ACTIVE RETIREMENT

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AWARE is a Social Network hosted on a web platform for providing innovative services to both the older workers and retired elderly people. This system, currently under prototype tests, has the following objectives:

- Maintain the elder person active after retirement
- Promote an active ageing.
- Create web communities to share experience, skills and expertise.
- Maintain mentally and economically active the elder person.
- Support the companies during the whole retirement process.
- Bridge the gap between young workers, elder workers, companies and retired people.

The platform developed in the AWARE project is a specific Social Network with three modules integrated:

- EAM - Environment adaptation module: A database of ergonomic recommendations to adapt workplace and home environments.
- KM - Knowledge management module: This module permits workers to maintain an active role after retirement by allowing share of expertise and experience, get in contact with other workers and retired elderly people. This will help people to stay active after retirement and will allow the company to maintain and acquire knowledge and expertise although a worker has retired.
- ICT approach module: This will be a trainer tool for the platform, the provided services and Internet and Social Networks, focused on pedagogical methodologies adapted for elderly people.

This solution is based on the principles of the social network, where its services (chatting, blogging, etc) are complemented by specific services oriented to aging workforce and elderly people needs.

The platform and its interfaces are entirely designed basing on accessibility and usability requirements of the final users. It has been developed using open-source software and the system is modular in design to maximize flexibility and extensibility.

ageing

Abstract ID: 974

PARTENARIAT PUBLIC-PRIVÉ : UNE SOLUTION AU TRANSFERT DES CONNAISSANCES EN MATIÈRE DE MILIEU DE VIE ?

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La qualité de vie en milieu d'hébergement est une question préoccupante. Cette recherche visait à évaluer les effets de la formation de la Fédération québécoise du loisir en institution (F.Q.L.I.) dans les résidences privées pour les aînés. Les objectifs étaient: 1) identifier les éléments retenus par les propriétaires; 2) identifier les changements qui ont été apportés, qui sont planifiés ou désirés dans la résidence; 3) identifier les facteurs qui ont pu faciliter ou limiter la mise en place de changements pour la création d'un environnement favorable au loisir et à l'activité physique. Il s'agissait d'une évaluation de programme sommative (Turcotte et Tard dans Mayer, Ouellet, Saint-Jacques, Turcotte et al., 2000). Un devis d'expérimentation à mesure unique a été utilisé. La population à l'étude était composée des huit propriétaires de petites et moyennes résidences privées ayant suivi la formation en Mauricie et en Montérégie. Les données ont été recueillies à l'aide d'entrevues semi-structurées centrées. L'analyse qualitative selon la méthode de Miles et Huberman (2003) a été utilisée. Les données recueillies ont été enregistrées puis transcrites sous forme de verbatims. Les résultats de la recherche montrent qu'une formation de trois heures est insuffisante pour engendrer des changements d'ordre physique ou organisationnel dans les milieux privés. Toutefois, la présence d'un partenariat public-privé (entre le CSSS et la ressource privée) pour le transfert des connaissances (coaching) en matière de milieu de vie est très important. Cette présentation exposera les limites de cette recherche et les recommandations pour favoriser ce transfert de connaissance et assurer un suivi dans les milieux privés afin de favoriser une meilleure qualité de vie aux résidents.

connects

Abstract ID: 975

YOUNG PHYSICIANS' DISINTEREST IN THE FOLLOW-UP OF FRAIL ELDERLY INDIVIDUALS AT HOME: A PRECOCIOUS CRYSTALLIZATION IN THE MEDICAL CAREER

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Home care services are more and more recognized as an important practice for the health and well-being of frail elderly individuals. The shift to home-centric care, which is greatly valued by all experts in Canada, is however confronted to serious resistance from certain professionals, who do not want to change their practice. The present presentation deals with the fast growing disinterest manifested by young physicians in general, particularly during their residency, to introduce in their practice the medical follow-up of their clients at home. Analyzing a number of comprehensive interviews given by medical residents and their supervisors, we showed that, regarding the medical follow-up of frail elderly individuals at home, the medical residents evolve from a position of openness to a position of quasi-complete non-openness on a short period of time during their practical formation. In addition to well-known conditions (method of remuneration, attraction for technical medicine, etc.) deflecting in this direction the professional trajectory of the physicians, we showed that care services for frail elderly persons are characterized by socio-sanitary problems that are global in their nature, a situation that is truly disheartening for young physicians. This difficulty, which is specific to the frail elderly individuals' clientele, is exacerbated by the fact that the global nature of these problems produces a heavy workload regarding coordination of peri medical resources that discourages young physicians to perform medical follow-ups of their clients at home. These observations underline the value of an action centered on professional collaboration and implementation of case management devices and illustrate the need to have a professional formation putting the emphasis on competencies required to face the challenge presented by the complexity of the clinical situations, particularly in terms of capacity to understand the global, multidimensional, and changing dimension of these situations.

ageing

Abstract ID: 978

REVERSING RETIREMENT: EXPLORING DETERMINANTS OF POST-RETIREMENT WORK FOR MIDDLE-TO-AGED ADULTS IN TAIWAN

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There have seen an ongoing trend of turnabout based up on international experiences to meet up the challenges from the ageing population. So, it is worth exploring and deliberating the Taiwan's case. The main research purposes of this study are briefly described as follows: Firstly, explore the trends of working after retirement and the meanings in post-retirement work; Secondly, explore the reasons, aspirations, and types in post-retirement work for current and future middle-to-aged adults in Taiwan; Thirdly, explore the benefits, determinants and relevant theories associated with post-retirement work; Finally, provide the policy implications and suggestions based on the findings in this study. Data for this study came from a national representative survey 'Needs, Service Provision and Value Preference among Different Cohorts of Older People in Taiwan'. The total sample for the research included 2,353 adults aged 45 and older who lived in Taiwan. The participants were asked the reasons, aspirations, and types regarding of the current and future choices of continuous work after retirement. In this paper, we employed the descriptive statistics, logistic regression, and multi-nominal log it regression to analyze the determinants associated with of post-retirement work behaviours among middle-to-aged adults in Taiwan. In the end, we summarized the findings and presented the policy implications and suggestions of this study.

Abstract ID: 979

THE ROLE OF EMPLOYMENT IN THE RELATIONSHIP BETWEEN DIAGNOSED HEALTH STATUS, PERCEIVED HEALTH AND WELL-BEING. A MODERATED MEDIATION MODEL

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Studies indicate that both objective medical condition and perceived health, affect well-being in old age (e.g: Cole & Dendukuri, 2003). Using the symbolic interaction paradigm, we suggest that the effect of health status on psychological well-being is transmitted through perceived health. Supporting the hypotheses is valuable both theoretically, for explaining the relations between health and psychological well-being, and practically to reduce harm to psychological well-being at times of illnesses.

Employment has a positive effect on health (objective and perceived) and well-being (Kim & Feldman, 2000), which is attributed to increased social support from co-workers, sense of worth, and reduced economic hardships (e.g: Ross, 1995). Assuming the sense of self-worth and commitment gained from employment will allow the elderly to both hold better perception of their health, and attenuate the negative emotional responses to health issues, we hypothesize that employment will attenuate the relations between objective and perceived health and between perceived health and depression.

We used the Israeli sample of SHARE (N=881 employed, 1066 retired). Objective health was estimated by number of diagnosed chronic illnesses, perceived health by a direct question and well-being by EURO-D depression scale. We contrasted employed and retired subjects, and tested the model using Preacher, Rucker and Hayes's (2007) macro.

The results confirm our hypotheses. The relation between health status and depression is mediated by perceived health. Among the employed, the relation between objective health and perceived health was weaker than among the unemployed, and so was the relation between perceived health and depression.

It seems that workforce participation provides older adults needed social interactions and daily routine, and so reduces negative reaction to health problems. It is also possible that perceptions of ill health reduce the likelihood of employability or the motivation to seek employment in old age.

ageing

Abstract ID: 980

ATTACHMENT AND RETIREMENT ADJUSTMENT: THE MODERATING ROLE OF ATTACHMENT STYLE ON THE RELATIONS BETWEEN POST RETIREMENT CHANGES IN INCOME AND SOCIAL INVOLVEMENT AND WELL-BEING

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Theoretical perspectives and empirical findings have been inconclusive regarding the effects of retirement on well-being (e.g: Wang, 2009). While individual differences may account for some of these mixed results, their role in moderating older adults' retirement adjustment has been understudied (Shultz & Wang, 2009).

Attachment theory may be an appropriate framework for the study of adjustment, as it explains individual differences in the basic perception of one's ability to cope with environmental demands by support mobilization (Bowlby, 1969, 1973, 1980). Studies consistently demonstrate attachment's contribution in explaining adaptation to various situations (e.g: Mikulincer & Florian, 1995). Although attachment is a most influential theory, it is understudied among older populations, and its role in adjustment to retirement was not studied before.

Retirement usually involves changes in income and social involvement, and these changes are associated with well-being levels (e.g: Calasanti, 1996; Van Willigen, 2000). We hypothesized the effect of these changes on well-being will be contingent upon one's attachment security: high levels of attachment avoidance and anxiety will amplify the effect of these changes on well-being.

Using a longitudinal design (n=255), changes in income and involvement were calculated as the difference between pre- and post-retirement measures. Depression, somatic complaints and drinking to cope were used as indicators of well-being. Attachment avoidance and anxiety were measured using the ECR scale (Brennan, Clark & Shaver, 1998).

The results indicate that the effect of income loss on depression and somatic complaints is amplified under conditions of heightened attachment avoidance. Increased involvement is associated with reduced depression and drinking, under conditions of high avoidance and low anxiety.

This study offers a new perspective for the study of adjustment to retirement by incorporating a psychological relational framework. The results suggest that changes may produce different effects on well-being depending on one's perception of support availability.

connects

Abstract ID: 983

EXPOSURE TO RISK OF POVERTY AMONG ELDERLY WOMEN IN SLOVENIA

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Purpose. The paper highlights some findings from a large-scale national research on The needs, potentials and standpoints of elderly people in Slovenia, revealing exposure to potential risk of poverty among elderly women.

Objectives. Assessment of the potential risk of poverty among elderly women in Slovenia, and make comparisons with other countries.

Methods. Field survey was conducted in a representative sample of Slovenian population aged 50 years and over. Among 1,047 respondents were 615 (58.7%) women.

Outcomes. First results of the study show that among the retired without additional employment are more women (74.6%) than men (65.2%), while among the full-time employees are fewer women (10.9%) than men (20.7%). The main source of respondents' income is pension, majority of female respondents 32.2% (17% male) are in the lowest income group, i.e. less than 400 EUR per month after taxes, while the poverty threshold is 587 EUR. The highest income group, i.e. more than 1200 EUR per month after taxes reach only 4.2% of women, and almost three times more men (11.0%). Most of female respondents (33.83%) have elementary school and male respondents vocational school (34.03%).

Conclusion. Women live longer, have lower income and according to study results majority of them have lower education level compared to men. Due to unfavourable economic situation, especially older women are more likely to be without a job. The official statistical data show that the exposure to poverty is highest among elderly women, who are not included in labour force (31.8%), are older than 64 years (24.9%) and tenants (24%). Social transfers try to alleviate this, but the risk still exists. Generally, the posts are not adapted to older workers and it is difficult to fulfil UN Madrid International Plan of Action on Ageing (MIPAA), referring to enhancing the employability of older workers through appropriate measures.

ageing

Abstract ID: 984

FACTORS AFFECTING HEALTHCARE EXPENDITURE OF THE THAI ELDERLY

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The main objective of the study is to investigate factors affecting healthcare expenditure of the Thai elderly. The motivation underlying this study is the fact that the national health care system in Thailand, especially the primary right for health insurance which allows all Thai people to have an equal right to access quality healthcare services with no constraint of healthcare expenditures, has been established since 2001 but data from the National Survey on Health and Welfare in 2009 done by the National Statistical Office (NSO) found that 46.1 percent of people have to pay high cost for their treatment. Data used in this study derived from the 2009 Health and Welfare Survey conducted by the National Statistical Office of Thailand. A total of 6,012 elderly aged 60 years and over was used and the Multiple Regression statistical technique was employed. The results of the study revealed that every 84 out of 100 elderly out-patients have paid for their medical treatment in 2009. Based on the Multiple Regression analysis, a group of 6 independent variables could explain the high level of healthcare expenditure of the Thai elderly by 17.4 percent at the 0.05 significant level. These factors included chronic diseases, educational level, health security, treatment types, economic status, and residential region. It is recommended from the research results that the appropriate plans to cope with high costs that will occur in the future for the elderly should be urgently prepared and the other social welfare policies should also be increased to fit for the higher number of the elderly in the future, especially the elderly who has exposure to high healthcare expenditure as found from the research results.

connects

Abstract ID: 985

PROMOTING PROPER EXERCISE FOR THE ELDERLY THROUGH A HEALTH PROMOTION PROGRAMME IN RURAL THAILAND

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Different types of exercise offer different benefits. Proper exercise can improve health and increase longevity. The elderly should select kind of exercise suitable for the physical condition and have no danger. The objective of the study are 1) to prolong elderly life with a good physical and mental health through a proper exercise, and 2) to research and develop a health promotion programme for the elderly with health-centre staffs at sub-district level in Thailand. The participatory action research was used to assess the effectiveness of community-based interventions in implementing a health promotion programme for the elderly. Through the use of a systematic approach and attentive evaluation, the results from the evaluation at the end of the project covered 300 elderly samples revealed that most of the elderly were satisfied with the health promotion activities, especially the activity on physical exercise with bamboo stick. This kind of exercise was designed by local Thai women, Aunty Boon-Mee. It comprised of 12 positions and can be easily applied with body. It can be helped the elderly to decrease back and hip pain. However, one who get diseases such as heart disease or others should consult physicians before exercise. Moreover, the results of the study also revealed that most of the elderly who performed exercise with bamboo stick regularly at least three times a week and who performed it regularly got sick twice a year and the percentage of illness was not so high. The lesson learned from the study is good health habit especially performing a proper exercise can reduce the expenses to be paid for the medical treatment because good health would bring happy life which in turn resulted in the happiness of the family and the community as well.

ageing

Abstract ID: 986

FAMILY AND PROFESSIONAL CARE FOR THE ELDERLY- ITS QUALITY AND CHALLENGES

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World population is aging rapidly and this poses new challenges in the field of care for elderly people. The most critical issue is the support for family carers, because this kind of care, along with working obligations and family responsibilities is often very difficult. The international project EUROFAMCARE has been exploring the needs of family carers and the quality of care since 2003.

In Slovenia in 2007 there was conducted a research about family care of dependent old family members. It showed people's great motivation for family care. However, there was an even greater lack of competences and public assistance. National Institute for gerontology developed training courses for family carers and their mutual networking, using the method of social learning in groups of 15 people.

In 2009 an extensive national survey The needs, potentials and standpoints of elderly people in Slovenia aged 50+ was conducted, in which questions about family care were included. Personal in-home survey of a representative sample of 1800 people was carried out, 1047 questionnaires were valid. 14.37% of people aged 50+, needed some sort of care in the last 6 months. Within this group, 4.1% of people needed care but did not receive it, other 95.9% received it from their spouse, daughter, son, daughter-in-law or other formal and informal carers.

In this report the problems carers face when caring for other people and their satisfaction with the process of caring were analyzed. These results have significantly contributed to improvement of training courses for family carers. There is recognized an urgent need for developing models of public and professional support for family and professional carers, since two thirds of older people wish to remain in their home environment when becoming dependent and there is also a professional trend in this direction.

connects

Abstract ID: 987

SLOVENIAN AGE-FRIENDLY CITIES AND COMMUNITIES

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The aim of WHO's Age-friendly Cities programme is to improve living conditions of the growing number of elderly people around the world. In the programme senior citizens monitor conditions of living in their home environments and suggest age-friendly changes to their mayoralties. In Slovenia we started with the programme in 2008. Since then 11 cities and communities joined our national network. New members join the Network with the consensus of the mayor and city council.

Anton Trstenjak Institute of Gerontology and Intergenerational Relations coordinates the Network by developing and maintaining its activities and offering guidance to all participating cities and communities. Seniors and mayoralty representatives form the National committee that meets a few times a year and connects the activities on a national level.

Each year new suggestions of seniors are given to the mayoralty and are published in local media, while the mayor presents already implemented past suggestions. On the basis of gathered recommendations and standpoints, locally suitable values of living are formed and the mayoralties include them in their city programmes according to their own judgement.

The findings so far indicate that successful implementation of the programme in all environments depends mostly on the activity of seniors, who feel the support of the mayoralty and exchange their experiences with other cities and communities from the Network. Furthermore, the mayoralties cooperate more actively, if the suggestions are formed as positive recommendations and not as critiques.

The implemented recommendations are friendly not only to elderly people, but also to other generations, thus making the nature of AFC intergenerational and apolitical in regard to political parties. The programme helps older residents to actively form their environments and prevents their marginalisation. It also enables the implementation of other programmes, such as falls prevention, volunteering and intergenerational centres.

ageing

Abstract ID: 990

SLEEP PROBLEMS OF SERVICE USERS OF ELDER CARE IN HONG KONG- THE USE OF THE CANTONESE VERSION PITTSBURGH SLEEP QUALITY INDEX

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Objectives: To validate the Cantonese-version Pittsburgh Sleep Quality Index (C PSQI) , and to explore the sleep quality and predictors of sleep problems of service users of elder care in Hong Kong.

Methods: PSQI was translated into Cantonese and validated through a pre-test with 17 participants ageing 60 or above and a validation survey with 75 older Hong Kong Chinese. A survey interviewing 405 Chinese service users of institutional and community services in Hong Kong was then conducted using the C-PSQI.

Results: C- PSQI was found to be moderately reliable and satisfactorily valid for use with older Chinese: its Cronbach's alpha was 0.6, paired t-test over 1-week's time revealed no significant difference between the scores of the test and retest, Pearson Correlation coefficient between PSQI and the Geriatric Depression Scale was $r = .32$ ($p < .01$).

If the PSQI global score 5 or above was taken as the cut off point for sleep problems, as suggested by the developers (Buysse et al., 1989), 68.81% of the participants would be seen as having some sleep problems, which reflected a high prevalence rate. Sleep problems was predicted by self-reported insomnia, institutionalization, depression and poor perceived health, after controlling for confounding variables of demographic factors. A source of concern was that 34.7% of the participants self-reported having insomnia, among them 78% had it for more than one year, yet 51.0% of them did not seek help and 16.5% could not find any suitable persons to help, despite the fact that sleep problems are treatable.

Discussion: Further studies are recommended to find out the reasons of low help-seeking. In view of the great discrepancy between the insomnia rate using PSQI score of 5 and the self-reported insomnia rate, further studies are needed to cross-validate the cutoff score of C-PSQI for Chinese elders.

Abstract ID: 991

APPLICATION OF VALIDATION THERAPY IN DEMENTIA CARE WITH OLDER CHINESE

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Introduction: Problem behaviours and communication difficulties in patients with dementia are major sources of caregiver strain. Validation Therapy (VT), one of the psychosocial interventions in dementia care, has received increasing attention in the West but is seldom studied in the East. This article reports a clinical study of the application of VT on three Chinese nursing home residents with mild to moderate cognitive impairments.

Method: For half a year, in each alternate day, three times a day, the second author chatted with each client about their daily lives and topics of interests such as their health and the weather, for at least 10 minutes as the intervention. It was audio-recorded for data analysis with the clients' and the superintendents' consent. The effectiveness of the VT intervention was assessed quantitatively through changes in the participants' cognitive competence as measured by the Chinese version of Mini-Mental State Examination, and their life satisfaction as measured by the 9-item Life Satisfaction Scale (LSS), and qualitatively through changes in problem behaviours and mood before and after intervention as reported by the staff.

Clinical experiences are cited to illustrate the use of individual VT practice principles

Findings: Although VT could not reduce the clients' levels of cognitive impairment, VT was found to enhance their life satisfaction and reduce problem behaviours which were the major sources of caregiver strain.

Discussion: The study provides some preliminary evidence to support the use of VT on older Chinese suffering cognitive impairments. It is recommended for use in dementia care since it was found to restore communication, to reduce problematic behaviours and to enhance their subjective well-being.

ageing

Abstract ID: 993

EVALUATION OF A BLUE CARE DEMENTIA CAFÉ WITHIN A DEMENTIA SPECIFIC RESPITE SERVICE: A PILOT STUDY

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Current statistics demonstrate Alzheimer's Disease is increasing dramatically with a predicted 100 million cases worldwide by 2050. This increase will have significant social cost for people with dementia and their carers. Caring for a person with dementia can result in interference with social networks, loss of paid employment and disruption to community involvement, resulting in social isolation and deterioration of physical health.

The use of Dementia Cafés as part of strategies of care for Clients and their Carers has been introduced overseas, (mainly situated in the UK), in a variety of settings including residential aged care facilities and community clubs/pubs, however, is a recent phenomenon in Australia. This informal model uses a psychosocial and educational approach to supporting people with dementia and their carers.

The establishment of this café was designed to promote the social inclusion of people with dementia and their carers in a relaxed secure environment and provide the opportunity for support, education and advice from professionals.

Participants in the pilot study were all carers of clients who attended the day respite centre and had been identified as at high risk through carer support groups and centre activities. Thirteen carers were interviewed (average age 80 years) and reported their greatest stress was derived from the considerable disruption to their normal social life and perceived poor access to information and services.

The success of the Dementia Café for staff and carers was evaluated through written and verbal feedback, conducting carer focus groups and a self report questionnaire. Carers reported that the café was a welcome social outlet benefitting both the carer and the client, while serving as a source of information and support. Staff (N=5) found the café rewarding to work in, but identified the café would continue to evolve to meet the needs of clients and their carers.

connects

Abstract ID: 994

MENTAL HEALTH STATUS OF THAI ELDERLY

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Background: Mental health problem is one important disorder that affects the elderly but little is known about mental health status of elderly in Thailand. The study aims to examine the mental health problem and explore the factors affecting mental health of Thai Elderly

Methods: The data for this study were drawn from a national survey of older persons conducted in 2007. The analysis was restricted to the population aged 60 and above (n=30,427). Mental health problem was interpreted as the presence of certain symptom(s) such as stress, hopeless, moody, feeling useless, unhappy, and lonely. Bivariate and multivariate analysis was used to identify the factors associated with mental health problem.

Results: Overall, three out of five elderly (58%) have at least one symptom of mental health problems. Logistic regression analysis found that several demographic, socio-economic, health, and cultural factors are significant predictors for mental health of the elderly. Those elderly who are female (OR=1.12), live in the rural area (OR=1.19), who have primary or below education (OR=1.24), who have less family income (OR=1.54), who had migrant child (OR=1.13) were more likely to have mental health problem than their comparison group. On the other hand, elderly aged 80 and above (OR=0.79), those who live with family members (OR=0.59), who are able to do their daily activities (OR=0.49), those who did not have chronic disease (OR=0.57) and who exercised regularly (OR=0.86) were less likely to have a mental health problem.

Conclusion: Mental health problem among Thai Elderly is high. This study provides novel evidence on an issue of special importance to countries where elderly is increasing and one that has received little attention. Programs should aim to reduce the mental health problem among elderly, so that elderly morbidity will decrease and overall well-being of the family is maintained and enhanced.

ageing

Abstract ID: 995

SOCIAL GRADIENTS POTENTIAL IN COPING WITH NON-COMMUNICABLE DISEASES IN THE ELDERLY

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Term social gradient is usually used in connection with unjust differences in quality of health, caused by differences in education and financial situation. Also among elderly chronic patients better education and wealth usually mean better knowledge of disease and more disciplined and healthy lifestyle.

In our research we explored the unused positive potential of the social gradient, presuming that each patient is willing to pass on his/her positive experiences with his/her disease management to other patients. Our hypothesis was that after meetings with patients from upper part of the gradient, who in principle cope with their disease better and live healthier than patients from lower part of the gradient, the latter will improve their life habits and reduce health risk.

We recruited 3 groups of 13–15 participants from 3 different environments (1 rural and 2 urban) in Slovenia and Serbia. All of them were elderly patients with hypertension; half of them female, half men, half with lower and half with higher education. Each group had ten two-hour weekly meetings. Participants exchanged their hypertension experiences and discussed disease risk factors: medication adherence, diet, physical exercises, bad habits, personal relations, positive experiencing of themselves and the others etc. Meetings were run according to the method of social learning and moderated by two moderators, who saw to a positive atmosphere in which participants exchanged their good experiences and knowledge. An octagon of health and habits for graphical monitoring of participants' health and habits was prepared.

Results show that most of participants improved their lifestyles. It is possible to use the positive potential of social gradient with social learning method for better hypertension management in different environments. In order to strengthen the obtained good habits, it is important to continue with group meetings; majority of participants wish to do it on monthly basis.

connects

Abstract ID: 996

FACTORS AFFECTING NON- EXERCISE OF THE ELDERLY: A STUDY AT ONE PROVINCE IN THE WESTERN OF THAILAND

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Physical exercise is an important part of a healthy lifestyle, who lead an active life are less likely to get ill and more likely to live longer. Exercise not only makes physically fitter, it also improves mental health and general sense of well being. The results from previous studies in Thailand indicated that most of the Thai elderly do not exercise. The data from the National Statistical Office in Thailand in 2008 showed that only 28 percent of the Thai elderly have done exercise regularly. There are two main objectives of this study 1) to investigate health behaviour of the Thai elderly on doing and not doing exercises and 2) to study factors affecting on the elderly who do not exercise. The data from the Kanchanaburi Demographic Surveillance System (KDSS), done by the Institute for Population and Social Research, Mahidol University in 2006, covered 4,277 samples of the elderly aged 60 years and over were used. Descriptive statistics and Binary Logistic Regression were employed. The results of the study showed that about 96.5 percent of the elderly samples lacked exercise. Most of them were female, aged 70 years and over, having low educational level, working in agricultural sector, having household debt, having more than 3 family members in household, living in rural areas, and in a village where more than 80 percent of people do not exercise. The results of the study also demonstrated that both personal and social and environmental factors were statistically significant on not doing exercise of the elderly ($P < 0.05$). The power of prediction was 21 percent. It was recommended from the study that the members of household should encourage and do physical exercise with the elderly and the community leaders should provided some spaces in the village for the elderly to do exercise.

ageing

Abstract ID: 998

REPRESENTATION AND INSCRIPTION IN CLINICAL FILES OF FRAIL ELDERLY INDIVIDUALS' NEEDS. THE POINT OF VIEW EXPRESSED BY CAREGIVERS AND THE POINT OF VIEW INSCRIBED IN THE INDIVIDUALIZED SERVICES PLANS.

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All conceptual models pertaining to the notion of quality put the emphasis on the importance of adopting a patient-centered approach in doing the planning of services for frail elderly individuals, utilizing evaluation tools that are validated and established.

We analyzed 18 clinical cases, in order to document the gap between the representation that the clients have about their needs, collected by comprehensive interviews made with dyads (client and his/her caregiver), and the point of view of the case manager working with these clients on the same subject, as it can be seen through written traces appearing in the clinical files. Using a sociolinguistic approach in order to apprehend these two different discursive forms, we were able to identify many gaps.

For example, it seems that the needs of the frail elderly individuals are less inscribed than transcribed. It's a form of translation from a clinical problem to a manageable problem at the institutional level. For that, professional has to give up some important needs that preoccupy the client and his/her caregiver. We note also a large problem with the temporality characterizing some needs because of the importance credited differently by the client and by the case manager.

The loss of both, temporality and meaning, for the benefit of a formal transcription of the clients' needs in the clinical files comforts the institution in its capacity of providing services, but prevent it from appreciating much more diffuse dimensions of its performance to provide services. Then, the effective capacity of case managers to stay focused on the clients' needs is reduced and replaced by an objectifying reading of the same needs that not exactly reflect the daily occupation and preoccupation of the client and his/her caregiver. The formulation by the client and the reformulation by the case manager are not necessarily convergent.

connects

Abstract ID: 999

INTEGRATING PLANNING FOR AN AGEING POPULATION

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Many councils in New South Wales, Australia have developed Ageing Strategies which outline how the council will plan and provide for an ageing population. In the past, these strategies have often remained separate from higher level council plans that relate to the whole community. A new framework for planning, Integrated Planning and Reporting, has provided an opportunity for ageing to be considered as part of broader strategic plans and importantly delivery programs and budgets.

The New South Wales government have been working in conjunction with the NSW Local Government and Shires Associations, the peak body for Local Government in the state. They have developed a web resource to help councils plan for an ageing population. It sets out steps to take in planning for an ageing population and provides links to key sources of information.

Council Community Strategic Plans use the quadruple bottom line areas of: social, economic, environmental and governance/civic leadership. The web page includes practical examples of how to incorporate ageing into this framework and the broader council vision. This serves to demonstrate the range of areas where issues relating to an ageing population are relevant to the broader community.

The web resource also shows how objectives that may have been originally developed in a separate Ageing Strategy can be imported into a broader Community Strategic Plan. The delivery program and operational plan of a Community Strategic Plan can then incorporate specific actions relating to implementing the ageing population strategies.

Community Strategic Plans must give due regard to the State Plan and other regional strategic plans. Ideally plans developed at the State level can be informed by local level plans ensuring that approaches to planning for ageing are consistent through all levels of government.

ageing

Abstract ID: 1000

HEALTH STATUS AMONG THAI CENTENARIANS

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The population of Thailand has been aging rapidly due to recent fertility and mortality decline. The life of more than 100 years old or being a centenarian seems to be not far beyond reach among oldest old nowadays. Healthy longevity is an important issue for individuals. This study aims to examine the health status among Thai centenarians based on the various indices of wellbeing such as perceived health status, daily living activities, and functional limitation; eyesight, hearing, and memory. These information are taken from centenarians or their relatives or main caregiver in two sample provinces by in-depth interviews. The listing frames of names and addresses of recorded centenarians are permitted from the civil registration in 2010. All recorded centenarians are followed up and checked the living status. This study covers 41 centenarians. It is found that majority of centenarians have good eyesight and memory. Similarly, majority of centenarians can eat, put on clothes, and sit or walk without any assistance. There are just few centenarians who have high age have illness and cannot do any daily activities. These centenarians are not a burden of communities because their children or relatives stay nearby and come to stay overnight. In conclusion, the result of the study points out that having good family relations leads centenarians to a good emotion and a positive attitude to life longer. Moreover, most of centenarians are a selective or a special group due to they are still healthy and can do daily activities. Thus, it should be supported family member to live with and take care of the elderly.

connects

Abstract ID: 1001

OLDER PEOPLE PREVENTING FALLS- USING PRINCIPLES OF ENABLEMENT TO ATTAIN SUSTAINABILITY

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Working with older people to prevent falls requires an understanding of key concepts that enable people to become more aware, make decisions to change lifelong habits and incorporate and sustain changes over time. This presentation will explore some of these concepts- empowerment, enablement, exerting control, efficacy beliefs, decision making and how they can be used in falls prevention. How we use these phenomena, how we communicate and work with older people as we engage them in fall prevention strategies and activities can make a difference to outcomes. The research and experiences of *Stepping On*, a group based preventive program and *LiFE*, an individualised program to incorporate balance and strength training into daily activities, will provide examples. Both are evidence-based programs that have been tested in randomised trials. *Stepping On*, based on adult learning principals, self efficacy and a decision making framework, was found to reduce falls by 31% ($P = .025$) and is being widely implemented in the US and Australia. A Delphi review by experts and qualitative findings of interviews with program leaders and participants from several projects provide an understanding of the underlying concepts and how these translate for older people to enable them to apply preventive techniques and enhance their sense of control. *LiFE* is a non-traditional home-based exercise program which is embedded in daily life activity. A recent randomised trial demonstrated it was effective ($p = .045$). This program applies principals of enablement and self efficacy. Falls are common with injury costs far exceeding motor vehicle accidents, and the consequences can result in institutionalisation. For many people there are resultant quality of life issues with a third reporting they curtail usual activities. Reducing risk of falls, enabling people with the right tools as well as a sense of control will keep people safe, active and connected with their community.

ageing

Abstract ID: 1004

INCREASED HYDROGEN GAS CONCENTRATIONS IN EXPIRED BREATH FOUND IN CENTENARIANS OF LOCAL RESIDENTS.

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[AIM] Recent studies suggest that hydrogen gas produced by colonic fermentation could act as an efficient anti-oxidant in the whole body. Since the ability to reduce oxidative stress can be associated with longevity, we have looked at hydrogen gas concentrations in expired breath from centenarians. [METHODS] Twenty-seven centenarians of local residents (6 men, 21 women; Age, 101.6±1.8 (mean±SD); BMI, 19.3±2.3), 13 patients with type 2 diabetes (4 men, 9 women; 78.2±5.8; 23.7±3.7), and 14 healthy controls (8 men, 6 women; 37.3±17.4; 20.4±1.8) were studied. Between 11:00–18:00 after breakfast (and lunch), hydrogen gas concentrations in expired breath were detected by a portable breath hydrogen analyzer (HYDlyzer, TAIYO, Japan). Serum high-molecular-weight adiponectin (Adn) and dehydroepiandrosterone-sulfate (DHEA-S) levels were measured in centenarians and diabetics. Blood samples were taken after meals during the above mentioned period of time. [RESULTS] In the centenarians, one had been treated for diabetes, 15 for hypertension, 4 for heart failure, 3 for cerebral infarction, and 5 for dementia. Five centenarians were bedridden. Their serum albumin and total cholesterol levels were 3.6±0.6 g/dl (2.4-4.4) and 171±38 mg/dl (112-254). Their breath hydrogen concentrations (72.0±89.6 ppm) were significantly ($p<0.05$, unpaired t -test) higher than those in diabetics (24.7±27.1) and controls (18.8±19.7). The serum Adn and DHEA-S levels in centenarians and diabetics were 10.7±4.9 and 8.5±3.6 µg/ml (n.s.), and 33.3±18.7 and 64.4±29.2 µg/dl ($p<0.01$). [DISCUSSION] The centenarians of local residents, very elderly people we were allowed to study, were relatively lean but not malnourished on the whole. They were found to have higher concentrations of breath hydrogen gas than the elderly people with diabetes and the relatively young controls studied in the present study. Increased hydrogen gas production, presumably depending on the presence of undigested carbohydrates and hydrogen-producing bacteria in the colon, could have contributed to longevity, which deserves further studies.

connects

Abstract ID: 1007

ELDER ABUSE: THE PROBLEM AND THE WAY OUT

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Ageing is a natural and irreversible process of human life. It is an inevitable and universal phenomenon of our life cycle. As the individually grows older, health begins to decline. He / she gradually become financially dependent as (s)he is not able to earn a livelihood due to loss of employment or physical / mental unfitness. A feeling of psycho-social vulnerability creeps into the minds of the elderly. The sudden decline of status in the family and society may push them to loneliness and they may be subjected to stress and anxiety over their future life. In fact, presence of the agent in society has not been a problem. The problem is the lack of the preparedness of society to make suitable arrangement to accommodate the elderly and the inability of the social institutions to accept the change. Due to the prevalence of individualistic ideals, the older persons in the West have quite frequently been reported to be subjected to varied forms of maltreatment, abuse and violence, both in the family as well as in institutional setting. This phenomenon has become more pronounced during the last 3-4 decades. Now, it has become more or less a global phenomenon.

