

Version  
1.0

Presented on:  
November 17, 2021



# OAH COIN WHITEPAPER

OAH.FAMILY  
OAHCOIN.IO


**No one cares until someone cares;  
be that one!**  
-Ken Poirot

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# TABLE OF CONTENTS

## OAH COIN

1. Legal Disclaimer	1
2. Abstract	2
3. Mission	4
4. Vision	5
5. Our Values	6
6. Need for old age welfare	7
7. Geographical life expectancy	8
8. Ageing - Traditional v/s Modern Times	12
9. Crimes Against Senior Citizens	15
10. OAH Family - Making a difference	20
11. Being a Volunteer	22
12. Blockchain as solution	25
13. OAH Coin - Technical Architecture	28
14. POW v/s POS Technology	30
15. Coin Allocation	34
16. Road Map	36
17. Whitepaper Version Disclaimer	37
18. Connect with us	38





# LEGAL DISCLAIMER

## OAH COIN

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The white paper in English is the main and only official source of knowledge on the OAH FAMILY. The knowledge provided herein can be translated into other languages and used in a range of channels. In the event of anomalies between any translations or correspondence and the official English-language white paper, the provisions of the original English-language document concerned shall have primary standing and Prevalence. Please read our Terms and Conditions for more detail.

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# ABSTRACT

## OAH COIN

Blockchain technology, a marvel in the digital economy, has the potential to reverberate throughout every industry and enterprise. Even in its infancy, Blockchain has already proven to be the most promising technology.

The Blockchain technology is increasingly transforming various sectors World over. The tamper proof, open ledger system that blockchain has to offer, has the power to simplify and automate various day to day tasks for users. We can now see various implementations in sectors like healthcare, education and others.

With advancements in medical facilities, the average lifespan of human beings has increased.

The technological advancements made us more connected than ever. We have created better infrastructure and facilities for our families. World over the children have access to better education.

With increase in average life-span, there is an ongoing rise in number of senior citizens, which is further expected to increase every year. Having imparted their young years in making world a better place for everyone, the senior citizens deserve a lot of love, care and dignity. However, it is disheartening to observe that more and more seniors are now facing loneliness and lack of proper health care. Senior citizens, being the soft targets, are most vulnerable to become victims of any crime.

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We at OAH Family are standing to use the blockchain technology to make a positive shift in this situation. We look forward to create better monitoring, connectivity and healthcare resources using the technological advancements, the blockchain system has to offer, with an active involvement of our connected team of volunteers, making the entire globe a connected family.

There were 703 million persons aged 65 years or over in the world in 2019. The number of older persons is projected to double to 1.5 billion in 2050. Globally, the share of the population aged 65 years or over increased from 6 per cent in 1990 to 9 per cent in 2019. That proportion is projected to rise further to 16 per cent by 2050, so that one in six people in the world will be aged 65 years or over.

OAH Family voices their concerns, so they can lead secure & dignified lives. OAH Family envisions a society where elderly have the right to an active, healthy and dignified life. OAH Family works to create a digital platform for 'the cause and care of disadvantaged older persons to improve their quality of life'.

Founders of OAH Family have major goals for this sector and with the help of OAH Coin we want to meet the digital currency to its need by accepting it for supporting the cause. The OAH FAMILY strives to inspire a significant proportion of Volunteering investors to help make OAH Coin a bridge connecting the technology to old age welfare. We not only plan to provide the solid, transparent and encrypted ledger system which is impossible to decipher but we also come with fool proof plan to combat the ongoing problems relating to the health and social life of senior citizens with OAH COIN.

OAH Volunteers are an integral and important part of OAH Family. We are committed to provide growth opportunities for our volunteers. OAH Family founders are determined that OAH volunteers be presented with learning opportunities, overall development and employment opportunities for deserving volunteers, the world over.



# MISSION

## OAH FAMILY

OAH Family is determined to use OAH Coin as the primary vehicle to deliver the focused facilities to the elderly and in the process create growth avenues for our volunteering investors.

OAH Family is focused on direct interventions in the areas of Healthcare (mobile healthcare units, cataract surgeries), Age-care (helplines, senior citizen care homes and day care centers, physiotherapy), Livelihoods (elder-self-help groups; linkages with government schemes), Disaster Response (e.g. covid19 relief response), as well as Advocacy and Awareness on rights and policies relating to elders.

We will primarily focus on all those who are not able to get proper treatment for their disease especially in old age homes since the senior citizens are the most affected group deprived of basic medical facilities and assistance in the disease.

# VISION

## OAH FAMILY

The Vision of the OAH Family inculcates:

1. To provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an ageing population.
2. Creating a new “architecture” for Ageing.
3. To build a framework to create an enabling environment for “a Society for all Ages”.
4. To promote the concept of Active and Healthy Ageing.
5. Create learning, growth and overall development opportunities for OAH Volunteers.
6. Creating employment opportunities for deserving volunteers world over.
7. To provide 20x growth to volunteering investors by mid-2022, a 100x growth by EOY 2023 and 1000x growth by EOY 2025.

Our vision is to work towards the development of the society by providing education, medical facilities, assistance and other facilities to all those in need and to provide pecuniary assistance to those unable to fend for themselves due to old age, disease or any physical or mental handicap.

We are committed to come up as an organization providing assistance and support to large number of people, to reach weaker areas of the society and to reckon with at Global Level.

# OUR VALUES

## OAH FAMILY

### **Professionalism**

We will embrace the highest standards of integrity, endurance, knowledge and skills.

### **People-oriented Service**

We will always be sensitive to people's needs and provide timely services with respect, fairness and confidentiality.

### **Community Participation**

We will involve the community in attaining our service goals.

### **Effective Communication**

We will strive to understand and to be understood.

### **Continuous Improvement**

We will continuously strive for excellence.



# NEED FOR OLD AGE WELFARE

## OAH FAMILY

The world will soon be facing a situation without any precedent: the fastest ageing population than ever before. There will soon come a day when the world will have a higher number of older people than the total number of children in it.

Ironically, a longer life does not necessarily mean a healthier life. Many of the elderlies worldwide rely on emergency shelters, food and other such resources for meeting their day-to-day as well as nutritional needs. One cannot help but wonder about the more significant questions.

How will this ageing population affect living costs and overall health?

Will this ageing population be blessed with good health, better care facilities, better social engagement and a sense of well-being?

Given the rate at which global population is ageing, such a future is inevitable.

# GEOGRAPHICAL LIFE EXPECTANCY

## OAH FAMILY

According to the Centers for Disease Control and Prevention, U.S.A., eight out of ten coronavirus-related deaths in the country with the highest COVID-19 mortality rate outside Europe, occurred among people 65 and older (85% are considered the most at risk). In Europe, higher rates of older Americans are fueled by higher life expectancy and lower fertility rates.

Indeed, Italy lags behind Japan when it comes to the world's highest median age and the highest share of people over 60. The US, the country with the highest mortality rate in COVID 19 in Europe, has an average age of 38 years and a quarter of the population (23%) is 60 years or older. At the same time, Albania has the lowest median age (36%) of all European countries, as measured by the oldest global comparison by the United Nations.

Several countries today are facing aging populations, where the median age of the population is rising and a large proportion of that population is considered older. The majority of countries facing this trend are developed countries such as Japan and many parts of Europe. But parts of Asia account for more than half of the world's population, and countries in the region range from the youngest, such as Afghanistan, to the oldest, such as Japan.

While all regions of the world are ageing, the rate of growth varies by region. Europe is the oldest region - with 21% of its population over 60 in 2006 - and this proportion is expected to rise to 34% by 2050. The most recent region is Africa, where 5% of the population was over 60 in 2006 and will double to 10% by 2050.

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Between 2006 and 2050, the proportion of older people in Asia-Latin America and the Caribbean is expected to rise from 9% to 24% due to a reduction in fertility rates and an increase in life expectancy. The world population of the elderly (aged 80 and over) is also expected to more than double between 2015 and 2050, rising from 126.5 million to 446.6 million. The oldest and oldest populations in Asian and Latin American countries are projected to quadruple by 2050.

Youth is ready to inherit the future, but aging populations will determine it. The population of over-65s is growing faster than the population as a whole. In 2018, for the first time in history, the over-65s outnumbered children under the age of five.

In 2010, 53,364 centenarians (people over 100 years old) lived in the United States, representing a 58 percent increase in centenarians since 2000. The South had the highest proportion of people over 65, while the North East had the second highest proportion of people under 65.

