DAY 1:
COMMUNITY-BASED MODELS - ENGAGING MEMBERS OF THE COMMUNITY

WE HAVE TO EMBRACE AGEING

AGEWELL SUPPORTER GIVEN SMARTPHONES

ISSUES
- Health professions are not trained to provide care for the elderly
- Social support does not exist!

CHALLENGES & FRUSTRATIONS
- Literacy never had phones
- No new policies
- Funding
  - The government prefers to fund projects that generate faster returns

AGEWELL
- Promoting better healthy diet
  - AGEWELL employs active older people to care for less older persons

AGEWELL
- Social violence evolving
  - 130 centres all over Japan

Elderly in Japan are experienced and are able to support at these centers

GOING TO BE AGE IN JAPAN

LIFE EXPECTANCY IN BRAZIL

GAINED 30 years then 43 yrs now to...

COLLABORATIVE EFFORT

COMMUNITIES

TEENAGERS ARE ENCOURAGED TO LEARN HOW TO SUPPORT THE ELDERLY IN JAPAN

SKILLS DO NOT MATCH DEMAND

PROTECTION

WE NEED TO PROVIDE

FUNDING
- The government prefers to fund projects that generate faster returns

AGEWELL
- Literacy
  - Never had phones

SKETCHPOST
DEBBIE
www.sketchpoststudio.com
Day 1: Community-Based Models

Integrating health and social care systems

World Health Organization
Centre for Health Development

#GFIAP2015

Labour force participation in Japan is decreasing. 1 out of 4 are aging in Japan today.

Model addressing the community's needs.

Investors brought in to translate into huge gains.

Many elderly in Japan still want to live with their families.

People led Organisation in Vietnam - link to government.

Vietnam - old, young cross generational. Two active elderly.

Economic status of the old Vietnam.

Government has accepted the model in Vietnam.

Role of the community is very important - should be looked at.

Obstacles encountered:

Financial difficulty - low awareness of services available.

Volunteer should be calling their clients.

Volunteer should be calling their clients.

Integrate services.

Guidelines are not readily available.

Time & care - too much time taken.

Replicating the model.

Impact:

Community has to take the initiative.

Medical care expenses minimised.

Tsunami - context of demographic change.

High low birth rate - needs.

Unnecessary are should be avoided.

Improve economic status of the old Vietnam.

Tonky Town, Safety Net Services.
Designing for Living inspired by Ageing

Make Design Personal & Individual

Universal Design doesn't mean to Design for Everyone

Diversity & Building Community

Support Social Need (specifically home design)

Understand the Need before Designing

Design to solve emotional issues as well as technical issues

Rethink our environment design

Listening to their need

Embedded social architecture

Cross generations Inclusion

Share - Young + Old (physical) (wisdom) (habitat)

BEAUTIFUL NATURAL ENVIRONMENT FOR ELDERLY HOME

Resources unmatch older persons' need

Give the right care that older adults need

Involve older adults opinion & need from day one in our design

Have a lot to say & offer

Involves young people to understand better lives of older people

CHALLENGES

INCLUSIVENESS

There's the platform but lacking synergy

Educate people that old age requires better & adaptable services

Our Solutions

Getting the designers to think in the shoes of the older people

Intrigation

Listen to older people voices

Intrigation

Intrigation

Intrigation

Work on the denials of old age

Change our society value system

Aspiration technologies

CUSTOMISED USAGE

Plan & Anticipate old age earlier

Awareness & education about ageing

Marketing & Usability

Build a human-centred model

Design to enable the intrinsic capacities of someone
DAY 1:
MEDICAL ADHERENCE:
Addressing patient, provider, and social factors.
#GFIAP2015

**DAY 1:**

**MEDICAL ADHERENCE monitoring**

**TO DIFFERENTIATE & MANAGE**

According to my study, it's imperative.

KIYOMI SADAMOTO

SUKOHAMA UNIVERSITY OF PHARMACY

FACETOFACE COMMUNICATIONS trumps technology

BASIC & FAMILIAR - NO MOBILES!

WE MADE A MACHINE PROCESSING PATIENT'S SELF-REPORTED DATA

LOSS OF DATA PRIVACY

POTENTIAL CONCERNS

THE PROBLEM OF REGULATION

**EXCITING POSSIBILITY FOR ACCESSIBLE CARE**

AN AVERAGE BRIT CONSUMES IN A LIFETIME CRADLE TO CRIB, BRITISH MUSEUM

**POLYPHARMACY: 18,000 PILLS**

ONLY 1/3 PATIENTS TAKE MEDS CORRECTLY!

REDEFINE ADHERENCE

THERE'S INCREDIBLE NUANCE!

