

CORRESPONDENCE

Digital discussion

An Internet listmail discussion forum hosted by the International Society of Gerontechnology is available to promote free exchange of information and views about the subject of gerontechnology. The forum welcomes comments and questions relating to ISG activities, gerontechnology research and development, user needs and acceptance, technology delivery, ethics, quality and standards, and more. It is moderated by Lawrence R. Normie and Lauren E. Storck. To subscribe to the ISG discussion list visit www.jdc.org.il/mailman/listinfo/isg_discussion. Subscription is free and open to ISG members and non-members alike.

During recent weeks, discussion on the open Forum included the following topics: request for information on specified research area, call for papers, exchange about the nature of gerontology and gerontechnology, and discussion about graduate academic programs in gerontechnology, including the distribution of one detailed syllabus for teaching gerontechnology. Also, as a result of Forum activity, the ISG submitted the first entry for gerontechnology to Wikipedia (English version), an Internet open source encyclopedia.

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What is normal aging?

Dr. Nathan Shock, the dean of American Gerontology (and a graduate of Purdue University where Ms. Kubik is a student) often said that ('normal') aging is a very individual matter, a process that includes many paths. Accordingly, I was pleased to read Ms. Kubik's thoughtful and insightful letter recommending a return to 'normal aging'. As a normally aging scientist, I fully agree that many of the adjectives that currently adorn the term 'aging' represent emotional sloganeering, advertising hype, and simple denial of a universal if not uniform set of biological processes. I have lived through the evolution of many of these terms during a career that included working with the VA Normative Aging Study (NAS), the Baltimore Longitudinal Study of Aging (BLSA) and reviewer or consultant for the Duke University Longitudinal Studies of Aging and many others that started later. It is instructive to see how the principals in these studies have operationally defined 'normal aging'. Deeg² provides a full de-

scription of some 33 such longitudinal studies; I will base my comments on three large American studies initiated with the goal of describing 'normal human aging'.

The NAS, a closed panel started in 1963, recruited 2200 males representing blue and white collar jobs and ranging in age from the late 20s through the 70s. The potential volunteers were screened for health using the Princeton criteria for cardiovascular health. The result was a random selection of young participants and a highly selective sample of old participants with respect to the health criteria. The rationale for the health screening was a hope that the cardiovascular status of the participants would be fairly similar so that the longitudinal changes would represent 'normative' or 'normal' aging.

The Duke Study, a closed panel started in 1955 recruited volunteers from the community who were 65 and above and ended when the last participant died in the 1980s. The screening was simply that initially volunteers had to be able to complete the tests and examinations used in the study.

The BLSA, an open panel initiated by Nathan Shock in 1958, began with male volunteers and added women in 1974. Starting with a physician who recruited friends - mostly scientists and physicians - and relatives, the panel was self-selected and over the years extended down the age range. Several participants are third and fourth generation descendants of the original volunteers. New recruits are added to the panel from a waiting list according to the need for participants in various age groups. While there are no formal health screening criteria, participants on their first visit must be able to complete a 2-day testing and examination regimen, get to the study site on their own and be willing to stay in overnight lodging paid for by the study. The result is a panel with a relatively high level of education and concern for health. The many ongoing studies often use various exclusionary criteria gleaned from a common database depending on the subject matter. For example, the published study of normal age related changes in hearing threshold excluded people with certain diseases of the ear. A published study of normal age related changes in pulmonary function excluded smokers. Published studies of the early detection of prostate cancer had no exclusionary criteria other than age peers who did not develop prostate cancer because

at the time, no known risk factors for the disease were known. In sum, 'normal' aging in the BLSA is defined by default after attempting to exclude specific diseases or other complicating factors.

Published results of the three studies illustrate the variety of approaches to define 'normal' aging. In one way or another, efforts were made to separate 'aging' from disease and other complicating factors. (Later studies were initiated to overcome the limitations of these early studies resulting from the self-selection of research participants²). Much of the research on 'successful aging' initiated by Rowe and Kahn^{3,4} and funded by the MacArthur Foundation, screened potential participants by a physical and cognitive assessment process that eliminated the majority of potential volunteers. The idea is that the persons studied would have relatively low levels of risk for age associated diseases and therefore be the most successful or as some critics called it lucky agers. The result in several publications is a description of aging that does not include the excluded participants.

