Breakout Session I: Gerontology

Title: Quality of care services for elderly living at home, and the interplay between different actors involved

Authors: *Carl-Erik Moe,* UiA; *Elin Thygesen,* UiA.

Care services will face major challenges in future because of demographic and epidemiological changes. The number of elderly will increase significantly. However, an increasing number of seniors have good health, good economy and higher education. Many of them have clear requirements and a desire to be active, mobile and independent. At the same time there will be more elderly people who live a long time with chronic and complex conditions and thus are in great need of health services. The demographic trend also means that there will be fewer people of working age and fewer middle-aged to provide care for the increasing number of elderly. As a result of these demographic changes there is an increasing focus on new innovative solutions based on user needs. In Norway some of the proposed solutions are:

- To increase the participation of volunteers
- Use of technology in health care
- Increase the patient participation
- Improving the quality of services

UiA (Centre for eHealth and health care Technology and the Regional Research Centre for Care Research for the Health- and Care Services) is applying for research funding for a 3 year project with a focus on the quality of care services for elderly living at home, and the interplay between different actors involved in the care.

There are 4 focus areas in this project:

The first one is the interplay itself and how this works. This focus area generates 2 research questions:

- How does the current interplay between public sector, private organizations and the informal network work?
- And how can this lead to better care and support for elderly living at home?

A second focus area is the need for technologies that can support a team effort and daily support to the elderly. So a related research question is:

- How can technology support this interplay, especially in terms for creating and sustaining contact between the elderly, his/her relatives, voluntary organizations and public health services?

Through a survey, we will map the extent of informal care, contacts with health care, need for support, use and requirements in relation to technology support. A third focus of the project is safety in care. The objective is to find indicators of quality to ensure the safety of elderly living at home. A group of seniors and their families will participate in an intervention where an interactive coordination tool (ICT) will be used to maintain a safe connection between the elderly, their families and health care services. A relevant research question may be:

- Which factors can lead to increased self-care, self-care activities as well as increased safety and well-being in elderly and their next of kin?

A final focus of the project will be to test the lessons learned from the intervention on a random sample of elderly to assess usefulness, reliability and validity of the quality indicators.

Breakout Session I: Gerontology

Title: Daily Life Rehabilitation

Author: *Elin Thygesen,* *UiA*

The term "Daily Life Rehabilitation" means everyday coping as a preventive and rehabilitative mindset that emphasizes the individual's coping in everyday life regardless of level of functioning. Emphasis on user management and the individual's resources and participation are central parts of the Daily Life Rehabilitation, as it also is in more traditional rehabilitation.
Daily Life Rehabilitation is a type of rehabilitation that can be driven to a greater extent by involving home care services. As a methodology and professional approach is everyday rehabilitation based on uncovering the opportunities the user has to contribute actively to restore or increase the previous level of functioning. The users own resources, needs and personal goals are the basis for the service provided. To a greater extent than in the traditional services are users to describe and define what is essential in order to achieve mastery in their own lives. Therefore, Everyday Rehabilitation involves a shift from compensatory measures to activation and self-management of everyday life.

In the Agder region several municipalities has started with Daily Life rehabilitation-projects. It is an interdisciplinary work method which requires training of the home care personnel's mindset. Interdisciplinary teams will ask the client: «what is important in your life now? ». Then, the client's goals are controlling and governing the rehabilitation process. Training takes place in a private home and is based on the individual's resources, needs and opportunities.
In the Agder region it is pertinent to make an evaluation of the effectiveness of this type of rehabilitation.

Relevant issues:
It may be appropriate to expand the project to include the use of different types of ICT in the training of patients. Appropriate research projects will be to establish and evaluate the effectiveness of such interventions.

Breakout Session I: Gerontology

Title: "iAge" - increase and promote the use and accessibility of ICT in relation to lifelong living

Author: *Elin Thygesen,* *UiA*

iAge is an international cooperation project (North Sea Region) focusing on the improvement of regional development in areas of decline affected by an ageing population through promoting and increasing economic and social e-inclusion. Through e-inclusion, iAge aims at reducing gaps in ICT usage and promotes the use of ICT to overcome exclusion, improve employment opportunities, qualityof life and social participation.The iAge project in Norway is a collaboration between two municipalities in the Knutepunkt Sørlandet region (Lillesand and Vennesla) in southern Norway and the University of Agder. The main aim is to teach the elderly how to use important web-portals and evaluate what motivates for the use of ICT and increased ICT-competence among elderly to promote inclusion in society. In addition, the engagement of young people with older people in a teaching situation is important. The municipality of Vennesla has completed two courses where young people (14 years old) teach older people (grandparents or other interested elderly) how to use computers and the internet. The courses are arranged in cooperation with a Volunteer centre. In addition to the courses, they have also created a user manual for the courses. In Lillesand young entrepreneurs (17-18 years old) from the local secondary school have conducted two computer training course for elderly persons.

To get more knowledge about old persons use of ICT, a questionnaire about the use of computers and the Internet in people aged 65 and older has been made by the University of Agder and distributed to 500 people from age 65+. The questionnare has been translated into english.

Based on the survey and the experiences of the participants, the aim is to build a new strategy for new ICT-courses and create a training curriculum and a handbook.

