

出國報告（出國類別：國際研討活動）

參加國際高齡化聯盟

「第 13 屆高齡化社會國際防減災會議（International Federation on Ageing 13th Global Conference）」

服務機關：內政部建築研究所

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派赴國家：澳大利亞

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摘要

「高齡化社會國際防減災會議（International Federation on Ageing 13th Global Conference）」為國際高齡化聯盟（International Federation on Ageing, IFA）每 2 年舉辦一次之國際研討會，本屆會議主題訂為「Disasters in an Aging World」，將災害（含人為及天然災害）發生時，高齡者受災風險、災中救援及災後復原協助等議題納為會議討論主軸。

為蒐集瞭解國際間因應高齡化社會趨勢於防減災議題所做之探討及回應，並加強與高齡化及災害管理相關領域專家之交流，105 年度由本所安全防災組派員參加本屆會議。綜整本次研討會中與會各國高齡者防災相關領域之政府官員、學者及國際組織代表所分享之政策或研究成果，可大致歸納為以下 5 項建議。

- 一、災害管理政策、防災應變計畫擬定過程，需建立高齡者參與機制，以利有效運用高齡者智慧及經驗，並了解其需求，同時可預先思考、規劃高齡人力運用方式，善用社會人力資源。
- 二、提供予高齡者之避難疏散、安置及急難救助資訊應清楚、簡要且多元，以利高齡者理解、依循。
- 三、了解高齡者空間分布情形，預為配置救災能量及所需救助物資。
- 四、避難安置場所應採取無障礙設計，並注意個人隱私之維護。
- 五、緊密的社會網絡有助於災時提供心理支持，協助受災居民走出災害傷痛，災前整備及災後重建之空間規劃上，皆可朝打造公共使用空間，協助產生人際關係交流之方向思考。

我國人口結構朝高齡少子化趨勢發展，加上極端氣候事件發生機率日趨頻繁，使得災害風險逐漸提高，如何有效降低高齡族群受災風險已是刻不容緩的課題。本次會議所得可供本所都市防災與建築安全科技計畫參考，積極探索高齡化社會行為弱勢者之災害應變議題及對策，以保障其生命財產安全。

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第一章 緣起與目的

內政部為中央建築及都市主管機關，本所職掌致力於推動全國建築研究發展，依循內政部 102 至 105 年中程施政計畫之關鍵策略目標「六、建構完整災防體系，確保民眾生命安全」，並配合「行政院災害防救應用科技方案第二期(104-107 年)」，本所持續蒐集彙整國內外相關研究及制度執行經驗，精進我國都市、建築安全減災與調適相關技術及制度，期有效提升都市、社區及建築之耐災能力，降低民眾受災風險。

臺灣都市地區人口密集、土地使用高強度發展，加上位處環太平洋地震帶，巨大震災威脅始終存在，夏季時期亦常遭遇颱風、豪雨侵襲，使得臺灣地區災害發生機率遠高於其他國家。而從人口組成趨勢來看，隨著生育率持續降低，高齡人口占總人口比例逐步上升，我國人口結構逐步朝高齡少子化趨勢發展。然而，從我國過往天然災害經驗中可發現，高齡族群往往是受災風險最高的族群。因此，如何面對高齡化社會趨勢，降低災害發生時高齡族群受災風險已是刻不容緩的課題。行政院 104 年核定之「高齡社會白皮書」，便於行動策略內友善環境面向中，指出「因應氣候及環境變遷，強化防災避難認知，保障社區高齡者人身安全」之方向。

International Federation on Ageing (IFA) Global Conference 係國際高齡化聯盟每 2 年舉辦一次之國際研討會，此次第 13 屆會議主題訂為「Disasters in an Aging World」，會中共安排「災害與高齡者」、「高齡友善城市/社區」等多項主題，其中於「災害與高齡者」主題中規劃研討因應高齡化社會趨勢之災害思考、風險評估、整備及應變策略等議題。本計畫藉由參加本次會議，除掌握國際間因應高齡化社會趨勢，於防、減災議題所做之探討及回應外，並加強與高齡化及災害管理相關領域專家之交流，除對本所都市及建築減災調適技術之研究領域有所啟發，並可做為本所相關科技計畫內容與研究課題之研擬參考，對於我國於進行都市減災調適技術應用亦有相當助益。

第二章 考察過程

一、活動名稱

國際高齡化聯盟「第 13 屆高齡化社會國際防減災會議 (International Federation on Ageing 13th Global Conference)」

二、活動日期

105 年 6 月 20 日至 6 月 25 日。

三、會議簡介

國際高齡化聯盟每 2 年定期舉辦高齡化議題國際研討會，本屆會議以「Disasters in an Aging World」為主題，會議共涵蓋下列 5 項議題：

1. 災害與高齡者。
2. 高齡友善城市 / 社區。
3. 高齡者照護及支援（社區及住宅層面）。
4. 高齡者受虐議題（法律與權利課題）。
5. 高齡者經濟安全。

本屆會議首次將災害（含人為及天然災害）發生時，高齡者受災風險、災中救援及災後復原協助等議題納為會議討論主軸。考量高齡化社會，面對人為、自然災害及公共衛生事件威脅，本屆會議期藉由作為個人、民間組織、政府決策者、學者及業界人員之溝通交流平臺，共同探討如何透過災前整備、賦權及強化應變能力，以降低高齡者受災風險，另在災後重建時，如何結合個人、社區、非政府組織及公部門力量提供支援、協助，凝聚共識以建立對高齡者更為友善之環境，並具體回應「後 2015 年聯合國發展目標 (the post-2015 UN Development Goals)」及「兵庫行動綱領 (the Hyogo Framework

for Action on Disaster Reduction)」。考察行程表如下表 2-1。

表 2-1 考察行程表

日期	活動內容	備註
6 月 20 日 (週一)	1、路程	台北→布里斯班
6 月 21 日 (週二)	2、會議 (第一天)	第 13 屆高齡化社會國際防減災會議
6 月 22 日 (週三)	3、會議 (第二天)	第 13 屆高齡化社會國際防減災會議
6 月 23 日 (週四)	4、會議 (第三天)	第 13 屆高齡化社會國際防減災會議
6 月 24 日 (週五)	5、路程	布里斯班→台北
6 月 25 日 (週六)	6、路程	布里斯班→台北

註：會議議程請詳附錄 2

第三章 研討會過程及重要內容

一、研討會主辦單位

國際高齡化聯盟 (International Federation on Ageing, IFA) 為一國際性非政府組織，其成員涵蓋政府、企業、學術界及個人，遍布世界 70 餘國。該聯盟除常對聯合國、世界衛生組織等跨國組織，就高齡者議題提供建議外，並擬藉由建立一個供世界各國專家學者意見交流、凝聚共識之平臺，以協助打造一個對高齡者更為友善的環境，進而提升高齡者生活品質。

二、研討會參與人員

國際高齡化聯盟 2016 年 6 月 21 日至 6 月 23 日於澳洲布里斯本，舉辦「第 13 屆高齡化社會國際防減災會議」，此次研討會參與人員來自澳洲 (地主國)、美國、瑞士、印度、加拿大、菲律賓、香港、中國、韓國、新加坡、臺灣、紐西蘭、日本、德國、英國、愛爾蘭、南非、義大利、衣索比亞、馬爾地夫、泰國、芬蘭、哥斯大黎加、牙買加、哥倫比亞、比利時、喀麥隆、斯里蘭卡等世界各國，成員身分包含政府代表、研究學者、非政府組織成員、國際組織成員、相關產業界人員及一般民眾等共約 400 多人與會，本所由安全防災組陳助理研究員柏翰代表參加。



圖 3-1 第 13 屆高齡化社會國際防減災會議海報及綜合座談會



圖 3-2 會場外展示攤位區

三、研討會發表議題

本次研討會議題涵蓋「災害與高齡者」、「高齡友善城市 / 社區」、高齡者照護及支援（社區及住宅層面）、「受虐老人（法律與權利課題）受虐老人（法律與權利課題）」及「老人年金」等 5 大面向，本計畫主要擬藉由參加本次會議，掌握國際間因應高齡化社會趨勢，於防、減災議題所做之探討及回應，且因本次研討會係採同時段分組進行之專題發表方式，故本計畫僅能選擇與計畫主題相關之議題場次參與，主要參與「災害與高齡者」面向之討論會議，茲就會中各發表議題，依其主題概分為「案例經驗及研究建議」、「高齡者災害心理影響」及「國際組織推動方向」等 3 大類，摘要如下：

（一）案例經驗及研究建議

1. 高齡族群人口及社會災害回復力實證(Best practice human and social recovery for ageing populations during a disaster.)

本議題講者為昆士蘭社區、兒童安全、殘障服務廳 (Department of Communities, Child Safety and Disability Services. Qld) 的資深顧問 Annabelle Johnstone 及 Brooke Winters。澳洲昆士蘭州近 40 年來歷經大大小小近 20 次洪災侵襲，造成眾多生命財產損失。本議題以「2010/2011 昆士蘭水災事件」做為案例，分享防救災經驗。

2010 年 12 月至 2011 年 1 月間澳洲昆士蘭州受連續極端降雨事件

及塔莎（Tasha）熱帶氣旋影響，接連遭遇洪水侵襲，近 3/4 個昆士蘭州受洪水影響被宣布為災區，並造成 24 人死亡，總經濟損失達 20 億澳幣以上。



圖 3-2 Chinchilla 「2010/2011 昆士蘭水災事件」受災情形

資料來源：英國廣播公司



圖 3-3 Toowoomba 「2010/2011 昆士蘭水災事件」受災情形

資料來源：澳洲廣播公司

於本次水災事件中，昆士蘭州政府於災中除先以電話方式聯繫災區受災民眾，並依其受災情形進行評估、分類，以供救災資源調度參考外。同時於災區內即時成立 27 處復原中心（recovery centres），除供緊急避難之用外，並對受災居民提供相關協助。災後，昆士蘭州政府並成立跨單位之協助小組（成員包含心理、醫療、社會救助等部門）拜訪受災戶，了解其需求（災後 6 個月內共拜訪、協助 12,300 戶受災居民）。而於重建期間，則於各地區成立長期之社區重建協助中心（執行期間約 1 年半至 2 年，共計 46 名職員），對受災社區提供資訊服務及行政協助。並由區議會內之社區發展委員會督導重建計畫執行情形，以及向政府提供建議。

昆士蘭州政府於災後進行檢討，歸納防救災應變計畫及重建計畫無法對高齡者有效提供協助之原因如下：

- (1) 行政單位未掌握高齡者所在位置，無法有效率地配置救災資源，及時提供協助。
- (2) 高齡者災害脆弱度較高、相對弱勢，卻未在災後重建計畫中納入優先順位提供協助。
- (3) 繁雜且重複的救助計畫；冗長的審核、評估過程；以及各計畫內複雜的規定、標準及還款要求，對高齡者造成困擾，難以申請救助資源，進而造成資源錯置、無法有效分配等問題。
- (4) 不同承辦人員的服務差異，對受災戶申請災害救助造成困擾。

而配合檢討成果，昆士蘭州政府依災害前、中、後不同階段，提出回應策略如下：

- (1) 災前整備

- A、於災前調查有協助需求之高齡者所在位置，預先配置救災行動及醫藥資源。

- B、於地區防救災計畫及疏散、重建計畫中，將高齡者納入思考。事先了解高齡者需要及想要的服務建議。同時與高齡者之溝通方式應清楚、簡要且多元，藉由容易接受、了解的社區支援、避難資訊及指導，供高齡者了解災害情形、及早因應。
- C、於災前先與高齡者及其周邊照護人員溝通、說明救災、疏散計畫，亦可利用地區內既有社會網絡及服務提供機構(如醫生、送餐服務、志工團體、地區社團等)，事先提供救災、避難資訊，使高齡者預先了解災害發生時可獲得之協助。
- D、規劃高齡者照護機構之復原機制，以確保其於災後能盡速回復原有機能。
- E、確保災時支援機構及人力充足，並提供完整教育訓練，以確保高齡者安全。

(2) 災中疏散、救援及安置

- A、持續管控及評估防救災計畫執行情形，確保資源有效配置。並可將可運用之高齡者人力納入，支援計畫執行。
- B、確保高齡者受到有尊嚴且妥善的照護，以及了解可能的協助及申訴管道
- C、以同理心回應高齡者需求，並提供協助。

(3) 災後重建及檢討

- A、簡化災害救助申請機制並避免重覆事項，以協助高齡者完成申請程序。
- B、以家戶拜訪或於災後復原中心進行面談等面對面溝通方式，系統性地蒐集、調查及分析高齡者受協助之滿意程度及建議，藉由擷取每次防救災經驗，設計社區參與方式，持續改善防救災

計畫效能。

2. RSL Care 於極端氣候事件中的災害因應經驗 (Managing through a severe weather event.)

2015 年 2 月 20 日至 23 日，強烈熱帶氣旋瑪西婭 (Marcia) 肆虐澳洲昆士蘭之海岸城市羅坎普頓 (Rockhampton) 造成多戶民宅被毀、路樹傾倒及電力中斷。RSL Care 為澳洲一提供養護中心、居家照護、生活服務、在宅老化等多樣高齡者服務之非營利長照機構，本議題講者為 RSL Care 的醫療及服務管理組組長 Maureen Kennedy，於本場次中說明 2015 年 2 月間強烈熱帶氣旋瑪西婭 (Marcia) 侵襲澳洲昆士蘭地區時，RSL Care 之因應作為。

(1) 災害預報

2 月 18 日澳洲氣象局監測珊瑚海域生成一級熱帶氣旋瑪西婭，並預估其於 2 月 20、21 日間可能侵襲昆士蘭州東南部地區。昆士蘭州政府於 2 月 19 日隨即通報各長照、居家照護機構，啟動災害應變機制，地區災害應變小組亦同步啟動並進入警戒狀態。

(2) 災前整備及災中應變

依據政府災害資訊通報，RSL Care 即啟動機構內之應變小組，並配合氣象預報內容，針對日落嶺地區 (Sunset Ridge) 啟動應變計畫，除成立聯絡中心接聽詢問電話，提供防災及人員資訊外，機構內養生村職員並預先備妥災害期間所需食物，羅坎普頓 (Rockhampton) 地區則暫停居家照護服務，安養機構職員則於瑪西婭侵襲期間於機構內留守，做好防災準備(挖掘排水溝、堆放沙包及將 1 樓住戶搬移至 2 樓安置)，並提供年長住戶必要協助。另為避免二次災害的發生，災時職員持續留意機構內用電及用火安全。



圖 3-5 安養機構內住戶於走廊安置情形

資料來源：「Managing through a severe weather event」簡報

2 月 20、21 日瑪西婭侵襲期間，強風豪雨造成電力系統及手機、市話、網路等通訊系統中斷，淹水並造成道路中斷，使救援人力至第 3 天（2 月 22 日）才得以進入受災地區提供協助。

風災期間，安養機構住戶因災害預報得以預先安置於安全樓層，然而空間不足造成人員擁擠（60 床空間擠入 103 床）、門窗因風雨緊閉產生密閉空間、備用電力僅能使空調系統微弱運作，合併因素衍生高溫悶熱環境造成部分職員及年長住戶出現脫水的狀況。

(3) 災後檢討

經由本次災害應變經驗，歸納檢討事項如下：

- A、明確的災害預警機制、適當的緊急應變計畫啟動時機及定期防災應變演練，可於災前作好準備工作，有效降低受災風險。
- B、清楚的聯繫管道於災時提供明確災害資訊，可避免錯誤訊息的傳播及人員不安。
- C、充足的備用系統並確保其正常運作，以及妥善的避難疏散空間規劃，可減少人員受災因素，降低二次災害發生風險。

3. 高齡者災害整備計畫 (Emergency Preparedness and Older People.)

本議題由威靈頓郡政府 (Wellington Shire Council) 弱勢者及道路安全辦公室的 Sheryl McHugh 簡介該郡之高齡者災害整備計畫。

澳洲政府組織共可分為 3 個層級，包括聯邦政府、6 州及 2 領地，以及約 700 多個社區層級之地方政府機關。而在防災工作上，聯邦政府處於國家災害管理之領導地位，除推動相關防災政策、監控及預報災害資訊外，並支援州及地方政府建構災害管理能力，同時於災害應變與復原階段提供物資及金融等協助；6 州及 2 領地政府則透過轄下警察、消防、醫療救護、及健康與福利機構，實際負責、執行相關防災計畫及工作，以保障民眾生命、財產安全；而在社區層級的地方政府，則協助從事防災、減災、整備等計畫協調事務。因此，各州及領地政府皆由其獨立之緊急應變管理體系、法律及規則。

威靈頓郡即屬維多利亞州政府之下，其災害應變機制主要依循 1986 年公布之緊急應變管理法 (Emergency Management Act) 及維多利亞州緊急應變管理手冊 (the Emergency Management Manual Victoria) 之規範。前開手冊中即明確分派防災規劃、應變及復原等階段各政府部門及非政府組織之任務，以及不同類型災害發生時之主管及支援單位。而在此架構下，維多利亞州之緊急應變管理計畫又可區分為州、區域及社區等層級，講者所屬威靈頓郡政府即負責辦理社區層級緊急應變管理計畫，計畫內容包含界定災害類型及風險、建立相關防災、應變及復原計畫，以及指認災害可能影響之地區等項目。郡政府中並成立一專責委員會，由民意代表、政府人員、非政府組織人員及社區居民組成，提供了一公、私部門合作、討論的平臺，透過計畫擬訂過程溝通彼此定位、責任及可提供資源，並使計畫得以凝聚共識、永續運作。計畫擬訂步驟及內容如下：

(1) 成立緊急應變計畫規劃團隊 (可由主管機關代表、地區居民、緊急

應變服務機構代表及社區團體組成，人數建議於 6-10 人之內)。

- (2) 社區環境描述 (如「硬體設施 (含建物型態、公共設施、公用管線等)」、「社會環境 (含文化、弱勢族群、社交網絡、居民健康情形等)」、「經濟環境 (含主要產業類型、就業及所得等)」、「自然環境 (含地質、水文、生態系及地景等)」)。
- (3) 社區災害風險及優先順序指認。
- (4) 建構社區緊急應變計畫。
- (5) 擬訂溝通及宣導計畫。
- (6) 任務分組及定期演練、檢討。



圖 3-6 威靈頓郡政府社區緊急應變管理計畫

資料來源：「Emergency Preparedness and Older People」簡報

澳洲面對天然災害之威脅，與我國主要由政府負責避難疏散及安置等工作之方式不同，其強調民眾的責任與義務，於災前積極辦理群眾溝通工作，提供防災訊息、辦理防災演練，以建構民眾防災意識；災時則由政府公告災情預測，由民眾自主避難，透過民眾自助助人，提升政府防災救災能量。對於高齡族群，威靈頓郡政府依循同樣原則，除鼓勵其參與緊急應變管理計畫擬訂過程外，並提供個人防災整備及應變建議，同時鼓勵高齡者可於能力範圍內協助鄰居準備避難物資或提供協助，威靈頓郡政府建議內容彙整如下：

- (1) 事前備妥避難物資（政府製作避難物品清單供高齡者參考依循）。
 - (2) 預先了解自己何時啟動避難計畫、該往何處避難、讓社區支援網絡瞭解自己所在位置、災害救援中心聯絡資訊。
 - (3) 電話聯繫或拜訪住家周遭高齡者或生病的家庭，除於災前協助其準備避難物資外，並可於災時提供可能之協助。
4. 災害中的弱勢族群：我們準備好了（Vulnerable people in emergencies. “We’ re ready to leave now” ）

本議題由澳洲維多利亞州政府，衛生及公共服務部（Department of Health and Human Services）緊急應變管理局局長 Mariela Diaz 簡介該州之緊急疏散計畫。

2009年維多利亞州森林大火造成近180人死亡，上千棟房屋焚毀。災後，「2009年維多利亞州森林大火皇家調查委員會（2009 Victorian Bushfire Royal Commission）」對火災成因、災害預警系統及由民眾自行選擇疏散或留在原地之防災政策進行調查及檢討。檢討後，委員會要求州政府應建立相關機制，以協助地方政府辦理地區防災規劃，對個別社區提供協助。而為達成此目標，其工作內容如下：

- (1) 盡快協助森林大火高潛勢社區擬定防災計畫，確定疏散方式及避難安置所位置。

- (2) 地方政府相關緊急應變管理計畫文件中，須明確掌握待協助對象所在位置。
- (3) 編輯並定期維護待協助者名單，並將其提供與警消或相關救援團體。

於此架構下，維多利亞州政府首先定義脆弱者為「因生理或認知障礙，無法了解災害警報、避難指示，於災害情境下無法自主應變，或於災時無法獲得他人或社區協助者」，並將社區居民進行分類，區分為「一般居民」、「照護機構中的脆弱族群」及「社區中的脆弱族群（含緊急應變計畫中可獲得支援之脆弱者、緊急應變計畫中未獲得支援之脆弱者）」等 3 大類，分類情形如下圖 3-7。