The take home message from all this is that however 'normal', 'successful' or any other kind of aging is studied scientifically, the criteria for selection of participants needs to be very carefully defined for each study and the comparison groups be identified with equal care. If this is done, the zippy adjectives for aging are unnecessary and we can go about our lives without worrying about the need to be the most successful or healthy agers in our reference group.

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BOOK REVIEW

H. Mollenkopf, F. Marcellini, I. Ruopila, Z. Széman, M. Tacken. 2005 *Enhancing mobility in later life*. Volume 17, *Assistive Technology Research Series*. Amsterdam: IOS Press, 340 pages. ISBN: 1-58603-564-9. Price: €107 / £72 / US\$129

'Enhancing mobility in later life' is the title of the 17th book in the IOS Press series on assistive technology, which compiles the main results of the comparative interdisciplinary European project 'MOBILATE - Enhancing outdoor mobility in later life: Personal coping, environmental resources, and technical support'. Contributions to the project, funded by the European Commission in the context of the Fifth Framework Programme, are made by the German Centre for Research on Ageing at the University of Heidelberg (DZFA), Department of Social and Environmental Gerontology, the Department of Psychology, University of Jyväskylä, Finland, the Italian National Research Institute on Aging, the Urban and Regional Planning Group, Faculty of Architecture, Delft University of Technology, the Netherlands, and the Institute of Sociology of the Hungarian Academy of Science, Budapest.

The significance of out-of-home mobility in modern society is addressed in the first chapter. Outdoor mobility is stressed as of importance for the maintenance of independent living in old age. In many different ways out-of-home mobility contributes to subjective well-being and life satisfaction. The final goal of the MOBILATE project is presented, which is to 'identify how subjective well-being, a key indicator of life-quality in old age, depends on outdoor mobility as well as on mobility related personal and environmental factors'.

Welfare regimes, demographic trends and traffic and transportations systems are recognized as influential background conditions for outdoor mobility. Chapter 2 provides us with detailed descriptions of those background conditions focusing on the countries involved in the research. It is concluded that transportation opportunities vary greatly among northern and southern European countries, but also within the same country or city.

The next (third) chapter is titled 'Methodology' and describes the methodology used in the MOBILATE project, the urban and rural research regions were the research took place and the sample of elderly in-

involved in this study. The methodology consisted out of a survey questionnaire addressing health; traffic behaviour; social networks; etc., psychological measurements and a diary of out-of-home mobility.

The results of the project are presented in Chapter 4 and further. Self reported health factors are assessed in relation to single items describing and indicators of out-of-home mobility. The results are different among the researched countries and regions, but in general it is reasonable to say that better health relates to more journeys and being more satisfied with the traffic opportunities.

Chapter 5 provides insight in the use of transport and the journeys and trips made by elderly. The results show that mobility is negatively influenced by bad weather, feelings of insecurity, lack of courtesy demonstrated by fellow travellers, dangerous traffic situations, and financial costs.

Health is assessed in relation to leisure activities in the 6th Chapter. Elderly in urban locations were more satisfied with their leisure activities than those in rural environments. Health was strongly related to participation in indoor and outdoor activities. New hypotheses are postulated asking for further research.

Descriptive results from the MOBILATE study have been presented in chapter 7, illustrating the role of psychological variables in outdoor mobility in later life. Cognitive abilities, control beliefs, coping strategies and emotional wellbeing are examples of the psychological variables taken into account.

Chapter 8 is titled 'Social Relations and Mobility'. The research presented in this chapter tries to answer the question: 'Is there any relation between the social situation of elderly people and important mobility patterns, namely visiting and meeting together?'. Distinction is made between social relations inside and outside the household. Distance seems to be the major cause restraining elderly to meet people whom they view as being important.

