I am pleased that Hawaiʻi continues to attract so many Asia Pacific specialist in aging and public health!

In January, we hosted faculty and students from the Graduate School of Public Health, Catholic University of Korea (photo). We held a joint symposium, with speakers from both schools. We enjoyed learning, food, and fellowship.

In early February, we will host Dr. Mieko Homma from Saitama Prefectural University (SPU). The University of Hawaiʻi is a collaborator on SPU’s international Health and Lifestyle Study. Dr. Homma is attending a Health Aging seminar in Honolulu to co-present findings from this study. Then we will see Professor Amy Wilson and students from Yamaguchi Prefectural University. They are stopping in Honolulu en-route to their study of aging services on Maui.

You also are welcome to visit Hawaiʻi and learn about our programs. We also hope you will share a story and photos of your work for active aging in your home country!
By 2020, about 11% of Indonesia’s population will be elderly...this is 28.8 million people! Research has found that the level of disability is also high, with about 70% of older adults having light disability. In developing country such as Indonesia, providing home and community LTC can help keep older persons at home. This can help greatly to improve their situation, and it is what most want.

The purpose of our Long Term Care (LTC) in the Community program is to promote independence for the elderly by helping families learn to care for them at home. Supporting an older person at home generally costs less than keeping them in a nursing home.

It is assumed however, that fewer children and grandchildren will be available to care for the elderly. Thus, we are want to train family caregivers, but we also want to explore the demand for and barriers to living at home with a broad range of support services.

First we need to raise the knowledge, insight, and awareness of community and religious leaders. The trainees are caregivers of the elderly, like spouses, children, or neighbors. A total of 20 hours of training over 5 months is provided. After training, participants should be able to perform effective communication, understand the aging process and its clinical implications, assist with Activities Daily Living, and explain the domains of Geriatric Assessment. We will measure changes in knowledge with Pre and Post Tests.

Care giver training in the community has been implemented in 13 provinces in Indonesia. Challenges include diversity of caregiver education levels and their understanding of health care. However, the demand of LTC service in the community is growing, and this training is highly needed.
1. Preventive Long-term Care Promotion Project

Fukuoka-prefecture and Bangkok Metropolitan Administration have negotiated a MOU for promoting preventive care for the elderly for 2017-2019. Japan’s Fukuoka-prefecture will focus on “Locomotive Syndrome/Sarcopenia.” Dr. Takeo Ogawa, president of Asian Aging Business Center (AABC), will be the project manager. Educational Service Co. Ltd., an important member of AABC, will also participate in the project. The Japan International Cooperation agency (JICA) Partnership Program will provide support.


Dr. Takeo Ogawa will introduce the Japanese exercise training program to administrators and staff of local health centers in Bangkok. Fukuoka-prefecture staff will introduce practical exercise for residents in two communities in Bangkok. Trainees from Bangkok will visit Japan and learn more about Japanese preventive long-term care programs. This cooperative venture is an important step forward for international active aging efforts.

2. New Health & Social Service Strategies for Future Healthy City Fukuoka

Demographic challenges require that both national and local governments address policy changes required to insure healthy cities as population’s age. As announced at ACAP’s 10th Anniversary Conference (Fukuoka 2016), Fukuoka City has embraced the challenge.

Dr. Takeo Ogawa will chair the Fukuoka-city planning committee, with a tentative theme: “Centenarian City Fukuoka”. http://fukuoka-kenko.aes-medicalwelfare.com/ Following the discussions at the ACAP conference, the committee will address 7 key action areas:

• Support training on long-term care skills
• Develop home health-care utilizing ICT
• Co-innovate health services in collaboration with industrial, academic, governmental, and civic sectors
• Arrange infrastructure for integrated services involving medical, health and long-term care
• Construct a hub for capacity building of long-term care workers in Asia
• Re-enforce support for health-care venture businesses
• Provide an environment for showcasing the talent of older persons

3. Should we change our definition of “elderly”?

As reported in the Japan Times, a joint committee of the Japan Gerontological Society and the Japan Geriatrics Society proposes changing the definition of “elderly.”

Under the recommendation, released 5th Jan.2017, the definition of elderly should be used for people who are at least 75 years old, rather than 65. The group also defined those 65 to
74 years old as “pre-elderly.” Those 90 years and older would be called, “super-elderly.” The proposal is based on the finding that “Japanese between 65 and 74 should no longer be classified as elderly because they are physically and mentally much younger than their counterparts of a decade ago.” By defining those between 65 and 74 as “pre-elderly,” this age group would be reclassified as supporters of society rather than people who need help from it.

