

EU senior citizens as active users of
gerontechnology innovations

Lahti, 28.5.2009

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Importance of innovations in
health promotion and elderly
care

The age dependency ratio in EU-countries, years 2000 - 2050

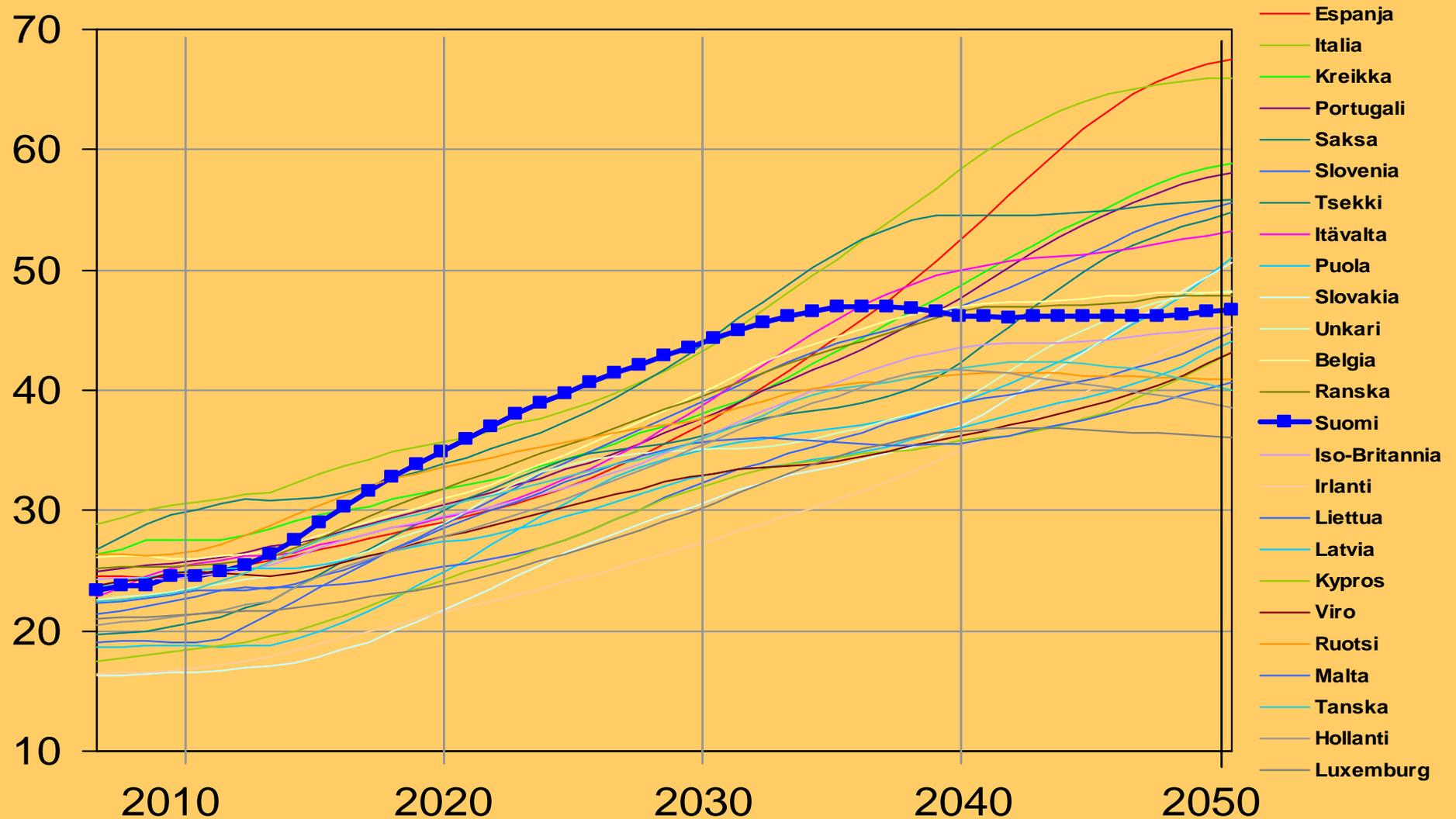
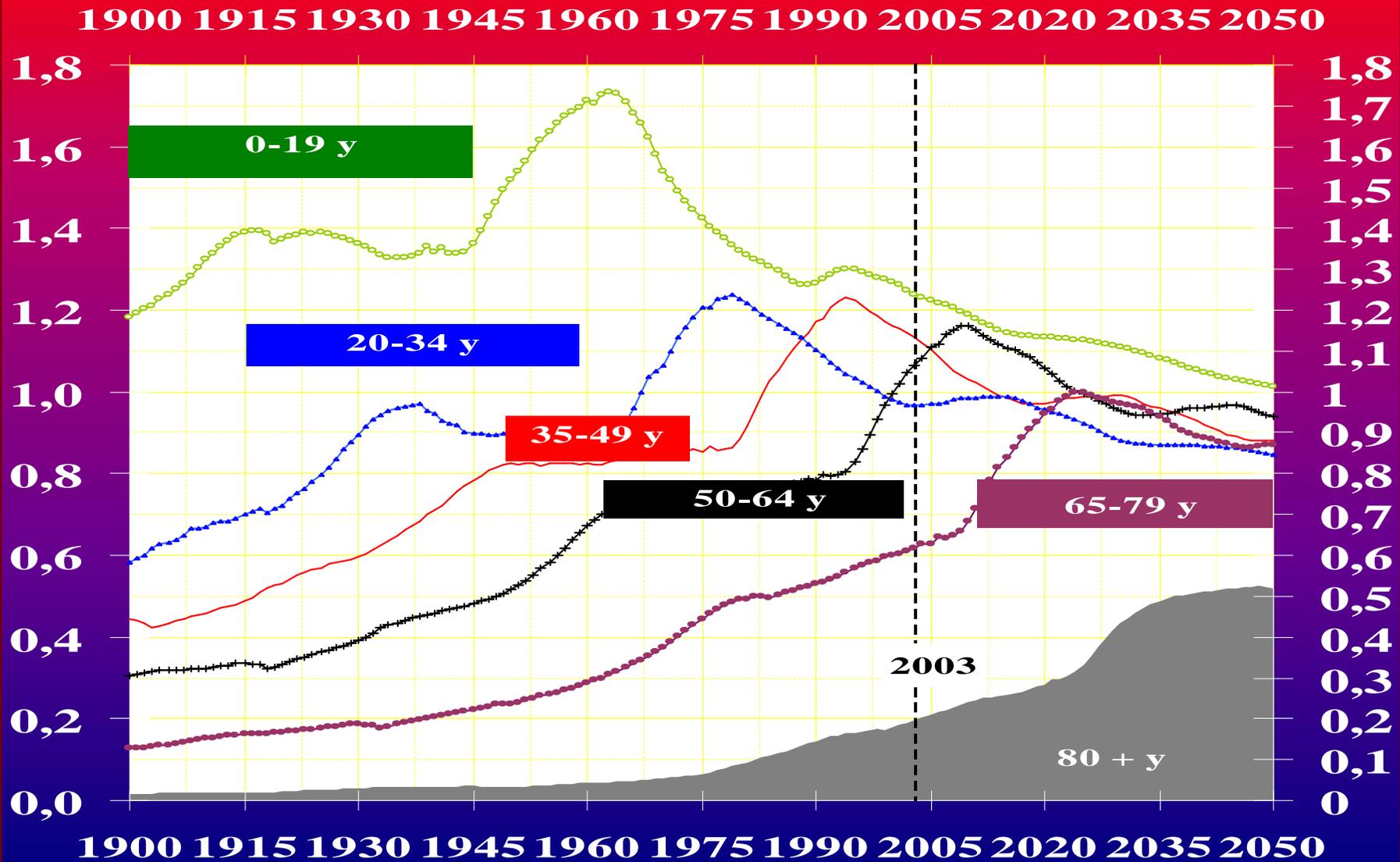
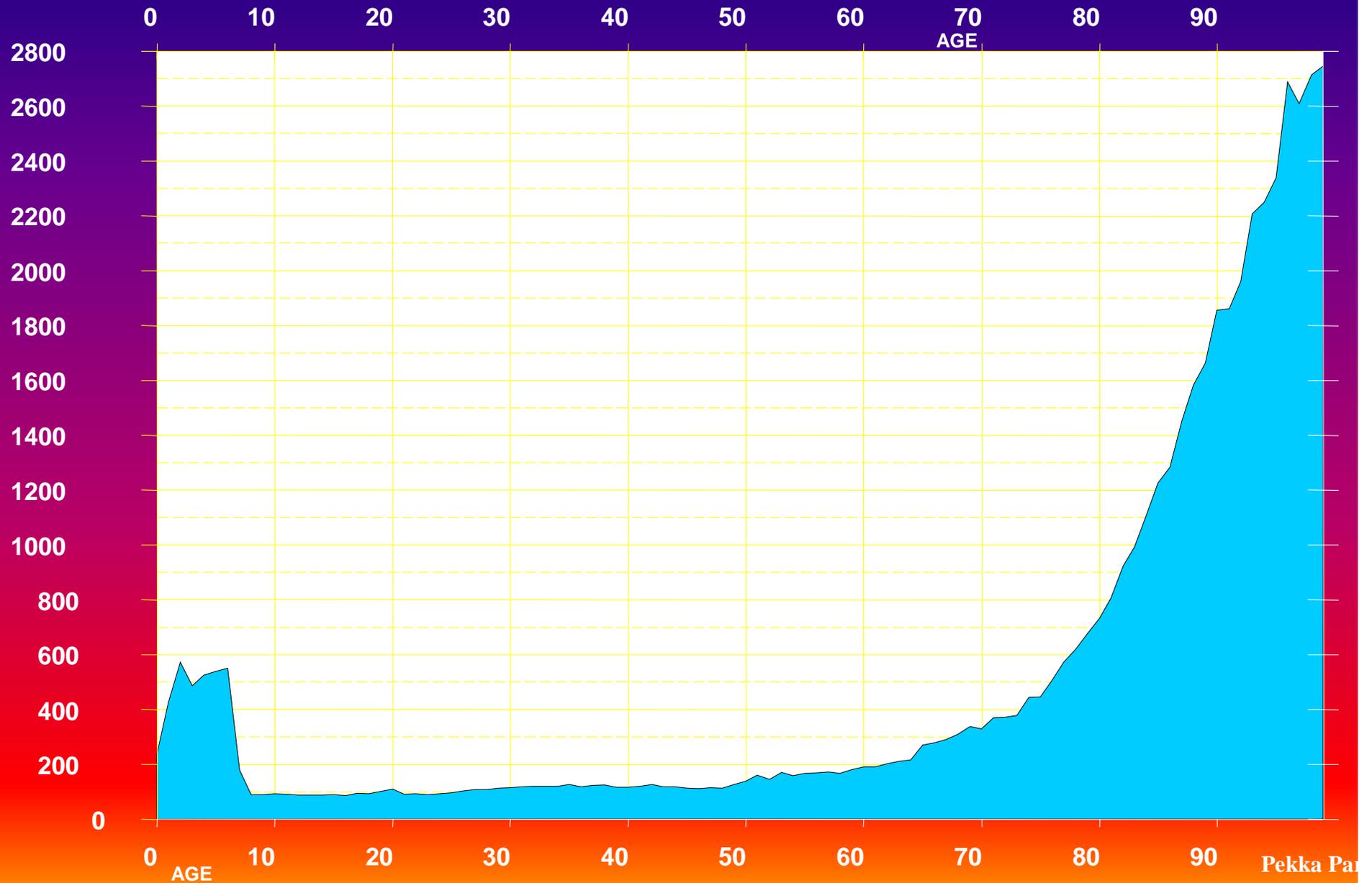