Mobility is assessed in relation to the built-up environment in the 9th Chapter. An overview is given of the housing and neighbourhood conditions. Both objective as subjective values are addressed. In general the elderly were all quite satisfied with their living areas.

The next four chapters bring all results together. In Chapter 10 the main issues of older people's out-of-home mobility are

presented and compared with results of some other researches. Technologies that can be used to lighten or remove mobility problems are introduced in the last paragraph.

A comprehensive model of out-of-home mobility is proposed. It is hypothesized that out-of-home mobility depends on personal resources, socio-economic resources and structural/regional resources including the social environment. The number of transport modes used, the number of outdoor activities performed and the extent of realized mobility are added as indicators of out-of-home mobility. The three indicators of out-of-home mobility are considered further in 'Mobility and the Quality of Life' (Chapter 12). A structural equation model is introduced to calculate multiple influences on mobility as well as to model outdoor mobility as a latent variable. This is necessary in order to consider the theoretical relation between outdoor mobility and quality of life. On the most general level the data supports the assumption that higher outdoor mobility is positively related to the quality of life of ageing individuals.

To study the concepts of being mobility-rich and mobility-poor (Chapter 13), the total sample of older adults is divided into four subgroups varying from 'High mobility / High mobility satisfaction' to 'Low mobility / Unsatisfied with mobility'. Sharp differences are found among those groups as to age, gender, the variety of transport options and regional area. The final paragraph of this chapter sums up the focus points of improvements necessary to allow elderly to remain full members of society, and in a final chapter (Chapter 14) a summary is provided of the MOBILATE project in total.

This 17th book of the IOS Press series on assistive technology provides us with extensive information on the concept of out-of-home mobility in later life, proposing a model that potentially can become a conceptual foundation for those among us involved in research and development of assistive technologies in relation to mobility. Limited information is given to which technologies can be helpful to increase quality of life by preventing the decline of out-of-home mobility. Nevertheless this book is worthwhile reading for everybody with a broad interest in quality of life and out-of-home mobility.

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PEOPLE

Jim S. Sandhu and Universal Design

Emeritus professor Jim Singh Sandhu is one of the leading proponents of the theory and practise of Universal Design and has been so for over 30 years. His work has consistently pushed back the theory and practise of design to enable all 'real' users to use all elements of the designed environment. His work started in the early seventies with the idea of barrier-free design for users with special needs and went on to promote and provide practical solutions for Design for All, for all users with respect to all elements of the designed environment. He has worked as a policy advisor to the United Kingdom government, been active in European standardisation and worked hard to ensure that the concept of Design for All was embedded in the policies of the European Union, therefore demonstrating his considerable ability and his commitment to working at all levels to ensure access to the designed environment for all.



In his 1998 paper 'What is Design for All'¹ Jim described the need for Design for All by stating that "The approach recognises that accessible systems, products, reliable information sources and environments can maximise choice and enhance the ability of the individual to live independently and to exercise citizenship proactively." This statement demonstrates his understanding of the political and social implications of Design for All and the need for all citizens whatever their age or disability to be empowered by being able to access and use all relevant elements of the designed environment.

He set up the first course in this area in the United Kingdom in 1973. The course 'Design for the Non-Average' ran at the Polytechnic of Central London. This course enabled the students who took it to demonstrate their commitment to enabling the built environment to be accessible and useable by all. The course description stated that "We shall examine the relationship between the design process and the built environment from the viewpoint of a range of users - those with spe-

cial needs and those who are average". Jim first used the phrase 'Design for All' in 1974 when with seven other so-called world experts he recorded five half hour programmes for NBC moderated by Barbara Walters in New York. The underlining theme of the programmes was the new Swedish concept of 'normalisation' or care in the community. He remembers having to explain what he meant by the term which no one had yet heard about.

In 1984, in order to highlight the integrative and DFA role of technology he organised perhaps the biggest travelling exhibition of its kind in Europe. The Concerned Technology hands-on exhibition was funded by the DTI and travelled the UK for over a year.

Jim was founder and past president of the European Institute for Design and Disability (EIDD) in 1993 (now known EIDD - Design for All Europe). He used his role in the institute to promote and share knowledge as well as to push back the boundaries of design.