According to the Internal Affairs and Communications Ministry’s estimates in September 2016, roughly 27 percent of the population was 65 or older. If the definition of elderly is changed to 75, the ratio of senior citizens would be halved to around 13 percent."


**Introducing SeniorNet**
Leslie M. Smith
Leader & CEO, SeniorNet

SeniorNet is a nonprofit organization of computer-using adults age 50 and older. Its mission is to provide older adults, veterans, and the underserved with education about and access to computer technologies. We believe this will enhance their lives and enable them to share their knowledge with others.

Initially, SeniorNet grew out of a research project funded by the Markle Foundation in 1986 to determine if computers and telecommunications could enhance the lives of older adults. Today, SeniorNet is one of the US’s premiere nonprofit organizations for teaching computer skills to seniors.

SeniorNet is based in Fort Myers, Florida. It has approximately 6,000 members. There are 25 Learning Centers, staffed by 3,000 volunteers. SeniorNet has international affiliations in Nepal, Korea, China, Russia, New Zealand, and Sweden. SeniorNet also has an educational website http://www.seniornet.org.

SeniorNet’s Organization Values include:
- Respect and value the aging and their contributions
- Enable older adults to be more independent and continue to contribute to society
- Share Wisdom with kindness and understanding
- Learn
- Build communities virtual and real with those in need (aged, underserved and veterans)
- Encourage volunteerism
- Be the Catalyst for building new networks

Since 1986, SeniorNet has empowered more than 2,000,000 people by providing encouragement, lifelong learning opportunities, and new worlds to explore via the internet. No matter what methodology is used – students can take classes at all experience levels and learn new computer skills like Computer Fundamentals, Internet and Email, Digital
Photography, Buying and Selling on eBay, Avoiding Scams, How to Secure Your Computer, how to use the latest technology gadgets like the iPad, Smart Watches, iPhone, Fitbit, etc., selecting and downloading applications, and more, in a friendly, low-pressure environment. Classes are offered by professional volunteers across the US with a standardized curriculum provided by SeniorNet headquarters.

SeniorNet’s major partners include: Microsoft, Adobe, IBM, Google, the National Council on Aging, the University Maryland School of Nursing, QUE/Pearson Publishing, Manpower, the Senior Advisor.com, Military Officers of America (MOAA), Senior Service America, AARP, and The National Caucus & Center on Black Aging.

Training Program to Produce Home Care Nurses Armed with the Business Skills to Run Community Health Hubs

by Etsuko Kita
Sasakawa Foundation

With Japan having become a “super-aging” society marked by a falling fertility rate and a declining labor force, the country is grappling with the problem of how to cover the enormous costs of medical and long-term care under the current social security system. Coupled with the effects of a changing family structure in the form of more nuclear families, many communities face a weakening of the social infrastructure essential to people’s daily lives. This is causing difficulties—especially for senior citizens.

The government is now undertaking several revisions to its health care system. For example, the average length of hospital stays is being reduced as a way to cut down on medical costs. As a result, more and more people needing medical and nursing care are living in the community. Promotion of home health care is a major focus of the government. Nurses play an essential role in home health care. However, Japan has only a limited number of home-care nurses capable of assessing and caring for a wide variety of clients at home, and coordinating the available resources in the community according to the needs of each patient.

In response to this shortage, Sasakawa Memorial Health Foundation (SMHF: http://www.smhf.or.jp/e/) initiated in 2014 an intensive, comprehensive 8-month program called Start-Up and Operation of The Nippon Foundation Home-care Nursing Centers (NFHNC) to train home-care nurses. (The Nippon Foundation is SMHF’s parent foundation.)
The NFHNC program draws on the concept of primary health care (PHC) in developing countries and in conflict zones, as experienced by Dr. Etsuko Kita, chair of SMHF and herself a pediatrician. Even at the PHC level, where there were no doctors or specialists, nurses armed with a certain amount of knowledge were highly capable of maintaining and developing the health of the community.

Each nurse who completes the training program will become a director of a nursing center that serves as a community health hub, meaning that the nurse will also act as a coordinator to enhance multidisciplinary collaboration and community mobilization within their community care systems.

Since the role required for home-care nurses is wide ranging, they need to attain competencies and qualities in terms of both “cure” and “care”. These include being able to conduct physical assessments; consult with clinicians; support patients’ families; promote patient independence; and connect patients with the community resources that correspond to their particular needs.

