



QUARTERLY REVIEW OF ACT INTERNATIONAL RESEARCH

April - June 2022

Improving the lives of older people, globally.

www.agecaretechnologies.org

WELCOME



Dear researchers,

I am very excited to share with you the progress made within the ACT International Research Network since the release of our first Quarterly Research Review in March. Not only have more members joined this global community, but there is also a higher level of cohesiveness amongst us - despite us being based around the world.

We have also developed a more methodological approach to support and facilitate the work that you are conducting in relation to ACT Assess & Connect (previously referred to as the ACT Assessment) within and across countries. As you know, two subgroups within the network have been created: one dedicated to conducting feasibility studies and the other one to comparative population studies. In sum, those of you interested in belonging to the former are the data generators, which is then collated and added to ACT's Global Database, and those of you who are part of the latter are the data analysts, in charge of studying the prevalence of older people's needs across populations.

One of the reasons we are keen on getting feasibility studies underway is that we aim to present the outcomes to the annual World Health Organization-Clinical Consortium for Healthy Ageing (WHO-CCHA). This will allow us to share how the use of the ACT Assess and Connect tool can enable uptake of the ICOPE approach for preventive person centred care for older people in different countries and cultures. Although it will take place in November, we need to share our preliminary findings with the organising committee in September.

This, coupled with your hard work and commitment to ACT's mission, has been driving the uptake of the ACT Assess & Connect tool, leading to the training of more assessors and the development of more local and national sources of support across five continents.

With warm regards,

Michèle Boden

**International Research
Manager**



NEW APPROACH

Feasibility Studies Protocol

These small-scale pilot studies are essential in the validation of the tool and the following preliminary work lays the foundation for it to take place. We have established that a minimum of 50 older people should be assessed and at least 2 assessors must be present per centre. If needed, one of the first steps to take are the translation of the tool and ICOPE guidance. Alongside this, the identified assessors receive a two-hour online training session where they are shown how to use the tool. Finally, a list of local services and national information resource pack are developed.

The assessment can be carried out either face-to-face or via telephone and comprises of 56 threats to functioning and participation. When completed, the identified risks and concerns are prioritised and responded to by connecting the older person to local services, thus empowering the older person to self-manage. A follow-up assessment takes place 6-12 weeks after.

Next comes the evaluation phase. The older person's satisfaction and changes in quality-of-life profile and risks are automatically generated. Semi-structured interviews or focus groups are organised where the assessees, assessors, and system leaders share their perceptions about the value of the intervention and use of the information resources pack, as well as its feasibility and benefits. Furthermore, the operational effectiveness of the technology; the potential value of data to profile concerns, WHO ICOPE risks, quality of life profile, and financial resource allocation requirements; and ability to integrate data into personal care plans and population health management systems is reviewed.

Last of all, the Assess & Connect tool undergoes a cross-cultural adaptation through the updating of its functionality according to the culture. New assessors are trained with our training video and the intervention is spread to more centres, reaching a minimum of a thousand older people. During this phase, an academic centre is evaluating the tool and a marketing plan is further refined to promote the uptake at scale of the tool at the national level.



Comparative Population Studies Protocol

The data generated from the feasibility studies is de-identified, extracted, and kept in the ACT Global Database, where it is available for analysis. The aims of these studies are the following: Firstly, to determine the prevalence and the differences of older people's reported and prioritised concerns by country, age, gender, and other demographic variables. Secondly, to determine the prevalence of the WHO ICOPE summary scores for the nine domains of intrinsic capacity decline and six domains of social care and support needs. Thirdly, to undertake an analysis of the global database for the internal factor structure of the assessment of needs and fit to ICOPE domains and to the WISH profile.

