We are pleased to welcome members of the EASY-Care International Network to share the latest research and plans for future developments. During the two day meeting we will run a series of workshop sessions with the intention of helping each group to produce an excellent paper for publication based on their work. We will be able to identify the common themes under each heading and will develop a paper which describes the work of the network as a whole which we will use to present at forthcoming international events. We will also spend some time exploring ways of combining data across centres and agree timelines for the production of publications ahead of IAGG South Korea in 2013.

Day One: Monday 12 March 2012
8am: meet in Marmara Hotel reception for short guided walk to Karaköy ferry port. A mini bus will transport the group from Kadiköy to the University.
All day: feedback concentrating respectively on aims, methods, results and tentative conclusions (see abstracts).
Evening: Free

Day Two: Tuesday 13 March 2012
9am: meet in Marmara Hotel reception for short guided walk to Karaköy ferry port. A mini bus will transport the group from Kadiköy to the University.
Breakfast: subgroup of key regional advisors to discuss future development
Morning: combining data and timelines for publications
Afternoon: individual or group work to finalize research plans
Travel and Accommodation:

The Marmara Pera Hotel Istanbul:
Mesrutiyet Caddesi Tepebasi Istanbul 34430
Phone +90 212 334 03 00
Fax + 90 212 249 80 33
www.themarmarahotels.com/The-Marmara-Pera/index.asp

A group booking has been made for 3 night single occupancy (including breakfast). Check in at 3pm on Sunday 11th March and check out at 12pm on Wednesday 14th March. Any additional charges to your room will be at your own expense.

Useful links:

Key Travel ........... +44 (0) 2078439602
Ferry information ....... http://www.sehirhatlari.com.tr
Airport information ....... http://www.ataturkairport.com
University Yeditepe ....... +90 216 578 00 00 / 3170 (Rukiye Pinar’s extension)
## Attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helmut Brand</td>
<td>The Balkans</td>
<td><a href="mailto:helmut.brand@maastrichtuniversity.nl">helmut.brand@maastrichtuniversity.nl</a></td>
</tr>
<tr>
<td>Naim Jerliu</td>
<td>The Balkans</td>
<td><a href="mailto:naim.jerliu@maastrichtuniversity.nl">naim.jerliu@maastrichtuniversity.nl</a></td>
</tr>
<tr>
<td>Adriana Machado</td>
<td>Brazil</td>
<td><a href="mailto:abcmachado1@hotmail.com">abcmachado1@hotmail.com</a></td>
</tr>
<tr>
<td>Fernando Gomez</td>
<td>Columbia</td>
<td><a href="mailto:gomez.montes@ucaldas.edu.co">gomez.montes@ucaldas.edu.co</a></td>
</tr>
<tr>
<td>Carol Ma</td>
<td>Hong Kong</td>
<td><a href="mailto:carolma@ln.edu.hk">carolma@ln.edu.hk</a></td>
</tr>
<tr>
<td>Farshad Sharifi</td>
<td>Iran</td>
<td><a href="mailto:farshad.sharifi@gmail.com">farshad.sharifi@gmail.com</a></td>
</tr>
<tr>
<td>Reza Fadayevatan</td>
<td>Iran</td>
<td><a href="mailto:reza@fadayevatan.co.uk">reza@fadayevatan.co.uk</a></td>
</tr>
<tr>
<td>Vida Alizad</td>
<td>Iran</td>
<td><a href="mailto:vidadalizad@gmail.com">vidadalizad@gmail.com</a></td>
</tr>
<tr>
<td>Ee Ming Khoo</td>
<td>Malaysia</td>
<td><a href="mailto:eeming.khoo@gmail.com">eeming.khoo@gmail.com</a></td>
</tr>
<tr>
<td>Marcel Olde-Rikkert</td>
<td>The Netherlands</td>
<td>M. <a href="mailto:Olde-Rikkert@ger.umcn.nl">Olde-Rikkert@ger.umcn.nl</a></td>
</tr>
<tr>
<td>Liliana Sousa</td>
<td>Portugal</td>
<td><a href="mailto:lilianax@ua.pt">lilianax@ua.pt</a></td>
</tr>
<tr>
<td>Piedade Brandão</td>
<td>Portugal</td>
<td><a href="mailto:mpiedade@ua.pt">mpiedade@ua.pt</a></td>
</tr>
<tr>
<td>Rukiye Pinar</td>
<td>Turkey</td>
<td><a href="mailto:rukiyepinar@gmail.com">rukiyepinar@gmail.com</a></td>
</tr>
<tr>
<td>Ayse Ergun</td>
<td>Turkey</td>
<td><a href="mailto:ayergun@gmail.com">ayergun@gmail.com</a></td>
</tr>
<tr>
<td>Kamer Gur</td>
<td>Turkey</td>
<td><a href="mailto:kamergur@gmail.com">kamergur@gmail.com</a></td>
</tr>
<tr>
<td>Saima Erol</td>
<td>Turkey</td>
<td><a href="mailto:saimeerol@hotmail.com">saimeerol@hotmail.com</a></td>
</tr>
<tr>
<td>Sevil Albayrak</td>
<td>Turkey</td>
<td><a href="mailto:sevil.albayrak@marmara.edu.tr">sevil.albayrak@marmara.edu.tr</a></td>
</tr>
<tr>
<td>Francien Scholten</td>
<td>Uganda</td>
<td><a href="mailto:francien.scholten@gmail.com">francien.scholten@gmail.com</a></td>
</tr>
<tr>
<td>Howard Davis</td>
<td>UK</td>
<td><a href="mailto:Howard.Davis@wbs.ac.uk">Howard.Davis@wbs.ac.uk</a></td>
</tr>
<tr>
<td>Katrina Ritters</td>
<td>UK</td>
<td><a href="mailto:Katrina.Ritters@wbs.ac.uk">Katrina.Ritters@wbs.ac.uk</a></td>
</tr>
<tr>
<td>Keir Philip</td>
<td>UK</td>
<td><a href="mailto:kejphilip@gmail.com">kejphilip@gmail.com</a></td>
</tr>
<tr>
<td>Jack Watters</td>
<td>Pfizer Sponsor</td>
<td><a href="mailto:Jack.T.Watters@pfizer.com">Jack.T.Watters@pfizer.com</a></td>
</tr>
<tr>
<td>Ian Philp</td>
<td>Director</td>
<td><a href="mailto:i.philp@warwick.ac.uk">i.philp@warwick.ac.uk</a></td>
</tr>
<tr>
<td>Judith Long</td>
<td>Secretary</td>
<td><a href="mailto:j.f.long@warwick.ac.uk">j.f.long@warwick.ac.uk</a></td>
</tr>
</tbody>
</table>

