Welcome to the fifth edition of NDA News, the newsletter of the New Dynamics of Ageing (NDA) Research Programme. The NDA Programme is the largest research on ageing ever mounted in the UK and the first one to bring together five Research Councils (AARC, BBSRC, EPSRC, ESRC and MRC) spanning all relevant research disciplines from the arts to biological sciences. This unique research venture is dedicated to the production of new knowledge about the ageing process, multidisciplinary collaboration and making an impact on the worlds of policy, practice and product development so that scientific inputs can be translated into real benefits for people as they age. Researchers on the Programme, together with experts from the various research user groups (NGOs, policy makers, industry practitioners), met together in April to discuss how best to maximise the impact of their work.

This is the first year of the Programme, which began in 2005, that will not be focussed on commissioning new projects. The NDA is at its full complement of 35 projects – the full details of which appeared in previous issues of this newsletter and can be found on the Programme website (www.newdynamics.group.shef.ac.uk). In fact five of the projects have finished and details of their main findings are included in this newsletter.

Also in this issue is some feedback from the NDA’s Older People’s Reference Group (OPRG) which is the standing reference group of older people providing advice to the projects and myself to help us ensure that the research does benefit older people. OPRG members are embedded within the Programme and have contributed in a variety of ways, including commissioning projects and advising on various aspects of the research process.

This newsletter also contains information about two other innovative NDA initiatives: the results of the second round of collaborative funding by the Canadian Institutes for Health Research and the China/UK Joint Workshop on Healthy Ageing.

The Programme has three further years to run and we want to ensure that it does indeed have a lasting beneficial impact on older people’s lives. Any suggestions you might have to help the Programme achieve its full potential would be received very gratefully.

Finally, I would like to welcome our new Programme Secretary Charlotte Jones who joined the team in March 2010.

Alan Walker
Professor of Social Policy and Social Gerontology
The University of Sheffield
Innovation in Envisioning Dynamic Biomechanical Data to Inform Healthcare and Design Guidelines and Strategy

Alastair Macdonald, The Glasgow School of Arts
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What the project was about
For many older adults certain routine tasks associated with daily living are difficult or painful to perform due to mobility-related issues as a result of ageing, disease or rehabilitation after surgery or accidents. This research was concerned with gaining benefit from scientific data (maximum lower limb strength, reaction force and motion capture) captured from 84 older adults in the 60+, 70+ and 80+ age groups each performing 11 separate daily living tasks. Data was visualized in an innovative format: a graded coloured visual system displayed where least or maximum stress (functional demand) occurred at different joints in an animated ‘stick’ figure of each individual. These visualisations formed the basis for both single-discipline and cross-discipline consultations, and included older people at all stages through systematically structured interviews and focus-group sessions. The goal was to facilitate cross-disciplinary discourses in which older adults would also be empowered to participate on an equal basis with specialist disciplines, to influence care and rehabilitation strategies, the design of the built environment, furniture, products and technological devices, and the quality and extent of work and living activities in later life.

What it found
An understanding of the points during a movement cycle at which the greatest functional demand was placed on joints was easily and quickly identified both across the spectrum of disciplines and by the older adults. Each interpreted the visualisations according to their professional expertise and/or personal experience. The findings are as follows:

1. This method of visualising the dynamic biomechanical data enables people without training in biomechanics – both professional and lay older people – to access and interpret the data: it enables lay people to contribute to discussions about biomechanics; it allows one to relate to one’s own experience and knowledge; it enables new professional insights, and it offers understandable and objective scientific data.

2. Older people are empowered to participate in the discussion of the problems and issues affecting their mobility with clinicians and healthcare practitioners and design professionals, and how this impacts on their lifestyle and quality of life: it elicits expression of mobility issues; and it improves two-way communication between older adults and health professionals.

3. Healthcare and design professionals can benefit from enhanced communication across disciplines, allowing a more joined-up approach to healthcare and design planning: It facilitates cross-disciplinary insights; and it helps overcome problems of terminology.

