

2015 Kyoto Global Conference for Rising Public Health Researchers

“Aging Society and Community Health”

December 2-3, 2015

Inamori Hall & Yamauchi Hall, ShiranKaikan,
Kyoto University



Top Global University Project / Japan Gateway Kyoto University Top Global Program
Registration unnecessary / No participation fee / English only
Inquiry. ☎ 075-753-4350 📠 075-753-4359
Teeranee Techasrivichien ✉ techasrivichien.teeranee.2a@kyoto-u.ac.jp



Kyoto University School of Public Health

2015 Kyoto Global Conference for Rising Public Health Researchers

“Aging Society and Community Health”

December 2-3, 2015

Inamori Hall & Yamauchi Hall, ShiranKaikan,
Kyoto University



Kyoto University School of Public Health

Message from the Vice-President of Kyoto University



Masao Kitano, PhD

**Executive Vice-President for Education,
Information Infrastructure, and Evaluation
Kyoto University**

The Top Global University Project was launched in 2014, based on the Ministry of Education, Culture, Sports, Science and Technology November 2013 national university reform plan. This project aims to strengthen the international competitiveness of higher education in Japan by prioritizing support, for a period of 10 years, of universities carrying out a thorough internationalization and university reform, including universities conducting top level research education, and those encouraging the internationalization of universities in Japan through challenging, pioneering attempts.

Under this scheme, Kyoto University presented the “Japan Gateway: Kyoto University Top Global Program (JGP)” . Through internationalization of undergraduate education, starting with the employment of 100 international faculty members at the Institute of Liberal Arts and Sciences, and taking advantage of Kyoto University’ s strengths in basic and applied research, with a number of world-class researchers including awardees of the Nobel Prize and Fields Medal, JGP aims to establish agreements with world-class universities and implement international joint-education and joint-degree programs to produce a new generation of world-class researchers and further strengthen the international competitiveness of research and graduate education.

Aiming to be between the top 10 universities in the world, Kyoto University is increasing the proportion of international co-authored papers and the promotion of joint research. In order to do so we are looking to stimulate the exchange of students, faculty and researchers by implementing, through the Super Global Courses, more international education

programs, such as Joint/Double Degree Programs and international conferences and workshops.

In 2014, Kyoto University launched four project units: Mathematics, Human Biosciences, Chemistry and Chemical Engineering, and Social Sciences and Humanities. We are looking to expand programs adding Global Environmental Studies, and Public Health in 2015.

The School of Public Health, which has been participating in strengthening the university’ s global expansion, introducing in 2014 double degree programs, has presented JGP with this project. Currently, they are actively working towards expanding joint and double degree programs in order to internationalize the education of our university.

This international conference is part of such efforts, inviting rising public health researchers from 13 universities over 5 different continents to exchange knowledge in the very important topic of “Aging Society and Community Health” . I hope this project contributes not only to making Kyoto University one of the centers of global network for public health research, but also to making a meaningful contribution to the improvement of human health through the construction and development of a platform for long-term, concrete joint research cooperation.

I am confident this international conference, starting with Kyoto University’s JGP, is another big step into internationalizing the research education of each and every one of the universities present today.

Message from the Dean of Graduate School of Medicine Kyoto University



Shinji Uemoto, MD, PhD

**Dean, Graduate School of Medicine
Professor, Department of Hepatobiliary
Pancreatic Surgery and Transplantation
Kyoto University**

Kyoto University Graduate School of Medicine, symbolized by the fact that it has produced a number of international prize winners, such as the Nobel Prize in Physiology or Medicine, and the Albert Lasker Award, is striving in its applications to advanced medical care and disease prevention of findings in the fields such as fundamental principle of life phenomena, and biomedical mechanisms and risk factors of diseases. While pushing forward to expand such world top-level researches, Kyoto University Graduate School of Medicine also endeavors to develop human resource with high ethical standards and rich international mindset, having not only deep knowledge in a specific area but broad transdisciplinary scope covering basic biology, clinical medicine, and social medicine.

In order to further develop such social mission, the Graduate School of Medicine participates in the "Kyoto University Japan Gateway Initiative (JGP)" as the Human Bioscience Subunit since 2014, while actively promoting efforts to the development of international joint education and degree programs targeting world-class research institutions such as McGill University, Imperial College London, Pasteur Institute, University of Bordeaux, and others. Through these efforts, by encouraging activate exchanges with overseas researchers and students and fostering an environment that can be friendly competitive with the world's top researchers, we aim to cultivate talent with international competitiveness, who can contribute to the development of innovative pharmaceuticals, medical equipment and regenerative medicine products in Japan, and so aiming to further enhance the international reputation of the university.

The host of this conference, the Kyoto University School of

Public Health, as the first School of Public Health in Japan since its founding in 2000, has been boasting remarkable achievements representing our country, such as up to 1800 peer-reviewed papers and the acquisition of 16 billion yen in competitive funds. They have been actively working on making their education and degree programs international as well as interdisciplinary, with active participation in university-wide cross-disciplinary education programs and introducing an international double degree program. The Kyoto University School of Public Health is also actively engaged in the development of international joint education and degree programs in public health field since entering the JGP in 2015.

This international conference is part of such efforts, bringing together rising public health researchers from 13 universities from all around the world, to discuss and share their research on the topic of "Aging Society and Community Health." This is an extremely important topic, as we are in an era where aging population has become a common issue for all human being including both developed and developing countries. The associated programs, such as poster session between students from KU and other invited universities, as well as the exchanges between researchers and students, will also be a very important opportunity to foster future researchers with international competitiveness.

Finally I am very much confident that this event will not only create a global network for public health researchers with Kyoto University at its center, but also develop a platform for long-term research cooperation and development of joint research projects.

Message from the Dean of Kyoto University School of Public Health



Shunichi Fukuhara, MD, DMSc, MACP

Dean of Kyoto University of School of Public Health
Professor, Department of Healthcare Epidemiology

Welcome! This conference brings together rising public health researchers and students from 13 leading public health academic institutions around the world. Our project is part of the Japan Gateway Kyoto University Top Global Program, which is supported by Japan's Ministry of Education, Culture, Sports, Science, and Technology. This program aims to reinforce the international competitiveness of Kyoto University by promoting collaborative research projects and globalization of educational programs.

This symposium is titled "Aging Society and Community Health," and its focus fits very well with the central topics of the World Health Summit meeting that I co-chaired with our vice-president Nagahiro Minato in Kyoto this past April. The World Health Summit meetings have been held every year since 2009 by the M8 Alliance, which includes the world's leading institutions in medical academia. In addition, representatives of the M8 Alliance member institutions went to Fukushima to participate in a satellite symposium. We

concluded a "Kyoto-Fukushima statement," which you can find on the World Health Summit website:

www.worldhealthsummit.org. In this statement, we emphasized two key ideas: responsiveness and resilience. Responsiveness and resilience in the face of 1) the rapid aging of society and 2) disasters including those caused by emerging infections and by climate change.

You can see a digest video of this meeting. www.worldhealthsummit.org/press-media/video/2015.html

I hope that in this conference too we will have lively discussions on these globally important issues among future leaders of world medical academia, and that we will form new collaborative networks for research and education.

On behalf of Kyoto University School of Public Health, I really look forward to concrete outcomes from this conference. Please enjoy!