## Contact information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:helmut.brand@maastrichtuniversity.nl">helmut.brand@maastrichtuniversity.nl</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:naim.jerliu@maastrichtuniversity.nl">naim.jerliu@maastrichtuniversity.nl</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:abcmachado1@hotmail.com">abcmachado1@hotmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:gomez.montes@ucaldas.edu.co">gomez.montes@ucaldas.edu.co</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:carolma@ln.edu.hk">carolma@ln.edu.hk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:farshad.sharifi@gmail.com">farshad.sharifi@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:reza@fadayevatan.co.uk">reza@fadayevatan.co.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:vidadalizad@gmail.com">vidadalizad@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:eeming.khoo@gmail.com">eeming.khoo@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td>M. <a href="mailto:Olde-Rikkert@ger.umcn.nl">Olde-Rikkert@ger.umcn.nl</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:lilianax@ua.pt">lilianax@ua.pt</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:mpiedade@ua.pt">mpiedade@ua.pt</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:rukiyepinar@gmail.com">rukiyepinar@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ayergun@gmail.com">ayergun@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:kamergur@gmail.com">kamergur@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:saimeerol@hotmail.com">saimeerol@hotmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:sevil.albayrak@marmara.edu.tr">sevil.albayrak@marmara.edu.tr</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:francien.scholten@gmail.com">francien.scholten@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Howard.Davis@wbs.ac.uk">Howard.Davis@wbs.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Katrina.Ritters@wbs.ac.uk">Katrina.Ritters@wbs.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:kejphilip@gmail.com">kejphilip@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Jack.T.Watters@pfizer.com">Jack.T.Watters@pfizer.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:i.philp@warwick.ac.uk">i.philp@warwick.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:j.f.long@warwick.ac.uk">j.f.long@warwick.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td>+44 7715 812666</td>
</tr>
<tr>
<td></td>
<td>+44 7715 812666</td>
</tr>
</tbody>
</table>
## Abstracts:

### Contents

Early Intervention Project in Stratford upon Avon, U.K.................................................................6

Update Dutch EASY-Care Studies, with focus on EASY-Care based detection of dementia in primary care: results of a cluster-randomized controlled trial (ClinTrials.gov IDNCT00459784) ........................................................................................................8

Use of EASY-Care system and future perspectives in Latin America..................................................9

The EASY-Care project in Brazil: a pilot study.........................................................................................10

Validity and Reliability of the Easy-Care Standard 2010 questionnaire among elderly people in a Malaysian community health clinic .................................................................11

Cross-cultural acceptability of the EASY-Care Standard: Experiences and Results from six studies in different countries in four continents.................................................................12

EASY Care study among elderlies in Kosovo .........................................................................................13

To compare independency between Iranian and Portuguese older people: A cross-cultural study.................................................................................................................................14

Investigating acceptability of easy-care instrument from the perspective of older people: a pilot study in Iran................................................................................................................15

Investigating the acceptability of the EASY-Care instrument from the perspective of specialists: a pilot study in Iran........................................................................................................16

A Pilot Study on the Easy-Care in Hong Kong........................................................................................17

Karol Marcinkowski University of Medical Sciences, Poznan, POLAND........................................18

EASY-Care screening: acceptability for professionals and patients in Continuity of Care unit................19

(In) dependency in older people with mental disorders:a study in Portugal using EASY-Care ..................20

Psychometric evaluation of the EASY-Care Standard 2010 in a Portuguese population..........................21

Applying the EASY Care Standard Questionnaire in Uganda...............................................................22

Psychometric properties of EASY-Care in a Turkish Sample...............................................................23
Early Intervention Project in Stratford upon Avon, U.K

Howard Davis, Director, The Local Government Centre.
E – Howard.Davis@wbs.ac.uk
Katrina Ritters, Senior Research Associate, The Local Government Centre.
E – Katrina.Ritters@wbs.ac.uk

Aims
We are currently working on an Early Intervention Project in Stratford upon Avon, U.K. (the home town of William Shakespeare). The project is testing an early intervention help and information service for older people. The service is based upon an electronic self-assessment questionnaire. This can be viewed at – www.trusted-assessment.co.uk. Respondents can choose to answer questions from one or more sections of the assessment. Once the assessment has been completed the system points to information resources, helping respondents to identify possible sources of support for their individual needs. The system also offers respondents the opportunity to create their own record by saving the information that they have entered. This enables them to return to it a later date.

Methods
The self-assessment is currently being offered in three ways – (1) Online; (2) At a number of public access points in the town; (3) Assisted completion at events held in the town and by selected healthcare and allied professionals.
Follow-up evaluation is taking place through interviews and focus groups.

Key Results
Work is currently in progress so it is at present too early to outline findings. However, there has already been an important shift of emphasis in conceptualisation – away from conceptualisation as a primary care development project and towards empowering older people through self-assessment.

Conclusions
The current project has a very short timescale. It is proving popular with those older people that we have been able to talk to thus far. However, we will not, in the timescale of the current project, be able to determine whether and how older people have made use of the information provided. We aim to undertake follow-up studies to look at these and other issues.
Ageing Society and Later Life
- Practical, wellbeing-related projects for older people

Our Projects....