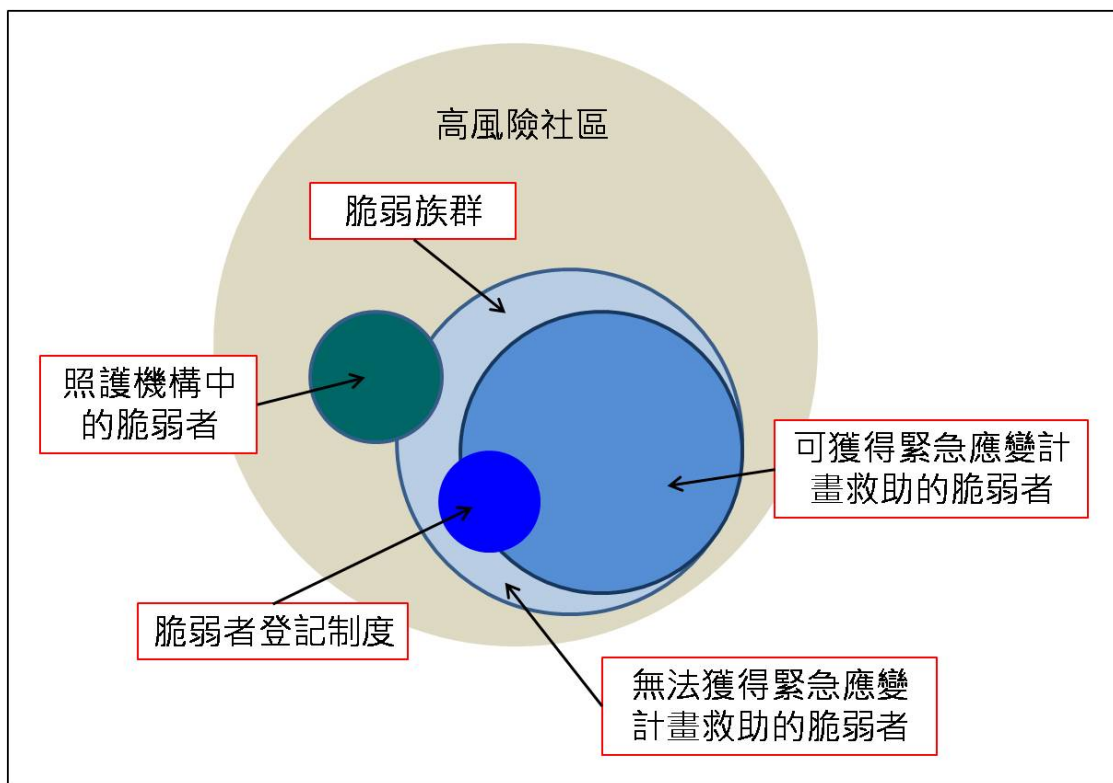


圖 3-7 維多利亞州緊急應變計畫中之脆弱族群分類圖

資料來源：「Vulnerable people in emergencies. “We’ re ready to leave now” 」
簡報

並於界定不同脆弱者族群後，進行救助計畫分工，「緊急應變計畫中可獲得支援的脆弱者」於災時由相關救援團體提供疏散避難協助，「緊急應變計畫中未獲得支援的脆弱者」如符合認定基準，則由發現之機構回報紅十字會，納入其救助計畫之中，如紅十字會認定該脆弱者具高受災風險且未獲得相關支援，則向脆弱者登記制度回報，由地區居家照護機構負責提供協助。而對於「照護機構中的脆弱者」，則預先規劃其避難安置地點，並要求接受政府補助之照護機構皆需制訂相關疏散及安置計畫。藉由全面性之緊急應變計畫管理機制，於災時提供脆弱族群必要協助，避免憾事發生。

5. 中國、日本、紐西蘭之高齡者災後孤獨感跨國研究 (Social isolation among older adults following natural disasters comparative international experiences)

本議題分別由大阪大學大谷順子教授及 Michael Annear 博士分別演講中國、日本及紐西蘭之災後高齡者心理狀況調查成果及相關因應政策作為。

經由中國、日本及紐西蘭 3 國之調查後皆發現，重大天然災害發生後，災害衝擊除直接造成居民身體損傷及經濟損失外，災後重建安置造成既有社會網絡崩解、居住環境改變等問題，間接衍生居民發生適應不良、過度傷感及內心孤獨感等心理問題。

而面對此一問題，各計畫分別提出改善建議或整理政府因應對策如下：

(1) 中國：本子項研究彙整中國政府因應災後高齡者心理議題，所提出之對策如下。

A、四川省金堂縣透過建立高齡者訪視系統，由年輕志工每週固定拜訪鄉村年長者 1 至 2 次，了解其生活狀況並協助解決困難。

B、四川省廣元市透過老人協會推動以 10 個家庭為 1 組之互助群

組，並於行動電話系統中開通群組呼叫功能，當成員需要緊急協助時，可透過行動電話與群組內所有成員聯繫，獲得即時之協助。

- C、江西省德勝鎮老人協會每個月定期辦理學習活動，邀請專業者講授養生保健知識。四川省老人協會則透過開設長青學苑、體育競賽等，提供高齡者終身學習服務，以滿足鄉村高齡者之精神及文化需求。
- D、中國政府並成立免費高齡者心理諮商熱線，結合企業及社會機構資源，提供高齡者心理輔導及協助。該熱線並與民政局及中國老齡工作委員會合作，招募志工定期拜訪照護機構內之高齡者並舉辦系列活動，提供心理支持。

(2) 日本：本子項研究綜整日本及世界各國災害經驗，提出以下結論。

- A、避免讓高齡者獨處。
- B、男性高齡者較女性高齡者更容易受環境影響而產生心理疾病。
- C、藉由家庭、鄰里及社區的社會支援，或引導災民參與社會服務工作，可降低災民內心之沮喪感。
- D、透過開放空間、綠地等公共空間設計，增進受災居民於安置、重建地區之交流，以協助重新建立社會網絡。
- E、無障礙環境設計，以利高齡者及身心障礙者活動。
- F、均衡飲食及活動，以維持高齡者身心健康。

(3) 紐西蘭：本子項研究歸納基督城震災重建經驗如下。

- A、透過志工參與、假日市集、興趣團體(如運動社團、讀書會等)、宗教聚會等活動，建立高齡者自信心，提供社會支持，並協助高齡者重建社會網絡。
- B、鼓勵成立民間社團，積極辦理社交、文化活動，以提振社區活

力。

- C、鼓勵高齡者參與城市重建過程，參考其建議，將高齡友善設計、安全社區及交通可及性等原則納入都市重建規劃思考。



圖 3-8 透過各式活動，協助高齡者重建社交網絡

資料來源：「Experiencing social isolation following earthquakes in Canterbury, New Zealand.」簡報

6. 高齡者防災議題思考：印度安得拉邦沿海地區防、減災經驗（DISASTERS-PROBLEMS ENCOUNTERED BY AGEING【Coastal Area Disaster Mitigation Efforts, Andhra Pradesh INDIA】）

本議題由 MEDA GURUDUTT PRASAD 主講。

高齡者經濟條件不佳與其健康狀況交互影響，營養不良及不當飲食習慣常衍生心臟病、高血壓、糖尿病、骨質疏鬆、中風，甚或癌症等疾病。此情形於鄉村地區更為嚴重，醫療資源集中於城市使鄉村地區貧窮高齡者因無力負擔交通及醫療費用，無法獲得基本之醫療協助。

生理條件老化，於災時也對高齡者造成影響，例如關節問題使高齡者難以於災後領取救濟物資的隊伍中久站、記憶相關疾病造成溝通問題、高血壓可能因緊急口糧的高鈉含量而惡化等使得高齡者災害脆弱度遠高於其他年齡族群。而在心理層面，因災害失去家庭、配偶、收入以及（或）身體機能損傷等複合衝擊，使得高齡者亦難以從災後重新站起。

本研究以印度安得拉邦沿海地區之災害經驗，提出高齡者於災後避

難安置時可能發生問題如下：

- (1) 高齡者因為擔憂可能被政府單位認定因災害產生心理創傷，將被迫搬遷至長照機構內居住，而不願意接受緊急醫療協助。
- (2) 據調查，長照機構內 91%的住戶有認知障礙等疾病，長照機構因災害影響而搬遷，居住環境的改變對其內住戶造成困擾、認知混淆等問題，使其病情更為惡化。而一般高齡者因災後安置造成環境改變，可能發生同樣的問題。
- (3) 災害造成緊張的情緒可能誘發或惡化心理疾病，此現象於 70 歲以上之高齡者尤為明顯。
- (4) 閱讀能力不足使高齡者於避難疏散場所不易獲得救助資訊，而不同部落有其獨特文化風俗，認知差異及溝通不良可能衍生憤怒及混亂。

並藉由災害經驗中，就工作人員對受災居民可提供之協助，提出以下建議：

- (1) 協助申請相關急難救助，紓解受災居民經濟壓力。
- (2) 定期進行家戶拜訪，並協助受災居民組成互助小組，相互提供支援。
- (3) 盡可能安置於熟悉之生活環境，或與親友安置於鄰近地點，以降低陌生環境產生之心理壓力。
- (4) 協助重建社交網絡。

本研究並建議於防災計畫、工具、演練時，納入高齡者參與，了解其需求，以確保提供適當之救援協助。而災害除可能對高齡者身體機能造成損傷外，也需關注對其心理層面之協助。例如述說自身感受有助高齡者走出災害陰霾、分享彼此經驗也可使他們了解自己並不孤單，而透

過從事志工服務也能使高齡者心理獲得鼓舞。高齡者已從過去歷史災害中重新站起，適當的協助將可幫助他們更能充分面對未來挑戰。

7. 高齡者於韌性社區建構過程之角色：東南亞案例經驗分享及展望 (The Central Role of Older People in Building Resilient Communities: Sharing Skills and Perspectives from Older People Disaster Risk Reduction Practitioners in South East Asia.)

本議題講者為菲律賓高齡者服務聯盟 (Coalition of Services of the Elderly) 的 Emily Beridico 專員。

菲律賓面對天然災害的因應方式，過去主要著重於救災及災後重建，及至 2010 年訂頒災害風險管理法 (Disaster Reduction and Management Act, RA 10121)，開始將災害因應主軸調整為事前減災等預防措施，並透過成立國家災害風險管理架構 (National Disaster Risk Management Framework)，提供一個全面性、全災害、跨部門，以及以社區為基礎的方式，管理災害風險。該法同時分析地區災害風險類型、趨勢，並透過賦予資源及權力等方式，鼓勵非政府組織、私部門、社區及居民共同參與，以達到降低災害風險之目標。

2013 年 11 月，強烈颱風海燕侵襲菲律賓，強風豪雨造成 6,000 多人死亡。上百萬人流離失所。災後，國際助老協會 (HelpAge International) 及菲律賓高齡者服務聯盟 (Coalition of Services of the Elderly) 合作投入協助社區防災應變機制之建立，培訓雷伊泰島 (Ile de Leyte)、北宿霧 (North Cebu)、巴朗艾 (Barangay Opong, Tolosa) 等地共計 110 個社區、600 多人參與，該計畫透過邀請社區內高齡者參與擬定社區災害應變計畫；對社區內高齡者進行防救災知識、技能之教育訓練 (例如緊急避難包之準備、協助傳播防災資訊、簡易損傷評估方法、災時協助維護社區幼童及財務安全、提供其他高齡者心理支持、災時避難、救助計畫之監督及回報)；並鼓勵其積極參與社區重建計畫之擬定及執行，將社區內高齡者由原本待救助的角色轉化為積極參與社區防災

工作之成員。社區防災組織中的高齡者可於災害預警、應變及重建等階段分別扮演不同角色，提供協助。其餘行動能力較弱的年長者，則可透過參與防災避難演練，了解災害發生時將提供給他們的協助，以及如何避難疏散。而藉由此過程，高齡者可了解災害發生時，自己並非僅能被動等待他人救援，仍然可對生活的社區貢獻一己之力。



圖 3-9 高齡者參與防災演練

資料來源：國際助老協會（HelpAge International）網頁

8. 安養機構災害管理計畫中高齡失智者議題檢討-全國安養機構管理者調查（Preparedness for Natural Disasters and How They Affect People with Dementia: A National Survey of Aged Care Facility Managers.）

本議題講者為昆士蘭理工學院災害管理及應變中心的（Centre for Emergency and Disaster Management, QUT）的Elaine Fielding 博士。澳洲歷年來已發生多次天然災害事件，高齡安養機構雖多已制定避難疏散計畫，然而計畫內卻多未將高齡失智者之避難需求納入考量。本研究透過對全澳洲 2,617 位安養機構管理者進行網路問卷調查（回收問卷數為 416 份），經調查發現，雖然 98%的安養機構管理者「同意」或「非常同意」避難疏散時失智高齡者因身心條件而需對其特別照護、關注。然而僅有 66%的安養機構管理者表示已將失智高齡者需求納入避難疏

散計畫考量，顯見失智高齡者避難議題仍未受到妥善思考。

本研究經調查後指出，安養機構雖多已訂有避難疏散計畫，但面對失智高齡者議題，仍有可改進之處，並提出以下 4 點建議。

- (1) 3 分之 1 的安養機構避難疏散計畫中，缺乏對失智高齡者之思考。
- (2) 4 分之 1 的安養機構避難疏散計畫中，未要求配待識別手環，以利分辨待協助對象身心條件，提供協助。
- (3) 近 5 成的的安養機構避難疏散計畫中，未納入心理諮商協助。
- (4) 僅少數避難疏散計畫留意提供失智高齡者安撫物品，降低其不安感受。

此外，本研究另從安養機構職員訪談過程中歸納，協助失智高齡者避難疏散時需注意以下 4 點。

- (1) 協助避難人員之身分需能清楚辨識。
- (2) 避難疏散過程需注意避免造成高齡失智者聽覺及視覺損傷。
- (3) 避難過程需由志工或職員陪伴，以確保安全並避免失智高齡者走失。
- (4) 避難包中可準備失智高齡者熟悉的物品，降低陌生環境對其產生的不安感覺。

9. 高齡者災害準備，社區高齡者資源探討 (Preparing for disasters in later life: exploring the resources of older adults in the community.)

本議題講者為梅西大學 (Massey University) 之 Christine Stephens 教授。

紐西蘭社會政策鼓勵高齡者於社區中獨立生活，自主生活及對自己責任被視為成功老化的象徵。然而隨著老化造成身體機能衰退、獨居生

活演變為社區關係的隔絕，種種因素造成個人及社會脆弱度提高，高齡者受災風險亦隨之增加。

本研究透過敘述性訪談法，對威靈頓及基督城 26 位年齡界於 65 至 90 歲之間的高齡者進行調查，了解其於防災整備之需求。研究發現，高齡者受生理條件影響，於自主防災準備工作時，易遭遇無法攜帶重物、避難物資忘記定期更新等問題；而於自主避難時，則因行動力下降、沒有駕照等因素，難以自行移動至避難收容場所，另對於政府提供之防災資訊亦發生錯誤理解之情形。本研究並總結調查成果，指出於既有社會政策及政府宣導資訊下，防災準備被視為是個人的責任，然而於高齡化社會趨勢下，自主防災之理念需思考高齡者生理條件老化及社會孤立等現實環境條件，並進行調整。研究建議透過社區關係之建立，建構社區、鄰里間相互協助之防災、避難網絡，將更有助於防災規劃、整備工作之執行。

10. 災害與高齡社會：臺灣農村高齡社區天然災害風險評估 (Disasters and Ageing Communities: Evaluating the Natural Disaster Risk of Rural Ageing Communities in Taiwan.)

本議題講者為國立成功大學趙子元助理教授。

本研究藉由建立之高齡者災害脆弱度評估指標，將全臺鄉鎮社區依災害脆弱度高低區分為 6 個等級，並對屬高脆弱度之屏東縣車城鄉保力社區之年長居民進行防災意識之問卷調查。調查發現，近 9 成的受訪者表示很少或從未留意過災害資訊，8 成 8 的受訪者表示不知道避難收容場所在哪，5 成 3 的受訪者無意願參與防災演練，而對於減災策略之期望，第 1、2 名分別為「救災人力的配置」及「加強就地避災的規劃，避免高齡者長距離移動」。

調查成果並指出，社區居民雖已經歷多次災害經驗，但多數人仍有防災意識不足之問題；居民也因低學歷及缺乏自信等因素，表示不知道任何防災知識；而在災害發生時，與疏散至其他社區相比，偏好留在既

有家園；同時期待政府投入更多防災資源。

臺灣社會因人口高齡化趨勢使得災害風險暴露度持續增加，農村（或偏遠鄉鎮）之高齡人口因較低的教育水準及較差的社經條件，使其有較高的社會脆弱度，農村（或偏遠鄉鎮）也因高齡人口比例較高及較少的防災資源投入，使其災害脆弱度與都市地區相比相對偏高。本研究經由調查成果指出，如何因應在地老化趨勢，研提對應之防減災策略將成為未來重要挑戰。

11. 高齡者防災計畫溝通技巧改善建議 (Disaster Literacy to Improve Preparedness of Older Adults.)

本議題講者為美國帕羅奧圖大學 (Palo Alto University) 之 Lisa Brown 教授。

本研究計畫與既有相關研究著重於探討災害風險溝通方式不同，嘗試由防災工作宣導技巧切入，引入社會行銷領域知識，探討如何使防災宣導資料更為淺顯易懂，並能貼近一般民眾需求。

研究調查後指出，現行防災宣導文件內容多由專業者角度出發，未先清楚指認擬宣導目標對象，用字遣詞艱澀難懂，閱讀者需具備良好閱讀能力。此問題使一般民眾無法有效理解防災資訊，並於災時做出適當之防災避難決策，造成無謂生命及財產損失。並提出以下建議：

- (1) 宣導文件用字應通俗化、淺顯易懂。
- (2) 資訊圖像化，使溝通更為簡便。
- (3) 將資訊分為「需要知道 (Need to know)」及「需要做 (Need to do)」2 類，以簡化資訊數量 (3 至 5 點較佳)，便於民眾閱讀使用。
- (4) 文字應明確、具體，以利理解。
- (5) 釐清宣導目標對象，並了解奇文化背景。
- (6) 可運用焦點團體方式，預先測試宣導文件是否易於閱讀、理解。

(二) 高齡者災害心理影響

1. 2011 東日本大震災災後安置對高齡者之長期影響研究 (Long term effects for older people after relocation following the 2011 disaster in Japan.)

本議題講者為福林德斯大學 (Flinders University) Mayumi Kako 博士。

本研究著重於探討 2011 東日本大震災後，重建安置階段相關措施對於高齡者之長期影響。透過對於日本岩手縣大船渡市居住於組合屋之 9 位受災高齡者，運用問卷調查、實地訪談及主題分析法等研究方法，期瞭解災後高齡者之自我認知，以及如何協助高齡者融入所處之新環境。

調查發現，受災之高齡者多數仍有意願工作、自立生活，擁有強烈的自主意識。而身心健康狀況、住房、社交活動 (包含工作) 及行動能力等則是影響高齡者是否產生社區歸屬感的重要因素，災後復原、重建階段高齡者心理及社會關係的支持，將會是協助其融入新環境、走出災害陰影的重要關鍵。

2. 傷痕隨時間復原？坎特伯里震災後全國高齡者抽樣調查 (Diminishing effects over time? Older people in a national sample surveyed three years after Canterbury earthquakes.)

本議題講者為 Sally Keeling 博士。

本研究分別於 2010、2012 及 2014 年間進行調查，總樣本數為 1,970 人，樣本年齡界於 63-78 歲之間。透過了解地震災害後對高齡者產生並維持 3 年以上之直接及間接影響，期做為未來防災整備工作參考。

研究發現因災後家庭及社會救助的投入，使受災之高齡者多表示沒有孤獨無援的感受，然而隨著時間推移，社會關注度降低，受災高齡者因震災造成之情感創傷則慢慢浮現。財務影響部分，災後安置地點及工作內

容改變，使得尚未退休的受災高齡者表示財務狀況受影響，而固定收入之高齡者，則因災後保險費用增加，保險費用於支出比例中提高，同樣表示財務狀況受影響。研究統計後並發現，災後救助、安置、住房及社會福利等事項對於受災高齡者之影響程度，與社會支援網絡密切相關。因此本研究建議可持續進行由生命歷程觀點出發及長期災後重建生活之相關研究，以將災害長期影響納入防災整備思維之中。

（三）國際組織推動方向

1. 跨越資料鴻溝，高齡人口及災害資料之運用 (Bridging the Data Gap Strengthen Access to Age and Disaster Data.)

本議題講者為國際助老協會 (HelpAge International) 之資深區域專案經理 Godfred Paul。

由於經濟發展及醫療技術進步，使得人類平均壽命逐年增加，高齡化成為全世界共通的趨勢。聯合國經濟社會事務處 (the Department of Economic and Social Affairs of the United Nations) 預測於 2050 年時，全世界 60 歲以上人口將超過 20 億人。而從過往災害經驗來看，2011 年東日本大地震中，死亡人口內 56% 為 65 歲以上之高齡者，2005 年美國卡崔娜颶風 (Hurricane Katrina) 中，則有高達 75% 的死亡者年齡在 60 歲以上。隨著各式天然災害發生機率日漸增加，高齡人口災害風險問題亦將日趨嚴重。

然而，現階段世界各國防、減災政策中多忽略對於高齡者災害脆弱度及高齡者可能提供的貢獻等思考。分析其原因，主要係因為各國國家層級之統計資料內，多缺乏依年齡結構統計分析之災害死亡率及發病率等數據，僅有少數災害管理機構持續蒐集、分析依年齡層劃分之生理、心理、社經條件受災風險資料。

2015 年第 3 屆世界減災會議所通過之「仙台減災綱領 (Sendai Framework for Disaster Risk Reduction)」，於「利害關係人的角色」

一節內，明確指出應將年長者納入早期預警相關政策、計畫和機制的設計之中，以充分利用其知識、技能和智慧。「聯合國永續發展目標：後2015年框架（Sustainable Development Goals: Post-2015 Framework）」中則明確指出應建立依年齡層劃分之人口及災害韌性數據。

在此脈絡下，國際助老協會（HelpAge International）以「Inform 2015 Index」（其係由國際組織、聯合國下 WHO、UNDP、UNEP、UNHCR 等多個附屬機構、歐盟委員會等基於防災及韌性議題之合作成果）為基礎，著手建構「高齡者災害風險評估模型（Disaster Risk and Age Index）」，運用災害暴露度、脆弱度及調適力等相關指標，以彌補資料鴻溝，進而可供了解世界各國高齡者受災風險程度及評估國家防減災政策成效之用。

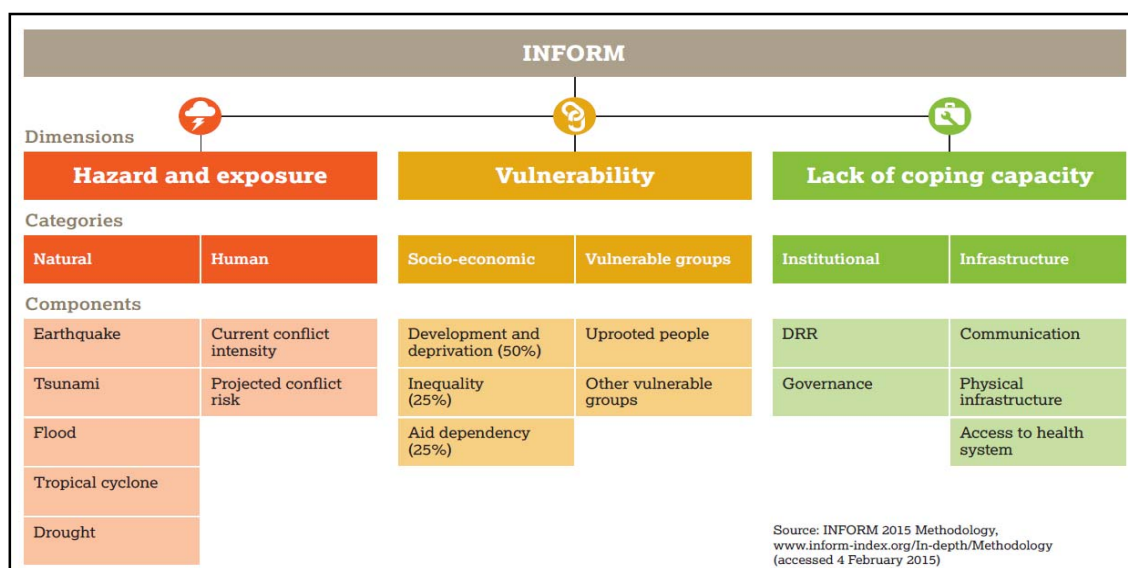


圖 3-5 高齡者災害風險評估模型架構圖

資料來源：Disaster Risk and Age Index

- 憲章 14：國家災害管理政策與實務納入高齡者議題之引導 (Charter 14: Influencing National Disaster Management Policies and Practice.)

