



Nordic Gerontological Federation

GeroNord

News on research, developmental work and education within the
ageing area in the Nordic Countries

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The 25th NKG 2.-5.6.2021



Dear all

At the end of this special year, it is good to be able to write about the hope for the future. The pandemic has had severe societal consequences affecting all of us. However, older people who have higher risk for severe health consequences have faced strict restrictions that have affected their quality of life and dead. The sudden catastrophes tend to hit the most vulnerable part of the population the hardest. During this year, the necessary measures taken towards people living in residential care have caused confusion. Relatives have raised their worry about their close ones and the residents in care facilities have suffered from loneliness. For some people, especially for those with memory disorders, it has been difficult to understand why people keep distance and wear masks. Even participation in funerals has been restricted.

Let us move on to the hope. The development of the Covid-19 vaccines has been unprecedented fast. Accumulating understanding of the virus itself and its consequences have shown the power and importance of the scientific knowledge. Some countries have fared the pandemic better than the others but preparedness for the possible new pandemics has improved everywhere. Some countries have already started the vaccinations for health care workers and risk groups, but the others are still discussing access to vaccines and the priority order of the vaccinations. The vaccine can change our lives towards “the old normal”, meaning that we could meet our family members and friends without a fear and be present in their last phases of life. Until then, keep safe and look after each other from the distance.

As the president of NGF, I am looking forward to hearing about the investigations and research you have done under the pandemic. We all hope that we are able to arrange the 25th NKG on-site in Reykjavik in June 2021. However, if that is not possible, online congress will be considered. I look forward to your participation.

Wishing you a merry Christmas and a happy new year full of hope for a more normal daily life!

Nils J Holand
President NGF

THE 25TH NORDIC CONGRESS OF GERONTOLOGY, JUNE 2-5, 2021, REYKJAVIK, ICELAND

Dear friends,

Currently, we are experiencing a time of uncertainty and continuous challenges. We in the organizing committee for the 25th NKG in Reykjavik have learnt to simply accept this reality and try to make the best of it. The congress is scheduled for June 2nd - 5th in 2021 and we already have a very interesting and varied program, with contributions from all over the world. We will do our utmost to make the congress a valuable experience, even if we have to switch to an online event. The first months of 2020 will shed further light on the progress of the Covid-19 vaccination program and enable us to make a decision on the best way forward for the congress. Our wish is to be able to welcome you in Reykjavik in person and we feel we cannot give up on that dream just yet. We will make sure to keep you informed via the congress website (<https://www.25nkg.is/>) as soon as a decision is made. I also would like to remind you that the call for abstracts is still open until the end of this year and it would be especially interesting to hear about your views and experiences from the pandemic.

Looking forward to welcoming you this summer, virtually or in person!

With warm greetings on behalf of the organizing committee,

Steinunn Thordardottir

President of the 25th NKG



You are invited to the 26th Nordic Congress of Gerontology in Odense, Denmark, June 8–10, 2022

Change and continuity! That is what life and ageing is about. We experience ourselves and our surroundings differently during life. Later life is characterized by major transitions, moving towards frailty, dependency and multiple losses – but it is also a part of life with more time to engage in preferred activities and to come to terms and cope with new challenges. The corona pandemic has proved to be a challenge to the world beyond imagination, particularly to frail and vulnerable persons and societies.

On behalf of the Danish Society of Gerontology, the Danish Geriatric Society, and the Nordic Gerontological Federation, we invite you to join the 26th Nordic Congress of Gerontology (NKG) to share our engagement in ageing and later life. Please read more about the congress theme in the announcement (next page). At <http://26nkg.dk/> you can read more about the congress and the venue, Odeon, find the important dates, and subscribe to our news as the program develops.

Looking forward to greeting you in Odense in 2022,
Christine E. Swane, President
Pia Nimann Kannegaard, Secretary General



26NKG

JUNE 8 - 10, 2022

ODEON, ODENSE, DENMARK



CHANGE AND CONTINUITY

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Follow the program developing at www.26NKG.dk



26NKG

June 8 - 10, 2022

ODEON, ODENSE, DENMARK

**CHANGE AND
CONTINUITY**

On behalf of the organizers, we invite professionals, scholars, policy makers, and companies to explore questions of change and continuity in the perspective of ageing and later life. Plenary lectures, symposia, oral sessions, posters, and exhibitions will reflect themes from a multitude of gerontological and geriatric topics, particularly:

Digitisation and technology - Housing, generations and mobility - Lifestyle, engagement and transition - Education and competences in ageing societies - Morbidity, medical treatment and ageing processes - A good life and a good death.