Schedule

December 2 (Wednesday)

Opening session: Welcome addresses and keynote speech	
9:00-9:10	Vice President, Kyoto University Masao Kitano
9:10-9:20	Dean, Graduate School of Medicine, Kyoto University Shinji Uemoto
9:20-9:30	Dean, Kyoto University School of Public Health Shunichi Fukuhara
9:30-10:00	Keynote speech The new global ageing and health research agenda: transforming health and social systems Director, WHO Centre for Health Development, Kobe, Japan Alex Ross
- Break 15 minutes -	
Session 1 – Cohort studies: For the health of young to elderly population	
Session chairs: Tosiya Sato (Kyoto University) and Chang-Chuan Chan (National Taiwan University)	
10:15-10:45	Epidemiological approach to save lives from sudden cardiac death in aging society Taku Iwami: Kyoto University
10:45-11:15	The i-Share cohort project on the health of university students Ilaria Montagni: University of Bordeaux
11:15-11:45	Genetic and epigenetic effects in environmental health studies Chen-yu Liu: National Taiwan University
11:45-12:15	The Nagahama prospective cohort for the comprehensive human bioscience (The Nagahama Study) Yoshimitsu Takahashi: Kyoto University
- Lunch 1 hour - Sandwich box	

December 2-3, 2015

Inamori Hall and Yamauchi Hall, Shirankaikan, Kyoto University

By Kyoto University School of Public Health

Session 2 – Poster presentation	
13:15-14:45	Poster presentation
Session 3 – Dementia: Its socioeconomic and cultural perspectives	
Session chairs: Toshiaki Furukawa (Kyoto University) and Wei J Chen (National Taiwan University)	
14:45-15:15	Dementia care access and experience for South Asians in the UK: The influence of religious communities Jemma Regan: London School of Hygiene and Tropical Medicine
15:15-15:45	Effects of education and race on cognitive decline: Heterogeneity in associations across studies Alden L Gross: John Hopkins Bloomberg School of Public Health
15:45-16:15	The INSPIRED study of young onset dementia Adrienne L Withall: University of New South Wales
- Break 15 minutes -	
Session 4 - Aging in developed settings: Trend and healthcare preparedness	
Session chairs: Yuichi Imanaka (Kyoto University) and Koji Kawakami (Kyoto University)	
16:30-17:00	Modelling and simulation for chronic and infectious diseases Alex R Cook: National University of Singapore
17:00-17:30	The ageing population in Sweden – disease and mortality trends, what can we expect for the future? Karin Modig: Karolinska Institutet
17:30-18:00	Health services research for a sustainable healthcare system in Japan Tetsuya Otsubo: Kyoto University
18:30~	Dinner reception at Restaurant "La Tour", Clock Tower, Kyoto University

Schedule

December 3 (Thursday)

Session 5 – Disability in the elderly: Mental, physical backgrounds and socio-economic, cultural and environmental perspective Session chairs: Takeo Nakayama (Kyoto University) and Maznah Dahlui (University of Malaya)	
10:00-10:30	Health status among community-dwelling adults in urban community, Bangkok Metropolitan, Thailand Nitchaphat Khansakorn: Mahidol University
10:30-11:00	Chronic respiratory disease among the elderly in South Africa: any association with proximity to mine dumps Vusumuzi Nkosi: University of Pretoria
11:00-11:30	The different ways of growing old in Chile Alejandra Fuentes-García: University of Chile
11:30-12:00	Kuala Pilah cohort study: Profile of community-dwelling older people with disability Farizah M Hairi: University of Malaya
- Lunch 1 hour - Japanese Bento	
Session 6 – Poster presentation	
13:00-14:00	Poster presentation Voting for “Best Poster Presentation” award closes at 14:00

December 2-3, 2015

Inamori Hall and Yamauchi Hall, Shirankaikan, Kyoto University

By Kyoto University School of Public Health

Session 7 – Care of elderly: Ecological contexts and perspectives Session chairs: Kozo Matsubayashi (Kyoto University) and Kwanjai Amnatsatsue (Mahidol University)	
14:00-14:30	A qualitative descriptive study on the alignment of care goals between older persons with multi-morbidities, their family physicians and informal caregivers Kerry H Kuluski: University of Toronto
14:30-15:00	Community participation for health and well-being to the Thai elderly Montakarn Chuemchit: Chulalongkorn University
15:00-15:30	Community based medical care for elderly people in Bhutan Ryota Sakamoto: Kyoto University
- Break 15 minutes -	
Closing	
15:45-16:30	Panel discussion: For future collaboration in public health education and research Moderated by Sathirakorn Pongpanich (Chulalongkorn University) and Masahiro Kihara (Kyoto University)
16:30-16:45	Best poster presentation award ceremony and closing Moderated by Takeo Nakayama (Kyoto University)

Special program	
17:00-17:30	Signing ceremony of the Memorandum of Understanding for collaboration on research and educational activities between Kyoto University School of Public Health and: • National Taiwan University, College of Public Health • Mahidol University, Faculty of Public Health

The new global ageing and health research agenda: transforming health and social systems



Alex Ross

Director
World Health Organization Centre for Health Development
(WHO Kobe Centre, Kobe, Japan)

BIOGRAPHY

Dr. Alex Ross is the Director of the WHO Centre for Health Development in Kobe, Japan (WKC). As a WHO global centre, it focuses on research into health, social, and economic factors that contribute to health and development. WKC is leading work on universal health coverage, innovation and ageing. One ongoing initiative is encouraging more frugal technological and social innovations for ageing populations. Mr. Ross is a public health policy expert trained at the University of California in Los Angeles (UCLA) with specializations in health systems. Prior to his joining the Centre, he served as Director for Partnerships and UN Reform at WHO Headquarters (Geneva), as well as in senior advisory posts to Assistant Director-Generals for Communicable Diseases and for HIV/AIDS, TB and Malaria. Mr Ross led development of WHO's partnerships policy, nurtured WHO's engagement with global health initiatives, UN agencies, non-governmental organizations and the private sector. Mr Ross was very involved in developing innovative health financing approaches, such as the Solidarity Tobacco Contribution and financing component of the Pandemic Influenza Preparedness Framework. Mr Ross was also very engaged in the creation of the Global Fund to Fight AIDS, TB and Malaria and UNITAID. Before joining WHO, Mr Ross served in senior domestic and international health positions for the UK Department for International Development between 2001 and 2003 (health policy and systems), and in several U.S. Government agencies between 1987 and 2001 (USAID, US Department of Health and Human Services, and US Congress as a professional staff).

ABSTRACT

Rapid, and unprecedented, population ageing is one of the key global demographic, health and social trends that will characterize the 21st Century. Increased longevity is a highly positive development emerging from past socio-economic progress and public health interventions. However, ensuring that older persons experience a healthy longevity, with dignity, and maintaining their functional abilities, presents many challenges for countries, governments, communities, families, professionals, industry and society. Within the newly adopted 2030 Agenda for Sustainable Development, Goal 3 focuses on Ensure healthy lives and promote wellbeing for all at all ages, and includes a Target on Universal Health Coverage (UHC). In October 2015, WHO released its first World Report on Ageing and Health putting forward a new paradigm largely focusing on maintaining functional ability.

Much of the increase in the world's ageing population will occur in low and middle income countries, and for many countries, ageing is accompanied by low fertility rates. Health and social delivery systems, along with social and economic policies, must be aligned to serve a new, large segment of the population. Yet, there is much we do not know. Evidence is required to guide policies and programmes in light of shrinking populations, high rates of population ageing, new patterns of ill health (e.g. NCDs and dementia), and limited resources. For example: what is the impact and

cost-effectiveness of alternative models of care and support; how to ensure equity of access (a foundational principle for the Sustainable Development Goals and Universal Health Coverage); how to transform systems to maximize the functional capacity and ability of older persons to remain autonomous and healthy for as long as possible; what types of community based care models are more appropriate to various settings; which technological, social and policy innovations are effective, frugal and how they can be scaled up; and how to rethink managing multiple morbidities of NCDs and mental ill-health? Lessons from countries such as Japan and several in Asian and Europe— which have achieved UHC and have high rates of older persons -- point to the benefits of foresight in planning, designing or reforming policies and systems for older persons, as well as major current challenges. The global WHO Centre for Health Development, located in Kobe, Japan, conducts research into the health consequences of social, economic, environmental and technological change and their implications for health policies. As a WHO "think tank", knowledge broker, and catalyst for issues that bridge many sectors and disciplines, the Centre's research themes focus on advancing innovations for sustainable and resilient health systems for older populations in the context of UHC.