The present paper endeavours to analyze the problem related with abuse and neglect of older persons and suggests certain measures as a way out.

ageing

Abstract ID: 1009

FALLING THROUGH THE CRACKS: EXPLORING SUBSIDIZED HOUSING FOR LOW INCOME PRESENIORS

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Low income, pre-seniors (aged 55-64) in Canada face multiple challenges related to securing employment, finding affordable housing, health and mobility, and are ineligible for pensions and benefits for those 65 and older. Affordable, subsidized housing has been identified as one of the strongest protective factors to prevent homelessness but little is known about the availability of subsidized housing situation for this age group in Calgary, Alberta Canada and the extent to which existing housing practices and policies addresses the needs of this population. In this presentation we share findings from exploratory research aimed at gathering the perspectives of subsidized housing representatives and the ability of the sectors to meet the growing needs of this population. Our presentation will generate an understanding of housing issues, current policies and practices, challenges and gaps in accessibility and provide recommendations for change, and collaboration opportunities and describe future needs to ensure enabling and supportive environments in the housing environment. Our small-scale community driven research study is the initial exploratory component of a larger study. It is anticipated that the findings of this study will inform policy development and a sharing of best practices, support sector plans to end homelessness, and increase availability of subsidized housing for this vulnerable population.

connects

Abstract ID: 1010

CULTURAL STRATEGIES TO HELP THE ELDERLY ACHIEVE PERSONAL EMPOWERMENT AND LEADERSHIP

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Since 2008, the City of Saguenay (Quebec, Canada) offers a cultural mediation program which gives every citizen an access to arts and culture. This program allows to fight against cultural and social exclusion and, ultimately, fosters the sense of belonging to a territory. Cultural mediation is an action strategy planned to stimulate a better social integration between artistic practices and the public (Fontan& Quintas, 2007) with an objective of culture ownership by the citizens. The goals of the initiatives put in place for the elderly in this city are to increase their self-confidence, initiate an approach towards arts and culture, accompany them in their creative process, and promote taking charge, leadership and empowerment. Cultural mediation initiatives like *La Télé des aînés de Saguenay*, *l'Art pour unir les générations* and *La Brigade des bénévoles en médiation culturelle* consist of past and ongoing projects that enable the elderly in Saguenay to express their creativity, enhance their life and maintain the development of their global personality (Deriaz, 2002). This strategy of empowerment and leadership carries aging to a new dimension, the dimension of developing creativity, being active and belonging to the society.

The goal of this communication is to present the strategies and means used by the contributors throughout these pilot initiatives, which allowed or are still allowing the elderly – self-supporting or not – to express their leadership through cultural work activities.

ageing

Abstract ID: 1017

AGEING WELL IN AUSTRALIA: RESEARCH AND ACTION

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The first part of this paper presents longitudinal research findings on socio-economic, life style, and health influences on the key outcomes for ageing people namely 1) survival, 2) continuing to live in the community, and 3) continuing to 'age well' (as defined by independence in daily living, self rated health, and psychological well-being). Data from 1000 participants in the Melbourne Longitudinal Surveys of Ageing (MELSHA), with a 1994 baseline and biennial follow-up to 2006, were analysed using survival analyses to identify the most important predictor sets for each of the three outcomes. The most important risk factors for mortality were being male, older age, multi-morbidity, worse self-rated health, functional dependency, greater cognitive impairment, low strain and low levels of social activity. Similarly socio-demographic, health, and life style factors predicted entry to residential care. While chronological age and multi-morbidity were important predictors for not ageing well, the life style factors, physical activity, nutrition, weight, and social support, were relatively more important. Risk factors for the three outcomes were found to be different for men and women. The findings suggest that healthy life styles may promote better quality of life among older people and the need to target health promotion interventions specifically to older men and women. The second part of the paper provides an overview of Australian policies in terms of how well they have implemented ageing well principles. While a progressive National Strategy for an Ageing Australia was developed more than ten years ago, subsequent health promotion initiatives have focused primarily on younger people with some attention to chronic illness prevention and management for older people. Older indigenous people have largely been marginalized. A 2011 Productivity Commission Report on Caring for Older Australians and consumer organizations are contributing advocacy to maintain and regain independence.

connects

Abstract ID: 1018

REMOVING BARRIERS TO EQUAL ACCESS TO END-OF-LIFE CARE FOR GAY, LESBIAN, BISEXUAL, TRANSGENDER AND INTERSEX (GLBTI) PEOPLE: RESPECTING LEGAL RIGHTS

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Introduction: Evidence suggests that many GLBTI people are being denied their legal rights in their own or their partner's end-of-life care. A recent Australian study investigated this issue and developed a GLBTI-specific resource booklet to assist GLBTI people to understand and advocate for their legal rights in relation to access to health care services. **Methodology** included focus groups, in-depth interviews and a state-wide survey. **Results:** Many respondents had experienced direct discrimination in accessing health care services, in some cases amounting to abuse. Others were denied the right to make decisions for terminally ill partners who had lost capacity. The majority did not know who had legal authority for medical decision-making in a specified scenario. Very few had discussed their preferences for end-of-life care with their regular medical practitioner or their partner/significant others. **Barriers to Advance Care Planning** included: lack of knowledge about available documents and how to complete them, and the belief that it was "not necessary at present". Almost all respondents said that, if they were in the late stages of a life-threatening illness, they would want treatment that focussed on relief of symptoms, even if that shortened their life.

Respondents identified as being at particular risk in relation to receiving adequate care and treatment at the end of life included those who: were not open about their sexuality to any significant others; were in a relationship other than single or partnered; were grieving the loss of a partner; had less than average education and income; or were in poor or fair health.

Resource Development: A GLBTI-specific resource booklet was developed and is now available in hard copy and on-line.

ageing

Abstract ID: 1020

FINANCING OLDER PERSONS IN INDONESIA

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The purpose of this research is to elaborate the financing capacity of each province in Indonesia in supporting the economic life of older persons (population age 60 and above). The data set necessary for this research are: data of population projection according to age (year 2010-2025), data of provincial consumption level, data of provincial GDP and data of deposit per capita as the measures of assets. The projected population data is already available from the Demographic Institute and Central Board of Statistics. Therefore, authors of this paper need projection of provincial consumption level. The methodology for this research will be ARMA-ARIMA econometric model and OLS-ECM econometric model. The expected output of this research is the description regarding the ability of each province in Indonesia to support the older persons in each region, by utilizing consumption tax (either sales tax or value added tax) as the source of fund. Other types of taxes, like individual income tax or corporate income taxes, would not work for such financing, because of the structure of Indonesian economy, where informal labour sector is huge. The findings are, from the 30 observed provinces, there are 17 provinces that have the capability to finance the older persons by applying consumption tax. In addition, in financing older persons, the capability of 10 provinces is increasing, the capability of 3 provinces is constant, while the rest is decreasing.

Keywords: ageing, social security, taxation **EL Classification:** H53, H55

connects

Abstract ID: 1021

CASNUR: DEVELOPING A SOFTWARE TO ASSESS COGNITIVE WORK ABILITY AMONG AGING NURSES

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Nursing is an industry experiencing the effects of the elder boom, resulting in increased workloads especially on older nurses who must handle more work due to shortage of staff. Since mental declines are associated with age, there is a need to assess the ability of older adults to perform mentally demanding tasks like those involved in nursing to ensure appropriate job assignments, predict stress levels and redesign systems or policies to make work more appropriate for the elderly. In intensive care nursing, which has several tasks prone to error, this assessment can help retain older nurses in the workplace.

This study expands on the Work Ability Index by introducing cognitive work ability (CWA), a comprehensive measure of a person's ability to fulfill mentally demanding tasks efficiently and effectively. Since previous literature on work ability evaluation was limited to the use of questionnaires which are prone to inaccurate responses, this study seeks to address this by developing CASNUR (Cognitive work ability Assessment Software for NURses), a software that virtually simulates the ICU environment to provide an unbiased, performance-based assessment of CWA for nurses.

Applied cognitive task analysis was used to translate difficult tasks in an ICU into design recommendations for CASNUR to simulate the demands of ICU nursing. The CWA model proposed by Rustia & Seva (2011) was used to identify performance metrics that must be measured to formulate CWA. CASNUR was pilot-tested by five senior nurses from a leading hospital in the Philippines, each with two replications. ANOVA and Likert scales were used to analyze results. CASNUR was evaluated to have high usability, face validity, reliability and construct validity. The study concluded with recommendations for the expansion of the experiment, the formulation of the CWA metric and the use of CASNUR to evaluate nurses' fitness for certain types of nursing work.

ageing

Abstract ID: 1022

DANCING THE DANCE OF BELONGING WITH PERSONS WHO HAVE A DEMENTIA DISABILITY

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Recent surveys show that Alzheimer's and other related dementias are the second most feared disease among several cultures today. However, new research and practices are also showing that persons with Alzheimer's and other related dementias retain many and varied abilities and emotional capacities. They simply need the gracious and accepting interactions of others to help fill in the missing abilities.

Through the use of several film clips, this symposium will trace the progression of public perceptions of dementia—from the insane asylums of 100 years ago through the “no more than a vegetable” perception of 30 years ago to the more enlightened view of a growing number of professionals and caregivers today. The symposium will also demonstrate how friends, family and caregivers can take an even more enlightened approach to interacting with persons who have a dementia disability. Additional video clips will show first-hand how, through the use of music, art, photographs, and storytelling, persons with cognitive disabilities can maintain connections to themselves, to others, and to the environment around them. (In all, 15 videos clips are woven throughout this presentation.)

Central to this presentation is the concept of “belonging”—being connected—which is so crucial to one's understanding of dementia, and to preserving the well-being of those who have a dementia disability. The presentation will demonstrate how re-framing one's understanding of dementia can lead to new ways of enriching the lives of those who have Alzheimer's or another type of dementia.

connects

Abstract ID: 1025

VIDEO-REMOTE MONITORING TO PROMOTE BETTER HEALTH AND SECURITY

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Through the aging process there is frequently an increase in chronic conditions. Those conditions can significantly limit activities of daily living. Telehealth services are an excellent mechanism to connect individuals in their homes to a variety of care givers. The use of video-remote monitoring can provide information to care givers which will aide their ability to make decisions and intercept a problem before it becomes catastrophic. This presentation will outline the use of in home monitoring to enhance the elders ability to stay in their home and decrease emergency room and hospitalizations.

ageing

Abstract ID: 1028

GENERATIVITY IN OLDER AGE: SPANISH SCALES OF GENERATIVITY AND ITS RELATIONSHIP WITH WELLBEING

Authors:

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An expanded and enriched life-span enables older people to actively contribute to society while trying to reach new levels of maturity and personal development. Generativity is a concept addressed to understand that kind of interests and activities. This study has two objectives: (a) adapt McAdams's generative concern and generative behavior scales into Spanish and (b) study generativity in older age and its relationship with their well-being. A hundred and sixty-five volunteers aged 65 and over participated in the study. The Spanish version of the generativity scales as well as a satisfaction with life scale and an orientation to future scales were completed. Results showed that the Spanish generativity scales had an acceptable level of reliability, similar to the original English versions. Regarding the second objective, only generative concern was related to satisfaction with life. However, both scales were related to orientation to future, although age seemed to mediate such relationship. Results emphasize the importance of generativity in older age and its impact in terms of human well-being.

connects

Abstract ID: 1030**DERIVING MEANING OUT OF CAREGIVING EXPERIENCE OF IN-LAWS****Authors:**¹A. Ezoe (Presenter)**Institutions:**¹Nagoya University, Graduate School of Education and Human Development, Nagoya city, Japan

Many Japanese families choose home care over residential care in nursing facilities, most likely because cultural tradition has it that the family should take care of the elderly at home. However, giving care lays a burden and difficulties on the family. Therefore, maintaining caregivers' well-being is a pressing issue. For this reason, it is necessary to consider a social care system supporting family caregivers. The purpose of this study was to collect fundamental information regarding the family caregivers' psychological issues and the particular support they needed. This study focused on how family caregivers perceive and appraise their care giving. To examine their meaning, semi-structured interviews were conducted on seven daughters-in-law who were caring for their husband's parents. From the interview recordings, attention was paid toward expressions of emotion, affect, thinking, hope, and desire. The meaning was classified into 23 categories. For each case, a time-series "flowchart" of the meaning was constructed to chart the change in the meaning over time. Similarities and dissimilarities among the seven cases in these flowcharts were explored. Differences in these flowcharts were apparent between full-time housewives and working women. Of the cases, two were full-time workers, who gave placed priority on work over care giving, hence they didn't gain a meaningful experience from their care giving activities, while on the other hand, full-time housewives exhibited rich meaning. Among the full-time housewives, those who cohabitated with parents-in-law upon marriage derived meaning based on cultural norms of the eldest son and his spouse must take care of the parents as a duty, while wives who started cohabitation due to care giving need also found a similar meaning, on top of meaning reflecting self-initiative to give care.

ageing

Abstract ID: 1031

CHANGES IN QUALITY OF LIFE AND PHYSICAL PERFORMANCE AMONG THE ELDERLY PARTICIPATING IN MULTI-ACTUATOR GERONTOLOGICAL REHABILITATION

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AIMS: The multidisciplinary gerontological rehabilitation was intended to maintain functioning and enhance the independence, meaningful living of older inhabitants in home settings and their participation in society. Therefore promoting quality of life (QoL) and functional capacity is the central aim of the rehabilitation of elderly people. The aim of this study is to evaluate changes in QoL and functional capacity among the participants of a rehabilitation intervention which was targeted to elderly whose coping at home was threatened because of decreasing functional capacity.

METHODS: 376 elderly community-dwelling persons participated in an out- or inpatient rehabilitation program that focuses on an R&D project funded and co-ordinated by the Social Insurance Institution of Finland (IKKU 2009-13). The project involves 60 rehabilitation courses (eight clients 74-99 of age per course), six rehabilitation centres and 21 municipalities. The mean age was 79,5 years. QoL was evaluated by using WHO-QOL BREF and RAND-36; functional capacity was clinically measured by using Short Physical Performance Battery index. Both QoL and physical performance were measured at baseline and after 6 months.

RESULTS. The quality of life of 63-72 % of the participants was maintained the same or increased in 6 months, depending on QOL questionnaire and domain. Physical performance was maintained or increased for 73 % of participants. The changes were statistically significant.

CONCLUSION: Results indicate that the elderly participating in rehabilitation intervention benefit from gerontological rehabilitation in terms of QOL and Physical performance.

ACKNOWLEDGEMENTS

This work has been financially supported by the Social Insurance Institution of Finland.

connects

Abstract ID: 1035

CO-PRODUCTION: A CRITICAL REALIST PERSPECTIVE ON CONNECTING OLDER PERSONS WITH SERVICES AND CHOICE

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This paper examines the potential of co-production to enable older people to contribute meaningfully to health services through participation and empowered decision making. The paper addresses the issue of participation, which is central to the Madrid International Action Plan on ageing, using the author's own body of work and a critical realist framework. Theoretically, co-production links the social networks of family and community to services by placing individuals and communities in a central position where they can contribute to service design and provision, and are recognised as doing so. Co-production offers particular hope for partnerships between older persons and health services, through a blend of localism and mutualism. It fits well with our changing ideas of health care consumers being able to select 'health care' services, and 'self-managing' their chronic conditions, becoming 'in-charge' of their own health and illness journeys. Further, there is great potential for older persons to benefit from both participation in valued work and being able to influence service outcomes. But there is much we still need to learn about interactions between health care consumers and services. Health services have long acknowledged the need to adopt more holistic and person-centred care models, but have struggled to make this a reality. For example, health literacy is understood as an important aspect of decisions, but there are known barriers to equitable sharing of health information. Perhaps even more importantly, the assumption of consumer agency, can gloss over subtle barriers to genuine choice and participation. Studies of health service volunteers can offer great insights into these barriers. The potential and hope offered by co-production for older persons will be discussed in this session and applied to community health services, tempered by acknowledgement of the challenges that our current social world will provide to such a service paradigm shift.

ageing

Abstract ID: 1036

ACHIEVING POSITIVE IMAGES AGEING. HOW TO ACHIEVE POSITIVE IMAGES OF AGEING BY CELEBRATING THE LIFELONG DREAMS AND INSPIRATION OF OLDER PEOPLE. COLLABORATION AS A RECIPE FOR SUCCESS.

Authors:

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Institutions:

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Objective: The success of the collaborative "Be Inspired Campaign" will be used as a case study. In this interactive session participants can develop their own Positive Images Action Plan. They will identify the critical success factors for mainstream media to publish positive stories and images of ageing.

This supports the Madrid International Plan of Action on Ageing

Guiding principle

"Mainstreaming ageing into global agendas is essential... by taking the lead not only in their own betterment but also in that of society as a whole."

The 'Be Inspired' Campaign was a unique and highly successful campaign that achieved unprecedented coverage of positive images of ageing in mainstream media. This is now a highly established annual campaign built around the goals of:

- encouraging older people to fulfil lifelong dreams,
- capturing those images
- inspiring older people to enjoy life
- promote positive ageing
- enhance the perceived image of ageing.

This case study will demonstrate the practical steps involved in building successful partnerships that deliver a Positive Images Action Plan. The Workshop will showcase the 'Be Inspired Campaign and Collaboration', outlining the role of collaborative partnerships between organizations in driving then delivering successful implementation of the "Positive Images of Ageing".

Ordinary life experiences of older people become the successful building blocks for the creation of images which are then in turn embraced by media. In an exciting development, the 2012 Be Inspired Campaign will expand into an inter-generational strategy where school students create short films showcasing older people who inspire them.

The "Be Inspired" campaign is consistent with the intention of the MIPAAG demonstrating a campaign that empowers and enables older persons to participate in activities that contribute to their fulfilment, dignity and quality of life and one that enables these positive outcomes to be replicated.

connects

Abstract ID: 1037

**"WILL YOU STILL LOVE ME, (AS WELL AS) WILL YOU STILL NEED ME WHEN I'M 64"
– SUSTAINING AND SUPPORTING AN AGEING WORKFORCE AND AN AGEING
POPULATION**

Authors:

¹R. Hogan (Presenter)

Institutions:

¹Royal District Nursing Service, St Kilda, Australia

This presentation will discuss a recent project undertaken by RDNS Australia to examine the impact of a tele-health initiative on the deployment and skill requirements of our nursing workforce. Within Australia as in other countries the introduction of tele-health products has been gaining momentum as a solution to addressing workforce shortages. RDNS wanted to specifically understand what we needed to do as an organisation to ensure our workforce was well equipped to accept and deal with the increase in tele-health options. RDNS has in recent years adopted the following aspects as the basis for our approach to this issue:

- Ensuring we have the capacity to deliver our business to meet demand, through:
 - Better utilisation of staff time to target visits based on clinical need to respond to growth in client numbers and client demand
 - Redesigning/enhancing the way we schedule client interactions
- Ensuring our workforce is equipped with the knowledge and skills to meet current and future demand, by:
 - Supporting the skill shift required of nurses through an education and training program to aid the early identification of symptom changes for specific diseases, use of tele-health technology and interpreting tele-health reports
 - Broadening the skill base to include other categories of staff and how nurses would need to interact with them
- Ensuring our workforce systems anticipate client expectations and organisational requirements through:
 - Further development and reviewing of RDNS policies to support practice.
 - Identification of implications for other workforce policies and workforce systems

The experiences and findings we have had in this project have provided us with many valuable lessons which are standing us in good stead as we now roll out new tele-health products to our workforce to adopt. It is these lessons that will be shared.

ageing

Abstract ID: 1038

RISK FACTORS ASSOCIATED WITH LUMBAR AND FEMORAL BONE MINERAL DENSITIES IN POSTMENOPAUSAL JAPANESE WOMEN

Authors:

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Institutions:

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Objective: The purpose of this study was to analyze the prevalence of risk factors in postmenopausal women, and its correlations with bone mineral densities (BMDs) of lumbar spines and femoral necks.

Design & Methods: The subjects were 208 postmenopausal Japanese women aged 44 to 82 years (mean age 65.2 ± 7.6 yr) who visited our menopause clinic. BMDs of lumbar spines (L2-L4) and femoral necks were measured by the DXA. Several factors those are thought to be affecting BMD such as ages, anthropometric factors, menses-related factors, calcium intakes, alcohol ingestion, tobacco smoking, number of times of delivery, family history of bone fracture, years after changing a toilet seat from a Japanese style into foreign style, weekly frequency of athletics, and the daily number of walks were investigated in questionnaire form. The relationships among these risk factors and lumbar BMD and femoral BMD were analyzed by correlation analyze test

Results: Lumbar BMD and femoral BMD were strongly correlated with age and weight. Lumbar BMD adjusted with age and weight was significantly correlated with calcium intakes, height, frequency of athletics ($p < 0.01$). Femoral BMD adjusted with age and weight was significantly correlated with calcium intakes, height, frequency of athletics ($p < 0.01$). Significant correlations were found between lumbar BMD / femoral BMD ratio and the daily number of walks, years after changing a toilet seat, family history of bone fracture, and alcohol ingestion.

Conclusion: Age and weight adjusted lumbar and femoral BMDs were associated with calcium intakes and frequency of athletics. The differences between lumbar and femoral BMDs were associated with walking habit, squatting lifestyle, family history of bone fracture, and habits of alcohol ingestion in these postmenopausal women

Abstract ID: 1040

FACTORS AFFECTING THE SAFE PROVISION OF HOME TELEHEALTH MONITORING

Authors:

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Institutions:

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Introduction: As numbers of older people increase throughout much of the world, there is a corresponding need to assist people to be cared for in a place of their choice – in most cases the family home. This requires the provision of flexible care and support services to meet individual needs, including through utilisation of appropriate technology, such as Telehealth monitors. To date, safety issues associated with this form of technology have seldom been investigated.

Aim: This paper reports on one aspect of an Australian study exploring acceptance and usage of Telehealth by frail older clients of the Transition Care Program and their informal carers, i.e., the reasons for Telehealth reading failure in frail older people receiving transition care in the home, and the relationship between Telehealth reading failure rate and the presence or absence of an informal carer.

Methods: A stratified random sample of participants was allocated to: a control group which received standard Transition Care or one of 4 groups which received Telehealth monitoring of their blood pressure, heart rate, oxygen saturations, and body weight for a period of 12 or 24 weeks, with or without a medical alarm pendant.

Results: There was a 13% Telehealth reading failure rate in the 43 participants. Of those, staff not following up missed or incomplete readings accounted for 33%; participant non-compliance 28%; equipment failure 20%; participant not returning staff phone call investigating failed reading 10%; and user error 9%. There was no significant difference between clients with or without carers for the reading failure rate, or for each failure reason.

Conclusion: When the safety of the older person requires high Telehealth reading rate reliability, the presence of an informal carer cannot be assumed to improve Telehealth reading rate reliability. Additional forms of medical monitoring should also be considered.

ageing

Abstract ID: 1041

HEALTH IMPACT OF CAREGIVING: RESULTS FROM THE SINGAPORE SURVEY ON INFORMAL CAREGIVING

Authors:

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Background : Caregivers of older adults with limitations in Activities of Daily Living (ADLs) often experience significant health problems themselves. The purpose of this study was thus to compare the prevalence of clinically relevant depressive symptoms, self-rated health and number of outpatient visits between caregivers and non-caregivers.

Methods : Data from Singapore Survey on Informal Care giving (2010-2011), involving interviews with 1190 older adults (>75 years) with at least 1 ADL limitation and their caregivers, and 379 older adults (>75 years) with no ADL limitations and their potential caregivers, was used. Depressive symptoms assessed using the 11-item CES-D (Centre for Epidemiologic Studies) scale, self-rated health and number of outpatient visits in the last one month was compared between caregivers and non-caregivers. Binary logistic regression model was used to compare clinically relevant depressive symptoms, ordinal logistic regression model compared self-rated health and zero-inflated negative binomial model was run for comparing number of outpatient visits among caregivers and non-caregivers adjusting for various characteristics of the caregiver/non-caregiver and care-recipient/ potential care recipient.

Results : Analysis showed that caregivers were more depressed, had poorer self-rated health and had greater number of outpatient visits compared to non-caregivers.

Significance : The study indicates the need for support services to the family caregivers of older adults with ADL limitations.

connects

Abstract ID: 1043

IMPROVED FALL RISK ASSESSMENT AND MANAGEMENT OF PATIENTS ADMITTED TO ELDERLY PSYCHIATRIC WARDS IN INSTITUTE OF MENTAL HEALTH, SINGAPORE

Authors:

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Introduction: Falls are a common problem among older adults with higher prevalence in healthcare settings due to factors such as health conditions, medications and ward environment. Thus far, in our elderly psychiatric wards, patient's fall risk was being assessed using screening tools, administered by nurses on admission. This process lacked the required specificity to exclude patients not at risk of falls thus making the risk assessment less meaningful.

Methodology: We identified that accurate assessment of fall risk is crucial to offer person centered care and that not incorporating mobility assessment in the screening process was leading to the over inclusion of patients at fall risk. We enhanced the assessment process by including physiotherapy assessment of mobility and balance.

Results:

1. With the inclusion of physiotherapy assessment, there is a significant reduction in the number of patients identified to be at fall risk by over 60% compared to the previous nursing assessment alone. We believe that this is a fair representation of patients at fall risk given that the assessment is done by trained physiotherapists.

2. There was no difference in the average number of falls when compared to earlier screening.

3. With the improved detection of fall risk, nurses on average save 30-45 minutes of their total shift time due to reduction in unwanted observations and documentation practiced earlier.

Conclusion:

1. The enhanced screening approach appears to be more accurate and safe in identifying patients at fall risk.

2. With the enhanced input from the physiotherapist, patients are receiving education on falls risk management and benefiting from exercise and constant use of walking aids.

3. From a care delivery perspective, we optimized the utilization of skill resources such as of physiotherapist and nurses to improve quality of care and therefore patient and staff satisfaction.

ageing

Abstract ID: 1044

BODY MASS INDEX AND WAIST CIRCUMFERENCE AS PREDICTORS OF MORTALITY AMONG OLDER SINGAPOREANS

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Objective: To compare body mass index (BMI) and waist circumference as predictors of all-cause mortality among older Singaporeans.

Methods: Data from Panel on Health and Aging of Singaporean Elderly was used in which 5000 older adults (>60 years) were interviewed at baseline. Mortality information was collected during the second wave of the survey conducted two years later. Odds of mortality was compared between quintiles of BMI and waist circumference and between predefined categories of BMI and waist circumference, stratified by smoking status (current, former and never smokers).

Results: Preliminary analysis of data showed that among never smokers low quintiles of waist circumference and the lowest predefined waist circumference category (<79 cm for men / < 68 cm for women) has the greatest odds of mortality. Those in the highest waist circumference category (>102 cm men/ >88 cm for women) had the lowest odds of mortality among never smokers.

Conclusion: Waist circumference appears to be a better predictor of mortality compared to BMI among never smokers compared to BMI, with older adults having a small waist circumference being at a higher risk of mortality.

Abstract ID: 1046

THE IMPACT OF LONG-TERM CARE POLICIES ON CAREGIVER BURDEN AND LABOR SUPPLY

Authors:

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Research Objectives: To better understand the effect of current and future long-term care (LTC) policies in Singapore on the time primary caregivers spend providing care to elderly Singaporeans and the implications of that on the supply of labour.

Study Design: A system dynamics model was developed to project, till 2030, the population of Singaporeans age 65 and over with at least one activity of daily living (ADL) limitation. With the help of LTC stakeholders, the model was parameterized to compute the expected uptake of home and community based services (HCBS) and nursing home care under different assumptions on availability and attractiveness. Linear regression and probit models were used to estimate the effect of hours spent in providing care on labour force participation and hours worked by primary caregivers, and these relationships were incorporated into the simulation.

Principal Findings: By 2030, the number of Singaporeans age 65 years and over with at least one ADL limitation will more than double. Under current LTC policies, primary caregiver hours spent per week are projected to increase from 10 to 12.3 by 2030. Doubling the attractiveness of HCBS reduces the hours spent marginally, whereas increasing nursing home beds will maintain the hours spent at 10.

With no policy change, by 2030, 4,200 primary caregivers are expected to leave the labour force; the number decreases to 4,000 when HCBS attractiveness is doubled and to 3,200 when nursing home capacity is increased.

For the approximately 78,000 caregivers remaining in the workforce in 2030 a decrease of 1.2 -1.6 hours worked per week is expected to occur.

Conclusions: SD modeling succinctly delineates levers available to policymakers and demonstrates the interdependence of policies and behavioural responses of caregivers. A similar approach could be useful in other countries that also face eldercare challenges as a result of population aging.

ageing

Abstract ID: 1049

IMPACT OF EDUCATION ON NURSING KNOWLEDGE TO IMPROVE INPATIENT CARE IN ELDERLY PSYCHIATRIC WARDS IN INSTITUTE OF MENTAL HEALTH, SINGAPORE

Authors:

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Introduction: In institute of Mental Health (IMH), Department of geriatric psychiatry patient's safety is one of our top priorities. Among several strategies to minimize falls physical form of restraint has been historically in practice as a fall prevention strategy, as a last resort. Research evidence shows no significant benefit of using restraints but may actually lead to unwanted consequences. Restraint use can be stigmatizing to the overall image of psychiatric care too. As restraints are part of nursing care we conducted a survey of their knowledge of restraint use and preference for restraint free policy.

Methodology: Our survey included questions on safety and efficacy of restraints, the most preferred and the least preferred method of restrain and preference of a restrain free policy. A preliminary survey was followed by small group teaching sessions attended once by nursing staff who have participated in the survey. We conducted a post-teaching survey using the same questionnaire on those who attended the teaching and those who have not attended the teaching.

Results: 1. The pre-education survey included 37 ward staff. 78% did not prefer restraint free policy and 45% believed that restraints were not harmful.

2. Those staff who did not attend the teaching sessions (17) maintained their views with 82% still not in favour of restraint free policy and 52% believing that restraints are not harmful.

3. The group who attended teaching session (16) showed a significant change in their views with only 50% not favouring restraint free policy and only 18% believing that restraints are not harmful.

Conclusion: Ongoing education especially of nurses is crucial for continuous professional development and to improve patient care. Education with emphasis on evidence based practice can result in significant positive change in attitudes towards care.

Abstract ID: 1050

MANAGING ELDER ABUSE IN IRELAND: SENIOR CASE WORKERS' EXPERIENCE

Authors:

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This paper presents the findings from a recent study of a dedicated elder abuse management service in Ireland. As the proportion of older people continues to increase in many countries worldwide, there has been growing global recognition of the problem of elder abuse and an emergent international body of research into the abuse of older people. In Ireland, several initiatives have been introduced in recent years as part of a national response strategy to elder abuse. Arising out of recommendations made in a report by the Working Group on Elder Abuse entitled *Protecting Our Future* (2002), one such development adopted to tackle this problem was the establishment in 2007 of a dedicated elder abuse service for those who have been affected by abuse. This specialist service is delivered by qualified social workers, known as Senior Case Workers (SCWs), who assess and manage cases of suspected elder abuse referred to the Health Service Executive. This paper reports the findings of a qualitative study of the SCWs' experiences of investigating, assessing and managing cases of elder abuse. A total of 18 SCWs participated in individual depth interviews.

Findings provide an insight into SCWs' perspectives and experiences in managing cases of elder abuse and in particular the challenges and dilemmas they face in responding to complex cases and their management. Findings of this qualitative study are reported in four main themes which highlight the complexity of cases, the importance of interagency working, and the dilemmas and difficulties SCWs faced in managing risk while acknowledging an older person's right to self-determination. The study provides a greater understanding of current practices adopted in the management of elder abuse cases in Ireland and highlights factors which are seen as important in managing cases of elder abuse.

ageing

Abstract ID: 1051

OLDER PEOPLE'S EXPERIENCES OF MISTREATMENT AND ABUSE

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This paper reports on a study of older people's experiences of mistreatment and abuse. In recent years, researchers have turned their attention to the abuse of older people. However the focus has been limited to what constitutes elder abuse and definitions of elder abuse (McCreadie 1996) and more recently, prevalence and incidence of elder abuse (O'Keeffe et al. 2007; Acierno et al. 2010; Naughton et al. 2010). Despite increasing attention, the voice of older people and their experiences of mistreatment are rarely heard (Hightower et al. 2006). A recognised limitation of information available about elder abuse is that it is not grounded in older people's understanding and experiences of abuse (Nandlal & Wood 1997).

This paper presents findings from a study which collected data from older people who had experienced abuse. One-to-one in-depth interviews were conducted with nine people over 65 years of age who had experienced physical, psychological, sexual, financial abuse or neglect. Participants were recruited through the dedicated elder abuse management service in Ireland which provides support for older people who have experienced abuse. The study explored their personal experiences of mistreatment and abuse and the subsequent impact of their experiences.

Findings provide an insight into participants' particular experiences of abuse; the impact of the abuse experience on participants and on their family relationships; the pathways and forms of action taken in response to the abuse experience; the coping strategies adopted and support needs following the abuse experience.

connects

Abstract ID: 1052

SPEECH INTELLIGIBILITY IN COMMON ROOMS OF CARE FACILITIES FOR OLDER ADULTS

Authors:

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³Eindhoven University of Technology, Eindhoven, The Netherlands

In the Netherlands 158.000 older adults live in nursing homes or other care facilities. Most of these older adults have a complex demand for care. Due to biological ageing they are at risk for developing visual and hearing problems what can limit their daily functioning.

Deterioration of people's hearing ability whilst ageing causes difficulties in understanding speech and having conversations. These communication problems may even lead to social isolation. Therefore the auditory limitations need to be taken into account when designing nursing homes or other care facilities for older adults. However, limited knowledge exists on how to translate architectural acoustic and building services guidelines for normal hearing persons to older adults.

In this study the current state and perception of speech intelligibility in the elderly care environment was examined. A field study was performed in 8 common rooms of care facilities for older adults including room acoustic measurements and surveys. The results indicate that the perceived speech intelligibility by the interviewed older adults does not match the expectations based on the objective measurement results and the existing guidelines for persons without hearing loss. However, the results also indicate the many questions still to be answered.