In recent years Jim has worked on the potential of for Design for All in developing countries. In 2001 he worked with Ilka Saarnio and Ronald Wiman on a technical note for the World Bank titled 'Information and Communication Technologies and Disability in Developing Countries'². This document put forward the idea that the provision of accessible ICT could reduce the handicaps of disabled people in low-income countries as it was already doing in industrialised ones. This work ably demonstrates Jim's wide knowledge of the subject and his belief in the caring potential of good design.

Jim has written over 300 publications on 'Design for All' (including one in this journal³) and his ideas and methodology have been an inspiration and a guiding hand for many people working in this field. He considers that his biggest achievement by far was helping to bring about the CEC's TIDE programme by convincing Dr Gordon Adam - his Member of the European Parliament (MEP) and chair of the EU Parliament's budgetary Committee for Research, Energy and Telecommunications - to allocate a separate budget for IT & the elderly and disabled sector.

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Who is who: editorial board (5)

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serves as Deputy Director General of the National Research and Development Centre for Welfare and Health (STAKES) in Helsinki, Finland, since 1995, after having been director in 1994 and senior medical officer of the Central Administration of Helsinki University Central Hospital from 1987 to 1994. He currently coordinates the Finnish-Japanese science and technology cooperation programme (since 1995), and obtained his MD (1972) and PhD (1988) at the University of Helsinki. In addition he earned a number of postgraduate degrees at the National Board of Health: General Surgery (1982), Thoracic and Cardiovascular Surgery (1985), and Health Care Administration (1990). His clinical experience includes work as a general practitioner in the municipal health centre of the city of Espoo (1972-1975), as a junior house officer in general surgery, Maria Hospital, City of Helsinki (1975-1978), a junior house officer in general surgery, Helsinki University Central Hospital (1978-1982), a senior house officer in thoracic and cardiovascular surgery, HUCH (1982-1985), and as a senior registrar / consultant in thoracic and cardiovascular surgery, HUCH (1985-1987). On the international level he has been active as WHO consultant for health care information systems in Bosnia-Herzegovina (1996-1997), as a EU Phare short-term expert: health information systems (Bosnia-Herzegovina 1998-1999), a Board Member of the European Health Management Association (1999-2001), a senior consultant for the health care decentralization project in Lesotho (2003), and director of Sendai-Finland Well-being Center R&D Unit, Japan (2004-2005). His key qualifications include

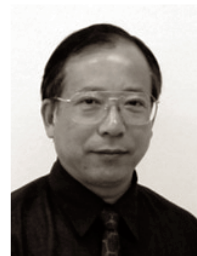


health care reforms (legislation, organization and financing), information and communication technology in health care, telematics, telemedicine, health care technology assessment, national statistics, registers, databases, quality in health care: TQM, CQI, audit, certification, accreditation, evidence-based medicine, clinical guidelines, treatment protocols, outcomes, quality of life, seamless chains of care, integrated care, care pathways, elderly care. Some 120 scientific and other publications and articles came out of his hands.

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Ken Sagawa

Dr. Ken Sagawa serves as group leader of the accessible design group of the Institute for Human Science and Biomedical Engineering, at the National Institute of Advanced Industrial Science and Technology (AIST) in Japan. He graduated from Tokyo Institute of Technology in Japan in 1975. Since then he worked for some National Research Institutes of METI (The Japanese Department of Economics and Trade), such as the Industrial Products Research Institute (IPRI), the National Institute of Bioscience and Human-Technology (NIBH), and the National Institute of Advanced Industrial Science and Technology (AIST). He has been long involved in the Commission Internationale de l'Éclairage (CIE) as the chair of technical committees in Division 1 related to mesopic photometry and age-related change of vision. From 1995 to 2003 he was Director of Division 1 'Vision and Colour' and in 2003 became Vice-President. ISO is the standard organization he has also worked for in the field of ergonomics for accessible design, i.e. design for people with special requirements such as older persons and persons with disabilities. He has been convener of ISO/TC159/WG2 'Ergonomics for people with special requirements' since 2004 and was Japanese representative to ISO COPOLCO (2002-2005). His major field is visual psychophysics to be applied for photometry, colorimetry and assessment of the visual environment. His recent studies have been directed to age-related change of visual functions and the evaluation of the visual environment for older



persons and persons with visual impairments. In addition to his membership of the editorial board of the ISG, he also serves as the regional representative of Japan in the ISG.