本議題講者為國際助老協會（HelpAge International）之資深區域專案經理 Godfred Paul。

2005 年聯合國於日本兵庫縣神戶市舉辦「減災世界會議 (World Conference on Disaster Reduction)」，會中與會各國共同發表「兵庫宣言」及「2005-2015 兵庫行動綱領」，明確指出未來各國重點減災工作。歷經 10 年之推動，由相關全球報告中已顯示地方、國家及區域層級之災害風險已逐步獲得改善。然而經檢討近期相關災害報告後發現，高齡者、婦女、兒童及其他弱勢族群於災害事件中所受到之衝擊最為嚴重。爰此，2015 年公布之「仙台減災綱領」便建議政府於擬定相關政策、計畫及規範標準時，需要以全災害及跨部門之思考，邀集年長者、婦女、兒童與青年及身障者等弱勢族群參與，透過共同合作、相互支援，以凝聚公眾災害風險預防意識，建構全體社會共同參與之災害風險管理方式，進而強化社區及地方之耐災能力。

在此脈絡下，國際減災策略署 (UNISDR) 與國際助老協會合作，藉由諮詢政府人員、非政府組織代表、高齡者、防減災及高齡化相關領域專家後，共同公布「憲章 14 (Charter 14)」，依「了解並回應高齡者防災需求」、「納入年齡及性別項目之災害統計數據」及「建立高齡者參與機制，妥善運用其知識及智慧」等 3 項基本原則，針對高齡者災害風險降低提出 14 項行動綱領，供各國擬訂相關政策及計畫時之參考。

- (1) 於國家災害管理機制及政策中，針對高齡者制定相關計畫、編列預算及安排演練講習課程。
- (2) 於國家及地方層級發展災害風險評估機制時，除徵詢高齡者意見外，並將其脆弱度及能力納入規劃思考。
- (3) 災害預警及避難資訊對高齡者而言是易取得、易瞭解且易依循的。
- (4) 社區層級之避難疏散計畫中，明確針對高齡者、行動不便者、視覺/聽覺及心理障礙者提供支援計畫。
- (5) 於儲備防災物資時，考量高齡者生理條件，預先準備所需藥物、食品及日常用品。

- (6) 避難安置場所應採取無障礙設計，並維護個人隱私。
- (7) 統計資料應納入性別、年齡及殘疾狀況等分類，以供災害風險管理、分析及應變計畫規劃時使用，
- (8) 災害防救相關人員培訓過程中，納入高齡者需求及與高齡者合作方法之訓練。
- (9) 使社會大眾了解高齡者知識及技能對於災害風險管理之貢獻。
- (10) 針對高齡者提供災後急難救助及支援。
- (11) 確保高齡者工作權利，建立具韌性且適應氣候條件之生產型態。
- (12) 從地方到國家層級之災害風險管理規劃皆納入高齡者參與機制，確保其聲音被聽見。
- (13) 社會安全網可因應災害情形於災後即時提供協助。
- (14) 建立高齡者亦可負擔之災害保險機制。

第四章 心得及建議

一、心得

截至 105 年 4 月止，我國高齡人口占總人口之比例已達 12.74%，符合聯合國世界衛生組織（WHO）「高齡化社會」（aging society）之定義。另依據行政院國家發展委員會人口推計資料，107 年時，高齡人口比率將超過 14%，達到世界衛生組織所定義之「高齡社會」（aged society），之後高齡人口比例更加快速上升，預估於 114 年時，此比例將超過 20%，成為「超高齡社會」（super-aged society）。而從過去災害經驗中可發現，災害發生時，高齡者可能因為行動緩慢、經濟條件不佳等因素，受災風險往往遠高於其他年齡層的人員。因此，如何降低高齡者受災風險，預擬可能因應策略，實為人口結構持續老化、地區災害脆弱度逐步惡化之環境趨勢下，都市防災規劃之重要議題。

而藉由蒐集整理國內外相關調查、研究及實際案例，了解各國面對此一人口趨勢所研提之因應策略，可供國內探尋借鏡之方向。綜觀本次研討會中，與會各國高齡者防災相關領域之政府官員、學者及國際組織代表所分享之政策或研究成果，可大致歸納為以下 5 項建議。

- （一）災害管理政策、防災應變計畫擬定過程，需建立高齡者參與機制，以有效運用高齡者智慧及經驗，並了解其需求，同時可預先思考、規劃高齡人力運用方式，善用社會人力資源。
- （二）提供予高齡者之避難疏散、安置及急難救助資訊應清楚、簡要且多元，以利高齡者理解、依循。
- （三）了解高齡者空間分布情形，預為配置救災能量及所需救助物資。
- （四）避難安置場所應採取無障礙設計，並注意個人隱私之維護。
- （五）緊密的社會網絡有助於災時提供心理支持，協助受災居民走出災害傷痛，災前整備及災後重建之空間規劃上，皆可朝打造公共使用空間，協助產

生人際關係交流之方向思考。

二、建議

隨著生育率持續降低，高齡人口占總人口比例逐步上升，我國人口結構逐步朝高齡少子化趨勢發展。鑒於國內外諸多研究皆明確指出高齡族群受災風險高於其他年齡層，人口結構老化將增加災害衝擊影響。如何有效降低高齡者於災害發生時的受災風險已是刻不容緩的課題。本計畫經由本次出國考察過程，參考國外經驗及研究成果，就高齡者防災相關議題研提意見如下：

- (一) 高齡者避難行為及安置空間、設施研究，建議將不同身心條件之高齡者納入思考，並進行跨域合作。

高齡者因年齡、健康狀況及行動能力等生、心理條件因素不同，面對災害時之應變能力、需求及避災方式皆有所差異。因此都市防災避難空間系統規劃、避難場所空間及其內設施設計等工作，除過去都市計畫、建築、工業設計及災害防救等專業領域外，建議納入醫療、公共衛生、社工及心理學等專業者共同合作，以妥善回應高齡者需求。

- (二) 高齡化社會災害調適、應變及重建等情境分析及對策，建議納入高齡者空間分布、需求等思考，並建立高齡者參與機制，使相關計畫更為貼近現實情境。

面對災害威脅，高齡者有其避難安置需求，亦有多年累積之災害應變經驗及智慧；而藉由防災演練工作及防災知識宣導，將可協助將健康之高齡者，由災時待救助者之角色轉化為協助者之角色。因此透過建立高齡者參與機制，了解其需求、妥善運用其智慧及能力，除可使防災避難機制更貼近高齡者需求外，並可積極運用高齡者人力資源，使政府防救災資源分配更有效率。

- (三) 智慧化防災科技配合友善操作界面，積極協助高齡者防災避難。

據內政部 104 年人口統計資料顯示，65 歲以上人口比例最高的縣市

依序為嘉義縣，雲林縣及南投縣。地處偏遠、防救災資源缺乏，使高齡者受災風險更為提高。如能有效將防災、避難資訊與資通訊科技結合，配合防災教育訓練宣導，並藉由友善操作界面，使高齡者亦能便利地獲得防災避難資訊，及早因應災害威脅，可望有效降低政府防救災工作負擔，積極提升資源使用效率。

附錄一 會議照片



與桃園市政府衛生局蔡紫君局長合影



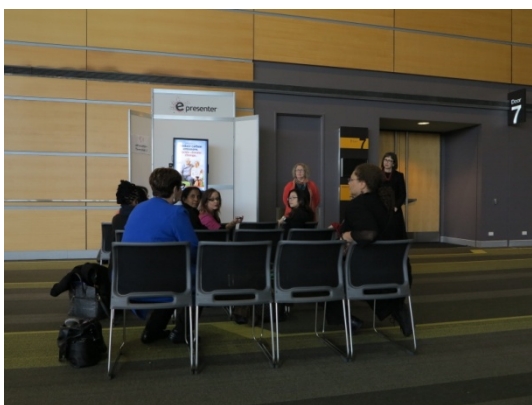
與澳洲地方政府與社區部 (Department of Local Government and Communities) Scott Hollingworth 先生及梅爾維爾市 (City of Melville) 社區營造主任 Christine Young 及陽明大學郭憲文教授合影



卡崔娜颶風高齡者受災經驗論壇



高齡化社會防災準備論壇



會場內海報發表區



會場內攤位展示區

附錄二 會議議程

International Federation on Ageing 13th Global Conference
TUESDAY 21 June 2016 - THURSDAY 23 June 2016
Brisbane Convention & Exhibition Centre

PROGRAM

Please note that this program is subject to change.

As at 13 May 2016

Tuesday, 21 June 2016

WELCOME CEREMONY

OPENING SESSION: ARM CHAIR DISCUSSION WITH DR JOHN BEARD

Morning Tea

KEYNOTE ADDRESS: PROF RAINA MACINTYRE

BREAK TO ALLOW FOR DELEGATES TO MOVE TO CONCURRENT SESSIONS

	Concurrent Session 1A: Disasters and Older People	Concurrent Session 1B: Care and Support for Older People (Community and Residential)	Concurrent Session 1C: Care and Support for Older People (Community and Residential)	Concurrent Session 1D: Age-friendly Cities/Communities	Concurrent Session 1E: Age-friendly Cities/Communities	Concurrent Session 1F: Age-friendly Cities/Communities	Concurrent Session 1G: Care and Support for Older People (Community and Residential)	Concurrent Session 1H: Income Protection and Security	Concurrent Session 1I: Elder Abuse, Law and Rights	Poster Session 1A: Care and Support for Older People (Community and Residential)	Poster Session 1B: Elder Abuse, Law and Rights
11:30			229: CO-CREATING CARE AND SUPPORT FOR OLDER PEOPLE: THE ROLE OF CONSUMER ADVOCACY Jacqueline KELLY			87: OLDER ADULTS, STREETS, AND AGE-FRIENDLY COLLABORATION Caitlyn SMITH	408: THE FUTURE OF CAREGIVING Susan MENDE	64: OLDER WOMEN AND HOMELESSNESS: A DISASTER WAITING FOR RECOVERY EFFORTS. Kim BOETTCHER, Jane BRINGOLF, Digby HUGHES		275: HOW TO FOSTER COMMUNITY-BASED SUPPORT FOR DEMENTIA PATIENTS AND THEIR CAREGIVERS? - A COMPARATIVE EXPLORATORY STUDY OF CAREGIVERS' NEEDS IN CHINA, JAPAN, AND THE US Lingling ZHANG	142: TRUST YOUR INSTINCT - ELDER ABUSE AWARENESS CAMPAIGN Natasha LOVE
11:45			63: MY AGED CARE - AGED CARE REFORMS Marina LOMONACO			181: CO-HOUSING AS A RESPONSE TO THE CRISIS OF HOUSING: IRELAND'S AGEING POPULATION Jim HARRISON	361: WILL ANYONE CARE? AN INTERCULTURAL OUTLOOK THROUGH THE LITERATURE REVIEW AND QUALITATIVE ANALYSIS OF THE RESEARCH STUDY COLOMBIA: AN AGING SOCIETY Soraya MONTOYA	197: SINGLE AGEING WOMEN AND HOUSING SECURITY - A SOUTH AUSTRALIAN PILOT STUDY Susannah SAGE JACOBSON		209: WHAT DOES SOCIAL PARTICIPATION MEAN TO FAMILY CARERS OF OLDER PEOPLE LIVING WITH DEMENTIA? Deirdre FETHERSTONHAUGH	446: ELDER ABUSE REPORTS: DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS Maria LAPID
12:00	145: OLDER ADULTS AND DISASTERS, COMMUNITY RESILIENCE, PHILANTHROPY AND CREATING AGE-FRIENDLY COMMUNITIES Jennifer CAMPBELL, Lindsay GOLDMAN, Gail KOHN, Jeffrey STIEFEL	333: THE POWER OF THE CONSUMER VOICE IN AGED CARE REFORM IN AUSTRALIA Ian YATES, Ronda HELD, Judy GREGURKE, Hal KENDIG	79: IT'S ABOUT A CHANGE OF THE BALANCE: STAFF PERSPECTIVES ON SHIFTING PARADIGMS FOR CLIENT ENGAGEMENT IN AN ENVIRONMENT OF REFORM Andrea PETRIWSKYJ	THE ROLE OF ADULT VACCINATION AS PART OF HEALTHY AGEING	224: HOUSE AND HOME: BUILT ENVIRONMENTS FOR AGEING WELL Julie BYLES, Helen FEIST, Sue MCGRATH, Dianne GOEMAN, Angela HERD	392: AGEING AND MOBILITY IN CAR-DEPENDENT SOCIETIES: GENDER DIFFERENCES AND SHIFTS IN MODE Mark KING	106: DRIVERS' HEALTH CHECK-UP FOR SENIOR CITIZENS AGED 70 AND ABOVE IN TAOYUAN Tzu-Chun TSAI	127: EXPLORING A FUTURE BEYOND WORK: ENGAGING THE DISENGAGED Geoff PEARMAN	311: ELDER ABUSE: TRAINING AND AWARENESS RAISING MATERIALS DEVELOPED IN EUROPE Bridget PENHALE, Liesbeth DE DONDER, An-Sofie SMETCOREN	231: INFLUENCE OF CONTRACTING HYPERTENSION ON LOSS OF TEETH AMONG OLDER PEOPLE IN A 10-YEAR LONGITUDINAL STUDY Kaori ENOKI	351: CARE HOMES WITHOUT GOVERNMENT AUTHORITY TO OPERATE: EXPLORING A HIDDEN CARE SECTOR Michael LEPORE
12:15			206: GERIATRIC EMERGENCY DEPARTMENT INTERVENTION (GED) EMPOWERING ELDERLY IN ACTIVE OR PASSIVE MANAGEMENT OF THEIR EMERGENCY CARE Amanda GLENWRIGHT			390: AGEING STRONGER LIVING LONGER Hazel MALONE	211: "A HAPPY LIFE RE-STARTS WITH HEALTHY TEETH" - COMPREHENSIVE ELDERLY DENTAL HEALTH RENEWAL AND CARE Tzu-Chun TSAI	146: THE IMPORTANCE OF EMPLOYMENT Jane MUSSARED		57: PILLS AND POETRY: RESILIENCE IN CAREGIVERS FOR PEOPLE WITH DEMENTIA Andrea PETRIWSKYJ	372: THE RELEVANCE OF INTERSECTIONAL APPROACH TO UNDERSTAND AGING AMONG ELDERLY IMMIGRANT WOMEN Michele CHARPENTIER
12:30			177: INTEGRATED ADVOCACY SERVICES FOR OLDER PEOPLE IN AUSTRALIA Greg MAHNEY			193: CITY LIVING Audrey GUY	460: DISASTERS IN NUTRITION: AVOIDING THE DAMAGE DUE TO AGE-INAPPROPRIATE EATING TO MAINTAIN PHYSICAL AND COGNITIVE FUNCTION IN LATER AGE. Ngaire HOBBS	244: INCOME SECURITY Stephen DEVANEY		129: LIVING WITH AND EXPERIENCING AGEING AS AN OLDER PERSON Peta COOK	317: MEDICAL AND OLD-AGE SECURITY AND LONG-TERM CARE EXPENDITURE OF THE OLDEST CHINESE: AN EMPIRICAL ANALYSIS BASED ON CLHS DATA Rong PENG
12:45			18: IMPLEMENTING HEALTH ENABLING SERVICES FOR IMPROVED QUALITY OF LIFE Josephine BOYLAN			32: PETS CONNECTING COMMUNITIES Alicia KENNEDY	371: PERSON-DIRECTED CARE PLANNING: ADVANCING THE NURSING HOME CULTURE CHANGE MOVEMENT Michael LEPORE	463: CAUSES OF SEVERE DISABILITIES IN ELDERLY OF LOWER SOCIAL ECONOMIC GROUP IN SINGAPORE Ji Seng TAN		425: FORGET ME NOT: HOME-BASED TRAINING PROGRAM FOR MCI AND EARLY DEMENTIA ELDERLY Yuk Ming, Benson NG	
13:00							474: CAN THE WORK ABILITY MODEL PROVIDE A USEFUL EXPLANATORY FRAMEWORK TO UNDERSTAND SUSTAINABLE EMPLOYABILITY AMONGST AGEING GENERAL PRACTITIONERS? Sabrina PIT				
13:15	Lunch										
14:00	PLENARY PANEL SESSION 1: INNOVATIONS IN AGED CARE AND PROGRAM DELIVERY										
15:15	Afternoon Tea										

15:45	Concurrent Session 2A: Disasters and Older People	Concurrent Session 2B: Care and Support for Older People (Community and Residential)	Concurrent Session 2C: Care and Support for Older People (Community and Residential)	Concurrent Session 2D: Age-friendly Cities/Communities	Concurrent Session 2E: Age-friendly Cities/Communities	Concurrent Session 2F: Age-friendly Cities/Communities	Concurrent Session 2G: Care and Support for Older People (Community and Residential)	Concurrent Session 2H: Elder Abuse, Law and Rights	Concurrent Session 2I: Disasters and Older People	Poster Session 2A: Care and Support for Older People (Community and Residential)	
15:45	116: LONG TERM EFFECTS FOR OLDER PEOPLE AFTER RELOCATION FOLLOWING THE 2011 DISASTER IN JAPAN Mayumi KAKO	464: GOING BEYOND THE RESUME - A HOLISTIC APPROACH TO ASSISTING AGED CARE ORGANISATIONS TO ATTRACT AND RETAIN THE BEST TALENT Gavin DISSBURY, Prashantha PRAKASH	241: HEALTH LITERACY AND HEALTH BEHAVIOURS AMONG ADULTS AGED 50 AND OLDER IN IRELAND Sarah GIBNEY	40: CREATING A FRAMEWORK FOR SUSTAINING AGE FRIENDLY COMMUNITIES Jennifer CAMPBELL, Greg SHAW, John BEARD	130: GROWING OLDER IN RURAL COMMUNITIES Jeni WARBURTON, Rachel WINTERTON, Suzanne HODGKIN, Maree PETERSEN, Suzanne GARON	222: THE SEXUAL RIGHTS OF OLDER PEOPLE IN AGE FRIENDLY CITIES AND COMMUNITIES Catherine BARRETT	415: MEASURING CARE OUTCOMES. IS A UNIVERSAL APPROACH POSSIBLE? THE AUSTRALIAN COMMUNITY CARE OUTCOMES MEASURE Michael FINE	42: POWERS OF ATTORNEY, ARE THEY WORTH THE PAPER THEY ARE WRITTEN ON? Sue FIELD	59: DETAILED EVACUATION, TRACKING AND REBUILDING PLANS IN A CRISIS Robin KELLER, Alexandra MARSH, Phil NICKERSON, Mal CHURCHILL, Matthew DYER, Grant MARCUS	134: FACTORS RELATED TO TASTE SENSITIVITY IN ELDERLY: FROM SONIC STUDY Tajji OGAWA	
16:00	188: BEST PRACTICE HUMAN AND SOCIAL RECOVERY FOR AGING POPULATIONS DURING A DISASTER Annabelle JOHNSTONE, Brooke WINTERS		198: "I'M NOT LIKE ALL THOSE OTHER OLD PEOPLE" - FINDING ONE'S PEERS, LEARNING TOGETHER Fiona TELFORD-SHARP			203: SEXUALITY AND OLDER PEOPLE CAN BE A TABOO TOPIC: HOW CAN WE MAKE RESIDENTIAL CARE ENVIRONMENTS MORE CONDUCTIVE TO THE EXPRESSION OF SEXUALITY FOR OLDER PEOPLE. Deirdre FETHERSTONHAUGH	297: LONELINESS, DEPRESSION AND SOCIAL SUPPORT IMPACTS ON THE WELLBEING OF OLDER PEOPLE Charles WALDEGRAVE	388: GLOBAL CITIZENS AND GLOBAL VILLAGES FOR CARE—LONG TERM CARE ISSUES FACING CHINESE SENIORS IN THE U.S. AND AUSTRALIA Heying ZHAN		83: THE LAW AND ELDER ABUSE - THE GOOD THE BAD AND THE UGLY Brian HERD, Margaret ARTHUR	27: IMPROVING ORAL HEALTH FOR OLDER ADULTS IN THE HOME CARE SETTING Adrienne LEWIS
16:15	355: MANAGING CARE THROUGH SEVERE WEATHER EVENT Maureen KENNEDY		17: THE HOME CARE JOB EXPERIENCE: REASONS PEOPLE LEAVE THEIR JOBS AND THE INFLUENCE OF WORKER AGE Sandra BUTLER			249: SOCIAL SUPPORT AND SENSE OF LONELINESS AMONG LIVING-ALONE OLDER CHINESE IN HONG KONG Xue BAI	147: REFRAMING AGEING THROUGH THE ARTS Jane MUSSARED	376: STUDY ON IMPROVING THE SERVICE QUALITY MANAGEMENT SYSTEM OF THE LONG-TERM CARE INSURANCE: FOCUSED ON LONG-TERM CARE FACILITIES ACCREDITATION OF SEOUL Yun-Jeong SEO		120: PROSPERITY THROUGH LONGEVITY: SAFEGUARDING THE RIGHTS AND FREEDOMS OF OLDER SOUTH AUSTRALIANS Janey DOLAN	337: OLDER ADULT INTERNET SUPER-USERS: CONCEPTUALISING THEIR DIGITAL PARTICIPATION Veronika SIMIC
16:30	409: PREPAREDNESS FOR NATURAL DISASTERS AND HOW THEY AFFECT PEOPLE WITH DEMENTIA: A NATIONAL SURVEY OF AGED CARE FACILITY MANAGERS Elaine FIELDING		225: RESPONDING TO ELDER ABUSE AND NEGLECT IN NEW ZEALAND: LESSONS WE HAVE LEARNED. Louise COLLINS			227: MENTAL HEALTH SUPPORT TO ELDERLY POPULATIONS OF THAR DESERT, INDIA - THE GRANIS EXPERIENCES Prakash TYAGI	66: THE REST OF MY LIFE: THE INFLUENCE OF STORY IN AGING ADULTS Robert WALLACE	396: FROM RESEARCH TO PRACTICE: 10 STEPS TOWARDS A GOOD NIGHT'S SLEEP IN LATER LIFE Ingrid EYERS, Vicki FITZGERALD		196: RESOLVING DISPUTES UNDER THE ADVANCE CARE DIRECTIVES ACT (SA) Susannah SAGE JACOBSON	404: FLYWAY - LING HONG EXERCISE AND PPSR REHABILITATION PROGRAMS FOR STROKE ELDERLS Yuk Ming, Benson NG
16:45	483: THE ICY PATH: ACCOUNTING FOR EVERYDAY WEATHER IN THE CARE AND SUPPORT OF VULNERABLE OLDER POPULATIONS Mark SKINNER			305: AGELESS ARTS Yvette PARKER	449: THE EFFECTIVENESS OF MULTI-COMPONENTS EXERCISE ON BRAIN HEALTH AND COGNITIVE FUNCTION IN ELDERLY WITH AMNESIC MILD COGNITIVE IMPAIRMENT (AMCI) Jin Jong CHEN	338: A HUMAN RIGHTS APPROACH TO DEALING WITH ELDER ABUSE: THE OLDER WOMEN'S NETWORK (OWN), RESEARCH, ACTIVISM AND THE PREVENTION OF VIOLENCE AGAINST OLDER WOMEN Jane MEARS	394: POTENTIALLY INAPPROPRIATE MEDICATION IN OLDER PATIENTS BY BEERS CRITERIA Yeon-Jung LIM				
17:00	469: EMERGENCIES AND OLDER PEOPLE - A RURAL LOCAL GOVERNMENT PERSPECTIVE Sheryl MCHUGH			411: BROADENING HORIZONS: SHIFTING DIVERSE INTEREST GROUP PERCEPTIONS OF AN AGED CARE CAMPUS USING A RELATIONAL ENGAGEMENT APPROACH. Terry MEHAN, Hazel HARDEN	468: NURSES PERCEPTIONS OF QUALITY CARE UNITS Julia GILBERT	373: INTERGENERATIONAL FINANCIAL TRANSFERS: PRINCIPLES OF ALLOCATION IN WILL AND REASONS FOR CONTESTATION Jill WILSON					

THEMATIC TRACKS
1. Disasters and Older People
2. Age-Friendly Cities/Communities
3. Care and Support for Older People (Community and Residential)
4. Elder Abuse, Law and Rights
5. Income Protection and Security

International Federation on Ageing 13th Global Conference
TUESDAY 21 June 2016 - THURSDAY 23 June 2016
Brisbane Convention & Exhibition Centre

PROGRAM

Please note that this program is subject to change.