- Better Government for Older people – grew out of LGC’s local authority Consortium work
- Department for Work & Pensions – National evaluators for LinkAge Plus programme
- NESTA – learning partners for Age Unlimited programme (with Institute for Employment Research at Warwick)
- Easy Care International Programme (programme led by Professor Ian Philp, Warwick Medical School) – national evaluators
- Stratford Early Intervention Project – local evaluators

Easy Care International Programme

About two thirds of the most serious threats to the health, independence and well-being are not known to the older person’s primary care clinicians.

The EASY-Care programme has been developed to ensure that these threats are identified and that there is an appropriate response, based on the priorities of the older person and a professional judgement about the need for preventive action.

LGC is working with Professor Ian Philp and Judith Long of Warwick Medical School on this project.

Nesta – Age Unlimited

Learning partner for the two year innovation-based programme 2010-11
Projects working in both England and Scotland
Organisation and individual based
Wellbeing and employment related
LGC working with Institute for Employment Research, University of Warwick as learning partners


Department for Work & Pensions - LinkAge Plus

National evaluators for the two year, £10m LinkAge Plus programme
Projects in Devon, Gateshead, Gloucestershire, Lancashire, Leeds, Nottinghamshire, Salford and Tower Hamlets
Streamlined assessment pilots in Greenwich and Islington

We are working (on all our ageing society/later life projects) to develop new holistic joined-up approaches which place older people and their wishes at the centre of policy making and service delivery - going beyond health and adult social care to promote their wellbeing and independence.

* This is often about making better use of what is already there - joined-up working, better information, better use of facilities, better handling of ‘first contacts’, ‘no wrong door’, making connections - to the benefit of older people themselves, to families and carers, and to the public purse.

Get in touch....

Howard Davis or Katrina Ritters at the Local Government Centre, Warwick Business School, University of Warwick, Coventry, CV4 7AL
Howard.Davis@wbs.ac.uk
Katrina.Ritters@wbs.ac.uk
Tel: 02476 522312
Update Dutch EASY-Care Studies, with focus on EASY-Care based detection of dementia in primary care: results of a cluster-randomized controlled trial (ClinTrials.gov IDNCT00459784)

Marieke Perry, Theo van Achterberg, Irena Drašković, George F. Borm, Peter L.B.J. Lucassen, Myrrha. J.F.J. Vernooij-Dassen, and Marcel G.M. Olde Rikkert
Radboud University Nijmegen Medical Centre; Department of Geriatric Medicine 925/Alzheimer Centre Nijmegen; PO Box 9101, 6500 HB, NIJMEGEN, The Netherlands

**Background:** We will start giving an update of the Dutch EASY-Care studies, which subsequently have been directed at an integrated primary care intervention, dementia detection and triage on frailty. We will specifically focus on the most recently completed trial, which aimed to overcome under-detection of cognitive decline by evaluating an EASY-Care based Dementia Training Programme (DTP) for pairs of general practitioners (GP) and primary care nurses (PCN).

**Methods:** The DTP is a complex educational intervention that consists of two workshops, individual coaching, an evidence based Elderly Assessment System (EASY-Care), access to an internet forum, and a computerized decision support system. Its content was based on three Dutch dementia guidelines. Participants were pairs of GPs and PCNs. The effects of the DTP were studied in a cluster-randomised controlled trial. Primary outcomes were the number of cognitive assessments and dementia diagnoses in a period of 9 months following workshop participation. Secondary outcomes were adherence to diagnostic recommendations, and GPs’ and nurses’ attitude and knowledge regarding dementia. Data were collected from GPs’ electronic medical records and by questionnaires.

**Results:** 105 GP-PCN pairs participated; 74 in the EASY-Care based intervention group and 31 in the control group. They recruited respectively 283 and 145 patients. From all patients without dementia diagnosis at baseline (265/135), cognitive assessments were performed in 92% of the intervention group patients and in 32% of the control group patients. 49% of the patients in the intervention group were diagnosed with dementia, against 15% in the control group (both p<0.001). Intervention group pairs showed better adherence to diagnostic guideline recommendations (74%) than control group pairs (42%) (p<0.001). Intervention group participants showed a bigger change towards a positive attitude and a larger increase in knowledge on dementia.

**Discussion:** This EASY-Care based Dementia Training Programme increases the number of cognitive assessments and dementia diagnoses performed in primary care, and improves adherence to diagnostic guidelines. In conclusion, EASY-Care is a good starting point for dementia diagnoses, and we will now study whether EASY-Care assessment can also play a role in frailty assessment and triage for integrated care.

**Funding:** County of Gelderland, the Netherlands, and The Netherlands Organisation for Health Research and Development (ZonMw)
Use of EASY-Care system and future perspectives in Latin America

Fernando Gómez
Research Group on Geriatrics and Gerontology, Faculty of Health Sciences, University of Caldas, Manizales, Colombia.

Older adults represent an ever-growing proportion of the population of the Latina America. In the region the number of persons aged 60 and over is expected to triple by 2050. For them, the mean of schooling is 4 years, with high percentage of illiteracy, 80% in rural regions, especially in women. There is an increasing burden of disease and disability with older age across the LAC region. The factors related with disability between Latin-American older people in activity daily living including higher number of noncommunicable diseases (stroke, osteoarthritis and depression), older group, female, poor self-perceived health and cognitive impairment.

The mean characteristics of elderly care in Latin American countries are high levels of satisfaction with intergenerational support, for men the most common source of care is their wife and for women the most common source of care is their children. 90% of potential caregivers are women and, of them half are 60 years and older. Respect to living arrangements 8% of men and 9% of women living alone.

The community-based informal support for older persons in Latin America is in risk due to falling of fertility rates, smaller family sizes and, changing cultural norms regarding caring for older people. Furthermore, in the region, older adults face a number of barriers to health care services, including poverty, lack of information, cultural biases and inadequately trained health care providers. At meanwhile, the long term care in almost all region countries is family-based with several difficulties as a very low use of other health care services different of medical assistance, a lack of Formal domiciliary care in many countries and the health care services are provided for healthy or severed dependent elderly, no for frailty older people.

