



Covering the American Society on Aging Conference: Badge a symbol of belonging to this â??sea of humanityâ??

Description

Our Columns

My first session was Monday morning at 9 a.m., so I set my iPhone alarm for 6:30. But I had never used it before, so I woke and 5 a.m. and dozed



The conference was held at the

Hilton Union Square, which I was sure was right on Union Square. So I got off the subway at Stockton Street and walked up the hill to discover not the Hilton but the Hyatt. The doorman pointed me toward Mason Street. Heading up Geary Street, I worried I was getting too far afield of Union Square. This time, I asked a woman on the street for directions. â??Iâ??m from out-of-town, honey, why donâ??t you look it up on your phone,â?? she said.

â??Oh, sure,â?? I stammered, quite abashed.

Then there it was â?? right around the corner at 333 Oâ??Farrell.

Frazzled but jazzed

By that time, I was frazzled, but glad I had set out early. Monday was registration day. I envisioned long lines â?? and wasnâ??t disappointed.

The next question on my conference journey: Is there a special line for the press? The monitor I asked didnâ??t know, so she set out to find out. Tailing her until she found the appropriate registrar, I was elated to find myself at the front of the line. What a coup!

I loved my badge. I felt it was a symbol of belonging to this large sea of humanity: 3,000 people from each of the 50 states and the District of Columbia gathered to share information to help older Americans and their families. (Conference attendees represent a population diametrically opposite of that segment of Congress constantly beating the drum for cutting social services, including Medical and Medicare.)

Reframing aging or freeze-framing?

My first seminar was called â??Disrupting Aging,â?• although it was really about disrupting ageism. The former seems to imply you can freeze-frame yourself at 65. The session was a collaboration of the American Association of Retired Persons of Connecticut and the nonprofit education company [Borrow My Glasses](#). Together they created a simple interactive video and card game that flips aging on its head. Like Humpty Dumpty, you put it all together again â?? but with a brand-new perspective. The women presenters were passionate, up-beat, creative and gracious. I was jazzed.

After lunch, I jack-rabbit around to a couple of seminars, quickly exiting ones that were uninteresting to me. Monday afternoonâ??s general assembly was fun and informative, but perhaps not in the way its title implied: â??How Technology is Reinventing Aging.â?• It featured a discussion of developing technology in the field of aging. A woman from a health care company moderated a panel of young to middle-age tech innovators. One of them was from [Great Call](#), which makes Jitterbug phones but also fall-detecting wearables, such as bracelets.

And on hand to offer feedback throughout the discussion â?? from a generational point of view â?? was researcher [Kate Lorig](#), a professor at the Stanford University School of Medicine and director of the Stanford Patient Education Research Center.

Back to the drawing board, boys

Although she found no fault with the bracelet, for other products focusing on surveillance, her comments ranged from â??It makes me feel dumb; I donâ??t like being told what to do; It threatens my privacy;â?• to â??The directions are incomprehensibleâ?• and â??OK, boys, back to the drawing board.â?•

Her sentiments were underscored by a short video showing an older man outsmarting smart technology: a cane that beeped to signal time for a walk; a fork that evaluated his food intake; and a bed sensor making sure he got enough sleep. He eventually tires of the surveillance â?? as would I.

He finds a neighborhood kid to walk his cane. A pile of books on his bed fakes the sensor into thinking heâ??s turning in at the designated time. At dinner, he eats pasta with a regular fork, while stirring the smart fork in a pile of vegetables â?? on a separate plate. The boisterous audience response indicated most people in sync with his frustration.

The Periodic Table of Technology-Supported Ageing

B Biology	Cr Cognitive Resilience	E Emotion	He Health	P Performance	Pe Perception	T Technology				
F Function	Al Adaptation	Ph Physical	C Cognition	L Learning	So Social Cognition	Di Digital Cognition	Pt Personal Cognition	Cs Cultural Cognition	Ox Organizational Cognition	Rt Resilience Cognition
Fr Form	Cu Cognitive Use	Se Sensory	Ha Habit	Pr Practice	Su Sustainability	Fi Finance	Pu Public Cognition	Cu Cultural Cognition	Rt Resilience Cognition	Ux User Cognition
Ph Physical	D Digital	Ti Technology	H Health	R Resilience	Th Thinking	M Mind	Sc Social Cognition	Fe Finance	W Work	V Vitality
Sc Sensory	Es Emotion	Bc Behavioral Cognition	I Intuition	Sr Social Cognition	Cg Cognitive Use	Ph Physical	St Sustainability	Me Mind	Cu Cultural Cognition	Dr Digital Cognition
A Adaptation	Ch Cognitive Use	In Intuition	On Organizational Cognition	On Organizational Cognition	Sn Sensory Cognition	We Work	We Work	We Work		

Every conference has its exhibit hall. This one was no exception. There were many helpful vendors making attendees aware of products such as a tele-rehabilitation solution that suits patients who have had a stroke, and Parkinsonâ??s and orthopedic problems; chef-designed meal-delivery services; and adaptive telephone equipment.

Along with the helpful agencies and research companies, anti-aging companies were at work marketing ways to keep skin wrinkle-free with moisturizers and electrical face-lift equipment. One moisturizing company was selling white truffle day moisturizer. Truffles are a fungus sniffed out in nature by pigs and dogs. On the usual unpronounceable list of ingredients, white truffle came in 20th.

Identifying malnutrition

I finished the conference with two inspiring sessions, on malnutrition among older adults and stigmas still attached to mental illness.

Affecting all socio-economic classes, malnutrition is hard for medical personnel and caregivers to recognize. There are no screening tools, thus no ways to evaluate or intervene. Yet research shows 25 percent of Medicare recipients have â??food insecurity,â?• which means they donâ??t have reliable access to a sufficient quantity of affordable, nutritious food.

Doctors donâ??t always ask patients about their food intake because they canâ??t offer solutions, according to [Uche Akobundu](#), senior director of Nutrition Strategy and Impact for Meals on Wheels. Panelists representing other national agencies said their organizations are developing tools to help doctors and caregivers identify populations at risk for malnutrition, educate them and help them improve their nutrition.

Demystifying mental illness

The last session focused on the innovative ways a group of social workers from New York City incorporate mental health services into their senior centersâ?? Asian population. In that culture, where negative emotions have been identified with insanity, the stigma is particularly dire. In an effort to

build patients' trust, mental health workers participate in senior center activities, becoming friendly with potential clients.

My conference days came to an end. I was sad and hopeful: Sad to leave this group of people dedicated to the well-being of others, but hopeful that many good changes in the world of aging are being cultivated and put into action.

I was particularly moved by a social worker on last panel as she recited a Jewish proverb she lives by, "If you've saved one life, you've saved the world."

Category

1. All Posts

Date Created

03/08/2018

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