**TO ELECTRONICALLY MONITOR PATIENTS**

IDENTIFY, TRACE, DISPENSE, EJECT

FOR PRECISION & GUIDANCE

**HOME MEDICINE REVIEW**

MANAGING PATIENT EXPECTATION IS TRICKY

BERNARD VRIJENS

MMW HEALTHCARE

SIMILARLY, BE WARY OF USING TECH AS SURROGATE FOR PROFESSIONAL JUDGEMENT!
Day 1

Opening Remarks & Keynotes

*Japan is our role model in creating solutions for its ageing challenges.*

**Regenerative Medicine**

**Assistive Devices**

**Social Policy**

**Frontier of Challenge**

**But ‘Danger’ also brings Opportunity**

**Life stage is fiction, not fixture!**

**Curves Exercise Program**

**120 Minute Physical Exercise**

**Cognitive Simulation**

**Prevention, Long Term Care**

**Dementia: Japan’s Biggest Challenge**

**Long-Term Care**

**Enrolment in the Prevention Programmes & Treatment**

**Hirohiko Wataoka**

**Japan’s Most Rapidly Ageing Society – We Need to Maintain Dignity**

**Housing Healthcare**

**Learning is the Most Powerful Way to Prevent**

**Avoidable Cost?**

**Stagg is Unbearable**

**Grow Trees for Others’ Shade from Sun**

**Japan – As an Older Generation Society Needs**

**City of 1000000000 People who Live Happily Ageing?**

**Service is the Art of Living**

**Elderly Women**

**Review Home Care Systems**

**How Can We Prevent?**

**Social Innovation**

**Create Nursing Care**

**Measures for Dementia**

** Frontier of Challenge**

**Kouko Kiyosawa**

**Japan’s Golden Year**

**Takahiro Itoh**

**Bad Years**

**Adult Intercept**

**OUR Quest for Equity**

**Involves Designing Integrated Environments Honouring All Life**

**Imagine Tomorrow**

**Technology**

**Super-Computer**

**Rapid Recovery Or 1950s Origins Are**

**Baby Boomers of 1950s**

**An Ongoing Stage Between Golden Years and Death Sentence**

**Marie Doyle Pickens**

**Wild**

**SketchPost**

**World Health Organization**

**#GFIAP2015**
More Questions than Answers

Focus on Intrinsic is important

Include other sectors in non-communicable disease & sustainable groups

How should we assess healthy ageing?
Day 2: How should we assess Health Technologies?

- 3 stakeholders would use different lenses of priority:
  - Consumers (patients)
  - Business (service providers)
  - Society (community)

- Assessment is culture specific:
  - E.g., Japan's national healthcare policies make Japanese disinclined to overspend on devices.

- Health Information Technology
  - Good Design:
    - Ease of use
    - Good UI/UX
    - Fairly priced
  - Framework to provide standardization and illustrate value:
    - Cost reductions
    - Scalability
    - Market traction

- Parameters of assessment depend also on stage of production:
  - Parameters can be assessed on an exhaustive matrix.
  - WHO can aggressively pursue partnerships with ministries across the world!
  - Pacing regulation is key!

- Too slow halty things, too fast breaks things!
DAY 2: HOW SHOULD WE ASSESS THE AGE FRIENDLINESS OF COMMUNITIES?
#GFIAP2015

**DAY 2:**

**KEYNOTE**

*By Andreas Heinecke*

*Gertrud Rosemann*

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**After 80 - An Unexpected Gift**

**Time to Live**

**Time to Work**

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**Notice of Article**

- Senior citizen wanted
- What was its objective?
- What does old age mean for me?
- What does overflow of old people but short of young people mean for me?
- Involved in the conception, direction, and honorary direction of the Hessian Dolls Museum

**Interview**

- I had no information about objects
- I wanted to experience more
- Help school children see opportunities of old age - look forward toward life!
- 14-year-olds can be precociously mature
- 40-year-olds can feel tired and unmotivated
- I could rest all the time but don't enjoy it so much

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**Design Colors**

- Engaging conversation improves empathy

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**Engaging Conversation**

- Where does your energy come from?
- From engagement in work

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**World Health Organization**

**Centre for Health Development**

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**Sketchpost**

*Debbie Tikka*

www.SketchPostStudios.com
Day 3: Enabling Environments for Caregiving

Whose Responsibility is it?

Government & Family Member

Korea

Regional Project - To Develop Localised Care - Government to take it as a Policy

Beneficiaries - Poor

OPA Services Have Increased in the South East Asian Countries

Indonesia took it as a Policy

Singapore

Developing Care - Preventive in Nature - Care Integrators

Volunteer

Networks

Community Development

Caregivers Can Learn from Experience

Caregiving

Funds are Getting Short in Japan

¥4.3 Trillion Needed

Train Professional & Informal Caregivers

Growth

Self Respect

Skills

Training

Volunteer Hours for Services

Pay Back System

Use Bank Hours to Earn Help
AGEING IS NOT A MERE DEMOGRAPHIC ISSUE. AGE-FRIENDLY GEN X!

THE PARADOX OF MARKET SOLUTIONS

IMPACT INVESTMENT MAYBE?

WHERE ARE THE AGE-FRIENDLY STARTUPS?

BILLIONAIRE UNICORNS, ANYONE?

THE MYTH OF YOUTH

CULTURAL NARRATIVES SHOULD SHIFT TO THE VALUE OF MATURE PRODUCTIVITY

JUST BECAUSE WE HAVE A HAMMER, DOES IT MEAN EVERY PROBLEM IS A NAIL?

ON TECHNOLOGY:

FINANCIAL CONSTRAINT IS OFTEN THE GREATEST BARRIER TO HEALTHCARE ACCESS

TECH. APPS IS THE FUTURE!

SMART BIZ. IS THE BEST FORM OF FUTURE ENTREPRENEURSHIP

WHAT'S WORKING WITH “AGING AGE”?

YOU'RE A 100 YEAR OLD PRESIDENT?

A YOUNG MAN LISTEN UP?

DIVERSITY OF DIALOGUE COUPLED WITH ACTION SHAPES POLICY

1. DIVERSITY
2. FINANCIAL CONSTRAINT
3. TECH. APPS
4. SMART BIZ.

MORE MATURE POLITICS
GREATER SKILL INHERITANCE
COMMUNAL POOL OF WISDOM & EXPERIENCE

ECONOMIC INEQUITY & CONTEXT ALTERS QUALITY OF LIFE

POLITICAL CHOICES SHAPED GOVERNMENT SPENDING

NECESSARY FOR STRUCTURED PROGRESS

PROFIT IS NOT PRIMARY GOAL

CROSS-INDUSTRY POLLINATION BREAKS INTER-GENERATIONAL SILOS

CRUCIAL FOR COLLECTIVE GROWTH & LEARNING.