



healthy and active ageing

A compendium of programmes, good practices and other resources for promoting and sustaining the well-being of “younger” older people, with a specific reference to socially deprived and migrant groups in Europe.

A report commissioned by Bundeszentrale für gesundheitliche Aufklärung (BZgA).

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Brussels, January 2012

The Federal Centre for Health Education (BZgA) (www.bzga.de) is an authority working in the portfolio of the Federal Ministry for Health in Germany, based in Cologne. It was established in 1967 as a governmental institute with the aim of preserving and promoting human health and was assigned the following tasks:

- Development of principles and guidelines on the contents and methods of health promotion, prevention and health education
- Coordination and strengthening of health promotion and prevention in Germany
- Planning, implementation and evaluation of prevention campaigns
- Development and implementation of training programmes and instruments
- International co-operation (WHO, EU).

EuroHealthNet (www.eurohealthnet.eu) is a not for profit organisation networking public bodies working in the fields of health promotion, public health, disease prevention and health determinants – the factors behind good or ill health. EuroHealthNet comprises of national and regional bodies working on policy, research and implementation approaches which contribute to improving health, wellbeing and equity between and within all the countries that are members of or associated with the European Union.

acknowledgements

Thomas Altgeld, Landesvereinigung für Gesundheit und Akademie für Sozialmedizin Niedersachsen e. V; Hilke Bressers, Evaluation & Third Age Coordinator, Sheffield UK; Andrea Creech, Institute of Education, London; Marie Fresu, Mental Health Europe; Guildhall School / Barbican Centre Creative Learning; Elma Greer, Belfast Healthy Ageing Strategic Partnership; Herve Gauthier, European Association of Service Providers for Persons with Disabilities (EASPD); Marie Griffiths, All Wales Mental Health Network; Carsten Hendriksen, Copenhagen University; Zoë Heritage, Villes-Sante, France; John Lagoni, Aktivitetscentret, Denmark; Beatrice Lucaroni, DG Health, European Commission Brussels; Gert Lang, Forschungsinstitut des Roten Kreuzes; Deena Maggs, Librarian, Kings Fund, UK; Lori Mandelzweig, Senior epidemiologist, Gertner Institute, Tel Aviv; Colin Milner, International Council on Active Ageing, Canada; Ralph Marc Steinman, Promotion Sante Switzerland; Katarina Nikodemova, European Volunteer Centre; Jesper Nielsen, Horsens SundBy; Rhian Pearce, Age Cymru; Eliot Rosenberg, Ministry of Health, Jerusalem; LaurieAnn Sherby, Editor; Charlotte Strümpel, Austrian Red Cross; Agnes Taller, National Institute for Health Development, Hungary; Nicoline Tamsma, National Institute for Public Health and the Environment, RIVM; Julia Wadoux AgePlatform, Brussels; Alan Walker, University of Sheffield, UK; Peter Verhaeghe, Caritas Europe; Sven-Erik Wanell, AldreCentrum; Anna Wanka, University of Vienna

executive summary

This report provides a selection of policies, programmes and interventions that are currently or have been applied in the EU and its Member States, as well as by WHO and Canada, to promote the health of 'younger' older people. Dispersed through the text, which provides evidence on different aspects on the health of and health promotion for this population group, are examples of key resources that can provide further information for developing effective health promoting interventions for this group. The final section of this report contains a compendium of 87 projects that contribute to the health and well-being of 'younger' older people.

Healthy ageing is about enabling older people to enjoy a good quality of life. Healthy ageing strategies should create the conditions and opportunities for older people to have regular physical activity, healthy diets, social relations, participation in meaningful activities and financial security. This involves holistic approaches that address both mental and physical health, as well as a cross-sectoral approach to improve the social determinants of health, such as safe living environments, a flexible pension system and related retirement policies. Healthy ageing can therefore not be achieved through a single initiative, but requires a range of actions and approaches at individual and societal level that work together to achieve this outcome. Healthy ageing also requires a structural paradigm change, as older people must desire and maintain the ability to play an active role in society, while society must in turn encourage and accommodate this.