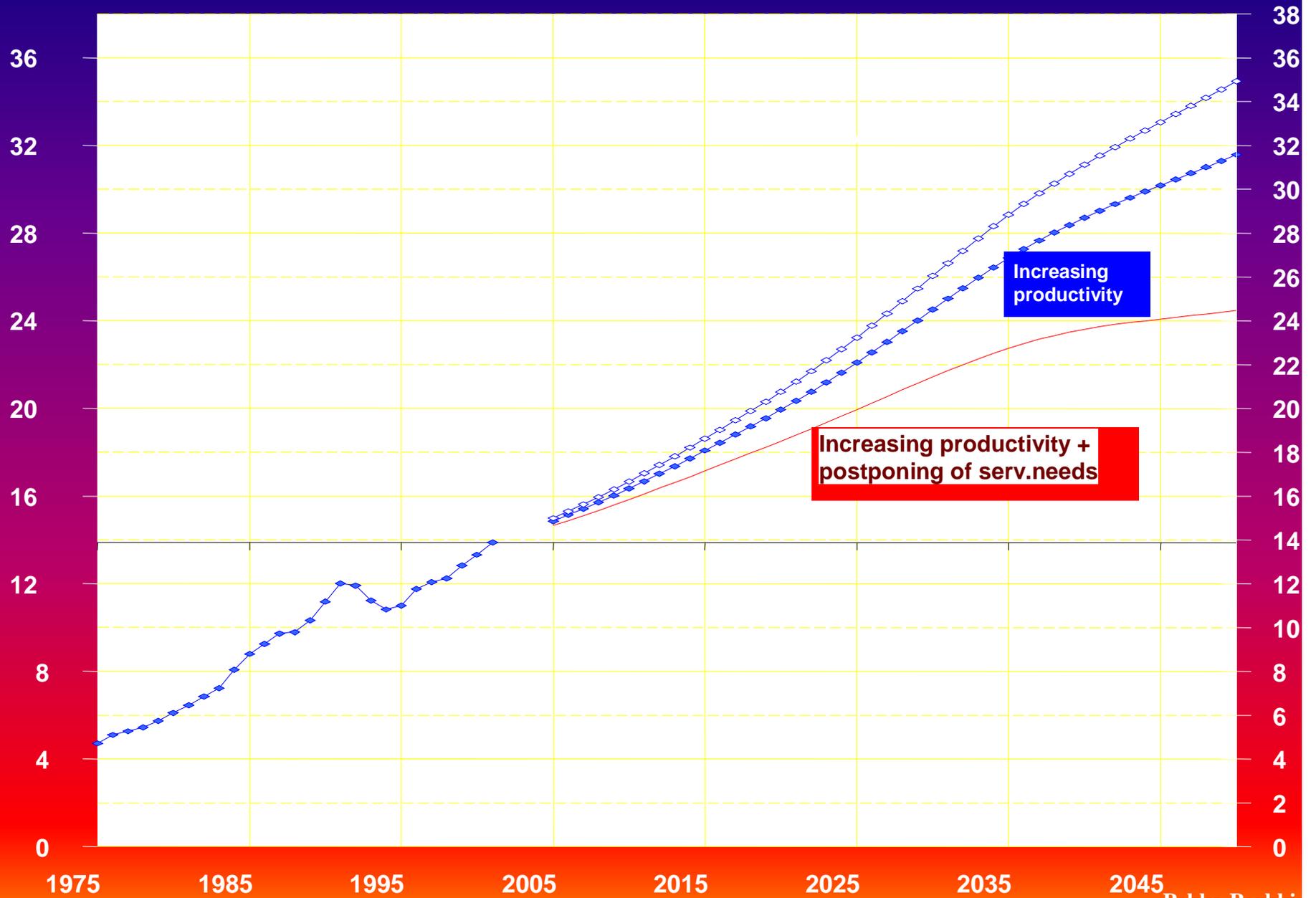
Figure 2. The occurred and predictable changes in absolute sizes of different age groups in 1900–2050 (in millions)