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Jeanne Tyrrell

Originally from Ireland, Dr. Jeanne Tyrrell currently lectures at the Department of Psychology at the University of Grenoble (France). She obtained her PhD in Psychology from Trinity College Dublin (Ireland), having also qualified as an occupational therapist there several years earlier. From 1993 to 1996, she lectured at Canterbury Christ Church University College (UK). In 1996, she was awarded a Marie Curie research grant from the European Commission's Training and Mobility of Researchers (TMR) programme, to work in France; she joined a multidisciplinary research team at the Laboratoire Interuniversitaire de Gérontologie de Grenoble (LI2G), who were studying medical, economic and psychological aspects of telemedicine for older patients. The TMR project is one of the rare studies to have examined the needs and problems of alarm use by older people in institutional care; the main results were published in *Gerontechnology* (2004). Within the LI2G team, Dr. Tyrrell also evaluated the feasibility of teleconsultations in a range of clinical contexts, including patients being treated by home-care services, and those being evaluated by psychologists and medical staff. She was appointed to a permanent post at the University of Grenoble in 2000, having previously lectured at the University of Lyon. Recent research projects have focussed on how psychological factors can predict patients' use of new healthcare technologies in the home environment, including CPAP equipment for sleep apnoea, and telealarms. Current research interests also include functional assessment of patients with early and moderate dementia, and care-giver stress. She has published articles and book reviews, and is a referee for international journals in the fields of health psychology, gerontology and telemedicine.

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R. Darin Ellis

Dr. Ellis received his Bachelor's degree in Industrial Engineering from Kettering University (formerly GMI Engineering & Management Institute, Flint, Michigan, USA) in 1990, and his MSc (1991) and PhD (1994) in Industrial Engineering from Pennsylvania State University, University Park, Pennsylvania, USA. Since 1994 he has been on the faculty of the Department of Industrial Engineering at Wayne State University, Detroit, Michigan, USA. Dr. Ellis' research focuses on human factors engineering and user interface design, with particular emphasis on design for older adults. In addition to his gerontechnology research, his interests include the development of simulated task test-beds and the design of human-machine interfaces for the training of space telerobotic operators, as well as the development of simulated tasks to assess surgical robot, for instance Zeus, DaVinci, interfaces and surgeon training and assessment protocols.

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Geoff R. Fernie

Dr. Fernie is Vice-President, Research at Toronto Rehabilitation Institute. He is a full professor in the Department of Surgery at the University of Toronto with cross appointments that include the Institute of Biomaterials and Biomedical Engineering, the Graduate Department of Rehabilitation Science and the Departments of Mechanical and Industrial Engineering, Physical Therapy and Occupational Science & Occupational Therapy.

A mechanical engineer, he has over 100 peer-reviewed journal papers and book chapters, and 16 families of patents. He was the recipient of the 2002 Jonas Salk Award and the 2003 MEDEC Award in recognition of his contribution to the quality of life of people with disabilities through the development of innovative technologies. His primary research interests are in understanding physical and cognitive disabilities that are frequently



encountered by people as they age and developing technologies that help prevent, treat or manage these limitations. Geoff's research focuses on mobility, falls prevention, dementias and caregiver burden. He emphasizes the transfer of his research findings into products available in the marketplace and knowledge applied to health service delivery. Dr. Fernie, as the Principal Investigator, and colleagues across the country in collaboration with the University of Toronto, were awarded funding to build one of the world's most advanced rehabilitation research laboratories, iDAPT.