4. The visualisations allow a deeper understanding of the issues within professions, both in healthcare and in design: it improves over existing techniques; it has educational value; it has ergonomic applications; and it facilitates an understanding of differences between individuals.

Why the findings are important and to whom
Although the findings have applications in both the design and healthcare fields, they are of particular importance to biomechanists, physiotherapists and those involved in designing rehabilitation interventions. The ability to initiate and maintain movement to perform the physical tasks of normal daily activity is a crucial factor for a healthy and fulfilling life. Across the lifespan injury, illnesses and ageing factors affecting the musculoskeletal or neurological systems can reduce one’s capacity to live an independent life. There is currently an epidemic of long-term health conditions, a significant number impacting on functional ability and ability to work. As the population ages this situation will worsen, leading to an increasing burden on community health services and social service support. Appropriate rehabilitation has the potential to restore individuals to their
optimum functional capability and hence to reduce the impact on physical and mental wellbeing and ability to work. A cornerstone of many physical rehabilitation issues and techniques is a biomechanical understanding of the problem and its solution. Biomechanical data has the potential to inform the healthcare professional, the client and carer, and to aid communication of movement problems and rehabilitation concepts between clients and professionals. However, the scientific data is complex and a significant issue has endured in communicating analyses to non-biomechanists, i.e. service users/patients, clinicians and practitioners which the visualisation method helps overcome. The findings and visualisation method formed the basis of a successful application to the MRC’s Lifelong Health and Wellbeing call for a study (G0900583) entitled ‘Promoting physical independence by involving users in rehabilitation through dynamic visualisation of biomechanical data’. Here, the visualisation method is being used in a series of random controlled trials as a therapeutic intervention for e.g. stroke, joint replacement, exercise compliance, and falls minimisation.

**Key references**


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**New Metrics for Exploring the Relationship between Mobility and Successful Ageing**

**Lynn McInnes, Northumbria University**

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**What the project was about**

A decline in health is often a major worry as people grow older. People fear not being able to look after themselves and being a burden to others. Often a cause of this dependence is a decline in mobility. This study aimed to examine mobility patterns in successfully ageing adults who were the survivors of an existing 25 year longitudinal study of ageing. The study used innovative methods for mapping mobility and then assessed the relationship between mobility, health and lifestyle by examining the predictors and consequences of mobility. This helped to determine interventions that could have an impact on maintenance of mobility so that future generations can be informed of these interventions and encouraged to implement them. The study also examined the utility and acceptability of mobility tracking technologies as healthcare interventions.

**What it found**

The objectives of this study were to establish a sophisticated mobility profile of the oldest-old, to improve understanding of successful ageing and its relationship with mobility, to establish the predictors and consequences of mobility in the oldest old (using the longitudinal dataset) and to examine the utility of the new technologies.

A sophisticated mobility profile of the oldest-old was developed by using methods from accelerometry along with data from new location-based technologies in order to create innovative mobility metrics. These were used to corroborate self-reports of activity and mobility which helped document older adults’ autonomy and independence in terms of diversity in activity and engagement with public space. The mobility measures used in the study found that the 86 successfully ageing participants, who had a mean age of 79 years, comprised of a moderately active group of people. Location monitoring data revealed that this group of participants did not travel far from their home (mean furthest distance travelled away from home = 4.22 miles) and they travelled approximately 23 miles in a week which was spread over 5 to 6 journeys per week. Activity profiles from the accelerometers were comparable to earlier reports of activity estimates for a slightly younger age group with 70% of the day spent sitting or lying, 22% of the day spent standing and 7% of the day spent walking. Diary accounts of mobility corroborated the activity and mobility data in that most time was spent in sedentary activities.
Sedentary behaviour is an important characteristic when considering habitual patterns of behaviour, distinct from physical activity. This project allowed the separate quantification of physical and sedentary behaviour in older people. It was found that physical and sedentary behaviour, along with transitory behaviour, are indeed distinct from each other and together explain daily function. Patterns of activity suggest that changes do occur as adults age and initiation of activity may be more challenging for older adults especially later in the day.