This study enforces the belief that specific acoustical guidelines are necessary to create an acceptable level of speech intelligibility in care facilities for older adults. Future studies will aim at developing acoustical guidelines for these care facilities.

ageing

Abstract ID: 1053

TEMPORAL ASPECTS OF LONELINESS IN OLDER PEOPLE

Authors:

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The dynamic nature of loneliness has been primarily overlooked by the numerous cross-sectional studies which have sought to establish the prevalence of, and risk factors for, loneliness. A limited number of longitudinal studies (3-25 years) have characterized three loneliness trajectories: (1) regenerative; (2) degenerative; and (3) enduring. However, less is understood about the short term temporal aspects of loneliness or how loneliness may change across the course of a year. Interviews were held with 45 older people to illuminate the meaning of loneliness in their lives, and how responses to loneliness may vary across the days of week, time of day and seasonally. From the findings we developed a framework of five elements that contributed to participants' vulnerability (and capacity to combat) loneliness. These included intrapersonal characteristics, interpersonal relationships, the social environment, the macro-social structure, and life events. This paper will discuss how the temporal aspects of loneliness were situated within this framework. It will conclude by outlining a research agenda for exploring and understanding short and longer term variations in loneliness both quantitatively and qualitatively. More specifically, we present a new investigation that is seeking to explore the links between the temporal variations in loneliness and the broader socio-psychological context.

connects

Abstract ID: 1055

**IMPROVING INTERGENERATIONAL RELATIONS THROUGH A TARGETED APPROACH
IN THE UK: CASE STUDY OF PIONEERING WORK AMONG THE LGBT COMMUNITY**

Authors:

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Intergenerational relations in the UK have been under close scrutiny in recent times. The riots that spread across the country in the summer of 2011 led some to speculate that these were a direct reflection of the degree of misunderstanding between younger and older people. For older and younger people alike, intergenerational relations are thought to improve mental health and wellbeing, albeit through different mechanisms. Initiatives that aim to strengthen intergenerational relations have usually taken a geographic approach through community projects, and work has seldom targeted specific groups per se, instead focussing on specific locations.

In this paper, we present evidence of the need to focus on specific groups, as well as specific locations, through presenting evidence from the LGBT (Lesbian, Gay, Bisexual and Transgender) community. We begin with a synthesis of the evidence on the problems facing younger and older LGBT people in terms of mental health and wellbeing, health and social care, housing, and education and the workplace, and highlight the commonalities and differences in these challenges. We then describe three projects that were set up in 2010/11 that worked across a wide range of ages and identities to bridge the gap between younger and older LGBT people. Finally, we present results from qualitative research that underlines the need to adopt an intergenerational approach among the LGBT community, highlighting the positive effects on wellbeing that older and younger people described, and speculate on how this group-based approach could be adopted elsewhere.

ageing

Abstract ID: 1056

HOUSING AN AGEING POPULATION WITH SOCIAL CARE NEEDS: INVESTIGATING THE ROLE OF EXTRA CARE HOUSING

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Housing an ageing population with care needs is becoming an ever pressing concern for policy makers. Residential care is often viewed as a housing solution for older people with mild to moderate activity limitation, although residential care is often unattractive to residents, families and policy makers, being associated with depersonalisation and high cost. The extra care model may represent a partial solution to this dilemma for policy-makers, through keeping older people with mild to moderate activity limitation independent and away from more formal institutional care. Extra Care housing is described as ergonomically designed independent housing units that feature common spaces, facilities and care services. Residence in extra care housing is also thought to be associated with better health outcomes and lower dependence on health services such as hospital admissions. However, there is a dearth of evidence that examines these issues, including research that quantifies how long older people stay resident and the added value of extra care housing. Using longitudinal data from residents of three extra care housing providers, in this paper we present results that aim to establish baseline information on the characteristics of extra care residents, how these may differ from the general population, as well as presenting results from event history models on the outcomes of extra care residents. We also present the results from matching exercises that aim to establish whether or not extra care residents do enjoy better outcomes, and discuss some of the challenges in doing so.

connects

Abstract ID: 1058

DEMENTIA AND WOMEN - NOT FORGOTTEN

Authors:

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The inexorable growth of our ageing population has led to a significant rise in the global prevalence of dementia syndrome. Ageing women make up a significant proportion of the world's population and their numbers are growing. This pattern will have significant consequences for women's health and lives, as they age. Across the life course women's health is mediated by a range of experiences. If we define health as a product of many factors: biological, psychological, social, political, cultural and economic, the evidence shows that older women warrant separate and specific attention.

Invariably as we age, women and men share the same fundamental needs related to the employment of human rights. The evidence shows however, that when judged in terms of the likelihood of being poor, vulnerable and lacking in access to affordable health care, older women are particularly susceptible and may be subject to the prolonged inequalities they experienced since childhood for example poverty or discrimination.

Hitherto a comprehensive approach to gender and sex-specific differences concerning the Incidence, prevalence, diagnosis, risk factors, treatment efficacy, care and disease progression of dementia syndrome has been largely invisible. Using secondary analysis, the paper sets out a new conceptual framework that can guide efforts to improve dementia diagnosis, treatment and care of aging women in developed and developing countries alike. The overarching aim of the paper is to inform understanding of the impact of gender and sex on dementia and dementia services for women within the context of a human rights and social justice agenda.

ageing

Abstract ID: 1059

THE EFFECT ON THE LIFE SATISFACTION AFTER RETIREMENT OF KOREAN OLDER ADULTS

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Invited: No

Objectives: The objectives of this study are to find 1) how do the contexts of affect older adults' life satisfaction? 2) how do their economic independence and public pension affect older adults' life satisfaction? 3) How their leisure activities affect older adults' life satisfaction?

Descriptions: In 2000, Korea became Aging Society, 2018 it will become the aged society and in 2026, it will be super aged society. Nowadays older adults are still healthy and have eagerness to work even though they are over 65. However the official retirement age of public sectors or companies of Korea start from 55. Therefore, it is time to think about the expansion of retirement age seriously. This study will be focused on the factors affecting the life satisfaction.

Method: This study used the 3rd wave of individual data of KReIS(Korean Retirement and Income Study). The data was collected in 2010 using national random sampling. The sample size of this study was 3,045. The factors affecting the life satisfaction were compared by the age who were older than 65(older adults) and younger than 65(50-64). For comparison of each variable by age group, t-test and chi-square were used. For testing factors affecting on the life satisfaction, hierarchical multiple regressions were used.

Findings : For middle aged, there was a different effect on the life satisfaction by marital status. When they retired, if their spouse had a job, it positively affected the life satisfaction. For older adults, as they got older, they were satisfied with their life. Whether they received public pension or not did not affect on the life satisfaction differently. Also, leisure activities affected the life satisfaction positively. For both group, if they were healthy and a voluntary retirement, it affected the life satisfaction positively. Also, economic hardship due to retirement affected life satisfaction negatively.

Abstract ID: 1060

NORDIC WALKING IN WALES – ENGAGING OLDER PEOPLE IN PHYSICAL ACTIVITY THROUGH PEER LEARNING

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Nordic walking is a popular activity that contributes towards health and wellbeing in a safe and sociable format. Walking with two special poles aids balance and strength, and the exercise works upper body muscles as well as the legs. It is an ideal activity for older people to participate in.

Age Cymru runs an extensive and successful Nordic Walking programme for older people across Wales. This session will look at how the programme has been developed, using volunteers as peer instructors and walk leaders to deliver Nordic Walking as a physical activity that is thoroughly suitable for older people as a physical activity contributing to wellbeing. The session will also explore the opportunities and challenges presented to Age Cymru when developing and delivering the programme and offer participants the chance to consider their capacity to provide a similar programme to enhance the physical activity and wellbeing of older people.

ageing

Abstract ID: 1062

FINANCIAL PROTECTION FROM SCAMS. LEARNING FROM RESEARCH AND DEVELOPING A PREVENTATIVE APPROACH TO SAFEGUARD OLDER PEOPLE FROM THIS KIND OF FINANCIAL ABUSE.

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Financial abuse is most often perpetrated by people in a position of trust however another type of financial abuse does not immediately fall into this definition. It is not always recognised, often underestimated, and overlooked by professionals supporting victims of abuse.

Scams have a devastating effect on the lives of people who respond to them and who consequently become repeat or chronic victims. Whilst the first contact by a scammer may be quite generic, once identity is confirmed by sending off money, fraudulent correspondence becomes more directed and personalised.

Sadly for some older people who are lonely, isolated, or perhaps have dementia this fraudulent correspondence plays to their vulnerability, illness and/or isolation. Scammers use psychological techniques to encourage victims to part with their money, building a perceived relationship with the victim which may be their primary contact with the outside world.

The impact in many cases is not solely financial. It can lead to loss of confidence and self esteem, fear of what will happen if they don't respond, an addiction to receiving and responding to correspondence, deterioration in mental health and in some cases loss of independence.

Across England and Wales agencies such as trading standards work to support victims they are aware of, however there is little that can be done to recover lost money or to prosecute the criminals who originate from across the globe. A more co-ordinated approach has to be developed and implemented. People need more information about this type of abuse and what they can do to prevent or stop it. Advocates need to be trained to identify scam victims so they are fully equipped to support their clients.

This session will explore the issues for older people and highlight some of the best practice in supporting older people in these situations.

connects

Abstract ID: 1063

IMPROVING CONTINENCE SERVICES FOR OLDER PEOPLE: AN EVALUATION OF HEALTH PROFESSIONALS' VIEWS AND EXPERIENCES OF CONTINENCE MANAGEMENT AND SERVICE CHARACTERISTICS FOR OLDER PEOPLE WITH URINARY INCONTINENCE (UI)

Authors:

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Background: Results from a recent national audit within England, United Kingdom (UK) showed that poor integration of continence services across the hospital, primary care, mental health and care home settings resulted in disjointed care for UI patients and carers, variable levels of adherence to national guidelines and gaps in organisational standards and clinical care, with the quality of care being worse for patients aged 65 years and over compared to younger patients.

Aim: To examine in depth the views and experiences of continence service managers in England, actively treating and managing people with UI, to gain information about key service and continence management characteristics that target effective treatment outcomes for older people.

Research Design: A cross-sectional qualitative design was chosen to promote an in-depth discussion via a semi-structured telephone interview.

Sample and recruitment: A purposive sample of 16 continence service managers were recruited from urban and rural NHS Trusts located within the geographical areas of English Strategic Health Authorities.

Procedure: Participants were asked for permission to record their telephone interview. Interviews were digitally recorded and followed an interview protocol to maintain data reliability and integrity.

Design Analysis: The telephone interviews were transcribed verbatim and analysed using a framework approach, which combined *a priori* issues with the study's aim.

Results: Patient assessment and continence promotion, rather than pad provision, were identified as the key issues for targeting effective treatment outcomes for older people with UI. To achieve this, investment in service capacity and nurse education, together with more rapid and appropriate patient referral pathways were specified as being important for delivering an equitable and high quality continence service.

Conclusion: Addressing quality in these identified prioritised areas may lead to the raising of standards in continence care for older people with UI. The study's findings are considered in an international comparative context.

ageing

Abstract ID: 1064

ARE WE THERE YET? AN OVERVIEW OF WHAT HAS BEEN DONE TO MEET THE MIPAA OBJECTIVES FOR EMERGENCY SITUATIONS AND OLDER ADULTS

Authors:

¹K.G. Fitzgerald (Presenter)

Institutions:

¹World Health Organization, Affoltern am Albis, Switzerland

Separately, population aging and the severity of how disasters affect people have become pretty commonly recognized issues among many societies. What happens when you combine the two issues and look more specifically at the impact of natural and human-made disasters on older adults? It becomes a recipe for a potential catastrophe. This is the downfall to organization and government preparedness and response to disasters. It is not just a local problem – but it has become a worldwide issue. The Madrid International Plan of Action on Aging (MIPAA) Issue 8 recognized that older adults are a vulnerable population that may need special care during a disaster but who can also provide care to family and friends and be a resource for relief agencies and governments. This presentation will provide an overview of how far societies have come in the last decade to address this issue. It focuses on how some organizations and governments have improved their planning and response to older adults in disasters, indicated through research and governmental reports, while others may need to take a closer look at their current emergency management plan based on the poor outcome of actual events. Additionally, the involvement of older adults in emergency management can be a very positive factor for improved emergency management, as evidenced by research. Yet organizations and governments have only just begun to incorporate older adult involvement in various aspects of emergency management – therefore missing out on a highly underutilized resource. Overall, attendees will learn that although some advancement has taken place to meet the MIPAA objectives for emergency situations, there is still a great deal of improvement needed and that we are not there yet.

connects

Abstract ID: 1065

LONG TERM CARE FACILITIES: ARE THEY EQUIPPED TO RESPOND TO DISASTERS?

Authors:

¹S.P. Hirst (Presenter)

Institutions:

¹Brenda Strafford Centre for Excellence in Gerontological Nursing, Alberta, Canada

Disasters, by their very nature, overwhelm the available resources of a community to respond. Lives will be disrupted and injuries, even death may result. As disaster response has become more formalized within Canadian society in general and in its communities in particular, disaster planning has assumed more prominence. Authorities, at all levels of government, are mandated to both prepare for unanticipated disasters and to take steps to prevent them from occurring. However, not all disasters are preventable.

Older adults, especially those residing in long term care facilities, are among the most vulnerable within Canadian society when a disaster occurs. Most of these residents have serious physical limitations, diminished cognitive functioning, and chronic disease pathologies that prevent them from acting independently in response to a disaster.

Discussed in this presentation are some of the challenges faced by the administrators and staff of long term care facilities in modifying emergency disaster responses to meet the needs of older adults under their care. A systematic review of the literature revealed that relatively little has been published on this topic. However, the insights gained from the literature will facilitate in building a health care practice model that will both ensure that long term care administrators have a place as leaders in the response effort and will promote the safety of the older adults.

ageing

Abstract ID: 1066

PSYCHOLOGICAL ISSUES FOR SENIORS DURING AND AFTER DISASTERS: THE IMPORTANCE OF TAKING GENDER AND OTHER MODERATING FACTORS INTO CONSIDERATION

Authors:

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Institutions:

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The Madrid International Plan of Action on Aging acknowledged the need to improve both protection and inclusion of older adults in disaster management activities. In recent years, increasing attention has been drawn to disproportionate mortality risk among older persons and to the importance of meeting their physical health needs during and following disasters. There is also increasing awareness of the relationship among disaster vulnerability, gender, age and socio-economic status (SES), which may put older women at greater risk. In this presentation, we focus on the underappreciated psycho- social impact of disasters on older adults, taking into consideration gender and other moderating factors.

Current thinking includes older persons who are socially isolated, frail, chronically ill, cognitively impaired, or with a history of exposure to extreme and prolonged traumatic stressors as being at high risk for psychological distress during and after disasters. We review empirical research and theoretical perspectives regarding risk factors for psychological distress, describe the challenges of responding to the unique psycho-social needs of older women and men, identify strategies to assess psychological resilience and vulnerabilities, and provide an overview of interventions that can be used prior to or in the immediate aftermath of a disaster at the personal, community, and health care system level. Natural and human-made disasters are increasing world-wide, secondary to factors including climate change, human pressures on the environment, infrastructure failure and armed conflict. Progress has been made in recognizing that the older population is not just at increased risk for mortality and morbidity, but also an underutilized resource that can assist with providing care to other survivors, restoring normal routines, and delivering basic necessities of life. However, more effort is needed to integrate psychosocial wellbeing in disaster response and recovery efforts and to effectively apply an age, gender and SES-sensitive lens to this effort.

Abstract ID: 1067

IMPACTS OF FLOOD AND OTHER TRAUMATIC EVENTS ON THE HEALTH AND BELIEFS OF ELDERLY: 15 YEARS OF RESEARCH AT UNIVERSITY OF QUÉBEC AT CHICOUTIMI (UQAC)

Authors:

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Institutions:

¹Université du Québec à Chicoutimi, Chicoutimi, Canada

After the July floods in the Saguenay area, a team of social and psychological researchers wanted to know the impacts of this disaster on the health of elderly victims. During this event, many elderly lost everything: house, land and personal belongings. This disturbing situation forced many victims to leave their home and community. A review of literature has showed that elderly develop profound feelings towards their home and their community and the destruction of them entail disorganization as well as negative thoughts threatening their psychological equilibrium. We first conducted three quantitative and four qualitative studies on the July floods to 1) identify stressful situations imposed on victims throughout the event, 2) recognize problems and emotions experienced by the victims during the implementation of emergency measures and the recovery process, 3) measure the impacts of this event on the concept of home and physical and mental health of elderly victims living in urban or rural communities, 4) identify the link between level of satisfaction with the assistance (social support perceived) and the physical and mental health, and 5) measure the long term effects of this flood on the physical and mental health of the victims. Other qualitative studies conducted during the same period of time identified the long term effects of a landslide and the inconvenience and impact of the ice storm that happened in Québec, Ontario and New Brunswick on January 1998. The main goal of this presentation is to present the principal results of these studies and discuss how these results can be used to establish more efficient social intervention and therefore to better support victims of natural disaster. We will also discuss the role of the social worker during and after the disaster and present some recommendations that the elderly proposed to better support them.

ageing

Abstract ID: 1068

ASSOCIATION BETWEEN LOW VITAMIN B12 AND HAND-GRIP STRENGTH IN CHILEAN OLDER PEOPLE

Authors:

¹H. Sanchez, ¹C Albala, ¹L Lera, ²L Allen, ¹D Masferrer (Presenter), ¹R Uauy

Institutions:

¹Institute of Nutrition and Food Technology (INTA), University of Chile, (1) Nutrition, Public Health and Healthy Ageing Unit, Santiago, Chile; ²USDA, ARS Western Human Nutrition Research Center, Davis, CA., Davis, USA

Aim: To study the association between plasma vitamin B12 and in older people.

Subjects and Methods: Cross-sectional study in 278 community-dwelling elderly people from Santiago, Chile, aged 70-79 y, randomly selected from Primary Health Care Centres registries. The protocol was approved by the ethical committee of INTA. Exclusion criteria were: plasma B12 > 700 pmol/L, MMSE score<19, creatinine clearance < 30 mL/min, history of stroke, TSH > 6.0 mIU/L and Diabetes. Low hand-grip strength was defined with dynamometry< 17 Kg in women and < 30 Kg in men. Low plasma B12 was defined as<25thpercentile (<93.7pmol/dl). Pearson simple correlation between dynamometry and anthropometric variables were performed. Logistic regression models were used to explore the sex and age adjusted association between low dynamometry, low plasma vitamin B12 and anthropometric variables. **Results:** Low dynamometry was present in 30.4% (95%CI: 25.5-35.7) of the subjects with no difference between sex (p=0.2). Low plasma vit B12 in 30.8 (95%CI: 22.7-39.9) of men and 22.0 (95%CI: 16.7-28.1) of women (p=0.07). Significant correlations were obtained between dynamometry and height r=0.64; p<0.01 and dynamometry with Calf Circumference (r=0.17; p<001). The adjusted models including calf circumference and height as independent variables showed an increased risk of low dynamometer in the subjects with low plasma B12 (OR 1.9; 95% CI: 1.04-3.6). **Conclusion:** These results support the association between low plasma vitamin B12 and Low dynamometry (Supported by Grant: FONDECYT 1070592).

connects

Abstract ID: 1070

OLDER PERSONS AND THE SOCIAL NETWORK IN THE MALDIVES

Authors:

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Increasing number of people in the older segment of the population is the major social issue of the twenty-first century, which will have greater social repercussions for developing countries like the Maldives. The fastest increase of older persons in terms of ratio in relation to younger people is happening in developing countries, and in all these countries segregation of older people in rural areas will become one of the greatest challenges. While beneficial changes for women have accompanied modernization in many of the developing countries, the situation of older women appears to be particularly precarious as they live longer than their spouse. Furthermore the social changes brought about by modernization are also profoundly affecting the traditional systems of care for older people. While majority of the older people requiring care are still looked after within the family, there is obvious neglect and abuse of the older people with the fast changes in the socioeconomic status. Hence it becomes all the more imperative for the governments to have in place social security measures that can ensure social security to the older persons. In this context Maldives have introduced universal health coverage and financial benefits so that older persons are not marginalized and put at risk.

ageing

Abstract ID: 1071

NEED TO TAKE NUTRITIONAL PERCENTILES FOR THE ELDERLY WITH AND WITHOUT DEMENTIA

Authors:

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¹Valdecilla University Hospital, Nutrition, Santander, Spain; ²Parayas Psychiatric Hospital, Camargo. Cantabria, Spain; ³Psychobiology UNED. Cantabria Center, Santander. , Spain;

⁴Biogerontology. School of Medicine. University of Cantabria, Santander, Spain

INTRODUCTION: there is little information about nutritional percentiles in elders. Assessment of this topic is very useful for the management nutritional aspects of elders patients with and without dementia. Our main objective was to develop a nutritional percentile table for elders, normal and demented.

We evaluated standard nutritional status -anthropometric and biochemical parameters- in a group of elders placed in nursing home with and without dementia. For this purpose we studied 459 elders. Mean age 82 years old, and 28% have dementia.

RESULTS: Percentiles (10, 50 and 90) for Tricipital (TF, mm) and Bicipital skin folds (BF, mm), Waist (WP, cm) and Hip perimeters (HP,cm), Albumin (A, g/dL), and total plasma proteins (TP, g/dL), weight (W, kg), stature (S, cm), BMI (Kg/m²), were as follows. Demented elders: TF (8.2, 14.8, 22.0); BF (4.2, 8.1, 14.4); WP (79, 91,104); HP (88, 98,110); A (3.1, 3.6, 4.1), TP (5.8, 6.5, 7.2), W (42, 53, 72); S (140, 149, 160); BMI (19, 23, 30);. Non demented elders: TF (9.0, 17.8, 27.1); BF (4.8, 9.6,17.4); WP (81, 96,111); HP (92, 103,116); A (3.3, 3.9, 4.4); TP (6.1, 6.9, 7.6); W (49, 64, 85); S (142, 153, 166); BMI (21, 27, 34).

CONCLUSIONS: Data obtained may be useful for assessment nutritional elder status. The comparative analyses of the data obtained revealed that there were minor differences between demented and non-demented elders.

DISCLOSURE OF INTEREST: supported by grant of Spanish Geriatric Society.

Abstract ID: 1082**OLDER MEN'S RE-ENTRY INTO LABOR FORCE IN SINGAPORE: DOES HEALTH STATUS PLAY A ROLE?****Authors:**¹Y. Do (Presenter), ¹T. Wu, ¹A. Chan**Institutions:**¹Duke-NUS Graduate Medical School Singapore, Program in Health Services and Systems Research, Singapore, Singapore

Singapore's population is ageing, and the old-age dependency ratio (the ratio of persons aged 65 and above to those aged 15–64) is increasing accordingly. If more employment opportunities were available to, and availed by, older Singaporeans, individual, familial, and societal benefits will be reaped. Like other advanced economies, Singapore is encouraging increased employment of older workers through various measures, including the enactment of the Retirement and Re-employment Act, to be fully implemented in 2012. With these considerations in mind, this empirical paper investigates Singaporean male retiree re-entry into the labor force and how this decision is influenced by health status. We use data from the Ministry of Community Development, Youth and Sports' Social Isolation, Health and Lifestyles Survey (2009), using both subjective and objective health measures as the main independent variable, and the intention to re-enter and retirement as the dependent variables. A probit model accounting for sample selection was estimated with various control variables, such as age, education, marital status, perceived income inadequacy, and whether the major income source was children. We find that poorer health was associated with lower intention to re-enter the labor force and that perceived income inadequacy was associated with greater likelihood of re-entry. Health status may matter substantially in older retirees' labor force participation decisions, especially if the workers' prior occupations were low-skilled and required physical labor, requiring that special consideration should be given to poor older adults who are in poorer health. These results also suggest that investment in public health can have positive long-term economic effects.

ageing

Abstract ID: 1083

SELF-REPORTED PHYSICAL, PSYCHOLOGICAL AND FINANCIAL MISTREATMENT AMONG COMMUNITY-DWELLING OLDER ADULTS IN JAPAN

Authors:

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Institutions:

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Background: In 2006, a national elder abuse prevention and caregiver support law was enacted in Japan. As a result, municipalities were required to implement elder abuse prevention, and the public long-term care insurance program was extended to cover caregiver support. Despite such efforts, elder mistreatment is still less recognized, understood, or addressed relative to other forms of domestic abuse, such as child abuse. While many studies have focused on elder abuse in the clinical setting, domestic elder abuse is of increasing concern in rapidly ageing societies like Japan. This study aimed to examine the prevalence and nature of mistreatment of community-dwelling older adults in Japan. **Methods:** Data were obtained from the JAPAN Gerontological Evaluation Study (J-AGES). Over 15,000 adults, 65 years old and above, living in 19 municipalities across Japan, responded to a mail survey in 2010-11. Descriptive and correlation analysis was performed on indicators related to physical, psychological, and financial abuse of the respondents. **Results:** Psychological mistreatment, including verbal abuse, was reported by about 15% of respondents, some of whom reported constant verbal abuse. Physical abuse, such as being struck or locked up, was reported much less, by less than 2% of respondents. About one third of those who experienced psychological or physical abuse said they did not discuss the incident with anyone, such as with family, friends, physicians or police. More than 2.5% of respondents reported financial mistreatment whereby mainly family members used or took away the elder's financial assets, like savings and pension, without permission. Some correlations were identified between elder mistreatment and their health and social conditions.

Conclusions: Close monitoring of the different types of elder mistreatment in the community and evaluation of elder abuse prevention programmes are critical to promote safe and healthy ageing societies.

connects

Abstract ID: 1084

EVALUATION OF AN INTEGRATED HANDS-FREE COMMUNICATIONS SYSTEM IN AGED RESIDENTIAL CARE

Authors:

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Institutions:

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The evaluation assessed changes in workforce practice, procedures, resident satisfaction and quality of service; specified required capital investment and the return on investment; analysed recurrent costs and benefits; and identified potential financial and reputational benefits.

Samarinda Lodge is a not-for-profit residential facility in Melbourne, Australia.

Multiple clinical and auxiliary staff contribute to resident care. Many messages pass between staff daily. When a resident waits for 5 – 10 minutes for staff to respond, anxiety, especially with early dementia residents, leads to additional time settling the resident and managing behaviour.

Supported by IBM Australia, Samarinda implemented Vocera, a wireless voice-activated communications device, worn as a badge.

Technology components were implemented by:

installing a wireless network, with a server to carry data to laptops on mobile trolleys to record and access all resident clinical information;

integrating an Internet Protocol (IP) based telephony system, transmitting voice and other information over a data network; and

integrating the nurse call system into the wireless communications badge and the telephone system.

The project put together a seamless, hands free communication environment enabling staff to speak to anyone at anytime without interrupting care tasks.

Specific outcomes and benefits included savings in daily clinical hours redirected into resident care; improved documentation accuracy; reduced frustration in searching for people or resources; reduced resident anxiety and behaviours; triaging of nurse calls and responses to resident needs; timely responses and management of emergencies; improved resident security; improved staff morale; and accurate monitoring of resident behaviours and improved funding from the Australian Government.

The technology is appropriate for application in aged care residential services where productivity savings are limited due to the static numbers of residents and the regulatory requirements for staffing and resources.

ageing

Abstract ID: 1085

LINKING EVIDENCE TO HEALTH POLICY FOR THE AGEING: A SOCIAL HEALTH ATLAS OF OLDER ADULTS IN A MAJOR JAPANESE CITY

Authors:

¹M. Kano (Presenter), ²J. Misawa, ²K. Suzuki, ²K. Kondo

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Background: There is growing concern in Japan about widening social and health inequalities across all age groups. While in some countries, health inequalities are well documented and translated into policy, the measurement of health inequalities and its application to policy are still lacking in Japan. Given the rapidly ageing population of Japan, it is critical to develop tools and mechanisms to assess socially determined inequalities in older adults' health to better connect evidence to public policy.

Methods: Data were obtained from the JApAn Gerontological Evaluation Study (J-AGES). Over 9,000 adults, 65 years old and above, living in the City of Kobe, Japan, responded to a mail survey in 2011. Kobe is the 6th largest city in Japan and one of the largest cities participating in J-AGES. Associations between physical and social living environment and health outcomes were examined at the small-area level. Results were visualized in an atlas to facilitate the translation of evidence into action.

Results: Descriptive results revealed that Kobe had some indicators of a healthier physical environment but a less healthy social environment than smaller suburban or rural cities. Small-area variations within the city were identified in the built environment, such as access to healthy food stores; the social environment, such as availability of social support; health status, such as morbidity; and socioeconomic conditions, such as relative deprivation. Correlations were also identified among some of these indicators. The atlas was very effective in communicating priority areas for intervention to local health officials.

Conclusions: Systematic analyses of socially determined health inequalities by small geographic units can inform local policy makers regarding the potential health and equity impacts of policy and planning decisions. Software innovations have made data mapping a relatively feasible and effective tool for both researchers and policy-makers.

connects

Abstract ID: 1087

STAYING IN THE FIELD? OLDER WORKFORCE DEVELOPMENT POLICIES

Authors:

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Background: Despite government policies advocating protracting working lives and institutional measures deferring pensions, policymakers tend to look to employers to generate organisational initiatives. New macro-level workforce policies are also being implemented across industries. Yet barriers to extended working lives are endemic in transforming workplaces.

Methods: The paper is based in organisational case studies applying the Finnish Institute of Occupational Health 'workability' framework undertaken with energy sector workers (n= 209), health sector workers in rural facilities (n=160) and aged care personal care workers (n=69). Baseline data on age and gender from organisational surveys were analysed and qualitative interviews conducted at multiple levels with workers across ages in these three case studies. The paper focuses on findings based on the qualitative methods.

Findings: In the energy sector, alternative competency-based hierarchies displaced old 'craft' based practice and elevated newly skilled younger managers whilst the careers of older technical workers atrophied. This displacement of experienced workers led to a diminishing work and increasing life focus. In the health sector nursing staff capacities were misaligned with the allocation of nursing tasks of older nurses in acute and aged care settings. In the aged care facility policy set ratios institutionalised short staffing while conflicting work demands were not countered.

Conclusion: In contradiction to government directions of extending working lives conflicting industry policies rationalise older workforces in lean organisations. Workforce innovation is devolved to the organisational level and consigned to market forces within a non-interventionist framework. In the energy sector new forms of training the ageing workforce are demanded. In health and aged care workforce development policy innovations require reconfiguring tasks by age. Barriers endemic in nature of work require external policy and internal practice collaborations. Interventions will require broader connections with workforce policy integrating macro and micro levels to rise above inactive employment policy.

ageing

Abstract ID: 1091

**RELATIONSHIP BETWEEN SOCIAL CAPITAL AND HEALTH AMONG ELDER
POLULATION IN RAPIDLY DEVELOPING COUNTRIES**

Authors:

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Institutions:

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Introduction: Several developing countries in Asia and Africa are experiencing a major socio demographic transition which includes ageing. Given such drastic changes in society, the relationship between social capital and health outcomes is of high interest from the perspective of social epidemiology. The importance of social capital in relation with self-rated health and life expectancy, especially among the elderly, has been repeatedly pointed out.

Objective: The objective of this study is to explore the relationship between social capital and health outcomes among the elderly in rapidly developing countries.

Method: Data were obtained from WHO's Study on Global Ageing and Adult Health (SAGE). Respondents were recruited from China, Ghana, India, Mexico, and South Africa. The total sample size was 39,517. Social capital was used as the independent variable and self-rated health, BMI, blood pressure and chronic diseases were used as the dependent variables.

Result: The prevalence of non-communicable diseases varied widely by socio-demographic status, such as residential area and living arrangements in each country. The level of social capital also varied across countries. Low social capital was strongly related to mental distress in most of the areas examined, however, the relationship between social capital and other health outcomes was not consistent between the study sites.

Conclusion: The relationship between social capital and health outcomes among older adults in low to upper middle income countries found in this study was not always consistent with those from high income countries. These findings would be useful for designing better health interventions or for allocating health resources.

connects

Abstract ID: 1092

RELATIONSHIP BETWEEN SOCIAL DETERMINANTS OF HEALTH AND NON-COMMUNICABLE DISEASES AMONG THE ELDER POPULATION IN RAPIDLY DEVELOPING COUNTRIES

Authors:

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¹The University of Tokyo, Tokyo, Japan; ²World Health Organization Centre for Health Development, Kobe, Japan

Introduction: Many low to upper middle income countries are undergoing a rapid social transition. Some are among the fastest ageing countries in the world. In China, for example, the impact of rapid economic growth, financial discrepancy between the better-off and worse-off, and the one child policy are expected to have a considerable impact on the health care system. However, only a limited number of studies on elder health using comprehensive data have been reported from such rapidly developing countries.

Objective: The objective of this study is to generate evidence which can contribute to the design of a better health care system for the elderly in rapidly ageing societies.

Method: Data were obtained from WHO's Study on Global Ageing and Adult Health (SAGE). Respondents were recruited from China, Ghana, India, Mexico, and South Africa. The total sample size was 39,517. Social determinants of health were used as independent variables, and the dependent variables included self-rated health, BMI, blood pressure and chronic diseases.

Result: The prevalence of non-communicable diseases varied widely by socio-demographic status, such as residential area or living arrangements. A considerable number of people in rural areas had no access to medical services. While the prevalence of mental distress was high, only a small percentage was receiving consultation from a specialist. A substantial proportion of respondents had received cataract surgery or breast cancer screening, especially in urban areas in China.

Conclusions: Health inequalities relating to the social determinants of health exist among older adults living in low to upper middle income countries. The findings can inform policy makers about the impact of social determinants, many of which are modifiable and can be addressed through well-designed health policy.

ageing

Abstract ID: 1098

DESIGNING AND PROVIDING ELDERLY HOUSING WITH SERVICES FOR SUCCESSFUL AGEING IN PLACE

Authors:

¹R. Keller (Presenter)

Institutions:

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Quality, affordable housing provides the basic foundation for low-income people, and especially seniors, to live satisfying and independent lives. Volunteers of America has been one of the United States' largest nonprofit providers of affordable senior housing that ranges from simple apartments to nursing homes with around-the-clock care.

Founded in 1896, Volunteers of America is a nonprofit, faith-based organization dedicated to helping those in need live healthy, safe and productive lives. The organization serves approximately 30,000 seniors each day in hundreds of housing communities and service programs throughout the country. The organization operates 240 affordable housing communities specifically aimed at seniors in every corner of the United States.