We welcome presentations and discussions **to address perspectives that have major impact** on societies and future generations: Citizen perspective, Ethnicity, Inequality, Sustainability and ecology, The coronavirus pandemic and lockdown.

The congress will give you a chance to get to know Odense, the enchanting city of Hans Christian Andersen – just an hour by train from Copenhagen. The new venue, Odeon, is situated in charming cobble stone streets a few steps from the poet's house and museum. Part of the city has recently been reconstructed into easily accessed cultural and shopping districts, not to mention the parks along the river and the new, recreational harbour area. **Change and Continuity!**

Looking forward to greeting you in Odense in 2022,

Christine E. Swane, President
Pia Nimann Kannegaard, Secretary General



Locating adult foster care - Adult foster care for older people in between of formal and informal

Emilia Leinonen defended her doctoral dissertation in social and public policy, titled “Locating adult foster care - Adult foster care for older people in between of formal and informal” on 5th of September 2020 at the University of Jyväskylä, Finland.



This dissertation examines adult foster care for older people in Finland. In particular, the interest is in the long-term, commission agreement based form of adult foster care in which an older person moves permanently into the home of a foster carer who is not related to them. The theoretical background of this dissertation is based on two concepts - domestication and semiformalisation - through which the hybrid nature of adult foster care between public and private is analysed. Adult foster care is examined as care policy but also as everyday life experiences of care work, resilience, time and space.

The dataset of article I consists of the Adult Foster Care Act, the Adult Foster Carer Act and official records of the Finnish parliamentary plenary sessions.

The dataset of articles II-IV consists of twelve thematic interviews of foster carers. In addition, article III utilises a research diary and a short questionnaire. The policy analysis method called WPR-method and thematic content analysis were used in analysing the data.

The results show that the reasoning behind the development of adult foster care is based on the growth of older people’s care needs and the deinstitutionalisation policy. The assumption is that receiving care in a home environment is best for the older people themselves and also for the public economy.

However, for foster carers the domestication of care in a semi-public space without being formally employed by the public sector was challenging in several ways. Problems and tensions of foster care work were related to the uncertainty of care fee payment and especially to the lack of information and trust between the foster carer and the municipality. On one hand, foster carers felt they were not treated as equals compared to formal care workers. On the other hand, this was also a liberating factor as foster carers felt they could give high-quality care without haste and act as a ‘good carer’. The results show that the focus of the development of the adult foster care model should shift from cost-effectiveness to the improvement of the whole support system and on the equal treatment of all foster carers.

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Link to dissertation: <https://jyx.jyu.fi/handle/123456789/71418>

Trends in health expectancies and factors associated with health and function in older participants in the HUNT Study, Norway

Siri Høivik Storeng defended her doctoral dissertation titled “Trends in health expectancies and factors associated with health and function in older participants in the HUNT Study, Norway” on 26th of June 2020 at the Department of Public Health and Nursing Faculty of Medicine and Health Sciences Norwegian University of Science and Technology, NTNU Trondheim.

In Norway there is an increasing life expectancy and a rising number of older persons in the population. Demographic changes and a growing dependency ratio (ratio of the dependent / productive part of the working force) may raise the need for people to work longer and more efficient planning of future health care and home services for older persons, depending on their future health status. Thus, knowledge about the health of the older persons and how potential modifiable lifestyle factors affect health in pensioning age, is essential for potential interventions and public health policies enabling older persons to stay longer in the workforce and live independently in old age. The overall aim of this project was to investigate trends in health expectancies and factors associated with health and function among older participants in the HUNT Study. In article I we calculated total life expectancy and expected lifetime in self-rated good health and without longstanding limiting illness. In article II we studied what factors were associated with independence in basic and instrumental activities of daily living among older participants in the HUNT Study. The aim of article III was to study lifestyle behaviours associated with health in the first decade of retirement age.