The second objective was to use these new mobility metrics as outcome measures which were analysed alongside the existing longitudinal dataset in order to establish the predictors and consequences of mobility in the oldest-old. Younger age and a lower body mass index (BMI) were significant predictors of physical activity; health, functional mobility and gait speed were related to furthest distance travelled and previous levels of anxiety, social network size and health were important predictors of mobility.

Thirdly, new measures were taken, including indices of balance, lifestyle and social engagement in order to improve our understanding of successful ageing and its relationship with mobility and pave the way for subsequent investigations of this cohort. Lifestyle and health measures gave a profile of successful ageing adults. Most notably, the members of the oldest-old age group who had aged successfully displayed high levels of cognitive functioning, and low levels of depression and anxiety.

Finally, the project allowed us to involve participants and stakeholders in a discussion about utility and acceptability of the new location-based systems in identifying individuals at risk.

**Why its findings are important and to whom**

The findings of this study are important and relevant to a range of practitioners, academics and product developers. The finding that patterns of activity suggest that changes do occur as adults age and initiation of activity may be more challenging for older adults especially later in the day suggests that scheduling and timing of exercise programmes for older people will be important. This is of interest to physiotherapists, occupational therapists and other practitioners involved in the rehabilitation of older people who need to structure activities to best suit their clients. It is also of great value to learn that the results provide support for the use of accelerometry to measure habitual functioning in older adults. Similarly, health professionals will be interested to learn that the concurrent measures of number of medications taken, functional mobility and gait speed made significant independent predictions of mobility and that longitudinal measures suggest that neuroticism, social network size and health are important predictors of current mobility. This suggests that such measures may help to identify older people who may be at risk of reduced mobility, with a view to determining interventions that could have an impact on maintenance of mobility. Future generations can be informed of these interventions and encouraged to implement them. Finally, the project examined the utility and acceptability of the location monitoring system. Problems with the location monitoring devices were encountered. Such problems are of great importance for product developers who need to take such issues into account, as is the finding that the perceived sensitivity of location-based information as older people noted concerns about the potential misuse of personal information. Our ‘healthy’ older adults did not immediately see the benefits of the system and expressed fears that such systems would limit their control and portray them as ‘unhealthy’, i.e. they felt stigmatised by the use of such systems. Recommendations about designs to improve the usability and acceptability of such systems in the field will be of interest to product developers.

**A key reference**

www.newdynamics.group.shef.ac.uk/projects/23
Transitions, Choices and Health at Older Ages:
Life Course Analyses of Longitudinal Data

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What the project was about
The project examined various important aspects of life around the State Pension Age, including health, informal caring and the effects of the welfare state. The aim was to give good quality information to citizens approaching this stage of their lives, so that they can make sound decisions. We hope our findings will be of use also to policy makers and voluntary organisations with responsibilities for older people.

The project’s research questions were specified in discussion with the Department for Work and Pensions, Help the Aged and the Office for National Statistics. The first research question concerns the relationship between health and labour market participation in the decade before the State Pension Age, particularly whether this relationship has changed since 1971. The second question concerns the inter-relationship between informal caring, paid employment and health in the decade before the State Pension Age, with particular interest in the combination of part-time employment and informal caring. The third question concerns the effect of different types of welfare state regime on the relationship between health and labour market participation, in particular where the health disadvantage of exclusion from paid employment is least.

The research team came from a number of academic institutions: Imperial College London; MRC Social & Public Health Unit, Glasgow; Institute of Education; University College London; University of St Andrews. Our research officer was a fast-stream civil servant, who worked halftime on the project. We were supported generously and expertly by the Office for National Statistics. Caroline Needham and Teresa Lefort from, respectively, Help the Aged and the NDA Programme Older Persons Reference Group contributed to all project meetings. Our international collaborators came from the University of Helsinki and the University of Torino. The research formed an attached project of ESRC International Centre for Life Course Studies in Society and Health (ICLS).