But simply providing housing is not enough. Volunteers of America is distinct in its holistic approach to serving people in need. The organization touches on the wide variety of needs that an individual might have. For instance, a low-income senior might need affordable housing, but they also might need health care or services for a disability.

Volunteers of America tailors its services to each unique community. These can include medical care, physical therapy, meals, transportation and recreation. Housing and services are designed to fit the unique language and cultural needs of each group.

Helping seniors live in supportive environments extends beyond just providing affordable housing. A top priority is to make sure seniors can continue to live in their home neighborhoods and receive the services they need without having to relocate. Just like affordable housing, services that help seniors age in place provide essential building blocks to help older people remain connected to their communities.

My presentation would provide information and examples of the various components of design, technology and services that we incorporate in our award winning housing to ensure successful ageing in place.

connects

Abstract ID: 1099

REASONS FOR TRANSITION FROM HOME TO INSTITUTIONAL CARE OF PATIENTS WITH MEMORY DISORDERS

Authors:

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Background: Living at home as long as possible is highlighted in many national and international strategies of older people care. In future increasing amount of patients with memory disorders challenges the health care systems worldwide. Memory disorders are progressive and at some point the transition from home to institutional care is under consideration. This study aims to describe the reasons connected to transition from home to institutional care of patients with memory disorders from the perspective of their significant others. The study is part of larger EU-project (RightTimePlaceCare) including 8 countries.

Methods: The data were collected with semi-structured interviews from significant others (N=175) caring patients with memory disorders at home in Finland. The data were analysed with content analysis.

Results: Three main reasons connected to the transition from home to institutional care were identified: reasons related to 1) patient, 2) significant other or 3) care provided at home.

Patient related reasons included patient's inability to manage daily activities (like eating or hygiene) or deterioration of functional ability leading to falls or escaping. Factors related to significant other were their emotional and physical burden and sudden acute illnesses. Care related reasons were the insufficiency of care and services provided at home due to severity of the memory disorder leading to feelings of loneliness and insecurity among patients.

Conclusion: The reasons to transition from home to institutional care need to be identified early so that the purposeful care for the patient with memory disorders can be planned and realized. There is need to increase care and services provided at home for the patients with memory disorders to support their living at home as long as possible. Also the perspective of significant others need to take into account and provide them care and services to support their emotional and functional ability.

ageing

Abstract ID: 1112

WORKING LATER - THE ORGANISATIONAL PERSPECTIVE

Authors:

¹R.M. Lindley (Presenter), ²F. Frerichs, ²P. Aleksandrowicz, ¹B. Baldauf, ³S. Galloway

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There is a great deal of public policy activity that is taking place at national level and, to a degree at EU level, which is concerned with population ageing and its consequences for pension systems, labour supply and 'active ageing'. However, much is dependent on how the conflicting pressures are resolved at organisational level. This has led to studies of 'good practices in age management'. Such practices can be found particularly in the area of 'training, lifelong learning and knowledge transfer'. Other areas include 'flexible working practices', 'health promotion', 'career development and mobility management', and 'transition to retirement'. However, it is also apparent that some organisations may be active in promoting the retention of older workers whilst discriminating against them when in recruitment mode.

This presentation looks at the way organisations approach different dimensions of HR policy and the extent to which they relate to each other and to the economic and social environments in which they operate. It examines the risks and opportunities faced by companies and employees in the pursuit of business benefits and individual wellbeing and their responses to them, especially as they affect older workers.

The study draws on the finding of the EU FP7 project, 'Activating Senior Potential in Ageing Europe', which included about 100 case studies, selected from among the private and public sectors, large organisations and SMEs, and carried out across eight Member States.

connects

Abstract ID: 1113

PROJECT QUALIVIDA: PROMOTING FUNCTIONAL AUTONOMY AMONG ELDERLY PEOPLE IN THE CITY OF RIO DE JANEIRO, BRAZIL

Authors:

¹Helio Furtado (Presenter), ¹Cristiane Brasil (Presenter), ¹Sandra Furtado (Presenter)

Institutions:

¹Rio de Janeiro, Department of Healthy Aging and Life Quality of Rio de Janeiro, RIO DE JANEIRO, Brazil

Introduction the profile of the strength of elderly women gymnastics Qualivida Project.

Methodology: The sample consisted of elderly members of the program Qualivida BMI 26.8±)

ageing

Abstract ID: 1114

**ACADEMIA DA TERCEIRA IDADE PROJECT : IMPROVING ELDERLY LIFE QUALITY
IN THE CITY OF RIO DE JANEIRO**

Authors:

¹Helio Furtado (Presenter), ¹Cristiane Brasil (Presenter), ¹Sandra Furtado (Presenter)

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Introduction objective of this study was to identify the functional autonomy of older people who exercise the social project of the Third Age Academy (ITA).

Methodology: The population object of study consisted of 600: CG (

connects

Abstract ID: 1115

HOUSING ARRANGEMENTS AND FALL-RELATED OUTCOMES AMONG OLDER ADULTS IN SOUTH KOREA

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Falls among older adults are common and can have significant health and economic consequences for the affected individuals, families and society. In addition to well-established individual risk factors for falls among older adults, such as poor vision and lower extremity muscle weakness, a number of environmental risk factors have been identified to provide a potentially useful checklist, with detailed items on stairs and steps, kitchen, and bathrooms. While many of these risk factors are amenable to change, it is largely subject to housing arrangements to what extent home-related risk factors for falls are prevalent and amenable to change. In South Korea, a substantial number of older adults are poor and live in short-term rental home with relatively small amounts of monthly rents paid than in owned home or long-term (usually 2-year) rental home with a relatively large amount of deposit only. This study tested whether the short-term rental home predicts negative outcomes associated with falls among older adults in South Korea. The current study used data from the first two waves (2006 and 2008) of the Korean Longitudinal Study of Ageing. Four outcome variables were examined: 1) any falls in the past 2 years, 2) any serious falls requiring treatment in the past 2 years, 3) fear of falling, and 4) limiting activities due to fear of falling. To avoid from the issue of reverse causality, information on outcome variables was derived from the second wave while using the main variable of housing arrangements and wealth- and health-related control variables from the first wave. Results showed that, compared with owned home, short-term rental home predicted higher likelihood of reporting all the four outcomes examined, suggesting the importance of recognizing housing arrangements in improving fall-related outcomes among older adults.

ageing

Abstract ID: 1117

LONG-TERM CARE IN CHINA: ENABLING THE LAST-100-METRE

Authors:

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While long-term care in many countries has been developed for decades, it is only starting to be studied and explained in mainland China even among healthcare professionals. The study shows that most stakeholders need to be educated about geriatric care.

The main barriers today for mainland Chinese senior citizens to access healthcare are:

1) confusing positioning of care facilities; 2) poorly educated public, including senior citizens and their family members; 3) vacuum in caregiver supply; 4) lack of viable business model.

With over 100 million people over 65 years of age and more than 35 million being semi or completely dependent, the massive need for long-term care services requires an innovative team approach, in which:

a) Policy makers clearly prioritize each step in building the framework;

b) Researchers advocate long-term care knowledge among general public;

c) Healthcare professionals, investors, entrepreneurs bring available resources together to create feasible, sustainable local best practice.

Enabling the last-100-metre is not about finishing a race, it is about where to start building a healthcare system in which services are affordable and accessible to everyone, especially in a developing nation. The study hopes to bring a new perspective for everyone involved, help ask the right questions in order to increase the efficiency and effectiveness of our efforts.

connects

Abstract ID: 1120

THE CLUBS 50 PLUS IN LUXEMBOURG AS A NATIONWIDE MODEL FOR NEW KNOWLEDGE AND INTERGENERATIONAL EXCHANGE

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Since more than 10 years the model of clubs 50 PLUS exists in Luxembourg as a network for cultural events and knowledge “academy”. Our club located in the northern part of the country includes 7 different towns and villages and has a target population of several thousand people. A three-months program is established in exchange with the visitors of our centre in order to stay connected to their wishes and prior experiences. The most difficult task is to have a large offer in order to attract younger (above 50’s) and the less younger (above 70’s), so to mix the still working population with the retired ones. Over the years different objectives have been achieved, so e.g. to integrate the Luxembourgish community with a very huge group of portuguese speaking people. We will describe and document with our data how this integration took place. On a similar level we have started several intergenerational programs with youngsters (still in school) and here the results of this network is very successful at the present moment and other european partners are involved. The specific aspects of financing will be shown, as it is a mixture of private, state and community-based sponsoring and still the most challenging.. In a way for continuous improving of our offer, a representative survey was send to the clients and we will present the data here for the first time. A critical note will also be shown on the less well functioning activities and a possible way for improvement will be raised at the end.

ageing

Abstract ID: 1122

WORKFORCE PLANNING FOR THE FUTURE

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¹Stanika Solutions Pty Ltd, Director , Sydenham, Australia

Purpose of presentation: To share with peer group my own experience, current practices based on literature review from Australia and overseas as well as to contribute to professional discussion on the topic of staff retention in the aged care homes with innovative and futurist thinking.

ABSTRACT: The nature of residential aged care services providing 24 hours, 7 days a week care with number and skill mix of staff create a significant risk component for approved provider. This risk can be understood and managed by linking Information Systems to Human Resources practices, business plan and workforce planning strategies for the future. The retention strategies that have been outlined in this paper look beyond obvious fixes and below the surface in attempt to answer questions such as: "what is our business""where are we now" "where are we heading", "where do we want to be""what don't we have" "how do we make it happen"?. Can we learn from other industries and overseas business that have high staff retention success as well as recognised need to develop employment brand that has positive image and reputation by differentiating organization from other aged care providers.

connects

Abstract ID: 1123

ATTITUDES TOWARDS INTERGENERATIONAL EQUITY IN AUSTRALIA

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This presentation examines Australian views towards intergenerational equity and the baby boom cohort. It draws on data from the national Australian Survey of Social Attitudes (AuSSA) conducted in 2009-2010 during the aftermath of the global financial crisis. The data were collected in collaboration with National Seniors Australia with support from the ARC Research Network in Ageing Well; analyses were conducted with support from the ARC Centre of Excellence in Population Ageing Research (CEPAR).

The AuSSA survey (N 1526) was conducted by mail in a self-complete format. It was analysed in terms of younger (18 to 39 years), middle (40 to 59 years) and older (60 and over) age groups. Questions asked about the 'social treatment' of older compared to younger people in various life domains.

Most respondents believed that employers treated older workers about the same as younger workers, but the perception was of more negative than positive treatment. All groups, but especially the older one, believed that older people contribute more than younger people to the workplace.

The majority believed that older people receive less than their 'fair share' of government benefits and that they have too little influence and too little respect. In terms of life-long opportunities, the views are evenly divided in terms of boomers having better opportunities or worse opportunities than younger people. Compared to those who are now older, however, the clear majority view is that boomers are advantaged. Few respondents perceived much intergenerational conflict. Views varied considerably among age and gender groups.

The findings are interpreted in terms of the changing economic prospects and policy treatment of age groups, particularly over the last ten years and increasing public and policy concern for intergenerational equity.

ageing

Abstract ID: 1124

AGE DISCRIMINATION IN AUSTRALIAN WORKPLACES

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Institutions:

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In 2011 Australia's Human Rights Commission reported an increase in the number of age-related complaints associated with employment. The Australian government is encouraging older workers to remain in the workforce and has introduced policies to support this, including superannuation tax incentives and extending pension age eligibility to 67 years. However, opportunities for older workers may be limited if employers are unwilling to hire or retain them.

This presentation reports on findings from two components of the Ageing Baby Boomers in Australia (ABBA) project: a qualitative one using national focus groups and a national telephone survey. Data from the 2009 survey (N=1009) with older workers and recent retirees aged 50-64 years found that 34% of respondents experienced age discrimination related to employment. Results indicate that 19% of respondents reported age discrimination in the workplace and 26% reported discrimination when applying for a job. Those who reported being treated less favourably both in the workplace and when applying for a job were more likely to be single females, those employed in private sector jobs, those who reported high job stress, felt dissatisfied with their current job, and/or thought that their job may be eliminated in the next year.

The themes that emerged from the focus groups (N=15) represented both overt and covert forms of age discrimination in the workplace including limitations in career progression and the precarious nature of current employment.

This research highlights that although policies (transition to retirement, fiscal) have been implemented to encourage older workers to remain longer in work they do not address barriers such as the negative attitudes towards older workers held by employers and co-workers. The presentation concludes by discussing policy directions that could address age discrimination and enable more choice for older workers in labour force participation.

connects

Abstract ID: 1125

EXPERIENCES OF DISCRIMINATION AGAINST OLDER DRIVERS

Authors:

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In response to a large number of reports of older drivers being singled out for poor treatment on the basis of age by licence regulators, police, health practitioners, their family and friends, insurance companies and passersby, the Victorian Human Rights Commission and COTA Victoria undertook research into the systemic issues affecting older drivers. Assumptions about a person's capability to drive based on their appearance, age and hair colour have a profound effect on older drivers who find themselves in receipt of a licence suspension notification and/or an expensive 'show cause' process when they have not broken any laws, or in some cases have been the victim of other poor drivers.

The Commission and COTA have undertaken research to document the experiences of older drivers to highlight the systemic nature of age discrimination in the licensing sector and to highlight age based assumptions about older people made by health practitioners, the police, regulators and the community.

This presentation reports on qualitative and quantitative research that captures actual stories and experiences of older drivers and provides statistical analysis by age category from licensing regulators, and makes recommendations for reform in training, data collection and perceptions within the regulatory sector and community about older drivers. A legal analysis of the human rights and equal opportunity issues relevant to each research cohort and recommendations for system reform will also be addressed in the presentation.

ageing

Abstract ID: 1134

PARTICIPATIVE DESIGN OF ASSITIVE MOBILITY SERVICES FOR OLDER PEOPLE

Authors:

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Mobility and travel related services that considers the special needs of the aging population has important place in extending the access of these people to the information.

Sustainable E2Mobility Services for Elderly Persons (STIMULATE) is a European Commission funded Project (Ambient Assisted Living Joint Programm), that helps seniors plan their prospective travel activities, optimise their plans during travel and create memo-artefacts at the end of their journey.

This poster gives an overview to the integrative and participative design approach of the project during the collection of related data from diverse aging population and presents initial results. Studies include older people with or without mobility problems, people with diverse disabilities or aging related health problems, tourism related people such as tour operators, guides, informal healthcare personnel and family caregivers.

The project follows a people-centered approach, and a value-centered iterative development process. Stimulate analyzes the motivations of the heterogeneous group of seniors for travelling and the range of assistance services needed, by using qualitative methods informed by state-of-the-art literature on aging, travel support services. Stimulate further seeks insights on the most suitable interactions for senior travellers by using newly arising technologies in forms of mock-ups, concept prototypes. It proposes detailed scenarios and use-cases based on validated statistics of European Commission and validates them through the people centered approach. During the process Stimulate considers both societal impacts and possible negative outcomes of proposed technologies, besides generic scenarios about routines and preferences.

Informed by various aspects of aging, Stimulate system integrates an individual support system for the travel mobility of European older adults.

connects

Abstract ID: 1137
CITIZENS

LEGAL PROTECTION TO NEGLECTED SENIOR

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At the outset it bears re-iteration that protection of senior citizens, and for that matter any vulnerable group in society, cannot be provided by law alone if the family, neighbourhood and service institutions (both statutory or otherwise) are not responsive, sensitive and caring. A culture of social care is therefore more important than any legislation. A law can impose penalties of various kinds but cannot make a person more caring. On the contrary, it can create an emotional and social distance between the carer and the needy. The carer may, for example, become more revengeful and hostile. However when the socio- cultural response to social care is feeble or weak, a law comes to the rescue of those who need care and also others-individuals, groups or associations-who want to intervene and provide legitimate help. Growth, continuity and decay of a culture of care depends upon the process of socialization of individuals, social norms and values, socio-economic and technological forces, and other uncongenial developments in the wider social context and environment. One also needs to understand the life cycle of birth, growth, expansion and contraction and their differential impact on the individual. While some adapt to these changes and face them stoically and take them in their strides, others experience break down.

ageing

Abstract ID: 1138

MORAL OBLIGATION TO CARE FOR NEGLECTED SENIOR CITIZENS

Authors:

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The rapid ageing of the world population* has brought about visible changes in the familial, social and economic spheres of human life. The changes have affected areas like the intergenerational equilibrium of population, long term care, gender ageing, and socio-economic condition of elderly. As people live longer, specially the old-old and oldest old, have longer dependent life too. The situation for the poor elderly and also of those who are living alone is more difficult because they have to depend on others for their security (economic, social) and health care. The advancing age brings along with it health concerns like frailty, morbidity and vulnerability to abuse, exploitation and neglect. Vulnerability implies that the personal integrity of the elderly can be harmed or violated because he/she is too weak to protect him/her self. It is precisely because the elderly is vulnerable to harm or violation that we are required to work towards the protection of his integrity. The principle of vulnerability poses before us a normative value. What is central to vulnerability of elderly is the loss of power due to economic and social insecurity, chronic illness or inability to get long term formal (directly from the government) or informal (from community or family) care. It is the fear that one is no more master of one's own life. Every human being has a three fold urge, namely, to live, live well and live better

connects

Abstract ID: 1139

FAMILY COUNCILS IMPACT ON SUPPORTING CAREGIVERS

Authors:

¹D. Levitt (Presenter)

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¹Tabor Village, Vancouver, B.C., Canada

This oral presentation will focus on how family councils can effectively support family members along the journey as their loved ones face the challenges of living with dementia. The session will describe the role of family councils in long term care facilities and how the quality of life for seniors living in this environment is improved. The presentation will explore the benefits to staff members of a well functioning family council and how the physical living space can be enhanced as well as the quality of work life for staff members.

Terms of Reference for family councils will be reviewed as will the legislation framework and Accreditation standards that mandate such bodies. The role of advocacy will be considered and how the family council can serve as a catalyst for change while working along side the leadership as they pursue a culture change toward service excellence.

The different roles that family councils and resident councils will be highlighted and how both groups can support each other while improving quality, safety and excellence in service delivery.

The oral presentation will conclude with recommendations and conclusions based on the literature and experience with family councils and resident councils.

ageing

Abstract ID: 1141

TREND ANALYSIS ON THE DISABILITY FROM THE NATIVE TAIWANESE AND MAINLANDERS IN TAIWAN: A LONGITUDINAL STUDY.

Authors:

¹C. Chen (Presenter)

Institutions:

¹Chinese Culture University, Department of Social Welfare, Taipei, Taiwan

Objectives: Trend analysis on the Disability from the native Taiwanese and Mainlanders in Taiwan was conducted and examined with different points of view including double jeopardy, aging leveler, and persistent health inequality.

Methods: The data was collected by National Institute of Family Planning, Department of Health, Executive Yuan, in 1989, 1993, 1996, 1999, and 2003. A linear mixed model was applied for trend analysis.

Results: Trajectories for the elderly of Taiwanese and Mainlanders become disable differed. With adjustment of socioeconomic resource and health indicator to the analysis, trajectories estimated for ethnicity, time and health insurance are significantly different. The Taiwanese elderly seemed to be more vulnerable to disability than the Mainlanders over time.

Conclusions: This study supports the “double jeopardy” account and suggests requirement to the policy maker of public health to understand that ethnicity can cause barrier in health and long-term care service utilization in our society.

connects

Abstract ID: 1142

**COMPANY INITIATIVES FOR WORKERS WITH ELDERCARE RESPONSIBILITIES:
DEVELOPMENTS IN THE EU**

Authors:

¹R. Anderson (Presenter)

Institutions:

¹Eurofound, Dublin, Ireland

The interactions between employment and caring are of growing importance in the EU, for governments, employers and people of working age. In particular, caring is most common among older (women) workers. Both public policymakers and the social partners have key roles to play in enabling reconciliation of care with work responsibilities. This presentation focuses on the measures being taken by individual employers; it is based on more than 50 case studies in 11 EU Member States.

The main initiatives at company level to support working carers address leave provisions and working time arrangements; however, some companies have also implemented programmes to support older workers in their care tasks through provision of advice, practical services, health maintenance and awareness-raising.

The presentation examines the rationale for, and impact of, these developments to identify challenges for more effective and widespread provision. It emphasises reconciliation of work and care as a cornerstone of age management.

ageing

Abstract ID: 1144

ONE YEAR AFTER THE EAST JAPAN GREAT EARTHQUAKE

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Institutions:

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On 11th. March 2011, a powerful earth quake struck the north-east-coast of Japan triggering a massive “TSUNAMI”. An estimated number of 15844 lost their lives and about 3393 reported missing.

One year later, a survey was conducted on life style before and after the disasters among the elderly & disabled people. The obvious fact is that the elderly people & disabled people are undergoing a restoration and revival process. A lot remains to be considered on how to handle the elderly people & disabled people during emergency evacuation. Firstly, our presentation will put forward suggestions based on the recent disasters in Japan. Moreover, the survey revealed the lack of support from the government and local administrative units. This defect was covered with a lot of support which came from citizens. The elderly & disabled people are able to continue their lives with the help of volunteers inside and outside Japan including funds donated by countries around the world. Elderly & disabled people are very happy and expressed their gratitude for funds donated by IFA recently.

Although restoration and revival will take several years, we would like to request for continued support to rebuild facilities for elderly people & disabled people that were destroyed by “TSUNAMI”. Considering “East Japan Great Earth Quake” as a good timing, we would like to reconstruct a town which is safe and secure for elderly & disabled people.

connects

Abstract ID: 1146

CARING FOR THE CARERS

Authors:

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The role of caregiver is often one that people find themselves undertaking when one partner becomes frail or ill, with few informed of the services or support programs available. The organisations which will over time provide these services and programs require training and support through management systems which ensure caregiver needs are addressed by regular assessment, links to the various support agencies and professional carers who can provide the necessary understanding, physical and respite support for caregiver.

Assessment officers are critical to the program, ensuring the services required are identified and targeted to the needs of the ageing person through links to groups which can provide specialised services, such as dietary, vision, hearing, physiotherapy and occupational therapy are crucial.

Professional carers also support the ageing person, providing in home care, while alleviating stress and fatigue for caregiver during this time. Professional carers also provide services such as showering and assistance with personal needs, respite breaks for caregiver, with additional services such as meals-on-wheel and gardening also available.

However there continues to be a need for sound safety systems by the Aged Sector. The launch of a Working Safely guide, highlighted the growing awareness of safety system requirements by Ageing Support Agencies.

This paper discusses a number of case studies, covering some of the many issues facing organisations in the area of communication and management programs in the Aged Sector, including the steps taken to break down the traditional barriers to communication by providing ownership, involvement and positive communication support for all stakeholders. The implementation of simple manageable systems have provided an immediate impact on improving staff morale, injury reduction for primary and professional carers and an increased knowledge of services available for the ageing person.

ageing

Abstract ID: 1155

AGEISM AND MISTREATMENT OF OLDER WORKERS: CURRENT REALITY, FUTURE SOLUTIONS

Authors:

¹Patricia Brownell (Presenter)

Institutions:

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The purpose of this presentation is to promote an understanding of ageism in the workplace as a social problem that merits attention by researchers, policy makers and practitioners. Learning objectives include understanding mistreatment of older adults in the workplace from a human rights perspective; understanding the current reality of ageism and older adult workers; and learning remedies for ageism as it affects older adult workers. Older adults now make up a larger proportion of the world's population than ever before. The twentieth century experienced a revolution in longevity, and this remarkable demographic transition will result in the old and young representing an equal share of the world's population by 2050, according to the United Nations Population Division. Older adults particularly in developed western countries like the United States and Canada in North America are living not only longer but healthier lives, and many seek to remain productive in the workplace, through both paid employment and volunteer work.

This calls for greater older adult participation in the development process, and the continued integration and empowerment of older adults to share in its benefits. MIPAA, an International Plan of Action and Political Declaration adopted in Madrid, Spain, in 2002 and signed onto by most of the 193 member nations of the United Nations, emphasizes the importance of older people and development, and the vital role older people play in society, including the workplace. However, images of aging continue to be perpetuated that portray older adults as burdens, a drain on society, and incapable of keeping up with the demands of the modern workplace. These place older adults at risk of discrimination and mistreatment in work settings. Many work place environments remain inhospitable to older adult workers, who themselves are subjected to ageist attitudes and mistreatment in the workplace.

connects

Abstract ID: 1156

ELDER ABUSE, DISCRIMINATION AND MISTREATMENT IN THE LATIN AMERICAN REGION: HAS A DECADE OF MIPAA MADE A DIFFERENCE?

Authors:

¹L.S. Daichman (Presenter)

Institutions:

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Identified more than forty years ago as a social and health problem, elder abuse has been recognized as a public health and human right issue and developed criminal justice concern. Discrimination and mistreatment of older persons has become a worldwide phenomenon and its nature as a hidden problem, is no longer considered as “something unusual” in most Latin American countries.

The concept of Elder Abuse is now emerging influenced by the rapidity of socio-economical change, weakening of the extended family, rising of elderly populations and growing concern for Human Rights, Equality and Justice.

Structural inequalities in developing countries that have resulted in high unemployment, low wages, poor sanitation, gender discrimination and lack of opportunities for education have contributed to increase the vulnerability of older people, who have been denied their rights.

More comprehensive knowledge about Discrimination and Mistreatment should:

Reach potential caregivers and professionals working with older people as well as elders and their families. Inform older people about their Rights and let them know easy ways to access to services and places in case of need. Empowerment should enable older people to act on their own behalf, to exercise their Rights and advocate for their own interests. “Awareness into Action” is crucial to achieve social change and should follow Recognition.

Latin America’s elders have become aware of their Needs and Rights...

ageing

Abstract ID: 1157

AN INNOVATIVE APPROACH TO IMPROVE THE RIGHT TO CARE FOR OLDER PEOPLE WITH CHRONIC ILLNESS IN AN IMPOVERISHED NEIGHBORHOOD IN HONG KONG

Authors:

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¹School of Nursing, The University of Hong Kong, Hong Kong, Hong Kong

An innovative project specially designed to improve the care for older people with chronic illness and relieve the burden of their caregivers has begun in a poor and deprived community in Hong Kong. The project is unique in that both professionals and volunteers jointly plan and provide innovative services to older people with chronic illness in the community in the evenings and weekends when formal community services are not available, thus allowing the caregivers to be freed from their caring responsibilities and enjoy social contact with others. In a neighborhood characterized by inadequate housing, poverty, limited access to health care, and unemployment, the project aims to strengthen social protection of older Chinese people by adopting innovative services through well-established community networks.

connects

Abstract ID: 1158

GLOBALIZATION, POVERTY AND OLD AGE: WHY SHOULD WE CARE?

Authors:

¹I. Doron (Presenter)

Institutions:

¹Haifa University, Haifa, Israel

Ageing is changing the world. The experience of ageing is becoming more globalized. Older persons are moving across the globe for various reasons: joining their adult children in foreign countries; migrating to big cities or warmer climates; returning to their country-of-origin or distantly caring for other ageing family members.

However, from an economic perspective, in many countries, older persons still suffer from poverty. Especially in developed countries, the aged population is characterized by high rates of poverty and deprivation. This general picture hides a more complex socio-economical reality in which minority or weakened social groups, such as women, disabled, or the older old, experience even higher rates of poverty in old age.

This presentation will try to present an ethical argument for the moral duty to eliminate poverty in old age. This principled argumentation will attempt to go beyond the existing general and universalistic reasoning that supports the eradication of poverty as such, and will try to emphasize the uniqueness of the social phenomenon of old age.

Objectives: After attending this session, participants will be able to:

1. define the impact of poverty on ageing; and
2. describe the influence of social protection policy on older persons

ageing

Abstract ID: 1164

CONTINUING TO WORK TOWARD A CONVENTION ON THE RIGHTS OF OLDER PERSONS

Authors:

¹H.R. Hamlin (Presenter), ²M.J. Mayer (Presenter), ²V. Levy (Presenter)

Institutions:

¹Main Representative of IFA at the United Nations, New York , USA; ²IFA Representative at the United Nations, New York, USA

This session will address the continuing groundswell of international activities toward developing a United Nations Convention on the Rights of Older Persons. The discussion will include the meaning and implications of a UN convention for Member States; the creation by the UN General Assembly of an Open-Ended Work Group to consider the feasibility of a convention and the organization by nine major non-governmental organizations of the Global Coalition on the Rights of Older Persons; what such a document could encompass and how both individuals and organizations can participate in and support these activities at the local level.

connects

Abstract ID: 1165

MULTI-SECTORAL EDUCATION IN THE FIELD OF AGEING: THE MALTESE EXPERIENCE

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As a result of Malta's initiative taken in 1968, the United Nations General Assembly at its twenty-fourth session in 1969 adopted a resolution whereby the phenomenon of population ageing, which is now recognised as a major world issue and challenge, was to be seen as a matter of international concern and given priority consideration. Malta's role in instigating the international community's concern about the world's aging population was further manifested in various resolutions tabled at the United Nations General Assemblies. All these efforts found their fruition in the first World Assembly on Ageing during which Malta played a leading role.

In line with the Vienna International Plan of Action on Ageing , still considered as the cornerstone of world-wide policy on ageing, Malta once again was at the forefront and, in 1986, set up within its University, one of the oldest in the Mediterranean, the Institute of Gerontology aimed at providing multi-disciplinary postgraduate academic education in the field of ageing.

The Institute of Gerontology does not restrict its education and training only to high levels of specialisation but has designed training at all levels and for different functions in the field of ageing. These include in-service programmes for those who work with older persons at home or in institutions; pre-retirement programmes; radio programmes in which older persons and their families, as well as the general public, are educated in the various aspects of ageing; etc. A significant part of the work of the Institute is the running of the University of the Third Age which is making a significant contribution to lifelong education in Malta.

The presentation reviews and analyses these programmes aimed at helping the Maltese public in general and the older persons in particular to be better equipped in meeting a rapidly growing older population.

ageing

Abstract ID: 1166

ISRAEL'S SYSTEM OF GERIATRIC AND GERONTOLOGICAL EDUCATION AND TRAINING

Authors:

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Numerous developed nations, including Israel, are facing a constant increase in the demand for health and welfare services for frail, as well as for the healthy older adults. In spite of these growing needs, most countries also face a significant shortage in health and welfare professionals, and in paid home care workers who are updated in gerontology and geriatrics. Furthermore, in the coming years, the current gap between the demand and supply in formal and informal caregivers is anticipated to increase. This development threatens to reduce future quality of care, and increase the burden of care on family caregivers. The purpose of this presentation is to describe the current situation in Israel including achievements of the existing educational and training system for formal caregivers, and the remained needs and challenges.

connects

Abstract ID: 1167

CAPACITY BUILDING AND TRAINING IN CHINA

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China has 120 million older persons aged 65 and over and it is projected to increase to 350 million by 2050s, as the largest developing country in the world, population ageing poses a huge challenge to the socioeconomic development in China. Since late 1980s, population ageing has gained more and more attention and the needs on capacity building and training on ageing gradually emerge and rapid developments have been achieved through educational programs at universities and colleges for young professionals, training programs on policy makers and service providers in the communities and institutions.

This paper will review the progress of capacity building and training at various levels in China, and analyse the practices of government, gerontological specialists and NGOs in this process, including the experience and good practices of international collaboration. However, China still needs much more effort on capacity building and training, the existing problems and future directions will be discussed based on the cultural context.

ageing

Abstract ID: 1168

STRENGTHENING LINKS BETWEEN POLICY AND RESEARCH TO PROMOTE QUALITY OF LIFE AND ACTIVE AGEING IN RUSSIA: CHALLENGES AND BENEFITS

Authors:

¹O.N. Mikhailova (Presenter), ¹L.V. Kozlov

Institutions:

¹Saint Petersburg Institute of Bioregulation and Gerontology, Saint Petersburg, Russia

Background: A fall in fertility and the associated ageing of populations, or even a decline in population cause major concerns in many countries Russia included.

Objectives: At the same time countries have many policy instruments at their disposal to cope with population ageing creating an enabling environment for health, participation and active life style of the ageing citizens, thus ensuring a society for all ages.

The essential elements of national capacity development that Governments may address in designing, implementing and monitoring their strategies within the context of the MIPAA include: (a) institutional infrastructure; (b) human resources; (c) mobilization of financial resources; (d) research, data collection and analysis; and (e) a sound policy process, including the use of mainstreaming.

Methods: Despite growing interest to research in gerontology in Russia during recent 15 years, creation of infrastructure (establishment of profile research institutions, issue of specialized journals, introduction of a new scientific specialty “Gerontology and Geriatrics”, etc.) and a number of obvious scientific achievements there is a definite lack of governmental support and implementation of the research results into a wide practice. Of utmost importance is the “Programme for prevention of age-related pathology and accelerated ageing, reduction of premature mortality and extension of healthy period of life for the population of Russia” developed by the scientists of the St. Petersburg Institute of Bioregulation and Gerontology which is based on a 35 year long research experience and has still been implemented on a limited basis.

Results: Education of the policy makers throughout the world about population ageing is a crucial issue. Most governments need to rethink their employment, educational and income-maintenance policies in light of increasing demands for and by older workers for meaningful jobs. (Olshansky et.al). Some attempts in this respect have been made in Saint Petersburg in collaboration of the Institute with the Russian Ministry of Health and Social Development, Social Policy Committee and other bodies by organizing the Forum “Senior Generation” with a scientific Congress, master-classes, round-tables, exhibition of goods and new technologies for older people, where the older ones have floor alongside with scientists, businessmen, government offices and foundations to utter their needs and initiatives.

Conclusion: A lot has been done in Russia to meet the challenges of the ageing society, however, there is even more room for new efficient undertakings.

connects

Abstract ID: 1169

STILL GOING STRONG: A 17 YEAR LONGITUDINAL STUDY OF OLDER WOMEN

Authors:

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Institutions:

¹The University of Newcastle, Research Centre for Gender, Health and Ageing, Callaghan, Australia; ²The University of Queensland, Brisbane, Australia

In this paper we present survival and health outcomes for 12432 women in the Australian Longitudinal Study on Women's Health. The women were aged 70-75 years when the study began in 1996, and have contributed information on their health behaviours and wellbeing across seven data points with their most recent follow-up occurring in 2011. The findings demonstrate the potential for women to maintain high levels of well-being in late life, and emphasise the importance of health behaviours such as not smoking, maintaining healthy weight and physical activity and moderate alcohol intake for establishing and maintaining good health. By the time of the sixth follow up survey in 2011, 3687 (30%) of the women had died, and 4047 (33%) of the women were still alive and participating in the study at the ages of 85-90 years. Among participants in Survey 6, 20% described their health as "excellent" or "very good" at age 85-90, 44% described their health as "good", and 36% described their health as "fair" or "poor". This presentation will discuss factors associated with being in better health in later life, what better health means to the women in terms of abilities of activities and participation, and the importance of health behaviours in older age.

ageing

Abstract ID: 1170

SELF CARE FOR OLDER PERSONS IN SINGAPORE: AN INTERVENTION STUDY

Authors:

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Background: Singapore is facing a rapidly ageing population due to its changing demographics. One of the biggest challenges associated with older adults is providing them with adequate and sustainable health care. The goal of this pilot study is to test the impact of a state-of-the-art self care training program focused on teaching older adults how to manage their health.