Care and service costs according to age (€per month)



Health and social expenditures and their predicted change in Finland, 1975–2050



Technological innovations are needed in order to improve productivity.

Social innovations are needed in order to postpone the needs for and use of services.

Social innovations

less tangible than technological innovations,
although the borderline between them is not clear-cut

all innovations are social in the sense that they come into existence through the interaction between producers and users

doing new things, doing things in a new way

challenging the customary way of thinking and acting

Social innovations

Innovations are important, but very often, innovation is just a fashionable word, a misused concept which has experienced inflation. Innovativeness is not a definitional property of our doings. Often, we simply exaggerate our innovativeness.

Social innovations

The ability to reconcile different, divergent, even conflicting objectives could be regarded as a common characteristic of real social innovations.

e.g. welfare state

Social innovations

Social innovations are strongly associated with discursiveness. Novelties are best promoted when framed with favourable rhetorics.

e.g. welfare society

Social innovations

Social innovation does not need to be on the scale of welfare state or welfare society in order to be justified as an real innovation.

Also minor novelties may satisfy criteria of innovativeness.

Social innovations

The diffusion of innovations does not occur only from the centre to the periphery.

Innovations are not disseminated in a uniform and mechanistic way.

E.g. good practices can not simply be copied from one society to another.

Societies are rapidly ageing, and there is a strong need for new innovative working practices in health promotion as well as for new kinds of alliances and co-operation in old age care.

Health promotion should be targeted to baby boomers and other young pensioners, but not only the conventional one (i.e. influencing on eating habits, exercise, smoking and drinking).

Also non-conventional health promotion is needed, which is based on the idea that functional capacity is a “use it or lose it” - thing.

Health and well-being can be enhanced by cultural participation, by doing something which is meaningful and pleasant.