What it found
Our core findings came from the Office for National Statistics Longitudinal Study (ONS-LS), which links the decennial census records of 1% of the population of England and Wales, some half-million people, from each census 1971, 1981, 1991 & 2001 plus, among other things, registration of deaths to 2006. Permission to use these data was given by the ONS-LS Ethics Committee. Parallel analyses were conducted in three comparable (linked register) longitudinal data sets: Turin Longitudinal Study; Finnish Longitudinal Study; Scottish Longitudinal Study.

The ONS-LS covers a period of profound social change in Britain. The 1971 census captures the end of the post-war settlement, with its idea of the family wage and the man as the head of the household. Most men worked from the minimum school leaving age until the State Pension Age, with few, if any, spells of short-term unemployment. Most women worked from the minimum school leaving age until the birth of their first child, when they left paid employment until, perhaps, returning part-time after the children became independent. Since then, the period between the 1981 and 1991 censuses saw de-industrialisation, the feminisation of the workforce and women’s earnings becoming central to household finances; while the 2001 census covers the start of globalisation. So, from post-war settlement to globalisation.
During the period 1971–2001, the patterns of labour market participation among both men and women changed markedly. Among men aged 60–64 years, the proportion in paid employment fell from around 80% to marginally less than 50%, with corresponding large proportionate increases in those describing themselves as early retired or permanently sick. The change in women’s position was the mirror image of this partial male withdrawal from the labour market. Compared with 1971, by 2001 the proportion of women aged 55–59 years who described themselves as housewives had halved, with corresponding proportionate increases in those in paid employment and those describing themselves as unemployed, early retired or permanently sick.

There were equally dramatic changes between 1971–76 and 2001–06 in the mortality rates of men aged 55–64 years and women age 50–59 years (the decades before their respective State Pension Age). The proportionate size of the fall in mortality risk varied somewhat by gender, age group and labour market category, but in nearly all instances at least 50%, with the largest falls among retired men and women and the smallest among housewives.

Surprisingly, given these large changes in mortality rates and patterns of labour market participation, the distribution of mortality risk across the various categories of labour market participation has changed little since 1971. At each decennial census, those in paid employment have had the lowest mortality rates during the subsequent five years, while those who are unemployed or early retired have had comparatively higher mortality and those who are permanently sick have had the highest mortality.

We ran two types of sensitivity analysis to test the robustness of these results to (a) measures of health and (b) health selection into the various labour market categories. (a) Our mortality results were replicated when, instead of mortality, we used the 1991 and 2001 census measure of limiting long-term illness. (b) Our mortality results were replicated when we allowed for wearing off of selection, by ignoring deaths during the first five years after each census 1971–1991. The results of the sensitivity analyses increase confidence in our results.

Why the findings are important and to whom

Our findings provide vital information for older people, NGOs and policy makers. In policy terms, of particular importance is the finding that people who are permanently sick have an excess mortality risk, compared to those in paid employment, which is as large in 2001 as it was in 1971 – despite a doubling since 1971 in the proportionate size of this labour market group. It is worth remembering that our results are limited to the decade before the State Pension Age, but at these ages there is no support here for the notion that people in the permanently sick group are less seriously ill nowadays than previously.

Key references

The project allocated one year to research question 1 and six months to each of research questions 2 and 3. Our results in relation to research question 1 soon will be publicly available, in greater detail than the summary below, when published in the Journal of Epidemiology and Community Health. Our results in relation to research questions 2 and 3 have not been validated yet by peer-review. Consequently, they are not summarised here; please see ICLS website (www.ucl.ac.uk/icls) for news of their publication in international peer-reviewed journals.
Psychometric Testing of the Multidimensional Older People’s Quality of Life (QPOL) Questionnaire and the Causal Model of QoL Under-pinning it

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What the project was about
Most measures of quality of life (QoL) are based primarily or partly on ‘expert’ opinions. This paper describes a new measure of QoL in older age, the Older People's QoL Questionnaire (OPQOL), which is unique in being derived entirely from the views of lay people, cross-checked against theoretical models for assessment of its comprehensiveness. Its performance is compared with two existing measures, in order to identify the best measure of quality of life for use in older populations.