Method: In this 18-month randomized control study, 400 participants (above 55 years of age) are randomly selected from 12 different Senior Activity Centres in Singapore. Six of the centres will be control sites, while six will be intervention. The intervention groups will receive 56 hours of health care training and one community health worker.

Each participant will complete a questionnaire at baseline, eight months, and 18 months, assessing items such as functional status (IADL) and knowledge and attitude about health care. Anthropometric measures as well as blood biomarkers will be taken to better understand the health and physical status of subjects.

Hypotheses: We hypothesize that our study will demonstrate the following: 1) Improve chronic disease outcomes for individuals presenting with these diseases: hypertension (20% decrease in systolic blood pressure), diabetes (1% decrease in HBA1C levels), and COPD (10% increase in peak expiratory flow) over the 18-month study period. 2) Improve quality of life of participants and their caregivers. 3) Improve knowledge, behaviours and attitudes towards health care utilization. 4) Develop a community health worker capacity in low-income settings. 5) Reduce the number of hospitalizations, outpatient and emergency visits in the intervention group.

Purpose: If successful, this study will provide evidence that older adults in the intervention group can more effectively manage their own health care and avert or delay the onset of disability compared to older adults in the control group.

connects

Abstract ID: 1171

ROBO M.D. AND OTHER SUBPROJECTS IMPLEMENTED IN INNOVATION 4 WELFARE PROJECT

Authors:

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The Regional Development Agency of South Bohemia is one of the six partners in interregional project Innovation 4 Welfare. Project Innovation 4 Welfare is a four year project co-funded by the European Regional Development Fund – Interreg IV C. Across Europe, both economic and demographic developments pose new challenges in health related issues: a general tendency to prioritise on health and safety, the strong increase in welfare-related diseases and the increased need for (home) care for the ageing population are causing health care costs to increase rapidly. Innovative solutions are necessary to meet these challenges and to avoid health care becoming unaffordable. The project aims to stimulate the development of health related innovations.

There are eight subprojects in Innovation for Welfare project, whereas ROBO M.D. is one of these successfully implemented projects. The main goal was to develop a complex system, which is capable to detect a critical situation (for example fall or health problems caused by cardiovascular diseases) that can occur in the life of elderly people. The monitored person wears a sensor that collects data about acceleration, ECQ and skin temperature. The obtained data are transferred via Bluetooth connection to a base station, where they are processed by an effective real-time algorithm. If a non-standard situation is detected, the moveable robot is activated. This robot, which stands by for example in a corner of the room, localizes the person, establishes the communication with monitored person and, if necessary, contacts a health care centre. The robot is equipped by a camera, microphone and speaker so the staffer can obtain detailed information about the situation in the room and, by this way, provide an optimal solution of the critical situation.

ageing

Abstract ID: 1173

**INSPECTLIFE – INFORMATION SYSTEM FOR SURVEILLANCE AND
TELEMONITORING**

Authors:

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Authors: Jiří Potůček, Tomáš Korč, Petr Koranda, Jiří Kamrád, Jiří Douša

Keywords: surveillance, telemonitoring, web based information system

The aim of InspectLife project is the development, operation and continuous improving of specialized web based information system intended for surveillance of seniors and telemonitoring of chronic patients (especially patients with Diabetes Mellitus, hypertension, cardiovascular diseases and pulmonary diseases) from their home environment. Fundamental characteristics and functions of InspectLife system for surveillance of seniors are the following: assistance service for seniors and chronic patients to promote their safety and independence; utilization of various portable communication devices including mobile phones; alarm button for notifying responsible assistance desk service in case of emergency situation; continuous monitoring of client's position, activity and relevant physiological signals; identification of severe falls; respecting client's privacy and preferences; rapid assistance and help thanks to immediate situation awareness of involved persons; active participation of responsible persons in rescue activities; and elimination of false alarms for emergency services.

The main contributions and benefits of the InspectLife system are: continuous surveillance of client's health and situation; surveillance scenarios customization according to individual requirements and privacy security; data access control based on the situation severity; and rapid assistance thanks to immediate situational awareness.

InspectLife system utilizes actual advanced hardware and software technologies to provide continuous surveillance and telemonitoring of physiological signals. In cooperation with the assistance desk services the emergency situations could be resolved. Thanks to the InspectLife information system the improvement of client's quality of life and increase of his independence could be reached.

connects

Abstract ID: 1174

INSPECTLIFE DIABETES – TELEMEDICINE INFORMATION SYSTEM FOR DIABETOLOGY

Authors:

¹Michal Anděl, ²Kateřina Andělová, ¹Jiří Douša, ³Jiří Kamrád, ³Petr Koranda (Presenter), ³Tomáš Korč, ⁴Jiří Potůček

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Authors: Jiří Potůček, Michal Anděl, Kateřina Andělová, Tomáš Korč, Petr Koranda, Jiří Kamrád, Jiří Douša

Keywords: diabetes mellitus, telemedicine, web based information system

The aim of the project InspectLife Diabetes is to develop and operate specialized web based telemedicine information system intended for controlling of blood glucose level of patients with Diabetes Mellitus. The main target users are chronic patients with Type 1 Diabetes Mellitus, especially young diabetic patients up to the age of 18, diabetic patients during gestation, diabetic patients treated with the help of intensified insulin regime or insuline pumps, labile diabetic patients and diabetic patients before surgical operation.

Fundamental functions of InspectLife Diabetes system are the following: receiving of blood glucose values together with related informations which are send into the system from ambulatory glucose meters via the internet with the help of portable communication devices (mobile phones); storing and providing information to the authorized users (especially patients and physicians) in real time; evaluation, analysis and visualization of blood glucose values; automatic notification of users in case of exceeding limit blood glucose values (hypoglycemia or hyperglycemia); communication between the users involved in the treatment process; and education of diabetic patients.

The main contributions and benefits of the InspectLife Diabetes system are: the possibility of immediate contact between diabetic patient and its attending physician; communication from the home environment of diabetic patient; availability of actual blood glucose values for attending physician from every place connected with internet; and improvement of Diabetes Mellitus compensation.

ageing

Abstract ID: 1175

A BRAZILIAN EXPERIENCE

Authors:

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In 2011, the Secretary of Health from the State of São Paulo established a technical committee on aging to assist with policy making and with the expansion of services. São Paulo is the most developed Brazilian state and holds 22% of the Brazilian population, 8,1% of which are aged 65 and above and 12%, 60 or more. The committee has an interdisciplinary approach and is composed by professionals with recognized expertise on aging. The majority of them are professors from public universities and directors of services. Two major proposals have gained support. According to the first one, the State of São Paulo should become the first Age Friendly State of the nation. As a first initiative, state hospitals will be encouraged to comply with norms and regulations which favor the assistance of seniors in order to receive an Age Friendly Certificate. Other Secretaries will be encouraged to propose projects for the older population in São Paulo, in areas such as transportation, tourism and education. The second proposal entails the creation of new services, among them an Adult Day Health Care Center in the East area of the city of São Paulo (the largest city in the State) hosted by the University of São Paulo Campus East, and the creation of a Reference Center on Aging, in the city of Ribeirão Preto. The first service should offer rehabilitation assistance to seniors with cognitive and physical disabilities. The second should offer a wide range of services from health promotion and social stimulation to complex levels of care.

connects

Abstract ID: 1176

DEVELOPING COLLABORATIONS BETWEEN THE FEDERAL GOVERNMENT AND LOCAL ORGANIZATIONS TO IMPROVE OLDER WOMEN'S FINANCIAL LITERACY

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A Canadian federal government agency working with the University of Toronto and in partnership with various local and national community agencies was able to empower and improve the financial literacy and economic security of 468 low-income older (aged 55 and over), unattached and immigrant women in Vancouver, Montréal and Toronto. This national project sought to address the high level of poverty and the low level of financial literacy among older women in Canada. Studies have shown that women and older women especially, display much lower levels of financial literacy than their male counterparts. To tackle these issues, this national project engaged older women by having them participate in the development and delivery of financial literacy resources and workshops in their communities using a peer education model. This project worked in partnership with national and local organizations and a prominent financial institution to enable the project's participants to exercise their leadership skills and became empowered.

This two-year participatory project was run through the National Initiative for the Care of the Elderly (NICE) at the University of Toronto. The project developed eight financial literacy pocket tools - i.e., educational booklets that provide a comprehensive and accessible information kit for financial literacy to help older women: (a) to create a personalized financial plan; (b) to understand retirement and savings options; (c) to understand income tax; (d) to adopt effective banking practices; (e) to understand credit and debt management; (f) to optimize pensions and public benefits; (g) to understand the legal dimensions of financial literacy, such as the power of attorney; and (h) to prevent or intervene in situations of financial abuse. All the women including the leaders have evaluated the workshops and the use of the tools in terms of knowledge acquisition and behavioral change that was measured before and after the workshops and a three months after. Results indicate that the program was effective.

ageing

Abstract ID: 1177

**AUSTRALIAN APPROACHES TO NATIONAL ISSUES AND LOCAL ACTION:
IMPROVING THE QUALITY OF LIFE OF OLDER PEOPLE**

Authors:

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Australian programs for older people need to be understood in the context of the funding dominance of national government, the constitutional responsibilities of state governments, reliance on voluntary organizations for advocacy and welfare services, and the invisibility of local government in human services. These relationships are subject to fluctuating political control.

Health services are delivered through complex national and state funding arrangements but innovative new community programs are advancing a shift towards more prevention and less on acute health services. The Stepping On program reviewed here was developed with national research funds and it is delivered through partnerships of health agencies, aged care organizations and self help groups. Empowerment and enablement for older people has proved to be effective in reducing risks of falls and improving quality of life

The State of New South Wales is developing a whole-of-government State Plan on Ageing based on consultation with local private and voluntary sector constituencies. The aim is to improve the age appropriateness of a range of housing, transport, and other policy areas as well as better represent State constituencies to national government.

Historically, Not-for Profits have played an important role in Australian welfare, providing a bridge between civil society, state and federal government. This role includes interventions in policy debate, advocacy of disadvantaged groups as well as service provision. The relationship is one of interdependency. The Brotherhood of St Laurence is unique in having a strong research element to its work. This lends weight to interventions, but can produce an ambivalent relationship in the generation of research findings and Government policy.

Australia presents an innovative mixed economy model that is given a particular inflection by a regular 'intergenerational report', produced by federal Government to project fiscal risks to the national economy. We will conclude by outlining the implications of this arrangement.

connects

Abstract ID: 1178

**DEVELOPING COLLABORATIONS BETWEEN CENTRAL AND LOCAL GOVERNMENT
TO IMPROVE ELDERS QUALITY OF LIFE – THE ISRAELI MASTER PLAN**

Authors:

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Institutions:

¹Deputy Minister, Ministry of Senior Citizens, , Israel; ²General Director, Ministry of Senior Citizens, , Israel; ³ , , Israel

The Ministry of Senior Citizens of Israel, as an intergovernmental coordinating office with no executive branches, operates as a public sector in full coordination with the third and private sectors, as well as with the local government.

The ministry's strategy is characterized by two main components:

Intergovernmental strategic work – planning, coordination, research and development, and the pooling and leveraging of resources and processes.

New governability – as the creator of a coalition between the sectors and the citizens, turning the citizens into factors with influence, invest in and contribute to the social and governmental system, and implementing administrative patterns from the business sector to the public sector.

The central change mechanism focuses on the construction of a municipal master plan in all the municipalities interested in this, backed up by a decision of the government on the issue under the framework of the "Haim Begil" (Living a happy life) program, and the encouragement of processes on the national level, supporting the implementation of planning and its application to the local municipality.

The central practices implemented in order to carry out the strategy are operation based on data through the methodology of strategic planning; the harnessing of strategic partners from all sectors in order to define the results, outputs, processes, and inputs, and not limited to the input stage alone; identifying and harnessing platforms and entities which deal with the broad range of the program's topics and amplifying them; and mainly making an effort in the issue of furthering coordination and collaboration.

All this is done in order to reestablish a new agenda for senior citizens and realize the vision where each senior citizen leaves his home every day to pursue a meaningful activity, contributes to his environment, and is integrated in it.

ageing

Abstract ID: 1181

THE EUROPEAN RESEARCH COUNCIL - RESEARCH FUNDED IN THE DOMAIN OF AGEING, SOCIAL POLICIES AND WELFARE.

Authors:

¹A. Ferrari (Presenter)

Institutions:

¹ERC Executive Agency, B.1 - Process Management and Review, Brussels, Belgium

Set up in 2007 by the EU, the European Research Council is the first pan-European funding organisation for frontier research. It aims to stimulate scientific excellence in Europe by encouraging competition for funding between the very best, creative researchers of any nationality and age. The ERC also strives to attract top researchers from anywhere in the world to come to Europe.

The ERC two core funding schemes are the 'ERC Starting Grants' for younger, early-career top researchers and the 'ERC Advanced Grants' for senior research leaders. Last year, two smaller initiatives were added, namely the 'ERC Proof of Concept' scheme and the 'ERC Synergy scheme' targeting small groups of principal investigators working together on one project.

The ERC operates according to an "investigator-driven", or "bottom-up", approach, allowing researchers to identify new opportunities in any field of research.

In the domain of Social Sciences and Humanities the ERC supports, among others, research in the area of population ageing, social policies and welfare.

Since its launch, the ERC has funded over 2,500 frontier research projects throughout Europe and has become a "benchmark" of the competitiveness of national innovation systems as it complements existing funding schemes at national and European levels.

The ERC, which is the newest, pioneering component of the EU's Seventh Research Framework Programme, has a total budget of €7.5 billion from 2007 to 2013. It is led by the ERC Scientific Council, composed of 22 top scientists and scholars. The ERC President is Prof. Helga Nowotny. The Scientific Council's representative in Brussels is the Secretary General, Prof Donald Dingwell. The ERC Executive Agency implements the "Ideas" Specific Programme and is lead by Director (*ad int.*) Pablo Amor.

connects

Abstract ID: 1187

CAPTURING IMAGES OF AGE

Authors:

¹J. Sykes (Presenter)

Institutions:

¹University of Wisconsin and IFA, Madison, WI, USA

My camera helps me to focus, appreciate and touch someone and preserve and share that image. It is a prism through which the lights and shadows of an individual are focused—for a moment and forever. There are universal and personal dimensions to the moment that brings a person and photographer together in an intimate encounter.

This presentation is not about photographic techniques, lighting, equipment or framing; it is about the magic of a camera that invites elders to permit a photographer to record a moment of their life and to communicate with them. After connecting—with gestures or words—the encounter can become, for both photographer and elder, more than a passing moment.

Asking permission to take a photo creates a bond.

I have captured the faces and touched the lives of elders in almost 70 countries. As elders note my interest, they straighten up a bit and smile—for the camera and me. I ask: What brings you joy, what causes you anxiety, and to what are you looking forward? Through teaching and photographic presentations, I have passed along what I have learned.

Educators, practitioners, and advocates can enliven their work by sharing the lives of elders through photographic images.

This presentation will focus on the value of carrying a camera, inviting an elder to be photographed, recording the moment, preferably including notes, and when possible, giving them their photo. Photographs from my Images of Age Collection will be shown as the presentation explores ways in which one's camera makes contact and creates a bond that enriches the lives of the elder and the serious individual—with a camera—and captures images that may inspire others to reflect and engage in discussions about issues important to the quality of life of older persons.

ageing

Abstract ID: 1188**STORIES OF AGING TOLD THROUGH MOVING IMAGES****Authors:**¹J. Vanden Bosch (Presenter)**Institutions:**¹Terra Nova Films, Chicago, IL, USA

Ever since the dawn of verbal communication by humans, storytelling has been a key component of sharing information, feelings, and values. Storytelling has taken many forms—from one individual using words and gestures, to many individuals acting out “scenes” of a story, to painting on cave walls. Thousands of years later, with the invention of the printing press and then cameras, storytelling found new forms—forms that made it possible for countless audiences to “hear” the stories. In most societies, these relatively recent forms have taken over the means of storytelling. Yet the basic essence of storytelling has not changed. The need for humans to communicate is the same today as it was in earlier primitive groups.

This presentation will explore one of the newer forms of telling stories—that of moving images. In concert with the other presentation on still photography, it will explore why and how this form accomplishes the impact of storytelling and the art of communicating, especially as it relates to issues around human life in its later stages. Why is “a picture worth a thousand words”? And if a picture is worth a thousand words, is a “movie” worth even more? Why are images as uniquely powerful as they are? Can a steady stream of moving images sometimes actually dull our sensibilities? What are the strengths—and potential liabilities—of pictures, still or moving, to engage audiences in emotive and thoughtful discourse around aging related issues and new ways of perceiving and understanding those issues? Throughout the presentation, short video clips will be used to illustrate the points being made.

connects

Abstract ID: 1190

ATTITUDES TO AND USAGE OF TECHNOLOGY AMONG THE ELDERLY IN FINLAND

Authors:

¹L. Stenberg (Presenter), ²K. Pesola, ³J. Pehkonen

Institutions:

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The rapid development of technology could be highly beneficial in supporting in the independent living of the rapidly growing share of senior citizens in Finland. It is evident, though, that this potential offered by technology is not fully utilized. The reasons for this are many. The aim of the research presented here, was to identify attitudes of seniors aged 75 to 89 years towards technology and technological aids. The satisfaction with one's circumstances of life in general was also studied. The research was done through conducting 800 telephone interviews.

The research shows that dissatisfaction with one's life increases with age. It is shown that seniors with a blue-collar background are less satisfied than others with their ability to affect issues concerning their life. It is noticeable that one-tenth of older people do not get help in daily activities even though they report they would need it.

The research presented here shows that about half of the people aged 75 to 79 years believe that new technology could be beneficial and helpful in handling their daily activities. Every other elderly is also prepared to pay for devices that do this. It should be noted, though, that only a very small proportion (23%) of the whole group has access to a computer. The mobile phone is a more common device, but as many as 16% of the whole age group do not even have this device. Among the oldest in the group 89% have no access to a computer.

This research concludes that many elderly are willing to take advantage of technological possibilities, when design and circumstances favours usage. Measures should be taken to extend the potentials of technology to those who today are not beneficiaries. The vast research and development activities in this field should take this into consideration.

ageing

Abstract ID: 1191

AGE-INCLUSIVE SERVICES: WHAT DO OLDER PEOPLE WANT TO SAY?

Authors:

¹C. Holland (Presenter)

Institutions:

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If mainstreaming age-friendly and age-appropriate policies at all levels of activity is seen necessarily to involve "making older persons' concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes" (ECOSOC, as cited in the Madrid Framework, 2008) then the question arises, how do we know what 'older persons, in all their diversity, actually want and prioritise? What methods are effective in engaging older people in these activities?

Choice and self determination are often cited as essential elements in inclusion, and in many countries there have been moves to personalization agendas emphasising individual choice. Yet in practice individuality is difficult to work with because it requires time and resources to establish individuals' concerns, and service delivery is not often geared to accommodate individuals' complexities without also obliterating expressions of collective experience and mutual interest. The challenge is to engage with older people, drawing on their individual experiences, concerns and expressions of preference, and translating this information into actionable principles for 'older people' in general.

Experience from work with other groups shows that this is far from simple as different aspects of individuals' identity come to the fore at different times: and in the case of age, multiple constructions (chronology, cohort, biological etc.) call for a more nuanced understanding of age as a category.

This paper draws upon several research studies in the UK looking at older people's experience and preferences and reflects on methods of engagement with them. These include a cohort of soon-to-be older Jewish people considering later life accommodation; older people with high support needs; older people with dementia; older people engaging with new technologies. The paper discusses ways of engaging older people in discussions about future well-being, and asks how best to work towards inclusion.

connects

Abstract ID: 1193

OLDER PEOPLES' INTERACTION IN THEIR LOCAL NEIGHBOURHOOD SHOPS

Authors:

¹J.F. Stewart (Presenter)

Institutions:

¹Monash University School of Primary Health Care, Healthy Ageing Research Unit, Melbourne, Australia

This project is an exploratory, classic grounded theory investigation of older peoples' social interactions with shopkeepers and other shoppers in their local neighbourhood shops. Family, friends and neighbours have featured in enquiry concerned with older peoples' social interactions, but even where interaction with shopkeepers has been investigated, the focus has been on what older people *receive* through the interaction. Many older people may have visited their local shops regularly throughout their lives and it is likely they have developed relationships with shopkeepers. It is apparent that interactions involve two-way social engagement and that older shoppers take a proactive approach. Yet we know little about the reciprocity involved or the significance it has for older peoples' well-being. The site chosen for the study was a local neighbourhood shopping strip situated in a suburb of Melbourne Australia. Older shoppers over 66 years of age, and shop-keepers were interviewed and observed. Analysis of data revealed that participant older shoppers, through interaction in their local neighbourhood shops, negotiated identity, membership, and influence, and thus authenticated themselves. The study has generated the conceptual theory, *Civic Socialising*, which accounts for older peoples' consolidation of their position in the neighbourhood by way of activities that include: selecting; surveilling; and strategising. Civic Socialising highlights older peoples' proactive approach to ageing and their civic mindedness. It also belies any notion that older people are dependent, or reliant exclusively on family, friends or neighbours for their social interaction. These findings have significance in light of Australia's increasing aged population, and associated ageing-in-place policy, a direction aimed at keeping older people in their home or family settings. Preserving and promoting the features of local neighbourhoods that older people value and utilise, and recognition of all aspects of their social interactions may be an efficient approach to prolonging their independence and well-being.

ageing

Abstract ID: 1197

EMPLOYMENT BEHAVIOUR OF THE ELDERLY IN THAILAND

Authors:

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Institutions:

¹School of Oriental and African Studies, University of London, Economics, London, U.K.

Unlike population in the developed world, a large portion of the Thai population is economically active after the age of sixty. Some people have to ke

e

p on working for their own survival as well as that of their families. At the same time, some elderly persons are participating in the labour force because they are too healthy to retire. Analysing the Socio-Economic Survey (SES) data, it was found that elderly persons living in one- or skip-generational households are more likely to work than those in two- or three- or more-generational households. This is because the elderly in such living arrangements have less family support and, therefore, need to be economically active for their survival. Unfortunately, they may have to work until they drop. The estimated results of the probit regression model reveal that demographic factors, economic factors and household characteristics are significant in determining the employment decision of Thai elderly persons during the period of 1990-2007. The significant factors are age, gender, membership and marital statuses, health, pension eligibility, household size, employment sector, number of earners in a household and living arrangement.

Abstract ID: 1198**REGIONAL POPULATION AGEING IN THAILAND****Authors:**¹T. Keeratipongpaiboon (Presenter)**Institutions:**¹School of Oriental and African Studies, University of London, Economics, London, U.K.

Thailand is now ageing. The percentage of population aged sixty or over to total population had already reached ten percent towards the end of the first decade of the 21st century. This is mainly because of fertility decline and increased longevity. However, Thailand has not absolutely become the ageing society yet. According to the census, 15 out of 76 provinces have the share of population aged sixty or over to total population less than ten percent in 2010. Nonetheless, Thailand will become an absolute ageing society by the next decade. By 2020, the share of elderly is expected to reach 17.51 percent and the old-age dependency ratio is projected to be 26.58 percent. At that time, sixteen provinces will have the share of older persons above twenty percent, which are called the aged societies. Meanwhile, other sixty provinces will become ageing societies, which the share of elderly people ranges between ten and twenty percent. None of provinces will have the share of elderly people below ten percent in the year 2020. The different situation of population ageing between provinces and regions are mainly due to various fertility rates across the Kingdom and domestic migration flow. A number of working-age populations have migrated to big cities for better employment opportunities; while the elderly are likely to live in their hometowns and look after their grandchildren. As a result, many elderly persons have been found to live alone, with their elderly spouse or just with their dependent grandchildren. The problem is more pronounced in the Northeast and the North. The econometric findings reveal that the elderly living in one- or skip-generational households are more likely to be economically active than those living in two-or-more-generational households since they have less support from their family.



Abstract ID: 1202

BUILDING CARING COMMUNITIES OF BY AND FOR OLDER PEOPLE

Authors:

¹F. Kupang (Presenter)

Institutions:

¹Coalition of Services of the Elderly, Inc, NGO, Quezon City, Philippines

We believe that older people the best actors in facing issues affecting them. They take concrete measures to promote alternatives for age friendly environment.

We organize older people to identify concrete issues and take actions maximizing their existing capacities. They form themselves into groups of older people so that a single issue can be easily addressed with collective effort.

We train and accompany leaders and volunteer to voice out their concerns, speak out what they experience and the dream of a inclusive society. They spoke to policy makers, they address the public on radio and TVs. The trained leaders are able to manage community projects and take care of fellow sickly and bedridden older persons

During the recent calamities, trained leaders have been able to extend help to victims of disaster, and conducted actions to address older people undergoing traumatic experience.

Many of the affected older people have joined groups of older people.

We have established more that 200older people associations in the country. This has served as an effective mechanism and support system among older people. With this mechanism several relevant policies have been developed and benefited majority of poorest older people in the country. For the past 22years we have been able to accomplish significant changes for many poor older people in the country such as our active role in pushing the passage of the R.A 9994 2010 expanded senior citizen. In this law, the inclusion of social pension for the indigent older people was very significant. Since last year the government through DSDW has implemented the program. COSE has been able to form hundreds of older people organizations and they have been playing active role in addressing older people especially during the time of disasters.

connects

Abstract ID: 1204

TELEHEALTHCARE AN AUSTRALIAN CASE STUDY

Authors:

¹J. Buckley (Presenter)

Institutions:

¹Feros Care, Gold Coast, Australia

Feros Care, is a community owned charitable organization that provides Aged and Community Care service to over 3000 seniors annually across the Eastern Coast of Australia.

Future pressures in relation to the predicted tsunami of seniors over the aged of 65, challenges with the ever decreasing workforce, and the alarming number of informal carers who themselves are also ageing, aged care providers must create new models of care delivery to be able to meet the future demands and wishes of our growing senior population. It is inevitable that technology will become a very important enabler in our quest for efficient service provision that supports and enhances the care delivery experience to our clients. In 2009 Feros Care embarked on a tentative journey to research the use of assistive technologies in client homes and in early 2010 launched Life Link telehealthcare services. This included the launch of our roll out plan for multi-sensor Telecare technologies (smart home technologies), and Telehealth remote vital signs monitoring across our community services.

The Telecare sensors include movement sensors, falls detectors, door, bed and chair occupancy sensors, medication reminders, smoke and other environmental sensors, and emergency pendants. Telehealth devices include Blood Pressure, Pulse, Oxygen monitors, Weight Scales and Glucometers, as well as targeted health function "Interviews" customised for each client's specific chronic health conditions.

The presentation will step through how the service was established, the client selection and assessment tools and processes, lessons learned during implementation, financial modeling, and client, carer, and service provider outcomes. Providing an overview of Explaining

Technology and Devices used Response Centre operation Central Triage Operation Feros Care Community Gateway

The presentatin will provide case studies , the problems, the solutions and both qualitative and quantitative outcomes for the clients, carers, the provider and health system.

ageing

Abstract ID: 1205

RE-INVENTING ELDERCARE: CHANGING THE WAY WE LIVE AND AGE IN ASIA

Authors:

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Institutions:

¹Ageing Asia Pte Ltd, Singapore, Singapore

Asian values of filial piety present a “hurdle” on the road towards eldercare innovation in the region. To be filial, generations of Asians have strived to provide, care and house their elders by providing them with as much assistance as possible in their golden years. This creates a high level of dependency from elders. Whereas in the West, independence have been encouraged since young. Adolescents will move out of their homes when they leave for college and similarly, seniors in western countries do not live with their children. Some recognise that the results of ‘over-caring’ leads to Asian seniors being extremely dependent on their children for support in their daily chores. As the elderly get less engaged with daily activities, they will gradually stop thinking about how to perform key tasks, ultimately, resulting in higher risk of early dementia. This independence is one of the key factors to managing dementia.

Eldercare innovation in Asia will start from a redefinition of what it means to express a new form of filial piety. Housing our parents in our own homes, where they are left lonely for a large part of the day while we pursue our careers is a form of filial piety that needs to be improved on. Such behaviours will only contribute towards their physical and mental health deterioration. There is an immediate need to introduce a variety of housing solutions that will improve the quality of life of seniors, functional capability and living environment in Asia. This paper will share how Asian countries that have the strongest filial piety values – such as China, Japan, Korea and Taiwan, have already seen the successful emergence of housing models that reflect a redefinition of filial piety – retirement communities, ageing-in-place, intergenerational living, day care, community care, home care and institutional care.

connects

Abstract ID: 1208

THE IMPACT OF THE EUROPEAN EMPLOYMENT STRATEGY AS REGARDS ACTIVE AGEING ON COLLECTIVE BARGAINING IN LUXEMBOURG

Authors:

¹Thill Patrick (Presenter)

Institutions:

¹CEPS/INSTEAD, Esch-sur-Alzette, Luxembourg

There is a general awareness that active ageing is a pivotal demographic challenge in Luxembourg. Current attention is on how to render the pension system more sustainable in the long run, to reintegrate older jobseekers back into work under the premise of a deteriorating economic climate, and to put forward initiatives to keep older workers in employment. The European Employment Strategy with a revised set of employment objectives in the context of the EU2020 strategy has been an additional driver to consider what active ageing policy action contributes to the achievement of Luxembourg's self-imposed employment target of 73% for the 20 to 64 age group. Bottlenecks to the formulation of active ageing policy have also resided in the impact of increasing unemployment rates due to the unfavorable crisis environment and in finding a consensus between trade and employers' unions in a country where collective and sectoral bargaining has had an important role in the transposition process of social policies. This contribution provides an analysis of the dynamics of recent policy action on older workers and its underlying initiatives to address the issue. A first section examines the demographic challenge of active ageing in Luxembourg in a context of increasing unemployment. A second section provides an analysis of Luxembourg's EU2020 employment targets and policies regarding both older jobseekers and older workers in employment. A final section analyses how active ageing policies have become integrated in collective bargaining in Luxembourg.

ageing

Abstract ID: 1209**DIVERGING OR CONVERGING EFFECT OF CONTEMPORARY MEDIA ON YOUNG AND AGED POPULATIONS****Authors:**¹A. TOROS (Presenter), ¹E. GULAY KESKIN**Institutions:**¹YEDITEPE UNIVERSITY, SOCIOLOGY, ISTANBUL, Turkey

Disengagement of the older people from the society reached to be a global concern. A common value across the societies today, is the prevention of the aged from such disengagements. Traditional media is instrumental in keeping the aged connected with life challenges. Although new technologies of today, are developing new options as media, traditional media continues to be the prime channels of connection for the aged. Thus the fundamental question is, whether the media performs convergence function by focusing the “aged” and the “not aged” on certain issues or diverging them towards different topics. It seems natural to have different levels of access to issues of life, through classical media by young or aged members of societies. Such differences can theoretically be accounted by various factors including the format (i.e. friendly font sizes, visuals, page arrangements, or TV program timings) and the coverage (Sports, economics, health, cultural events etc) of the media. These factors can create a differential environment for young people against old people with regards to connecting aged people to society and to colours of daily life. The thrust of this paper is to document such divergences or convergences. The Social Change and Social Development survey (SCSD) carried out in Turkey in 2011 provides a good opportunity towards this aim. This Survey interviewed all the members in 8000 households, regardless of age, sex, occupational status etc. The survey finds that there is a difference in preferences of the types of the daily papers read and TV channels watched between the young and aged populations, and this difference widens by the increase of levels of education and by certain regions of the country. The paper states that the programs for improvement of integration of the aged in society should take into account these findings.

connects

Abstract ID: 1213

WHY LATER LIFE LEARNING IS IMPORTANT

Authors:

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Institutions:

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Spurred by socio-demographic changes, skill-based technological advancements, and the emergence of a knowledge society, learning in later life is becoming increasingly important. Education is no longer an asset only achieved in youth. Education is an integrative element of all stages of life.

Life-long learning is important for social productivity in old age, whether in a professional context, for volunteering or care-taking responsibilities. Furthermore we live in an education and knowledge society where education determines the opportunities of its members.

Education is one of the most important issues of the 21st century throughout all stages of life. Life-long and life-wide learning are not only important for improving human capital, education and learning are also important for their social benefits and for their critical potential reflecting the shortfalls and erroneous trends of modern market economies.

Research on ageing stimulates life-long learning in old age by providing relevant research results related to learning abilities in old age, the learning processes over the life course and the context of educational processes.

Education shapes competencies later in life, and competencies affect social and political engagement, subjective well-being, and health. Medical research attests to the positive effects of continuous mental stimulation on health. Neurological research shows that mental exercises positively influence intellectual abilities. Individuals who pursue education are more likely to avoid coronary diseases and high blood pressure because they tend to seek medical assistance sooner and more effectively prevent and treat ailments by self-diagnosis.

Education and a healthy lifestyle help an individual to stay fit. Life-long learning and education in later life ensure participation in social life. They counteract the risk of poverty and improve equal opportunities. There is a link between participation in education and involvement in social activities, and also between learning and political engagement.

ageing

Abstract ID: 1214

THIRD AGE UNIVERSITIES FOR ALL IN BASHKORTOSTAN, AS RUSSIA AGES!

Authors:

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Institutions:

¹"Wisdom Ripening", National Research University Higher School of Economics, Bashkortostan, Russia

After the economic and ideological changes of the 90's older people in Russia have shifted to be the most vulnerable, poor and disrespected group in the country's population. However, despite the slowly recovering birth rate and low life expectancy in 2016 older population is predicted to constitute almost a quarter of the Russian population (24.8%). In the country where the law entitles women to "pensioner's" cards at the age of 55 and men at the age of 60 therefore encouraging age discrimination, later life learning is not easy to get on the government agenda.

However, so called "people's universities" have long been instilled in the Soviet tradition and were renewed mostly for older adults education in the new Russian history. They mostly are presented by nonprofit organizations and offer informal education on a range of topics and crafts. These programs are proved to be enjoyed by older learners and believed to be major contributors to active ageing in Russia, however, their numbers and capacities are not sufficient to respond to the variety of needs and interests of older adults. At the same time large formal educational institutions such as universities do not usually consider older population to be the target audience for their programs.