Relevant issues are:

- *To what extent do elderly use ICT?*
- *What motivates elderly to use ICT (or not to use)?*
- *What is the elderly's need for training in ICT?*
- *What is the relationship between Internet use and health-related quality of life in elderly?*
- *What are appropriate models for development, implementation and evaluation of educational programs in ICT for the elderly which can be offered new groups?*
- *How can ICT courses create meeting points between generations?*

Another aim of the Norwegian project is to gain experience on usability issues. There is a great need to increase the knowledge of how ICT applications and web portals can be made more accessible and user friendly for older persons. Through the iAge-project, the University of Agder has established a collaboration with the University of Abertay Dundee, Scotland and the Hanze University Groningen on the implementation of a PhD course in Usability Evaluation. Employees from UAD and UiA, together with students from all three universities, have been working on usability issues first a few days in Norway in July, and with a follow-up week in Scotland in August.

Relevant issues can be:

- ***Testing different applications for elderly***
- ***Developing a co-design methodology for elderly users***
- ***Increase awareness of the challenges facing the elderly with use of ICT***

Breakout Session I: Gerontology

Title: Handling complexity in the community health care sector

Author: *Åshild Slettebø, Professor, UiA; Solveig Hauge, Associate Professor, Telemark University College*

Project members: Professor Ulrika Söderhamn and Associate professor Bjørg Dale, University of Agder and Associate professors Sigrun Hvalvik and Astrid Sandmoe, Telemark University College.

Background: Becoming old in Western societies might indicate to live with different types of losses such as loss of physical functions and of social relationships. In addition, studies show that many older people experience loss of cognitive functioning as well as increasing disability (Gondo, 2012; Zarit, 2009; Christensen, Doblhammer, Rau, &Vaupel, 2009; Femia, Zarit, & Johansson, 2001). Older people often experience increasing difficulties in ability to perform activities of daily living (Bould, Smith & Longino, 1997). In Norway, older people with disabilities and loss of physical and social functions are cared for by the welfare state understood as mainly the community health care sector. Demographic changes have resulted in a high percentage older people and a growing group of younger people with disabilities as well. Thus, there is a need for innovative and new research methods to meet the demands of the health care sector. The politicians have met these demands with a Coordination Reform (White paper 2009: 47). This makes it necessary to use innovative and new research methods to handle the changes these new demographic challenges raise.

Aims: This research project aims to identify and suggest

- How new methods of person-centered care for patients in the health care sector can be implemented despite organizational boundaries
- How communication challenges between and across different levels in the health care sector can be managed
- Explore the ethical challenges that prioritization and lack of economy and qualified personnel may imply

Breakout Session I: Gerontology

Title: Prevalence and course of dementia and neuropsychiatric symptoms among community-dwelling elderly

Author: *Jon Wergeland, UiA. His fields of interests are Aging and mental health nursing, Dementia, Cognitive behavioral therapy (CBT), Empowerment and user involvement*

As the public expenditure on long-term care is likely to increase with the aging of the population, it is important to add evidence based knowledge of how these forthcoming challenges are going to be met. Since dementia and neuropsychiatric symptoms (NPS) like anxiety, depression and behavioral symptoms are becoming major concerns in community health, it is of particular interest to identify and describe prevalence, disease course of mental symptoms and the use of different health resources in the group of elderly, aged 70+ years, who receive domiciliary care.

A representative sample of people, aged 70+ years, receiving domiciliary care was recruited from 19 municipalities in five counties in the eastern part of Norway. Municipalities of various sizes were invited to collaborate. One district of the capital city, Oslo, along with urban and rural municipalities were stratified into small (<1000), medium (1000-2500) and big (>2500) districts according to the number of inhabitants aged 67 years or older. People aged 70+ years, receiving some kind of domiciliary care and having a next of kin who saw them at least once a week, were eligible for inclusion. The final sample comprises 1000 people aged 70+ years and receiving domiciliary care.

The participants are evaluated with standardized assessment-scales three times over a three-year period. The scales will be presented in more detail on our sessions and data collection is completed by the end of this year. The study gives estimates on the incidence in the population and investigates the disease course of mental symptoms. Through cross sectional and longitudinal designs the study put particular emphasis on transitions between the patient's own home and different kinds of residential care. This knowledge makes us more prepared to organize services which manage to meet the individual needs of elderly and improve older people's and their families' quality of life.

The project will explore and compare prevalence of dementia and NPS in elderly living at home and elderly in residential care and investigate which mental health factor impact nursing home placement and admittance to hospital. We will also analyze and demonstrate changes in mental health status over a period of time in the selected sample and assess differences between persons who keep on living at home and persons who are admitted to residential care.

All participants and their next of kin are prior to participation given written and oral information and sign an informed consent to their participation in the project. In the case of those lacking capacity for consent their closest family proxy gave their informed consent on behalf of their next of kin. Due to the vulnerable group included in the study, the project is evaluated and approved by the Regional Committee for Medical and Health Research Ethics, the Norwegian Social Science Data Services (NSD) and the Directorate for Health and Social Affairs.

We have a considerable amount of data from the study presented in addition to similar and comparable data from more than two thousand elderly in residential care. Data from the general population in Norway can also become available by application through a large Norwegian epidemiological study (HUNT-study).

We'd like to invite our American fellows to discuss possible common research interests and explore the possibility of joint publications. Maybe we can cooperate on already collected data or establish comparative studies?