Epidemiological approach to save lives from sudden cardiac death in aging society



Taku Iwami

Professor, Director
Department of Preventive Services, School of Public Health
Kyoto University / Japan

BIOGRAPHY

Dr. Taku Iwami is currently the director of the Department of Preventive Services, at Kyoto University School of Public Health, as well as actively performing as a professor in the same department. He received his medical degree at Gumma University, and his Ph. D. at the Department of Traumatology and Acute Critical Medicine of Osaka University Graduate School of Medicine, followed by a Master of Clinical Research at the Kyoto University School of Public Health. He has also received academic awards from the American Heart Association, as well as research grants from the Ministry of Health, Labour, and Welfare, and the Ministry of Education, Culture, Sports, Science and Technology.

ABSTRACT

Sudden cardiac death is a major public health problem across the world especially in aging society. Cardiopulmonary resuscitation (CPR) and an automated external defibrillation (AED) use by bystanders plays a key role to increase survival after out-of-hospital cardiac arrests (OHCAs). However, the proportion of CPR and AED use by bystanders is still low in most areas.

In Japan, we have conducted a nation-wide population-based registry of OHCA covering all of Japan. Using this database, we demonstrated consistent improvements of an emergency medical service system including bystander CPR and public access-AEDs, and survival from OHCA. In addition, we showed the effectiveness of bystander-initiated chest compression-only CPR. We started a project to disseminate chest compression-only CPR in the community and try to evaluate the effectiveness to increase survival after OHCAs. Preventive approaches are also important to decrease

sudden cardiac death as well as wider dissemination of CPR and AED use. I will introduce an epidemiological approach to save lives from sudden cardiac death in aging society.

Keywords: Resuscitation Science, Cardiopulmonary resuscitation, Cardiac arrest, epidemiology

The i-Share cohort project on the health of university students



Ilaria Montagni

Post-Doc Fellow
Department of Neuroepidemiology: i-Share and HYPER projects.
University of Bordeaux / France

BIOGRAPHY

Dr. Montagni graduated in Communication Theories at the University of Florence, Italy. She received a European doctorate in Psychological and Psychiatric Sciences from the University of Verona (Italy) and the INSERM, UMR_S 1136, Institut Pierre Louis d'Epidémiologie et de Santé Publique, Paris, France. Her research projects are in the area of communication, internet, and new technologies concerning mental health. She is particularly interested in young adults' use of the web for mental health information and advice seeking, and on mental health policies for students. She also collaborates with the i-Share project communication team for her research projects.

ABSTRACT

The i-Share (Internet-based Students Health Research Enterprise) cohort project aims to evaluate important health aspects among 30 000 French-speaking university students over the course of 10 years. This project has been initiated in February 2013 by the Universities of Bordeaux and Versailles Saint-Quentin (France) and is supported by an excellence program of the French government. The University of Nice and the French University of Cluj (Romania), and the main University Health Centers for Students in Paris have joined the i-Share project in the meantime. At present almost 8500 students are voluntarily participating in this study. The i-Share project is based on the use of modern information and communication technology to collect epidemiological data. The website www.i-share.fr is the main communication platform used for presenting the study and its objectives. i-Share makes use of social networks (Facebook, Twitter, YouTube, Instagram) to mobilize a virtual student network and to create a sense of community. Social events, posters, flyers, information stands at registrations, presentations during lectures, and videos and infographics via social media are used to recruit participants.

i-Share is collecting through online self-administered questionnaires longitudinal data on the general health of young adults. Questions concern well-being, physical and emotional health, infections, migraine, and risky behaviors. Bio-imaging and genetics are studied as well. Some students have already received the first follow-up questionnaire 1 or 2 years after inclusion and an additional questionnaire on mental health. Studies on the health of young adults are scarce and little is known on how lifestyle, risk behaviors, and diseases interrelate or affect the well-being of students or their success in academic studies. However, previous research has demonstrated that during early adulthood many diseases and their risk factors manifest. Specific health conditions and biological mechanisms can be detected early to prevent health impairments and promote healthy ageing. The i-Share cohort will provide a large database and updated information on the health of students. The communication strategies to recruit young participants, the main sub-studies and some preliminary results of the study will be presented. i-Share is open for international collaborations.

Genetic and epigenetic effects in environmental health studies



Chen-yu Liu

Assistant Professor
School of Public Health, Department of Environmental Health
National Taiwan University / Taiwan

BIOGRAPHY

Dr. Chen-yu Liu is currently an Assistant Professor in Institute of Environmental Health, National Taiwan University. She received her doctorate from Harvard School of Public Health in Environmental Health. She continued her postdoctoral training at Harvard in molecular epidemiology. Her major research interests are environmental and molecular epidemiology, with a special focus on the interaction between environmental exposures and common genetic variation and epigenetic modifications.

ABSTRACT

Gene-environmental interactions are known to play an essential role in most human complex diseases. Our previous study reported that MIRLET7BHG polymorphisms may be important predictive markers for asbestos exposure-related lung cancer among several Caucasian populations who were current or ex-smokers. The study included the discovery phase (833 Caucasian cases and 739 Caucasian controls), and used a genome-wide association study (GWAS) to identify single nucleotide polymorphisms (SNPs) with gene-asbestos interaction effects. The top ranked SNPs from the discovery phase were replicated within the International Lung and Cancer Consortium (ILCCO). First, in silico replication was conducted in those groups that had GWAS and asbestos exposure data, including 1,548 cases and 1,527 controls. This step was followed by de novo genotyping to replicate the results from the in silico replication, and included 1,539 cases and 1,761 controls. Multiple logistic regressions were used to assess the SNP-asbestos exposure interaction effects on lung cancer risk. We observed significantly increased lung cancer risk among MIRLET7BHG (MIRLET7B host gene located at 22q13.31) polymorphisms rs13053856, rs11090910, rs11703832, and rs12170325 heterozygous and homozygous

variant allele(s) carriers [$p < 5 \times 10^{-7}$ by likelihood ratio test; $df=1$]. Our findings suggest that MIRLET7BHG polymorphisms may be important predictive markers for asbestos exposure-related lung cancer. In addition to the effects by genetic susceptibility, we are also interested in studying the epigenetic effects. The role of epigenetics has been increasingly recognized as a mechanism of gene-environment interaction. Life-long effects of in utero exposures may be mediated through DNA methylation changes. We used the subjects from Taiwan Birth Panel birth cohort study, including all pregnant women who gave birth between July 2004 and June 2005 in four hospitals in Taipei city and county. A total of 486 sets including both parents and their newborns completed interview and tissue samples collection. Among the 486 maternal-infant pairs, the 0 to 8-year-old cognitive development outcomes and the biomarkers of various environmental pollutants in maternal and cord blood samples were also measured. Various DNA methylation changes were investigated to study how various environmental exposures in early-life interfere with DNA methylation and how DNA methylation patterns in cord blood as an early-life event relates to childhood cognitive development.

The Nagahama prospective cohort for the comprehensive human bioscience (the Nagahama study)



Yoshimitsu Takahashi

Lecturer
Department of Health Informatics, School of Public Health
Kyoto University / Japan

BIOGRAPHY

Yoshimitsu Takahashi, Dr.P.H., is the Lecturer of the Department of Health Informatics at Kyoto University School of Public Health, Japan. Takahashi received BA (sociology) and MS (environment) at the University of Tokyo, and worked at IBM, Japan, as a system engineer to develop medical record systems. He received Dr.P.H. from Kyoto University in 2010. He was a visiting scientist of the Department of Social and Behavioral Science at Harvard T.H. Chan School of Public Health in 2014-2015. His research topics are social network analysis regarding health, social determinants of health, and health-related big data analysis (administrative databases). He has been involved in large-scale cohort studies (the Nagahama Study since 2007 and the Japan Environmental and Children's Study since 2011).