As of July 2022, there is data available from:

- Australia
- Canada
- Malaysia
- United Kingdom

ACT Assess & Connect is available in:

- Arabic
- Brazilian Portuguese
- (Simplified) Chinese
- French
- Hindi
- Italian
- Japanese
- Malay
- Portuguese
- Spanish
- Urdu

It is currently being translated into:

- Swahili by Muthoni Gichu from the Ministry of Health in Kenya
- Turkish by Rukiye Pinar from Istanbul Sabahattin Zaim University



ACT IN ACTION

Suffolk, England

Countries are facing the universal problem of an increasing ageing population. The issue of gaps in health equality is, at times, overlooked because of targeted approaches of preventive services to those with more resources. In light of this, Age Care Technologies® is working as lead partner with the newly formed Integrated Care Academy (ICA) to deliver a project which aims to bridge these gaps through the adoption of a proactive person-centred approach.

The pilot phase of this project was launched in January 2022, finishing in January 2023. A total of 30 assessors have been trained and 300 individuals are being assessed across three different sites. A separate list of local services has been developed for each region, providing hyperlocal sources of support which older people can be referred to. Additionally, a screening assessment for family carers, using the COPE Index, is also being provided to identify those who may need support.

Overall, this project is helping to level up the experience of healthy ageing later in life. The data obtained will contribute to the WHO ICOPE programme, the UK programme for Ageing Well and the development of the local Frailty Framework.





ACT IN ACTION

New South Wales, Australia

“Comprehensive assessment tool for older adults living in the community”

Julian Corvin

McLean Care is an Australian-based organisation committed to providing innovative and sustainable home-based aged care solutions that support older population’s health and care needs while enabling them to age where they choose for as long as possible.

PhD student Julian Corvin conducted research as part of a quality improvement project within the WHO Integrated Care for Older Persons framework. The study aimed to determine the occurrence of common ageing-related problems amongst McLean Care’s home care package consumers located in rural New South Wales, Australia, who often have limited access to health services.

The ACT Assess & Connect tool was trialled via phone interviews with 22 older people - which ranged from 23 minutes to 2 hours - and the data was entered electronically and de-identified. The results showed that more than half of the participants needed some form of support in relation to daily activities and that the majority felt safe both inside and outside their home. Over half reported their health as “fairly poor” but an impressive 96% were satisfied with their living arrangements.



ACT IN ACTION

Klang Valley, Malaysia

“A Pilot Study to Determine Unmet Needs of Older Individuals Living in the Klang Valley during the COVID-19 Pandemic”

In light of the consequences the COVID-19 pandemic has had on the ability of older people to attend in-person appointments, a group of students from Perdana University, Malaysia, undertook a pilot study to assess the feasibility of the ACT Assess & Connect tool via telephone interviews when determining unmet needs, with a focus on functional abilities. The sample size consisted of a total of 39 older people residing in the Klang Valley who belonged to the “Promoting Independence in Seniors with Arthritis” (PISA) project. Prior to the telephone-based interviews, the research team matched potential unmet needs to available local resources and solutions.

The results show that between 80% and 90% of the assessed individuals were independent, felt safe, could maintain their relationships, and had good accommodation and finances. However, just over half reported feeling like a burden and having arguments with others, and a quarter showed concern about their mental health due to the pandemic.

This pilot study demonstrated the feasibility of telephone-based assessment and it's useful in preventive care for older people in Malaysia. Furthermore, it illustrated a more cost-effective method to





undertake preventive care for older people outside the context of the pandemic.

The raw data from this project will be added to ACT's Global Database for the study of the prevalence of the most commonly reported concerns in this country, which will be reported according to the domains in the WHO ICOPE Framework. This will help inform the feasibility of implementing WHO ICOPE guidance in Malaysia.

A larger study to measure and characterise the unmet needs of the older population in Malaysia is now being considered with the aim of informing the development of services for older adults in the future.

Halifax, Canada

Northwood

For our work in Canada, please see the "Service Insight" section.