Socially vulnerable groups such as economically disadvantaged groups and/or migrant groups have been shown to have higher rates of morbidity and mortality. The situation of older migrants is no exception, as their health has been identified as worse than that of the general older population. They therefore need to be targeted in health promotion programmes, through interventions that are sensitive to their circumstances, backgrounds and culture.

Healthy ageing should ideally start in childhood and take a lifelong perspective. Yet it is never too late to start. Investing in prevention can have important benefits for the individuals involved; those who stop smoking between the ages of 60-75 years of age reduce their risk of dying prematurely by 50%, while engaging in moderate exercise like brisk walking can have immediate physical and cognitive benefits. Investing in prevention also has societal benefits, since it is better to finance effective strategies to prevent diseases than to use the resources to cure them.

Many 50+ year olds are in a state of change, both physically and with respect to life circumstances; employment conditions change and/or they may be in a transition to retirement, and they may have greater caring roles vis-à-vis their own parents, spouses and grandchildren. Many of these changes can make them more receptive to health messages. Health promotion for 'younger' older people must, however, be approached with sensitivity, since people belonging to this age group do not tend to consider themselves as 'old' and therefore require different kinds of services and approaches than older age groups. While in some cases promotion programmes for younger or older people might also be applicable to this group, a more targeted approach that addresses their particular needs is also necessary. For example, heterogeneity among older people in terms of culture, gender, ethnicity, sexual orientation, health, disability and socio-economic status must be taken into account. Such targeted approaches are, however, not easy to find.

Research undertaken to develop this report did identify a range of policies, programmes, and projects taking place across Europe and in Canada that directly or indirectly promote the health of this group. A large number of these initiatives were co-funded at the European level. This, as well as general international and national attention for this area is in large part sparked by a concern about demographic change, and the desire to keep people healthy and productive for longer periods of time. Many of the policies and initiatives in the countries identified recognise the need for holistic approaches that address the social determinants of health and include social inclusion and active participation as a basis for good health. Projects presented in the compendium therefore address a wide range of issues, that can, when taken together as a comprehensive multi stakeholder strategy improve the health of 'younger'older people. These range from:

- **Encouraging and improving the employability of older people**, by e.g. improving workplace health and providing more flexible working conditions and retirement options;
- **Providing older people with opportunities to share and develop their knowledge and skills** and remain socially engaged and valued through counseling and voluntary activities;
- **Providing opportunities for life-long-learning**, such as courses to develop IT skills, and cultural activities such as festivals and singing or music groups;
- **Developing and mainstreaming services** (e.g. transport, housing, health) that are sensitive to the needs of older people and encouraging and empowering them to become more politically active in e.g. city councils;
- **Addressing isolation through home visits and the organisation of specific activities** in remote areas and through the provision of accessible services;
- **Developing health, social and educational services** that are sensitive to individual capacities, culture and circumstances (e.g. older migrants);
- **Developing health promotion activities** (e.g. physical fitness courses) that are specifically designed for the needs of this target group, and ensuring that they are easily accessible in terms of proximity, cost, language, etc;
- **Providing support and advice** to 'carers' of much older or disabled family members.

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1. WHAT IS UNDERSTOOD BY 'HEALTHY AGEING'

Increasing life expectancy has led to higher expectations amongst people in the EU not only to live longer, but to live longer with lower levels of morbidity and fewer years of disability, and with a high quality of life. Medical advances are increasingly making longer healthy life-spans possible, while escalating health and social costs mean that there is a stronger interest amongst older people and society as a whole to promote health in old age. The WHO writes that investing in health throughout life produces dividends for societies everywhere.¹

As mortality rates between countries in the EU and also amongst different groups within the EU countries varies considerably, the age at which an individual is considered and considers him/herself 'older' also varies. According to Mark Gorman at HelpAge International, the ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries, is said to be the beginning of old age.² Many WHO documents often define 'older people' as those over 60 years of age.³