The Easy-care system is a set of assessment instruments that enabling to assess the health and care need of older people, beyond of health assessment and is an excellent tool to identify other needs different of medical needs as social.

During this presentation it will showed the use of Easy-care system as a system to identify unmet needs in older people of Latino America region, their use as tool to dealing policies about care services for older people and to permit successful intervention strategies in care services.
The EASY-Care project in Brazil: a pilot study

Adriana Braga de Castro Machado, José Eduardo Corrente

**Background:** The EASY-Care (Elderly Assessment System) Project is a standardized instrument for comprehensive geriatric assessment. It evaluates elderly people’s perception in relation to their capacities and needs. It was developed by the University of Sheffield, England, as from 1993 by request from the European office of the World Health Organization. Since then, it has undergone constant development with the participation of more than 30 countries. This system gathers in one questionnaire several dimensions of such capacities, namely: falls, sight, continence, depression, sleep disorders, memory, mobility, pain, medications, housing, activities of daily living and carers’ needs. The main characteristic of the EASY-Care methodology is the approach centred on patient’s own perception and simple language.

**Objective:** To validate the Brazilian version of the EASY-Care Assessment by a pilot study carried out in the city of Botucatu - São Paulo State - Brazil.

**Methods:** Fifteen patients were randomly selected and interviewed by an assistant. They came from 2 primary health care units and were selected by age ranges (60-69, 70-79 and ≥80 years). The number of patients in each age range was calculated according to a proportion considering the older population of Botucatu. A descriptive analysis was conducted on the collected data and measures of consistency and reliability were obtained.

**Results:** Among the selected patients, the mean age was 71.7±8.2 years, 47% were females, 80% were married, 100% from urban areas, 67% retired or pensioners, 87% did not have a carer. Of the 49 questions, 36 are used to accomplish 3 main scores. We found the following means and standard deviations: 5.3±6.1 for the independence score (0-100, high scores are associated with great need for support), 3.7±1.6 for risk for breakdown in care (0-12, high scores predict increased risk) and 0.9±0.8 for risk of falls (0-8, three or more positive items indicate high risk of falls). The alpha-Cronbach coefficient for the whole instrument was 0.58. We also calculated it for all the domains: 0.76 for seeing, hearing and communicating, 0.22 for looking after oneself, 0.21 for getting around, 0.42 for one’s safety, 0.79 for one’s accommodation and finances, 0.11 for staying healthy, 0.67 for one’s mental health and well-being.

**Discussion:** Considering the whole instrument, the alpha-Cronbach coefficient showed reasonable consistence. This was due to the low variability of answers as the majority of patients have a perception of good health. This can be shown by observing the alpha-Cronbach coefficient values through the domains. The higher values were for communication, accommodation and finance and mental health and well-being. In these domains there was greater variability in the answers. The domains with low values were related to the high independence of the studied population.

**Conclusion:** According to the obtained results, we concluded that the EASY-Care System is consistent for the Brazilian population. Further studies are required for confirmation of results.
Validity and Reliability of the Easy-Care Standard 2010 questionnaire among elderly people in a Malaysian community health clinic

Valarmathi M, Khoo EM, Sjararatulnisah O, Low WY, Ng C, Karuthan Chinna

Background
Malaysian population is aging. There is an increased recognition of the value of a systemic approach to assessing the needs of the elderly. EASY-Care Standard questionnaire is a patient-centred tool that is used to provide a comprehensive assessment of the elderly.

Objectives
To determine the validity and reliability of the Easy-Care Standard 2010 questionnaire among elderly people in a Malaysian community health clinic

Methods
Face validity and content validity were assessed by an expert panel and a group of elderly patients. Based on the findings, amendments were made to the questionnaire and pilot study was done. The questionnaire was administered to 337 respondents at an urban public primary care clinic in Kuala Lumpur. Test-retest reliability of the items in the questionnaire was assessed in 32 respondents at an interval of two to three weeks.

Results
The final amended version of the questionnaire has 47 items across 7 domains. Two items were deleted; the question regarding vaccination status and the question regarding financial allowances. The Independence Score had a good internal consistency with Cronbach alpha of 0.78. The mean scores for the Risk of Breakdown in Care Score and the Risk of Fall Score were 2.04±1.68 and 0.49±0.73 respectively. The prevalence of fall for the past one year was 13.6% and 2.4% of the respondents had a high risk of falls. Most of the EASY-Care items have moderate to perfect agreement on the test-retest reliability.

Conclusion
The amended EASY-Care Standard questionnaire is useful and reliable tool to use for assessing the function of the elderly. It has a good face and content validity. Almost all the items had moderate to almost perfect repeatability.
Cross-cultural acceptability of the EASY-Care Standard: Experiences and Results from six studies in different countries in four continents.

K. Philip, D. Donkin, A. Oates, C. Crosbie, A. Whiteman, C. Pitsillides

Background
Over the past three years, six small scale studies took place to assess the cross cultural acceptability of the EASY-Care Standard.

Methods
Studies took place in the UK, Colombia, India, Lesotho, Brazil and Tonga. These studies used the same core methodology, with some studies also considering further areas of interest such as distribution of EASY-Care Standards by post. Other studies have taken place, for which we are currently awaiting results.

Results
This presentation considers the various findings of each study, drawing on common themes regarding strengths, weaknesses, and subsequent recommended developments. Key strengths identified include:

- overall high levels of acceptability;
- successful identification of unmet need.

Key weakness include:

- lack of clarity in certain questions;
- some people regarded the Standard as too long.

Recommendations include:

- Reconsideration of the ‘biography question’;
- effective use of screening questionnaire;
- use of context specific interviewer prompts.

Conclusions
The findings of this work are of benefit in directing the development of the EASY-Care Standard, and more generally, highlight important issues for consideration in any form of International Comprehensive Geriatric Assessment tools.
EASY Care study among elderlies in Kosovo

Naim Jerliu: Jerliu@gmail.com

Background: Our aim was to assess the health status of elderly people in Kosovo a transitional country in Western Balkans undergoing a difficult period of political and socioeconomic changes.

