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Singapore is one of the fastest-aging populations in the world. Predictions show that the percentage of citizens aged 65 and above will increase from 12.4% in 2014 to 24.0% in 2030. In addition, obesity and the burden of chronic diseases are both increasing as lifestyles change. Future health expenditures are determined by multiple factors: age, sex, health status, obesity and smoking. Resource allocation and cost-containment pose growing challenges to policy makers. The goal of this paper is to model future healthcare expenditures based on current trends and evaluate the impact of alternative interventions that aim to reduce smoking prevalence and obesity.

To project the health and functional status of future cohorts of the elderly and to understand their cost implications, we have developed a version of the Future Elderly Model (FEM) adapted to the context of Singapore. FEM-Singapore is a dynamic Markov micro-simulation model that allows individual health states to evolve over time and accounts for trends in background drivers such as aging, obesity, diseases and disability. Our main source of population data is the Singapore Chinese Health Study (SCHS), a cohort study of over 63,000 respondents followed in three waves from 1993–2010. The SCHS is linked with a detailed cost database from the Ministry of Health, Singapore that captures all hospitalization episodes for the same period. Our simulation model projects inpatient healthcare costs into 2050.

UN AGENDA 2030: ADULT VACCINATIONS AS A PUBLIC HEALTH INTEREST FOR HEALTHY AGEING

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The United Nations adopted a 15 year Sustainable Development Agenda for 2016–2030 (Agenda 2030). The prior agenda, known as the Millennium Development Goals, made no reference to older persons, however a Stakeholder Group on Ageing advocated so that Agenda 2030 has an overarching principle of “leaving no one behind.” There are 17 Goals and 169 Targets and accompanying indicators that contain specific and implied references to older persons. Specific attention will be given to Goal 3 of Agenda 2030-”to ensure healthy lives and promote wellbeing for all at all ages.” The implementation of one of its targets such as “Achieve universal health coverage...access to safe, effective, quality, and affordable, essential medicines and vaccines for all” provides a global opportunity to develop and seek ways to promote healthy ageing including adult vaccinations. Research has shown that adult immunizations can drive healthy ageing initiatives however obstacles still remain to successful implementation. This poster presents the opportunities and strategies to convince policymakers to adopt a lifecourse approach to healthy ageing including adult immunizations. The Stakeholder Group on Ageing members from across the globe will identify programmes to influence policies on ways to promote healthy ageing and reablement in this poster.

SOCIAL VALUE OF PREVENTING ELDERLY DEPRESSION WITH COLLABORATIVE STEPPED CARE AND PRODUCTIVE AGEING

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Approximately 10% of older adults living in the community has clinically significant depression in Hong Kong. The associated societal costs (e.g., years of life lost, direct healthcare and long-term care costs, disease complications) are huge. Previous analysis of Medicare and Medicaid claims data has suggested an additional direct healthcare costs for late-life depression ranging from US\$5,771 to up to US\$17,607 per person per year depending on care setting.

Indicated prevention (targeting older persons with high risk factors) and selective prevention (targeting those with high risk factors and mild symptoms) can reduce suffering and societal costs. Funded by the Hong Kong Jockey Club Charities Trust, this study aims to test a best practice model for effective outreach, engagement, and prevention of late-life depression in 3,840 community-dwelling older adults. The 3-year project has three components: (1) collaborative stepped care between elderly and mental health services; (2) productive ageing for active outreach and engagement; and (3) community empowerment for mental health literacy.

The overall social value of the model will be assessed using social return on investment (SROI) method, a type of cost-benefit analysis, to provide evidence for further service rollout. Following standard SROI study method, focus groups and interviews will be conducted to identify areas of changes and map outcomes/financial proxies with stakeholders, and quantitative data will be collected for evidencing, establishing impact and calculating SROI. We report here the service model, preliminary findings from focus groups and interviews, and the forecast SROI of the model.

U.S. RESOURCES FOR DELIVERING CHRONIC DISEASE-SELF-MANAGEMENT EDUCATION: THE NATIONAL RESOURCE CENTER

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Effective interventions, such as chronic disease self-management education (CDSME) programs, are necessary to address the growing epidemic of chronic diseases in the US and abroad. Funded by the US Administration for Community Living (ACL), the National Council on Aging (NCOA) serves as the National Resource Center to support the expansion and sustainability of evidence-based CDSME programs countrywide. This poster is designed for professionals interested in exploring CDSME program delivery resources that are accessible at the Center. It will showcase the ways NCOA provides training and technical assistance to a nationwide network of state and community-based organizations that offer CDSME programs. It will describe and explain how to access the range of webinars that cover a variety of topics on CDSME programming, including outreach to underserved populations, health care integration,