IN CONVERSATION WITH

As a part of our 'In conversation with...' interview series, members of the ACT International Network join Michèle Boden to discuss their careers, interest in the field of gerontology and how they are using the ACT Assess & Connect tool to deliver their current and future projects. All interviews can be viewed on the ACT YouTube channel.



Nicola Veronese

University of Palermo

Nicola is an expert in epidemiology with a particular interest in sarcopenia and frailty in older people. He is currently involved in projects regarding the importance of Geriatric Assessment in older people affected by COVID-19. Nicola and his team are due to start their validation of the ACT Assess & Connect, which they have translated into Italian

After completing her nursing education, Rukiye noticed that there was a lack of attention to and research about elderly patient care in Turkey. Indeed, until very recently there were only two geriatric clinics in the country. Rukiye gradually became involved in the field of Geriatrics, doing research, writing papers, integrating it into the university curriculum, and participating in making a prize-winning documentary film: "A Day of a Patient with Alzheimer". At present, Rukiye and her team are in the process of validating the ACT Assess & Connect tool in Istanbul.



Rukiye Pinar

Istanbul Sabahattin Zaim
University



Liliana Sousa

University of Aveiro

Liliana has an academic background in Psychology and Education Sciences. While at university, she was asked to develop the newly-emerging field of Gerontology, which she successfully did as she enjoys doing multi-disciplinary work. Liliana is part of the ACT Subgroup of Comparative Population Studies and is mostly interested in identifying the age at which people start to decline and how this might vary between countries.



IN CONVERSATION WITH

Arvind grew up in the rural area of West Rajasthan, India, to which he returned after finishing his medical education in Jodhpur. Alongside the Indian Government's sensitisation geriatrics programme for physicians, Arvind created a geriatric clinic and provided training to primary care doctors - this being one of the six sites where the SAGE study of the WHO took place. He was one of the founding members of the Indian Academy of Geriatrics and its quarterly journal.

Arvind sees community-based interventions as key to the care of older people, which is why he feels that ACT Assess & Connect "will go a long way in identifying a lot of health issues with the older people, and more so in our area where literacy or the awareness is less".



Arvind Mathur

Asian Centre For Medical
Education, Research &
Innovation



Carol Ma

Singapore University
of Social Sciences

During her PhD comparing the healthcare systems in the UK, the US, and Singapore, Carol focused on studying the doctor-patient relationship and was inspired to pursue community work. She created the Medical Companions Programme in Hong Kong and subsequently became involved in service learning.

A decade later, Carol established the first Elder Academy in Hong Kong with the aim of promoting intergenerational communication and bonding.

Carol is an advocate of the ACT approach and sees the value of the Assess & Connect tool, particularly in its ability for early detection, its use of a digital platform, and the strong international network that is allowing for its validation across the world.



SERVICE INSIGHT



Natasha Handspiker, **Manager, Community, Recreation & Wellness**
Murray Stenton, **Marketing & Communications Manager**

Northwood

Northwood began in 1962 as a social movement in response to the plight of seniors living alone in Halifax. What emerged was a shared belief that people, committed to an ideal, could make a difference in the world. Since its inception, Northwood has become a powerful voice for seniors in Nova Scotia, demanding a new approach to ageing in place.

Today, Northwood is the largest not-for-profit continuing care organisation in Atlantic Canada and have led the way for over 55 years as Nova Scotia's dynamic continuing care organisation committed to innovation and change. They are recognised both across Canada as an extraordinary example of the power of social justice.

Could you tell us about your background and how you've ended up working in Northwood?

NH: Absolutely. So most of my colleagues joke that I was born around here, but that's not true. I actually have a long history with Northwood. Northwood is a continuing care organisation that serves older adults in the community: they have housing facilities, there's long-term care facilities, we have home care, we have community recreation, adult day programmes, ... there's a variety of services that support seniors who live in the Halifax, the Bedford, and Nova Scotia region.