This report looks at policies, programmes and interventions to improve or sustain health of the 'younger-old', defined as 55-60+. While many people in the EU of this age would not define themselves as 'old', it is important to focus on this 'younger' age group in order to take preventative measures to stave off health-related problems in the next decades, as the share of people aged 65 years or over in the total EU population is projected to rise from 85 million in 2008 to 151 million in 2060.⁴ People aged 80 years or over are projected to almost triple from 22 million in 2008 to 61 million in 2060.⁴ It should be noted that to really address healthy ageing, preventive measures should start at early childhood and be adopted throughout the life course.⁵

While sustaining health calls for interventions that address physical health, such as good nutrition, adequate levels of physical activity and good healthcare, it is certainly not limited to this. According to the World Health Organisation's classic definition (1947), health is not merely 'the absence of infirmity or disease', but 'a state of complete physical, mental and social well-being'. That this belief is widely held, and that health is a means to successful ageing, and not an end in itself is reflected in the responses to a survey that was conducted in the UK, asking people aged 50+ what they felt were the main constituents of successful ageing.⁶ While health and functioning were the most common responses, these were rarely given on their own. Many other factors such as 'well-being' and 'mental psychological health' are also linked to successful ageing.

1 http://www.who.int/features/factfiles/ageing/ageing_facts/en/index4.html

2 Gorman M. Development and the rights of older people. In: Randel J, et al., eds. The ageing and development report: poverty, independence and the world's older people. London, Earthscan Publications Ltd., 1999:3-21.

3 <http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html>

4 The ratio of the number of elderly persons of an age when they are generally economically inactive (usually aged 65 and over) to the number of persons of working age (usually from 15 to 64). European Commission, EUROSTAT

5 <http://www.health-gradient.eu/>

6 Sarkisian CA, Hays RD, Mangione CM. Do older adults expect to age successfully? The associations between expectations regarding aging and beliefs regarding healthcare among older adults. J Am Geriatr Soc 2002;50:1837-43

Box 1

KEY RESOURCE

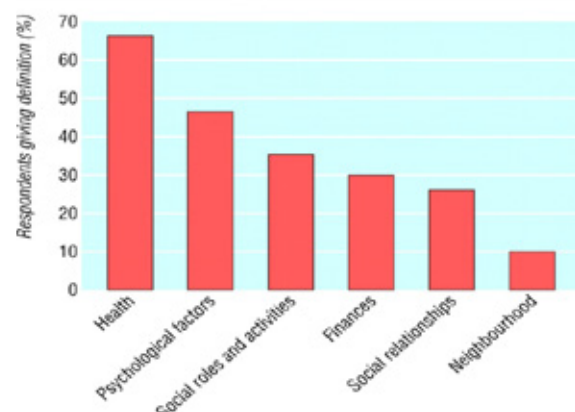
Data from a 2002 UK national survey of people aged 50+ on the main constituents of successful ageing. These were found to be as follows:

Theoretical definitions:

- Life expectancy
- Life satisfaction and wellbeing (includes happiness and contentment)
- Mental and psychological health, cognitive functioning
- Personal growth, learning new things
- Physical health and functioning, independent functioning
- Psychological characteristics and resources, including perceived autonomy, control, independence, adaptability, coping, self-esteem, positive outlook, goals, sense of self
- Social, community, leisure activities, integration and participation
- Social networks, support, participation, activity

Additional lay definitions:

- Accomplishments
- Enjoyment of diet
- Financial security
- Neighbourhood
- Physical appearance
- Productivity and contribution to life
- Sense of humour



The responses in Box 1 reflect the belief that continued and high social functioning is integral to successful ageing. This is also supported by the results of a systematic review, which found that having many social activities and relationships is associated with life satisfaction, better health, functioning, autonomy and survival. Social resources, social capital and support are necessary for individual needs.⁷