In contrast, these results are likely to be due to differences in the population age structure in different countries and territories, with mortality rates more widely varying between the age groups. Our most striking finding is that ageing is associated in low-income countries such as Afghanistan, Liberia and Guinea with a decline in the deaths caused by diseases (e.g. Ischemic heart disease) but also with an increase in these deaths.

On the other hand, the life expectancy for women and men has increased from 65 years in 1950 to 87 and 84 years respectively for women and men in 2050 and 93 and 90 years respectively for women and men in 2100. The change in the mortality process is one of the factors influencing the ageing of the population. Lower fertility and longer life expectancy (life expectancy) are consequences of demographic transition to an ageing population and the shrinking of working and young people.

The proportion of the population 65 and over is projected to increase in all countries between 2020 and 2100, while the proportion of the able-bodied population to the elderly is projected to decline over the same period. Our projections suggest that a third of the population in countries with a potential support rate of almost 1.5 people by 2100 will be 65 or older, that is 15 % of people of working age (20-65 years).

As a result, the number of older people in work will triple from 20 in 1980 to 58 in 2060 for 100 active people. Healthcare systems in many countries need to be reformed to meet the health needs of older people worldwide,



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Based on the health effects of ageing populations. A recent report suggests that the ageing of the population is accompanied by a 55% increase in the global disability-adjusted life-years (DALYs) for people over 60 between 2004 and 2030, suggesting that more medical resources are needed to meet the health needs of the elderly.

By 2060 there will be 10 billion people on Earth compared to 7.7 billion today, and many of them will live longer. The world's aging population, declining birth rates, rising life expectancy, and reduced labor force will slow economies and increase health-care costs.

The World Population Data Sheet 2018 of PRB underscores the growing shift to longer life and older populations, showing that 82 countries predict that 20% of their population will be 65 or older by 2050, compared to 13 countries in 2018. Underlying this interest in new ways to obtain better data to measure age is a dramatic increase in life expectancy, which UNDESA calls the Global Longevity Revolution. The UN agency reports that New 60-year-olds in low-income countries are expected to live for at least 25 years longer in 2017 due to their population distribution in the World Population Prospects 12 In the 1950s this extra life expectancy in high-income countries was limited to 50 years and younger as UNESA shows.

Life expectancy is the average of all people in a population, including those who died at birth and those who died in early adulthood. Life expectancy is often confused with the average age at which adults are expected to live. This confusion creates the expectation that adults are unlikely to exceed average life expectancy, because there is a statistical probability that they will avoid many of the statistical causes of youth mortality and are therefore expected to survive the average.

By contrast, age dependency rate (OADR), which is based on the chronological age ratio of people 65 and older (the traditional working age is 15-64).

Most seniors own their own home, but with the share of older adults expected to rise from 21 percent in 2015 to 23 percent in 2032, both owners and renters are under affordability pressure. Existing government programs, address affordability through connections to housing and supportive services. A 2009 survey discovered that 12 percent of 50-64 years old, 20 percent of 65-79 years old and 41 percent of 80-plus years old had difficulty leaving their medical conditions. There are older adults who are at risk of being placed in a nursing home.

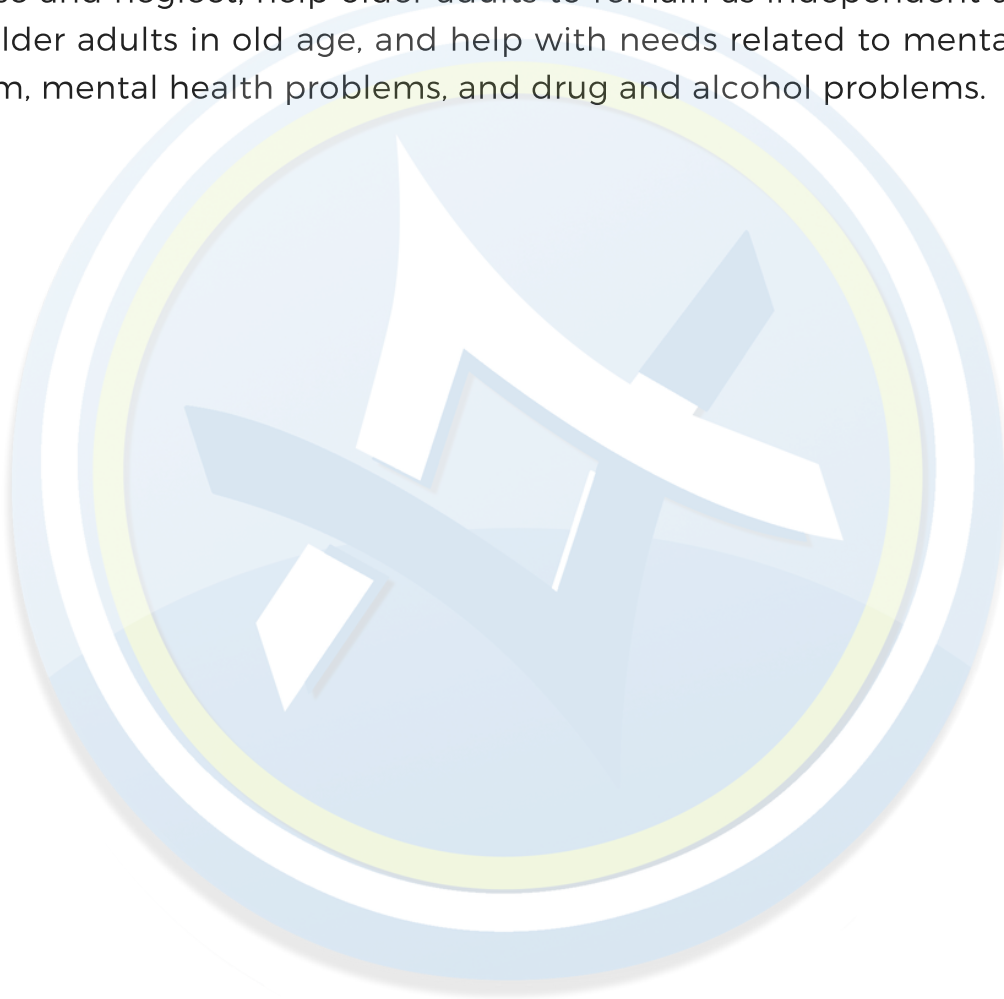
They need Services including personal hygiene, day care for adults, financial

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assistance, medicines, medical and personal items and emergency systems, financial assistance to older low- and middle-income adults living in assisted living facilities to subsidize costs, home support, including counseling, recreational care, training and more.

Funding will enable to continue to promote health, safety, welfare and rights of residents in facilities where they are no longer supported due to the pandemic.

They need someone to support vaccine delivery and coordination, combat social isolation, support families and caregivers and support nutrition, protect them from abuse and neglect, help older adults to remain as independent as possible, support older adults in old age, and help with needs related to mental disability (I-I), autism, mental health problems, and drug and alcohol problems.



# AGEING - TRADITIONAL V/S MODERN TIMES

## OAH FAMILY

In view of this, we believe that not enough is being done to ensure that the elderly have a bright and pleasant future. It turns out that perceptions of older people have an impact on their lives. Public perceptions of older people affect their employment, education, healthcare and the general treatment of older adults.

To complicate and broaden these findings, other studies have shown that explicitly positive age stereotypes limit the effects of older people's attitudes and health behavior, while negative age stereotypes resist older adults and lead to enabling effects like feelings of personal empowerment and associated health benefits. In this study, the effect of stereotypes on the health of older people was defined as health in old age in the sense of a biomedical-psychosocial model of successful ageing in which indicators of good health are low level of disease absence and disease-related disability, high level of physical and cognitive functioning, continued social and active involvement in life, general satisfaction, mental health and the ability to adapt to change.

Definitions of what constitutes good health in old age vary from study to study. Health, social and economic policies for older people also differ across developed countries.

As the ageing population in industrialized countries and many developing countries increases in number, quality of life and life expectancy, the key question is whether ageing of the population can go hand in hand with a



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sustained improvement in health and quality of life with sufficient social and economic resources. The answer to this question lies in the ability of families, communities and modern social, political, economic and health systems to provide the best possible support for the elderly. The United States health care system is not prepared for complex care for a heterogeneous population of older adults - a problem exacerbated by the coronavirus disease of the COVID-19 pandemic of 2019.

The New York Times (NYT) has compiled recent data showing that 28,100 residents and workers in the United States have died from SARS-CoV-2 infections in nursing homes and long-term care facilities for elderly people. In the United States, the Centers for Disease Control and Prevention (CDC) has warned that the nursing home populations are at high risk of being affected by COVID-19, which not only exacerbates the risks for the elderly but also puts caregivers at risk. The epicenter of the current crisis is the nursing home. Hospitals are one such place in a larger community concerned with the health and well-being of older adults.