What it found
Poorer QoL scores on each measure were achieved in a national ethnically diverse sample of people aged 65+, compared with the national population sample aged 65+; there were differences between ethnic groups. The OPQOL, CASP-19 and WHOQOL-OLD all performed well with the national population samples. Only the OPQOL met criteria for internal consistency in the Ethnibus samples.

Why its findings are important and to whom
The OPQOL is of potential value in the outcome assessment of health and social interventions, in an ethnically diverse society, which can have a multidimensional impact on people’s lives

A key reference
www.hindawi.com/journals/cggr/2009/298950.html

Ageing, Poverty and Neoliberalism in urban South India

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What the project was about
The research examined the impact of two decades of liberalisation and foreign direct investment on the lives of older people among the urban poor of Chennai, a South Indian city of over 4 million residents that is seen as a neo-liberal success story. It addressed economic and demographic issues of particular concern to developing countries that are ageing faster than developed countries did and whose workforce is concentrated in the informal economy. Having no work-based pension rights, informal economy workers must rely on access to state safety-nets (if available), family support and/or self-support. The study examined the capacity of people from Chennai’s low-income settlements to meet their subsistence needs through the state, family or self-support and compared the primary data collected between 2008–10 with primary data collected by two of the research team between 1990–91. A mix of quantitative and qualitative methods in five low-income settlements (800 household survey/200 household interviews), as well as public discourse analysis, were used to understand how inter-generational relations have been shaped by changes in the wider social and economic context, how state provision for older people and their families has changed and how older people’s access to work is changing.
What it found
Conceptualisations of old age and inter-generational relations are highly stylised. They misconstrue the older urban poor’s poverty and dependence, obscuring their causes and exacerbating factors and making adequate policy responses difficult to identify.

1. Popular discourse blames old age poverty and declining joint families on Westernisation and selfish, callous sons; failing to recognize that the imperatives of poverty break families into smaller units and increasing poverty impacts heaviest on older people.

2. Old age is inevitably impoverishing in a context of no or inadequate pensions, age discrimination in the labour market and planning and policy that only caters to workers aged between 15 and 60 years.

3. Neoliberal policies are:
   a) deepening economic pressures on families, forcing them to make hard choices between allocating family resources to children’s education or older people’s health. A dilemma significantly sharpened by the impact of global economics that have cut into family food intake in a state where, in 2008, 30% of children under age 5 were already malnourished.
   b) transforming Chennai, making it difficult for the poor to live and earn in the city. Increasing land values and policies to make Chennai more foreign-investment-friendly put pressure on low-income settlements and street markets, the latter being a key income source for older people and their families.

4. Capped, poverty-targeted, non-contributory pensions are not available to the large numbers of older urban poor who live in ‘below the poverty line’ households. The immense mismatch between the numbers eligible for pensions and the numbers of pensions available empowers individual government officials and pension ‘brokers’ and disempowers those applying for pensions and pensioners.

5. Pensions of Rs400 per month (£5.91), though an important regular source of income, can only supplement earned or family income when 97% of rents in low-income settlements, in 2008, were over Rs300 per month. Pensioners often need to work.

6. The older urban poor play a vital, but unrecognised role in the economy. By taking on the childcare and domestic work of younger women in their own and better off families they increase the number of women entering the labour force. They play a significant role as the end-point in the distribution of agricultural produce, taking it from the wholesale market and selling in local street markets. Older people play important roles in the bottom, and most poorly paid rungs of many industries, including building (breaking bricks for foundations) and transport (cycle rickshaw drivers).

7. Older people’s work participation is under-counted as much of their work is hidden within family businesses. This is particularly true of older women’s work which is why interpretations of older people’s welfare, relying on Census and Sample Household data, suggest high levels of familial support for older women. This study demonstrates that men’s working life is concentrated in the early years of marriage while women’s is concentrated in the later years; it is common to find older women supporting their husbands and married children.