ABSTRACT

The Nagahama Prospective Cohort for the Comprehensive Human Bioscience (the Nagahama Study) is a community-based prospective genome cohort study conducted by Kyoto University Graduate School of Medicine and the Nagahama City Municipal Government, Shiga Prefecture, Japan. I will introduce several characteristics of the cohort. First, this is a genome cohort with a biobank. The cohort consists of about 10 thousand participants recruited from 2007 to 2010. The cohort includes various health and lifestyle information (self-administered questionnaires), medical records, biomarkers (blood/urine samples), physiological exam data, and genomic information. It allows the construction of a biobank that can be used for multiple purposes. Second, for ethical consideration, the Nagahama Rule Formulating Committee was organized by Kyoto University Graduate School of Medicine and the Nagahama City municipal government, together with citizens of Nagahama and external experts. The committee established the novel rules of the cohort (the Nagahama Rule), which was launched as a regulation of local government.

In order to protect personal information, we performed anonymization twice (the double-anonymization: from name to the first anonymized ID by the municipal government; and from the first anonymized ID to the second anonymized ID by the University). The cohort has been operated under the rule strictly. Third, an information management system was developed. The system realized the double-anonymization and data management. Moreover, participants answered the questionnaire through the Internet or documents. Documents were scanned. All answers of the participants were confirmed individually and simultaneously at the health checkup site. High completeness rate of questionnaires was achieved. Finally, the cohort was coordinated with community health service. The health checkup in the cohort was integrated with the public health checkup. Therefore, the study could prompt citizens to undergo health checks and improve health consciousness. A non-profit organization was voluntarily established by the citizens to advance health promotion in relation to the cohort. Then, the University, the municipal government and the citizens have provided community health service in cooperation.

Dementia care access and experience for South Asians in the UK: The influence of religious communities



Jemma Regan

Lecturer
Health Services Research and Policy
London School of Hygiene and Tropical Medicine / United Kingdom

BIOGRAPHY

Dr. Regan approaches public health research primarily as a health psychologist, with interests in the philosophical, spiritual and religious influences on health. She obtained a first class honours BA Philosophy and Theology at Durham University. Her MSc was in Cognitive Neuropsychology, 'Memory and its Disorders' from the University of Leeds where her quantitative research project explored music as a therapeutic tool linking emotion, memory and identity. Her PhD was completed within the Centre for Ageing and Mental Health at Staffordshire University and was a qualitative study investigating the influence of religion on access to, and experiences of, dementia care services for South Asians in the UK, from service user and service provider perspectives.

Dr. Regan is currently working on a Department of Health funded programme investigating health related quality of life (HRQL) using Patient Reported Outcome Measures (PROMs) in people with dementia living in residential care.

She has published work relating to her PhD on health inequalities for black and minority ethnic individuals accessing dementia care services, and the importance of recognising the distinction between religious and cultural influences when making decisions to access dementia care.

ABSTRACT

Background: In the UK, South Asian and Black Caribbean communities are most at risk of developing vascular dementia and experience a higher rate of young onset dementia (under 65 years), compared with the majority ethnic population (Seabrook and Milne, 2004). Despite this, Black and Minority Ethnic (BME) dementia patients are underrepresented in health services, receive diagnoses later in their disease progression and are less likely to access anti-dementia medication or partake in research trials and care (Mukadam et al, 2011).

A prominent theme emerging from existing research on culture and dementia care, is the impact of religion on dementia; in terms of perceiving the illness, accepting the illness, coping with the illness and accessing services (Milne and Chryssanthopoulou, 2005).

The Western tradition to seek clinical intervention for physical or mental illness highlights one discrepancy between indigenous UK culture and immigrant religious practices and rituals. Religious beliefs and practices offer one explanation for the underrepresentation of

South Asians in to traditional health and social care services (THSCS). Dementia care planning is offered from a bio-medical perspective in the UK. THSCS appear ill-equipped to respond to the religious needs of ethnic minority individuals (Bowes and Wilkinson, 2003).

Aim: To conduct an exploratory investigation of the influence of religion on the perception of dementia, understanding of dementia, acceptance of dementia and dementia care service access, for South Asians from the Sikh, Hindu and Muslim communities in the West Midlands of the UK.

Method: An exploratory, qualitative study employing critical realist grounded theory methodology (Strauss and Corbin, 1990) utilising a multi-methods approach of semi-structured interviews, observations and a case study, informing a three-phase constant comparison data collection and data analysis model with five participant groups - south Asian persons with dementia, carers of a south Asian person with dementia, healthcare professionals, dementia organisations professionals, religious representatives.

Effects of education and race on cognitive decline: Heterogeneity in associations across studies



Alden L Gross

Assistant Professor
Department of Epidemiology
Johns Hopkins Bloomberg School of Public Health / United States

BIOGRAPHY

Dr. Alden Gross is a psychiatric epidemiologist in the Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health (JHSPH) with a substantive research interest in cognitive aging and mental health. He received his PhD in public mental health and master degrees in Biostatistics and public mental health from JHSPH in Baltimore, MD, followed by a postdoctoral fellowship in cognitive aging at the Institute for Aging Research at Harvard Medical School in Boston, MA. Dr. Gross maintains a strong methodological background by practicing novel statistical methods relevant to mental health. He has experience with primary data collection, secondary data analysis, and psychometric measurement tools for measuring cognitive function in older adults including latent variable modelling. He has published over 50 substantive and methodological research papers in gerontology.

ABSTRACT

Objective: To examine variability across multiple prospective cohort studies in level and rate of cognitive decline by race/ethnicity and years of education.

Method: To compare data across studies, we harmonized estimates of common latent factors representing overall or general cognitive performance, memory, and executive function derived from the: 1) Washington Heights, Hamilton Heights, Inwood Columbia Aging Project (N=4,115), 2) Spanish and English Neuropsychological Assessment Scales (N=525), 3) Duke Memory, Health, and Aging study (N=578), and 4) Neurocognitive Outcomes of Depression in the Elderly (N=585). We modeled cognitive change over age for cognitive outcomes by race, education, and study. We adjusted models for sex, dementia status, and study-specific characteristics.

Results: For baseline levels of overall cognitive performance, memory, and executive function, differences in race and

education tended to be larger than between-study differences and consistent across studies. This pattern did not hold for rate of cognitive decline: effects of education and race/ethnicity on cognitive change were not consistently observed across studies, and when present were small, with racial/ethnic minorities and those with lower education declining at faster rates.

Discussion: In this diverse set of datasets, results suggest that baseline test scores and longitudinal change have different determinants. Moreover, careful attention is needed to assess the representativeness of a sample to one's target population.

The INSPIRED study of young onset dementia



Adrienne L Withall

Senior Research Fellow, Senior Lecturer
Faculty of Medicine, School of Public Health and Community Medicine
University of New South Wales / Australia

BIOGRAPHY

Adrienne is a Senior Research Fellow / Senior Lecturer within the School of Public Health and Community Medicine at UNSW Australia and a clinician within Aged Care Psychiatry at the Prince of Wales Hospital. Adrienne is passionate about improving care for young people with dementia and their families. She is a Chief Investigator on the INSPIRED Study, funded by the National Health and Medical Research Council, which is establishing the numbers of people with younger onset dementia in South Eastern NSW, the needs of this group, the experiences of their supporters and determining models of optimal care. She is a member of the NSW Ministry of Health's Dementia Expert Advisory Group, a Board Member of the International Psychogeriatrics Association's Young Onset Dementia Taskforce, and is co-author of the book "Alcohol and the Adult Brain". Dr Withall's other current research studies include the impacts of alcohol and other substance abuse in older people and service provision for this group, workforce issues in dementia care, and examining the needs of older people in the prison system.

