Rounbtable III: Recommendations on how to manage environments, overcoming loneliness and providing a range of alternative housing opportunities.

A major focus of his work is the promotion of ‘ageing in place’. Hans Graf tries to boost advice, support, awareness, design, equipment (including gerontechnologies), and services enabling the elderly to remain as long as possible in the home of their choice, even when frail and dependent. This means the adaption of living environments in advance, using Universal Design to preserve functional independence, creating ergonomic care environments, overcoming loneliness and providing a range of alternative housing opportunities.

How could an older person prepare and achieve an active ageing life style? Main messages:

1. Become aware that ageing after retirement may last up to 25 years or even longer, most of it probably in good health without major impairments, i.e. a time span as long as childhood and upbringing. This will stand for years of constantly reinventing/rediscovering life with its pleasures and challenges, hence a time of continuous adaption, learning and redevelopment of relations with other people!

2. Enjoy, give a sense to life, get involved and develop activities, projects and commitments. This will be a source of satisfaction and self-esteem as well as recognition. Doing so will renew networks and hence avoid or adjourn loneliness or the downturn of capacities and abilities, which might end up in, regrettably so widespread – depression.

3. Overcome the prevailing negative views of ageing (ageism) and catch its chances & opportunities instead of focussing on concomitant losses. While growing old, one will be more than just a beneficiary of support and of long-term care. Today even more than in the past the elder continue to play an essential role for their peers and for the younger generations, thereby constituting a major economic and social resource for society, for their families and communities, as caregivers, volunteers, mentors, … and active citizens!

4. Take care of oneself: eat well and drink enough liquid (not too much alcohol); keep and practice mobility (30’ walking per day); stay in contact with people, look for loving relationships: receive, give and … make it.

5. Get informed about the realities of ageing and its different stages in deteriorating health, from functional independence to frailty, dependence and end of life. They add to the inequalities in material conditions.

6. Discover the conditions and attitudes that allow the mastering of all these stages, e.g. adapt living environment, develop knowledge, acquire sense of control and resources in order to cope with a changing world and new circumstances. Head for empowerment and act rather than to be a victim of ageing.

7. When confronted with partial or total disability strive for resilience, acquire sense of control and adapt to this adverse situation, e.g. by a strategy of selection – optimisation – compensation (SOC) and by shifting to different sets of views, activities and life styles, e.g. more spiritual. Moreover learn to live with limitations and to accept help and support.

8. Do not confuse the loss of functional independence (i.e. the need for support in the activities of daily life) with the loss of dignity or autonomy, i.e. the capacity to be one’s own person, to live one’s life and to make meaningful choices according to one own’s reasons and motives. Even when dependent, the elderly are adults not children and should be treated as such!

9. Accept – even greet – the phases of terminal decline and death. They are moments of transition, as was birth. Discuss them with family, friends, care bears and doctors. Prepare advance care planning directives, stating values and wishes and the ways to be treated and to depart.

The proportion of frails and dependents increases with age (especially for the oldest-old), but a majority of the elderly remain independent!

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**Independent, frail, dependent elder persons**

**Functional health status:**

**Independent**
Non-frail persons with no incapacities for their Basic activities of daily life (BADL), i.e. self-care tasks = Bathing / showering / Personal hygiene & rooming, Dressing, Functional mobility (ability to walk within the flat, get in and out of bed, and a chair), Self-feeding

**Frail**
Frail persons, but with no incapacities for their Basic activities of daily life.

Frailty = state of vulnerability to poor resolution of homeostasis following a stress as consequence of cumulative decline in multiple physiological systems -> eroded homeostatic reserves: relatively minor stressor events trigger disproportionate changes in health status, typically a fall or delirium.

Dimensions of frailty: sensory, neuro-locomotor, energy metabolism, cognitive morbidity

A person is qualified frail when two of these dimensions present harm

Frailty = constitutive feature of the oldest-old persons.

**Dependant**
Frail persons with at least one incapacity for their Basic activities of daily life

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*) LALIVE D’EPINAY Christian, CAVALLI Stefano, Le quatrième âge ou la dernière étape de la vie, Lausanne: PPUR, 2013, p. 27 (Collection: Le Savoir suisse 93)

Sources:
2011: Study VLV, dir. M. Oris, CIGEV, Université de Genève: Geneva and central Valais, persons living at their home and in institution, N = 1424.
1994: Study CIG, dir. Chr. Lalivé d’EPINAY, CIG, Université de Genève. Geneva and central Valais, persons living at their home and in institution, N = 2101

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**Geneva 2011/12: elder adults ≠ only beneficiaries of care and support, but continue to be givers even for the oldest old, where their increasing needs go along with reduced capacities for giving!**

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**Receive and/or give support to people (≠ in the same household) who are close, Geneva 2011-12**

- only receives
- only gives
- receives & gives

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