Creative Methods in reminiscence

two cases

Case 1: A Comic Series Workshop

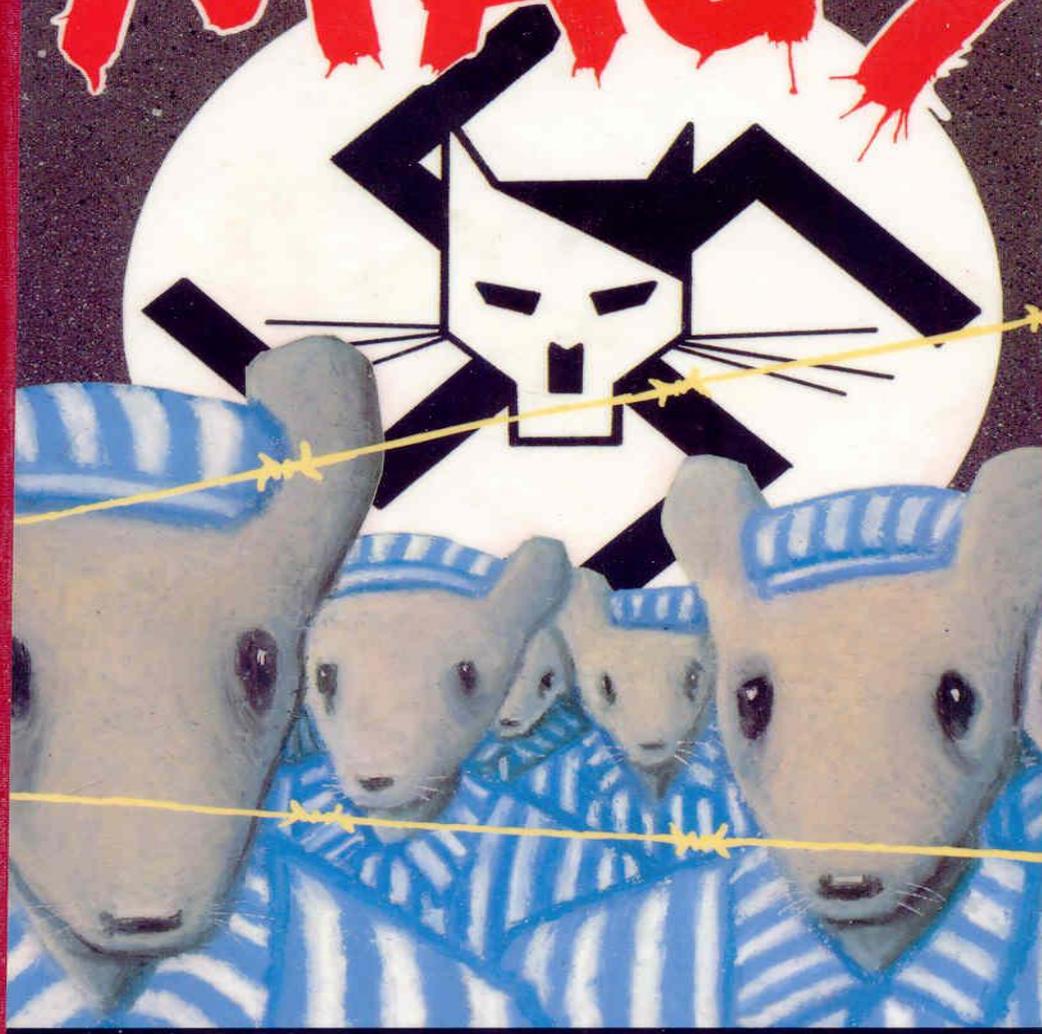
A workshop was established in the town of Lahti, where a lot of Karelian refugees moved after World War II.

Some of them were persuaded to participate in an unconventional reminiscence group, where they drew autobiographical pictures describing their wartime memories, especially those relating to the abandonment of their homes.