Methods: A nationwide population-based survey was conducted in Kosovo in January-March 2011 including an age-sex and-residence stratified random sample of 1,890 individuals (83.5% response) aged 65 years and over. EASY Care Instrument was used to assess the self-perceived health status. Furthermore, a comprehensive questionnaire, tapping socio-demographic and socioeconomic aspects of elderly people, was employed.

Results: Our preliminary results suggest that 51% of elderlies have sight difficulties (47% males, 55% females), and 46% (43% males, 48% females) have hearing difficulties. About 21% of elderlies are unable to use the telephone (16% males, 25% females), whereas 41% of them use it with some difficulties (34% males, 47% females). About 40% of participants were unable to prepare their own meals (42% males, 37% females). Around 2% of elderlies are unable to move from bed to chair (1.5% males, 3% of females), whereas 14% do so with some help (11% males, 16% females). Findings suggest that 6% of elderlies are unable to take their medicines as prescribed by the doctor (5% males, 7% females), and 41% need help in order to follow the instructions on how to take the medicine (32% males, 50% females).

Conclusions: These preliminary results from Kosovo indicate that EASY Care Instrument could be an appropriate tool for discriminating among elderlies with high and/or special needs also in transitional countries of Southeast Europe.
To compare independency between Iranian and Portuguese older people: A cross-cultural study

Vida Alizad: vidaalizad@gmail.com, Ali Asgari, Maria Piedade Brandão, Liliana Sousa

Aim: to investigate psychometric properties of the Persian and Portuguese Easy Care Standard 2010.

Method: A sample of 319 Iranian and 460 Portuguese older people were measured using the 18-items Independence scale of EASY-Care. The data were analysed using the Rasch Rating Scale Model (RSM) by WINSTEPS 3.49 (Linacre, 2004) software program.

Results: The results showed both rating scales function as intended. For both rating scales, the observed average measures were ordered for each response category, indicating that as older people's independence decreased the use of a higher response category became more likely.

For both Persian and Portuguese rating scales the Pearson Reliabilities were .85 and .88, the Item reliabilities were .99 and .99 and the separation index were 2.41 and 2.67 respectively. These indices mean reproducibility of relative measure location. So “high reliability” (of persons or items) means that there is a high probability that persons (or items) estimated with high measures actually do have higher measures than persons (or items) estimated with low measures.

Person Separation Index (G_p) provides the spread of persons on a ratio scale. Higher values of G_p indicate a larger spread of persons across the construct.

The person and item mean of infit and outfit for both rating scales indicated the Independence items fit the Rasch model and all but 5 items (Accident with bowels, keeping up appearance, Accident with bladder, Using telephone, Managing finance (Portuguese scale) and Preparing Meals (Persian Scale) meet RSM fit requirements.

The RSM item hierarchies were not same for both rating scale. However, the items of Getting Public Services, Housework, Shopping and Managing Stairs were higher on the item hierarchy (that are more difficult for older people to indicate high independence) and the items of Feeding, Moving from Bed to Chair were lower on the item hierarchy That is, they are “easier ” items.

Titles of the other papers are; 1. Psychometric properties of Farsi version of Easy-Care 2. Generating a Valid Translated Questionnaire for Cross-Cultural studies.
Investigating acceptability of easy-care instrument from the perspective of older people: a pilot study in Iran

Vida Alizad
Iranian Research Centre on Ageing
Reza Fadayevatan
Iranian Research Centre on Ageing
Ali Asgari
University of Tehran
Mohammad Amir Amirkhanidaryan
State Welfare Organization of Iran
Farshad Sharifi
Elderly health research centre
Ian Philp
University of Warwick

**Background:** EASY-Care is a research project which is developed in 1990. EASY-Care standard is a comprehensive assessment of older people’s health and care needs. Some pilot studies were conducted in some countries to determine the acceptability of the EASY-Care standard from the perspective of older people and health care professionals. This study is a part of a pilot study conducted in Tehran.

**Aim:** To assess the acceptability of the EASY-Care instrument from the perspective of older people in Tehran, Iran.

**Methods:**
The acceptability of the EASY-Care instrument were assessed using a questionnaire was developed for assessing the acceptability of the instrument asking questions about the length and clarity of the instrument, needs identification as well as recommending the instrument for use with other older people. 50 older people were involved. 25 females and 25 males. All of them were over 60. After achieving informed signed consent, EASY-Care instrument and the questionnaire developed to assess the acceptability of EASY-Care were completed. The data was analysed using SPSS version 16.

**Findings:** On the whole EASY-Care was highly accepted by older people in Iran and their suggestions included. More research is needed to investigate acceptability of the EASY-Care in other cultures to generate an international version of the EASY-Care instrument.
Investigating the acceptability of the EASY-Care instrument from the perspective of specialists: a pilot study in Iran

Vida Alizad
Iranian Research Centre on Ageing, University of Welfare and Rehabilitation Sciences
Reza Fadayevatan
Iranian Research Centre on Ageing, University of Welfare and Rehabilitation Sciences
Ali Asgari
Faculty of Psychology and Education, University of Tehran
Mohammadamir Amirkhanidaryan
State Welfare Organization of Iran
Farshad Sharifi
Elderly health research centre, Endocrine metabolism research institute, Tehran University of Medical Sciences
Mohsen Aarabi
Golestan University of Medical Sciences
Ian Philp
University of Warwick

Aim: To assess the acceptability of the EASY-Care instrument from the perspective of health care professionals in Tehran, Iran.

Methods:
The acceptability of the EASY-Care instrument were assessed in both quantitative and qualitative ways. Data collection continued until the topic was saturated. A questionnaire was developed for assessing the acceptability of the instrument asking three questions about needs identification, addressing the needs identified and preventing loss of health, independence and well-being in older people. 15 health care professionals were involved and data was analysed using SPSS version 16.