My background to Northwood is ... I was actually introduced to Northwood as a family member. My grandmother lived in one of our facilities when I was a youth. So I got to know the organisation and the facilities very very well. When I became an adult, I started working in Northwood in the business area and very quickly realised that my passion lied within recreation. So at that time I moved into a community recreation department, and that is where I've been for the last 25 years.

MS: My background is primarily in entertainment and retail type of marketing. I've been in the casino industry, retail jewellery, comedy fest type of events, a lot of events over the years.

I moved into more of a communications role when I joined Northwood and it has been different but still enjoyable and rewarding, especially given the last



... the events of the last couple of years. So, yeah, I think I was originally hired more so as a ... to do promotional ... to do advertising and to really promote all of the things that Northwood does because of my background in advertising and marketing so they were hoping to do, you know, a lot of video work and social media work and traditional advertising and marketing, which I still do a lot of but probably not as much as I would have done over the last two years because of COVID. A lot of events, a lot of programmes have been or were cancelled or cut back because of restrictions. There's a lot of events that we would normally do that I haven't had the opportunity to experience yet because of everything that's going on. We're slowly getting back there and I'm hoping to do more of that type of work in the near future rather than crisis communications and that sort of thing.

I've seen on your website that you have loads of programmes that you've done - all of them sound really interesting. Could you give us an example of the one that maybe you've enjoyed the most organising or one that you are currently organising?

NH: Certainly, there's so many to choose from. I really love programmes that help people remain active. So there's two programmes that I can think of off the top of my head that have been absolutely fantastic to be involved with at the organisation. And the first one is our Pauline Potter Fitness Centre which is the only dementia-friendly fitness centre that we are aware of in the world; and the other one is a dementia-friendly

community garden which has 42 community garden beds in it that is at the front lawn of our long-term care facilities.

MS: There's two things that I really liked being involved with. One, we do a lot of recruitment campaigns because it is challenging to find enough healthcare staff cause everybody needs them. So we do ... we were asked to do a number of different things. So we did some television, some creative work for television and for a video, and one them we did was "A Day in the Life of a Homecare Worker" which we basically ... we found this absolutely perfect homecare worker. She volunteered her time, she took us on basically a tour of her day so it was a very candid video but fun and we got to meet one of her clients and he was great, you couldn't have asked for two better people to be involved in this video production. They were kind of naturals. We used that on a video campaign similar to the ads that you see when you are watching YouTube videos. So this video would pop up, you know, when you were about to watch a YouTube video. We've used it on social media many times.

The other project that we've done ... this has been on, off and on since before I came here, it's called Smart Tech, and it basically involves residents, not necessarily older residents, it could be a variety of ages, but residents that have very little mobility. It could be as little as just moving their neck. So they need ... they would make requests on a daily basis, even on an hourly basis.



here were things they just couldn't do, but not necessarily medical related things. So turning on their television or raising their bed, or surfing online, turning on lights, fans, and that sort of thing. So what this programme was about, is about, automating all of those things for those individuals so they can do it themselves, so they feel more independent and it gives a little bit more time in the day for staff. So they don't have to come running down and turning TVs on and that sort of thing. So we did a lot of promotion for that, videos and that sort of thing. So, that was fun.

Regarding the work that you are doing with Age Care Technologies, when were you first aware of the organisation and the assessment tool?

NH: Wow, it's been quite a few years now - the last couple of years kind of all blur together. But I would say that we first became aware about five years ago of the Age Care Technologies tool and at that time it was not a digitised tool. And since, when we first became aware of it, we have actually implemented it in several areas of our organisation.

Could you explain what stage you are in right now and what value and impact it's had in your organisation since you started using it?

NH: Absolutely, absolutely. So we first piloted the ACT Assess & Connect in our Community Recreation and Wellness department as well as our Retirement Living Programme - which is independent housing, assisted living, and supportive

living. And so we used the tool initially on people who were first on-boarded in our programmes to see what their risk scores were and then we repeated the survey to see whether or not our programmes had an impact on their health and wellness.