As at 13 May 2016

Wednesday, 22 June 2016

KEYNOTE ADDRESS: DR BRADLEY WILLCOX

PLENARY PANEL SESSION 2: AGE-FRIENDLY CITIES AND COMMUNITIES - 'CREATING ENABLING ENVIRONMENTS'

Morning Tea

Time	Concurrent Session 3A: Disasters and Older People	Concurrent Session 3B: Care and Support for Older People (Community and Residential)	Concurrent Session 3C: Care and Support for Older People (Community and Residential)	Concurrent Session 3D: Age-friendly Cities/Communities	Concurrent Session 3E: Age-friendly Cities/Communities	Concurrent Session 3F: Age-friendly Cities/Communities	Concurrent Session 3G: Care and Support for Older People (Community and Residential)	Concurrent Session 3H: Income Protection and Security	Concurrent Session 3I: Income Protection and Security	Poster Session 3A: Age-friendly Cities/Communities
11:00	125: READY OR NOT: LESSONS LEARNED FROM OLDER PEOPLE'S EXPERIENCES OF DISASTERS TO GUIDE THE DEVELOPMENT OF NEW APPROACHES TO PREPAREDNESS. Lisa BROWN, Sally KEELING, Christine STEPHENS, Brendan STEVENSON	423: COLLABORATION IN COMMUNITY AGED CARE: A CONSORTIUM APPROACH Michele SMITH, Paul JOHNSON	69: CAN LOW INCOME OLDER HOME RENTERS SUCCESSFULLY AGE IN PLACE? EXPLORING THE IMPACTS OF THE AGED CARE REFORMS Victoria CORNELL	194: THE AUSTRALIAN EXPERIENCE OF AGE FRIENDLY COMMUNITIES Christine YOUNG, Jan BRUCE, Jane DOLAN, Dee Dee SAN JOSE, Sue LEITCH, Scott HOLLINGWORTH, Mark TUCKER-EVANS, Jane THOMSON	458: A POLICY DIALOGUE ON AGEING POPULATION BASED ON THE WHO REPORT ON AGEING AND HEALTH Alana OFFICER, Jane BARRATT	74: AGE FRIENDLY ENGAGEMENT Leanne HARTILL	427: CHALLENGES FOR THE ADOPTION OF TECHNOLOGIES BY OLDER ADULTS Sonja PEDELL	381: SENIORPRENEURS: A DYNAMIC AND ENTERPRISING EMERGING NETWORK OF ENTREPRENEURS IN AUSTRALIA Peter BALAN, Bambi PRICE	153: PENSION REFORM AND THE MATURE AGE UNEMPLOYMENT CHALLENGE Dina BOWMAN, Helen KIMBERLEY, Michael MCGANN, Rachel ONG	167: CELEBRATE AGEING: A CREATIVE ARTS STRATEGY TO BUILD AGE FRIENDLY COMMUNITIES Catherine BARRETT
11:15			112: DESIGNING FOR AGEING IN-PLACE WITHIN AUSTRALIA: AN EXPLORATION OF QUALITY OF LIFE FACTORS IN DIFFERENT STYLES OF HOUSING. Alan KEIRNAN			115: TOWN-GOWN COLLABORATION IN DEVELOPING AN AGE-FRIENDLY CITY Mc Terry HOKENSTAD	150: FALL INJURY HOSPITALIZATION AND SURVIVAL RATES AMONG OLDER ADULTS LIVING IN SASKATCHEWAN, CANADA Shanthi JOHNSON	302: INCOME SECURITY IN AN AGEING WORLD : CHALLENGES AND OUTCOMES Danis PRUDHOMME		247: SILVERCOVE: NEW INTEGRATED SENIOR ACTIVITY CENTRE TYPOLOGY FOR STUDIO APARTMENT Keng Hua CHONG, Fong Ing KANG
11:30			213: READINESS, RESILIENCE AND RECOVERY: ASSISTING HOMELESS PEOPLE THROUGH ASSERTIVE OUTREACH. Dianne GOEMAN			419: NEW INSIGHTS ON BUILDING AN AGE FRIENDLY COMMUNITY WITH THE ELDERLY Kin Ming Robert WONG	497: SUPPORTING CLIENTS NOW AND IN THE FUTURE WITH SOCIAL AND INNOVATIVE TECHNOLOGY Anthony BACON	205: PERCEIVED LEVELS OF FINANCIAL WELLNESS AND DISTRESS IN PREPARATION FOR RETIREMENT/OLD AGE AMONG JAMAICANS 30-80 YEARS OLD Julian MCKOY DAVIS		199: USING CONJOINT ANALYSIS TO ASSESS SENIORS' PREFERENCES FOR OUTDOOR FITNESS EQUIPMENT IN THE PARKS Fang Jou CHANG
11:45			273: PERSPECTIVES ON HOUSING AND CARE IN LATER LIFE: DIFFERENT ETHNIC BACKGROUNDS, DIFFERENT EXPECTATIONS? An-Sofie SMETCOREN			277: CROSS-CULTURAL RELEVANCY AND LEARNING ABOUT DEVELOPING AGE-FRIENDLY CITIES' STRATEGIES: FROM GLOBAL TO LOCAL PERSPECTIVES IN CANADA AND CHINA Daniel W.I. LAI	477: IMPLEMENTATION OF HEALTH PROFESSIONAL STUDENT PLACEMENTS WITHIN A RURAL RESIDENTIAL AGED CARE FACILITY: A CASE STUDY. LIVING LONGER, LIVING BETTER WITH STUDENTS PLACEMENTS? Cate MOWBRAY, Sabrina PIT	233: INCOME SECURITY AND PERCEIVED LIFE SATISFACTION AMONG COMMUNITY DWELLING ELDERLY OF SRI LANKA Shyama RANABAHU		407: A BOTTOM-UP WORKING EXPERIENCE IN PROMOTING AGE-FRIENDLY COMMUNITY IN HONG KONG Yuk Ming, Benson NG
12:00			210: "IN CASE OF EMERGENCY BREAK GLASS": FIRE SAFETY, ENVIRONMENTAL DESIGN AND THE DILEMMAS OF DEMENTIA CARE Ashley CARR			248: WALKING THE GOLDEN PATH: OLDER RESIDENTS ACTIVE IN PROMOTING A HEALTHY AND AGE-FRIENDLY NEIGHBOURHOOD Hadas MOTRO	255: THE POVERTY OF OLDER PEOPLE IN INDONESIA Flora ANINDITYA	377: CITY FACTORS ASSOCIATED WITH OLDER PEOPLE'S SOCIAL PARTICIPATION: AN EXAMPLE OF TAICHUNG, TAIWAN Hui-Chuan HSU		
12:15			432: FRAILTY AMONG OLDER PEOPLE LIVING IN THE COMMUNITY: WHO IS AT RISK? An-Sofie SMETCOREN			144: AGE-FRIENDLY OR NOT? MULTIPLE PERSPECTIVES ABOUT BABY BOOMERS AND SOCIAL PARTICIPATION Daniel W.I. LAI	364: ENHANCING RESILIENCE OF OLDER PEOPLE THROUGH COMMUNITY BASED SOCIAL CASH TRANSFER INITIATIVE - 'THE EXPERIENCES FROM TIGRAY' Sofia Mohamed IMAM	418: SHOPPING MALLS IN BANGKOK: AGE FRIENDLY ENVIRONMENTAL FEATURES AND PHYSICAL BARRIERS Berjamas KUTINTARA		
12:30							466: MONEY FOR JAM: INCREASING FINANCIAL WELLBEING THROUGH MICRO-ENTERPRISE FOR OLDER WOMEN AT RISK OF POVERTY Katelljne LENAERTS			
12:45	Lunch									

13:30	Concurrent Session 4A: Disasters and Older People	Concurrent Session 4B: Care and Support for Older People (Community and Residential)	Concurrent Session 4C: Care and Support for Older People (Community and Residential)	Concurrent Session 4D: Age-friendly Cities/Communities	Concurrent Session 4E: Elder Abuse, Law and Rights	Concurrent Session 4F: Age-friendly Cities/Communities	Concurrent Session 4G: Age-friendly Cities/Communities	Concurrent Session 4H: Elder Abuse, Law and Rights	Concurrent Session 4I: Elder Abuse, Law and Rights	Poster Session 4A: Care and Support for Older People (Community and Residential)
13:30	98: SOCIAL ISOLATION AMONG OLDER ADULTS FOLLOWING NATURAL DISASTERS: COMPARATIVE INTERNATIONAL EXPERIENCES Junko OTANI, Michael ANNEAR, Yonghan YOU, Kate BOOTH	161: LIVING WELL WITH DEMENTIA: PROGRAMS TO SUPPORT OLDER AUSTRALIANS Susan KURRLE, Susan FIELD, Ashley CARR, Dianne GOEMAN	260: INCREASING ACCESS TO CARE FOR OLDER MIGRANTS: EXPLORING THE ROLE OF ETHNIC AND MIGRANT SELF-ORGANIZATIONS Liesbeth DE DONDER	183: SYMPOSIUM: CRITICAL PERSPECTIVES ON AGE-FRIENDLY COMMUNITIES: FROM THEORY TO SOCIAL PRACTICE Chris PHILLIPSON, Tine BUFFEL, Yvonne WELLS, Thibault MOULAERT, Liesbeth DE DONDER, An-Sofie SMETCORAN	221: OLDER LGBTI PEOPLE'S RIGHTS - THEN AND NOW Catherine BARRETT, Pauline CRAMERI, Jill BOLEN, Brian DAY	426: NATIONAL QUESTIONS, LOCAL ANSWERS: FIRST RESULTS OF THE AGE-FRIENDLY CITIES AND COUNTIES PROGRAMME SURVEY IN IRELAND Sarah GIBNEY	438: WHOSE RESPONSIBILITY? CHALLENGES TO CREATING AN AGE-FRIENDLY VICTORIA IN THE WIDER AUSTRALIAN POLICY CONTEXT Kathleen BRASHER	143: ELDER ABUSE AND COMMUNITY EDUCATION Natasha LOVE	318: AN INTERCONTINENTAL COMPARISON OF ELDER ABUSE PREVENTION MODELS Kim BOETTCHER, Susan SOMERS, Marie BEAULIEU, Elsie YAN, Tova BAND-WINTERSTEIN	328: PSYCHOTROPIC DRUGS: HIGH USE FOR LITTLE BENEFIT Dianne GOEMAN
13:45			154: LESSONS FROM JAPAN: AN AUSTRALIAN CASE STUDY OF INTERNATIONAL KNOWLEDGE EXCHANGE IN THE CARE OF OLDER PEOPLE Marco AMATI			135: CONSTRUCTING TAIWAN ACTIVE AGING INDEX Hui-Chuan HSU	117: DRIVING TOWARDS A BETTER FUTURE THROUGH COLLABORATIVE SHARING OF VEHICLES AND VOLUNTEERS Michael HILLIER, Rita KONTOS	472: THE ALRC INQUIRY ON ELDER ABUSE: PROTECTING THE RIGHTS OF OLDER AUSTRALIANS Rosalind CROUCHER		189: CLINICIAN AND PATIENT PERSPECTIVES OF THE RESPOND FALLS PREVENTION PROGRAM: A QUALITATIVE STUDY Darshini AYTON
14:00			402: CULTURAL SAFETY IN MUSLIM AGED CARE Mahjabeen AHMAD			171: DEVELOPING AGE-FRIENDLY CITIES AND COMMUNITIES: A TOOL TO GUIDE EFFORTS TO PROMOTE HEALTHY AGEING Stefanie BUCKNER	126: COLLABORATION FOSTERS INNOVATION: THE SME STRATEGY BUILDER CLUSTER PROGRAM Geoff PEARMAN	296: MEASURING ELDER ABUSE AND ITS IMPACTS: FINDINGS FROM THE NEW ZEALAND LONGITUDINAL STUDY OF AGEING (NZLSA) Charles WALDEGRAVE		412: WHAT'S NEW IN SMART ASSISTIVE TECHNOLOGIES TO ENABLE COMMUNITY LIVING Alicia PARRY
14:15			214: FALLS PREVENTION AMONG PERSONAL ALERT VICTORIA CLIENTS Darshini AYTON			168: AGED FRIENDLY SALISBURY - ENGAGING AND SUPPORTING CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES Joanne MENADUE, Vesna HARACIC	208: INTEGRATING INITIATIVES TO SUPPORT AGEING POPULATIONS Elizabeth BROOKE	303: SENIOR-AWARE - PREVENT ABUSE, FRAUD, INTIMIDATION Dennis PRUD'HOMME		192: BLINDNESS AND VISION IMPAIRMENT SERVICES IN AN AGEING WORLD Brandon AH TONG
14:30			149: COMPARISON FUNCTIONAL CAPACITY AND FRAILTY AMONG FALLERS AND NON FALLERS IN INDIA Shanathi JOHNSON			237: AGE FRIENDLY CITIES AND COUNTIES IN IRELAND Sarah GIBNEY	370: OLDER MEN AND WOMEN'S EXPERIENCES OF OLDER AGE IN AFRICA Louissette Naah FOMBA	319: WHO IS ABUSING WHOM? ELDER ABUSE IN THE CONTEXT OF STRUCTURAL VIOLENCE Gaynor MACDONALD		391: THE ASSOCIATION BETWEEN METABOLIC SYNDROME AND VITAMIN D STATUS IN KOREAN ELDERLY. Ji Sun LEE
14:45			160: CARING FOR OLDER PEOPLE Audrey GUY			119: AUSTRALIAN EXPERIENCE WITH PILOTING THE AGE-FRIENDLY CITIES INDICATORS: LESSONS FROM BANYULE CITY COUNCIL Yvonne WELLS	399: WHO GLOBAL NETWORK OF AGE-FRIENDLY CITIES: CHANGES AND ACHIEVEMENTS OF SEOUL CITY Eunha JEONG	414: TRANSGENDER ELDER ABUSE, ADVOCACY AND LEGAL RIGHTS J.r. LATHAM		242: ADHERENCE TO MEDICATION AND QUALITY OF LIFE AMONG ELDERLY TYPE 2 DIABETIC PATIENTS: MEDIATING ROLE OF PSYCHOSOCIAL SUPPORT Ranjan PATTNAIK
15:00	Afternoon Tea									
15:30	Concurrent Session 5A: Disasters and Older People	Concurrent Session 5B: Care and Support for Older People (Community and Residential)	Concurrent Session 5C: Care and Support for Older People (Community and Residential)	Concurrent Session 5D: Age-friendly Cities/Communities	Concurrent Session 5E: Age-friendly Cities/Communities	Concurrent Session 5F: Age-friendly Cities/Communities	Concurrent Session 5G: Age-friendly Cities/Communities	Concurrent Session 5H: Elder Abuse, Law and Rights	Concurrent Session 5I: Disasters and Older People	Poster Session 5A: Care and Support for Older People (Community and Residential)
15:30	262: CHARTER 14 AND OLDER PEOPLE RESPONSIVE DISASTER MANAGEMENT STRATEGIES Godfred PAUL, Emily BERIDICO	166: INSIGHTS, PREDICTIONS, HOPES - THE FUTURE OF CARE AND SUPPORT SERVICES Marcus RILEY, Laurie BUYS, Tracey MACKIE, Paul JOHNSON, Barry EAMES	230: ENHANCING RELATIONSHIPS FOR PEOPLE LIVING WITH DEMENTIA AND THEIR SOCIAL NETWORK Wendi KRUGER	445: THE UNITED NATIONS 2030 SUSTAINABLE DEVELOPMENT AGENDA: OPPORTUNITIES AND CHALLENGES Cynthia STUEN, Valerie LEVY, Toby PORTER, Erica DHAR	441: MEASURING AFC: WHY? HOW? AND WHAT MATTERS? Kathleen BRASHER, Melanie DAVERN	110: AGE FRIENDLY CHAMPIONS DRIVING COMMUNITY CHANGE Tanya CLARK	259: AGE FRIENDLY ACTIVITIES IN SOUTH KOREA Eunju HWANG, Seung-Hahn KOH, Seo-Yeon LEE, Kimin SONG, Sungmin KIM	173: ELDER ABUSE RESPONSES: WHAT WORKS, WHAT MAY WORK AND WHAT DOESN'T WORK FROM A QUEENSLAND SERVICE PROVIDER PERSPECTIVE Les JACKSON	84: PLEASE CONSIDER US: OLDER PEOPLE LIVING ON THE AUTISM SPECTRUM Wenn B. LAWSON, Sylvia ROGERS, Judy BREWER-FISHER	158: THE IMPORTANCE OF RESILIENCE IN END OF LIFE CARE Jenny DOWNES
15:45	26: VULNERABILITY IN AN AGEING SOCIETY: SPATIAL STRATEGIES FOR EMERGENCY PREPAREDNESS Hamish ROBERTSON		330: WE'RE MOBILE TO GET YOU MOBILE - THE PHILOSOPHY OF DOMICILIARY REHABILITATION Fiona WHITE			286: AGE-FRIENDLY CITIES IN BELGIUM: A CASE STUDY IN WALLOON REGION Thibault MOULAERT		274: LATE LIFE FAMILY DISASTERS: PREVENTING FATALITIES FROM INTIMATE PARTNER HOMICIDE SUICIDE (IPHS) Sonia SALARI		238: ADDRESSING HIV IN THE ELDERLY POPULATIONS IN INDIA: THE FORGOTTEN ASPECT OF THE EPIDEMIC Prakash TYAGI
16:00	163: THE VICTORIAN APPROACH TO SUPPORTING PEOPLE WHO ARE VULNERABLE IN EMERGENCIES Mariela DIAZ		331: THE EFFECTS OF INTERNATIONAL POI AND TAI CHI ON PHYSICAL AND COGNITIVE FUNCTION IN HEALTHY OLDER ADULTS Kate RIEGLE VAN WEST			384: CONNECTING COMMUNITIES - TOWARDS BUILDING AN AGE-FRIENDLY NEW ZEALAND Sarah CLARK		467: FROM RISK TO OPPORTUNITY: SUPPORTING INTIMATE AND SEXUAL RELATIONSHIPS IN RESIDENTIAL AGED CARE. Brown Wilson CHRISTINE		236: A PHOTOVOICE STUDY OF AGEING CHINESE ADULTS' CARE EXPECTATIONS IN HONG KONG Xue BAI
16:15	342: THE EFFECTS OF AGE ON MENTAL HEALTH OUTCOMES AFTER DISASTER David LIE		354: DIGNITY OF RISK Maureen KENNEDY			60: FROM 'BARRIER FREE' TO AGE FRIENDLY AKITA CITY Ayuk EYONG CHRISTIAN		289: A POLICE MODEL TO COUNTER MISTREATMENT OF OLDER ADULTS Marie BEAULIEU		454: ANIMALS A DOMAIN OF WELL-BEING Kelvin GLEN
16:30	323: DISASTERS -PROBLEMS ENCOUNTERED BY AGEING Gurudutt Prasad MEDA		22: LEARNING ITALIAN BEING 65 YEARS OF AGE AND OVER IN QUEBEC: A BRIDGE BETWEEN MOURING AND RESILIENCE Nilce DA SILVA			436: HARNESSING AUBURN'S COMMUNITY OF PRACTICE TO DELIVER THE AGE-FRIENDLY AUBURN CITY PROJECT Anita CERAVOLO		444: INCOME SECURITY FOR OLDER WORKERS IN SINGAPORE Kalyani MEHTA		424: THE EVIDENCE FOR A COLLABORATIVE MODEL IN COMMUNITY AGED CARE Pauline COFFEY
16:45	195: DISASTERS AND AGEING COMMUNITIES: EVALUATING THE NATURAL DISASTER RISK OF RURAL AGEING COMMUNITIES IN TAIWAN Tzuyuan CHAO					435: A QUALITATIVE EVALUATION OF A PILOT GREEN EXERCISE VOLUNTEERING PROGRAMME FOR OLDER ADULTS LIVING IN A SOCIO-ECONOMICALLY DISADVANTAGED AREA OF GLASGOW, SCOTLAND Daryll ARCHIBALD		473: NOT BEING BELIEVED = ABUSE Val SCHACHE		
	THEMATIC TRACKS									
	1. Disasters and Older People									
	2. Age-Friendly Cities/Communities									
	3. Care and Support for Older People (Community and Residential)									
	4. Elder Abuse, Law and Rights									
	5. Income Protection and Security									

International Federation on Ageing 13th Global Conference
TUESDAY 21 June 2016 – THURSDAY 23 June 2016
Brisbane Convention & Exhibition Centre

PROGRAM

Please note that this program is subject to change.