Why the findings are important and to whom
The study situates old age poverty and inter-generational relations within a multi-level framework that ranges from global economic forces to household resource allocation, taking in government policy, public discourse and gender and age discrimination. It demonstrates that high levels of economic growth do not necessarily improve the welfare of the urban poor; rather it can increase economic pressures and these pressures fall hardest on older people. It demonstrates how conceptualisations of ‘the worker’, ‘the aged’, ‘the family’, ‘the urban economy’, and ‘work’ in policy and planning can misconceive both what older people do and what they are capable of. Rather than ameliorating old age frailty and enhancing wellbeing in old age, such policy and planning can hasten frailty and dependence in old age. This study provides evidence to campaigners and advocates for policies to eradicate poverty, particularly old age poverty. HelpAge India, HelpAge International, and the Convention for the Elimination of Discrimination Against Women and the Advisor to the Supreme Court (of India) Food Security Commissioner, amongst others, have used the work. As urbanisation and population ageing become acknowledged as dominant issues for developing countries, this study will provide an important baseline for comparative research and policy development.

A key reference
Jim Harding

Current Projects

Promoting Independence and Social Engagement Among Older People in Disadvantaged Communities, Michael Murray, Keele University

CALL-ME project
Community Action in Later Life - Manchester Engagement

First Advisory Board Meeting 9th September 2008 in the Manchester Town Hall.
Second Annual Report Meeting 13th October 2009 in the Royal Exchange Theatre, Manchester.
Over the past 18 months I have attended the above meetings and have enjoyed regular email correspondence with many of the CALL-ME project team. Professor Murray kindly included a full page within the CALL-ME NOW! December 2009 Newsletter, page 10, ‘Reflections on Research Progress’ by NDA Older Peoples Reference Group member Jim Harding.

For me this has been a really interesting project with a great team from Keele University, however, the contribution made by the older people’s representatives from the various communities, who are indeed the real experts, is for me so encouraging and important.

Working Late: Strategies to Enhance Productive and Healthy Environments for the Older Workforce
Cheryl Haslam, Loughborough University

Over the past 7 months I have communicated with the Working Late Team and attended the User Engagement Panel meeting last September. This was an opportunity to view the participants attending but also personally to make my own contribution to the Project.

For me, because of the Government Pensions changes, “Working in Later Life” will become even more important and this project will make a serious and important contribution to the way forward.

**Agenda for Later Life 2010**

Along with many other members of the NDA Older People’s Reference Group I attended the Agenda for Later Life conference at the Victoria Park Plaza Hotel in London on Thursday 18th March 2010.

As part of the launch of Age UK, the new force combing Age Concern and Help the Aged, this was the first main event in 2010 for everyone with an interest in public policy for older people.

Having been informed by the NDA Programme Team of this event I applied and was pleased to receive a free place.

**Mary Sinfield**

Experience has taught me that to become involved in any NDA project to which I have been assigned, I must be pro-active in approaching the project team. In each case, initial contact has been attempted through a phone call to the project leader, and where this was not successful, an email. My approach has been to express how much I would like to help take the project forward, giving reasons; to give a short synopsis of my background and current involvement with older people; and to give reassurance that my involvement will not be a burden on the project’s budget. From the outset, I have been welcomed as a participant in the project team, and made to feel my subsequent contributions were positive and helpful. I find it necessary on occasions to remind the project team to provide an update on progress.

**Current Projects**

**Biomechanical & Sensory Constraints of Step & Stair Negotiation in Older Age, Constantinos Maganaris, Manchester Metropolitan University**

Failed to establish personal contact with project leader, but email contact since 1 December has been informative. Lengthy phone conversation with research associate during which we discussed aspects of the project in detail, viz the mechanics of the test frame, the test scenario (stair descent), and volunteer selection, incentives, and information supply.