ABSTRACT

Although less common than late onset dementia, young onset dementia (YOD; onset < 65 years) is associated with significantly higher levels of burden, as well as substantial personal, social and medical costs. YOD affects people in their prime of life, meaning that they usually have young spouses and children still living at home, and are often still working and driving, and may have significant financial commitments. Unlike persons with late onset dementia, those with YOD are generally fit and in good physical health which, together with their marked age differences, makes their integration into mainstream dementia services difficult. The YOD population is increasing in size, mainly due to the 'Baby Boomer' generation; however relatively little is known about this group. Of the few broad epidemiological studies that have been conducted (UK, Japan, Australia), there has been considerable variance in the overall prevalence and range of associated clinical diagnoses. This lack of information

impacts upon assessing whether this group is adequately considered in calculations of the burden of dementia, including the consideration of their needs within the healthcare system. This presentation will introduce the Australian INSPIRED Study of young onset dementia and present a selection of the study findings, including prevalence data and reasons for diagnostic delay. A key current focus of the study is environmental and lifestyle risk factors for dementia, including head injury, trauma, and education as well as epigenetics. Opportunities for delay have been a focus of dementia epidemiology for some time, but until now the field has scarcely considered the unique insights offered by participants in which dementia onset occurs very early and is not confounded by frailty. A better understanding of which factors are most relevant to YOD can provide insight into the best candidates for delaying dementia to very late life or even death.

Modelling and simulation for chronic and infectious diseases



Alex R Cook

Assistant Professor
Saw Swee Hock School of Public Health
National University of Singapore / Singapore

BIOGRAPHY

Dr Alex Cook is currently an Assistant Professor in the Saw Swee Hock School of Public Health at the National University of Singapore (NUS) and in the Yale-NUS College. He also holds joint appointments at the Duke-NUS Graduate Medical School Singapore, at the Department of Statistics and Applied Probability, NUS, and the Communicable Disease Centre at Tan Tock Seng Hospital, Singapore. He works on infectious disease modelling and statistics, including dengue, influenza and other respiratory pathogens, and on population modelling to assess the effect of evolving demographics on non-communicable diseases such as diabetes. His multidisciplinary team brings together researchers from the fields of statistics, computational biology, computer engineering, mathematics and demography.

ABSTRACT

Singapore is a microcosm of Asia. Three broad ethnicities, corresponding to the three major population centers in Asia, are represented in the city-state: East Asians, in the Chinese majority, South East Asians, via the Malay, and South Asians of mostly Indian and Sri Lankan descent. Over the past few decades, these groups have been exposed to significant changes in lifestyle, diet, and other environmental influences that are typical of a high-income society and that will have considerable impact on the burden of chronic diseases such as type 2 diabetes mellitus, the prevalence of which has doubled from 5% in the 1980s to 11% in 2010. Rapidly ageing, increasingly sedentary, Singapore presages the problems other Asian countries will face in the decades ahead. In this presentation I will discuss the modelling programme that we have developed within the Saw Swee Hock School of Public Health within the National University of Singapore, which allows projections of future disease

burden and geospatial modelling of disease patterns using a high fidelity, high resolution synthetic population framework. I will present applications to modelling diseases that are highly influenced by the demographic structure of the population.

The ageing population in Sweden – disease and mortality trends, what can we expect for the future?



Karin Modig

Research Associate, Associate Professor
Institute of Environmental Medicine, Division of Epidemiology
Karolinska Institutet / Sweden

BIOGRAPHY

Dr. Karin Modig is an Associate Professor in epidemiology at the Institute of Environmental Medicine (IMM), Karolinska Institutet, Sweden. She finished her PhD at the Department of Public Health, Karolinska Institutet in Sep 2010 and moved to IMM for her postdoc. Her current research concerns the ageing population and how mortality and morbidity has developed in relation to each other and over time. She has long experience of using the Swedish population registers and performing life course research as well as trend studies. She is a member of the Steering Group for SINGS (The Swedish INterdisciplinary Graduate School in Register-Based Research) and lecture about epidemiological methods and register based research.

ABSTRACT

Life expectancy continues to increase in Sweden as well as in most other high- and middle income countries. Sweden has been described as one of the “health leaders” and the Swedish population can expect to live even longer in the future, with a compressed variation in the ages at which death occurs. There are both an individual and a societal perspective on these issues. In the individual perspective people live longer and what is of interest in order to estimate the positive value of this is to what extent the prolonged life is caused by a reduction in disease risks, or because individuals survive their diseases to a greater extent. We have studied age specific trends of diseases and survival among the old in Sweden and result from this research will be presented.

As for the population perspective, the main interest related to the ageing of the population is what the effect is on the burden of disease for the society. This must be studied by

monitoring disease trends but not only by age specific incidence trends. Because the incidence of most diseases increase with age, the changing age distribution in the population will result in an increase in number of cases of disease per person in the population even with constant age specific disease risks. The demographic development also impacts the size of the population. Therefore, the absolute number of cases of disease would increase even with constant age specific disease risks and would do so even if age structure did not change. However, disease risks are coming down for several diseases of importance to public health. But the question is whether the reduction in disease risks is sufficient to offset the impact of the demographic dynamics? We have performed some analyses of this and are currently working in developing these methods. Some results and ideas about this will be presented.

Health services research for a sustainable healthcare system in Japan



Tetsuya Otsubo

Assistant Professor
Department of Healthcare Economics and Quality Management,
School of Public Health, Kyoto University / Kyoto, Japan

BIOGRAPHY

Dr. Tetsuya Otsubo is an Assistant Professor at the Department of Healthcare Economics and Quality Management, School of Public Health, Graduate School of Medicine, Kyoto University, Japan. He obtained a Masters of Engineering degree from Waseda University, Japan, and completed his Doctoral degree in Public Health (Healthcare Economics and Quality Management) at Kyoto University. He then worked for one year as Assistant Professor by Special Appointment before being appointed as an Assistant Professor in 2010. His primary research focus is the use of an applied systems approach in the field of health economics and policy. Specifically, these interests include the economics of health care delivery systems, national health insurance, health care utilization, cost accounting and management, and health care financing. His research is broadly based on the manipulation of administrative databases, such as claims data. Dr. Otsubo has supported local governments in the design of regional health care system from 2009. His current research interests include investigating regional variations in spending, outcomes, and access of care. Research results are consistently provided in feedback to hospitals and local governments, and in-depth discussions with clinicians, hospital management staff, and policymakers supports a dynamic approach to research themes; ensuring that research with real-world applications is conducted. He was on academic sabbatical at The Dartmouth Institute for Health Policy & Clinical Practice from January to June 2014. He studied at the Institute for Clinical Evaluative Sciences in Toronto from July until Dec 2014.

ABSTRACT

Japan is experiencing unprecedented population aging, which is changing the constitution of healthcare demand. In addition, birth rates are decreasing, and severe population decline is predicted. Therefore, within the context of limited healthcare resources, the reengineering of a sustainable healthcare system with a positive synergy between healthcare quality and health economics is an urgent issue.

The Japanese healthcare system includes features such as universal health insurance coverage. Also, there are abundant structural resources such as hospitals and high-cost medical devices. As a result, the WHO's World Health Report 2000 identified Japan's system as an exemplary system with low infant mortality and long life expectancy. Furthermore, these outcomes had been obtained through relatively low medical costs when compared with the other OECD countries.

However, Japan is still struggling with many issues. For

example, the number of physicians as a healthcare resource is relatively low, and their distribution throughout Japan is uneven. In addition, the sharing of healthcare information is prone to stagnation and may cause interruptions to the continuity of care. There is a need to address these issues afresh on how to balance the so-called iron triangle of healthcare systems.