Compared to other age groups, older people have a higher residence and use of care services, both at home and in the community. Older people living in rural areas have access to fewer health services and have to travel longer distances to get treatment. Metropolitan and suburban areas are ageing faster than urban districts.

The main sources of cost increases in the health system are inflation, increasing population, advances in medical technology, new pharmaceuticals, surgical techniques, diagnostic imaging, end of life care, etc.

As health care improves and life expectancy increases worldwide, care for the elderly is an emerging issue. Policy changes such as pooling, surrendering and other value-based payments are needed to promote care provision, take into account social determinants of health, take into account lifestyle changes, recognize the diversity of the elderly and provide the services needed for those with serious diseases. In 2016, the authors of Vital Directions expressed deep concern about inequalities in health care, inequality and structural racism, which lead to a disproportionate risk of negative consequences for the disadvantaged and most vulnerable.

In 2020, deep concerns about inequalities in health care, inequality, structural racism and the resulting disproportionate risk of adverse outcomes among disadvantaged and most vulnerable are serious and provide an opportunity for re-evaluation and policy guidance to address persistent problems. Based on international data on the gender gap at a young age, trends and changes in

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personal resources and health-related lifestyles in developed countries, conclusions on future changes in the gender gap present practical implications for future improvements in women's health and well-being.

Education is an important resource for dealing with life crises, including health problems, as informal means to information and knowledge are easier to access as networked professionals and influential people in power positions. Furthermore, the disadvantage of women in terms of education and income has a negative impact on health and well-being, which is one of the most influential factors influencing women's socio-economic status and health, as well as their social role in raising children and caring for sick family members.

One of the ways in which researchers are trying to understand the impact of widespread social change on older people is by studying ageing and ageing in the context of modernisation. Nutrition is an important element for the health of older people because it affects the entire aging process.

The conceptual framework of modernisation includes the notion that major social processes, technological progress, and changes in modes of production have created new roles and status for people, including the elderly and their families. Modernisation theory has been challenged since its original formulation as an excessively simplistic and linear explanation for the inevitable decline in the status of the elderly in advanced countries. Criticism of modernisation theory has developed from threads of social and gerontological research that have dealt with questions of the time and pace of change, the development of family forms and cultural values in old age and the many conditions people enjoy and endure in the modern world in old age.

Social gerontologists studying the social aspects of ageing began to wonder how these changes affect the role of older people in society. Donald Cowgill and Lowell Holmes addressed these questions in their theory of modernization published in 1970. Modern health technologies, sanitation, and immunization have increased life expectancy, but an increasing share of the population's elderly has led to competition for resources.

Health care costs increase with age: Another argument is that as people age 65 and older, the cost of medical care increases. A report commissioned by Canada's Future of Health Care found that public and private spending per person per year on health care in 2001 was three times higher than for people over 65, with the average per person being \$10,834 and \$3,174, respectively.

# CRIMES AGAINST SENIOR CITIZENS

## OAH FAMILY

A 2017 study, based on the best available evidence from 52 studies conducted in 28 countries in different regions, including 12 low- and middle-income countries, estimated that 15.7% of over 60s were subject to some form of abuse last year. However, this is likely to be an underestimate as only one of 24 elder abuse cases is reported, partly because older people are afraid to report abuse to family, friends or the authorities.

Accurate data is limited, but the study provides prevalence estimates derived from available studies on the number of older people affected by various types of abuse.

Allegations of physical abuse are likely to be accompanied by all kinds of abuse. A recent meta-analysis assessing global prevalence rates of abuse against older women found that one in six women had experienced abuse the previous year. Before the COVID 19 pandemic, it was estimated that one in six elderly people had been abused.

Worldwide, violence, abuse and neglect against the elderly are on the rise, including physical, financial, psychological, verbal and sexual abuse and neglect. New evidence suggests that abuse has increased in many countries as a direct result of the COVID 19 pandemic.

A recent global systematic survey estimates that one in six older people each year experienced some form of physical, emotional, sexual, or financial abuse. The National Center on Elder Abuse estimates that between 1 and 2 million elder



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abuse, neglect and exploitation cases in the United States occur each year - less than one in five reported. By comparison, this is more than in the UK, where current estimates of domestic violence are 1.9 million a year.

Providing accurate statistics on abuse, neglect and abuse of the elderly is a challenge, as we know older victims are reluctant to report cases and many people have difficulty defining when and where abuse and neglect of the elderly occurs. Despite steady progress in understanding the problem, society's response to elder abuse / neglect / abuse is comparable to the response to child abuse 30 years ago or domestic violence 10-20 years ago.

One of the most worrying social consequences of COVID-19 is a significant increase in the number of older cases of abuse, accompanied by an increase in ageing. In reports of domestic violence against older victims, the lack of awareness and acceptance of violence and abuse in later life has been denounced.

Older abuse describes intentional acts that cause or risk causing harm, such as the failure of carers to meet basic needs and safe living conditions for the elderly. The CDC defines abuse of the elderly as the deliberate act or omission of an act of a caregiver or another person in a relationship that includes an expectation of trust that causes or creates a serious risk of harm to an older adult. Nationally, 50% of elders have experienced abuse and 83% of elders report widespread abuse in society.

In 2013, 30% of older people reported cases of abuse, while 70% of people did not report the abuse they had been subjected to.

With the global explosion of the elderly adult population, abuse of the elderly is likely to become a more pressing problem affecting millions of people. Older people are victims of crime, and crimes against the elderly are recognised as an emerging social problem in some countries.

Older abuse has devastating individual consequences and social costs that deserve attention as a serious public health problem. Despite the victimisation of the elderly, most societies have an apathetic attitude towards the elderly. Emphasis is appropriate, as abuse of the elderly is a widespread and preventable problem, as are many diseases and diseases of the elderly.

It is reported that 72% of the abused old people belong to the 60-69-year-old age group, 25% belong to the 70-79-year age group, and 3% are 80-80 years old. These important numbers are likely to rise, as the West's population continues to age at least at a rapid pace.

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Other risk factors include cognitive impairment, physical frailty and the dependency on others for care. Other studies have focused on the extent of financial exploitation by relatives and caregivers. However, the usefulness of these studies in determining the extent of your local problem is limited.

Further studies are essential to identify the scale of the problem, identify needs, validate evidence and develop best practices and strategies to prevent, detect, treat and eliminate elder abuse and theories are essential to explain the complex causes, risk factors, interrelated dynamics and consequences of elder abuse. In addition to improving practices and measures to prevent and detect abuse, theories are crucial for the development of strategies and the promotion of education and practical knowledge in this area.

They argue that the lack of a common definition of elder abuse is a major obstacle to the creation of effective intervention and prevention strategies. Governments need to recognise that there is abuse by older people and ensure that there are laws in place that can be used to prosecute perpetrators, says Georgina Veitch.

While World Health Organisation states that only 4% of cases are reported of elder abuse, the actual incidence of abuse towards older people is likely to be much higher than that. Financial exploitation is an increasing form of abuse of older adults with disabilities. Anecdotal evidence suggests that the economic stress caused by the COVID-19 crisis has increased the frequency of economic abuse of the elderly.

The GSP program report that the number and complexity of financial abuse reports of vulnerable older adults has increased over the last decade significantly. The vast majority of GSP notifications concern perpetrators associated with a trusting relationship with the victim, although scams and scams by strangers are also commonplace. Recent research has shown that financial exploitation of the elderly is widespread, expensive and sometimes deadly.

In 1994, 216 reports of domestic abuse of the elderly came from doctors and other health professionals, with 94% coming from service providers. In most states, certain professionals known as mandatory reporting elder abuse are required to report suspected cases of elder abuse by law. In 1994, family members and relatives of victims reported 149 cases of domestic abuse of the elderly to the National Centre for the Abuse of the Elderly.

In some countries the health sector took the lead in raising public concerns about the abuse of older people while in others, sectors of social care have taken

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the lead.

According to the latest data from the National Crime Records Bureau (NCRB) India, the capital in last year has recorded 906 cases of crimes against seniors – the highest of India's 19 metropolises.

The National Crime Records Bureau's (NCRB) Crime in India 2020 report focuses on crimes against the elderly, with Delhi at the top of the list of 19 metropolises. The NCRB, which reports to the Union's Ministry of the Interior, classifies 19 cities with more than 20 million inhabitants as metropolitan cities.