As at 13 May 2016

Thursday, 23 June 2016

KEYNOTE ADDRESS: MS MARGARETA WAHLSTROM

PLENARY PANEL SESSION 3: POST SENDAI: ENGAGING AND ENLISTING OLDER PEOPLE IN SUSTAINABLE DEVELOPMENT AND DISASTER RISK REDUCTION AT THE LOCAL LEVEL

Morning Tea

Time	Concurrent Session 6A: Disasters and Older People	Concurrent Session 6B: Age-Friendly Cities/Communities	Concurrent Session 6C: Care and Support for Older People (Community and Residential)	Concurrent Session 6D: Disasters and Older People	Concurrent Session 6E: Age-Friendly Cities/Communities	Concurrent Session 6F: Age-Friendly Cities/Communities	Concurrent Session 6G: Age-Friendly Cities/Communities	Concurrent Session 6H: Elder Abuse, Law and Rights	Concurrent Session 6I: Elder Abuse, Law and Rights	Poster Session 6A: Disasters and Older People	
11:00	457: DISASTER PREPAREDNESS IN AN AGING POPULATION	164: WHY MEASURE? POLICYMAKERS' PERSPECTIVE ON METRICS AND ASSESSMENT FOR AGE-FRIENDLY CITIES Paul ROSENBERG, Brenda DONALD, Furio HONSELL, Lisa RAYWOOD, Angeliqe PHILIPONA	212: HEALTH AND WELLBEING OF LGBTI PEOPLE AGED 50 AND OVER IN NEW SOUTH WALES, AUSTRALIA Mark HUGHES	58: LESSON'S WE LEARNED PROTECTING OUR ELDERLY IN THE AFTERMATH OF HURRICANE KATRINA Robin KELLER, Wilma BAUKEMA, Leisa BOURNE, Mike MUTZE	122: CRITICAL PERSPECTIVES ON AGE-FRIENDLY COMMUNITIES: AN EMERGING EVIDENCE BASE (SYMPOSIUM) Tine BUFFEL, Chris PHILLIPSON, Hal KENDIG, Lindsay GOLDMAN, Suzanne GARON	291: INTEGRATING HOSPITALITY INTO HEALTHCARE AND BEYOND Alana MARRINGTON	453: PARTICIPATION OF ELDER PERSONS IN THE DEVELOPMENT OF AGE-FRIENDLY HONG KONG ON DISTRICT LEVEL Ming Hui KO	420: REFLECTING ON A MULTIDISCIPLINARY RESPONSE TO ELDER ABUSE Koning CYBELE	75: EFFECTIVE ADVOCACY FOR OLDER PERSONS - LESSONS FROM THE ROAD BH MITCHELL	353: CLIMATE CHANGE AND OLDER AUSTRALIANS Susan MCGRATH	
11:15						365: OVER THE SILVER RAINBOW Samantha EDMONDS	24: LONGEVITY PARK Grant DONALD	451: AGE-FRIENDLY INDICATORS OF HONG KONG Grace CHAN		176: NATIONAL APPROACH TO ELDER ABUSE AND THE INERTIA OF "NEW" SOCIAL ISSUES Greg MAHNEY	170: MENTAL HEALTH IMPACTS AMONG THE ELDERLY POPULATION AFTER THE MAJOR NATURAL DISASTER Hsin-I' SHIH
11:30						400: CHASING THE RAINBOW ... OUR JOURNEY TO BECOME A PART OF THE LGBTIQ AGEING COMMUNITY. Angela LITTLEFORD	239: CREATIVE AGEING CITIES: PLACE-MAKING BY THE ELDERLY COMMUNITIES Keng Hua CHONG	452: BOTTOM UP PARTICIPATION OF ELDER PERSONS IN AGE-FRIENDLY HONG KONG Grace CHAN		437: MINISTERIAL ADVISORY COMMITTEE ON AGEING Tracey MCDONALD	252: GERIATRIC CONDITIONS ARE ASSOCIATED WITH POTENTIAL VULNERABILITY TO DISASTER PREVENTION AMONG OLDER ADULTS IN TAIWAN Chia-Ming CHANG
11:45						431: ADAPTATION OF THE JOURNEY ACCESS TOOL TO IDENTIFY AND ADDRESS THE NEEDS OF AN AGEING POPULATION Mark KING	350: SURVEYS ON AN AGE-FRIENDLY COMMUNITY: THE YOUNG-ELDERLY AND ELDERLY IN TAIPEI Hsien-Wen KUO	461: ELDER ABUSE AND RIGHTS – RECENT LEGAL AND POLICY DEVELOPMENTS IN QUEENSLAND Julia DUFFY			
12:00						413: PRODUCTIVITY FRIENDLY CITIES AND COMMUNITIES Mike RUNGIE	356: CANTON FRIENDLY CITY GUARCO ALL AGES Carlos MATA	368: ENACTING THE RIGHTS OF A SILENT MAJORITY – CHALLENGING CURRENT CARE TO ENABLE A VOICE FOR THE FUTURE Michelle BENNETT			
12:15						447: FOSTERING INTERGENERATIONAL SOLIDARITY THROUGH A SOCIAL ENTERPRISE MODEL: FINDINGS OF A SUCCESSFUL PILOT AND PROGRAM INNOVATION Anna DONALDSON	476: A BEFORE-AND-AFTER COMPARISON OF EIGHT DOMAINS AFTER THE INITIATION OF THE TAIPEI AGE-FRIENDLY CITY PROGRAM Hsien-Wen KUO	482: MANAGEMENT OF CONFLICT RESOLUTION FOR OLDER AUSTRALIANS & THEIR FAMILIES – SENIORS MEDIATION Jenni DICKSON			
12:30			492: WORKING TOGETHER: A HEALTH JUSTICE PARTNERSHIP TO ADDRESS ELDER ABUSE Faith HAWTHORNE, Jess EASTWOOD								
12:45	Lunch										

13:30	Concurrent Session 7A: Disasters and Older People	Concurrent Session 7B: Care and Support for Older People (Community and Residential)	Concurrent Session 7C: Care and Support for Older People (Community and Residential)	Concurrent Session 7D: Age-friendly Cities/Communities	Concurrent Session 7E: Age-friendly Cities/Communities	Concurrent Session 7F: Age-friendly Cities/Communities	Concurrent Session 7G: Age-friendly Cities/Communities	Concurrent Session 7H: Elder Abuse, Law and Rights	Concurrent Session 7I: Disasters and Older People	Poster Session 7A: Care and Support for Older People (Community and Residential)
13:30	265: CRITICAL SERVICE SYSTEMS AND THEIR ROLE IN OLDER PEOPLE'S RESILIENCE Emily BERIDICO, Godfred PAUL	204: PRIMARY HEALTH CARE REFORM IN CHINA: PROMOTING AGEING WELL Colette BROWNING, Shane THOMAS, Hui YANG, Anna CHAPMAN, Shuo LIU, Junjie XIA	202: PAIN IN OLDER PEOPLE: WHAT RESIDENTIAL AGED CARE STAFF NEED TO KNOW! Deirdre FETHERSTONHAUGH	107: REDEFINING AGE FRIENDLY CITIES/COMMUNITIES Julie ANDERSSON, Joan CARR, Margaret BIRD	459: ENGAGING WITH THE WORLD HEALTH ORGANIZATION ON AGE-FRIENDLY CITIES AND COMMUNITIES Alana OFFICER, Jane BARRATT	70: MAKING IT WORK IN MUNICIPALITIES THE "HOW TO" GUIDE FOR AN AGE FRIENDLY COMMUNITIES APPROACH Christine YOUNG	434: REVERSE INTERNSHIP: AN INNOVATIVE PROGRAM FOR HELPING OLDER WORKERS REMAIN/RE-ENTER THE WORKPLACE Peter BRADY	366: ELDER ABUSE IN THE NATION'S CAPITAL: WHAT NEEDS TO HAPPEN FOR US TO SEE REAL CHANGE? Jane THOMSON	495: TAKING ACTION TOWARDS A CONVENTION TO PROTECT AND PROMOTE THE RIGHTS OF OLDER PERSONS Susan SOMERS, Frances ZAINOEDDIN, Greg MAHNEY, Bill MITCHELL	28: ASSESSMENT OF HEALTH PERCEPTION, HEALTH CARE ABILITY AND SOCIAL SUPPORT FOR ELDERLY IN HEALTH CARE LEADERS OF FAMILY AND COMMUNITY. CHON BURI, THAILAND Wethaka KLINWICHIT
13:45	45: PROMOTING DISASTER RISK REDUCTION FOR ELDERLY FRIENDLY COMMUNITIES IN NORTH WEST CAMEROON: THROUGH RIGHTS ADVOCACY AND RESILIENT LIVELIHOODS Francis NUJAKOM NCHII		72: OPTIMIZING JOB DEMANDS IN AGED CARE: HELPING NURSES COPE WITH CHALLENGES Fengsong GAO			99: CHANGING ATTITUDES: A WORKSHOP PROCESS FOR LOCAL GOVERNMENT Jane BRINGOLF	416: 'AGEING WELL IN SOUTH AUSTRALIA: A STATE STRATEGY FOR SOCIAL AND ECONOMIC WELLBEING' Barbara POCOCK	105: INTERGENERATIONAL FINANCIAL TRANSFERS, RIGHTS AND ABUSE: WHOSE MONEY IS IT? Cheryl TILSE, Jill WILSON		403: EFFECTIVENESS OF HOME-BASED CARE IN HONG KONG Yuk Ming, Benson NG
14:00	48: EMERGENCY PREPAREDNESS AND RESILIENCE: AN OLDER PERSON'S PERSPECTIVE Victoria CORNELL		132: PARAMEDIC ATTENDANCE TO OLDER ADULTS: MORE THAN MEETS THE EYE Linda ROSS			118: WHOSE RESPONSIBILITY? STAKEHOLDER BARRIERS TO FACILITATING AGE-FRIENDLY RURAL COMMUNITY ENVIRONMENTS FOR SOCIAL PARTICIPATION Rachel WINTERTON	456: YOUNG OLD PARTICIPATION MODEL IN BUILDING AN AGE FRIENDLY COMMUNITY: EXPERIENCE AND IMPLICATIONS FOR HONG KONG Tracy LAM	257: DETECTION AND PREVENTION OF ELDER ABUSE IN THE COMMUNITY- WHY? HOW? WHO? Liesbeth DE DONDER		
14:15	201: HEATWAVE DISASTERS IN RURAL AUSTRALIA: ARE WE PREPARED? Leigh WILSON		421: USING STAKEHOLDER CONSULTATION TO DEVELOP SPIRITUAL CARE GUIDELINES FOR AGED CARE Colleen DOYLE			299: MEASURING AND MONITORING AGE-FRIENDLY Kim WALKER	488: MY LIFE MY WORDS: BUILDING STRONGER INTERGENERATIONAL COMMUNITIES Helen O'SULLIVAN	286: ELDER ABUSE POLICY IN AUSTRALIA AND HOW VICTORIA IS PUTTING POLICY INTO ACTION THROUGH SENIORS RIGHTS VICTORIA Freda VRANTSIDIS, Jenny BLAKEY		
14:30	494: HEATWAVE DISASTERS IN OLDER AUSTRALIANS: ARE WE PREPARED? Leigh WILSON		43: 'WE'RE STILL HERE...': EMPLOYMENT INTENTIONS AMONG AGED CARE NURSES AND NURSING ASSISTANTS FROM DIVERSE CULTURAL BACKGROUNDS Fengsong GAO			478: AGEING ON THE EDGE - OLDER PEOPLE AT RISK OF HOMELESSNESS IN AUSTRALIA Jeff FIEDLER	417: CREATIVE AGEING AND RESILIENCE IN CHALLENGING TIMES Margret MEAGHER	448: MY RIGHTS AND MY RIGHT TO KNOW - PROMOTING UNDERSTANDING OF THE LEGAL RIGHTS OF PEOPLE WITH DEMENTIA Carol BENNETT		
14:45			478: CONSTRUCTION THE ICT MODEL OF LONG-TERM AGE CARE SERVICE IN LINE WITH THE UNEVEN EVOLUTION OF CHINA'S POPULATION AGEING Hongyan XIAO			496: DOWNSIZING, RELOCATING OR STAYING PUT? HOUSING OPTIONS, CHOICES AND OUTCOMES FOR OLDER AUSTRALIANS Bruce JUDD	344: BEING AGE FRIENDLY IN RURAL, REGIONAL AND CALD COMMUNITIES Alan BULL, Myfan JORDAN	465: AN INCLUSIVE RESPONSE TO ELDER ABUSE Rosemarie DRAPER		
15:00	Afternoon Tea									
15:30	Concurrent Session 8A: Disasters and Older People	Concurrent Session 8B: Income Protection and Security	Concurrent Session 8C: Care and Support for Older People (Community and Residential)	Concurrent Session 8D: Age-friendly Cities/Communities	Concurrent Session 8E: Disasters and Older People	Concurrent Session 8F: Age-friendly Cities/Communities	Concurrent Session 8G: Disasters and Older People	Concurrent Session 8H: Age-friendly Cities/Communities	Concurrent Session 8I: Disasters and Older People	
15:30	261: BRIDGING THE DATA GAP Emily BERIDICO, Godfred PAUL	382: BUILDING THE ENTREPRENEURIAL ECOSYSTEM TO SUPPORT SENIOR ENTREPRENEURSHIP Peter BALAN, Bambi PRICE	123: A MIXED METHODS EXPLORATION OF EFFECTIVENESS OF PROGRAMS FOR REDUCING SOCIAL ISOLATION AND DEPRESSION IN AGED CARE CLIENTS LIVING IN RURAL SETTINGS Lynne PARKINSON	128: BECOMING AN AGE FRIENDLY EMPLOYER OF CHOICE Geoff PEARMAN, Greg BURNS	332: NATURAL DISASTER IN INDONESIA'S AGEING POPULATION Aris ANANTA, Evi Nurvidya ARIFIN, Bondan SIKOKI, Ni Wayan SURIASITINI, Tri Budi W RAHARDJO	101: CREATING DEMENTIA FRIENDLY BUSINESSES - AN INTERNATIONAL PERSPECTIVE Sarah WARNER	46: A GUIDE TO PLANNING POLICY AND PRACTICE Peter ORPIN, Kim BOYER, Brendon DAVIDSON	ADVISORY TASKFORCE ON RESIDENTIAL TRANSITION FOR AGEING QUEENSLANDERS INTERIM REPORT WORKSHOP	263: THE CENTRAL ROLE OF OLDER PEOPLE IN BUILDING RESILIENT COMMUNITIES: SHARING SKILLS AND PERSPECTIVES FROM OLDER PEOPLE DISASTER RISK REDUCTION PRACTITIONERS IN SOUTH EAST ASIA Godfred PAUL, Emily BERIDICO	
15:45	11: CYCLONE YASI - RESIDENTIAL AGED CARE SURVIVE AND THRIVE IN AN EVACUATION CENTRE Sandra GLAISTER		219: CARING FOR COGNITIVE IMPAIRMENT Anne CUMMING			215: 'DEMENTIA FRIENDLY CARE ACROSS THE COMMUNITY' Dianne GOEMAN				
16:00	88: OLDER NEPALI VILLAGERS' EXPERIENCE OF THE 2015 GORKHA EARTHQUAKE Dorah SETTERLUND		61: ACHIEVING QUALITY OF STANDARDS IN RESIDENTIAL CARE THROUGH ART, MUSIC AND KUMON Yasunori KAMADA			422: MORE THAN DOCTORS AND NURSES: A HOLISTIC COMMUNITY APPROACH TO THE PERSON WITH DEMENTIA Lisa HEE				
16:15	316: ASSESSING THE IMPACTS OF THE HAZELWOOD MINE FIRE ON OLDER PEOPLE: IMPLICATIONS FOR POLICY AND PRACTICE Judi WALKER, Matthew CARROLL		47: THE LOSS OF A GENERATION: IMPACT ON THE CARING ROLE Magali KAPLAN			443: DEMENTIA FRIENDLY COMMUNITIES BETTER PLACES FOR ALL Carol BENNETT				
16:30	54: DISASTER MANAGEMENT IN PRACTICE A LIVED EXPERIENCE Peter BEWERT	10: THE CHANGING FACE OF FAMILIES Patrick BRADY	121: FLYING BELOW THE RADAR - ADDRESSING THE ORAL HEALTH NEEDS OF VULNERABLE OLDER NEW ZEALANDERS Moir SMITH	363: DEMENTIA FRIENDLY COMMUNITIES Caroline GROGAN, Ann DONAGHY						
16:45	165: SOCIO-ECONOMIC STATUS, TRAUMATISED EXPERIENCE AND MENTAL HEALTH DISORDERS AMONG OLDER REFUGEES IN AUSTRALIA Wendy LI	216: PEOPLE LIVING WITH DEMENTIA AND THEIR CARERS - COMPANIONSHIP AND SUPPORT Wendi KRUGER								
17:00	BREAK FOR DELEGATES TO MOVE FROM CONCURRENT SESSIONS TO PLENARY									
17:10	OFFICIAL CLOSING CEREMONY									
	THEMATIC TRACKS									
	1. Disasters and Older People									
	2. Age Friendly Cities/Communities									
	3. Care and Support for Older People (Community and Residential)									
	4. Elder Abuse, Law and Rights									
	5. Income Protection and Security									

附錄三 攜回資料 - 高齡者防災

Why should we include older people in disaster risk reduction (DRR)?

HelpAge recognises that older people are very resourceful and capable of leading and guiding community-based disaster risk reduction (CBDRR).

- They know the community well and are usually considered as trustworthy and respected leaders
- They have significant knowledge and experience to share about:
 - past weather and environmental patterns
 - impacts of past disasters to help prepare for future one
 - how to stay safe and rebuild
 - adapting farming practice for resilient livelihoods.



“Give older people the opportunity to lead DRR activities!”

Key roles older people carry out in DRR



Being part of community DRR committee and/or serving as DRR trainers to build resilient communities



Developing DRR plans that include mitigation and preparedness for older people



Developing hazard maps identifying safe routes to evacuation centres



Organising a roster of active older people volunteers to match with frail older people and people with disabilities to ensure that all are cared for in times of disaster



Setting up early warning system



Checking weather updates and warning communities in time of disasters



Ensuring that evacuation centres are able to meet the needs of all people with adequate medical, food and water supplies



Acting as key mediators, trusted to administer relief fairly



Engaging with local government units to make government policies and programmes inclusive




Advocating with UN and international agencies on funding resilience programmes that are inclusive

Find us

 HelpAgeAsia

 HelpAgeEAPRO

 www.helpage.org, www.AgeingAsia.org

 hai@helpageasia.org



With funding support
from the European Union

Charter 14 for Older People in Disaster Risk Reduction

Disaster Resilience for all ages

Charter 14 for Older People in Disaster Risk Reduction (DRR) focuses on the adoption of three key principles of an inclusive approach to DRR. It calls for stronger commitment from governments, donors and organisations to act on the shortcomings in DRR policies, strategies and practices that often insufficiently respond to older people's disaster risks. They must acknowledge and fulfil older people's rights and engage older people's capacities and contributions. This Charter has been developed through consultations with governments, NGOs, DRR and ageing experts as well as older men and women themselves.

An ageing world at increasing disaster risk

The world is ageing. Today, people aged over 60 constitute 11 per cent of the global population. By 2050, this proportion will have doubled to 22 per cent – that is, 2 billion older people. While this represents a triumph of development, and improvements in healthcare, the combination of more extreme climate and disaster events coupled with the failure to adapt DRR responses to the ageing demographic trend has the potential to increase older people's vulnerability to risks and disasters. Yet, the specific requirements and strengths of older people are often not given appropriate consideration in DRR.

Charter 14 calls for an inclusive approach whereby DRR responds to older people:

- 1. In need:** Older people have specific requirements which must be understood and responded to within all DRR activities.
- 2. Invisible:** Older people's vulnerabilities and capacities are often overlooked due to the lack of their inclusion in risk and needs assessments. Data on people's age and sex must be collected to ensure older people and other people at risk are visible and supported in DRR.
- 3. Invaluable:** Older people have years of knowledge, skills and wisdom, which are invaluable assets in DRR and must be acknowledged, valued and engaged, by supporting older people to participate in DRR.



As part of Charter 14, fourteen minimum standards which underpin the three key principles have been developed. These are categorised as one, two and three star actions increasing with the level of commitment and change that is required.

Standard	Minimum Standards	Report in 2017
★	Older people will be included in risk assessments and their requirements will be addressed in government disaster and climate policy.	
★	Early warning signals and information on risks will be accessible and understandable to those with sight, hearing or physical impairments, and support will be provided to help older people act on this information.	
★	Disaster supplies and stockpiles will include items required by older people and their distribution planning will take account of the physical limitations of older people.	
★	Older people's disaster resilience will be strengthened by their equal inclusion in livelihood programmes.	
★	Disaster preparedness personnel will be trained in working with older people and addressing their specific needs and strengths.	
★★	Older people's knowledge, skills and capacities as local knowledge holders, disaster survivors, carers and emergency responders will be acknowledged, valued and supported to be engaged in DRR.	
★★	Sex and Age Disaggregated Data (SADD) will be collected at all stages of the DRR cycle. SADD will be collected for the following older age groups: 50-59; 60-69; 70-79 and 80 years and above.	
★★	As part of disaster preparedness, the protection of older people from abuse, violence, exclusion and isolation will be ensured.	
★★	Preparedness planning in nutrition, food and health services will ensure the specific needs of older people are being met.	
★★	Evacuation planning will take account of the situation of older people, for example possible isolation, lack of mobility, as well as sight and hearing impairments, to ensure that they can reach safety and remain safe.	
★★	Older people will have access to cash transfers and livelihood recovery initiatives following disasters.	
★★★	Older people will be given the opportunity to effectively participate in DRR from the community to the national level to ensure their voice is heard.	
★★★	Older people will be given access to adequate social protection to enable them to build their resilience to disasters.	
★★★	Older people will have equal access to disaster insurance based mechanisms.	