We've used the ACT tool to also drive our programmes into new areas. So when we're first doing our intake with our clients and using the ACT tool as you know it's a very wonderful conversation you get to have with someone to learn about what their needs are: whether their needs are met, whether they have unmet needs, what are their priorities, what do they want to work on, and for myself - for someone who organises and manages programmes - to meet those clients needs. It's a wonderful tool for us to be able to say "you know what, we need to start implementing group support programmes. Or we have a lot more people who are interested in socialisation. Or maybe we need support over here that's provided in a blood pressure clinic because we have a lot of people concerned over their blood pressure." So that's how we've initially adopted ACT to the organisation.

Since then, we have broadened our use of ACT to a variety of different programmes. We have a partner in Victoria County which is on Cape Breton Island that is using ACT very similarly to assess whether or not the community programmes that they're implementing are having an impact on older adults living in that community. We've also partnered with another organisation in Chester, which is another community



outside of the urban centre of Halifax Regional Municipality. And they have volunteers at their health centre, who are delivering the ACT Assess & Connect tool to look at a community-needs assessment for their area. In those community-based pieces we're also using ACT and looking at ACT for any of our new research projects, or using it as an evaluation tool for any new pilots or projects that we're putting forward. We're also involved with the smart-tech research projects that are happening now under Dr. Susan Kirkland - so that's happening at Northwood, and ACT, again, is the assessment tool that we're using for that as well.

What do you think the ACT tool has brought most value to in your organisation and the older people you take care of?

NH: If I can share a story about one of our clients, when we very first started using the ACT tool, there was this piece amongst our assessors they felt they had to be clinicians to use the tool, which, that is not the case. It's actually a very beneficial tool for people who are not clinicians to be able to have "have I got it" conversation to help determine what's a priority for someone.

So we had one lady who was attending our fitness centre, she was attending very regularly, and we asked her if she would help us in our pilot project. Help the assessors feel more comfortable and to ask those questions, and she's very candid so we knew her responses would be honest. So she sat down with a variety of our assessors at the very beginning and did the assessment a

couple of times with each one of them. Each one of those assessors learned so much about that client and was able to provide her with so much support that they felt that they had a purpose in why they were taking it. And the client was so excited to learn that there was support for her that she wasn't aware of. She was giving her time at the beginning to volunteer to go through this programme to make people feel comfortable with delivering the assessment.

She actually sent us a letter and talked about how the ACT Assess & Connect tool has actually changed her life. She was awaiting a very large surgery that was going to put her out of commission and not going to be able to allow her to participate in the fitness centre for about 4 to 6 months. The fitness centre, we didn't realise at the time, was also her social network, it was the only place to get out of the house to connect with other people. She had a good sense of community and belonging within the community and the organisation as a fitness centre member, and she was very worried about being isolated for that period of time that she was going to be off and having surgery.

So because of ACT Assess & Connect we were able to support that client to be able to remain connected to the organisation, to remain connected to her peers during the time she couldn't physically be at the organisation. For her mental health, that was critical. In her letter that she wrote to us it was explaining how alone she thought she was going to be and through this experience she was able to connect and



to be with people, and then return to the fitness centre when she was well again.

That's a really nice story - thank you for sharing it.

Yeah. So the impact I think is really around helping people live their best lives guided by them. It's a whole awareness piece and a navigation piece. That's another piece I find super valuable with the ACT Assess & Connect tool is that we can provide someone with a resource but we can also help navigate for them, you know "here's three resources that we think might work for you. If you need help, we can help you navigate through which you think is the best source." So it's been a really great medium to be able to help us connect with an individual and to be able to find a solution that's best for them.

I think there's very good synergies between the ACT Assess & Connect tool and the mandate of Northwood. So, you know, we're both looking to have people live their best lives.

To find more about Northwood visit www.northwood.care



NETWORK UPDATES

New members

We are glad to welcome the following researchers to the ACT International Research Network.