⁷ Havighurst RL, Neugarten B, Tobin SS. Disengagement and patterns of aging. (In: Neugarten BL, ed. Middle age and aging: a reader in social psychology. Chicago: University of Chicago Press, 1968:161-72)

Healthy ageing is therefore much more than increasing the number of healthy life-years without any activity limitation and disability or disease. It has been succinctly defined as the process of optimising equal opportunities for health to enable older people to take an active part in society and to enjoy an independent and good quality of life.⁸

As highlighted above, an ageing European society poses a significant challenge, not just in terms of increasing health and social care costs but also in terms of its impact on the future labour supply and on economic growth. As such, there is a huge momentum at EU political level to address this concern. For example, successive Presidencies of the Council of the European Union have prioritised the theme of healthy ageing (see Annex III) and there are a number of policies initiatives (Box 3) and instruments (Box 4) to support healthy ageing currently being activated at the EU level to support action at national, regional and local level. Moreover, 2012 has been designated the European Year on Active Ageing and Solidarity Between Generations (Box 2).

Box 2

2012 European Year for Active Ageing and Solidarity between Generations



The European Commission, in conjunction the European Parliament and the European Council, dedicated 2012 as the European Year for Active Ageing and Solidarity Between Generations.

The aim of the European Year is to facilitate the creation of a sustainable active ageing culture, based on a society for all ages and on solidarity between generations. National, regional and local authorities as well as social partners, businesses and civil society should promote active ageing and do more to mobilise the potential of the rapidly growing population in their late 50s and above. The year will encourage older people to:

- stay in the workforce and share their experience;
- keep playing an active role in society;
- live as healthy and fulfilling lives as possible.

More information about the 2012 European Year is available here:

<http://ec.europa.eu/social/ey2012.jsp?langId=en>

Box 3

KEY RESOURCES

Pilot European Innovation Partnership on Active and Healthy Ageing (EIP AHA)



It is envisaged that the pilot European Innovation Partnership on Active and Healthy Ageing will pursue a triple win for Europe by:

1. Enabling EU citizens to lead healthy, active and independent lives while ageing;
2. Improving the sustainability and efficiency of social and health care systems;
3. Boosting and improving the competitiveness of the markets for innovative products and services, responding to the ageing challenge at both EU and global level, thus creating new opportunities for businesses.

The pilot partnership brings together the range of demand and supply stakeholders to identify and overcome potential barriers to innovation around: prevention and health promotion; integrated care; and independent living of elderly people. It hopes to improve the framework conditions for uptake of innovation as well as the discovery of new solutions that deliver active and healthy ageing.

More information on the EIP on Active and Healthy Ageing is available here:

http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=home

The Ambient Assisted Living (AAL) Joint programme



AAL is a specific joint programme (2008-2013) led by Member States. AAL uses intelligent products and the provision of remote services including care services to improve the lives of older people at home, in the workplace and in society in general.

The programme aims to overcome technical and regulatory barriers to AAL, foster and demonstrate innovative smart homes and independent living applications, exchange best AAL practice and raise awareness on the possibilities of AAL for Europe's ageing population. It thus hopes to: extend the time older people can live in their home environment; improve the quality of life and social participation of older people; create new business opportunities; provide more efficient and more personalised health and social services for older people.

More information on the AAL programme is available here:

<http://www.aal-europe.eu/>

“More Years, Better Lives” Joint Programming Initiative

The Joint Programming Initiative (JPI) More Years, Better Lives - The Potential and Challenges of Demographic Change seeks to enhance coordination and collaboration between European and national research programmes related to demographic change. The JPI follows a transnational, multi-disciplinary approach bringing together different research programmes and researchers from various disciplines in order to provide solutions for the upcoming challenges and make use of the potential of societal change in Europe. Currently 15 European countries are participating in the JPI.