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ISG BUSINESS

1st ISG Master class for PhD students

The first ISG Master class for PhD students was held on May 22-23, 2006 in Eindhoven, the Netherlands. Seven students from the Netherlands, Italy and France presented their research through posters and short oral presentations. The posters had to be allocated correctly among the four technology interventions of gerontechnology¹: enhancement & satisfaction, prevention & engagement, compensation & assistance, and care support & care organisation. The master class was led by four of the founding fathers of gerontechnology; James L. Fozard (USA), Herman Bouma (the Netherlands), Alain Franco (France), and Jan A.M. Graafmans (Belgium), under the general direction of prof.dr. J.E.M.H. van Bronswijk and Tamara Derksen (assisting student). After a brief introduction to the history of gerontechnology, the masters lectured on various subjects in the field of gerontechnology, such as telemedicine and research funding. The masters presented research methods that belonged to the specific technology interventions. At the end of each presentation there was room for discussion. After these lectures, students presented their posters -sorted by technology intervention- to the group and received feedback from the masters on aim and research methodology. These methodology presentations triggered the students to rethink their aim and methodology and reallocate their posters to the right technology intervention². The most valuable lesson learnt in those two days was to be specific in every phase of research and to make sure that aim, methodology, results and discussion all point in the same specific

direction. The master class was closed by handing out 'award mugs' to best poster presenters in each of the four gerontechnology interventions, and certificates of completion by professor Fozard on behalf of the founding fathers. The masters look forward to the 2nd ISG Master class for PhD students that will be held May 14-15, 2007 in Eindhoven, the Netherlands.

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2. Most lectures are available at: http://www.phe.bwk.tue.nl/ISGMasterClass/LecturesPresentations/Main_lectures.htm

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Inspec, colour illustrations

Gerontechnology is indexed in Inspec starting issue 5(1). Inclusion in other indexing and abstracting services is pending.

Some authors have requested to include colour photographs or coloured graphs in their contributions. Gerontechnology standard is black-and-white, but functional colour is allowed at the expense of the author, who should signify its use when submitting the manuscript. The fee for this service is € 500 / page to be paid before publication.

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WORLD NEWS

Persuasive GERONtechnology

The first international conference on Persuasive Technology was organized as a two-day event with full papers, short papers, and posters. It took place in Eindhoven, the Netherlands. The special session on persuasive GERONtechnology started with an introduction by van Bronswijk who revealed that most published work on gerontechnology focuses on ergonomics. The four presentations in this session should give more insight in the persuasiveness of these technologies. McCreadie's experiments concerned a personal navigation tool for older people. The research team used an iterative technology to make user involvement central to the research design. This collaborative

design resulted in a change of aim from a way finding tool (security) to a tourist guide (leisure). Knipscheer reported about a storytelling table that is designed to start a communication process among the persons around the table by videos of past events and the telling and recording of the participants' own stories. The third presentation, by Sterns, concerned a successful training of older adults to use a pill-box integrated in a PDA with a number of guiding features. Medication compliance (health) as well as mobile phone use (communication) had markedly increased after three months. At the end of the session Fozard and Kearns discussed persuasive technology as a source of coaching benefits in relation to the ambitions, activities and wisdom of people as they age. More than 40 persons, both starting and senior researchers, attended this session. The proceedings of the conference are available in the LNCS series of Springer, Volume 3962 (www.springer.com/east/home?SGWID=5-102-22-169544802-0).

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Your abstract for FICCDAT!

The Festival of International Conferences on Caregiving, Disability, Aging and Technology - FICCDAT (www.ficcdat.ca) to be held June 16 - 19, 2007, Toronto, Ontario, Canada is calling for abstracts. Deadline is November 6, 2006. FICCDAT will be an exciting, innovative event for all researchers, practitioners, policy-makers, consumers, caregivers and businesses concerned about people with disabilities who are coping and people aging into disability. FICCDAT is the first event of this kind in the world. It brings together five international conferences related to disability and to aging under one roof. The five conferences are: (i) Growing older with a disability, (ii) Advances in Neurorehabilitation, (iii) 2nd International Conference on Technology & Aging (ICTA), (iv) Caregivers: essential partners in care, and (v) 30th CMBES Conference: Improving medical device usability.