**Transitions in Kitchen Living, Sheila Peace, Open University**

Following a lengthy initial telephone conversation on 18 November, Teresa LeFort and myself have had the opportunity to comment on aspects of the project plan, and had a long and interesting discussion about the project at the OU’s London premises on 11 December.

**Design for Ageing Well, Jane McCann, University of Wales, Newport**

Initial contact on 18 November, followed by my visit to Newport campus on 8 December, during which I volunteered to assist the project team in Munich at ISPO Winter 2010. On 8th & 9th February, I was effectively their critical “mystery shopper,” helping the project team learn how the sports- and leisure-wear industry is aware of and addressing the needs of the increasing number of over-50s. My learning from the experience was reported in writing to the team on 13 February 2010.
Elizabeth Sclater

I have been involved in four of the Programme’s projects up until August 2008. Of these, I remain involved with one, receive the newsletter from another and am in email correspondence with a third. Following the final commissioning of projects in the summer of 2009, I am involved with a further three projects. I have been contacted by all three PIs but have yet to get fully involved having been out of the country when advisory or other meetings had been called. During this time I was also asked to assess a number of Canadian research projects which would link with, and compliment, UK specific NDA projects.

Current projects

TACT3
I continue to receive the project newsletter. I have encouraged the researchers to contact Lewisham Pensioners Forum for research participants as the provision of public toilets is a key issue.

Ageing, Poverty and Neo-Liberalism in South India, Birkbeck College, University of London
I am in email contact with the PI having had an excellent one to one session with her late last year. We discussed the results to date and plans for a dissemination conference in India in 2010. I was able to suggest some avenues for funding for the conference as well as opportunities for dissemination at the IFA conference in Melbourne in May 2010. I encouraged the PI to send her recent paper as evidence to the UN Committee of the Convention on all Forms of Discrimination Against Women (CEDAW). The chair-person of the CEDAW Working Group developing a recommendation on older women was particularly appreciative when I met her in New York in February this year.

Maintaining Dignity in Later Life, University of Bristol
A further advisory meeting was held in December 2009. It was another excellent discussion with an update on (improved) recruitment, large amounts of data for analysis – including gender and other diversity issues as the data allows, and plans for dissemination at local, national and international meetings. Following this meeting I was invited to join the Sue Ryder Care Centre Partnership, the Director of the Centre being an advisor to this NDA project.

Ages and Stages, Keele University
This exciting project at Keele is based on an analysis of the archives and also the experiences of theatre managers, directors, and elders, including actors as they have worked in or attended the local theatre over the last 40 years. The project has an international advisory group. Contact has been made with the PI and our details are part of the project website. The advisory group will be sent material for comment at appropriate times.

Contemporary Visual Art and Identity Construction
This fascinating project is based in Newcastle upon Tyne and involves different groups of older people, analysing their responses to contemporary visual art.

Sadly I was unable to attend a recent advisory meeting as I was to be abroad, however a long telephone conversation with the PI before the meeting made me feel part of the project already! I am really looking forward to reading the preliminary results.

Representing Self – Representing Ageing, University of Sheffield
The PI has been in contact briefly. I wait to hear about any advisory meetings.

Experiences as a Commissioner
February 2009 saw the final commissioning meeting of the NDA project. It had seemed like a daunting task in 2008 when the two boxes of applications for assessment arrived. From 185 applications over 40 had been short listed. Projects from biology and the arts and humanities had been particularly encouraged and the Director was pleased to see more applications from these fields.

It is a tribute to the Chair of the meeting, the Director of the Programme and the distinguished panel members from such a variety of disciplines that, despite the number of applications to consider, we managed to complete the process to time and with a remarkable level of agreement.
As in 2008, a wide range of projects were recommended for funding. Two of these were ones which I had been asked to assess and had strongly supported. Again it was not always easy to remain even handed especially when ‘fighting the corner’ for particular projects. Sadly, despite my efforts and inability to convince fellow panellists, one other project which I thought had merit, did not get through.