More information on the “More Years, Better Lives” JPI is available here:

http://www.jp-demographic.eu/front-page?set_language=en

Box 4

The Second Programme of Community Action in the Field of Health (2008-2013)



The Second Programme of Community Action in the Field of Health or the Public Health Programme as it is more commonly known, provides funds for actions in three key areas: improving citizens' health security; promoting health and reducing health inequalities and generating and disseminating health information and knowledge. Under the theme of promoting health, the programme funds actions to promote healthier

ways of life and the reduction of health inequalities thus increasing healthy life years and promoting healthy ageing.

More information on the Second Programme of Community Action in the Field of Health is available here:

http://ec.europa.eu/health/programme/policy/2008-2013/index_en.htm

The Seventh Framework Programme for Research and Technological Development (2007-2013)



FP7 (2007-2013) supports research in selected priority areas, in particular for health and ageing. For example, FP7 funds research projects looking such as: optimising the delivery of healthcare to citizens; enhanced health promotion and disease prevention; smarter, more accessible transport systems; demographic change; and ICT for ageing well - social robotics and highly intelligent environments.

More information on PF7 is available at:

http://cordis.europa.eu/fp7/home_en.html

PROGRESS Programme (2007-2013)

PROGRESS funds European studies, data collection and observatories, provides legal and policy training, supports NGO networks and runs public awareness campaigns on issues related to anti-discrimination, social exclusion, poverty and equality. Progress funds a number of projects looking at healthcare and civic participation for example.

More information is available here:

<http://ec.europa.eu/social/main.jsp?langId=en&catId=327>

Box 6

KEY RESOURCES

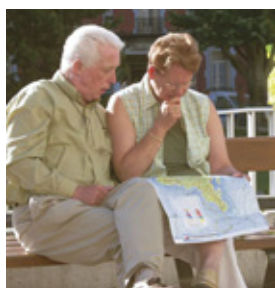
WHO Policy Framework on Active Ageing (2002)

In order to achieve the ultimate goal of healthy ageing and active ageing, the WHO has developed a policy framework which focuses on areas such as preventing and reducing the burden of disabilities, chronic disease and premature mortality; reducing the risk factors associated with non-communicable diseases and functional decline as individuals age, while increasing factors that protect health; enacting policies and strategies that provide a continuum of care for people with chronic illness or disabilities; providing training and education to formal and informal carers; ensuring the protection, safety and dignity of ageing individuals; and enabling people as they age to maintain their contribution to economic development, to activity in the formal and informal sectors, and to their communities and families.

More information is available at:

http://www.who.int/ageing/active_ageing/en/index.html

EU's Committee of the Regions' guide on "How to Promote Ageing Well in Europe"



This brochure, which was developed by AGE with support from EU's Committee of the Regions in 2009, offers practical tools and instruments for local and regional actors to promote healthy ageing. The brochure addresses a diverse set of issues related to ageing, ranging from poverty and social exclusion, employment and lifelong learning, health services, urban accessibility and adaption, housing, social participation and volunteering as well as intergenerational solidarity and exchange. The topics are complemented with best practice examples from the different areas to inspire cities and regions to address their own ageing challenges.

The full report is available at:

http://ec.europa.eu/health/mental_health/docs/age-cor.pdf

In follow up to this, AGE and the Committee of the Regions have issued a new publication

"How to promote active ageing: EU support for local and regional actors" (2011) presenting EU funding possibilities for regional and local initiatives to promote active ageing and solidarity between generations. The brochure aims to make a particular contribution to the European Year for Active Ageing and Solidarity between Generations 2012. The brochure presents numerous examples of projects which have received EU funding.