By signing up to Charter 14 your government or organisation can pledge to demonstrate support to improve the situation of older people around the world both today and for growing future generations of older people.

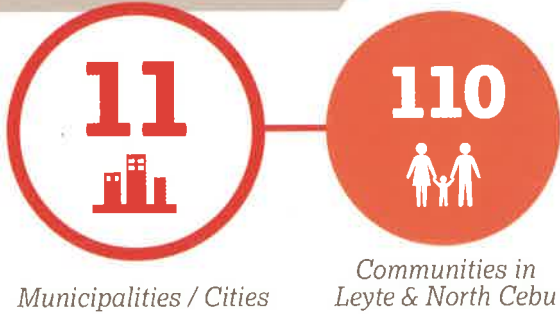
I/We hereby pledge to include older people in Disaster Risk Reduction, addressing their needs and vulnerabilities, increasing their visibility and valuing and supporting their contributions. I/we will take direct action on a minimum of one action and report progress on the 3 principals and selected actions at the Global Platform in 2017.



HelpAge-COSE Typhoon Haiyan programme: Two years of rebuilding communities

Typhoon Haiyan in 08 November 2013 will always be remembered for being one of the strongest typhoons ever recorded, for the extent of its aftermath, and the large support the affected communities and people received from government agencies, international organisations and non-government organisations. HelpAge-COSE, a joint response programme of HelpAge International and Coalition of Services of the Elderly Inc. in Typhoon Haiyan-affected communities, worked closely with older people and stakeholders in the communities for over two years to help them rebuild and recover.

Areas covered



250,000

Total older people population who received support / assistance

BREAKDOWN OF INTERVENTIONS

RELIEF PHASE November 2013 to January 2014

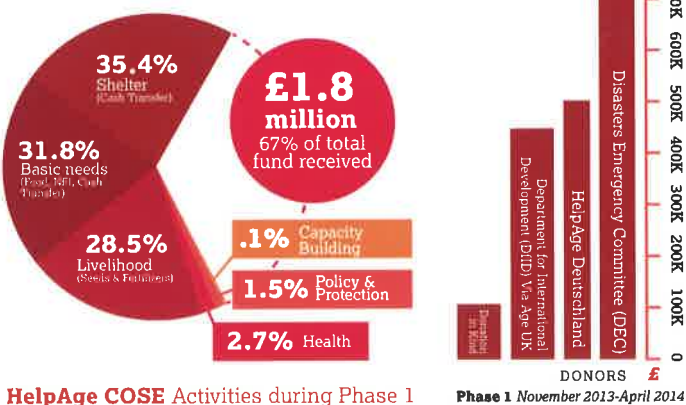


EARLY RECOVERY PHASE February 2014 – April 2014



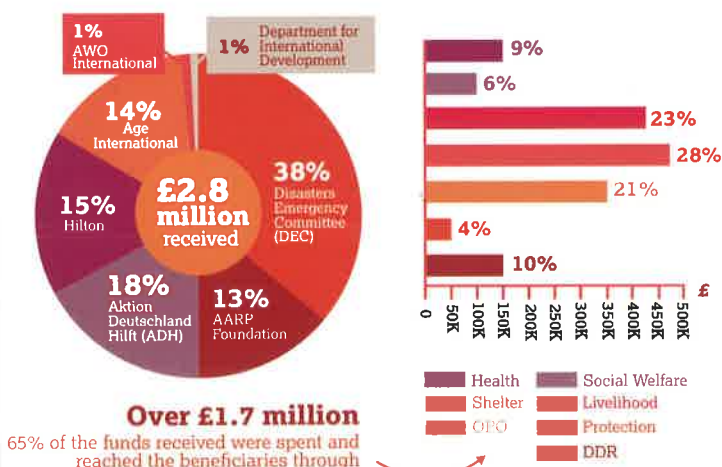
Budget Overview

Phase 1 Emergency Response November 2013-April 2014



HelpAge COSE Activities during Phase 1

Phase 2 Recovery Phase | May 2014-April 2016





RECOVERY PHASE

May 2014 – April 2016

OPO Support

110 communities

Construction of OPO Multi-Purpose Center *Fransiskus Kupang Center (FKC)*

Community-based Disaster Risk Reduction and Management (CBDRRM)

5,521 older people & community members

CBDRRM Trainings and Community drill

330 older people total members from 110 OPOs

Formation of DRR Committees

110 communities

Development of Hazard Maps

Development of Contingency Plans

Provision of DRR Materials/Equipment

3 bridges constructed

Protection and inclusion



12 ADTF members
BIGOs, NGOs and Government agencies

Ageing and Disability Task Force (ADTF)

5,325 older people

Provision of Senior Citizen's Identification cards

252 broadcast

Radio Broadcast

1,121 older people

Social Welfare Support

11 municipalities

Helpdesks

11,780 older people

Orientation on Rights

3,352 older people
110 communities

OPO Development Trainings

283 Local Community Organizer Volunteers (LCOV)

220 Outreach Volunteers

114 Trainers

Trained Volunteers

110 communities

Installation of Community Notice Board

Health and Nutrition

4 municipalities

Mobile Health Care Service

220 trained operators

Wellness centres

216 trained volunteers

Psychosocial training and services

15,358 older people
110 communities

benefited from different health services

441 volunteers

Home care services

216 trained volunteers

Healthy Ageing training and services

228 health professionals

Geriatric health care training

Livelihood

20 older people

Cash for work

570 committee members

Formation and Training of Livelihood

1,564 older people & committee members

Age-friendly livelihoods training

2,829 older people

Individual Livelihood Grants

110 communities

55 older people

Trained Model Farmers and Service Provider

110 communities **₱120,000** grant

Livelihood Assistance
OPO Community Micro-Enterprise Development CMED

4,413 older people

Total number of livelihood beneficiaries

Shelter

513 households with older people

Construction of houses

278 carpenters

Training of carpenters

237 carpenters

Distribution of carpentry tools

The joint response programme of HelpAge International and Coalition of Services of the Elderly, Inc. concluded in April 2016 but the activities and projects that were implemented throughout the project have made a huge impact to the people, particularly the older and vulnerable people, and their communities. It has formed and organised a total of 110 Older People Organisations (OPOs) that have been capacitated to continue the programs and services for the older people in their communities.

Two years after the Typhoon Haiyan occurrence, older people – their existence, contributions, skills, experiences, needs, issues, concerns and vulnerabilities, have now been recognised by the local government units, government agencies, stakeholders, and other sectors of the society.

AgeNews

East Asia/Pacific

*Sharing information
to strengthen
HelpAge Network*

Issue 18
May 2016

Inside:

- HelpAge Asia/Pacific Regional Conference 2016 “The Economic Implications of Ageing”
- Indonesia’s 1st national plan on Dementia
- Age Demands Actions campaign on diabetes
- Exclusive interview with Dr Hai-Rim Shin and Ms Anjana Bhushan, WHO
- Progress on policies concerning the elderly in Vietnam
- Forum on social protection and ageing in Myanmar



HelpAge

global network

Editorial

For the times they are a-changin' (Bob Dylan song)

Yes, times are changing and we are changing with the times. The first thing we need to do is to understand the nature of those changes. The second is to act collaboratively. This is valid for change at all levels. Global warming, conflict, migration and refugees or ageing populations represent riddles of the 21st century that have no solution in the formulas of the 20th century. But in all cases change or adaptation requires consensus; it needs the gathering of wills.

With this consideration in mind, the next regional conference on ageing will take place in Hanoi, on 6–8 September, focusing on the economic implications of ageing. The key purpose is to advance in our joint understanding of the economic and fiscal implications of ageing and to promote collaborative action to adapt to this changed situation. You can read more about this event in the inside pages. The regional conference will also be a unique opportunity to connect or link between people and organisations, thus promoting not only a sense of direction but also a sense of collaborative work.

HelpAge, as the Secretariat of the network, will also change. We will strengthen our work with and for the network and will streamline our own operations. We will do so this year, while at the same time continuing our engagement in key processes and strategic involvement in key areas. A change in these conditions is always challenging, like redesigning an airplane while flying. But this can be done and will be done so as to have a network that continues to be a beacon of hope for ageing populations in years to come.

We hope to see you in Hanoi.

Eduardo Klien
Regional Director, East Asia/Pacific
HelpAge International

Expert consultation meeting: brainstorming on economic implications of ageing

► Regional

In preparation for the upcoming HelpAge Asia/Pacific Regional Conference on “the Economic Implications of Ageing”, a meeting of experts was held from 29 February to 1 March 2016, with 11 high level participants from the World Bank, the Asian Development Bank, the International Labour Organization, academics from Vietnam, Malaysia, Japan, and the government of Thailand, and two others joining by teleconference (Mr John Beard from the World Health Organization and Mr Robert Palacios from the World Bank).

The purpose of the meeting was to develop a shared understanding of what the economic implications of ageing are and to find ways of sharing these implications with a wider audience. There were brief presentations on the effects of ageing on economic growth and health and a very enlightening question and answer session on pension systems.

The working definition was decided as follows: “The economic implications of ageing refer to the effect of ageing on future performance of the economy, the wellbeing of individuals and the fiscal space of government budgets”. Within this definition, three areas of enquiry are macroeconomy (labour force, productivity etc.), income security including pensions, and health. Each of these areas can be viewed through the lens of impact on macroeconomy, wellbeing and fiscal space.

(CL)

ASEAN+3 Regional Conference on “Age-Friendly Environment”

► Regional

This event was organised by Chiang Mai University’s Faculty of Architecture, Faculty of Medicine, Faculty of Nursing, Faculty of Humanities and the Social Research Institute in collaboration with the Department of Older Persons, from 25-26 February, in Chiang Mai, Thailand. Participants from 10 ASEAN countries along with Japan, the People’s Republic of China and the Republic of South Korea, joined the conference. HelpAge International Regional Programme Managers, Clare Danby and Usa Khiewrord were also invited to take part in the meeting.

The conference discussed an ageing society from the perspective of an ‘Age-Friendly Environment’. Case study presentations from seven countries gave information on national demographics, policies, implementation and best practice.

According to the World Health Organization (WHO), an ‘age-friendly environment’ is an environment that fosters health and well-being and the participation of people as they age. Age-friendly environments are accessible, equitable, inclusive, safe, secure, and supportive. Such environments can help to reduce discrimination against older people. An age-friendly environment can increase the safety of natural and created environments as well as the security and protection of older people in the community.

The Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN was committed to promoting age-friendly communities/cities in the region through sustainable and accessible infrastructure. It is important that the concept of an age-friendly environment is well understood by governments and key stakeholders so that in its implementation, countries provide appropriate solutions to create an environment that is inclusive of and beneficial to older people.

(BM)

Prince Mahidol Awards Conference 2016

► Global

The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on policy-related public health issues of global significance. The latest conference was hosted from 26 -31 January 2016 by the Prince Mahidol Award Foundation, the Royal Thai Government and other prestigious global partners. The theme of the conference was “Priority Setting for Universal Health Coverage”.

The conference is influential among people working in international public health, particularly with academics and governments. The majority of government participation came from the South Asia/ East Asia Pacific region but there was also representation from across the world. Two representatives from HelpAge East Asia/Pacific attended the conference, along with participants from other international organisations.

The predominant message of the conference was that priority setting and Universal Health Coverage (UHC) are processes that never end as technologies and contexts are constantly changing. In terms of Sustainable Development Goals (SDGs) and Universal Health Coverage,



PRINCE MAHIDOL
AWARD CONFERENCE 2016
PRIORITY SETTING

the sense was that the UN and governments are overwhelmed when it comes to deciding where to start in thinking through country planning processes. The general feeling at the conference was that we need to start somewhere and learn from others' experience where possible. There were also doubts about the appropriacy of health technology assessment/cost effectiveness, given a renewed focus on person-centred health and outcomes, and although the importance of assessment and cost effectiveness of preventative and promotive interventions were highlighted, few examples were given.

In terms of universal health coverage priority setting practice, it was pointed out that in countries with limited capacity in terms of human and financial resources to generate evidence and to use this to

make decisions on coverage, global evidence may not fit well or be applicable in the context of a lower income country. Where countries have some capacity, seven case studies in the Asia Pacific showed silo based decision-making, poor decision-making criteria, strict controls on research and the undue influence of 'expert opinion'. These priority setting processes were weak in terms of transparency and stakeholder engagement. Gaps were also found between priority setting and actually having the health system capacity, particularly the primary health care capacity, to deliver prioritized benefit packages.

(CD)

Visit the website: <http://pmaconference.mahidol.ac.th>

Global Coalition for Social Protection Floors: The Global South Meeting in India

► Global

Social protection is a basic human right. It is a proven tool for reducing poverty and inequality and promoting inclusive development. Recognising the important role of social protection, including the UN social protection floor initiative, the Global Coalition for Social Protection Floors (SPF) was formed by a large group of non-governmental organisations from all over the world in 2012 to advocate at different levels for the improvement and expansion of social protection. The coalition has been effective in its collective international advocacy efforts and has contributed to progress in social protection including the explicit inclusion of social protection in the Sustainable Development Goals. HelpAge is an active member of the coalition, focusing on promoting social protection, especially social pensions for older people through

its network partners in different countries and regions.

The Global South Meeting on 27-29 January 2016 in New Delhi, India, hosted by the Programme on Women's Economic, Social and Cultural Rights (PWESCR) with support from Bread for the World, was an attempt by the coalition to initiate a similar advocacy process in the region. The meeting aimed to enhance understanding of the Social Protection Floor concept, encourage good practices, face challenges and determine how civil society organisations (CSOs) can effectively engage in global, regional and national advocacy for SPF and social security for all. Nearly 30 representatives from Africa, Asia, the Middle East and South America representing CSOs, networks and individuals working on social security and social protection issues, including HelpAge and network



staff from HelpAge East Asia/Pacific Regional Office as well as the Myanmar country office, and the Coalition of Services of the Elderly (COSE) in the Philippines attended the meeting.

The meeting produced a set of recommendations from the perspective of the global south that calls for universal social protection floors. Please see the full recommendations at <http://ageingasia.org/?p=8300>.

(UK)

Indonesia launches its Dementia Plan

► Indonesia

Indonesia launched its National Dementia Plan on 10 March 2016 in Jakarta during a ceremony at the Ministry of Health, pledging approximately US\$105,000 to support implementation of the plan during the first year.

It is the first dementia plan in Southeast Asia and the 24th globally. Key elements of the plan include:

- Awareness, risk reduction, promotion of a healthy lifestyle
- Advocacy – human rights for people with dementia and their caregivers
- Access to information and quality services
- Early detection, diagnosis, holistic management of cognitive problems
- Strengthening human resources and overall system – infrastructure
- Promoting a life-cycle approach
- Supporting research on cognitive and dementia issues

During development of the plan, many consultations were held. Eva Sabdono, Director of Yayasan Emong Lansia (YEL) – HelpAge partner in Indonesia, was involved and provided comments representing the voices of older people along the process.

“This plan marks a significant milestone in our fight against this disease in terms of raising awareness and reducing stigma. We will be working hard to ensure all partners and stakeholders contribute to improving the quality of life of people with dementia and supporting their caregivers, promoting healthy lifestyles and exploring methods of reducing the risk of falling prey to the disease”, said DY Suharya, founder and Executive Director of Alzheimer Indonesia.

Marc Wortmann, Executive Director of Alzheimer’s Disease International, based in London, witnessed the launch and stated that “By launching this plan,



Indonesia has taken an important step towards preparing for the ageing of its population. There are already 1.2 million people with dementia in the country and this number is expected to increase to over 4 million by the year 2050 if we do not find a cure or ways to delay the onset of the disease. I hope the implementation of this plan soon starts to benefit all these people and their families.”

(DS)

Beaming start for Disaster Resilience project in Vietnam



► Vietnam

Eight three-day training sessions on Community-Based Disaster Risk Reduction and Climate Change Adaptation (CBDRR & CCA) for local partners and members from 80 Intergenerational Self-Help Clubs (ISHC)/ community groups were carried out in Ha Tinh Province, Vietnam.

These training sessions, facilitated by HelpAge International in Vietnam (HAIV) which is part of a consortium supported by the Office of U.S. Foreign Disaster Assistance (OFDA), marked the start of field activities for project VIE056. The

consortium also includes the American Red Cross, Catholic Relief Services, Plan International and Save the Children International. The coalition aims to enhance resilience to natural hazards in four provinces of Central Vietnam. As a member, HAIV is set to integrate CBDRR and CCA into 40 communes using 80 existing ISHCs that have been established in Ha Tinh Province since 2010.

Data from a survey conducted by HAIV and local partners in four targeted districts and one municipality (Nghì Xuan, Loc Ha, Cam Xuyen, Ky Anh

districts and Ky Anh municipality) have shown that in the past 5 years, on average, each community had faced around 3 major disasters per year ranging from typhoons, floods to drought, soil and water salinisation.

This emphasises an ongoing need for better preparation in order to reduce the community’s vulnerability to recurring disasters; a role in which older people are certainly resourceful due to their accumulated knowledge, experience, and skills.

“I feel much more confident after the training and I believe that I can implement what I’ve learned here today to respond to future disasters.”

Nguyen Anh Duc, vice-chairman of No. 6 ISHC, Thach Bang Commune, Loc Ha District, Ha Tinh Province, Vietnam.

(NTS)

HelpAge Asia/Pacific Regional Conference 2016

We are pleased to announce the upcoming HelpAge Asia/Pacific Regional Conference 2016 to be held in Hanoi, Vietnam from 6-8 September 2016.

The conference is organised by HelpAge International in collaboration with United Nations Population Fund (UNFPA) and the national host, Vietnam's Ministry of Labour, Invalids and Social Affairs.

The theme of this year's conference is **The Economic Implications of Ageing**.

It is now commonly accepted that changing demographics will have a profound economic impact on the Asia/Pacific region, although the pace of population ageing varies substantially by country.

Governments, civil society and the private sector need to anticipate changes by adapting policies, services and programmes affecting areas such as health care, the labour market, pensions, savings and consumption.

This multi-stakeholder conference will discuss this topic from three perspectives:

1. The implications of ageing for macroeconomic performance: A common negative assumption is that population ageing will lower economic growth in coming decades, partly because of a shrinking and less-productive workforce. Providing an objective and evidence-based contribution to this debate, this conference will highlight a handful of key variables that will affect future economic growth in ageing societies and offer a few clear messages for governments on how to adapt to economic challenges and prepare for economic opportunities arising from the coming demographic changes.
2. The implications of ageing for equitably shared growth: Governments in the Asia/Pacific region have historically been focused on economic growth, with remarkable success. Only recently have inequality and the fair distribution of economic benefits come to the fore. Even if Gross Domestic Product (GDP) is rising rapidly, vulnerable families may be slipping behind, and the costs associated with dependency among older household members can add to that vulnerability. The conference will examine the critical role of measures to ensure that economic growth is shared equitably and that growth reduces poverty and vulnerability among ageing societies.
3. How the ageing demographic will affect public budgets is of huge concern to governments. For example, the rising costs of providing health care or long-term care for an ageing population and ensuring income security through sustainable pension schemes are making some governments worry about future debt obligations and unsustainable trajectories in public expenditure. The conference will examine key steps governments can take to maintain manageable budget trends while honouring a commitment to improve the welfare of older citizens as their numbers increase.



Every two years, the HelpAge Network hosts an Asia/Pacific regional conference on Asia with a view of developing consensus and promoting collaboration on key themes of importance to improving the wellbeing of older people.

The last conference in 2014, held in Chiang Mai, Thailand discussed the perception and the role of older people as a resource. More than 200 participants from different sectors attended the conference. The conference summary and report is available at <http://ageingasia.org/regional-conference-2014/>

This year, the regional conference "The Economic Implications of Ageing" will be held from 6-8 September 2016, at the Sheraton Hanoi Hotel in Vietnam.

If you have any enquiry, please contact: events@helpageasia.org

For more information on the conference, view our official website:

www.ageingasiaconf2016.org

(PM)



Let's note the date
and stay tuned.

Consultation meetings on the National Social Pension System in Thailand

► Thailand

Five civil society networks, namely the Older People's Network, the Informal Workers' Network, the People's Movement on National Security Network, the Slum Network of the Four Regions, and the Community Welfare Network in Thailand, in collaboration with HelpAge East Asia/Pacific organised three consultation meetings on the national old age pension system with invited academics and civil society organisation (CSO) networks' members in the Southern region on 17 March, in Bangkok on 18 March, and in the Northern region on 31 March.

Several academics, legal experts, economic experts, social protection experts and public health experts from

the Prince of Songkhla University, the National Institute of Development Administration (NIDA), the Thailand Development Research Institute (TDRI), the Health Insurance System Research Office (HISRO), and Chiang Mai University joined the panel discussion in those different meetings. A total of 87 CSO network representatives and seven academics participated in those three events.

The main discussion during the meetings concerned possible ways to improve the current national pension system and challenges regarding how to finance the system, including taxation reform and savings promotion to support a higher level of old age pension benefit. After



each panel discussion by the invited speakers, the CSO networks held meetings to discuss ways of developing an appropriate pension system and how to advocate CSO network's strategy on national pension system reform at the regional and national level.

(TS)

In brief

A country of old people: Dealing with ageing societies in Asia

On 23 February, the Foreign Correspondent's Club of Thailand (FCCT) held a panel discussion to explore the options for Thailand and other countries facing the tectonic demographic shift towards an ageing society.

Representatives from the Thailand Development Research Institute (TDRI) and the National Economic and Social Development Board (NESDB), along with Mr Eduardo Klien, HelpAge Regional Director, were invited to present different ageing scenarios in the region and the implications of this shift in all countries in the region. There has been a lot of media interest in demographic change, which will have a profound impact on the macro-economy, households, individual behavior and educational systems.

(PN)



Listen to the panel discussion
<https://www.youtube.com/watch?v=p0-EEZMJfT8>

Congratulations to Thailand NGO Awards 2015 winner

► Thailand

The Foundation for Older Persons' Development (FOPDEV) won a Thailand NGO Award in 2015 along with seven other non-profit organisations. The event was organised by the Resource Alliance and Thai Internet Foundation, with funding support from the Rockefeller Foundation. It took place on 18 March 2016 in Bangkok, Thailand to celebrate the most effective NGOs in Thailand in 2015.

The awards were divided into three categories, according to the size of organisations based on their revenue:

- Large Organisation: annual revenue over 10 million Baht
- Medium Organisation: annual revenue between 2 – 10 million Baht
- Small Organisation: annual revenue of under 2 million Baht

Applications from NGOs across the country were considered by the regional committee, then the shortlisted organisations were interviewed and evaluated on five criteria: 1) Programmes and impact, 2) Resource management (Human, financial and other resources), 3) Good governance, accountability and transparency, 4) Resource mobilisation/



Fundraising sustainability plans, and 5) Overall impact and sustainability.