Findings: Although all three scales mean scores showed the acceptability of the EASY-Care from the specialists point of view, the lowest mean scores were found for needs identification (M=1.33, SD=.46). This suggests that respondents tended to report EASY-Care has a high ability to identify needs. The mean scores of meeting needs (M=1.67, SD=.61) and preventing loss of health, independence and well-being (M=1.60, SD=.63) are lower than the results found for needs identification and suggests that this scale has a low ability in comparison with needs identification.

On the other hand, the meeting needs results correlated positively and highly with the results found for preventing loss of health, independence and well-being (r=.92, p<.01), but they have no significant correlation with needs identification (r=.39 and r=.46 respectively). This suggests that the respondents tended to report the Needs identification acts independently and needs identification has no relation to meeting needs and preventing loss of health, independence and well-being based on the Farsi version of Easy Care Standard.

On the whole specialists were satisfied with the EASY-Care Instrument and their suggestions included.
A Pilot Study on the Easy-Care in Hong Kong

Alfred Chan Cheung Ming*; Carol Ma Hok Ka**; Chad Chan Wing Fung***

*Chair Professor in Social Gerontology, Department of Sociology and Social Policy & Director, Office of Service-Learning, Lingnan University
**Adjunct Assistant Professor, Department of Sociology and Social Policy & Assistant Director, Office of Service-Learning, Lingnan University
***Project Officer, Office of Service-Learning, Lingnan University

Introduction:
The Elderly Assessment System- Care (Easy-Care) Standard instrument was developed by the European regional office of the World Health Organization in order to assess the older people’s physical, mental and social needs. It is widely used in over 20 countries, but not in Hong Kong, China. The purpose of the present study is to pilot the instrument with a group of reasonably healthy elderly in Hong Kong by using a group of university students as assessors. The results have indicated an initial validity for cross-cultural assessments. Fifty-five service-learning students from the course, namely ‘Health, Illness and Behavior’ were recruited to conduct the study. They were trained to understand the concept of the health care assessment, the purpose and content of the assessment tool. Five hundred and fifty older respondents were interviewed and the mean age of the respondents were 71.5 (range=52-98). 54.5% (N=300) of the respondents was female and 45.5% (N=250) was male. 72.4% of the respondents received 6 years or below of formal education and 19.4% of the respondents had no formal education.

In general, 80 % (N=440) of the respondents was in good health for all areas of physical, mental and social well-being items. They were all considered of low dependent category (Mean:9, range: 0-100, ) and were at low risk of breakdown for care (Mean:3.2, range: 0-12). However, 23.1% of the respondents (N=127) had 3 points or above (range: 0-8) at having higher risk of fall.

In addition, it is found that age and gender were positively correlated to the respondents’ independence level (Age: r=.32**, p<.01; Gender: r=.11**, p<.01), risk in breakdown in care (Age: r=.23**, p<.01; Gender: r=.12**, p<.01) and the risk of fall (Age: r=.22**, p<.01; Gender: r=.10**, p<.05). Female elderly and oldest old group had a higher risk of fall. However, well-educated elderly tend to be independent(r=-.15**, p<.01), low risk of breakdown for care(r=-.19**, p<.01) and having low risk of fall(r=-.12**, p<.01).

The findings showed that the assessment tool could be applicable for a group of reasonable healthy elderly in Hong Kong and it also helped identifying the elderly (23%) who were in risk for care and in risk of fall. However, students also reported that the tool may need to be modified due to some concerns, like the questionnaire is too long, some questions are difficult to answer (e.g. What is the name of the medicine?), too many open-ended questions, etc. Once we have addressed these concerns, a representative study could be conducted in the long run in order to provide a reliable and feasible health assessment tool for the elderly in Hong Kong.
Introduction. The increasing age augments the risk of functional disability, and therefore the need for care. EASY-Care Standard 2010 questionnaire is the tool used to analyse the need of care which allows to identify areas where support is required.

Aim. Verification of EASY-Care Standard 2010 questionnaire in order to assess the needs of older women living in institutions.

Methods. The study is based on the EASY-Care Standard 2010 questionnaire performed in 40 women living in one of the nursing homes in Poznan. The condition was: ended 75 years and received in the test adjusted MMSE score above 15 points. EASY-Care Standard 2010 questionnaire allows the assessment of autonomy in 7 areas (vision and hearing, looking after yourself, getting around, personal safety, accommodation and finance situation, staying health, mental health and well-being) additionally some of the results obtained are analysed in the three scales.

Results. None of the women was independent in all seven areas. In scale of Independence score the average of the obtained results is 57.0 ± 27.3 points. (100 pts. - total disability) in the scale Risk of breakdown in care - 7.7 ± 3.2 points (12 - the highest risk of breakdown in care) while the scale of Risk of falls - 2.8 ± 1.5 points. (8 - the highest risk of falls).

Conclusion. This tool allows to define the prevalence of specific areas of high risk and also indicates the direction in which assistance should be planned and provided.

Key words: EASY-Care Standard 2010 questionnaire, institutional care, elderly individuals.
EASY-Care screening: acceptability for professionals and patients in Continuity of Care unit.
Ana da Silva Raquel Gabriel¹, Maria Piedade Brandão²,³, Liliana Sousa¹,⁴,

¹ SACS - Secção Autónoma das Ciências da Saúde da Universidade de Aveiro, Aveiro, Portugal.
² ESSUA - Escola Superior de Saúde da Universidade de Aveiro, Aveiro, Portugal.
³ CIIMAR - Centro Interdisciplinar de Investigação Marinha e Ambiental, Porto, Portugal.
⁴ UniFAI - Unidade de Investigação e Formação sobre Adultos e Idosos, Universidade do Porto, Portugal.

Abstract
Introduction: Geriatric assessment is crucial in the diagnosis of medical, psychological and social conditions. Multidimensional and comprehensive assessments are encouraged, although, adequate tools are still scarce. EASY-Care (elderly assessment system) have shown good acceptability in primary care settings. This study examines its acceptability in a institutional context: Continuity Care Unit.