Entrepreneurial skills also are required. Thus, the training program has an initial two months of lectures, followed by 10 weeks of clinical practice, a further two months of lectures and a final six weeks for drafting business plans and making presentations. It focuses on the following four major pillars: 1) health governance, 2) marketing and business management, 3) nursing and medical practice, and 4) “inter-professional collaboration.” (See ACAP Bulletin August - September 2015 for further details.)

To date, 35 nurses have completed the program. Of these, 20 have already and 5 will soon launch an NFHNC in various parts of Japan. These will range from Kyushu to Hokkaido, and from metropolitan areas to remote and depopulated regions. SMHF is now committed to founding an NFHNC network to enhance cooperation between each of the centers, to gather data, and to make sure that their voices are heard by other stakeholders and policy makers in the area of home health care.

Home-care nurses often manage chronic or terminal conditions. They carry out the necessary assessment of their patients’ needs and provide end-of-life medical care. They also spend a lot of time preparing patients’ families for what to expect and teaching them how to cope. Significantly, this support for family members is said to be contributing to a reduction in health-care costs, as families are less likely to telephone for an ambulance and
request medical procedures for patients approaching the final moments of their lives. This critically important function of home-care nurses often goes unpaid, because it is not covered by any insurance scheme.

Data collection by the NFHNC network can indicate the burden on nurses and family members, and on imbalances between the actual services that nurses provide and the medical fees they are paid. These data can be compiled in the form of proposals to policymakers—for example, on needs for respite care or for additional medical service fees to cover consultations with family members. Where these consultations are concerned, it should be noted that even if home-care nurses were to be compensated, the costs would still be lower than those involved in summoning an ambulance and providing emergency care and resuscitation at a hospital.

As Japan copes with issues related to a super-aging society, the knowledge and experience the nurses gain through the NFHNC program, the work they carry out, and the data they gather are invaluable. Out of this should come further insights into home-care and medical care services, as well as new proposals for meeting the challenges of super-aging that more countries will face in the years to come.

Moira Allen, from ACAP’s sister organization in Europe, sends this news. The Pass It On Network is hosting the “Age Without Borders” Summit, February 26 – March 4, 2017. This is 7 days of intimate, inspiring and engaging 30-minute video-based lectures, with multiple experts featured each day. But you don’t have to pay conference and hotel fees!

Several ACAP members are featured speakers, including Leng Leng Thang, Nan Bosler, Takeo Ogawa, and Cullen Hayashida.

Also featured are world leaders—from the United Nations, UNESCO, U3A, Encore.org, NCOA, Milken Institute, and Institute for the Future—and practical experts in technology, memory, aging in place, nutrition, lifelong learning, entrepreneurism, 50+ traveling, and activism.

For more information and to register, visit http://agewithoutborders.net/#eventdetails

Age Without Borders Online Summit
26 February to 4 March, 2017

by Moira Allen, Pass It On

A graduate of the NFHNC course assesses the health of a 96-year-old man at his home.
The Malaysian Healthy Ageing Society (MHAS) will be organizing the ASEAN Conference on Healthy Ageing from 10th-12th October 2017 at the Pullman Hotel in Kuching, Sarawak. Join us as top minds gather to discuss the challenges of ageing affecting the region, as well as models that have been successful.

As many ASEAN nations face their own unique challenges in ageing, the ASEAN Conference on Healthy Ageing 2017 is an ideal platform to promote knowledge sharing and networking. This conference will bring together healthcare professionals, financial institutions, insurance companies, lawyers, caregivers, government officials, NGOs, pharmaceutical companies, healthcare product distributors, alternative and complementary medicine practitioners as speakers, delegates, exhibitors, and sponsors.

In 2012, MHAS took the lead role to organize the 1st World Congress on Healthy Ageing in Kuala Lumpur. The success of the conference attracted South Africa to host the 2nd World Congress on Healthy Ageing in 2015. A 3rd World Congress is will be held in Turkey in 2018.

With our experience of organizing major events and our wide network, we are confident that the ASEAN Conference on Healthy Ageing 2017 will be another major success to bring likeminded people in healthy ageing together.

Please visit www.acha2017.com for further information and to register. The call for papers will be open soon.
The Deadline for submitting articles for March-April issue of ACAP Bulletin is February 20th, 2017. Please send your photos and stories to:

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