Nevertheless, some political steps have been made by a few Russian regions. For example, in the Republic of Bashkortostan a region wide governmentally sponsored program "Third Age Universities for All" came into operation in 2011. While the program needs to be amended in many ways, it sets the precedent and hopefully will be followed by other regions.

Abstract ID: 1215

NEW PHEALTH APPROACH TO THE MONITORING OF SENIORS AND HANDICAPPED PEOPLE

Authors:

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Keywords: RFID, Bluetooth, GNSS, diagnosis

»pHealth« is use of Personal Health Systems (PHS) for Remote Patient Monitoring (RPM) – evaluates individual patients' vital signs on daily basis and provides diagnostic information that can be transmitted to the health professionals for monitoring or early diagnosis purposes. (EC definition).

All these features were realized in complex system developed by the group of Czech SME's companies with support of Czech Technical UNI (CVUT) and international partners NXP Semiconductors, NL and TOUMAZ, UK.

The system consists from wireless body area network of vital signs sensors and personal units allowing GNSS localization and communication via Bluetooth with any type of smart phone. Beside biomedical information (ECG, blood pressure, pO₂, etc.) system is controlling body and extremities movement. The body area communication network is based on RFID 868 MHz. The unique new feature of proposed system is on-line evaluation of vital signs via diagnostic expert system BioAnalyst and sending of so called „disease warning message“ informing monitored persons about disease risk.

All components of the system will be practically tested in 2012 in township Cerhenice in the frames of Central Bohemia regional project “ Smart Czech Township”

ageing

Abstract ID: 1216

R&D ROADMAP ON AGEING AT WORKPLACE

Authors:

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Institutions:

¹ETPIS-PESI (Technology Platforms on Industrial Safety), Executive Board Officer, Miñano-Vitoria (Alava), Spain

ETPIS the European Technology Platform on Industrial Safety, has promoted an integrated vision of safety that includes: safe installations and processes, OSH (occupational safety and health), PPE personal protection equipment and safety systems.

The Research challenges and Industry priorities had built the initial Strategic Research Agenda (SRA). Some research issues related to older workers or ageing at work had been included in the SRA but far from a human-centered perspective and a systematic approach. For such reasons in 2011 the Spanish Platform PESI decided to promote a joint working group for "ageing at workplace" with a wider scope that initially the Human & Organizational factors or the Emerging Risks Groups had planned. Experts from different Groups and new specialists from the Social Innovation area have been working together to develop a new Roadmap for R&D on Ageing at Workplace.

This renovated approach has permitted a wider vision for our R&D scope, including:

- Smart working environments
- Human-machine interfaces and ergonomics
- Human-based self-adapting organization
- Smart PPE (personal protection equipment)
- Assistive tools and systems
- Work organization
- Employment policies
- among other topics related to safety and well-being at Industry.

The roadmap has considered this issue from a triple perspective: the Industry/business requirements, the Workers needs and the technology/research opportunities, respectively. ETPIS has adopted this proposal as a European Roadmap.

connects

Abstract ID: 1219

STRAIN ON INTERGENERATIONAL SOLIDARITY IN INDIA: HELPAGE INDIA'S RESPONSE TO NEGLECT, ABUSE AND VIOLENCE TO ELDER

Authors:

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Institutions:

¹HELPAGE INDIA, NATIONAL DIRECTOR, KOLKATA - 700014, India

'Elder abuse' "Neglect" & "Violence" these terms evokes various retorts in our society: repugnant; 'matter of fact' reality of life; another Western fad. These opinions like all the others are based on the complex mix of social and psychological state of the individual. The element of subjectivity is very high. Most of the people will not be able to define elder abuse, neglect or violence, and will only give you incidents of such acts varying in intensity and frequency. Some may consider 'speaking loudly' to the older relative as abuse hence intolerable; but others may consider this normal and some others may rationalise it by blaming the trying life situation of the younger adult and in some cases blame herself for the behaviour!

In India, we are beginning to confront these challenges posed by increasing longevity and modern values and life styles. Though statistically most of the older persons live in joint families and by common perception still enjoy high degree of integration in terms of the level of contact between members of different generations, the degree of positive feelings, the degree of consensus in beliefs and attitudes, the exchanged help, the norms of 'family-ism' and geographical proximity. However, three core aspects of solidarity i.e. strength, nature and the direction of solidarity needs to be examined as it may be under threat due to fast paced changes in demography and ethos.

Therefore, it is important that programmes may be initiated at school and college level to increase the *affectional*, normative and functional integration of the family members, particularly the children and grand parents. HelpAge India has started a nationwide campaign called Student Action for Value Education (SAVE) to sensitize school and college students, and with an effort to include age care as part of the school curriculum.

ageing

Abstract ID: 1222

MORBIDITY TRENDS RELATED TO HYPERTENSION AND DIABETES IN A LARGE SAMPLE OF ELDERLY(> 60 YRS) IN A RURAL POPULATION.

Authors:

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¹Janaseva Foundation, Head Office, Pune, India

A survey of 636 elderly individuals of a rural community in Panshet, Pune, India, was undertaken to study the prevalence of major chronic morbidities in the population. The special focus of the study was on the prevalence of hypertension and diabetes. Lipid profile studies were done in all cases. Of the 636 elderly surveyed (male: 270, female: 366), 193 (male: 90, female: 103) had Hypertension and 121 (male: 56, female: 65) had Diabetes mellitus. 83 individuals (male: 34, female: 49) had hypertension with abnormal lipid levels. 20 (male: 8, female: 12) had both hypertension and diabetes. In this group 30 persons (male: 15, female: 15) had all three abnormalities. The data will be presented and discussed. (This is a part of completed 2yrs research study involving 14 villages and 1265 elderly population)

connects

Abstract ID: 1224

COMBINING EMPLOYMENT AND CARE-GIVING: A RESEARCH PERSPECTIVE FORM CANADA

Authors:

¹A. Martin-Matthews (Presenter)

Institutions:

¹University of British Columbia, Vancouver, Canada

This presentation provides a researcher's perspective on issues of combining employment and caregiving in a comparative Canadian context. Balancing employment and care-giving in Canada occurs at the intersection of the public and private spheres, and is challenged by inter-provincial variability in policies and service delivery, dispersed geography and regional variation, and significant ethno-cultural diversity of the aging population. Responsibilities of the state are under review as Canada renews its federal-provincial Health Accord in 2014. Integrated service delivery, continuity of care and primary care reform are key components of current policy debates and research analyses.

ageing

Abstract ID: 1225

WILL TELECARE HELP TO SOLVE THE WORK AND CARE DILEMMA?

Authors:

¹S. Yeandle (Presenter)

Institutions:

¹University of Leeds, Leeds, U.K.

Sue Yeandle is Professor of Sociology at the University of Leeds and Director of CIRCLE (Centre for International Research on Care, Labour and Equalities). CIRCLE has developed an internationally recognised programme of research on carers, with particular reference to carers of working age and those who combine work and care. This includes a strand of projects on care, carers and telecare which will inform her contribution to the plenary. Sue will speak about the strengths and weaknesses of the existing evidence base on how telecare – an increasingly sophisticated range of electronic and telecommunications devices providing alerts, risk and condition monitoring and assistance in managing everyday life – affects carers and their relationships with those they care for. Sue's comments will be based on research projects undertaken for Carers Scotland, the Institute for Prospective Technological Studies and the UK Technology Strategy Board / Economic and Social Research Council. The latter is a 3-year project, 'AKTIVE' project (Advancing Knowledge of Telecare for Independence and Vitality in Later Life) which began in June 2011, operating through a multi-disciplinary and multi-agency consortium. This is focusing on the care of older people at risk of falls or who have dementia, whose relatives and carers sometimes face challenging issues in combining work and care. The study includes innovative collaboration with telecare commissioners, manufacturers and providers in England.

connects

Abstract ID: 1226

INFORMAL WORKING CARERS IN EUROPE

Authors:

¹R. Anderson (Presenter)

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¹European Foundation for Improvement of Working and Living Conditions, Dublin, Ireland

Eurocarers is a European association, representing informal carers, with the aim to advance their interests, irrespective of the particular age or health and dependency needs of the person they are caring for. So the (unpaid) informal carers are also from all socio-economic and age groups, including many of working age. Eurocarers brings together carers' organisations and researchers across the 28 EU Member States – and beyond.

Ageing of the population combined with an ageing workforce and increasing numbers of carers in employment (or seeking it) is leading to greater emphasis upon reconciliation of work with care. Particularly in the current financial crisis there is growing demand to find employment and income even while services and benefits for carers face austerity measures. There is a key role here for employers and companies – to introduce support for carers in their working life (typically more flexible work arrangements), and also to facilitate care tasks (for example through provision of advice, practical services and health promotion). This presentation will illustrate developments in a number of EU Member States and consider what initiatives, specifically at EU level, could strengthen company initiatives to support working carers.

ageing

Abstract ID: 1227

WORK AND CARE RESPONSIBILITIES FOR OLDER FAMILY MEMBERS IN CENTRAL AND EASTERN EUROPE

Authors:

¹J. Perek-Bialas (Presenter)

Institutions:

¹Jagiellonian University of Cracow, Cracow, Poland

Not only in Western Europe, but also in Central and Eastern European countries there will be an increase of older people with care and support needs. The recent discussion about a need to increase the retirement age has to be analysed considering the issue of reconciling paid work with care for older family members. The presentation will be based on secondary data about attitudes and opinions related to all aspects of work and care for older family members in Central and Eastern Europe. Additionally the results of a European project about working caregivers will be presented here. There are various options for working carers, such as reducing working hours; giving up working; taking sick leave; early retirement. However, in the light of a shrinking and ageing workforce we need to seriously think about ways of maintaining continued labour force participation despite of care-giving responsibilities, thereby considering expectations of both employees and employers. As in Central and Eastern European countries companies do not yet play an important role in supporting workers with care duties, the urgent recommendation is that this needs to change. The presentation will conclude with some concrete recommendations for action.

connects

Abstract ID: 1228

A COMPLEX MARRIAGE THAT WORKS

Authors:

¹J. Blakey (Presenter)

Institutions:

¹ , , Australia

Seniors Rights Victoria (SRV) is a relatively new organisation compared to many others that have been addressing the issue of elder abuse in different parts of the world. Established four years ago following a government commissioned report, four agencies formed a joint venture partnership to bring together a community legal centre and non legal advocacy approach to older people. It is firmly based on an empowerment model. This paper will share the experience of marrying the legal and non- legal professions in servicing clients: the barriers we discovered, the tensions between two professional philosophies and the benefits for the older person.

From the commencement of SRV in 2008 until the end of 2011, there were 4,025 callers and 1,703 clients for advice and casework. SRV services Victoria, one of the states of Australia.

ageing

Abstract ID: 1229**THE FUTURE WE WANT****Authors:**¹R. Blewitt (Presenter)**Institutions:**¹HelpAge International, London, U.K.

Ageing is a megatrend affecting all countries of the world. Emerging economy countries in the developing world are experiencing the most rapid demographic transition. China, Brazil, Korea, Vietnam and India are countries where the speed of the transition from young to old is visibly obvious – for example China's working - age population will probably peak around 2015 at about 1 billion, with its total population projected to peak around 2030. Changed living arrangements are occurring in all regions due to this demographic change, with informal care becoming a major issue in many countries, especially those with skipped generation households consisting of older and younger generations. We are seeing an increase of these households in East and Central Asia, Latin America and Africa due to the effects of globalisation, migration for work and the impact of HIV and Aids.

Good health and income security are core priorities for older people and their families. In the absence of affordable and accessible primary health care for treatable conditions and non-communicable diseases, out of pocket health costs continue to impoverish millions of older people and their dependents. Work in older age is the norm^[1], often in environments where “decent work” is very elusive and which are insecure, poorly paid and inappropriate^[2].

HelpAge International is working in a range of environments to extend income security and decent work for older people and to develop and model community based health schemes which enable older and younger family members to work together to support essential health requirements in older and younger ages. Examples will be given of these schemes and the impact they are having. Alongside the examples of good practice the intervention will outline the key challenges facing older women and men in 2012 and put forward a framework for improved policy making and data collection, essential for full implementation of the 2002 Madrid International Plan of Action and the mainstreaming of global ageing into the post 2015 development agenda.

^[1] UNDESA World Population Ageing 2009, p 10; also UNDESA World Population Ageing 1950-2050. 2001, p 30

^[2] HelpAge International: 2010

Abstract ID: 1230

**GLOBAL CHALLENGES: AGEING AND POTENTIALLY SHRINKING LABOUR FORCES
IN DEVELOPED COUNTRIES AND EMERGING MARKETS - KICK OFF 1C**

Authors:

¹R. Münz (Presenter)

Institutions:

¹Erste School of Banking and Finance (Erste Group) and Hamburg Institute of International Economics (HWWI), , Germany

In the upcoming decades, the world in general and certain regions in particular will be confronted with fundamental changes in their population structure, with strong implications on labour force development.

In October 2011, the world's population has reached the 7-billion-mark, 550 million of them aged 65 or older. Total population is expected to further grow, reaching around 9 billion people by mid of the century, however, not equally in all regions.

By then, 1,5 billion will be 65+: Africa and Asia (without Japan) are and will keep growing the fastest while Europe's and Japan's population has already started to shrink.

In addition, as a result of increasing life expectancy and decreasing number of children - both global phenomena - world population is ageing. Globally and on regional level, the age group 65+ is continuously growing, in absolute and in relative terms. The working age population (age group 15-64) is growing on global level, too, however, there are big differences on regional level: While Japan's potential labour force already started to shrink in the 1990s and Europe's is just starting to do so. China will soon get to this point while Africa's and South Asia's workforces will continue to grow through the 21st century.

What are the likely consequences of these developments for the world's future work force? And what are the main strategies for coping with them?

Those parts of the world which face a decline of native-born work force will have to address this gap by smart policies, such as:

- Increase labour force participation rate, especially of women, migrants and the elderly
- Increase productivity
- Pro-active migration policy addressing people with the right skills

The latter leaves plenty of room for arbitrage between wealthy but ageing and youthful but still developing societies.

ageing

Abstract ID: 1234

POPULATION AGEING - A GREAT CHALLENGE FOR FORMER EASTERN EUROPE

Authors:

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Institutions:

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In the future, virtually all countries will face population ageing and the phenomenon is expected to be irreversible. The age structure of the population becomes older due to the fertility decline and decreasing mortality of seniors. According to the last population projection (EURPOP2010), the share of people aged 65 or over in the total population will be the highest in countries of former Eastern Europe (post-socialist countries). The oldest populations will occur in Latvia, Romania, and Poland where it is expected that 35 % of people will be aged 65 or over in 2060. Young populations that were common in those countries until recently are likely to become scarce throughout the twenty-first century and the old age dependency ratio (OADR : number of persons aged 65 or over per 100 persons aged 20 to 64) is projected to rise significantly to 70-74 in the above mentioned countries by 2060. Due to low fertility levels, former Eastern European countries will represent the first nine top populations with the highest OADR. Postponing retirement age is currently proposed by many governments due to the shrinking working-age population. Currently, people are healthier and live longer, however health is not improving in the same pattern across countries. Life expectancy at age of 65 in good self-perceived health is shorter in former Eastern Europe. Years spent without limitations in daily activities are less differentiated. Newly proposed indicator - prospective age - based on average remaining years to be lived should be taken into consideration in the public debate. Socioeconomic conditions for coping with the process of population ageing vary across countries including the attitudes towards the elderly. According to Intergenerational Solidarity survey (Flash Eurobarometer 269), the attitudes are currently most negative in former Eastern Europe despite the fact that today's populations are still not old.

connects

Abstract ID: 1236

DIVERSECARE, SOUTHERN MIGRANT AND REFUGEE CENTRE, MELBOURNE, AUSTRALIA

Authors:

¹J. Semple, ¹J Semple (Presenter)

Institutions:

¹Southern Migrant and Refugee Centre Melbourne Australia, Melbourne, Australia

Diverse Care is provided to elderly migrants living at home who require assistance in the form of personal care, home care, meal preparation, respite or transport. The aim is to provide bi lingual qualified staff to match to cultural and linguistic needs of clients in the staff and we have 46 agencies that use this service. The program received some funding in home.(migrants) This program has been running since 1998 and now employs 90 casual the beginning however is now a self funded program.

The staff range in age from 25 years to 60 years and speak 46 different languages and dialects and come from 35 different countries. The program is in high demand to meet the needs of increasing elderly migrants in Australia. As it is known people revert to their own language as they age and many clients cannot work with people who don't speak their language so this is the unique factor about this program.

The challenges continue to be recruitment of qualified staff who speak the languages in demand, providing staff with updated training to meet the forever changing needs of clients and legal requirements in the aged care sector, and to remain competitive in the market, and to monitor staff in outreach locations who also work part time hours. The aim is to increase this program in other areas of Victoria.

ageing

Abstract ID: 1237

EUROPEAN POLICY ON LIFELONG LEARNING AND OLDER LEARNERS

Authors:

¹Martina Ni Cheallaigh (Presenter)

Institutions:

¹European Commission DG Education & Culture, Brussels, Belgium

The principle of lifelong learning now underpins both the European programmes and policies on education and training. As part of the priorities for European cooperation in the field, Member States have been working on developing lifelong learning strategies. However, adult learning is still the weak link in lifelong learning throughout Europe. Adult participation rates are on average low and they decrease with age.

Opportunities now exist in the European Agenda for Adult Learning and the Bruges Communique to address this deficit. The European Year of Active Ageing and Solidarity between Generations, 2012, provides an excellent opportunity to better define the field of learning in later life, situate it in the context of wider European policies and to develop synergies with related areas, such as employment, social inclusion, sport, health, consumer affairs, environment, etc. The paper will describe emerging developments as well as the contribution of the Lifelong Learning Programme to active ageing.

connects

Abstract ID: 1238

LITERACY AND OLDER PEOPLE IN DURBAN SOUTH AFRICA

Authors:

¹Thandiwe Yeni (Presenter)

Institutions:

¹Muthande Society, Durban, South Africa

Illiteracy is an issues for the whole world but the most emphasis is on younger people as the investment in the necessary resources to improve literacy is seen to be worthwhile. Obtaining the resources to work with older people and to show the value of such an investment is quite rare. This paper will look at current work in Durban South Africa, how and why it was developed, how the resources were obtained and what succeeded have been achieved.

ageing

Abstract ID: 1239

THE DEVELOPMENT OF THIRD AGE UNIVERSITIES IN CHINA

Authors:

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Institutions:

¹Hubei Provincial University of Elderly People, Hubei, China

The development and achievements of the elderly education in China

In September, 1983, China's first elderly university was founded in Shandong Porvince.

Subsequently, in 1984, the local goverments of Guizhou, Harbin, Nanjing, Haidian of Beijing, Guangdong, Liaoning, Shandong Jinan and Guangzhou Ling-hoi had opened their Universities of the elderly in succession. In year 1985, there were 61 third-age Universities and more than 40 thousand learners all over the country. China had taken its historic first step in the field of third-age education.

The history of China's third-age education can be divided into 3 different stages: (1) The starting stage (2) The discovering stage (3) The scientific developing stage. In July, 2010, the "Outline of national medium and long term educational reform and development plan(2010-2020)" was issued and it is the first time the "importance of the education for aged" has been proposed. With the promulgation of the "Outline", the Chinese Characteristic Third-age Education will enter it's fourth development stage, (4) The consciousness developing stage. According to incomplete statistics, the number of elderly universities and elderly schools has grown to 49,289.

connects

Abstract ID: 1240

**SPEECH IN OUTLINE CONCERNING THE DEVELOPMENT OF AGED-CARE SERVICE
IN RURAL AREAS OF JILIN PROVINCE**

Authors:

¹SHUANGXI CHEN (Presenter)

Institutions:

¹ Jilin Provincial Committee on Ageing, Changchun, China

Jilin province utilizes the houses left unused in villages and other resources to rebuild them to the community for home-based aged-care service; depending on the elderly association in villages, the aged care service featured in providing welfare, public interest and mutual assistance is offered to solve the problems in rural aged care service.

I. Way of Construction. By effectively using the resources left unused, integrating the resources available, building the aged care community and other measures, the development of hardware facilities of community is achieved. All factors shall be given full play to form a diversified pattern in which the government allocation, support of all departments, self-financing in rural areas and sponsorship from all sectors of society are involved.

II. Content and patterns of service. The patterns of “Enabling the elders to participate outdoor activities” and “Providing door-to-door services” are adopted to provide the elders with six categories of activities such as living care, spiritual comfort, health care, legal consultancy service, study & education, sports & entertainment, in which nearly 100 kinds of services are provided.

III. Service team. Doing a good job in the development of service team of cadres with the members of two village committees remaining dominant, the service team of elders comprising the members of elderly association as well as the volunteer service team supplemented by villagers and students.

The development of rural community has improved the service facilities and safeguarded the aged care service.

ageing

Abstract ID: 1255

THE QUÉBEC PLAN OF ACTION TO COUNTER ELDER ABUSE (2010-2015)

Authors:

Marie Beaulieu

Institution:

University of Sherbrooke, Québec, Canada and North American Representative of the International Networks for Prevention of Elder Abuse (INPEA)

In June 2010, the Government of Québec (Canada) released its first plan of action to counter elder abuse. This Plan is the result of 30 years of practice in several agencies and lobbying from seniors associations and community based organisations. The Plan was developed by 13 ministries and government agencies; they focussed on four structural changes and over 30 new actions aiming to improve services provided by government agencies and public services. The four structural changes are: a sensitization campaign, a hotline operated by professional social workers, a research Chair and 20 regional coordinators in order to facilitate local and regional response to the problem. The improvement to actual practices cover several issues such as the disclosure of information between agencies, the need to address the reality of specific groups such as GLBT, people living with incapacity, etc. After almost two years of implementation, a first appraisal of the actions will be provided in accordance with the five questions guiding this session.

connects

Abstract ID: 1256

ACTIONS TO COUNTER ELDER ABUSE IN FRANCE: WHAT HAS BEEN DONE IN ALMOST 20 YEARS

Authors:

Françoise Busby (France)

Actions to counter elder abuse in France started with the ALMA France network (elder abuse helplines) funded in 1994. ALMA France is developing a national network of ALMA help line centres, with the aim of having one in each French départements ('counties'). So far, 78 out of 101 'départements' have an ALMA help line center. ALMA France helps professionals and volunteers build an entirely autonomous and self-governing local ALMA elder abuse help line, provides specialist training to all listeners/counselors and administrators, regularly provides free running support and advice, encourages training in medico-social schools (nursing, social workers, police, etc.) and does collaborative work with institutes and universities.

In 2002, a new law concerning all institutions, Loi 2002, was enacted in order to protect the beneficiaries' rights and to promote, coordinate and evaluate social and medico-social innovating actions.

In 2008, the French government has reoriented actions to counter abuse against seniors and the disabled by creating a new national platform including a national telephone number and by supporting the ALMA network.

ageing

Abstract ID: 1257

MORE THAN 15 YEARS OF ACTIONS TO COUNTER ELDER ABUSE IN WALLONIE (BELGIUM)

Authors:

Nicolas Berg (Belgium)

The first actions to counter elder abuse in Wallonie began in 1996. In a few years, several services, with different approaches, were created in different regions of Wallonie. The non-profit agency *Respect Senior* that covers all Wallonie was created in 2008 based on a decree. It encompasses all previous agencies to offer a unique way of action. *Respect Senior* offers professional assistance (psychologists and social workers) to abused older adults via a free phone number, sensitisation of the general public, training of practitioners of other agencies and collaborative intervention approaches with other agencies. *Respect Senior* practitioners have developed a clinical expertise and practical tools to meet the needs of their clientele. They are continuously looking for ways of improving their action.

connects

Abstract ID: 1260, 1261

SUSTAINING CARERS – A NEW AND INNOVATIVE THERAPEUTIC PROGRAM

Presenters:

Prof Joel SADAVOY, Dr Virginia WESSON, Ms Caitlin AGLA, Ms Valeria GROFMAN, Ms Angelina YAU

A unique therapeutic intervention for carers of persons with Alzheimer's disease and related dementia's known as the Reitman Approach will be introduced, demonstrated and discussed. This 3 hour workshop will review the theoretical background and rationale of the program, elements of the 10 week evidence-based therapeutic intervention including a demonstration of the methods used, and the advocacy and policy initiatives undertaken by the centre. In addition, as part of the Reitman Centre's knowledge transfer strategy, the unique tools and resources created for duplication of the program will be presented. This session will conclude with a discussion targeted at eliciting multi-disciplinary perspectives of barriers and implementation considerations for a program of this nature. The objectives of the session are:

1. To provide new information about the nature and origin of problems associated with the stress and burden of providing care for a person with Alzheimer's Disease and related dementias
2. To describe the basic elements and rationale behind the Reitman Approach
3. To describe the key concepts of Problem Solving Therapy as adapted for and applied in the Reitman Approach
4. To demonstrate the simulation methods utilized in the Reitman Approach through a demonstration
5. To describe and demonstrate the learning tools and resources developed for the Reitman Approach
6. To describe the advocacy and policy activities the Reitman Centre is involved with
7. To discuss considerations in the implementation of a unique and intensive intervention aimed at addressing carer's specific needs.

ageing

Abstract ID: 1262

THE NATURE OF PLACE: CAN RURAL AND REMOTE PLACES BECOME AGE-FRIENDLY PLACES?

WORKSHOP I: AGE-FRIENDLY RURAL AND REMOTE COMMUNITIES: LESSONS LEARNED FROM THE FIRST FIVE YEARS

Facilitator:

V. Menec

Institutions:

Canada Research Chair in Healthy Aging and Director, Centre on Aging, University of Manitoba, Canada

Since the global launch of the age-friendly cities in 2007, Manitoba's Age-Friendly Initiative has grown from 10 communities to 85, comprising over 80% of its population. Many communities are small, most are in rural settings and a few are quite remote and isolated. This workshop will provide the opportunity to share problem solving and exciting outcomes, to demonstrate that rural and remote places can become age friendly places.

connects

Abstract ID: 1263

THE NATURE OF PLACE: CAN RURAL AND REMOTE PLACES BECOME AGE-FRIENDLY PLACES?

WORKSHOP II: AGE-FRIENDLY RURAL AND REMOTE COMMUNITIES: DEVELOPMENT, FRAMEWORK, CHALLENGES AND OPPORTUNITIES

Facilitator:

B. Ashton

Institution:

Rural Development Institute, Brandon University. Canada

The challenge of moving age-friendly initiatives into rural and remote communities requires making connections. Pivotal to successful connections are better understanding of rural, defining and addressing challenges and opportunities, and making new connections among organizations and individuals. This workshop will engage participants and draw upon their own rural experiences and knowledge. A community-based development approach will frame our collective explorations and discussions of age-friendly initiatives with rural areas. This workshop will assist participants by clarifying differences among rural areas, providing an adaptable development framework, and highlighting suggestions to address rural challenges and ways to benefit from opportunities.

ageing

Abstract ID: 1264

ADULT IMMUNIZATION: A CENTRAL DRIVER OF PREVENTION AND WELLNESS

Panelists :

- Michael Hodin, Executive Director, Global Coalition on Aging (Moderator)
- John Beard, Director of the Department of Ageing and Life Course, World Health Organization
- Stephen McMahon, Chairman, Irish Patients Association and Governing Board Member, International Alliance of Patients' Organizations (IAPO)
- Prof. Roman Prymula, MD, PhD, Director, University Hospital, Hradec Kralove and Chairman of Central European Vaccine Advisory Board (CEVAG)
- Michael Waldholz, Pulitzer Prize-winning journalist and author, former managing editor at Bloomberg News/Businessweek and former bureau chief at the Wall Street Journal

The rapid growth in aging populations across the globe leads to the need for more attention on the risks of disease and ways to keep us healthy as we grow older. The importance of prevention is paramount in order to keep us healthy and active and maintain the ability to be productive members of society and economic contributors.

In the context of global population aging, adult immunization is a core driver of wellness and prevention programs and therefore essential for healthier and more active aging that will lead to social, health and economic benefits for those in public health implementing such programs. The Global Coalition on Aging (GCOA) will lead this Healthy Aging Workshop, which aims to address the role of adult immunization to advance wellness. Our approach is to convene policy experts on the topics of aging, wellness and economics to engage in a policy dialogue on the value proposition of adult Immunization, particularly in light of the demographic shifts toward aging the next two decades.

Prior to the workshop, we will prepare a background paper to inform the key questions for the workshop policy dialogue. The paper will be informed by data and arguments from the Economist Intelligence Unit report "A New Vision for Old Age: Rethinking Health Policy for Europe's Ageing Society," the World Economic Forum book *Global Population Aging: Peril or Promise*, the Rand Corporation study "A Blueprint for Improving the Promotion and Delivery of Adult Vaccination in the United States," Standard & Poor's report, "Global Aging 2010: An Irreversible Truth" and other sources. The workshop will be structured to arrive at a set of recommendations that can inform a step-wise approach over the next year to create and execute an "Action Plan for Adult Immunization" that would become the anchor for public health guidance toward healthy and active aging globally.

connects

Video presentations

Abstract ID: 595

THE GOOD OLD DAYS OR WERE THEY? WESTERN MEMORIES

Presenters:

J. Glynn (Presenter)

Institutions:

Digital Age Videos, Kilrush, Ireland

Category of Entry: Video

Original Title: The good old days or were they? Western Memories

Language of film: English

Year of production: 2001, but distributed 2002-2011

Length: 50 minutes

Country of Production: Ireland

Director: Josephine Glynn

Photography: Josephine Glynn

Producer: Josephine Glynn

Distributor: Age Action Ireland

Synopsis: This 50 minute film was produced by myself except for professional editing. It is a collection of stories of older people all living in their own homes who attend two Day Care Centers locally. The Video opens out of doors in beautiful scenery with an introduction by James Reddiough, Staff Member of Age Action, followed by a Member of the Care Staff of St Francis Community Day Care Center Galway and the Sacred Heart Home Day Centre in Co Mayo.

It is mostly rural recollections over many themes, including stories and songs. Many participants speak both in English and Irish- our own native Gaelic language. The older people were very vocal, full of ideas and needed little prompting. It evolved against a background of Irish History and Mythology. Special events like St Patrick's Day events were discussed. A sod of turf was passed around recalling sitting by the open fire and storytelling apart from days in the bogs saving the peat. Some recited poetry and other sang songs. One spoke of major tragedy in Scotland and the remains brought home on the last train to Achill. Some gave practical demonstrations of churning butter and making potato cakes. A local group of young people came and sang for them. These were two very innovative centers and there is great credit to all staff concerned. The content was really memories of Irish life and much is still timeless in the West of Ireland. It was financially supported by "People in Need Trust" and was distributed by Age Action to Centers all over the country, who also made a separate audio tape and a small booklet.

ageing

Abstract ID: 599

AGE STRONG

Presenters:

S. O'Connor (Presenter)

Institutions:

Trellis Mental Health and Developmental Services , Seniors at Risk , Fergus, Canada

Category of Entry: Student Documentary film produced between 2002 - 2012

Original title: Age Strong

Language of the film: English

Year of production:2010

Length: 4:59 minutes

Country of production: Canada

Director: Dawn Grimmer

Photography: Tyler Young

Producer: Sheldon Osmond

Distributor: Sheli O'Connor

Synopsis: *Age Strong – Respecting Seniors is Respecting Yourself* is a message that a group of seniors and high school students developed to tackle the issue of ageism and elder abuse in Guelph Ontario Canada. With a grant from the Government of Canada New Horizons for Seniors Program, this project took a social marketing approach to addressing an underlying cause of elder abuse, AGEISM. The 15 students and 12 older adults met in 2010 with the goal of creating an ageism awareness toolkit that could be used in high schools. The students and seniors took the lead in creating their own slogan, rap song and video. The group created a catchy slogan with the message **AGE STRONG – Respecting Seniors is Respecting Yourself** which they displayed on t-shirts and bracelet give aways for their peers. The highlight of their work was the creation of a rap song and video. The rap song was written by a student in the group to reflect on their many intergenerational discussions on ageism. A second student wrote and produced the song music. Putting it all together, the students and seniors took part in the creation of their own intergenerational video to showcase their rap song and time together. Focusing on reaching out to a tech savvy computer generation of teenagers, the students insisted that the information be brought to their peers via the internet and social marketing sites including youtube and their own facebook page.

Age Strong - www.youtube.com/watch?v=xdhkh1XE-LM

connects

Abstract ID: 600

CYBER SMART

Presenters:

S. O'Connor (Presenter)

Institutions:

Trellis Mental Health and Developmental Services , Seniors at Risk , Fergus, Canada

Category of Entry: Student Documentary film produced between 2002 - 2012

Original title: Cyber Smart

Language of the film: English

Year of production: 2011

Length: 4:59 minutes

Country of production: Canada

Director: Tyler Young

Photography: Tyler Young

Producer: Tyler Young

Distributor: Sheli O'Connor

Synopsis: The Cyber Smart project brought grade 12 students and older adults together to create a community event to raise awareness of internet fraud and cyber crime. As part of the curriculum for a Grade 12 Leadership course, 15 older adults including retired teachers, met regularly with the students at St. James Catholic High School, Guelph between March and June 2011. The students and seniors shared their knowledge and expertise to identify key aspects of the issue and designed their own public event and accompanying resources. The team was supported by local service providers and police officers of the Fraud Unit, Guelph Police Services. The intergenerational "Cyber Smart" team created brochures , interactive activities and a display booth for a successful public event held at a downtown mall on May 26, 2011. The key element of their event was the design and performance of a "flash mob" involving students and seniors acting as fraudsters with official police officers participating to capture the fraudsters after a police chase through the mall. The intergenerational project was captured on video, including the flash mob event and the "Cyber Smart" video produced was distributed in the community AND uploaded to Youtube and other social networking sites. The goal of the workshop was to educate the community about various forms of internet fraud and cyber crime. The project was also successful in heightening awareness of the value of intergenerational activities and dispelling ageist attitudes/stereotypes. The video was uploaded onto social networking sites including

youtube: <http://www.youtube.com/watch?v=HhRx5FELPhw>

ageing

Abstract ID: 848

VOICES OF ADVOCACY: OLDER WOMEN SPEAK OUT!