The material in all three articles were based on the Trøndelag Health Study (HUNT). In article I the Sullivan method was used to calculate health expectancies over three decades by sex and age group. Total life expectancy and lifetime in self-rated good health and without longstanding limiting illness in HUNT1-HUNT3 were presented at 30 and 50 years by sex and educational groups. In article II multinomial logistic regression was used to investigate the association between lifestyle factors, self-rated health, life satisfaction, anxiety and depression in HUNT2 and independence in basic and instrumental activities of daily living after 70 years of age (HUNT3). Basic activities of daily living include fundamental skills such as eating, going to the toilet and to wash oneself, whereas instrumental activities of daily living concern skills necessary to function in a society such as shopping, cleaning the house and preparing meals. Disability was defined as needing assistance from another person in one or more basic or instrumental activities of daily living. This was compared with the competing outcomes mortality during follow-up from HUNT2 to HUNT3 and nonparticipation in HUNT3. In article III logistic regression was used to calculate the association

At 30 years total life expectancy increased by 7 years from 1984-2008 (HUNT1-HUNT3). Expected lifetime spent in self-rated good health increased by 6 years, whereas expected lifetime without longstanding limiting illness increased by 1.5 years during the same time period. Women could expect to live longer than men, but the extra years of females were spent in self-rated poor health and with longstanding limiting illness. Differences in health expectancies between educational groups were larger for expected lifetime in self-rated good health and time spent without longstanding limiting illness, compared with total life expectancy. In article II self-rated poor health, poor life satisfaction and depression were the factors most strongly associated with needing assistance in activities of daily living after 70 years of age. Low social participation, physical inactivity and a combination of the two were the two most prevalent lifestyle behaviours in 55-64-year-olds participating in HUNT2 and later HUNT3. Risky alcohol consumption and disturbed sleep were the lifestyle factors most strongly associated with poor self-rated health, poor life satisfaction and anxiety in the first decade of pensioning age. Physical activity had the largest population attributable fraction – i.e. greatest potential to reduce incidence of negative health outcomes.

We will face an increasing number of older people living with chronic illness in the future, but the subjective health is improving among older Norwegians. Marked gender and socioeconomic inequalities in health were observed. Subjective factors such as self-rated health, quality of life and depression, were most strongly associated with future dependence in activities of daily living among older persons. Physical activity had the greatest potential for reducing adverse health outcomes in the first decade of pensioning age. Risky alcohol consumption and disturbed sleep were the single behaviours most strongly associated with poor health outcomes in retirement age. These factors, in addition to a policy aimed at reducing social inequities, could be possible targets for preventive medicine.

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Executive committee

Nils Holand: President

Steinunn Þórðardóttir: 1. Vice president

Marja Jylhä: 2. Vice president

Christine Swane: President of 26NKG

Marijke Veenstra: Secretary General of the 24NKG

Representatives from the member organizations

Denmark: Danish Gerontological Society (Dansk Gerontologisk Selskab): Jette Thuesen

Danish Society for Geriatrics (Dansk Selskab for Geriatri): Pia Nimann Kannegaard

Finland: Societas Gerontologica Fennica: Mikaela von Bonsdorff

Finnish Geriatricians (Suomen Geriatriit ry - Finlands Geriatriker rf): Esa Jämsen

Finnish Society for Growth and Ageing Research (Kasvun ja vanhenemisen tutkijat ry - Föreningen för forskning i uppväxt och åldrande): Elisa Tiilikainen

Iceland: The Icelandic Gerontological Society (Öldrunarfræðafélag Islands): Sírý Sif

Sigurlaugardóttir & Sigrún Huld Þorgrímsdóttir

The Icelandic Geriatrics Society (Félag Íslenskra Öldrunarlækna): Steinunn Þórðardóttir

Norway: Norwegian Society for Aging research (Norsk selskap for aldersforskning): Annelise Flor Dyrli

Norwegian Geriatrics Association (Norsk geriatriisk förening): Nils Holand

Sweden: Swedish Gerontological Society (Sveriges Gerontologiska Sällskap): Sofi Fristedt

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