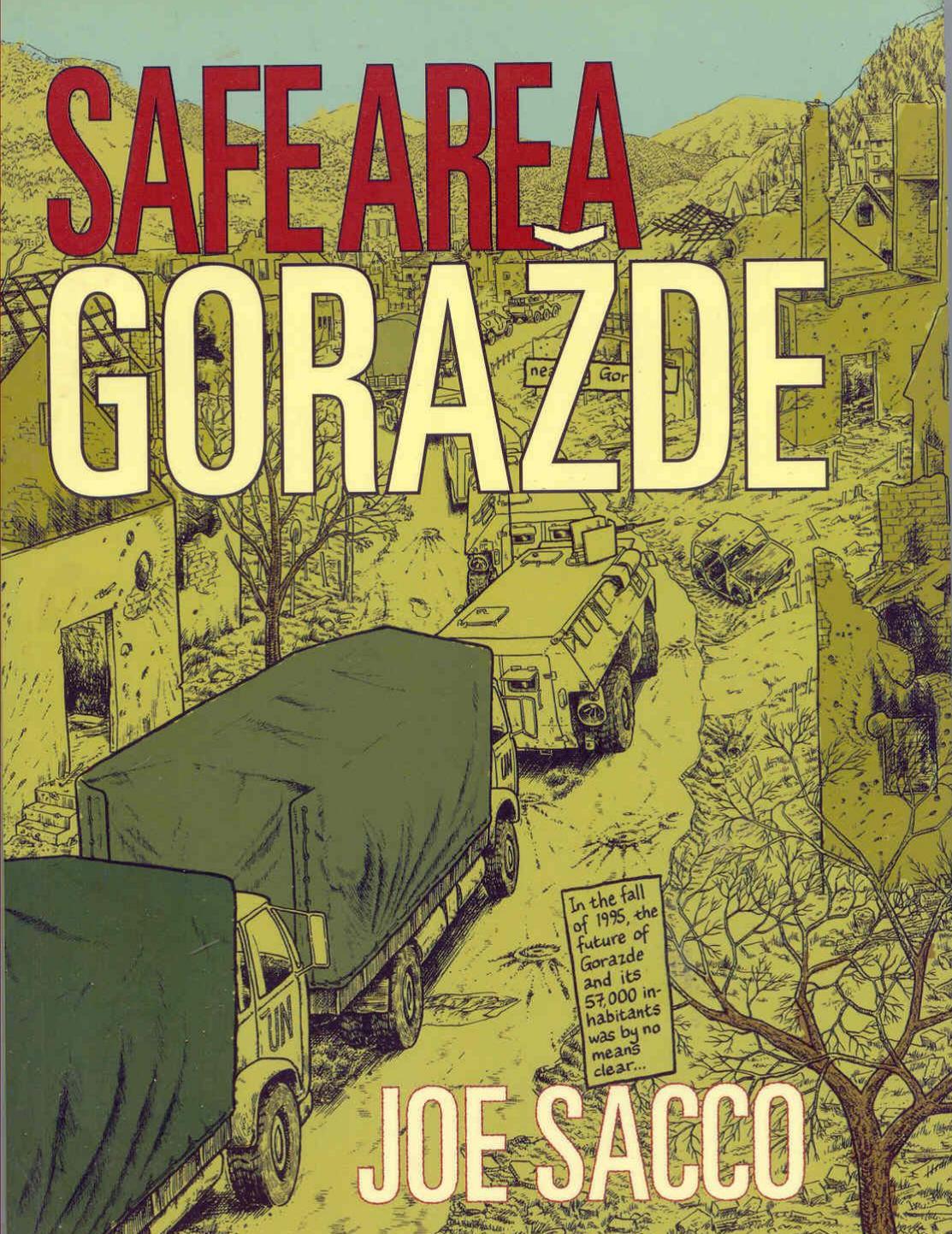


art spiegelman

MAUS



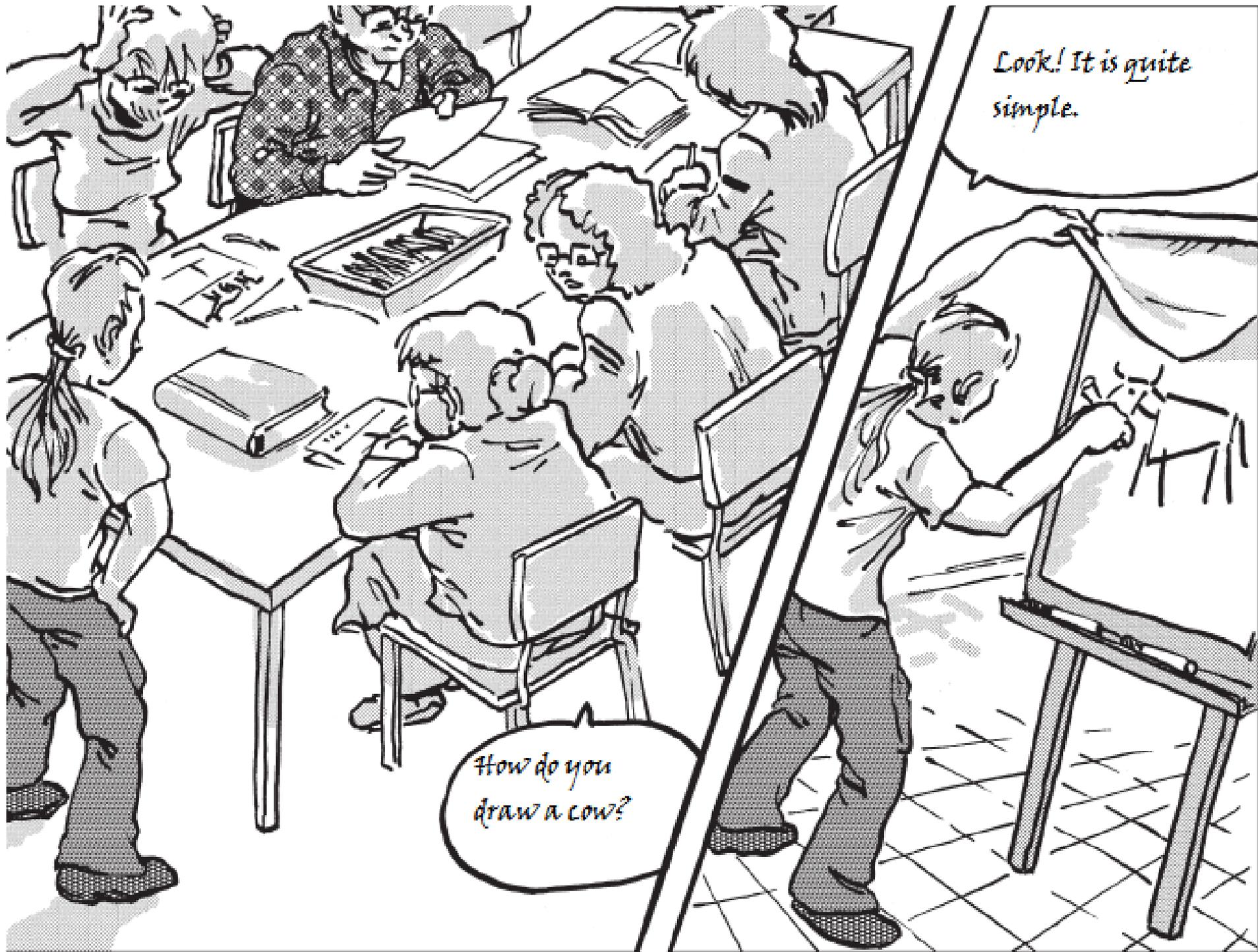
I SELVIITYJÄN TARINA
II JA TÄÄLLÄ VAIKEUDET ALKOIVAT