Methods: This is a qualitative, exploratory and descriptive study, performed with the collaboration of two Continuity of Care units. The sample comprises 7 older persons institutionalized in continuity of care unit in the north region of Portugal; and 6 professionals included in the technical team of a continuity of care unit in the central region of the country. Two techniques were used to collect data: individual interviews with professionals and focus group interviews with the older people.

Results: Main findings suggest that: patients and professionals considered the EASY-Care acceptable and adequate for the multidimensional geriatric assessment in continuous care. The patients did not suggest any modification; but for the 6 professionals, EASY care needs changes to be feasible for use in continuous care, in particular to extend the response options on some issues (Without help or do you need some help?) to better facilitate the identification of needs (Without help, do you need partial help or do you need total help?).

Conclusions: EASY-Care is considered a facilitator of the intervention in continuity of care units, given the benefits reported by the older persons and the professionals; both stated that EASY-Care helps to understand the patients’ needs in a holistic way. The adaptation of EASY-Care to this context provides a tool that assesses patients’ needs and manages their quality of life. By improving the assessment the quality of care is promoted.

Keywords
EASY-Care; Geriatric assessment; Institutionalization; Continuity of Care
(In) dependency in older people with mental disorders: a study in Portugal using EASY-Care

Maria Joana Pina de Campos Silvestre Gonçalves¹, Maria Piedade Brandão²³, Liliana Sousa¹⁴,

¹ SACS - Secção Autónoma das Ciências da Saúde da Universidade de Aveiro, Aveiro, Portugal.
² ESSUA - Escola Superior de Saúde da Universidade de Aveiro, Aveiro, Portugal.
³ CIIMAR - Centro Interdisciplinar de Investigação Marinha e Ambiental, Porto, Portugal.
⁴ UniFAI - Unidade de Investigação e Formação sobre Adultos e Idosos, Universidade do Porto, Portugal.

Abstract

Background: The assessment of functional disability is an important indicator for the health and social services in planning activities that promote independency, autonomy, well-being and quality of life. EASY-Care has not yet been used among older people with mental disorders; therefore, the ability of this tool to distinguish functional disability from mental disorders needs to be examined.

Objective: To evaluate the functional (in)dependency in activities of daily living of older people with mental disorders.

Methods: A cross-sectional and retrospective observational study was carried out, comprising elderly users (> 64 years) with mental disorders, admitted at the Psychogeriatric Department in Psychiatric Hospital Magalhães Lemos. Data were obtained through 346 clinical processes at that service. A convenience sample of 157 (45.4%) users was established. Functional dependency was assessed using EASY-Care (Assessment System for the Elderly).

Results: EASY-Care shows high internal consistency (Cronbach alpha = 0.95). Participants were clustered according functional dependency level: independent (44.7%), light dependent (36.8%), moderate dependent (13.2%) and severe dependent (5.3%). Functional disability showed significant differences between all groups (p <0.001), and it was higher according higher dependency (p <0.01). Independents have the lowest age average with a higher prevalence of depressive and anxiety disorders and lower prevalence of dementia and cognitive impairment. Severe dependents have highest age average and moderate dependents have higher prevalence of dementia and cognitive impairment.

Conclusions: Data suggest that older people with mental disorder have different levels of functional dependency which are associated to mental disorders: dementia and cognitive impairment are higher related to more dependency.

Keywords: Dependency; Functionally-Impaired Elderly; Mental Disorders; Geriatric Assessment.
Psychometric evaluation of the EASY-Care Standard 2010 in a Portuguese population

Maria Piedade Brandão 1,2, Liliana Sousa 3,4,

1 ESSUA - Escola Superior de Saúde da Universidade de Aveiro, Aveiro, Portugal.
2 CIIMAR - Centro Interdisciplinar de Investigação Marinha e Ambiental, Porto, Portugal.
3 SACS - Secção Autónoma das Ciências da Saúde da Universidade de Aveiro, Aveiro, Portugal.
4 UniFAI - Unidade de Investigação e Formação sobre Adultos e Idosos, Universidade do Porto, Portugal.

Abstract
Background: The EASY-Care Standard is a worldwide assessment instrument used to identify older people’s perceptions in relation to their health and care needs, capturing competence and not performance. This study examines the psychometric properties of three subscales includes in the EASY-Care Standard 2010 version for Portuguese population: Independence Score (IS), Risk of Falls (RF) and Risk of Breakdown of Care (RBC).

Methods: Using convenience sampling, the study recruited a total of 560 individuals older than 64 years (323 women, aged 65-98 years). Participants were selected from various settings reflecting different living environments: 35% were community-living (senior universities, day care centres and primary care services) and 65% were under institutional care (homes for the aged, home help services, pain unit of hospital, continuity of care unit and internal medicine service of hospitals). Internal reliability was tested by examining coefficient alpha and “corrected” item-total correlations (i.e. the item correlated with the total score excluding that item) for the three scores under evaluation: independence (IS), falls (RF) and breakdown of care (RBC). When component variables had zero variance were removed from the scales.

Results: About the reliability and item-total correlations for the global 18-item IS scale coefficient alpha was 0.942; for the 8-item RF scale was 0.502; and for the 12-item RBC scale was 0.706. Participants were divided by community-living (CL) and under institutional care (IC); the coefficients alpha to fell between: IS - 0.896 (CL) and 0.940 (IC); RF - 0.409 (CL) and 0.537 (IC); RBC - 0.631 (CL) and 0.745 (IC). Participants were also divided by specific settings; the coefficients alpha was at the follow intervals: IS - 0.703 (senior universities) and 0.952 (continuity of care unit); RF - 0.268 (day care centres) and 0.644 (pain unit); RBC - 0.366 (home help services) and 0.780 (hospital, internal medicine unit).

Conclusions: The Portuguese version of EASY-Care Standard was found to have very satisfied psychometric properties through the IS scale for community-living and institutionalized individuals; and to have satisfied psychometric properties through the RBC scale could be suitable for assessing self-perceptions about level of dependency and the risk of falls. The RF scale needs to be revised.