Dr. Nur Elçin Boyacıoğlu

Associate Professor
Faculty of Health Sciences,
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Istanbul University-Cerrahpasa,
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Dr. Muthoni Gichu

*Head of the Division of Geriatric
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Professor Xiaoting Liu

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Get in touch

For more details on the ACT International Research Network, to connect with our members, add or update your image please contact Michèle Boden.

michele@agecaretechnologies.com



OUR RESEARCH NETWORK

Postgraduate Students

The ACT Global Postgraduate Student Community continues to grow and includes students from Australia, Canada, Portugal, Italy, Turkey, and Pakistan.

Our postgraduate community members are listed below.

Australia

Galih Wigati Thornton Mosel - Researcher, Bond University
Julian Corvin - Researcher, Bond University

Canada

Carlee MacNeill - Researcher, Dalhousie University

India

Apeksha Mathur - Assessor, ACMERI
Archana Patni - Assessor, ACMERI
Khushii Sharma - Assessor, ACMERI

Malaysia

Anne Nivethya Harini - Researcher, Perdana University
Geetah Rajandrin - Researcher, Perdana University
Maaheend Kumaran - Researcher, Perdana University
Shuwaathi Tamil Manni - Researcher, Perdana University

Pakistan

Aliya Haider - Researcher, Dow University
Hani Ayaz Khan - Assessor, Dow University
Iqra Rani - Assessor, Dow University
Iqra Salman - Assessor, Dow University
Nadia Shah - Assessor, Dow University
Saba Rajar - Assessor, Dow University
Zarmina Omar - Assessor, Dow University

Portugal

Rafaela Jorge - Researcher, University of the Algarve



Singapore

Denis Chua Qian Ling - Assessor, Singapore University of Social Sciences

Wai Yee Tang - Assessor, Singapore University of Social Sciences

Turkey

Gokce Cicek Yavas - Researcher, Istanbul Sabahattin Zaim University

Halime Civelek - Researcher, Istanbul Sabahattin Zaim University

Kibar Bezer - Researcher, Istanbul Sabahattin Zaim University

Melike Çevikdizici - Researcher, Istanbul Sabahattin Zaim University

To introduce your postgraduate students to our growing network, contact Michèle Boden on michele@agecaretechnologies.com.



INTERNATIONAL CONFERENCES

Postgraduate Students

Events are taking place across ACT's International Research Network and we would like to take this opportunity to raise awareness and encourage participation.

In the following months, Ian Philp will be speaking at the following virtual conferences:

- 18th July 2022 - Singapore University of Social Sciences.

If you would like to attend, please register [here](#).

- 8th - 10th December 2022 - 7th International Congress on Quality of Life in Health, SAYKAD (Turkish Society for Health-Related Quality of Life), Turkey.

You can stay updated on the status of the conference and register to attend [here](#).

Get in touch

To provide details about conferences, seminars, lectures and events that you would like to share with the members of the network please contact Michèle Boden.

michele@agecaretechnologies.com



ABOUT AGE CARE TECHNOLOGIES®

Age Care Technologies® International Research Network is a partnership of experts dedicated to improving the lives of older people and creating a better future in an ageing world.

Age Care Technologies® was founded by Professor Ian Philp who was an NHS physician for 35 years and the National Clinical Director for Older People in England from 2000 to 2008. From its research in 50 countries, Age Care Technologies® has developed digital tools to help transform care for older people across the world.

ACT Assess & Connect is the world's leading digitised care planning tool. Two thirds of the most significant concerns to older people's health, independence and wellbeing are not reported. The ACT Assess & Connect tool helps to identify the real concerns and priorities of older people and connect them to local sources of support to meet their needs. The ACT Assess & Connect tool is based on thirty years of international research and development and was the winner of The United Nations World Summit on the Information Society Prize for Innovation for Healthy Ageing.