SAFE AREA GORAZDE

In the fall
of 1995, the
future of
Gorazde
and its
57,000 in-
habitants
was by no
means
clear...

JOE SACCO



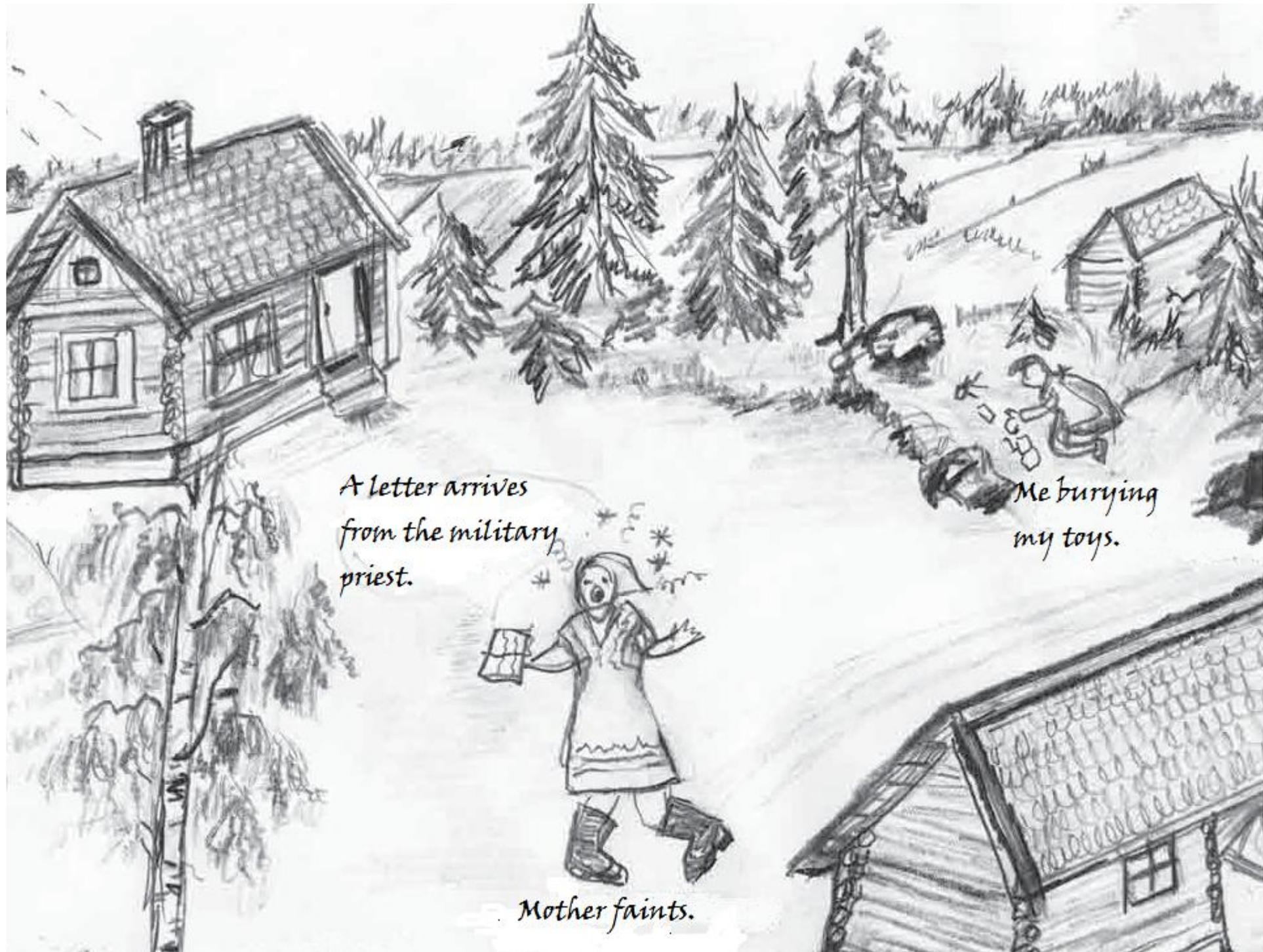
Look! It is quite simple.