Presenters:

Peggy Edwards (Presenter)

Institutions:

Grandmothers Campaign, Ottawa ON, Canada

Category of Entry: Documentary film produced between 2002 - 2012

Title: Voices of Advocacy: Older Women Speak Out

Language: English

Production: 2010

Length: 12 minutes

Country of production: Canada

Director: Melanie Willis

Photography: Melanie Willis, Robert Rooney, Maureen Murphy

Producer: Brenda Rooney (Rooney Productions), Peggy Edwards

Distributor: Peggy Edwards

Synopsis: "How do we engage, nurture and sustain older women as advocates in civil society?" In 2010, Peggy Edwards studied the unique Grandmothers to Grandmothers Campaign (in Canada and Africa) to find answers to this question. This video provides the results of her work in a compelling and inspirational exploration of older women's engagement in the Grandmothers Campaign. Older women who volunteer in this Campaign are working to turn the tide on HIV and AIDS in sub-Saharan Africa, and to provide a voice in Canada and with international agencies for African grandmothers and the millions of AIDS orphans in their care. The story is told through the voices of six women who represent some 10,000 older women involved in the campaign and the impressive visuals showcase older women in their 60s, 70s and 80s taking action. The film breaks down stereotypes about aging and older women and demonstrates their strengths and capacities. It also demonstrates how voluntary engagement and taking action is good for older women's health and well-being.

"The video provoked a good conversation about inter-generational relationships, and the capacity of older women as leaders and learners in modern society". ... professor, School of Nursing, George Brown College, Toronto

"This video will make you laugh and cry, feel proud of what we do, and rejoice in active aging." ... grandmother in Halifax, Nova Scotia

connects

Abstract ID: 878

RESOURCE, NOT A BURDEN! OLDER VOLUNTEERISM AS AN OPPORTUNITY TO DEVELOP AND CONTRIBUTE

Presenters:

G. Minnigaleeva (Presenter)

Institutions:

National Research University Higher School of Economics, Centre for Studies of Civil Society and Nonprofit Sector, Moscow, Russia

Category of Entry: Documentary film produced between 2002 - 2012

Original title: «Ресурс, а не обуза! Добровольчество в пожилом возрасте как возможность развития».

Language of the film: English

Year of production: 2011

Length: 20 minutes

Country of production: Russia

Director: Elena Kornilova

Camera: Vladimir Burashnikov, Kanziya Ihina

Producer: Gulnara Minnigaleeva

Distributor: Gulnara Minnigaleeva

Synopsis:

The film is created by older volunteers of the TV studio "50+" (a joint project of the Organization of Retired Persons "Wisdom Ripening" and Television Company "Tuymazy"). The documentary presents ideas, stages and results of volunteer projects run by ORP Wisdom Ripening in Tuymazy, Republic of Bashkortostan, Russia. The organization is dedicated to creating conditions for active and meaningful ageing. The ideas of convergence of active life style, development, engagement at any age are in the core of the beliefs of its members.

The documentary shows how ORP members develop and contribute during their participation in the range of volunteer projects. The members sit on different board committees, create and run several projects, such as tourism, hiking groups, film creation, etc. They teach in the Third Age University, act as mentors in educational projects targeting children from disadvantaged families and children with disabilities (project "Grannies for children"). They help the city administration identify age-friendly city strategies, and engage in intergenerational interactions while they literally clean the streets together with schoolchildren.

The abovementioned volunteer activities are presented in the documentary from three perspectives: Organization process: how things are organized, what difficulties and surprises the organizers have encountered and how they have dealt with it, things learned, stages and outcomes for all participants, benefits and outcomes in terms of learning and employment opportunities for volunteers;

Outsiders' views: what it looks like for outsiders and beneficiaries;

Older volunteers' views: ideas, evaluations, benefits for volunteers, development and learning opportunities

ageing

Abstract ID: 1023

HE WOULDN'T TURN ME LOOSE: THE SEXUAL ASSAULT CASE OF 96 YEAR OLD MISS MARY

Presenters:

J. Vanden Bosch (Presenter)

Institutions:

Terra Nova Films, Chicago, IL, USA

This video presents the real life case of 96 year old Miss Mary, who was sexually assaulted by her grandson. Miss Mary had been living with her grandson and his wife for five years when the assault took place. The video relates the tactics used by Miss Mary's grandson and his wife to exploit Miss Mary financially. Then, one evening when his wife was out, the grandson sexually assaulted Miss Mary over a period of several hours.

After the attack and hospitalization, Miss Mary's family refused to believe her and were not supportive. Miss Mary was placed in a nursing home, where she lived in pain and needed ongoing care. She was admitted to the nursing home under the name of "Jane Doe" for safety reasons. Her primary social interactions were with staff and residents of the nursing home and the advocates she met after her assault. Miss Mary, however, retained her strength of character and fully participated in the subsequent prosecution and trial of her grandson.

Through interviews with Miss Mary, various professionals involved in investigating and trying the case, and with victim advocates who helped Miss Mary, the video reveals some of the dynamics involved in this case, and how it was successfully brought to trial and prosecution.

connects

Abstract ID: 1223

DOCUMENTARY: THE ROLE OF VACCINATION IN PREVENTING DISEASE AMONG THE AGEING

Presenters:

C. Fernandez (Presenter)

Institutions:

Pfizer, Collegeville, PA, USA

Objective: By 2050, it is projected that the number of people 60 years and older worldwide will exceed that of the younger population (less than 15 years old). A new documentary, developed by director Gary Nadeau and funded by Pfizer, aims to challenge the notion of ageing and motivate viewers to ensure older adults have access to preventive health options.

Description: This documentary aims to educate the public on the importance of adult vaccination as a part of healthy ageing. The short film addresses the need for a paradigm shift on how older adults manage their health, from a focus on treatment of disease to one of preventive health management.

Through testimonials from patients, caregivers and healthcare professionals about the impact of serious disease, the film intends to raise awareness of not only the medical impact of serious disease but the emotional toll on the individual and family. It focuses on a common, yet misunderstood, disease among older adults – pneumonia – and humanizes the burden placed on those impacted by the illness. Healthcare providers offer educational perspectives on valuable components of healthy ageing and disease prevention, including exercise and smoking cessation, and focus on the importance of adult vaccination.

Interview segments and scenic imagery from Brazil and Spain are woven together to showcase the role of older adults in the community, both as part of a large city and small family units. It also addresses the lifestyle of these patients to challenge a viewer's perceptions on ageing.

Together, these sentiments showcase how aging communities can help protect themselves from serious disease through preventive health strategies, including adult vaccination.

ageing

Abstract ID: 1245

LA TÉLÉ DES AÎNÉS DE SAGUENAY (SAGUENAY'S SENIORS TV)

Presenters:

G. DESBIENS (Presenter)

Institutions:

UNIVERSITÉ DU QUÉBEC À CHICOUTIMI, SOCIAL SCIENCES, CHICOUTIMI, Canada

Language of the film: non-English with English subtitles

Year of production: 2011

Length: 194 minutes

Country of production: Canada

Director: Sylvain Grenier and Alexandre Rufin

Photography: Sylvain Grenier and Alexandre Rufin

Producer: The City of Saguenay

Distributor: The City of Saguenay

La Télé des aînés de Saguenay (Saguenay's Seniors TV) is a serie of seven episodes conceived by a group of Saguenay's seniors. Led by the cultural mediation program of The City of Saguenay (Québec, Canada) and supported by a professional TV coordination team, this project aimed to give the elderly a place to express themselves and to learn, but mostly to retrieve them from social exclusion. Financially supported by the federal program New Horizons for seniors, these seven TV episodes were produced by The City of Saguenay and presented in autumn 2011 at VOX, the community TV station.

24 seniors participated to the project. They were aged from 56 to 98 years old and they participated to all the steps leading to the final results, from the brainstorm, to the writing, the filming and the directing, to the pre interviews to the interviews... The series has finally showed to the Saguenay's community how elderly could still be extremely and socially active, how their knowledge is still very valuable and how being alive is having projects and joviality, whatever is your age!

connects

Photograph presentations

Abstract ID: 421

NO AGE IS OLD - NO CAGE IS GOLD; BUT OLD AGE @ 2ND HOME - FEELS LITTLE COLD

Author: A. Lakare

Institution: ILC-India & Association of Senior Citizens Organizations Pune -ASCOP, PUNE, India

Countrywhere taken: India

Year when taken: 2011

Type of camera: SONY - DSC-W150

1. The outlook of old age home - 2 nd home - away from home



ageing

2. The inner compartment - 2nd home - away from home



3. 2nd home - away from home. Can we return to 1st home ??



INDIA is rapidly growing in all spheres including Population Ageing. Today every 'Eleventh' person is a Senior Citizen in 1.2billion population.

By 2050 every 'Sixth' person will be a Senior Citizen! Group of age 80+ is also increasing rapidly, which will make the task more difficult to policy makers for Geriatric care.

Demographic Transition in INDIA - Migration due to Globalisation, Modernisation and Urbanisation, Joint Family System is slowly fading. Youths are moving out and forming a Nuclear Family which cannot accommodate Elderly. Hence the need of an 'Old Age Home' is coming up. Either Elderly are forcefully kept or who cannot get 'Happiness' at their 1st Home prefer Old Age Home to gain some Joy of Ageing!!

'Ageing Connects'... concept also connects humane in such 2nd - Old Age Homes.

Most importantly, these Old Age Homes mainly takes care of services required for the 4 Ds - Diseases, Disabilities, Dependency and Destitute (Clause 12(h) of Madrid Plan).

Needless to say 'Old Age Home is 2nd Home'. Why Elderly are opting for? Did Social aspects need to study?

Feelings of INDIAN 'Grand Pa' - the slide shown by Avinash Lakare during presentation at INIA-UN, Malta in Feb 2011.

› Songs Need Tuning, Words Need Meaning; 'Grand Pa' in Hot Sun,Needs your Feelings!

› Crow Urges Wing, Sparrow Urges Nest; 'Grand Pa' Urges, A Hug &Kiss for the Best!!

› Right From Sunday, Till Next Monday;'Grand Pa' Loves You Daily, Not Missing Any Day!!!

ageing

Abstract ID: 873

NOURISHING BODY AND SOUL

Author: S.L. Moore

Institution: Beverly Centre, Calgary, Canada

Country where taken: India

Year when taken: 2010

Type of camera: Canon EOS 7D

Description: Metok, 96 loves to take her lunch out to the garden to share meal times with friends at a Home for the Destitute Elderly and Children.



connects

Abstract ID: 874

PREPARING HOMAGE

Author: S.L. Moore

Institution: Beverly Centre, Calgary, Canada

Country where taken: India

Year when taken: 2010

Type of camera: Canon EOS 7D

Description: Faith is an important part of the residents at the Jamgon Kongtrul Memorial Home. Reflected here is Doma preparing butter lamps: part of her practice of Tibetan Faith.



ageing

Abstract ID: 875

TOGETHER IN FAITH

Author: S.L. Moore

Institution: Beverly Centre, Calgary, Canada

Country where taken: India

Year when taken: 2010

Type of camera: Canon EOS 7D

Description: Two women share together in friendship and faith at the Jamgon Kongtrul Memorial Home in India.



connects

Abstract ID: 1104

JOY

Author: S. Aziz

Institution: International Federation on Ageing, Boynton Beach, FL, USA

Country where taken: China

Year when taken: 2003

Type of camera: Minolta Freedom Zoom 140 EX Panorama, 35 mm point and shoot

Description: This woman's inner spark ignites the light in others and brings sunshine to residents and caring staff in the nursing home where she lives in rural China.



ageing

Abstract ID: 1106

PRIDE

Author: S. Aziz

Institution: International Federation on Ageing, Boynton Beach, FL, USA

Country where taken: China

Year when taken: 2003

Type of camera: Minolta Freedom Zoom 140 EX Panorama, 35 mm point and shoot

Description: Strategically positioned outside a restaurant en route to the Longgong Dragon Palace Cave, this delightful vendor waited patiently for travelers to finish lunch before offering his small bags of nuts.



connects

Abstract ID: 1108

CONTENTMENT

Author: S. Aziz (Presenter)

Institution: International Federation on Ageing, Boynton Beach, FL, USA

Country where taken: China

Year when taken: 2003

Type of camera: Minolta Freedom Zoom 140 EX Panorama, 35 mm point and shoot

Description: This congenial man took a break from his walk in the park to savor the pleasure and relaxation of his pipe--a tradition. We communicated through smiles and other gestures.



ageing

Abstract ID: 1130

DIGNITY

Author: J. Sykes

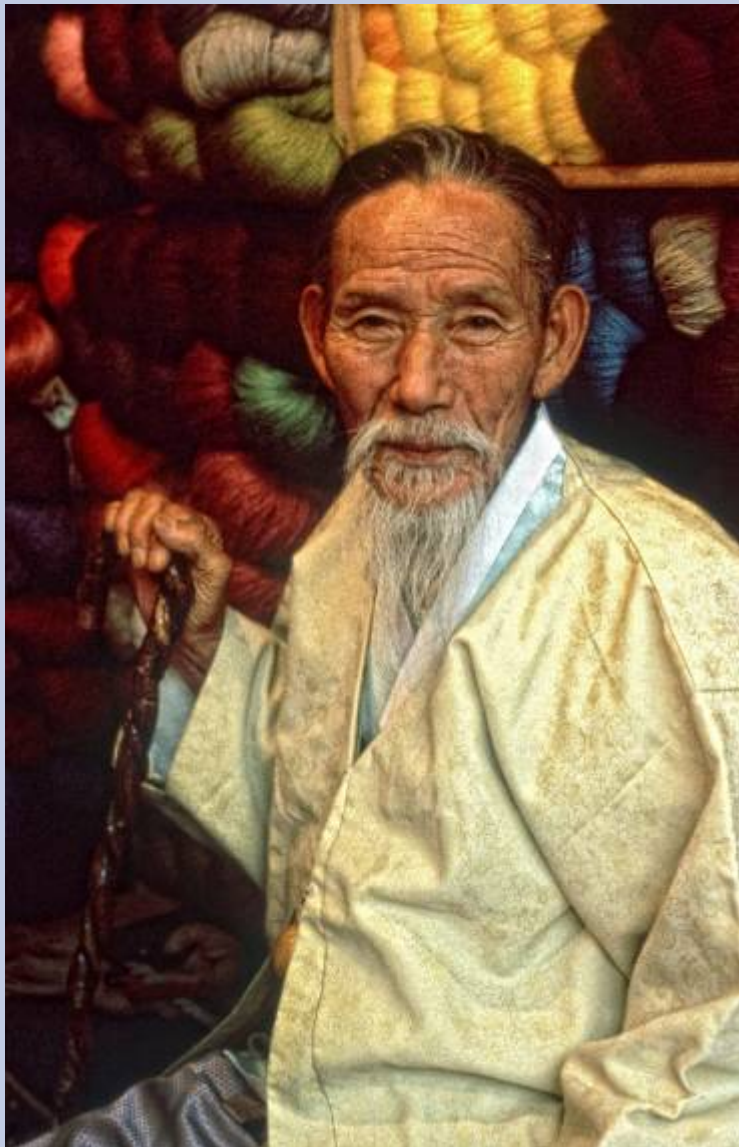
Institution: University of Wisconsin, Medical School, and IFA, Madison, WI, USA

Country where taken: Korea

Year when taken: 1983

Type of camera: Canon 35 mm SLR

Description: Surrounded by elegant silks, this Korean shopkeeper works six days every week. Although it takes a bit longer to rise from his bench, he greets each customer, standing and bowing.



connects

Abstract ID: 1131

ANTICIPATION

Author: J. Sykes

Institution: University of Wisconsin, Medical School, and IFA, Madison, WI, USA

Country where taken: Bosnia

Year when taken: 1985

Type of camera: Canon 35 mm SLR

Description: Grains and people mature. As his field ripens, this farmer shows his affection for the flowers of his labor—and the sense of anticipation he feels as the harvest nears.



ageing

Abstract ID: 1132

TRANSFORMATION

Author: J. Sykes

Institution: University of Wisconsin, Medical School, and IFA, Madison, WI, USA

Country where taken: Pakistan

Year when taken: 2009

Type of camera: Canon PowerShot SD 950 IS digital

Description: Watching potters in Pakistan, I admired their artful craft. With their hands, they transformed the clays of river bottoms into objets d'art, functional and beautiful.



connects

Abstract ID: 1250

MEANINGFUL ACTIVITY

Author: R. Stroebe

Institution: National Coordinator of the Eden Alternative South Africa

Country where taken: South Africa

Year when taken: 2011

Type of camera: iPhone

Description: Meaningful Activity: a warm midday snooze next to man's best friend in the midlands of Kwazulu-Natal.



ageing

Abstract ID: 1251

TAKING HANDS

Author: R. Stroebel

Institution: National Coordinator of the Eden Alternative South Africa

Country where taken: South Africa

Year when taken: 2011

Type of camera: iPhone

Description: Taking hands – working in multi-cultural communities provide rich experiences for education by elders in their values, beliefs and experience.



connects

Abstract ID: 1252

A LIFE WORTH LIVING

Author: L. de Bruyn

Institution: graphic designer for the Eden Alternative South Africa

Country where taken: South Africa

Year when taken: 2011

Type of camera: Canon 20D.

Description: A Life Worth Living – we have to embrace what we can learn from our elders. Their teachings allows us to express love, kindness and care.



ageing

Abstract ID: 1253

HELPLESSNESS...

Author: M. van Zyl

Institution: Director of Strategic Partnerships for Geratec South Africa

Country where taken: South Africa

Year when taken: 2011

Type of camera: Pentax Digital

Description: Helplessness...



connects

Abstract ID: 1270

JOSEPHINE GLYNN

Author: Josephine Glynn

Institution: Digital Age Videos, Kilrush, Co Clare, Ireland

Country where taken: Ireland, photo taken near Loop Head on River Shannon, Clare, Ireland

Year when taken: 2011

Type of Camera: Fuji fine Pix 14 Mega Pixels

Description:

Ms Josephine Glynn

Digital Age Videos, Tour Guide

Age: 83 Years

Kilrush, Co Clare, Ireland

Josephine Glynn aged 83 years lives in Kilrush, Co Clare and enjoys boating, travel and photography. She works as a Tour Guide having retired as a Social Worker in Dublin, New York and Australia.



ageing

Abstract ID: 1271

NORA CANAVAN

Author: Josephine Glynn

Institution: Digital Age Videos, Kilrush, Co Clare, Ireland

Country where taken: Ireland, photo taken in Doolin, Co Clare

Year when taken: 2012

Type of Camera: Fuji Fine Pix 14 Megapixels

Description :

Mrs Nora Canavan

Widow and Housewife

Doolin, Co Clare

Age: 103 years

Nora at 103 enjoys knitting for her great grandchildren and gardening dahlias and roses. She is a farmer's widow with seven children and lives in Doolin, Co Clare near the sea.



connects

Abstract ID: 1271

JACK DUNLEAVY

Author: Josephine Glynn

Institution: Digital Age Videos, Kilrush, Co Clare, Ireland

Country where taken: Ireland, photo taken in Kilrush Ireland

Year when taken: 2011

Type of camera: Fuji Fine Pix 14 Mega Pixels

Description: Jack was a happy family man born educated and worked as a grocer in Kilrush. He played and supported all local sports. He had a keen sense of humour. He died aged 101 on 5th February 2012.



ageing

List of symposiums

M-1a Theme: Work and the ageing labour force

COMBINING EMPLOYMENT AND CARE-GIVING

The International Federation on Ageing (IFA) holds its 11th Global Ageing Conference in spring 2012 in Prague, Czech Republic. This is both a special time and a special place with major significance for the ageing world we live in. 2012 coincides with the 10th Anniversary of the Madrid International Plan of Action on Ageing, the European Year of Active Ageing (2012) and the WHO Year of Health (2012). And Prague, capital city of the Czech Republic, represents the post-communist societies of Central and Eastern Europe that have been undergoing the transition from state-socialist to free market societies for the past 20 years and are now facing yet another, this time demographic, transition to become ageing societies, before the previous one was completed. While the sophisticated welfare states of Western Europe are struggling to cope with the demands of population ageing (e.g. pensions, health care, long-term care), Eastern Europe is ill prepared for this change. Moreover, there is much concern across Europe and the world – demographic ageing is indeed a global phenomenon affecting almost all countries worldwide by 2050 – how ageing workforces will continue to generate economic growth. With rapidly growing numbers of older people living into their 80s, 90s and even 100s, numbers of people needing long-term care are projected to multiply as well. With both welfare states and families being over-stretched, we need new solutions for safeguarding health and well-being of future older people and of the people giving care to them. Much of this care will have to be delivered by family members well into their 50s and 60s themselves who continue to be employed – both their countries' welfare states and economies rely on them extending their working lives, and they rely on working longer to earn a decent pension. This plenary will address key challenges resulting from the problematic outlined above – the need for older workers to continue working longer while at the same time giving care and assistance to their older family members. Its ambition is to bring together all relevant stakeholders, including working carers, employers, policy makers, academics, and voluntary sector to engage in a plenary discussion of challenges and possible solutions (better integration of working and family lives, utilisation of telecare technologies, etc.) ahead of us.

Moderator: A. HOFF (Germany)

ID 1226

R. ANDERSON (UK)

Informal working carers in Europe

ID 1229

R. BLEWITT (UK)

The Future We Want

M. CABRNOCH (Czech Republic)

ID 1224

A. MARTIN-MATTHEWS (Canada)

Combining Employment and Care-giving: A Research Perspective from Canada

ID 1227

J. PEREK-BIALAS (Poland)

Work and Care Responsibilities for Older Family Members in Central and Eastern Europe

ID 1225

S. YEANDLE (UK)

Will telecare help to solve the work and care dilemma?

ageing

M-1b Theme: Access to knowledge, education and training

LEARNING THE LESSONS: EDUCATION IN LATER LIFE AND FOR AN AGEING SOCIETY. BUILDING ON EXPERIENCE ACROSS THE WORLD

The inability to raise the profile of later life learning within policy debates around active ageing across the world is of major concern and reflects: -

- a world where education is still mainly viewed as an activity for children and not of value to all adults throughout their lives
- a lack of research and researchers about the proven value of later life learning
- a lack of dialogue between those within education and those concerned with health, well-being, active ageing and welfare of older people whether this is policy makers, academic researchers, those who interface with or represent older people and even among older people themselves.
- a need for a better interface between policy, practice, research and the voices of older people in the field of later life education
- a need for a rethink into how we reach older people and how we teach them.

What this symposium wishes to explore is: -

- the potential for later life learning and access to education as integral and key elements of all ageing strategies;
- in showing what can be achieved by highlighting what work has already been undertaken in policies, actions and research; and
- developing a better understanding of some of the barriers that have prevented education for an ageing society being better appreciated, understood and adopted; and by highlighting actions that have been undertaken to remedy this.

Moderator: J. SOULSBY (UK)

ID 1213

F. KOLLAND (Austria)

Why later life learning is important

ID 1238

T. YENI (South Africa)

Literacy and older people in Durban South Africa

ID 1237

M. NI CHEALLAIGH (Belgium)

European policy onlifelong learning and older Learners

ID 1214

G. MINNIGALEEVA (Russia)

Third age universities for all in Bashkortostan, as Russia ages!

ID 1239

Y. YING (China)

Development of Third Age Universities in China **(Poster)**

connects

SY-02

EXPANDING E-HEALTH KNOWLEDGE FOR AN AGEING SOCIETY

Use of e-Health solutions, such as in telehealth will become more and more usual in the lives of older adults. Especially for single older adults, whom do not have sufficient access to social resources in order for someone else to take care of them. In such cases, e-Health solutions could make the difference between living independently or moving to assistant living care facilities. In addition, small- and medium businesses (SMB's), are designing and developing e-Health solutions for older adults in order to support them to age-in-place. Dutch SMB's have several questions with regard to e-Health solutions for older adults, which center around the issue of having the right target group, the usability of the e-Health solution, and in constructing the right business model. SMB's however, lack knowledge about how older adults perceive e-Health solutions and they have no or less information about the preferences of older adults for these new products. Furthermore, older adults still have an illiteracy in e-Health solutions.

In this symposium results will be presented about the preferences of older adults for e-Health solutions and about how SMB's can support older adults and health care professionals in the use of e-Health. Topics addressed will be: e-Health business model dynamics in long term care; the use of sensor technology at home and via an application on the mobile phone and what the preferences are of older adults; use of videoconference as a tool in telehealth, the usability of this service and the preferences of the users. With this symposium we want to contribute to improve the awareness of older adults about e-Health solutions. Furthermore, attending SMB's will receive information about how older adults perceive e-Health solutions.

Moderator: H.S.M. KORT (Netherlands)

642

M.G.E.F. ANTONIETTI (The Netherlands)

Use of video communication for e-mental health in an ageing society

641

H.S.M. KORT (The Netherlands)

Sensor technology, the perception of family carers and older adults

643

Y. SCHIKHOF (The Netherlands)

Videoconference as a tool in telehealth for the elderly

640

R. UDO (The Netherlands)

E-health business model dynamics to facilitate telehomecare in an ageing society: The Dutch experience



SY-03

INTERNATIONAL PERSPECTIVES ON INTEGRATED COMMUNITIES FOR AGING FROM EUROPE, JAPAN AND ISRAEL

This symposium presents a variety of perspectives and examples from 4 different countries (Sweden, Germany, Israel and Japan) on the design, establishment, and maintenance of age-friendly and service-integrated communities. The role of cultural values in this type of community development will be discussed and the lessons that have been learned from each country will be shared so that all can improve future communities.

Moderator: M.E. MCCALL (USA), C. HENNING (Sweden)

533

T. ANME (Japan)

Twenty years of an integrated aging community in Japan

534

H. STOLARZ (Germany)

Integrated Service Areas (ISA) for aging in place in Germany, Switzerland, Denmark and the Netherlands

532

C. HENNING (Sweden), H. STOLARZ (Germany)

The history and future of integrated elder housing in Sweden: Lessons learned for 21st century planning

535

A. LOWENSTEIN (Israel)

Community supports for aging in place in Israel: New strategies for older persons

connects

SY-04

THE ROLE OF VOLUNTEERING, CIVIL SOCIETY, AND SOCIAL INTEGRATION FOR THE WELL-BEING OF OLDER PERSONS: INTERNATIONAL PERSPECTIVES

In this symposium, presenters from four countries will discuss the critical role that volunteering and engagement with civil society play in supporting the well-being of older persons, regardless of their functional status, income, or social role. From Sweden, we will present a multi-year study of volunteering in that country and learn about the different “types” of volunteers and how various arenas of volunteering converge – specifically, caregivers who also volunteer in other areas of society. From Japan, we hear about the importance of volunteering and peer support among older persons and its relationship to well-being and to longevity, learning that even as people get into old-old age, their connection to civil society remains a vital motivator for living. From Israel, we will discover a unique approach to engaging older persons in helping one another to stay in the community – to age in place – and learn how the national government and local educational institutions support this effort. From the U.S., we see how even low-income and frail elderly can come together to support one another through mutual help and trading of services – the “village” model that has become increasingly popular across the U.S. and learn what modifications may need to occur to assist people from a wide variety of social positions to thrive, not just survive, in their later years.

Moderator: M.E. MCCALL (USA), T. ANME (Japan)

538

A. LOWENSTEIN (Israel)

Advisory stations for older persons in Israel: The role of elderly peer advisors in maintaining well-being in later years

539

T. ANME (Japan)

Civic engagement and well-being in Japan: The role of peer support and volunteering in healthy aging and longevity

537

M. JEGERMALM (USA), C. HENNING (Sweden)

The role of civil society in health and social services: The Swedish case

536

M.E. MCCALL (USA), A. SCHARLACH (USA)

Volunteering and mutual support among low-income elders in the United States: Challenges and triumphs in civic engagement

ageing

SY-05

INCOME THROUGH WORK AFTER RETIREMENT: EXPLORING POLICY LESSONS

The uptake of work among retirees has increased in many countries across the world. Sometimes they work because they want to, and often also because they have to work as it is the only way to secure a decent income in old age. Certainly in the context of the recent financial and economic crisis affecting large parts of the world, state pensions do not always suffice. Accumulated occupational pensions may also be insufficient because of prolonged periods with low wage, unemployment, part-time work or care for children. Women especially often find themselves with insufficient pension rights to guarantee a dignified old age. On the other hand, employment opportunities might not always be available, for example because available jobs and support services do not allow pensioners to combine work with care for a frail partner, because of discrimination based on age, or because simply there are insufficient jobs available.

This symposium draws on evidence from Europe and the US to develop a holistic understanding of 'paid work after retirement'. Drivers and consequences of work after retirement are discussed, as are its varying and evolving prevalence and characteristics in different countries. Facilitators at the company-level will be discussed. Evidence comes from case studies of companies which search to hire and retain pensioners. Attention will also be paid to what governments can do, in the context of labour market policies, tax and benefit systems, equal opportunity regulations and social protection policies. The symposium aims to explore what governments and companies can do, drawing lessons of potential use to developed countries, but also explores through discussion whether these lessons can be of equal use for developing countries.

The symposium contributes to the core MIPAA concepts and recommendations. For those pensioners who *want* to work, the symposium searches to contribute to promoting the participation of older persons as citizens with full rights. In particular for persons who *need* to work, the symposium contributes to discussing what governments and other actors can do to assure that persons everywhere are able to age with security and dignity. Furthermore, overall, it stresses the need to integrate the evolving process of global ageing with the larger process of economic and social development.

Moderator: R. ANDERSON (UK)

570

H. DUBOIS (Ireland)

Work after retirement: Needs, interests and opportunities

572

G. NAEGELE (Germany)

What can governments and companies do? Evidence from Germany

573

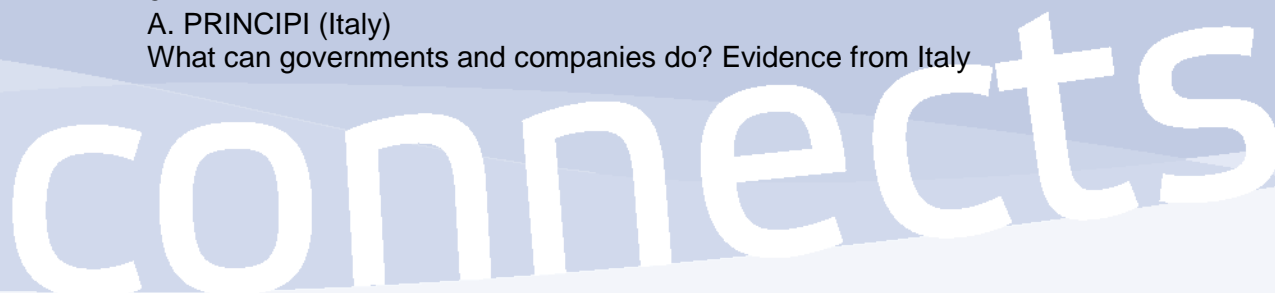
M. POTŮČEK (Czech Republic)

What can governments and companies do? Evidence from the Czech Republic

574

A. PRINCIPI (Italy)

What can governments and companies do? Evidence from Italy



SY-06

AGEING, THE BUILT ENVIRONMENT AND LIVEABILITY IN AN EXTREME CLIMATE

Population ageing and climate change are two of the greatest challenges facing contemporary societies. While each are now well researched, only rarely are they viewed together. When this is done, compounding vulnerability is evident, exacerbated by ageing in place policies since more older people will be living in the general community rather than institutions. This raises questions about the sustainability and liveability of prevailing housing and neighbourhoods and their capacity to contribute to climate change adaptation.

Australia is particularly vulnerable to extreme climatic events – to flooding and cyclones in the tropical north, and extreme heat and bushfires in the dryer south. It is also highly urbanised – making the population more vulnerable to extreme temperatures due to the urban heat island effect. Given an ageing population and the vulnerability of older people to extreme climatic events, it is now critical that the design of housing and urban areas assist older Australians to adapt to the impacts of climate change to improve liveability. Rather than focussing on specialised housing for the elderly, this requires a broader mainstreaming policy approach where not only are the needs of the older cohort addressed, but also many other sectors of society, creating a sustainable and liveable built environment legacy for the future.

Four papers will examine the relationship between ageing, climate change and liveability of housing and the urban environment through the findings of four recent research projects: a National Climate Change Adaptation Research Facility (NCCARF) funded project on Ageing, the Built Environment and Adaptation to Climate Change; the Local Government and Ageing Project and a study of the Age-friendliness of Regional Town Centres both funded by the NSW office of Ageing, Disability and Home Care (ADHC); and a study of Downsizing Amongst Older Australians funded by the Australian Housing and Urban Research Institute (AHURI).

Moderator: B. JUDD (Australia), C. BRIDGE (Australia)

580

B. JUDD (Australia)

Compounding vulnerability: Population ageing, climate change adaptation and the built environment

581

M. KAY (Australia)

Local government and ageing in different environments

582

C. BRIDGE (Australia)

Ensuring enabling and supportive regional town centres: An in-depth look at three from an older person's perspective

583

C. BRIDGE (Australia) on behalf of T. ADAMS (Australia)

Policy factors which impact on older people's decision to downsize

SY-07

DIMENSIONS OF AGEING AND WELLBEING

This symposium brings together the findings from 3 large national longitudinal studies, the English Longitudinal Study of Ageing (ELSA), the New Zealand Longitudinal Study of Ageing (NZLSA) and the US based Health and Retirement Study (HRS), and 1 large international longitudinal study, the Survey of Health Ageing and Retirement in Europe (SHARE). It explores a diverse range of associations between resources, life experience and quality of life among older people.

The first paper focuses on the influence of midlife working conditions on health in later life across 15 countries and, in particular, the effects of psychosocial stress at work and the impact of differing labour market policies on the later life of older people. The SHARE, ELSA and HRS datasets provide the bedrock for analysis.

In the second paper, the relationships between age, age cohort, survival effects and socio-economic factors will be examined in an exploration of the relationship between age and wellbeing using the ELSA database.

The final paper explores the two specific dimensions of sexuality and discrimination as they impact on the wellbeing and quality of life of older people. The NZLSA database is used for this purpose.

The symposium aims to present this broad range of data, sourced from 16 countries, which address various dimensions of ageing and wellbeing, to illustrate the complex and multi-leveled nature of wellbeing. Although these papers acknowledge the importance to older people of their access to resources and their feelings of satisfaction and happiness, the symposium primarily focuses on the broader dimensions of the functioning capability of senior citizens (Sen 1999). The implications for social and economic policy settings will be spelt out.