The full report is available at:

<http://ec.europa.eu/social/BlobServlet?docId=7005&langId=en>

2. ROLE OF HEALTH PROMOTION IN HEALTHY AGEING

The earlier the adoption of good habits that influence behaviours and health outcomes, the greater the benefit in older age. According to the WHO, it is rarely too late to change risky behaviours to promote health: for example, the risk of premature death decreases by 50% if someone gives up smoking between 60 and 75 years of age.⁹ Numerous interventions that are successful for other age groups are also effective for older age groups and/or might be adopted or transferred to older age groups. It is wise for governments and health-care services to invest in such interventions; the European Foresight study on the future of healthcare systems and ageing highlights the fact that effective strategies promoting healthy ageing should aim at the prevention of diseases instead of spending too many resources on curing them.¹⁰

Box 7

KEY RESOURCES

healthPROelderly



The overall aim of the EC co-funded healthPROelderly-project (2006-2008) was to promote health promotion for older people by producing evidence based guidelines with recommendations for potential actors in this field. Seventeen partners in eleven European countries carried out a literature review, compiled a database and analysed selected models of good practice in their countries in detail. This work was summarised as guidelines and recommendations for

people who would like to set up health promotion initiatives for older people. A summary of project results geared mainly towards policy makers was also compiled and they are available at:

http://www.healthproelderly.com/pdf/HPE-summary_final_online.pdf

The website includes a database with models of health promotion for older people:

<http://www.healthproelderly.com/database/>

It also includes national reports with health promotion projects for older people in e.g. Germany, the Netherlands, Austria and the UK and they are available at: http://www.healthproelderly.com/hpe_phase1_downloads.php

New Dynamics of Ageing Programme



This ambitious seven year initiative (2005-2012) is the largest research programme on ageing in the UK that aims to improve quality of life for older people. It is a unique and multidisciplinary collaboration between five UK research councils with many projects ranging in subject matter from

ageing in fiction and design to environmental innovations, working environments and stress. The website contains a section on 'Projects and Findings' with a wealth of information related to ageing:

<http://www.newdynamics.group.shef.ac.uk/ageingresearchprojects.html>

9 http://www.who.int/features/factfiles/ageing/ageing_facts/en/index4.html

10 European Foresight Monitoring Network Special issue on healthcare. Healthy Ageing and the future of public health care systems.

Health promotion has an important role in ensuring healthy ageing. It has often been defined as making healthy choices the easy choice. Many diseases in later life are preventable and health promotion can even help ensure that older people with chronic conditions and disabilities can remain active and independent, preventing declining health and institutionalisation.¹¹ Nevertheless, the HealthQuest report (see Box 21) notes that opportunities for early interventions to prevent, postpone or slow down disability ‘careers’ of older people are frequently lost, despite the fact that the balance of evidence suggests that many of these interventions (general community activities for physical exercise, early and intensive rehabilitation after major injury, etc) are win-win strategies that are both efficient and often cost effective.

It is also notoriously difficult to change peoples’ behaviour, in large part because the social determinants of health, which have a large influence on personal behaviour, often lie outside of the sphere of influence of the individual. In addition, mental health and one’s ability to participate in social activities are affected by such things as: personal factors and life-style issues; economic factors; environment, living spaces and neighbourhoods; occupational issues and retirement policies – which are also often beyond the control of the individual. Promoting the health of older people therefore requires broad population strategies, which entail policy interventions that can change social norms and that can shift population-level risk distribution for a given behaviour such as smoking. Any health promotion initiative needs to be supported and endorsed by a positive and integrated approach across a range of agencies and policies, to address the social determinants of health. This requires a cross-sectoral approach, at inter-national, regional and local level. An extensive Canadian study on the mental health of refugees and migrants, for example, concluded that the mental health strategy of each province needed a cross-sectoral plan for improving the social determinants of mental health. They called for a unified and inter-sectoral approach backed by political consensus.¹²

Developing integrated approaches to health promotion is, nevertheless, more easily said than done. A key finding from an overview of material from national reports from eleven EU countries (SHARE, see box 12) was that although most agreed on what the characteristics of health promotion should be, when the projects came under scrutiny this was not borne out in practice. There was still a considerable emphasis on bio-physical determinants and behavioural change, rather than a psycho-social approach, which largely was influenced by health policy. In addition, despite a growing recognition that projects with a multi-disciplinary/multi-agency approach were considered most successful, these were also somehow perceived as less scientific. The overview report concluded that health in older people is affected by many interacting factors demanding a holistic approach. Such interventions need to be supported by policy together with the social issues of integration, inclusion and participation of older people.¹³