This session will introduce the Japanese healthcare system and discuss the outlook of health services research in Japan.

Health status among community-dwelling adults in urban community, Bangkok Metropolitan, Thailand



Nitchaphat Khansakorn

Lecturer
Department of Community Health, Faculty of Public Health
Mahidol University / Thailand

BIOGRAPHY

Dr. Nitchaphat Khansakorn is the lecturer of Community Health, undergraduate community program chair at the faculty of Public Health Mahidol University. She received Bachelor of Science in Biology, Master of Science in Environmental Biology, and Doctor of Philosophy in Tropical Medicine at Mahidol University.

Her published research include: factors associated with blood cholinesterase enzyme level of agricultural workers, alteration of oxidative stress biomarkers resulting from environment exposure to PAHs, genetic variations of Glutathione S-Transferase influence on blood cadmium concentration and Impact of GSTM1, GSTT1, GSTP1 polymorphism and environmental lead exposure on oxidative stress biomarkers.

Her research interests include application of the participatory process to health promotion for older people, accessibility to health service and quality of life in elderly people, the preparation of pre-aging population and community for quality aging society. Her current research is development of emergency medical services for elderly.

ABSTRACT

Objective: The rapid urbanization has dramatically influenced health and well-being of population. This descriptive cross sectional study was conducted to explore community health and health status of community-dwelling people, who lived in central area of Bangkok Metropolitan.

Materials and methods: Data were collected from 245 family informants from the random households in Bangkok, Thailand by the researcher using healthy Thai indicators questionnaire. In addition, indebt-interview was conducted among community leaders to understand community development and resources.

Results: According to Thai health indicators, most of adult subjects (age 19-59 years) reported being healthy (90%). The adult subjects had mean body weight and height of 59.6 kg (sd=12.9) and 163.0 cm (sd=12.8), respectively. About 1 of 10th reported having chronic disease (9.7%), such as hypertension, diabetes, pains, and muscle aches. Comparing with adult subjects, 80% of older adult subjects reported good health status, in terms of physical and mental health, healthy lifestyle, and healthy living conditions (81.1-100.0%). activities, and being protected by law. However, about 8.1% had financial problems. About one-third of older adults (30%) had high blood pressure > 130/85 mmHg and about 53.1% reported having at least one chronic disease, such as hypertension (24%), diabetes (9.2%), pains

and muscle aches (4.1%), heart disease (3.1%), and thyroid (2.1%). About 80% of them had at least 20 teeth and had oral check up twice a year. In addition, all older adults got respect from the younger ones and Thai society (100%). Most of elderly subjects lived with their extended family (96.9%) and participated in religious (98.0%).

Regarding community aspect, it was found that about 99% and 96% of households reported enough water supply and solid waste management. About 93% reported having an exercise program and community watch for crime and safety. However, about 39% reported inconvenient public transportation and about 65.5% reported a drug addiction arrest in their community. About 10% perceived that their community was located in the air pollution area.

Conclusion: Although, this finding could be used as a recommendation to action for aged friendly city, some areas should be identified to meet older people's needs and contexts, such as healthier outdoor space, better access to public transportation and information. Social factors associated with healthy aging and quality of life, such as socio-economic need, financial support, access to health promotion and health services, and community participation should be further studied. In addition, social participation and community health services should be encouraged and supported by community leaders and local authority government.

Keywords: Health status, Urban, Adults, Older adults

Chronic respiratory disease among the elderly in South Africa: any association with proximity to mine dumps



Vusumuzi Nkosi

PhD candidate
School of Health Systems and Public Health, Faculty of Health Sciences
University of Pretoria / South Africa

BIOGRAPHY

Mr. Nkosi is currently a PhD candidate at the School of Health Systems and Public Health, University of Pretoria. His research focuses on exposure to dust from gold mine tailings impoundments and respiratory diseases among the elderly and children in South Africa. His research interests are air pollution and respiratory disease epidemiology.

ABSTRACT

Background: There is increasing evidence that environmental factors such as air pollution from mine dumps, increase the risk of chronic respiratory symptoms and diseases. The aim of this study was to investigate the association between proximity to mine dumps and prevalence of chronic respiratory disease in people aged 55 years and older.

Methods: Elderly persons in communities 1-2km (exposed) and 5km (unexposed), from five pre-selected mine dumps in Gauteng and North West Province, in South Africa were included in a cross-sectional study. Structured interviews were conducted with 2397 elderly people, using a previously validated ATS-DLD-78 questionnaire from the British Medical Research Council.

Results: Exposed elderly persons had a significantly higher prevalence of chronic respiratory symptoms and diseases than those who were unexposed. Results from the multiple logistic regression analysis indicated that living close to mine

dumps was significantly associated with asthma (OR = 1.57; 95% CI: 1.20 – 2.05), chronic bronchitis (OR = 1.74; 95% CI: 1.25 – 2.39), chronic cough (OR = 2.02; 95% CI: 1.58 – 2.57), emphysema (OR = 1.75; 95% CI: 1.11 – 2.77), pneumonia (OR = 1.38; 95% CI: 1.07 – 1.77) and wheeze (OR = 2.01; 95% CI: 1.73 – 2.54). Residing in exposed communities, current smoking, ex-smoking, use of paraffin as main residential cooking/heating fuel and low level of education emerged as independent significant risk factors for chronic respiratory symptoms and diseases.

Conclusion: This study suggests that there is a high level of chronic respiratory symptoms and diseases among elderly people in communities located near to mine dumps in South Africa.

Keywords: Mine dumps, Chronic respiratory diseases, Elderly, South Africa

The different ways of growing old in Chile



Alejandra Fuentes-García

Assistant Professor
School of Public Health "Dr. Salvador Allende Gossens",
Faculty of Medicine, University of Chile / Chile

BIOGRAPHY

Dr. Fuentes-García's main research interests are ageing, social determinants of health, use of health services, mainly primary health care. Her PhD research was about inequalities in the process of disability in older people in Santiago, Chile. She was part of the research team who carried out the first national survey of older adults' dependency in Chile. She has carried out studies about caregivers of older adults, and the development of instruments to measure functionality in older adults.

ABSTRACT

Background: Chile is one of the Latin-American countries with a high level of unequal income distribution as well as one of the most aged countries of the region. Research on the functionality of older adults is mainly carried out in high-income countries. In Chile there is no evidence regarding the dynamics of disability and possible differential and modifiable effects according to socioeconomic conditions and gender.

Aims: To describe the disabling process and the effect of the socioeconomic status (SES) on the levels of disability and independence of Chilean community-dwelling people of 60 years and older. **Methods:** A combined measure of Basic and Instrumental Activities of Daily Living was used to assess disability. A combined index of housing quality, household equipment, income, and level of education was used to measure Socioeconomic Status (SES). A longitudinal design study (2000-2010) based on data from a 10-year longitudinal study (2000-2010) that followed a probabilistic and representative sample of the Chilean SABE (Health, Welfare and Aging) cohort, with an attrition rate of 21.7%, was used. A characterization of sample loss and an independent and joint analysis of both disability and mortality were carried out using multilevel methods and the Multistate Life Table Method (IMaCh method).

Results: The baseline prevalence of disability was 47.3% (95%CI:44.2;50.4) with an

elevated socioeconomic gradient (low 60.1%; medium 47.5%, and high SES 28.7%; $p < 0.001$). The longitudinal analysis shows a socioeconomic gradient with major probabilities of disability and death in low and middle SES in comparison to the high SES. The probabilities of not being disabled or recovering independence are higher among high SES. The probability of being independent is almost 1 until the age of 70 among older adults of high SES, after which it rapidly declines. In the middle SES, the probability is 0.4 at the age of 60, and it gradually declines with age. In contrast, in the low SES the probability is as low as 0.1 at the age of 60 and it remains the same at the different ages. At the age of 70, a man of low SES has 25.8% of life expectancy free of disability (LEFD) and a woman 34%. At the same age, a man of high SES has 68% of LEFD, and a woman of the same SES 59%.