The National Crime Records Bureau's 2020 Crime in India report recorded 906 such crimes against the elderly last year, including 405 counts of theft, 108 counts of forgery, fraud and fraud, 37 counts of simple bodily harm, eight counts of assaulting women who resent their modesty, seven counts of murder and five counts of criminal damage. Delhi, however, was the only city to report four rape cases against an elderly person.

The absolute number of reported cases increased from 24,349 in 2018 to 27,696 in 2019. Most cases were reported in Maharashtra (43), followed by 35 cases with 38 victims in Karnataka and 32 cases with 33 victims in Kerala. Of the 906 cases in 2020, 131 were filed in lower metropolitan areas and 253 in higher metropolitan areas.

In 2018, Chandigarh recorded a 4 per cent overall increase in this type of case registration. The National Crime Records Bureau (NCRB) reported in 2018 that a person over the age of 60 is considered a senior.

Delhi is the only major city where cases of rape against seniors are recorded. At a rate of 1,088 crimes per 100,000 elderly people, seniors in Delhi are five times more likely to be victims of crime than the rest of the country. The figures put the number of people convicted of crimes against the elderly at 3,279, highlighting the vulnerability of seniors to a wide range of crimes, particularly older women at risk of sexual predators.

Figures show that many elderly people in the capital fall victim to robberies every year. If we look at the age group of victims, we find that older people (60-65 years) are the age group most likely to be victims. The cases of crimes against older women indicate that many of the cases are committed by families.

The study on crime against the elderly found that in many cases, older women have been victimised because of property. The various forms of crime identified in the present study, such as ill-treatment, fraud, bodily harm, theft, murder and

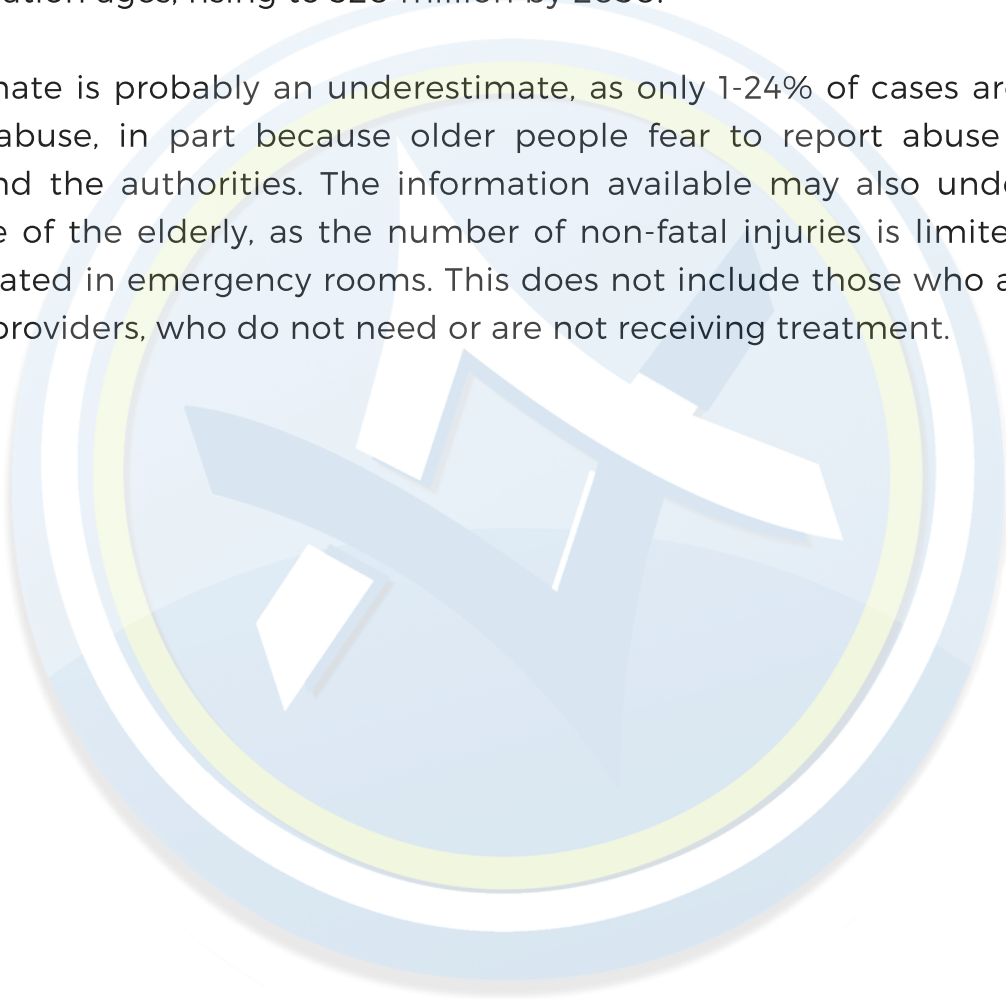


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attempted murder, highlight the social, physical and cognitive weaknesses of older women [19]. The victim-perpetrator relationship is an important finding of this study, as it plays an important role in the well-being of older women.

The world's population of over-60s is projected to double by 2050 from 900 million in 2015 to more than 2 billion by 2050, the vast majority of older people in poor- and middle-income countries. In many countries where the needs of the ageing population cannot be met due to scarcity of resources, the number of cases of abuse of older people is expected to increase. Even if the proportion of older victims of abuse remains constant, the number of victims will increase as the population ages, rising to 320 million by 2050.

This estimate is probably an underestimate, as only 1-24% of cases are reported of elder abuse, in part because older people fear to report abuse to family, friends and the authorities. The information available may also underestimate the abuse of the elderly, as the number of non-fatal injuries is limited to older adults treated in emergency rooms. This does not include those who are treated by other providers, who do not need or are not receiving treatment.



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# OAH FAMILY - MAKING A DIFFERENCE

## OAH FAMILY

OAH FAMILY is a digital platform for senior citizens with information about counseling, recommendations, evaluations, educational support, and planning for future needs. The OAH FAMILY stresses the importance of integrating proven evidence-based health promotion measures to reduce disability-related chronic diseases, prevent falls and reduce the burden of elderly or disabled families and caregivers.

OAH FAMILIES trains seniors to organize communities, giving them the skills to assess neighborhood needs, gather resources, and launch new programs. Projects initiated through OAH FAMILY training include things like, providing balance and exercise programs to the community to reduce falls in seniors, initiating friendship programs with isolated seniors, and many others. It provides funds for ageing care services, nutrition services, preventive health services, the protection of the elderly and family and care services.

OAH FAMILY is a nursing resource that provides resources, information, advice and support for the care of the elderly.

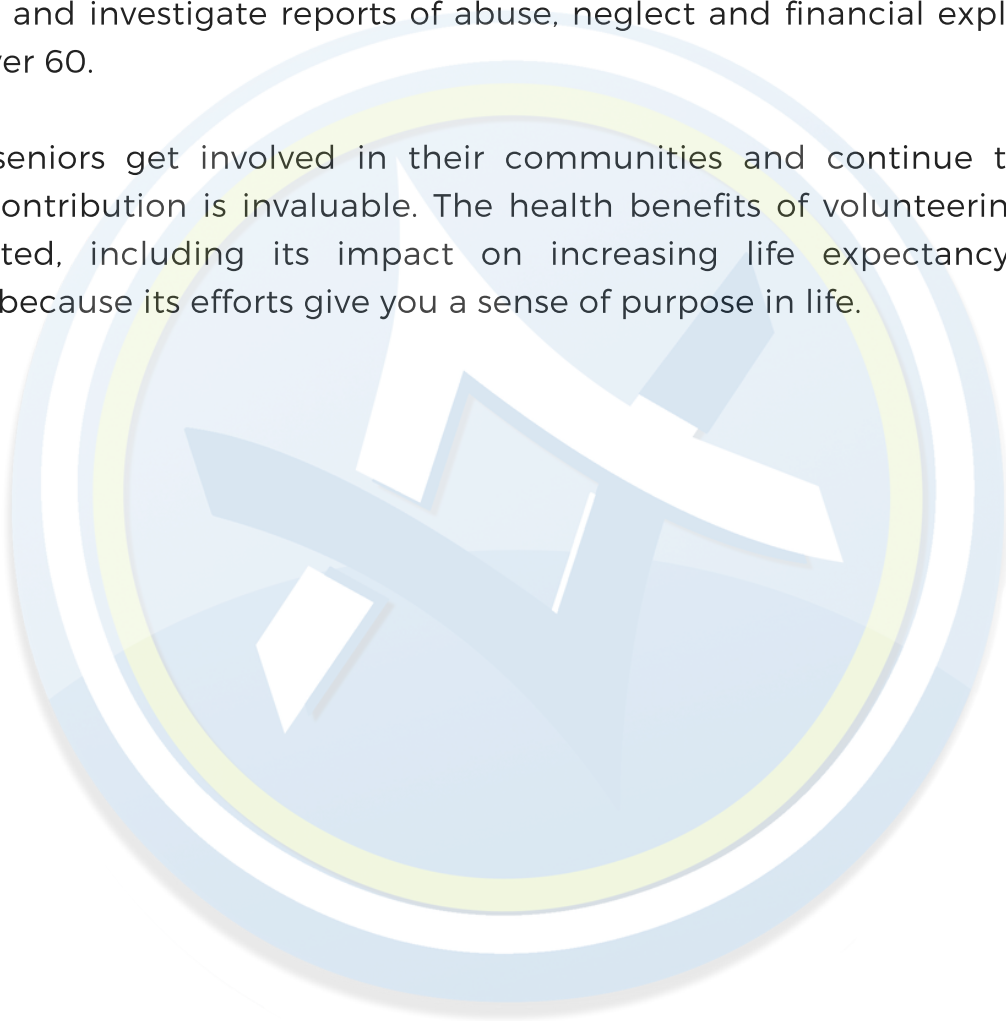
These include reports of abuse of the elderly in individual states, telephone numbers, and local resources compiled by research-oriented organizations. It is dedicated to ensuring access to affordable health care for older people and people with disabilities. This organization provides them with a free online reference tool to help them navigate the complex world of health insurance.