You are invited to submit a 250 word abstract of a paper or poster on-line at www.ficcdat.ca. You can submit as many papers to as many of the conferences as you choose with the knowledge that you will only be required to register in one con-

ference to be allowed to present in all. Bookmark the site www.ficcdat.ca. Sign up and register for regular updates. Any questions? Send an email to info@ficcdat.ca.

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Choices for independence - An interactive learning community

A four-week Interactive Learning Community using the Internet and to celebrate 'Older Americans Month: Choices for Independence' (1) was delivered to participants during the period from 5 May to 2 June 2006. One in six Americans, or 44 million people, is age 60 years or older. While older Americans are active members of their families and communities, others are at risk of losing their independence. These include four million Americans age 85 years and older, those who are living alone without a caregiver, those living in nursing homes or other institutional settings, members of minority groups, older persons with physical or mental impairments, older persons residing in rural areas, low income older persons, and those who are abused, neglected or exploited¹.

Choices for Independence was the theme selected by the Administration on Aging. The Online Forum was offered by the Center on Aging, University of Maine, in affiliation with the undersigned as moderator. About 55 health and social service providers pre-registered for the e-event via self-subscription on the website, from regions spanning Maine to California. Topics included were (i) Honoring older adults by sharing their stories, (ii) Gerontechnology, (iii) Health and Wellness Initiatives, (iv) Advocacy Methods and Questions, (v) Important 'Others'- Transport, Housing, Companionship, Listening and Understanding.

The theme of 'choices of independence' was timely considering complex societal, economic, political, and psychological dimensions of aging. The special May 2006 e-event was part of a larger Program from the Center on Aging, University of Maine, to offer interactive learning, both formal e-workshops for continuing professional education, and informal discussions on-line. Many providers cannot attend events in person due to work demands and geographic diversity, yet can participate via the Internet at times convenient for each.

The Center on Aging has special interests in rural aging populations and their needs².

References

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IFA's Expo Ageing Montreal: Design for an ageing society

The International Federation on Ageing (IFA) is proud to propose the Inaugural World Exposition of Innovation: Design for an Ageing Society in Montreal, Canada in May 2008. The aim of Expo Ageing Montreal is to bring together leading designers, manufacturers, academics, service providers, planners, developers, and governments from all parts of the world to showcase their products and innovative policies. It will also be a venue for corporate, government and civil society to foster partnerships, discuss international licensing and trade agreements, and develop export opportunities that respond to generational and cultural nuances of communities around the world

No time is more urgent than now, to improve the quality of life of people as they age. The United Nations together with the World Health Organisation are demanding that governments, the private sector and civil society respond to the call for action to design environments that 'enable and support' all ages but specifically those who are vulnerable and disempowered through poor physical, social, economic, personal, behavioural and service environments. Never before in the history of the world is the connection between design and ageing more important and relevant to us as individuals and the global community. This is a pioneering event across disciplines and across the public and private sectors.

The IFA is an international non-government organisation founded in 1973, with its headquarters in Montreal, Québec. The Federation represents the needs of over 45 million older people in 62 countries around the world, through its membership base of non-government organisations (NGOs), the corporate sector, government and individuals. The Federation has been a strong advocate for older people during its 30-year history. At the First and Second World Assemblies on Ageing in Vi-

enna, (1992) and Madrid, (2002) the IFA called on governments to address global ageing issues including Poverty, Health and Well-Being, Abuse and Neglect, Discrimination and Ageism and Gender. Social research provides the Federation with relevant, up to date information on the situation of older people, and guarantees that all sectors respond to the voices of older people. Since its inception the IFA has achieved numerous results to improve the conditions for older people globally.