**CIHR**

In October 2009 I was asked to join the panel assessing twelve applications for collaborative projects from Canada. Our meeting to recommend projects to the Canadian funders was by teleconference. Again it was evident that there was a good rapport between the Chair, Director and other participants. Despite a few hiccups with the technology, we completed our decisions in an hour and a half.

Panellists agreed that the quality of applications was high and hoped that the Canadian Institute for Health Research would be able to fund more than four projects as initially intended. As all the projects were linked to earlier NDA projects, I was in ‘familiar territory’, and so it was easier to see how the projects would support those in the UK. One of the projects recommended for funding is based in Alberta and I hope to visit the project, linked to the Ages and Stages project at Keele, when I visit my sister in Alberta this Autumn.

**CIHR Canada – UK NDA Research Initiative**

The NDA Programme has created an innovative research link with the Canadian Institutes for Health Research whereby Canadian researchers can bid for CIHR funds in order to join NDA Projects as co-researchers. The Canadian applications were peer-reviewed by an NDA Commissioning Panel. The quality of the applications was very high. After the first round of four projects last year, a further five applications have been funded:

*Interactive analysis of functional and cognitive change across the IALSA (Canada) and HALCyon (UK)*

**Longitudinal Research Networks**

Scott Hofer, University of Victoria

This project is linked to the NDA project ‘HALCyon Healthy Ageing across the Life Course,’ led by Diana Kuh, University College London.

*Sustaining information technology use by older adults to promote autonomy and Independence: Newfoundland and Labrador Cohort*

Wendy Young, Memorial University

This project is linked to the NDA project ‘SUS-IT: Sustaining IT use by older people to promote autonomy and independence’ led by Leela Damodaran, Loughborough University.

*Health and Creative aging: Theatre as a pathway to healthy aging*

Janet Fast, University of Alberta

This project is linked to the NDA project ‘Ages and Stages: The Place of Theatre in Representations and Recollections of Ageing’ led by Miriam Bernard, Keele University.

*How do catastrophic events by modulating the immune response lead to frailty?*

Tamas Fulop, Universite de Sherbrooke

This project is linked to the NDA project ‘Synergistic effects of physical and psychological stress upon immunesenescence’ led by Janet Lord, Birmingham University.

*Effects of normal and impaired cognitive function on stair descent mobility for older adults*

Bradford McFadyen, Universitie laval

This project is linked to the NDA project ‘Biomechanical and sensory constraints of step and stair negotiation in old age’ led by Constantinos Maganaris, Manchester Metropolitan University.
China/UK Joint Workshop On Healthy Ageing – Diet And Nutrition Across The Life Course

On behalf of Research Councils UK, the NDA Programme organised a two-day workshop in Beijing in 17–18 March. The China/UK Joint Workshop on Healthy Ageing – Diet and Nutrition Across the Life Course follows the two NDA ageing workshops in Beijing and London in 2008 and 2009, on behalf of the ESRC. The Healthy Ageing Workshop was a joint venture between the NDA and Lifelong Health and Wellbeing Programmes. It brought together leading UK scientists in the field of diet, nutrition and ageing, with their Chinese counterparts, led by the Elderly and Clinical Nutrition Department. The two days of presentations and discussions were aimed at sharing the latest research knowledge in this field and developing collaborative links. The workshop proceedings will be available soon on the NDA website.

NDA Programme Meeting and Post-doc Workshop, Birmingham, 12–13th April 2010

NDA Project Investigators (PIs) and our colleagues from Research Councils came together in Birmingham to establish how we can maximise the impact of NDA research. Other speakers focussed on NGO and researcher perspectives, providing insight into domains relevant to our projects. PIs also used the opportunity to explore potential collaborations in group discussions and consider new paths for the future.

On the second day of the meeting, NDA Post-doctorates shared their progress with each other at a workshop. Sheila Peace and Tony Maltby led discussions on methods of ageing research and career development.
If you would like to receive further copies of the ndanews and/or future ones please let us know.

Also comments on the content and design of the ndanews would be welcome.

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