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It Provides grants for various support measures to help families and provide the best possible care for older adults in their homes. Search by city, state and zip code for services for older adult caregivers. Provides guidance on how to deal with money, property and loved ones.

People connected with OAH Family are public health workers and caregivers who support older adults and people with disabilities in emergencies. volunteers can make daily soothing phone calls to older adults. Case managers conduct assessments of their clients "needs, offer treatment options, and strive to improve coping skills in dealing with their disease. Volunteers can staff to answer questions and investigate reports of abuse, neglect and financial exploitation of seniors over 60.

Helping seniors get involved in their communities and continue to make a positive contribution is invaluable. The health benefits of volunteering are well documented, including its impact on increasing life expectancy, and it's powerful because its efforts give you a sense of purpose in life.







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# BEING A VOLUNTEER

## OAH FAMILY

Volunteering is beneficial to society for retired seniors, as an ageing population participating in voluntary activities enables the elderly to mitigate the difficulties of retirement, physical decline and inactivity. In older adults, volunteering prevents social isolation - an important risk factor for mortality in older people - and contributes to maintaining and improving mental health. Other factors such as a sense of belonging to a larger community also play a major role in older adults' decision to volunteer.

The majority of retired older volunteers participate when asked, but a minority seek voluntary. Older volunteers have a unique opportunity to attract younger generations to volunteer because they are committed to work that does not necessarily serve younger people.

Volunteering is a great way to connect with others and avoid the pitfalls of loneliness and the depression that comes along with it. It is no secret that volunteers take great pleasure in helping others, and the same is true of seniors. Volunteers can build lasting friendships through shared experiences, even across generations.

Volunteering can help you become friends, learn new skills, advance your career and feel happier and healthier. Most volunteer services require collaboration with others, other volunteers and the people you serve. Volunteering offers people in need vital help, worthwhile causes, and community service that is greater than what volunteering alone would provide.

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Many retired seniors turn to volunteering to spend their free time with others, donate back to the community and keep healthy. The longer you volunteer the more benefits you experience. However, volunteering need not involve long-term commitment or take up a lot of time in your busy days. There is no doubt that volunteering is a great thing for the local community and offers huge benefits to the people who get involved in the work.

Volunteering for seniors has several health benefits, ranging from physical to mental. Recent studies show actually that volunteers have positive mental and physical health outcomes such as lower stress and blood pressure.

Many adults stop working as they age and isolate themselves, so volunteering ensures long-term relationships. Volunteers offer seniors the opportunity to talk to young people, even if their work does not directly serve the youth. Volunteers bring seniors into the community, where people can count on their services and skills.

The Corporation for National and Community Service points out that many of the health benefits associated with volunteerism are due to the sense of achievement experienced by seniors who volunteer to help others. They also point out that states with higher volunteer rates have lower mortality rates among seniors on a larger scale. Seniors are not depressed because it is a rewarding experience to become a volunteer senior to relieve stress and increase happiness.

Volunteerism seems particularly beneficial for retirees. Many seniors try to fill their time by volunteering in the communities they care about, recognizing that there are huge health benefits. The purpose of volunteering is to improve the physical, mental and emotional well-being of the elderly.

Many volunteer programs offer seniors new activities and tasks to accomplish, which means they can delve deeper into their problem-solving skills.

According to Psychology Today, openness to new experiences, physical activity, curiosity, creativity and social connectedness are elements that improve cognitive function. By meeting different people, learning new things and having unusual experiences, seniors tap into the healthy habits of volunteering.

A healthy body, a healthy mind: Studies show that volunteering is good for our body and mind. Older adults with physical discomfort may feel better by volunteering. Among other things, volunteering reduces stress, improves mood, prevents loneliness and lowers the risk of developing high blood pressure.

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Volunteers have shown significant health benefits in choosing to donate their time. Voluntarily volunteer for your favorite organization and give them the benefit of your talents and time. In retirement, volunteers have a lot of expertise and can save large organizations a lot of money that could have been spent in other, more significant ways.

Volunteer senior citizens help 840,000 self-employed seniors and other adults maintain their independence by keeping older adults in their own homes, giving them respite and offering independent housing services.

### **How can you help ?**

- Mental support - by volunteering for keeping in touch with the elderly folks
- Physical support - by contributing to the assistance and aid
- Financial support - by investing in the OAH Coin platform that uses blockchain decentralized currency for running the whole project.





# BLOCKCHAIN AS SOLUTION

## OAH COIN

***To report on the success of global agencies using blockchain, we have identified five use cases that show how we can unleash the full potential of technology. Here's our quick look at the current problems in various industrial sectors and how blockchain technology can help solve them.***

Blockchain depends on stakeholder acceptance, and government agencies can use economic incentives to get users on board, such as granting access to certain government data, paying for it, facilitating federal loans or lowering transaction and service fees. Agencies that implement blockchain can increase citizens "trust and create added value for its old citizens.

As blockchain follows the path inherited in the economy by network technologies we can expect blockchain innovation to build on one-way applications to create local private networks in which multiple organizations are linked through a distributed register.

Much of the initial private blockchain-based development took place in the financial services sector where there is a small corporate network and coordination requirements are modest That make certain transactions, allow these companies to maintain an official record system so that all parties can verify that they have access to exactly the same data and that no party is able to make unauthorised changes to trade or financial records. These blockchain consortia and trusted intermediaries such as third parties or government agencies coordinate the activities of the participating companies.

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Blockchains create peer-to-peer marketplaces for the exchange of goods and services. Blockchains reduce switching costs and improve efficiency by enabling users to buy and sell among themselves and to keep a permanent record of transactions.

Blockchains can help streamline the entire process by eliminating middlemen, lengthy procedures, and the burden of unnecessary time delays. Blockchains record transactions while payments are transferred between recipients. Transactions cannot be reversed or modified, and blockchains ensure better accountability and security when such a system is used.

Intelligent and self-executing contracts made possible by blockchain eliminate the need for intermediaries and improve contract preparation and execution

Blockchain is a revolutionary computerized recording technology that functions as a digital register and addresses the challenge of working with a common, decentralized register that brings stakeholders together in a single system and provides access to important information that is relevant to all. Blockchain is the technology at the heart of Bitcoin and other virtual currencies - it is an open distributed register that records transactions between two parties verifiably and permanently.

As with any distributed database, each party to the blockchain has access to the entire database and its entire history. Each party may review the records of its transactions with partners without intermediaries. Peer-to-peer communication takes place between peers without a central node.

In the EHR system, anyone can upload medical records and other information to the blockchain. Users can leave and re-enter the system at any time, access their historical records according to the index and download the latest blocks from the blockchains.

This approach reduces the storage load of the blockchain and ensures the integrity and privacy of private data. When medical records and other information are stored in the blockchain network, this increases the computing effort and storage load due to the fixed and limited size of the block.

Blockchain technology can reduce the complexities of retirement management and give pensioners greater control over their money. By adding cryptocurrencies to investment portfolios, blockchain can create accessible retirement plans that appeal to young people who need to start saving for retirement. Blockchain technology can maximize patient satisfaction by

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providing personalized care based on the patient's complete indexed medical history and medical record.