Keywords: Independence Scale; Risk of Falls; Risk of Breakdown of care; Perception; Psychometrics;
Applying the EASY Care Standard Questionnaire in Uganda

Objective
1) To assess the feasibility and relevance of the EASY CARE instrument in a low income population in Uganda
2) To explore ways in which the EASY CARE instrument can be integrated with efforts to strengthen community responses and health services.

Background
The purpose of the EASY Care instrument is to identify unmet health and social needs among older people. In many low income countries knowledge and awareness about older people’s health and wellbeing issues is very limited and there are virtually no services. Therefore, the usefulness of the EASY Care assessment not only depends on the validity and reliability of the instrument, but also on how it is embedded in efforts to strengthen community support and health services to older people.

Methods
Following a pilot of 10 interviews, 50 interviews were conducted by community volunteers with older respondents in peri-urban area in Uganda. A workshop with all interviewers was conducted to evaluate the usefulness and potential difficulties of all questions and discuss the approach in general.

Results
The interview guided by the questionnaire went well. Specific suggestions for improvements, including contents of the question and translations into the local language, are made.
An important common observation of the interviewers was that the instrument focuses almost exclusively on needs of the respondents but does not provide enough opportunity to explore some of the respondents’ and communities’ strengths to respond to the needs and problems identified in the interview.

Discussion
It was feasible to apply the EASY CARE instrument in this low income low education older population in Uganda and the results are plausible. The instrument can be used in for instance a social gerontology manual that is being developed by the Uganda Ministry of Gender, Labour and Social Development for district and community workers.
There is however a need to embed the assessment in an approach that identifies possible ways in which the respondents’ themselves community and services can address the needs of older people. The Community Life Competence approach, developed to strengthen the HIV response, has been successful in mobilizing communities for the health and wellbeing of disadvantaged people. There is a need to further explore ways in which this approach can be used in combination with the EASY CARE instrument.
Psychometric properties of EASY-Care in a Turkish Sample.

This will be presented at the meeting.
Call for Submitted Symposia

The IAGG 2013 Organizing Committee invites proposals for symposia for the Congress. Symposia will be a cornerstone of the scientific program and will have a high profile at the meeting. Before submitting your proposal, please ensure you have carefully read the symposia submission guidelines. You can submit it by online system directly or by email.

Abstract Submission for Oral & Poster Presentations is also available now. Click for details.

Submission Category: Biological Science  Clinical Medicine  Social & Behavioral Science  Research, Policy and Practice

Major Programs

Scientific Topics
- Biological Science
- Clinical Medicine
- Social & Behavioral Science
- Research, Policy and Practice

Various Sessions:
- 2 Opening Addresses
- 8 Opening Lectures
- 41 Presidential Symposia
- 100 Submitted Symposia
- 1,000 Oral Presentations
- 2,500 Poster Presentations
- 20 Satellite Symposia
- 2 Award Lectures
- 10 Workshops/Round Tables
- 10 Pre-Conference Workshops
- and Special Sessions

Official & Social Program
- Opening/Closing Ceremony
- Welcome Reception
- Gala Dinner
- Site Visits and Tours
- Business/Interest Group Meetings

IAGG 2013 Schedule

Submitted Symposia Submissions: October 1st – May 31st, 2012
Abstracts Submission: January 1st – October 31st, 2012
Registration: October 1st, 2012 – May 31st, 2013

All You Need To Know About Korean Food - where to eat, what it is, and how to eat it! Check out our guide to the best restaurants in all the different parts of Seoul and learn where to go to get the best kimchi, ginseng, liquor, & more.
Call for Submitted Symposia

Important Dates
- Period: September 1st 2011 – May 31st 2012
- Notification of Acceptance: September 2012
- Notification of Presentation schedule: October 2012
- Final list of accepted proposals: October 2012

Main Themes
The congress program is primarily organized around four main themes:
- Biological Science
- Clinical Medicine
- Social & Behavioral Science
- Research, Policy and Practice

Guidelines for Submitted Symposia
- Each symposium should have three to four speakers for a total of 90 min.
- Proposals, only in English, must be submitted only online.
- To facilitate the review process, please pay careful attention and complete all application fields.
- Submission for participation in symposium (as speaker or organizer) is limited to two per person.
- It is assumed that the first author will be the presenter.

By submitting a proposal at IACO Seoul 2013, authors are assumed to give consent and authorize the organizers to publish or submit for the publication the abstract and paper, and to include them in any congress publications.

All communication with the congress secretariat will be done exclusively by the main organizer.

After the congress, the accepted papers will be published in the online proceedings on the congress website.

All speakers are required to register and pay the registration fee before the end of May 2013 in order to confirm their presentation. Failure to do this could result in losing your presentation slot.

Download Guidelines  Go to Proposal Submission

Home
Equity and Access to Health Care

The IACO 25th Quadrennial Congress will bring together evidence, experience and innovations highlighting the critical importance of equity and access to health care for communities and individuals, demonstrating how nurses and key to ensuring equal access and quality of health care. The Congress will provide a global platform for the dissemination of nursing knowledge and leadership across specialties, cultures and contexts via the IACO scientific programme, featuring keynote and main-session invited speakers as well as a wide range of concurrent sessions including dynamic papers accepted through our highly competitive abstract selection process.

The main objectives of the Congress are:

1. To advance and improve equity and access to health care;
2. To demonstrate the nursing contributions to the health of individuals, families and communities;
3. To provide opportunities for an in-depth exchange of experience and expertise within and beyond the international nursing community.

Key dates
16 April 2012 Online submission of abstracts opens
14 September 2012 Online submission of abstracts closes (midnight CET)
14 September 2012 Registration opens
1 December 2012 Applicants notified of abstract acceptance
11 January 2013 Deadline for registration of abstracts of presenters
14 February 2013 Early bird registration closes (midnight CET)
18-23 May 2013 25th Quadrennial Congress