FOPDEV was a finalist for the 'Medium' category and, moreover, won the popular vote for the "People's Choice Award" for having the most attractive exhibition among the finalists.

In addition to the recognition plaque and certificate, FOPDEV was awarded a prize of 100,000 Baht (US\$2,845). As a National Award winner, the FOPDEV is also eligible to enter the Global Awards in Fundraising Competition which will be hosted by the Resource Alliance in October 2016.

(WW)



National Forum on Social Protection and Ageing in Myanmar

► Myanmar

The first ever national forum on “Social Protection and Ageing” was organised by HelpAge Myanmar, with the collaboration of Older People Self-Help Groups across the country, the National Older People’s Federation, Ageing Network Committee members, and the Department of Social Welfare including other local authorities from 14-16 December 2015, in Bagan Bo Village, Patheingyi Township, Ayeyarwaddy Region. A total of 150 participants attended this event.

On the first day, the concept of social protection, progress and specific issues facing each community were discussed, leading to ways to expand the Social Protection Strategic Plan, which was approved by the former President. The role and responsibilities of Older People’s Self-Help Groups (OPSHGs) and their linkage with related government departments were also discussed.

On the following days, the National Older People’s Federation led a discussion reviewing the 2015 annual plan and the yearly budget for activities carried out by each township network committee (TNC). Then all federation members, TNCs, and

members of the Ageing Network Committee provided feedback on last year’s activities and worked together on the 2016 workplan, including the OPSHG replication action plan and the participation of INGOs, NGOs and the government in the plan.

The Monitoring and Evaluation Officer of HelpAge, Czarina Pan Po said, “This national forum is really valuable for our older people members as they can all gather together in the same place at the same time to exchange their experiences and difficulties, and they can generate more concrete action plans as a group. I found out that they are very willing to continue hosting the forum in the coming years too. Some of the townships have already begun preparing for next year’s meeting, such as making plans for fundraising activities. As a HelpAge staff member, I am very happy and proud to take part in this kind of event to promote the role of our ageing population.”

The second national forum will be held in November 2016, in Pyin Oo Lwin Township, Mandalay Region.

(PS)



Phyu Sin/HelpAge International

Events

Community Driven Development (CDD) training in Hanoi open for applications

14-18 November 2016
Hanoi, Vietnam

Community Driven Development (CDD) is a one-week capacity building programme with field visits to foster sustainable community driven development. This training is an opportunity for development practitioners, change agents and community members to understand various approaches to community driven development and to develop the proper tools and abilities to put knowledge into practice.

The course is offered by HelpAge International, Vietnam country office (HAIV), which has over 10 years experience in community driven development (including OPAs) and capacity building of development practitioners at national and international levels.

This expertise will be shared and transferred to participants using a participatory approach, case studies and group focused learning, including field visits to demonstrate how the concepts are applied to achieve sustainable results.

Application forms can be downloaded from <http://ageingasia.org/cdd-training/>

Optimizing Healthcare Quality: Teamwork in Education, Research, and Practice

22-24 June 2016
Chiang Mai, Thailand

With support from the China Medical Board and the WHO Thailand office, the Faculty of Nursing, Chiang Mai University will organise an international conference entitled “Optimizing Healthcare Quality: Teamwork in Education, Research, and Practice” from 22 to 24 June 2016.

This three-day international conference will focus on ways to improve teamwork within healthcare services. It will serve as an opportunity for healthcare practitioners to gather and share experiences, lessons learned, successes and challenges in order to create more efficient and coordinated interprofessional healthcare teams.

Several one-hour workshops and panels will be offered, which will present an opportunity to learn more about a particular topic or to deepen practitioners’ skills.

For more details, please visit <http://www.teamworkconf2016.com/>

Age Demands Action on Diabetes

Age Demands Action provides a platform for older people around the world to campaign on issues most important to them. Whether at the local, national or international level older people's voices are being heard. Older men and women mobilise all year round but their activities gain momentum around three key dates in the year.

- World Health Day 7 April
- World Elder Abuse Awareness Day 15 June
- International Day of Older Persons 1 October

Beat diabetes

This World Health Day people of all ages came together to campaign on diabetes and other health related issues. Older men and women want policy makers and service providers to know that the prevalence of diabetes in older age groups is high and that this prevalence is growing rapidly.

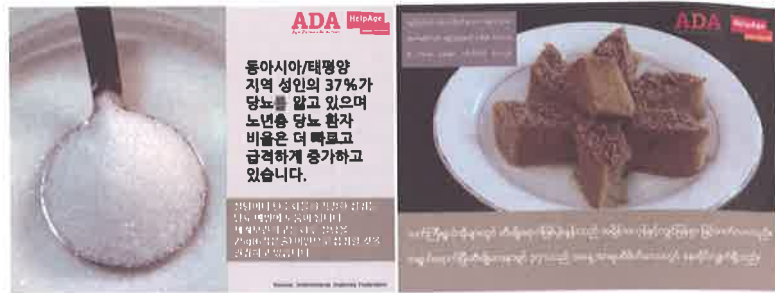
According to the World Health Organization (WHO) diabetes related deaths are expected to rise by over 50 per cent in the next ten years¹ and so it will not just be today's older people affected by this non-communicable disease.

Currently global data sets do not routinely record data for older people, meaning there are low levels of awareness of diabetes amongst older people themselves as well as amongst service providers. This means older people are missing out on early detection, treatment and care, increasing the risk of the condition worsening and developing other associated health conditions.

As well as meeting Ministers of Health and health care specialists on World Health Day, older campaigners called for policy makers to recognise that **'what gets measured gets done'**.

According to the International Diabetes Federation, approximately 10 per cent of the East Asia and Pacific region's health budget was spent on diabetes-related care in 2015.²

This year campaign partners in Cambodia, Mongolia, the Philippines, Thailand and Vietnam, raised awareness of the increasing prevalence of diabetes and the need to take action on it.



100 older people received a free diabetes check-up in Vietnam.



Older people joined an ADA campaign organised by the Coalition of Services of the Elderly (COSE) in the Philippines.

Key activities taking place:

In **Cambodia**, the HelpAge office hosted a one-day workshop for local older people's associations (OPAs) on the most effective way to make an impact in their campaigning activities.

The Centre for Human Rights and Development in **Mongolia** met representatives of the Ministry of Health and hosted a group of older and younger campaigners to raise awareness of diabetes among the public.

In the **Philippines** our partner, the Coalition of Services of the Elderly (COSE), hosted a forum with healthcare officials to determine policy gaps in long term care. Older people themselves spoke of their personal experiences.

Our campaign partner in **Thailand**, FOPDEV (Foundation for Older Persons' Development), presented an action plan on diabetes prevention for older people to local health authorities and marched with representatives from local OPAs to promote the need to implement such a plan.

In **Vietnam**, the Vietnam Association of the Elderly (VAE) held a meeting with doctors who shared information on diabetes and nutrition to help prevent the condition. A medical check-up and blood test for 100 older people also took place.

Find out what our partners did on 7 April by following us on twitter and liking us on Facebook. If you would like to know more about campaigning have a look at our website or email the campaigns team campaigns@helpage.org.



1. WHO, 10 facts about diabetes, 2014
 2. International Diabetes Federation, IDF Diabetes Atlas 7th Edition, 2015



Interview

Take 5 minutes with Dr Hai-Rim Shin and Ms Anjana Bhushan from the World Health Organization (WHO)

Together on the front lines against diabetes

On World Health Day 2016, the World Health Organization calls for action to halt the rise in diabetes.

We are privileged to have an interview with Dr Hai-Rim Shin, Regional Coordinator, Noncommunicable Diseases and Health Promotion and Ms Anjana Bhushan from the World Health Organization Regional Office for the Western Pacific (WPRO) on the topic of diabetes and ageing.

Why is Diabetes a major concern in the Western Pacific Region?

Globally, it is estimated that 422 million adults aged 18 and above were living with diabetes in 2014. This is a significant increase from 1980 when the number of people living with diabetes was 108 million. Almost a third of this number (131 million) comes from the WHO Western Pacific Region.

With Asia/Pacific being home of a third of people living with Diabetes, what is the most urgent step for governments and individuals?

Governments should continue to commit to addressing diabetes as a priority in national noncommunicable disease (NCD) responses in terms of legislation, regulation, financing, service delivery and surveillance.

In terms of prevention, individuals should work towards maintaining a healthy body weight, eating a balanced diet of fresh and whole foods, engaging in regular physical activity and reducing exposure to tobacco. These steps can prevent the onset of diabetes or reduce its complications.

The region is an 'Ageing Society', what are appropriate responses to NCDs?

Tackling ageing and health involves ensuring healthy ageing across the life course and preventing disease and functional decline among older people.

WHO advocates a **life-course approach to healthy ageing**. Good health in older age depends largely on choices made earlier in life.

Ensuring **age-friendly environments** can empower older people to maintain their health and wellbeing. Depending on the policies and actions in place, the economic, physical, political and social environment can enable older people to maintain their functional independence, health and wellbeing.



The **health system needs to be re-oriented** to adequately respond to NCDs and older people's other health needs. Age-friendly health systems can promote universal health coverage through health sector leadership on ageing and health, ensuring a continuum of care through integrated service delivery, appropriately skilled health workers, equitable health financing and essential age-friendly health technologies.

What is the economic implication of NCDs?

The direct annual cost of diabetes to the world is more than US\$ 827 billion. From 2003 to 2013, the total global health-care spending on diabetes more than tripled due to the significant increase in the number of people with diabetes.

What can civil society do to tackle this issue?

Civil society is an important stakeholder in the fight against diabetes. They can raise awareness about the public health burden caused by diabetes and advocate for policy development, allocation of resources and behavior change to name a few things.



ADA
NCDs
WORLD HEALTH DAY 2016

10%
of the region's
health budget

Approximately USD106 billion to USD191 billion was spent on diabetes-related care in the East Asia and the Pacific region in 2015, approximately 10% of the region's total health budget.

#AgeingEcon

For the full version of the interview, see <http://ageingasia.org/interview-together-on-the-front-line-against-diabetes>

Vietnam's National Committee on Ageing reports progress on policies concerning the elderly

▶ Vietnam

On 15 March 2016, Vietnam's Deputy Prime Minister, Mr. Vu Duc Dam, met members of the Vietnam National Committee on Ageing (VNCA) in a biannual meeting in Hanoi to discuss how to increase health insurance cover among older people and to share feedback on the progress of the National Proposal for an Intergenerational Self-Help Club (ISHC) model. At present, 76 per cent of the general population of Vietnam has health insurance. This includes those covered by social health insurance (the poor, almost poor, and those over 80 years of age). However, people aged 60-79 have a lower than average coverage rate, with only 60 per cent holding health insurance. The Deputy Prime Minister asked the Vietnam Association of the Elderly (VAE) and other relevant agencies in the healthcare sector and people's unions to make a

concerted effort to increase enrolment in health insurance for older people, a policy that the ISHC model promotes, recognising the ill-effects of high out-of-pocket payments for health care for the uninsured.

Later, Ms. Cu Thi Hau, Chairwoman of VAE and Deputy Chairman of VNCA, reported on progress of the National Proposal for an Intergenerational Self-Help Club (ISHC) model, a proposal which aims to increase mobilisation of local/international funds to replicate ISHCs throughout the country. This aims

to support the implementation of the National Plan of Action on Ageing 2012-2020 which targets 50% of communes to have an ISHC by 2020. Five organisations, which are the Ministry of Labour, Invalid and Social Affairs; the Ministry of Health; the Ministry of Investment and Planning, as well as the National Assembly and the VNCA have reviewed and made comments on the proposal. With support from the related ministries, the VAE has asked the Government to consider approval of the proposal soon.

(LMH)



HelpAge Cambodia's Climate Change responses

▶ Cambodia

According to the World Risk Report 2014¹, Cambodia is one of the countries most seriously affected by climate change and is highly vulnerable to natural disasters, with regular drought and flooding.

Because of this situation, HelpAge Cambodia launched a three-year Climate Change Adaptation and Disaster Risk Reduction project in October 2015, with financial support from the German Federal Ministry for Economic Cooperation and Development (or BMZ) and HelpAge Deutschland (HAD). The project aims to build coordinated, age-inclusive, disaster resilient communities to reduce underlying vulnerabilities to climate related hazards through implementing disaster risk reduction activities, with a specific focus on improving disaster preparedness and response, and strengthening resilient livelihoods.

The key objective of the project is the establishment and strengthening of Older People's Associations (OPAs) to assess their disaster context and to work with



community stakeholders to develop age-inclusive disaster risk reduction plans for strengthening community resilience. The project will focus on providing training and input for farmers to increase their crop productivity, resilience and diversification and improve water resource management.

During the past three months, the project has provided a 10-day training course on resilient farming techniques to 10 master trainers from the provincial department of agriculture and OPA federations. Following that, the master trainers

continued to provide this training to 150 farmers selected from 10 target villages. In addition, DRR/CCA issues have been brought to the attention of OPA management committee members by project staff. Eleven community ponds are under construction in 10 target villages in order to improve farming and domestic water consumption for beneficiaries of the project.

(TV)

1. <http://ehs.unu.edu/news/news/world-risk-report-2014.html#files>

Regional Symposium on “Income Security of Older Persons in an Ever-Changing World”



► Malaysia

The National Council of Senior Citizens Organisations Malaysia (NACSCOM) together with HelpAge International jointly organised a regional symposium on 11th October 2015 at the Seri Pacific Hotel, Kuala Lumpur to commemorate the 25th Anniversary on the founding of NACSCOM.

The theme of the symposium was “Income security of older persons in an ever-changing world”. The objective was to discuss issues related to the financial security of older persons in view of the growing population of senior citizens and to alert the relevant authorities of the need for action on this issue.

The Symposium began with welcoming remarks by NACSCOM President, Datuk Dr Soon Ting Kueh, Regional Director of HelpAge International, Mr Eduardo Klien and Deputy Under-Secretary, Mr Chua Choon Hwa, representing the Ministry of Women, Family and Community Development.

Five presentations were delivered, from the Ministry of Women, Family and Community Development, the Institute of

Gerontology and three international presenters from UNESCAP, HelpAge International and the International Longevity Centre, Singapore.

The symposium was a success, with excellent presentations by the speakers and an enthusiastic response from the participants. After each session, the participants raised important questions that were answered appropriately by the presenters.

As concluding remarks, Datuk Dr Soon summarised the issues raised at this symposium. Firstly, Malaysia, as well as other countries in the region, is experiencing rapid growth of its ageing population and governments need to pay more attention to the financial and socio-economic issues affecting older persons. Secondly, he emphasised the role of the family in caring for the elderly. Finally, he advocated more concerted efforts to enhance a more inclusive society engaging the individuals and family, government and corporate sectors as well as civil society, for the betterment of the community and society as a whole.

(STK)

Stories from the field

Fighting poverty with her little goat herd



Luong Thi Thoat, a 63-year-old woman of Thai ethnicity, and her husband are the senior members of a poor family residing in Xuan Thanh village, Ngoc Phung Commune, Thuong Xuan District, Thanh Hoa. In addition, the couple have four orphaned grandchildren to take care of. At first, the family's farm consisted of two goats. However, due to the lack of adequate investments, Thoat's family didn't manage to achieve the necessary economic stability with their livestock.

As a member of a local Intergenerational Self-Help Club (ISHC), Thoat asked for two more goats as ‘income generating activities’ (IGA) revolving input with a value of 4 million dong (US\$177).

“Raising these goats does not cost much since they mostly feed on grass and leaves. Having dealt with previous problems concerning high medical costs for the herd, I decided to apply traditional herbal medicine techniques in order to protect them from diseases” said Thoat. As a result, the family had more money to spend on improving food and shelters for the herd.

The results have been positive so far as the goats have begun to breed. It is estimated that Thoat would be able to sell her goats for three million dong each after six months, which equals nearly 1 million dong in profit. The herd is capable of producing around eight offspring in a year. This means that the family would be able to gain approximately nine million dong of profit in the next 12 months. “The input has been so helpful to us. Without it, we would have never got out of the situation we were in. Since I am over 60, I can only ask for regular bank loans under the name of another person. Even if I did so, success would still be uncertain.”

(NTS)

Resources

Publications



Imagine Tomorrow
World Health Organization



Closing the health gaps for the elderly: Promoting Health Equity and Social Inclusion in Thailand
World Bank



Assessing Results of UNFPA's Piloted Community-based Model on Care for Older Persons in Ben Tre and Hai Duong Provinces (English translation)
United Nations Population Fund (UNFPA)



Inequality, Inclusive Growth and Fiscal Policy in Asia
Asian Development Bank (ADB)



Good Practices and Barriers in the Use of Data for Policy and Advocacy On Ageing in Asia-Pacific
HelpAge East Asia/ Pacific



The Philippine Social Pension at Four Years: Insights and Recommendations
The Coalition of Services of the Elderly (COSE)



5 keys to successful Typhoon Haiyan Emergency Response
HelpAge East Asia/ Pacific



Universal social pension: feasibility in the Philippines
The Coalition of Services of the Elderly (COSE)

Blogs

Data-driven policy and advocacy on ageing: good practices and lessons learned (<http://bit.ly/1PHaNW1>)
Bjorn Gelders, *Development Pathways*

Philippines must move towards a universal social pension (<http://bit.ly/1TkkQHf>)
Emily Beridico, *the Coalition of Services of the Elderly (COSE)*

All HelpAge publications are available to download. Please refer to resources section on our website. You can access our blogs from above URLs.

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In addition, we welcome articles for consideration. Please send articles at any time to:

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HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

AgeNews East Asia/Pacific aims to highlight issues of ageing and the rights of older people in East Asia/Pacific as well as share experiences of working with and for older people.

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Emergency and disaster risk reduction (DRR)



You can access to our publications from the provided URLs.

- **5 keys to successful Typhoon Haiyan Emergency Response**

<http://ageingasia.org/eaprdc0032/>

- **Strengthen community-based disaster risk reduction programmes by including older people**

<http://ageingasia.org/helpage-drr-poster/>

- **Typhoon Haiyan one year on: older people key to recovery**

<http://ageingasia.org/eaprdc0012/>

- **Climate change in an ageing world**

<http://ageingasia.org/idlon0147/>

- **Disaster Risk and Age Index**

<http://ageingasia.org/idlon0132/>

- **Minimum standard checklist: Including older people in disaster risk management**

<http://ageingasia.org/minimum-drr-checklist/>

- **Disaster resilience in an ageing world**

<http://ageingasia.org/idlon0054/>



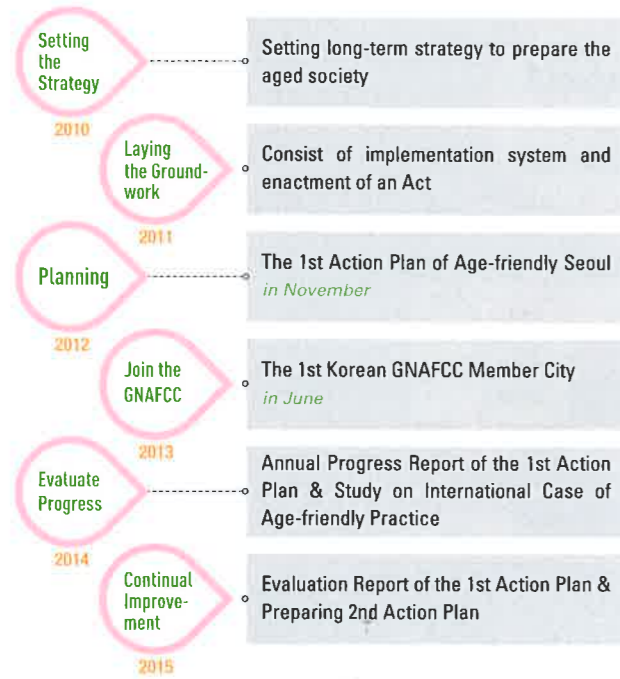
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附錄四 攜回資料 - 高齡者友善城市

Progress of Age-friendly Seoul



Join the WHO GNAFCC
Global Network of Age-friendly Cities and Communities
<http://agefriendlyworld.org>



Senior Policy Monitoring Group every year since 2012



Seoul Metropolitan Government

Senior citizens' welfare division
110, Sejong-daero, Jung-gu, Seoul, Korea
☎ +82-2-2133-7403

Seoul Welfare Foundation

52, Songwol-gil, Jongno-gu, Seoul, Korea

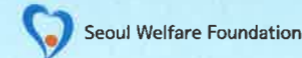
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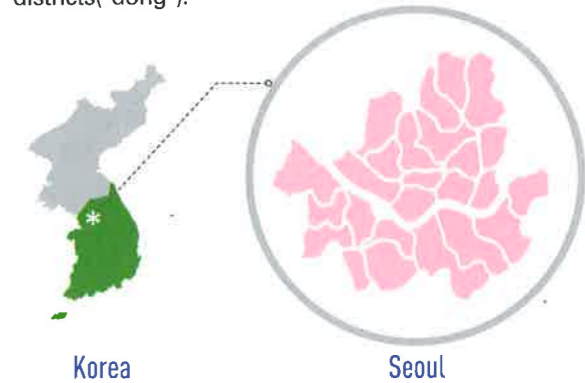
<http://afc.welfare.seoul.kr/>



Age-friendly SEOUL

Introduce of Seoul, Korea

Seoul is the capital of the Republic of Korea and a bustling megacity of 10 million inhabitants. Located at the heart of the Korean peninsula and covers a total area of 605.25km². Seoul comprises twenty-five autonomous districts("gu") and 423 administrative districts("dong").



Korea's aging is the fastest in the world. In 2015, The proportion of 65+ senior citizens population accounts for 12.6% of the entire 10million population of Seoul. Korea is expected to become a super-aged society by 2027.

Seoul has sought a paradigm shift in its policies for senior citizens since the early 2000s, in preparation for coping with the rapidly aging trend. In this process, Seoul has accepted the ideal of the GNAFCC as a significant proposal and made various efforts to achieve the objective of creating an age-friendly city .