Blockchain, the revolutionary computerized recording technology that acts as a digital register, is coming at a crucial time and could be a savior for pensions, thanks to the unique way it can be applied to ambitious projects in young industries. Blockchain or distributed ledger is an emerging technology that has attracted considerable interest from utilities, startups, technology developers, financial institutions, the national governments and the academic community. Numerous sources from all these sources have found that blockchain has the potential to bring significant benefits and innovation.

While the core features of decentralization, security, origin, transparency, trust and a better management of data offer clear benefits in addressing acute health needs, a blockchain technology approach is needed to ensure that it is compatible for specific and diverse healthcare challenges. This forum article aims to address this problem by presenting an appropriate framework for the Health Blockchain which includes fundamental questions regarding fundamental blockchain design principles, data exchange, management, decision-making and governance, examines how the technology can be used to improve blockchain functionality and defines the ultimate goals of blockchain solutions. These questions point to the high probability that blockchain approaches are suitable for purposes where healthcare challenges have been identified.

The use of blockchain technology in the medical field is not only a consolidated application of real blockchain technology, but also blockchain technology with achievable efficiency levels. The use of this technology in neurology could lead to quantifiable advantages in the treatment of neurological disorders by monitoring patient health, clinical history, treatment, disease progression monitoring, recruitment and clinical trials. Another advantage is that we can solve problems relating to the practical application of the technology, such as security and the lack of public or specialist knowledge that can guarantee the optimal functioning of blockchain protocols.



# OAH COIN - TECHNICAL ARCHITECTURE

## OAH COIN

OAH Coin would be used as the currency for all the worldwide volunteering programs of OAH Family.

### **A eco friendly micropayment system and digital currency.**

- 15 PoW/PoS Coin (Proof of work then Proof of stake)
- Algorithm: X15 PoW / PoS
- Ticker: OAH
- PoW Started : Block 0
- PoW Ends : Block 20,000
- Max PoW Coins: 110,000,000 OAH
- Timing of block (in seconds) : 60
- PoS 5% Annual Interest
- Max stake age : 90 Days
- Min stake age : 11 Days
- 50 confirmations required for mined blocks
- 6 confirmations required for transactions

Blockchain is a promising and revolutionary technology because it can help reduce the risk of fraud and create transparency in a scalable way for countless applications.

A blockchain is a transaction database shared by all nodes in a system based on Bitcoin protocol. A full copy of the currency block chain contains all transactions that have ever been executed on the network.

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This information is derived from how much value each address has at each point in history. This means that when a block in a chain is modified, it is immediately apparent that it has been manipulated. An honest generator builds a block and points it to the block in front of it, and it creates a block with the newest block in the longest valid chain.

Each node connected to the chain is a type of electronic device that maintains a copy of the blockchain and keeps the network working. Because the blockchain is transparent, every action on the register can be checked and viewed by anyone.

Cross-chain technology improves the networking of blockchain networks and enables the exchange of information and values. In other words, cross-chain enables blockchains to talk to each other because they have a standardized structure. In this way, it breaks through the silo structure of blockchains and creates intertwined and distributed ecosystems.

Securing the random state through sharding is a harmony that overcomes the blockchain trilemma and brings the best of research into production. Sharing has proven that blockchain scaling works without compromising security and decentralization.

Cross-chain projects are currently in an exploratory phase, and funding for these projects depends in the future on a substantial landing of blockchain applications. The need for cross-chain transactions depends on the use of a blockchain application based on the use of functional rights to represent transaction certificates such as on-chain and off-chain assets, as well as cross-chain predictive modeling for asset retention scenarios, and the creation of a circulation network linking islands of digital assets.

Each block of blockchains has its own unique node and hash, which is a reference to the hash of the previous block in the chain, so mining a block is not as easy as with larger chains. The first block in a chain is created by a nonce, a randomly generated cryptographic hash. The data in this block is considered signed and bound to the nonce hash so that it can be extracted.

# POW V/S POS TECHNOLOGY

## OAH COIN

Blockchain systems differ in their conception of the consensus mechanism used to carry out the essential task of verifying network data. Most public blockchain networks today use a process known as Proof of Work (PoW) or Proof of Stake (PoS) to build consensus, while private, approved blockchains and Distributed Ledger Technologies (DLT) are structured in different ways to prioritize speed, security, and scalability. Not all blockchains are created the same and their multiple consensus mechanisms have unique implications for accessibility, security and sustainability.

PoW is a consensus mechanism used as a method for blockchains.

Proof-of-stake (PoS) is an alternative consensus mechanism that delegates control over the network to coin owners. A key highlight is that OAH coin's proof of work mechanism (PoW) is used to regulate the creation of blocks and the status of the blockchain. PoS is a consensus mechanism that allows network validators to agree on a single true record of the data history.

Proof of Stake (PoS) does not require miners to solve complex mathematical puzzles to secure transactions, but rather provides economic incentives to ensure network security, unlike proof of work (PoW). Unlike PoW where miners use computers and heavy machinery to mint new blocks, PoS validators use pile coins to confirm the existence of a block.

Proof of Work (PoW), the most widely used consensus mechanism, uses computing power as its scarce resource and requires potential attackers to



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obtain a large portion of computing power from validators on the network. PoW is a mechanism for validating and recording transactions on a blockchain that consists of computer nodes competing with each other to generate cryptographic hashes that meet the specified level of network complexity. This theory uses economics and game theory to find a better and more efficient way to maintain network consensus.

Evidence of the work offers members of the OAH COIN network an objective opportunity to agree on the state of the blockchain and its transactions. The network complexity is designed to maintain security in order to deter attacks on the network, as it requires a significant amount of computing power and the operation of the necessary hardware is expensive. For example, proof of work is required for fraud prevention, security and confidence building in the network.

Proof of Work requires miners to perform trillions of number puzzles to produce a valid block and thanks to difficulty adjustments, miners can find a block on average every 2 minutes. Evidence of the work is random and fair because of the strong randomness of the SHA-256 Hash function that underlies its mechanism. Validators are randomly selected to create blocks and are responsible for verifying and validating blocks they have not created.

Each sliver of the chain is separated from the blockchain and requires a validator to process transactions and create new blocks. Miners perform the entire validation of transactions in a POS blockchain without a validator.

PoS represents a decentralized approach to higher network and transaction speeds and is used in projects A new block containing a transaction to be added to the blockchain is created by a PoS miner who decides whether or not to confirm the block. PoS offers new ways of saving energy to validate blocks that are proportional to the percentage of coins owned by miners.

Competition for the POS network is based on the energy consumption of the proposed new units. PoS miners need to keep their computers and internet connection constantly active, which consumes energy. PoS blockchains require less energy compared to PoW, so it is cheaper to run the network.

Distributed consensus is the most important attribute of a blockchain as it ensures that the distributed network is decentralized and immutable.

The key element of a public blockchain network is the node, which can be any computer server storing the chain's software along with the history of records that is updating continually. All nodes are equal and update the ledger

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simultaneously to reflect the newly added transactions.

The question is: who decides what transactions can be added into the next block since there is no leading node?

To make a distributed system work while maintaining decentralization, we need a set of predetermined rules that would organize nodes participating in the block creation. This is exactly what a consensus protocol does.

In any given blockchain, blocks are related chronologically so that no existing transaction could ever be changed or canceled. The chain's expansion is unidirectional, meaning that adding new blocks is the only way to update a blockchain. In public networks, any node can become eligible to participate in the creation of new blocks, and it is the job of the consensus algorithm to decide which nodes become "miners" or validators.

The consensus mechanism is imperative because it protects the system against malicious nodes that might intentionally break the predefined rules or try to conduct fake transactions or organize distributed denial of service (DDoS) attacks.

To recap, a consensus mechanism is needed to achieve the following:

- Keep the network decentralized while giving all participants an equal opportunity to generate new blocks.
- Protect the network from malicious behavior and hacking attacks.
- Ensure that the blockchain is the only true version of the history of transactions.
- To reward block creators fairly based on the predetermined rules.

Proof of Stake (PoS) is certainly more advanced than Bitcoin's Proof of Work (PoW) approach in terms of scalability and speed of transactions.

However, it still doesn't fully address the so-called Blockchain Trilemma, according to which you can fully succeed in only two of the three main objectives of a distributed ledger technology.

The three key elements we speak about are security, decentralization, and scalability, and usually, one of them is compromised for the sake of the other two.

The OAH coin proposed a new approach to address the inefficiencies of the PoW consensus mechanism by reducing the amount of computing resources needed to operate a blockchain network. In recent years, blockchains have tried to switch systems like Ethereum from PoW to PoS. Ethereum plans to move to

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proof-of-stake in 2022 to improve the scalability of the network.