How do you draw a cow?

The comic series workshop

Although the mode of expression was new to the participants, it did not prove to be as difficult as one might have thought.

In making comics there are many styles and not all of them require much in the way of drawing skill. People only need to have something to tell.



*A letter arrives
from the military
priest.*

*Me burying
my toys.*

Mother faints.

Case 2: Autobiographical writing group

Ten women, aged 55–75 years, living in a new kind of senior house in Helsinki .

Participants were asked to write “the first page of their biography”. When this was done, the next task was to write “the rest of the pages” .

Sensitive topics are described and discussed, and now the aim is to produce a joint publication of the life stories.

Writing group participants considered autobiographical writing a highly rewarding experience:

“This is absolutely the best thing that has happened here.”

“Now I have started to understand my close relatives and to know myself”

“During this process, some of the pieces have fallen into place”

“I have noticed that even I can write”.

In everyday care work it should be borne in mind that the human being have their biographies.

Biographical continuity is important now when societies are rapidly changing.

In a Finnish town Kotka, there is a place called *House of Memories*, where all kinds of private and collective memories are stored and refined, for instance into theatre plays.

Case 3: the Pukkila-project

Pukkila is a tiny rural community, 80 km from Helsinki, where quite a many of artists and creative professionals are living.

The aim is to mobilize them to use their talents for the benefit of the community and its senior citizens.

Pukkila-born Onni Nurmi made his last will that his property (shares of the Nokia company) should be used for the benefit of senior citizens in Pukkila



Money was used to build a handsome old people's home and service centre. Now the premises of Onni-house are ready, and it is time fill them with activities.

E.g. a "house of memories" where individual life histories and communitys histories are collected and transformed to theatre plays, songs, exhibitions, anthologies, cook books etc.

Conclusions and discussion

Cultural participation gives *immediate social rewards* in the form of joy and excitement, it adds directly value to the quality of life, and therefore motivates.

Conclusions and discussion

Cultural participation is not based on high culture only; sports and entertainment are equal.

By conventional measures of health promotion and elderly care we have succeeded to *add years to life*, by non-conventional measures it is also possible to *add life to years* (WHO)

Conclusions and discussion

Cultural participation may also have indirect *long-term effects*: decrease morbidity, improve performance, strengthen life control and improve abilities to cope with illnesses.

Conclusions and discussion

There is convincing scientific evidence about the long-term effects of cultural participation on health.

A group rehabilitation experiment for 80 year old people suffering from loneliness by Kaisu Pitkälä et al.

The groups focused on exercise, biographical writing and arts. The control group did not participate in these activities.

A randomised control trial was used: It proved out that social life of participants was enriched, their perceived health and measured functional capacity improved, as did their memory functions. Their use of health services was lower than in the control group, and the accompanying cost saving for society was larger than the cost of the activities.

Conclusions and discussion

Also longitudinal studies (made by Benson Konlaan in Sweden and Markku T. Hyypä in Finland) show that cultural participation has an effect on morbidity and mortality; even when education and other socio-economic variables are held constant.

Conclusions and discussion

Amartya Sen (economist and philosopher, Nobel-prize winner) has said that well-being is not just a question of the quantity of various resources, but also of what is achieved with the resources and how people are able to act in accordance with their own values.

The ability of people to “extract” well-being from existing circumstances and resources varies, and this can be boosted with the aid of cultural participation.