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CAST goes for a wellness revolution

The Center for Aging Services Technologies (CAST), a program of the American Association of Homes and Services for the Aging, is leading the national charge to develop and deploy technologies that can improve the aging experience in the USA. If we are to deliver quality care to today's and tomorrow's seniors, we need a wellness revolution. That is, we need to apply innovation to wellness technologies that enable prevention, early detection, increased compliance and new modes of remote caregiving and family support. We only have a few years to prepare for the first wave of baby boomers who will reach age 65 in 2011. It is imperative that society be proactive in putting forth a plan to prepare us for this age wave that will impact our health-care system, our economy and even our national security. To this end CAST has four focus areas: (i) Driving a national vision of how technologies can improve the quality of life for seniors in the USA while reducing healthcare costs, (ii) Accelerating technology R&D pilots with seniors to fulfill this vision, (iii) Advocating to remove barriers to the rapid commercialization of proven solutions, and (iv) Promoting dialogue about standards to ensure interoperability and widespread access to aging services technologies. Established in 2003, CAST has become a national coalition of more than 400 technology companies, aging services organizations, research universities, and government representatives. One of its services is a list of web resources: www.agingtech.org/WebResources.aspx.

Eric Dishman, CAST Chairman

E: media@agingtech.org

CALENDAR OF EVENTS

September 7-9, 2006

The ageing jigsaw: Interdisciplinary approaches to old age

University of Wales, Bangor, United Kingdom

Organizer: British Society of Gerontology

Info:

www.bangor.ac.uk/csprd/bsg2006.html

September 11-16, 2006

19th IAPS international conference: Environment, health and sustainable development
Alexandria, Egypt

Organizer: Bibliotheca Alexandrina

Info: www.iaps19-bibalex.com/

September 18 - 20, 2006

ICDVRAT 2006 - International conference series on disability, virtual reality and associated technologies

Esbjerg, Denmark

Organizer: Aalborg University

Info: www.icdvrat.reading.ac.uk

October 14-18, 2006

4th Nordic conference on human-computer interaction: Changing roles

Oslo, Norway

Organizer: Nordic forum for human-computer interaction research

Info: <http://nordichi2006.idi.ntnu.no>

October 23-25, 2006

8th ACM SIGACCESS Conference on computers and accessibility: ASSETS 2006

Embassy Suites Downtown, Portland, Oregon, USA

Organizer: Association for Computing Machinery (ACM)

Info: www.acm.org/sigaccess/assets06/

November 5-8, 2006

AAHSA 2006 Annual meeting & exposition: Live your story, Tell your story

San Francisco, California, USA

Organizer: American Association of Homes and Services for the Aging (AAHSA)

Info: http://aahsa.org/conferences/annual_meeting/default.asp

November 14-16, 2006

59th Annual scientific meeting of GSA: Education & the gerontological imagination

Dallas, Texas, USA

Organizer: Gerontological Society of America

Info: www.agingconference.com/about_the_meeting.cfm

November 16-17, 2006

POLIS/BAS International Conference: Universal design of buildings: Tools and policy

Brugge and Gits, Belgium

Organizer: CSTC / WTCB, Brussels, Belgium

Info: www.polis-ubd.net/conference

May 14-15, 2007

2nd ISG Master class for PhD students in Gerontechnology

Eindhoven, the Netherlands

Organizer: Chair 'Public health engineering for built environments', Technische Universiteit Eindhoven

Info: www.phe.bwk.tue.nl

June 18 - 20, 2007

7th International conference of IAHSA: The global ageing network: Leading change, sharing innovation, enhancing life

St. Julian's, Malta

Organizer: International Association for Homes and Services for the Ageing (IAHSA)

Info: www.aahsa.org/conferences/iahsa2007/call

June 18-21, 2007

11th International conference on mobility and transport for elderly and disabled persons (TRANSED 2007/COMOTRED 2007): Benchmarking, evaluation and vision for the future

Montreal, Canada

Organizer: Canada Transport

Info: www.tc.gc.ca/transed2007

June 16 - 19, 2007

Festival of international conferences on caregiving, disability, aging and technology (FICCDAT)

Toronto, Canada

Organizer: Smart Move Training and Development Inc, Toronto, Canada

Info: www.ficcdat.ca

Announcements of meetings and other events for the Gerontechnology Calendar should be submitted by e-mail to:

j.e.m.h.v.bronswijk@gerontechnology.info.

The editors decide to include or not include the announcement of a certain event.

The most up-to-date forthcoming list may be found at www.gerontechjournal.net