In order to do tangible work, the new approach is based on the existence of a demonstrable share of the ecosystem. In other words, in order to validate a transaction on the blockchain network, a user must prove that he has a certain amount of cryptocurrency that reside on the network. Once a blockchain transaction is detected, it is appended to the blockchain.

Blockchain consensus mechanism plays a key role in maintaining the security and legitimacy of block content. Blockchain networks have different methods of validating transactions in a decentralized manner, of which one is Proof of Work (PoW) and the other is Proof of Stake (PoS). Now that we understand the concept of the consensus mechanism, we should start discussing the PoW Consensus.

In a blockchain, hundreds or thousands of participants can authenticate and verify transactions in real time. The status of the register may change to be fair in real time, and a mechanism will be used to ensure that all participants reach a consensus on the status of this register. In centralized systems, the task of updating the blockchain is done by administrators, while cryptocurrency blockchains use a consensus mechanism in decentralized systems such as OAH COIN.

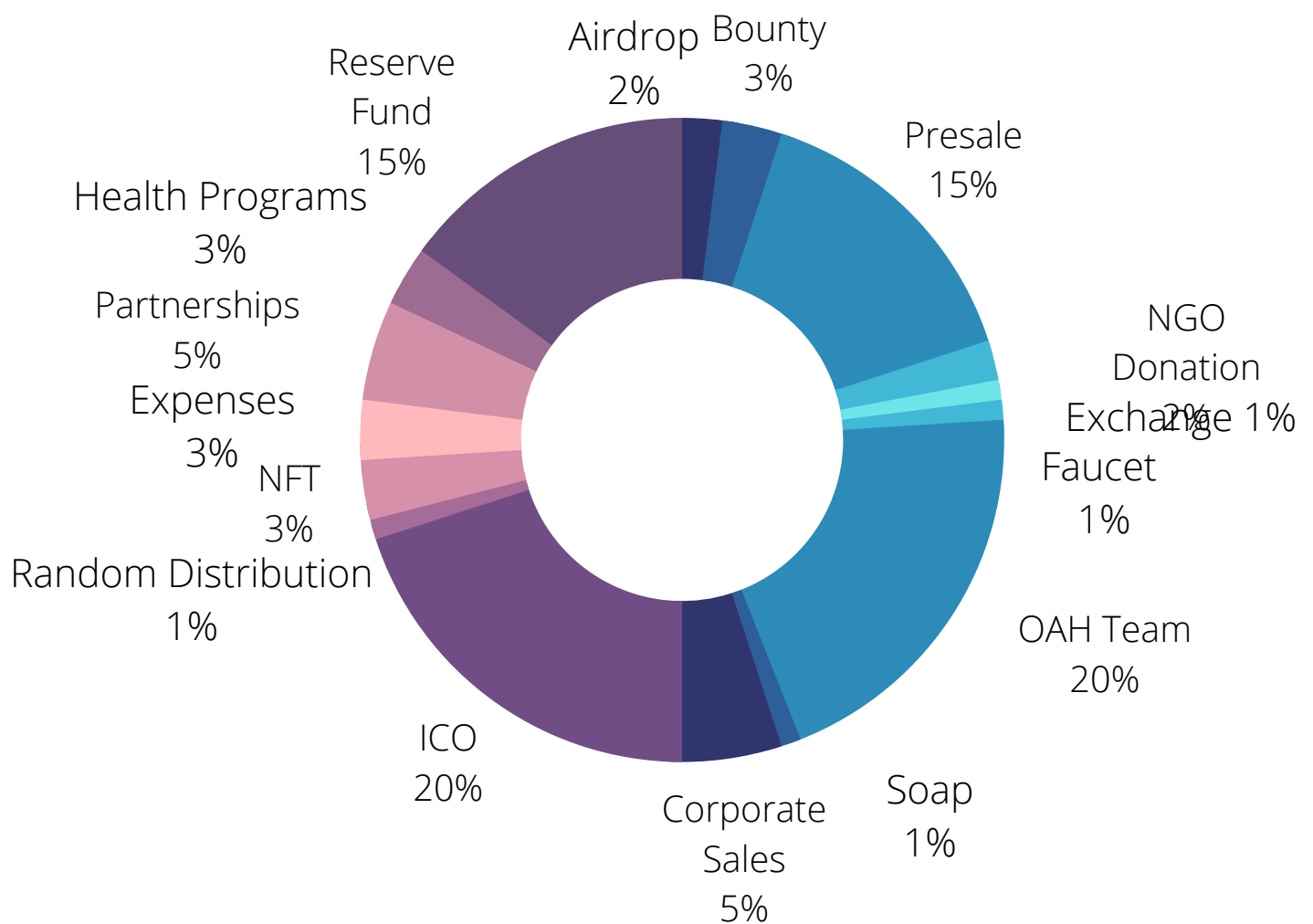
Blockchain companies are using blockchain technology to generate new revenue streams and transform the way they offer products and services to consumers. Blockchains build trust in corporate networks through building blocks such as shared ledgers, transparency, consensus mechanisms, and cryptography. A blockchain is a consensus mechanism that provides agreement between different parties over the current state of the blockchain and determines when a new block of transactions should be added.

Proof-of-stake is a consensus algorithm that decides who validates the next block based on the number of coins they hold (miners crack cryptographic puzzles and use computing power to verify transactions just like they do with traditional proofs of work). The probability of validating a new block is determined by the amount of effort a person makes.