Support for Baby boomers



Annually Baby-boomers Job Expo *since 2008*



50+ Center *4 sites, since 2013*



50+ Campus *2 sites, since 2016*

Customized Employment

* Civic participation & Employment



Senior Job Center *25 sites, since 1993*



Senior Job Training Center *1 site, since 2004*

Senior Job on-line information system *since 2013*



Senior Job Guide Book *2013*

Community Care

* Community support & health services



IT system for managing seniors who live alone
DB of 23million seniors' information, since 2013



Seoul Supporting Center for Elderly Careworkers *since 2013*



Expand of long-term facilities *548 sites, until 2015*

Expand of day care center *272 sites, until 2015*

Age-friendly Environment

* Housing
* Transportation
* Outdoor spaces & buildings



Design The Taggol Park Senior Culture Street *since 2013*



Safe Collective House for Seniors *since 2015*

Leisure & Culture

* social participation



Senior Welfare Centers *70 sites*
Senior Community Clubs *3,300 sites*



Seoul senior Film Festival *since 2008*



Silver Movie Theater *2 sites, since 2009*



Annually Senior Leisure Sports Contest *since 2012*

Respect & Inter-generation

* Respect & social inclusion
* Communication & information



Senior Policies Information Guide Book *since 2014*



Senior Portal Site 50+ SEOUL *since 2014*



Senior Newspaper *since 2015*

The core indicators of being an age-friendly community

Equity Measures

Inequality between two reference groups

Population attributable risks

Age-friendly Environment Outcomes

Physical environment

Neighbourhood walkability

Accessibility of public transport vehicles

Accessibility of public spaces and buildings

Accessibility of public transport stops

Affordability of housing

Social environment

Positive social attitude toward older people

Engagement in socio-cultural activity

Engagement in volunteer activity

Participation in local decision-making

Availability of information

Availability of health and social services

Economic security

Impact on Wellbeing

Quality of life



How to contact your Council

For all enquiries or information about any Council services:

Telephone: **9490 4222**

Email: enquiries@banyule.vic.gov.au

Website: www.banyule.vic.gov.au

Fax: 9499 9475

If your hearing or speech is impaired, you can call us through the National Relay Service on **133 677** (TTY) or **1300 555 727** (ordinary handset) and ask for 94904222.

Postal Address:

PO Box 51, Ivanhoe 3079
DX 97904 Ivanhoe

Council Service Centres:

Ivanhoe: 275 Upper Heidelberg Road
Rosanna: 44 Turnham Avenue
Greensborough: Level 1, 1 Flintoff Street (inside WaterMarc)

Office Hours of Opening:

Monday to Friday 8.30am-5.00pm
Rosanna - Wednesday night until 7.00pm

Interpreter service:

If you need an interpreter, please contact TIS National on 131 450 and ask to be connected to Banyule Council on 9490 4222.

إذا كنتم بحاجة إلى مترجم، الرجاء الاتصال بالخط القومي لخدمة الترجمة الهاتفية على الرقم 131 450. واطلبوا إيصالكم ببلدية بانبول على الرقم 9490 4222.

若你需要口譯員，請致電131 450聯絡TIS National，要求他們為你致電9490 4222接通Banyule市政廳。

Ako vam je potreban tumač, molimo vas, nazovite TIS National na broj 131 450 i zatražite da vas se spoji sa Vijećem općine Banyule na broj 9490 4222.

Αν χρειάζεστε διερμηνέα τηλεφωνήστε στην Εθνική Υπηρεσία Διερμηνέων Μεταφραστών στον αριθμό 131 450 και ζητήστε να σας συνδέσουν με τη Δημαρχία Banyule στο 9490 4222.

Se hai bisogno di un interprete chiama TIS National al numero 131 450 e chiedi di essere messo in comunicazione con il Comune di Banyule al numero 9490 4222.

Ако ви треба преведувач ве молиме јавете се на TIS National на 131 450 и замолете да ве поврзат со Banyule Council на 9490 4222.

如果你需要一名翻译，请打电话到国家电话翻译服务处 (TIS National) 131 450，再转接到Banyule市政府9490 4222

Haddii aad u baahan tahay mutarjum wac khadka qaranka oo ah TIS 131 450 weydiina in lagugu xiro Degmada Banyule tel: 9490 4222.

Nếu cần thông dịch, xin gọi cho TIS Toàn Quốc qua số 131 450 rồi nhờ họ gọi cho Hội Đồng Thành Phố Banyule theo số 9490 4222 giúp quý vị.



Published June 2016



World Health Organisation

Age-friendly City Indicator Project

Banyule Victoria Australia



Global network of age-friendly cities

Banyule City Council is a member of the World Health Organisation's Global Network of Age-friendly Cities. This means that Banyule has made a commitment to a cycle of continual improvement that will influence the health and quality of life of older people. A core aspect of being an age-friendly city is to include older people as active participants in the process.

Banyule joins global pilot study to make cities age-friendly

In 2015, Banyule Council was one of 13 sites from around the world selected to work with the World Health Organisation to define indicators on how good a place is to grow old. It involved testing more than 20 indicators relating to a range of factors including: the physical environment, such as housing and transport; the social environment, such as employment, inclusion and participation; and health.

Indicators establish a common understanding among stakeholders about the key dimensions of age-friendliness that are valued in their city.



What we found

The indicators can be used to measure the baseline level of age-friendliness of the city and monitor how it changes over time as relevant interventions are implemented.

Example of physical environment

Indicator	Definition	Result
Accessibility of public transportation	Proportion of housing within walking distance (500m) to a public transport stop	55%
Affordability of housing	Proportion of all households with housing costs 30% or more of gross income	17.1%
Internet access	Proportion of older people (aged 60+ years) with internet access at home	64.8%



Example of social environment

Indicator	Definition	Result
Engagement in volunteer activity	Proportion of older people (aged 60+ years) who reported undertaking voluntary work through an organisation or group in the last month	17.9%
Engagement in socio-cultural activity	Proportion of people (aged 55+ years) who participated in arts and art related activities in the last three months	57.8%
Participation in local decision making	Proportion of eligible voters (aged 70+ years) who voted in the most recent local government election	48%

Example of impact on wellbeing

Indicator	Definition	Result
Quality of life	Proportion of older people (60+ years) that rate their general health level as 'excellent' or 'very good'	44.8%

To see the full set of indicators visit www.banyule.vic.gov.au/agefriendly

What next

Council is currently developing the Banyule Age-friendly City Plan. The indicator results will assist Council in focusing its priorities and help Council monitor progress over time. These indicators do not benchmark just Council's performance but everything that goes into influencing the quality of life for older people in Banyule.

We need your help

We have an Age-friendly City Champion Group involving Banyule residents who have an interest in influencing and shaping our city to improve the quality of life for older people.

If you are interested in being involved please:

- complete an online form at www.banyule.vic.gov.au/agefriendly; or
- contact Health and Aged Services on 9490 4222.

Indicators can be used to help set goals and objectives in relation to age-friendliness.



COLOMBIA AN AGEING SOCIETY: realities and challenges

Montoya, S., Galán, A., Sánchez, N., González, L., Diaz-Oramas, A., Flórez, C., Correa, L., Alzate, J., Valencia-López, N.,
Grupo de Investigación, Fundación Saldarriaga Concha

Introduction

Justification

- The ageing process of Latin America will be faster than Europe and Asia.
- Proportion of older persons will increase rapidly in the following decades: Colombia is no exception.
- The ageing process will bring about different challenges and opportunities in a country like Colombia.
 - Are people, families, public and private institutions, civil society agencies and the market prepared?

Purpose

The purpose of this research was to answer the question: What is the current situation of demographic, domestic and individual ageing in Colombia and what is its impact in terms of demography, health care, pension system, labor market and savings, care and armed conflict and peacebuilding processes compared to more *ageing-prepared* countries?

- In-depth analysis of the impacts of ageing process in each of the fields proposed
- Projections and forecasts given Colombia's current situation
- Design recommendations upon findings to inform policy makers of local and national levels

Hypothesis (Ha): Colombia is not ready for the demographic ageing – domestic and individual in terms of health care, pension system, labor market and savings, care and armed conflict and peacebuilding processes compared to more prepared countries

Methodology

Retrospective observational study, through quantitative and qualitative mixed evaluation and analysis

Areas of interest:

- Aging process of population
- Economic security
- Savings, investment and labor market
- Healthcare system
- Organization of Care
- Peacebuilding and Armed Conflict

QUANTITATIVE METHOD

Quantitative data collection: Secondary data descriptive analysis from national surveys

National Survey of Life Quality (ECV 2013)

Longitudinal Social Protection Survey (ELPS 2012)

National Health and Demographics Survey (ENDS 2010)

National Time Use Survey (ENUT 2012)

National Household Integral Survey (GEIH 2015)

Health, Wellbeing and Ageing Multicentric Study (SABE 2013)

National Registry of Victims of Armed Conflict

Sole Affiliate National Database (2010)

Other relevant data from the National Administrative Department of Statistics

QUALITATIVE METHOD

Qualitative data collection: Qualitative data: primary data analysis from

- Focus groups (49):
 - *Criteria:* sex, socioeconomic stratum, urban vs. rural, victims of armed conflict, former members of illegal armed groups, working status and age (40-59 years old age group and +60 years old)
- Case studies (3):
 - *Criteria:* Municipalities gravely affected by armed conflict and in Bogotá (ongoing research occurring at the moment)
- In-depth interviews (7):
 - *Criteria:* Experts from local and national public agencies
- Location: 3 Departments; 1 urban city + 1 rural municipality per Department
 - *Selection criteria* of Departments (*provinces*) and municipalities: (1) *Rurality Index*, (2) *System of cities*, (3) *Multidimensional Poverty Index* (4) *Access* (5) *Safety*

Other relevant data from the National Administrative Department of Statistics

Demography

- Colombia is encountering series of demographic phenomena:
 - Fast demographic transition
 - Life expectancy increase (control in mortality rates at birth; technology)
 - End of demographic bonus by 2020 » An ageing workforce
- By 2050, women who get to 70 years old are expected to live 17.2 additional years on average (87.2 years), while men are expected to live 3 years less (84.2 years).
- **Women who get to 80 years old are expected to live 9.44 additional years (89.5 years), while men are expected to live 2 years less (87.5 years)**

Pension system

- Household surveys (GEIH 2015) show that only 31% of all older persons receive a pension (discrepancies: other show a low 23%)
- Probability of a contributor of obtaining a pension is 35% (RAIS) and a staggering 13% for (RPM)
- On average, Colombian workers contribute only 15 years of the 25 years that the system requires.
- State subsidies for pensions are regressive: they are benefitting those who have more payment capacity » 86% of state subsidies goes to the richest 20% (first quintile) while the poorest 20% gets a 0.1% (last quintile).
- **On average, women are less likely to receive a pension than men.**
 - **Only 15% of retired women receive a pension**
- Solidarity schemes are inefficient in supporting the poorest
- Government is supporting the system with an average of 3.5% of GDP annually.

Labor market and Income

- It is estimated that 48.2% of Colombian workers have informal jobs.

- **Informality is higher in working women (52%) than in working men (46%). This phenomenon is also present in the older age group (60+ years old)**
 - Financial preparation for old age in women of rural areas is yet more critical
- In Colombia, more than 30% of the 60+ years old population still works. And 7% of the 80+ years old population still works
- Almost 1/3 of older persons depends on family monetary or in-kind transferences
- Education levels of older persons explain high informality rates: almost 61% did not receive any formal education.
- Men contribute more to household goods and services than women, although women's contribution to domestic labor, including care is higher than that of men (see Care results)

Savings and Investment

- Study shows high income households are more likely to financial savings and are more able to stabilize expenses and consumption levels along life course
- In Colombia, specifically in rural areas, children are seen as one of the most important means of savings and economic security in old age. Besides children, housing is another important mean of savings.
 - Fixed secured assets but not very liquid » problem financing daily/running costs

Health

- 78% of morbidity cases of the 60+ population correspond to a Non Communicable Disease (NCD), in contrast with 48% in the 15-44 years old population.
- **Even though women have a higher life expectancy in old age, they tend to suffer a greater sickness burden.**
 - The difference between men and women increases with age up to the 80+ age group: 69.9% for women and 51.6% for men

Care

- The main care providers for older persons are adults, followed by other older persons
- More than 60% of basic and medical care is offered by adults and around 30% by older persons
- Desire of older persons of low and medium socioeconomic strata to be cared for by a family member
- People from higher socioeconomic strata placed eldercare responsibilities outside the family to more specialized and technologically advanced care providers. (Burden avoidance)
- Prevalence of functional limitations that call for potential care:
- **Moving/walking about.**
 - **Prevalence between cohorts increases with age**
 - **Greater dedication of women over men in the provision of care during the day**

My mother is 84 years old. She looks very young but she has an illness that prevents her from standing up now. I have to take her places, bring her back...many other things.
(Testimony of the 60+, mid-income women's focus group, Ayapel).

I worked in a company. Now I am retired and I take care of my grandchildren.
(Testimony of the older pensioned women's focus group, Bogota).

Victims

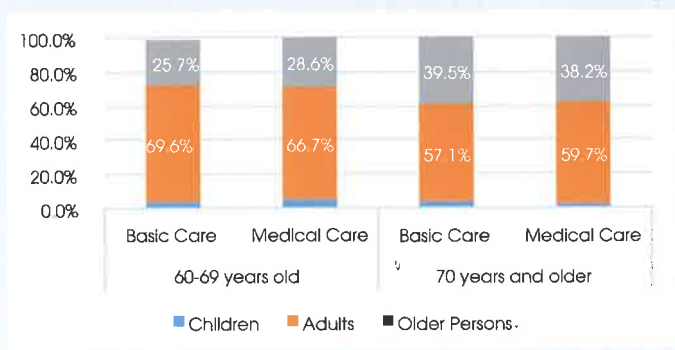
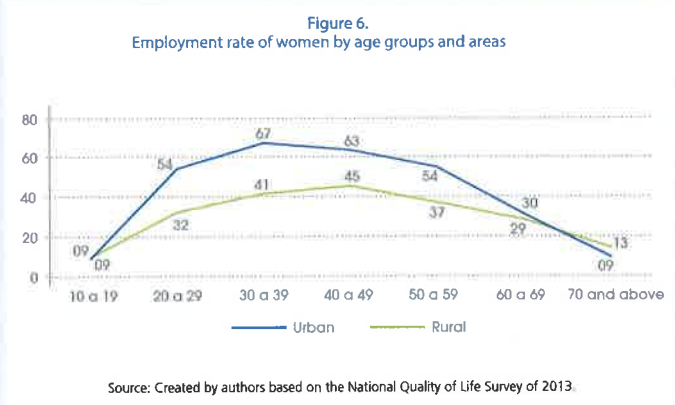
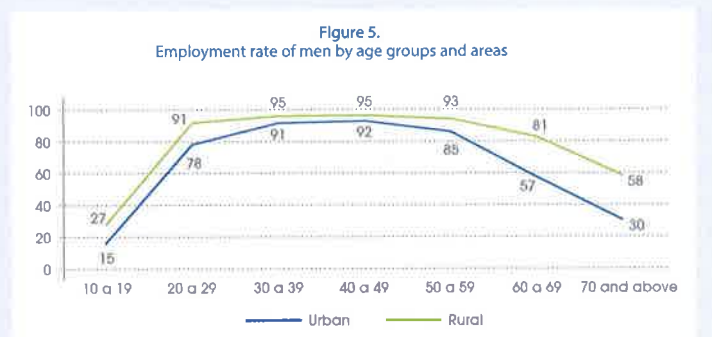
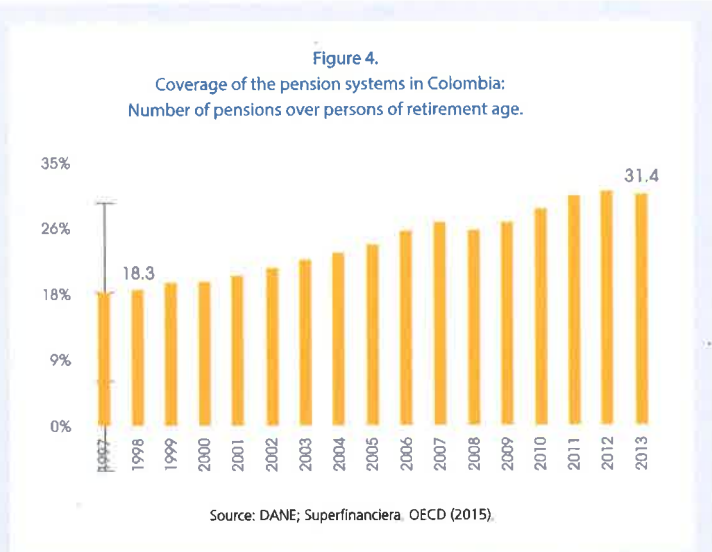
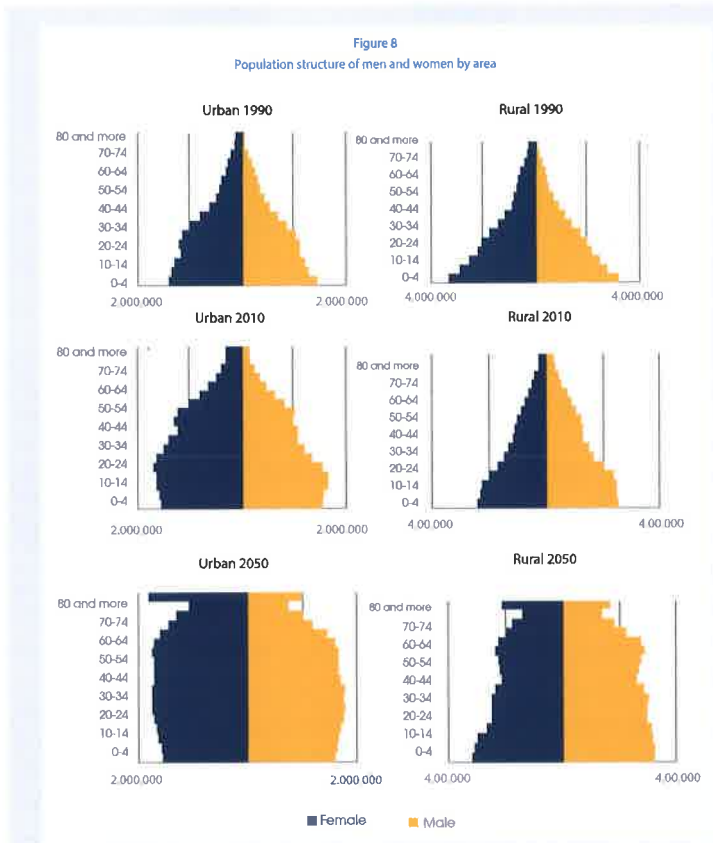
- Close to 9.3% (680.000 persons) is above 60 years old.
- Almost 33% of displaced families live under the extreme poverty line
- Victims 60+ years old are more exposed to more victimization because pose resistance to being forcedly displaced and

have a higher risk of abandonment due to their limited capacity to timely react in emergency situations of armed conflict.

- Older persons have less capacity of adapting after victimization

(resilience) especially in situations of forced displacement because they are very rooted to their place of residency.

- More motivated to going back to their initial house and land » lead return processes.



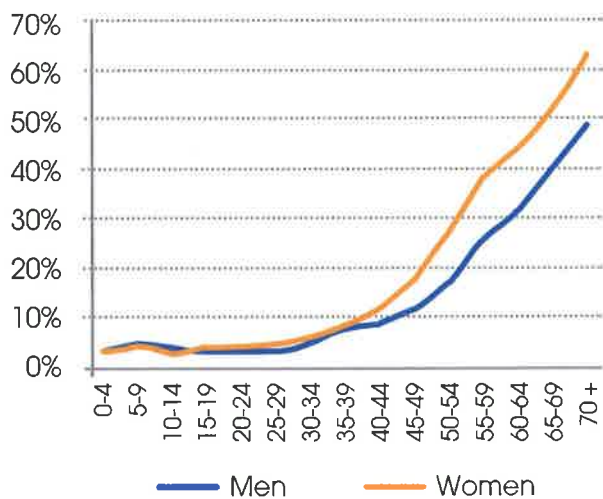
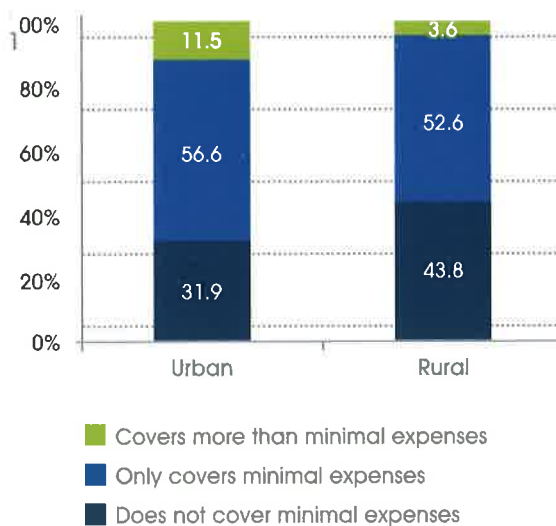


Figure 8. Coverage of expenses from the household income



Source: Created by the authors based on the ELP5 (2012).

Discussion

Main findings underline:

- Economic insecurity and financial unpreparedness for old age
- Epidemiological profile of the country suggests unhealthy ageing along life course that manifest in old age (most NCD are found to be preventable), but it rests unclear whether these life decisions are based on prior knowledge on healthy ageing or not.
 - Structural problems such as poverty, inequality and violence affects proper ageing and constrain favorable life decisions (access to goods, services and knowledge, among others).
- Social organization of care is weak and unstructured: the current care source supply will not be able to cover the increasing demand of functional dependent older persons who will require care support.
- Victims of armed conflicts are worse off than non-victims and are more likely to stay in poverty traps. Old age victims are more unprepared than non-victims because their economic and social capital were snatched away violently during forced displacement.
- **Results show that, from a multidimensional point of view, being a woman increases the risk of less wellbeing in old age. This result calls for an urgent need to apply a gender lens to old age oriented policies and programs.**
- Results also show a poor preparation of the country for an aged population. Systemic unpreparedness is evident when studying – quantitative and qualitatively- the knowledge, resources, goods, services, rights, habits and behaviors Colombian society has available for their old age.

Implications

This research agrees with extensive body of literature on the potential systemic crisis in social, economic and political dimensions if national and local governments, communities, families and individuals do not start implementing protective plans, strategies and behaviors to promote wellbeing in old age.

This research sought to inform policymakers from national and local levels of the need to apply an ageing lens to public policies. Results of this study should give way to public entities organizations to new, innovative ways of attending the ageing population needs, assuring coverage, quality and sustainability in their policies and programs. Also, national government has to create efficient incentives for a shift in private market's goods and services delivery and third sector's support and advocacy. This shift is known as the Silver Economy. Finally, it is important to highlight families and individuals as co-responsible for their well-being in old age.

Lastly, given the critical social and economic disparities between men and women, a gender lens should also be applied in all fields to promote equity. In this sense, affirmative actions may be a first step to make way for effective participation of women in society.

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