Conclusion: The dynamics of disability are socioeconomically stratified and this is manifested in a compression of disability, but only in the highest SES and in the gap in years of healthy life expectancy. Socioeconomic inequalities persist in the older adult period of life in this Chilean cohort. In a country such as Chile, facing a rapid progress of ageing, the pending challenge is how to reduce the gap between total life expectancy and free of disability life expectancy in older adults of different SES.

Kuala Pilah cohort study: Profile of community-dwelling older people with disability



Farizah M Hairi

Associate Professor
Department of Social and Preventive Medicine, Faculty of Medicine
University of Malaya / Malaysia

BIOGRAPHY

Farizah Mohd Hairi obtained her Bachelor of Medicine and Bachelor of Surgery (MBBS), and Master of Public Health (MPH) from University of Malaya, Kuala Lumpur; Master of Science in Health Care Management from University of Wales, and Doctor of Science in Public Health from The Netherlands Institute for Health Sciences. She is an Associate Professor in the Health Policy and Management discipline at the Department of Social and Preventive Medicine, Faculty of Medicine; and a Public Health Physician specialising in Health Services Management. Her current research themes are Preventing Elder Abuse and Neglect Initiatives (PEACE), and SCOPE (Smoking Cessation: Organizing, Planning & Execution) i.e. training health care professionals on smoking cessation. She is also involved in 'Caregiver for Elderly' research, dengue studies and other tobacco control activities. Farizah devotes her "free" time to various non-profit and civic activities such as Doctor2U Programme, an outreach health promotion programme for the low-income urban communities.

ABSTRACT

Introduction: Age-related disability and limitation among older people is one of the priorities in public health. The objective of this study is to investigate the prevalence and correlated factors of functional limitation and physical disability among community-dwelling older people in Malaysia.

Methodology: Older people aged 60 years and above were recruited from the Kuala Pilah Cohort Study. This was a house-to-house community survey. Study instruments used were socio-demographic questionnaire, Katz Activity of Daily Living (ADL) Scale, Instrumental Activity of Daily Living (IADL) Scale, 4-metre walking speed test, Mini Mental Status Examination (MMSE), chronic pain questionnaire, self-rated health questionnaire and Geriatric Depression Scale (GDS). The data was analysed using complex sample analysis in PASW version 20 (IBM SPSS, IBM Corp, Armonk, NY, USA).

Results: Total respondents were 2405 (61% women and 39%

men). The mean age of the participants was 70.92 (SD 7.7). 84.3% were Malay. Majority (51.2%) were in the young-old age group (60-69 years). 59.6% of respondents had primary education. 59.7% were still married and lived with their spouse. 68.6% reported as having household income of less than RM1000. The overall prevalence of functional limitation was 62.6%, IADL disability was 35.5% and ADL disability was 7.0%. The risk factors associated with prevalence of functional limitation and physical disability were advanced age, female, having depressive symptoms, urinary incontinence, fear of falling and low physical activity level.

Conclusion: Specific prevention and early therapeutic interventions should be targeted in order to optimise function and reduce the disability among older people.

A qualitative descriptive study on the alignment of care goals between older persons with multi-morbidities, their family physicians and informal caregivers



Kerry H Kuluski

Assistant Professor and Scientist
Institute of Health Policy, Management and Evaluation, Dalla Lana, School of Public Health
University of Toronto / Canada

BIOGRAPHY

Dr. Kuluski is a Scientist at the Lunenfeld-Tanenbaum Research Institute, Sinai Health System and Assistant Professor at the Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto. She is an Applied Health Services Researcher and a Social Worker by training. She received her PhD in Health Services and Policy Research from the University of Toronto in 2010 followed by a Prestigious Postdoctoral Visiting Fellowship at the University of Oxford. She is the recipient of several extra-curricular leadership awards, a Literary Award in Health Services Evaluation and is Co-Investigator on over 7.5 million dollars in externally funded research. Her current research focuses on health system performance through the eyes of patients and their caregivers. In her research she draws on the patient and caregiver experience to explore and inform ways in which home and community care can be optimized to offset premature long-term care and hospital use.

ABSTRACT

BACKGROUND: Goal setting is a recommended approach in clinical care that can help individuals with multi-morbidities and their caregivers manage chronic conditions. In this paper, the types of goals that were important for older persons with multi-morbidities were explored from the perspectives of patients, their caregivers and physicians. Comparisons of goals were made across each patient, caregiver and physician triad to determine alignment.

METHODS: The study was a qualitative descriptive study facilitated through semi-structured one-on-one interviews. The study took place between May and October 2012 at a Family Health Team located in Ontario, Canada. The sample included 28 family medicine patients, their informal caregivers and family physicians. Socio-demographic data were analyzed via descriptive statistics in SPSS Version 17. Open ended questions pertaining to patient goals of care were analyzed thematically using NVivo9. Themes were derived on patient care goals for each of the participant groups (patients, caregivers and family physicians). Following this, alignment of goals across each of the triads was examined. Goal alignment was defined as concurrence on at least one goal by all three parties in a particular triad (i.e., patient, caregiver and family physician).

RESULTS: Just over half of the patients were male (56%); they had an average age of 82.3 years and 5 health conditions. Most of the caregivers were female (82%); and 61% were a spouse of the care recipient. At the aggregate level, common goals expressed among patients, caregivers and family physicians were the maintenance of functional independence of patients and the management of their symptoms or functional challenges. Despite these common goals at the aggregate level, little alignment of goals was found when looking across patient-caregiver and physician triads. Lack of alignment tended to occur when patients had unstable or declining health; when safety threats were noted; and when enhanced care services were required.

CONCLUSIONS: The data suggest that goal divergence tends to occur when patients are less medically stable. While goal divergence may be expected due to the different roles and responsibilities of each of the players involved, these perspectives should be illuminated when building care plans. Further research is required to observe the extent to which goal setting occurs in family practice as well as how it can be embedded as a standard of practice.

Community participation for health and well-being to the Thai elderly

Montakarn Chuemchit

Researcher
College of Public Health Sciences
Chulalongkorn University / Thailand

BIOGRAPHY

Dr. Montakarn Chuemchit has successfully completed her honors Bachelor degree in Journalism and Communication from Thammasat University in the year 1999 and the Master of Communication Arts, a very good thesis, in the year 2002 from Chulalongkorn University. Later on, she earned her Doctoral degree in Public Health Science from the College of Public Health Sciences (CPHS), Chulalongkorn University, in 2013.

At present, she is a researcher at CPHS, Chulalongkorn University, Bangkok, Thailand. Over 10 years researching, she has been conducting public health research in elderly health, women's health, gender and sexuality issues, and intimate partner violence.

ABSTRACT

The proportion of Thai elderly has been sharply increasing in the last two decades. The numbers of the Thai elderly is approximately 15% of the whole population and is predicted that it will double by 2025. It is not only can be seen as a success story for Thailand public health policies as individuals live longer but also challenges society to adapt, in order to maximize the health and functional capacity of the elderly as well as their social participation and community collaboration with regards to improve health and well-being of the Thai elderly. This study is an action research, the **objectives were:** 1) to build community participation for elderly health promotion 2) to develop programme activities for promoting physical, mental, and social health to the elderly. The elderly club at Cha-am district, Phetchaburi province, the western part of Thailand was chosen for this project. Peer leaders, community stakeholders, representatives from government officer and local administration were invited

to brainstorm and develop appropriate activities related to physical, mental, and social health for elderly. All these activities were created and developed by applying the Philosophy of the Sufficiency Economy which consists of analyze strengths, weaknesses, and resources in the community. This philosophy was created by King Bhumibol Adulyadej, the king of Thailand. The key concept of this philosophy is a balance way of living. Two programmes were launched for promoting elderly health; 1) Monthly Meeting for recreation activity 2) Appropriate dancing exercise for elderly. Two hundred persons who were member of the elderly club were invited to join the pilot activities programme. The study finding showed that most of the member club joined activities and satisfied in terms of health and well-being. This study suggested that should have health promotion program in the community and should encourage community participation to promote a good health and well-being in the long run.