Moderator: C. WALDEGRAVE (New Zealand), J. NAZROO (UK)

607

M. WAHRENDORF (Germany)

Long-term influences of midlife working conditions on health in later life – comparative analyses

609

J. NAZROO (UK)

Ageing, age cohort and survival: Examining the relationship between age and wellbeing

612

C. WALDEGRAVE (New Zealand)

Sexuality and discrimination and their impacts on health and wellbeing

connects

SY-08

AGE AND GENERATION IN A CONNECTED WORLD: NEW EXPERIMENTS IN AUSTRALIAN THINKING AND PRACTICE

The MIPAA emphasises the importance of wellbeing and a supportive environment for both a positive experience of ageing and of intergenerational collaboration. Even in the short time since 2002, information and communication media have experienced dramatic growth and development, both in terms of the processes and the means of communication available. This Symposium will be used to examine a diverse range of connective technologies within an Australian context, particularly by not-for profit organisations working in partnership with older people. Australia is currently embarking on a major infrastructural programme to bring broadband to a country with rapid urban growth, dispersed rural populations, wide distances and trans-national migration, each of which has significant implications for intergenerational patterns of communication and nation states facing similar demographic challenges. Particular attention will be paid to the uses made by older adults and how that has influenced our understanding of intergenerational relationships. A discussant (Lowenstein) with an international reputation in the field of intergenerational communication will place these developments in a wider global context. The Symposium will include papers on: the use of video technology to examine intergenerational communication, tablet mobile technology and virtual connectivity to counter social isolation, the use of social media by older adults in this changing technological climate, and the challenges to conceptual thinking about the 'digital divide' between generational groups and mediated forms of communication on age-identity.

Moderator: S. BIGGS (Australia), A. LOWENSTEIN (Israel)

608

S. BIGGS (Australia)

Generational intelligence and the digital divide: Reflections on mediated communication and intergenerational communication

604

C. MORKA (Australia)

Connected futures through technology: BSL projects on ICT for older people

743

S. HENDY (Australia)

Analog and digital world's collide?

621

B. DOW (Australia), S. BIGGS (Australia)

Age encounters: Intergenerational relations communicated through video



SY-09

COMBINING JOB AND CARE – CONFLICT OR OPPORTUNITY?

Reconciling employment and care-giving is among the key challenges for ageing societies. Demographic change results in growing numbers of very old people, potentially needing care, and declining numbers of younger people, potentially providing care. Traditionally, care was provided by the family, more recently complemented by welfare state mechanisms. With both welfare states and families being over-stretched, we need new solutions for safeguarding health and well-being of future older people and of the people giving care to them. Much of this care will have to be delivered by family members well into their 50s and 60s who continue to be employed – both their countries' welfare states and economies rely on them extending their working lives, and they rely on working longer to earn a decent pension.

This symposium will present the findings of the international 'Carers@Work' research project with partners in Germany, Italy, Poland and the UK, funded by the Volkswagen Foundation. Thereby, the project aimed to consider both working carers' and employers' perspectives. The key objective of the research was to identify individual reconciliation strategies on the carers' side and policies for supporting working carers more effectively at both company and welfare state level. Presentations in this symposium will combine both working carers' and employers' perspectives with international comparison and policy analysis, as well as secondary data analysis of survey data.

Moderator: A. HOFF (Germany)

591

A. HOFF (Germany)

International comparison of working carers' reconciliation strategies in Germany, Italy, Poland, and the UK

592

A. FRANKE (Germany), M. REICHERT (Germany)

Social policies for working carers in the EU

709

J. PEREK-BIALAS (Poland), A. PRINCIPI (Italy)

Working carers in European survey data



SY-10

CHALLENGES OF CARE-GIVING IN CENTRAL AND EASTERN EUROPE

Providing care to growing numbers of very old people in need of long-term care is a key challenge for ageing societies. Traditionally, care was provided by the family, more recently complemented by welfare state mechanisms. The societies of Central and Eastern Europe (CEE) have been undergoing the transition from state-socialist to free market societies for the past 20 years and are now facing yet another, this time demographic, transition to become ageing societies, before the previous one was completed. While even the sophisticated welfare states of Western Europe are struggling to cope with the demands of population ageing, CEE is ill prepared for this change. With both welfare states and families being over-stretched, we need new solutions for safeguarding health and well-being of future older people and of the people giving care to them. This ambition is particularly pertinent in CEE where the family's care-giving capacity is stretched to the limit due to outward migration and resulting long geographical distances between the generations, lack of alternative care providers, and lack of welfare state support. This symposium will provide insights into some of the key challenges faced by CEE in coming years

Moderator: A. HOFF (Germany)

885

L. VIDOVIČOVA (Czech Republic)

Older Czech's care consumption preferences

590

Z. SZEMAN (Hungary)

Family strategies in eldercare in Hungary and the role of ICT

622

J. PEREK-BIALAS (Poland)

Combining paid work and family care-giving in Poland

593

V. HLEBEC (Slovenia)

Support for caregivers in Slovenia: Interplay of transition and ageing

ageing

SY-11

INNOVATIONS IN COMMUNITY CARE: CAPACITY BUILDING WITH OLDER PEOPLE, THE COMMUNITY AND SERVICE PROVIDERS TO ACHIEVE PERSON-CENTRED AND SELF-DIRECTED COMMUNITY CARE.

This symposium will draw upon work done in Victoria and South Australia (Australia) to think differently about the way in which community care assists older people to remain living meaningful lives in the community. A variety of approaches to involve older people in the process have resulted in capacity building with older people, service provision staff and the broader community. These initiatives have facilitated strengths-based and empowering approaches to issues of personalised services, a tiered approach to self-direction and innovative ways to promote social inclusion.

Themes to be addressed in this symposium include:

- Using action research to involve older people and carers in program development activities;
- Using a capability approach (Sen & Nussbaum) to generate capacity and self-confidence to self-direct community aged care services;
- Using a staged approach to mentor older people into taking control of their community care services;
- Using a range of self-direction options to generate a continuum of care options ranging from full case management to full self-direction;
- Recognising the strengths and resources of the community, including older people, to build capacity to prevent the social isolation of older people at a local level and foster community inclusion (based on Asset Based Community Development approaches; McKnight; Green);
- How these initiatives are contingent upon also building the capacity of staff in service provision agencies to help them understand how their actions help or hinder the capacity for person-centred and self-directed service provision.

The symposium draws particularly on the experience of three projects in Victoria and South Australia. These projects have all been designed specifically around the needs of older people, with older people's involvement being central to the projects. The presenters occupy a range of roles and have varied background experiences in the area of supporting older people in the community.

Moderator: R. HELD (Australia), G. OTTMANN (Australia)

711

G. OTTMANN (Australia)

People at centre stage: Rewriting community aged care

712

R. HELD (Australia)

Opening doors into community: Community leadership for social inclusion

713

J. THOMAS (Australia)

The better practice project: Imagining a better life for older people

connects

SY-13

INTERGENERATIONAL SOLIDARITY AND FAMILY SUPPORT IN A COMPARATIVE CROSS-NATIONAL PERSPECTIVE

Changing family structures, norms and behaviors pose significant challenges to societies, families and individuals. The EU, following MIPA, declared 2012 the year of Active Aging and intergenerational Solidarity. Thus, the importance of intergenerational relations, family norms and family support will be presented and debated within an international perspective. The symposia seek to make the links between theory, substantive research and policy in intergenerational family solidarity of the elderly. Theoretical aspects and empirical data of intergenerational relations will be presented and addressed in the areas of: family support, family care, and family solidarity of the elderly from an international cross-cultural perspective and impact of globalization on family policy. Discussion will focus on the nature and value of explicit theorizing in intergenerational family relationships

Moderator: A. LOWENSTEIN (Israel), I. ABODERIN (UK)

917

R. KATZ (Israel)

Motivation to provide help to older parents between and within countries

918

S. BIGGS (Australia)

The changing life-course, intergenerational relations and social policy

924

M. SILVERSTEIN (USA)

Step-families in later life: Are baby boomers disadvantaged in their potential for intergenerational support?

925

B. HASTRUP (Denmark)

Intergenerational solidarity and family support – the social contract

ageing

SY-14

PROMOTING HEALTH AND WELL-BEING FOR OLDER PEOPLE THROUGH EARLY INTERVENTION; INTERNATIONAL PERSPECTIVES

Using a social policy framework we will describe the history and current international use of the EASY-Care approach to early intervention for older people's health and care needs. We will describe the wider fit to promoting vital ageing, we will offer specific insights into the development and implementation of the approach in diverse cultures and systems of care, with examples from studies in the Balkans and Iran. We will promote discussion about the extent to which it is possible to standardize the assessment of older people's needs from a global perspective.

The EASY-Care approach is to support older people to self-assess or have an assisted assessment of threats to their health, independence and well-being and to promote a response from available personal, family, community and formal resources targeted on those needs which are of greatest concern to the older person.

The assessment process can be completed using manual and electronic systems. Data can be extracted to support population needs assessment. The EASY-Care approach has been tested in more than 30 countries from all six WHO regions. Recently larger datasets have been created using EASY-Care data.

We now have evidence from published research about the reliability, validity, cross cultural adaptability and cost-effectiveness of the approach. In this symposium, for the first time we seek to draw out the wider implications for social policy as well as anchoring an understanding of determinants of uptake of the approach in a social policy context.

Moderator: I. PHILP (UK), R. FADAYEVATAN (Iran)

483

K. RITTERS (UK)

Early intervention approaches to ageing in a United Kingdom policy context

721

R. FADAYEVATAN (Iran)

Adaptation and evaluation of early intervention for older people in Iran in Iran

728

N. BYROM (UK)

The concept of mindfulness and its impact on the wellbeing of older people

913

N. JERLIU (The Netherlands)

Initial validation of early assessment among elderly people in Kosovo and Albania

connects

SY-15

AGEING THROUGH THE GENDER LENS: EVIDENCE FROM AUSTRALIA

Aim: This symposium will compare the effects of ageing in two large cohorts of Australian men and women, each involving approximately 12,000 participants. We will compare gender differences in physical function, mental health and survival.

Methods: Four papers will present data from the Men, Women and Ageing study involving approximately 12,000 older women and 12,000 older men.

- Differential effects of health risk behaviors on mortality for men and women
- Gender differences in the impact of gastrointestinal problems and their association with frailty
- Mental health, psychotropic medications and the subsequent risk of falls in older women and men
- Social support and disability: it's not the size of the network that counts

Findings: Evidence that is accruing from this project suggests that both age and gender differentially influence risk factors for optimal health and well-being in older adults. The findings cover gender differences in the effects of behavioural risk factors on survival, gastrointestinal problems and increased risk of frailty, mental health, psychotropic medication and risk of falls and the social support and subsequent disability.

Relevance: Gender is an important factor in determining how older people age well together

Moderator: J. WARBURTON (Australia)

777

J. BYLES (Australia)

Absolute risk charts for death within 10 years for Australian in their 70's by behavioural risk factors

778

J. BYLES (Australia)

Gender differences in the impact of gastrointestinal problems and their association with frailty

779

D. MCLAUGHLIN (Australia)

Mental health, psychotropic medications and the subsequent risk of falls in older women and men

780

D. MCLAUGHLIN (Australia)

Social support and disability: It's not the size of the network that counts

ageing

SY-18

GROWING OLD IN A CHANGING URBAN ENVIRONMENT: COMPARATIVE APPROACH

The Madrid International Plan of Action on Ageing in its priority direction I: “Older Persons and Development” states that “*Older persons must be full participants in the development process and also share in its benefits [and that]... urbanization [among others] can marginalize older persons from the mainstream of development, taking away their purposeful economic and social roles and weakening their traditional sources of support*”. Urban change in cities and its consequences have been widely discussed among scholars in the last few decades. However, questions concerning the experience of growing old in changing urban areas have only recently been brought into the discussion. Our symposium will pick up on this topic and seek a more in-depth understanding of the experience of growing old in the city. Our lectures will explore the relationship between ageing/old age and the lived space/environment. This does not involve only the static influence of the (lived) environment on the experience of old age but also its dynamic component – primarily the influence of processes and changes (environmental, social and economic) that accompany the revitalization of urban spaces. Therefore, we will also explore how (and if at all) the elderly are “caught up” in the processes of regeneration and gentrification, which are considered to be some of the main changes in core city centres of both Europe and North America. We will also explore whether these processes lead to the social exclusion of older people. Our lectures will present results from two similar projects carried out independently in Canada and the Czech Republic. These results may be of use to both policy makers and practitioners in many fields, such as social policy, social care, urban planning, etc. In addition, our lectures will demonstrate the crucial role of the socio-physical environment for quality of life in later age.

Moderator: L. VIDOVIČOVÁ (Czech Republic), L. GALČANOVÁ (Czech Republic)

854

J. LAVOIE (Canada)

When the place where we age changes. Older people's experiences of social exclusion in two Montréal neighbourhoods undergoing change

844

L. GALČANOVÁ (Czech Republic), L. VIDOVIČOVÁ (Czech Republic)

Regeneration, gentrification and ageing: Perceptions of older inner city residents

852

M. PETROVÁ KAFKOVÁ (Czech Republic)

Ageing and perception of environmental quality



SY-19

DANCING THE DANCE OF BELONGING WITH PERSONS WHO HAVE A DEMENTIA DISABILITY

Recent surveys show that Alzheimer's and other related dementias are the second most feared disease among several cultures today. However, new research and practices are also showing that persons with Alzheimer's and other related dementias retain many and varied abilities and emotional capacities. They simply need the gracious and accepting interactions of others to help fill in the missing abilities.

Through the use of several film clips, this symposium will trace the progression of public perceptions of dementia—from the insane asylums of 100 years ago through the “no more than a vegetable” perception of 30 years ago to the more enlightened view of a growing number of professionals and caregivers today. The symposium will also demonstrate how friends, family and caregivers can take an even more enlightened approach to interacting with persons who have a dementia disability. Additional video clips will show first-hand how, through the use of music, art, photographs, and storytelling, persons with cognitive disabilities can maintain connections to themselves, to others, and to the environment around them. (In all, 15 videos clips are woven throughout this presentation.)

Central to this presentation is the concept of “belonging”—being connected—which is so crucial to one's understanding of dementia, and to preserving the well-being of those who have a dementia disability. The presentation will demonstrate how re-framing one's understanding of dementia can lead to new ways of enriching the lives of those who have Alzheimer's or another type of dementia.

1022

J. VANDEN BOSCH (USA)

Dancing the Dance of Belonging with Persons Who Have a Dementia Disability

ageing

SY-20

INTERPROFESSIONAL APPROACHES TO MEETING MIPPA ISSUE 8: SENIORS NEEDS IN EMERGENCY SITUATIONS

Although some societies have begun to recognize the fact that older adults can be disproportionately affected by natural and human-made disasters, the question is “have we done enough?” While the Madrid International Plan of Action on Aging (MIPAA) attempted to address the issue regarding the need of older adults and the resource they can contribute to disaster planning and response, government and research reports have indicated that more needs to be done to improve how older adults are affected. In fact, it appears that societies have only scratched the surface. This symposium will provide an overview of recent activities, since the signing of the MIPAA, that have been conducted by governments and concerned groups to improve disaster preparedness and response for older adults. In addition, current research on older adults and disasters and the importance of involving older people in preparedness and response will be discussed. The session will then focus more specifically on interprofessional approaches to improving emergency management for older adults. This will include a discussion of how well long-term care facilities are prepared for a disaster, what are some of the psychological issues for seniors during and after a disaster, and the impact on health and beliefs of older adults following a disaster. At the end of this session, attendees will have been exposed to some of the most important issues and challenges societies face in a disaster and must address if they are going to be able to care for their growing older population during a disaster.

Moderator: K. FITZGERALD (Switzerland), J. BEARD (Switzerland, WHO)

1064

K.G. FITZGERALD (Switzerland)

Are we there yet? An overview of what has been done to meet the MIPAA objectives for emergency situations and older adults

1065

S.P. HIRST (Canada)

Long term care facilities: Are they equipped to respond to disasters?

1066

G. GUTMAN (Canada)

Psychological issues for seniors during and after disasters: The importance of taking gender and other moderating factors into consideration

1067

D. MALTAIS (Canada)

Impacts of flood and other traumatic events on the health and beliefs of elderly: 15 years of research at University of Québec at Chicoutimi (UQAC)

connects

SY-21

ATTITUDES AND AGEISM IN AUSTRALIA

The rights and self-respect of older people depend largely on the way they are treated in everyday life; there is growing evidence that many are facing negative attitudes and outright discrimination that restrict their contributions and opportunities and affect wellbeing. Ageism in the community needs to be recognised and confronted. Negative views are increasing along with rising concerns about the costs of an ageing population (The Treasurer's Intergenerational Report, 2010). They are evident and perpetuated in institutional and regulatory settings as well as in policy discourses and strategies. The presentations in this symposium draw on quantitative and qualitative data generated from research undertaken in Australia at both a national and local level to provide insights into the perceptions and impact of age-related attitudes and behaviours on older people in institutional and social settings. Two of the presentations focus on the large baby boomer cohort in considering intergenerational equity (Kendig et al) and experiences of age discrimination in the workplace (O'Loughlin et al). The third one examines the experiences of older drivers and the way they are treated by regulatory authorities and the public (Toohey & Hendy).

The research findings are interpreted and recommendations made in terms of the social and economic consequences of ageist attitudes and behaviours and how these need to be addressed systemically through legislation and policy to ensure equal opportunities and fair treatment for older Australians.

Moderator: K. O'LOUGHLIN (Australia) , H. KENDIG (Australia)

1123

H. KENDIG (Australia)

Attitudes towards intergenerational equity in Australia

1124

K. O'LOUGHLIN (Australia)

Age discrimination in Australian workplaces

1125

S. HENDY (Australia)

Experiences of discrimination against older drivers

ageing

SY-22

MEETING THE CHALLENGES OF POPULATION AGEING: CAPACITY BUILDING AND TRAINING

A serious deficiency being faced by many developing countries in meeting the challenges of population ageing is the acute shortage of trained personnel at all levels. This includes all those who work with older persons namely: health professionals, formal carers, volunteers, family members as well as the older persons themselves. This need has been highlighted both in the Vienna and the Madrid International Plans of Action on Ageing. This symposium aims at reviewing and analysing some national and international attempts being made to meet this need. The panelists, will discuss how the education and training in the various aspects of ageing are to be made available at all levels ranging from high specialisation at university level as well as at the grass roots' level Special attention is given to the cultural differences in developed and developing countries. Though the basic issues dealt with are the same, the approach differs.

Moderator: J. TROISI (Malta)

1165

J. TROISI (Malta)

Multi-sectoral education in the field of ageing: The Maltese experience

1166

S. CARMEL (Israel)

Israel's system of geriatric and gerontological education and training

1167

D. PENG (China)

Capacity building and training in China

1168

O.N. MIKHAILOVA (Russia)

Strengthening links between policy and research to promote quality of life and active ageing in Russia: Challenges and benefits

connects

SY-23

CAREGIVING AND CAREGIVER BURDEN FROM AN ASIAN PERSPECTIVE

As Asia's population ages, there is an increasing concern about who will care for these older adults as they age and the impact that caregiving has on them. This symposium presents three papers that examine caregiving issues using data from Singapore. The first paper uses a systems dynamics approach, using data from Singapore, to understand the effect of current and future long-term care policies in Singapore on the time primary caregivers spend providing care to elderly Singaporeans and its implications on the supply of labor. Findings reveal that by 2030 the numbers of Singaporeans ≥ 65 years with at least one ADL limitation will more than double. Moreover, under the current policies, the primary caregiver hours spent per week are projected to increase from 10 to 12.3 and 4,200 primary caregivers are expected to leave the labor force. The second paper from Singapore will compare caregivers with non-caregivers to assess the health impact of caregiving. Results show caregivers to be more depressed, having poorer self-rated health and having greater number of outpatient visits compared to non-caregivers. Finally, the last paper from Singapore will present an overview of an intervention study aimed at stimulating self-care among older people in Singapore. This is an 18-month cluster-randomized control study, in involving 400 participants (above 55 years of age) from 12 senior activity centers. Six of these centers were randomized to the intervention arm and six to the control arm. The patients from the intervention arm will receive 56 hours of health care training by a community health worker. The outcomes to be evaluated are decrease in systolic blood pressure and glycosylated hemoglobin levels, increase in peak expiratory flow, improvement in quality of life of participants and their caregivers and reduction in number of hospitalizations, outpatient and emergency visits.

Moderator: S. CONCORDO HARDING (Singapore)

1046

S.R. LOVE (Singapore)

The impact of long-term care policies on caregiver burden and labor supply

1041

A. CHAN (Singapore)

Health impact of caregiving: Results from the Singapore survey on informal caregiving

1170

S. CONCORDO HARDING (Singapore)

Self care for older persons in Singapore: An intervention study

ageing

SY-24

WORKING LATER? POLICIES AND ORGANISATIONAL PRACTICES SUPPORTING WORKING LIVES

Countries are confronting skills shortages which are expected to deepen, concurrent with the demography of workforce ageing. Yet despite governments increasingly legislating in order to defer pension eligibility and postpone the age of retirement a range of barriers resist prolonging working lives. The Symposium will examine existing approaches which support older workers' choices of working longer and barriers to extending working lives. A critical question underlying the symposium is whether and how government and employer policies interact to support workforce ageing. How are existing policies and approaches supporting the wellbeing of older workers to enable the extension of working lives? What case examples of workplace practices exist as innovative approaches which can potentially provide guidelines for good practices in extending working lives? To what extent are these practices supported by government policies? The Symposium will also focus on age barriers to extending working lives, including organisational and macro-level factors, as well as individual life course factors which may lead to workplace exclusion, for instance caring responsibilities. The Symposium intends to provide a forum to question existing policies and practices and to identify commonalities across countries which underpin successful initiatives in promoting the extension of quality working lives.

Moderator: E. BROOKE (Australia)

1112

R.M. LINDLEY (U.K.)

Working later - the organisational perspective

1142

R. ANDERSON (Ireland)

Company initiatives for workers with eldercare responsibilities: Developments in the EU

1087

E. BROOKE (Australia)

Staying in the field? Older workforce development policies

connects

SY-25

MAKING THE CASE FOR A NEW UN CONVENTION TO ENSURE SOCIAL PROTECTION OF OLDER PERSONS: WHY ISN'T MIPAA ENOUGH?
INPEA HUMAN RIGHTS SYMPOSIUM

The Universal Declaration of Human Rights, (UDHR) applies to persons of all ages. And, the 2002, Madrid Plan of Action on Ageing, is a decade old. In spite of this, Older Persons remain largely invisible and marginalized in society and are too often impoverished, vulnerable to discrimination based on their age. Poverty is acknowledged as both a cause and consequence of human rights violations and discrimination. Human rights are interdependent and interrelated: the protection of one right has an impact on the enjoyment of others. Social Protection aims to address the multi-dimensional nature of poverty, encompassing more than a lack of income. Over the lifespan, lack of opportunity and participation, limited access to healthcare, inadequate housing, poor nutrition and poor education, are all interdependent denials of rights that contribute to people's poverty. The United Nations noted in 2010 that by 2045 older people will outnumber children for the first time in human history. The world is ageing at an unprecedented rate; likewise the numbers of people facing age discrimination and poverty in old age are likely to increase. Older people are particularly affected by chronic poverty. Further, poverty increases vulnerability to abuse and denies participation in Society. Older women are particularly vulnerable after a lifetime of gender inequalities.

Panellists, INPEA representatives, from Argentina, Hong Kong, Israel and USA will present methods to strengthen social protection, focusing on income security, workplace discrimination and physical and mental health care in light of Governments' duty and older persons' rights.

Moderator: S. SOMERS (USA), A. LOWENSTEIN (Israel)

1156

L.S. DAICHMAN (Argentina)

Elder abuse, discrimination and mistreatment in the Latin American region: Has a decade of MIPAA made a difference?

1157

A. TIWARI (Hong Kong)

An innovative approach to improve the right to care for older people with chronic illness in an impoverished neighborhood in Hong Kong

1158

I. DORON (Israel)

Globalization, poverty and old age: Why should we care?

1155

P. BROWNELL (USA)

Ageism and mistreatment of older workers: Current reality, future solutions

ageing

SY-26

INNOVATIVE TECHNOLOGIES AND SERVICES FOR AGEING WELL IN YOUR OWN HOME

The symposium will critically explore technologies and services available for the frail elderly to remain independent at home for as long as possible. Health workforce issues as well as social, cultural factors and human factors and interface design will be considered and discussed.

Moderator: B. CELLER (Australia), J. POTUCEK (Czech Republic)

943

B. CELLER (Australia)

Ageing well and ageing in place - a comprehensive strategy for designing, developing and deploying a range of telehealth and telecare technologies at home and in residential care facilities

1173

J. POTUČEK (Czech Republic)

Inspectlife – information system for surveillance and telemonitoring

1174

P. KORANDA (Czech Republic)

Inspectlife diabetes – telemedicine information system for diabetology

1215

J. JANSÁ (Czech Republic)

New pHealth approach to the monitoring of seniors and handicapped people

connects

SY-27

DEVELOPING COLLABORATIONS BETWEEN CENTRAL AND LOCAL GOVERNMENT TO IMPROVE ELDERS QUALITY OF LIFE

The global demographic 'revolution' and the growing numbers of elders challenge governments to empower older people and improve their quality of life. As states' resources are shrinking, design of policy measures to strengthen collaboration and joint working across separate institutional structures, especially between central government and local authorities is needed. These are intended to lead to better coordination and further development of services at the local arena. In order to achieve this goal, assessment of individual older people at the local level, addressing the full range of their potential as well as their health and social care needs should be implemented. Such assessment would provide the basis for planning and activating a diverse range of services, geared to the special attributes and cultural diversity on the local level. After implementation of such collaboration, which reflects both commitments of the different organizational types of government as well as the need to adopt an 'holistic' view, identification and measurement of the outcomes of such new partnerships and collaborative approach to service planning and delivery should be activated. This symposium will present a variety of perspectives and examples on the topic from 4 different countries – Israel, Australia, Canada and China. The role of different governmental structures and cultural values in this type of collaboration will be discussed and the lessons that have been learned from each country will be shared, so that all can improve future models.

Moderator: A. LOWENSTEIN (Israel), L. NASS (Israel), A. AZULAI (Israel)

1175

A. LIBERALESSO NERI (Brazil)
A Brazilian experience

1176

L. MCDONALD (Canada)
Developing collaborations between the federal government and local organizations to improve older women's financial literacy

1177

S. BIGGS (Australia)
Australian approaches to national issues and local action: Improving the quality of life of older people

1178

L. NASS (Israel)
Developing collaborations between central and local government to improve elders quality of life – the Israeli master plan



SY-28

A THOUSAND WORDS: REFLECTIONS ON THE MEANING AND IMPACT OF IMAGES OF AGING

Telling one's story is a key component of healthful aging. Recording someone's story is an art when the listener has the richness of visuals—still or moving. It's said: "a picture is worth a thousand words." The presenters will probe what it takes to capture elements of the lives of older people using film. They will ask what are the strengths—and potential liabilities—of pictures, still or moving, to engage audiences in emotive and thoughtful discourse around aging issues. They will note how the intimacy between the subject and the photographer—or filmmaker—can create bonds that enhance both.

The art and science of storytelling will be seen as two dimensions of the work we—caregivers, advocates, scholars, administrators, and policy makers—do to raise awareness about the achievements and challenges of long life, to focus attention on individuals who have lived long and to dramatically portray them as deserving the care and attention of our aging societies.

The session will provide educators and mentors with ways their missions and ministries can be enhanced through the taking of photos and in sharing them with others—including the subjects themselves. Advocates will discover the power of films and photos in making their case, gathering resources for their goals. Elders will appreciate that they (we) are alive, beautiful, and worthy of attention by those who should hear our stories.

This conference is about making connections, and this session will highlight the connections that can happen as a result of visual storytelling. Examples of such storytelling will be shown, and participants will be invited to share impressions, thoughts, and feelings, as well as pose questions to the expert panelists.

Moderator: S. AZIZ (USA)

1187

J. SYKES (USA)

Capturing images of age

1188

J. VANDEN BOSCH (USA)

Stories of aging told through moving images

connects

SY-31

AGE-FRIENDLY COMMUNITIES AND WINTER

Panel session

Snow, cold, ice and wind...not very age-friendly?

The elements associated with extreme winter weather impact on each of the eight elements of an age-friendly community. This session will look at how extreme winter weather challenges older people and service providers in creating and maintaining age-friendly environments.

Snow and ice on sidewalks and steps increase the risk of falls and hip fractures. Long periods of cold weather can substantially restrict seniors' mobility and ability to engage in everyday activities such as shopping or walking for exercise. Access to leisure activities may be more limited, leading to social isolation. For those most vulnerable, blizzards and sudden winter storms challenge community planning and emergency management efforts. Despite the pitfalls of cold weather, winter does provide unique opportunities for recreation, physical activity and social connection. Community parks, forests and nearby lakes offer beautiful landscapes for a host of winter activities such as walking, skiing, snowmobiling and ice fishing. Curling clubs and indoor skating rinks connect people and communities, as do winter festivals.

Given the challenges and opportunities associated with extreme winter weather, age-friendly strategies should aim to mitigate the barriers that older people face in cold temperatures while also striving to foster age-friendly winter activities. This session will highlight cold weather experiences from around the globe while offering participants the opportunity to discuss practical solutions to making winter an age-friendly season.

Presenters

M. HOZUMI (Japan)

J. HAMILTON (Canada)

G. MINIGALEEVA (Russia)

ageing

SY-33

NON-GOVERNMENTAL ORGANIZATIONS (NGOS) AND THEIR ROLES AND RESPONSIBILITIES IN AN AGING WORLD

Throughout the world, old age continues to be a risk factor for poverty; violence and abuse; lack of access to income protection and health care; and lack of access to political decision-making.

While it is the responsibility of Governments to safeguard and protect the well-being and safety of its young and old citizens, NGOs often play a critical role as advocates not only pointing out critical needs for action in certain areas and but also taking such action themselves. This session proposes to feature NGO action in four critical areas where older people's protection and well-being is addressed by the NGO sector, i.e. protection from violence and abuse (INPEA); assistance in situations of emergencies, natural disasters and civil disorder (HAI); promoting action for older people's well being in a highly developed country based on the social welfare model (DaneAge); and effective advocacy for older people at all levels of government, local, regional and national (AARP).

What can be learned from successful actions undertaken by these IFA partners and member organizations? What are prominent examples when the health, social and economic well-being of older people has been addressed through NGO actions? What are the limits for NGO action when government must take responsibility? The panel will consist of decision makers from large NGOs -- all of them IFA members -- which have provided successful advocacy for their constituents.

Moderator: I. HOSKINS (USA)

R. BLEWITT (UK)

D. WHITMAN (USA)

B. HASTRUP (Denmark)

J. COLLETT (USA)

G. GUTMAN (Canada)

connects

SY-34

LEARNING THE LESSONS: EDUCATION IN LATER LIFE AND FOR AN AGEING SOCIETY. BUILDING ON EXPERIENCE ACROSS THE WORLD

Continuation of Main Session M-1b Access to knowledge, education and training

See the abstract of Main session M-1b for details.

ageing

SY-35

THE NATURE OF PLACE: CAN RURAL AND REMOTE PLACES BECOME AGE-FRIENDLY PLACES?

In an age-friendly place, policies, programs and services are designed to make it easier for older adults to stay active and healthy, so they can continue to contribute economically and socially. This half-day Symposium will include a moderated arm-chair panel discussion followed by two concurrent workshops that will explore the unique challenges of supporting rural and remote communities in becoming more age-friendly.

Panel Discussion

Moderator: J. BARRATT (Canada)

Speakers

V.MENEC (Canada)
J. BEARD (Switzerland)
K. BRASHER (Australia)
B. ASHTON (Canada)

Through the panel discussion and question and answer exchange, Symposium participants will better understand:

- challenges, opportunities and positive outcomes experienced by communities in becoming more age-friendly
- how rural and remote places are uniquely challenged by factors including access to services, population change and economic base
- characteristics of successful age-friendly initiatives including partnership and leadership as key issues in sustainability
- global perspectives in support of age-friendly rural and remote community development
- how the application of a “community of practice” model can support age-friendly development at a regional and national level

Two concurrent hour-long workshops will follow the panel discussion. Dr. Ashton will lead a workshop that will allow participants to share experiences and better understand issues of rural community development. Dr. Menec will guide workshop participants in addressing practical issues faced by communities as they embark on the journey to become more age-friendly. In addition to the workshop leaders, special invitations have been extended to global leaders in the age-friendly community movement who will share their experiences with workshop participants.

Workshops

ID 1262 Age-friendly rural and remote communities: Lessons learned from the first five years

Facilitator: V. MENEC (Canada)

ID 1263 Age-friendly rural and remote communities: Development, framework, challenges and opportunities

Facilitator: B. ASHTON (Canada)

connects

SY-38

MISTREATMENT OF OLDER ADULTS: AN INTERNATIONAL OVERVIEW OF SOCIAL POLICIES IN FORCE AND THEIR EFFECT 10 YEARS AFTER THE ADOPTION OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING SYMPOSIUM INPEA

The Vienna International Plan of Action on Ageing (1982) did not address elder abuse. However, the issue was introduced in the Madrid International Plan of Action on Ageing in 2002, which gave real social recognition of the problem. The Madrid Plan pursues two objectives (and twelve actions) in relation to “neglect, abuse and violence”: 1) the elimination of all forms of neglect, abuse and violence of older persons and 2) the creation of support services to address elder abuse. From a critical gerontology point of view, it is clearly agreed that life conditions of seniors are directly influenced by social policies and their implementation. This international symposium, sponsored by the International Network for the Prevention of Elderly Abuse (IPNEA), examines social policies in place in three countries 10 years after the adoption of the Madrid International Plan of Action on Ageing: Canada, France and Belgium. Speakers from each country will describe: 1. Content of social policies (adult protection, criminal law, psychosocial services, etc.); 2. Main historic milestones that lead to the policies (research results, public health portrait of population, lobbying by seniors organisations or other groups, etc.); 3. Issues related to implementation of such policies; 4. Role of seniors’ organisation in designing, adopting and implementing these policies; 5. Challenges to be meet in a near and mid-term future.

The session will be facilitated by Marie Beaulieu Ph.D. Research Chair on Mistreatment of Older Adults, University of Sherbrooke, Québec, Canada and North American Representative of the International Networks for Prevention of Elder Abuse (INPEA)

Presenters will include: Marie Beaulieu (Canada), Françoise Busby (France), Nicolas Berg (Belgium).

Moderator: M. BEAULIEU (Canada)

1255

M. BEAULIEU (Canada)

The Québec Plan of action to counter elder abuse (2010-2015)

1256

F. BUSBY (France)

Actions to counter elder abuse in France: What has been done in almost 20 years

1257

N. BERG (Belgium)

More than 15 years of actions to counter elder abuse in Wallonie (Belgium)

ageing