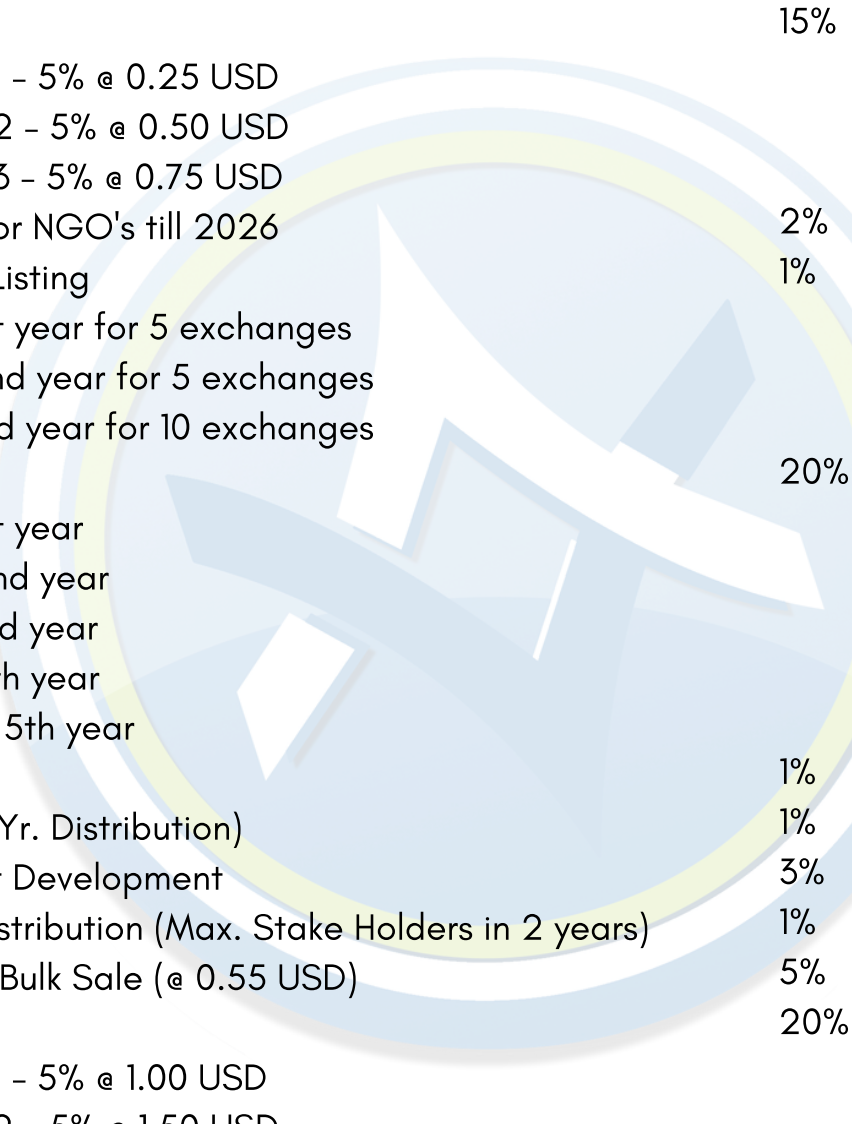
# COIN ALLOCATION

## OAH COIN



## DESCRIPTION

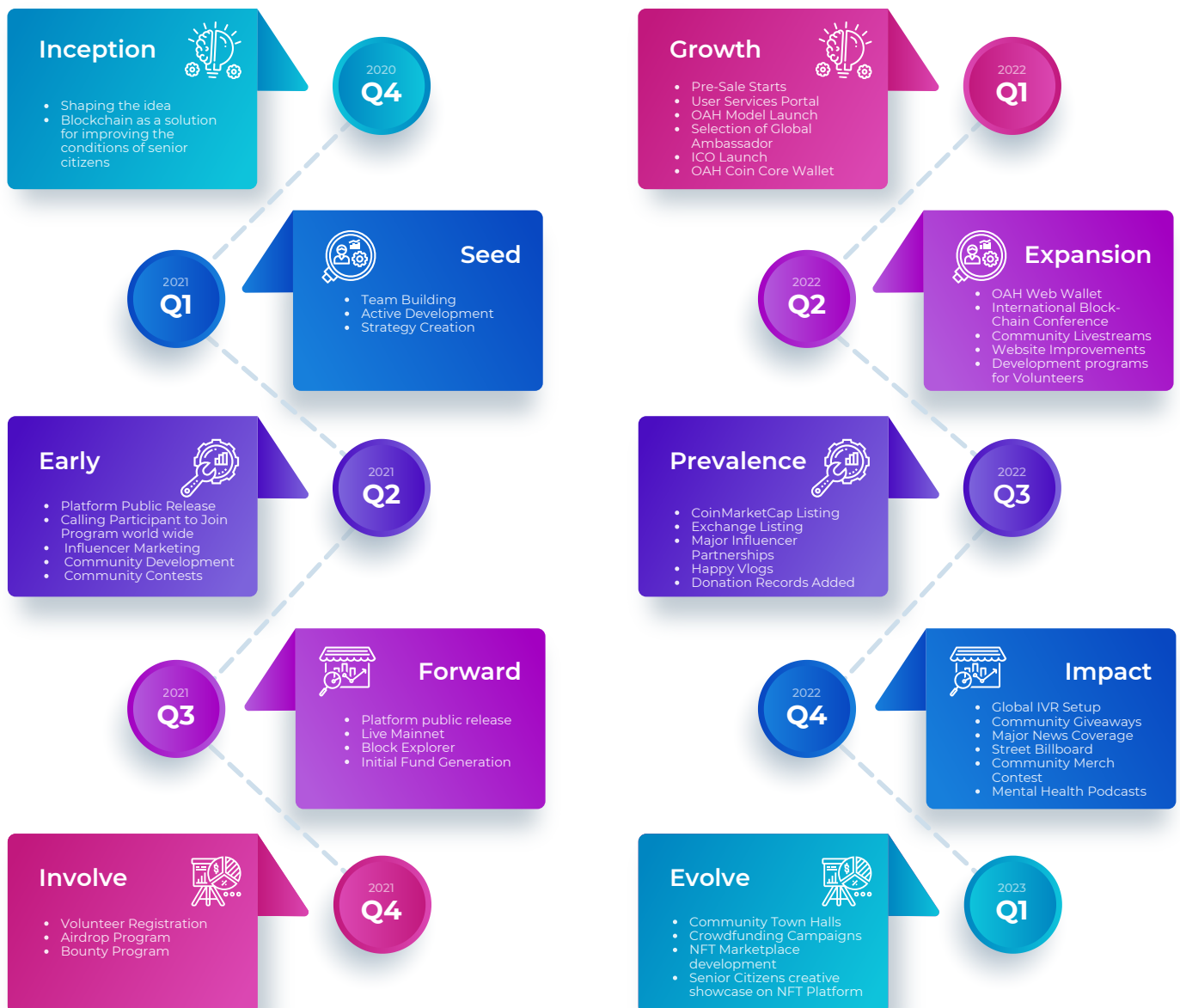
## ALLOCATION



Airdrop total	2%
• Presale 1%	
• ICO 1%	
Project Bounty	3%
• Presale 1%	
• ICO 1%	
• Next 5 yrs 1%	
Presale	15%
• Phase 1 - 5% @ 0.25 USD	
• Phase 2 - 5% @ 0.50 USD	
• Phase 3 - 5% @ 0.75 USD	
Donation for NGO's till 2026	2%
Exchange Listing	1%
• 40% 1st year for 5 exchanges	
• 30% 2nd year for 5 exchanges	
• 30% 3rd year for 10 exchanges	
OAH Team	20%
• 25% 1st year	
• 20% 2nd year	
• 20% 3rd year	
• 20% 4th year	
• 15% on 5th year	
Soap	1%
Faucet (10 Yr. Distribution)	1%
NFT Project Development	3%
Random Distribution (Max. Stake Holders in 2 years)	1%
Corporate Bulk Sale (@ 0.55 USD)	5%
ICO	20%
• Phase 1 - 5% @ 1.00 USD	
• Phase 2 - 5% @ 1.50 USD	
• Phase 3 - 5% @ 2.00 USD	
• Phase 4 - 5% @ 2.50 USD	
Expenses (0.5% per year for 6 years)	3%
Partnership Program	5%
Health Campaign Program	3%
Reserve Fund	15%

# ROAD MAP

## OAH FAMILY



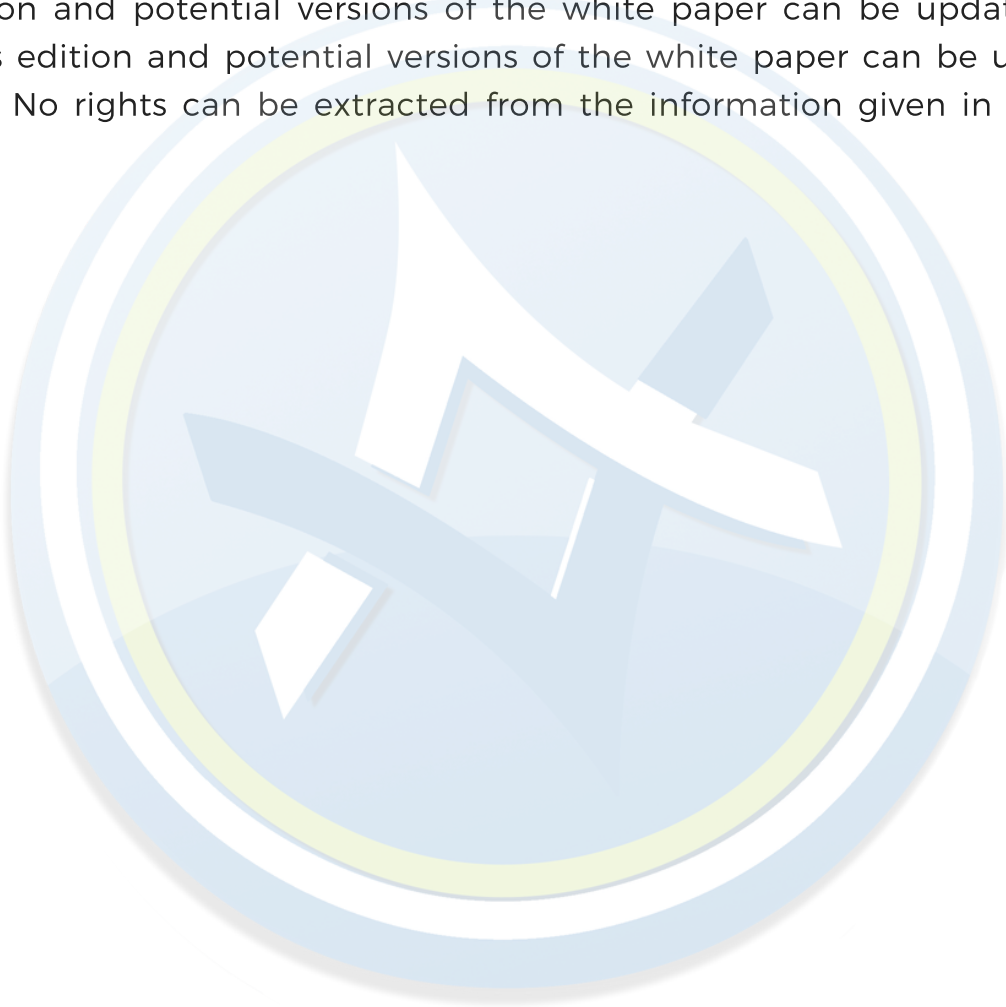


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[oahcoin.io](http://oahcoin.io)

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