Community based medical care for elderly people in Bhutan

Ryota Sakamoto

Assistant Professor
Hakubi Center for Advanced Research
Kyoto University / Japan

BIOGRAPHY

Dr. Ryota Sakamoto received his medical degree at Tohoku University, followed by his doctorate at Kyoto University. He had been working in the Kingdom of Bhutan, a place he had longed to visit since his childhood. In Bhutan, he strove, in cooperation with local residents and the Ministry of Health, to improve the health of the community-dwelling elderly. He believes that Bhutan and Japan can encourage and support one another, as well as learn from one another to create a bright future. His research interests are on field medicine and public health, and he is currently affiliated to the Hakubi Center for Advanced Research at Kyoto University.

ABSTRACT

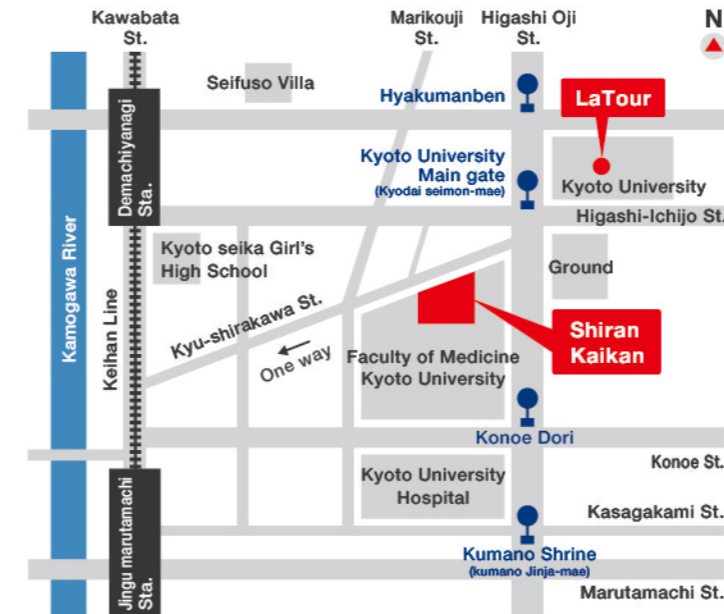
According to the Royal Government of Bhutan (RoGB), the number of the aged 65 years or over was 29745 in 2005 and the number will double by 2030. Adults surviving into late life suffer from high rates of chronic illness. Given the high prevalence and impact of chronic health problems among the elderly, effective and efficient care to address these problems is getting increasingly important to maximize both the quantity and quality of life for the elderly. In May 2009, we started discussion about the way to care the elderly with Ministry of Health (MoH), RoGB. In October 2010, we introduced the health checkup for the elderly in Khaling, Trashigang Dzongkhag because the health checkup is an important opportunity to grasp problems around the elderly and to prevent the elderly from future diseases, disabilities, and deaths. The items in health checkups should depend on the situation in each community. We have to follow both global evidences and local needs. In Bhutan, we discussed with people in Bhutan and now mainly focus on the following 13 items such as disability, dementia, depression, diabetes, dental problem, isolation, hypertension, addiction, visual problem, ear problem (we call them "5 Ds, I HAVE FUN" for short). To integrate the project to primary health care, understanding by medical staff and villagers are

necessary. Chief program officer and Trashigang District Health Officer introduced about the project to medical staff in Basic Health Units (BHUs), hospitals, village heads, village health workers, and principals in the schools. We have explained about the program to the villagers and asked their opinions. BHU staff asked village leaders to arrange volunteers who would help the checkups. And we explained about the project and conducted 2 day- training program for them. After the training, the volunteers were able to conduct the health checkups for the elderly with the supports of BHU staff. The checkups were conducted in the houses of the elderly with difficulties in coming to BHU or Outreach Clinics (ORCs). Our goal is "better health for all" which is the ultimate goal of primary health care. We include not only people who come to BHUs or ORCs but also people who do not come to medical facilities because some elderly people cannot come to BHUs or ORCs even if they want to. There is a possibility that such people have severe diseases. We have to take care with special attention. Although there are issues of manpower, medical staff should visit the houses of the elderly if needed. We did not just wait for the patient in the hospital but went to the villages. The elderly program should trigger and help to maintain the bond and harmony in the communities.

Kyoto City Map



Local Map



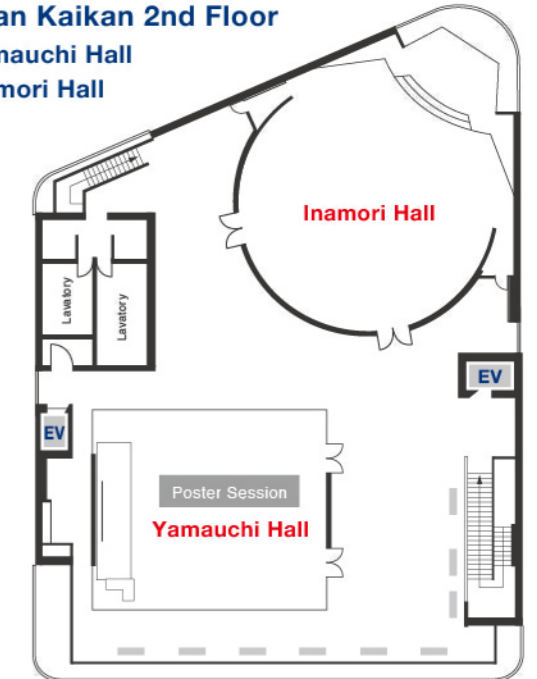
Access

Main Railway station	Route	Bus Stop to Get off
Kyoto Station JR. Kintetsu Railway	City Bus #206 bound for Kitaoji bus terminal via Higashiyama St.	Kyodaiseimon-mae
Hankyu Railway Kawaramachi Station	City Bus #201 bound for Gion, Hyakumanben City Bus #31 bound for Kumano, Iwakura	Kyodaiseimon-mae
Karasuma Subway line Marutamachi Station	City Bus #202 bound for Kumano jinjya, Gion City Bus #204 bound for Higashi Tenno-cho, Kinrin Shako-mae	Kumano jinjya-mae (and change to above bus lines)
Keihan Railway Jingu-marutamachi Station	10 minutes walk north-east from No.5 exit	

Floor Map

Shiran Kaikan 2nd Floor

- Yamauchi Hall
- Inamori Hall



Organizing Committee

Kyoto University School of Public Health

Masahiro Kihara, MD, PhD, Professor

Takeo Nakayama, MD, PhD, Professor

Akio Koizumi, MD, PhD, Professor

Yuichi Imanaka MD, MPH, DrMedSc, PhD, Professor

Tetsuya Otsubo, PhD, Assistant Professor

Satoe Okabayashi, MD, MPH, DrPH, Assistant Professor

Teeranee Techasrivichien, PhD, Assistant Professor

Moraima Flores, Chief Assistant, KUSPH International Office

Participating Universities

Chulalongkorn University

John Hopkins Bloomberg School of Public Health

Karolinska Institutet

Kyoto University

London School of Hygiene and Tropical Medicine

Mahidol University

National University of Singapore

National Taiwan University

University of Bordeaux

University of Chile

University of Malaya

University of New South Wales

University of Pretoria

University of Toronto

13+1