11 Swedish National Institute of Public Health, Healthy Ageing, A Challenge for Europe, 2007

12 Hansoon E, Tuck A, Lurie S and McKenzie K, for the Task Group of the Services Systems Advisory Committee, Mental Health Commission of Canada (2010). Improving the mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement. http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_Final_Englishpercent2012Nov09.pdf

13 <http://www.healthproelderly.com.pdf> hpe_European_Report_2008.pdf

Box 8

KEY RESOURCES

WHO Healthy Cities Programmes

The WHO Healthy Cities Programme is an established and world recognised example of a setting-based approach to health promotion with programmes in over 1200 cities globally.

The programme is founded upon the recognition that there are factors beyond health and social care that have a major effect on health and well being, and the contribution that must be made by all sectors with an influence on the determinants of health. It also embraces a life course approach to health, which recognises the impact that early life experiences have on the way in which population groups age. It fosters a positive attitude throughout life to growing old and seeks to break down stereotypes and change attitudes to ageing, thereby promoting understanding between the generations.

The Healthy Cities movement has spread across the six WHO regions. More than 29 National Healthy Cities Networks have developed in 29 European member states.

More information is available at:

http://whqlibdoc.who.int/publications/2007/9789241547307_eng.pdf

The WHO Age-friendly Environments Programmes

The Age-friendly Environments Programme is an international effort by WHO to address the environmental and social factors that contribute to active and healthy ageing in societies. The success of the programme has led to the development of a Global Network of Age-friendly Cities.

A ‘**Guide to Global Age Friendly Cities**’ which is part of this Programme is available on: http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

More information is available at:

http://www.who.int/ageing/age_friendly_cities/en/index.html

Strategic Healthy Ageing Partnership for Belfast (health cities)

The Healthy Ageing Programme ran from 2004 to 2009 during Phase IV of the Healthy Cities network. Belfast Healthy Cities was instrumental in setting up the Strategic Healthy Ageing Partnership for Belfast. This work has now been handed over to Belfast City Council to lead.

More information is available at:

<http://www.belfasthealthycities.com/phase-iv-2003-2008/healthy-ageing.html>

New Ageing in Cities (NAIS)

NAIS is a project by volunteers in partnership with the city of Bruchsal administration in Germany, public facilities, churches, charities, trade and industry, associations and clubs. The project has been operational since 2007 and it is looking to develop effective local strategies to activate and empower older citizens. Areas of action include: improving access to the local care system, improving care for older people in socially disadvantaged areas and action promoting physical activity, nutrition and mental health.

More information is available at:

<http://www.neues-altern.de/index.html>

EUROCITIES

EUROCITIES is a network that brings together local governments of major European cities in 30 countries. The network allows local governments to coordinate efforts and activities and to exchange knowledge on relevant topics. EUROCITIES also provides a channel for cities to influence the EU agenda to accommodate local level challenges and issues. Although not explicitly mentioned, the ageing aspect is interlinked with many of EUROCITIES overall objectives, such as to; “promote equal opportunities for all, respecting diversity”; to “promote access for all to high quality services”; and to “ensure Information and ‘Knowledge Society’ rights for all EUROCITIES has a working group on healthy ageing.

More information is available at:

<http://www.eurocities.eu/main.php>

Taking a holistic approach to health means focusing not only on physical health, but also on mental health, since these are inextricably linked; good physical health is associated with good mental health, and poor physical health is associated with poor mental health. The EU Thematic conference on mental health of older people in Madrid in 2010 (see Box 9) concluded that mental health promotion measures are important for improving physical health and successful ageing, and that the prevention of loneliness and isolation is one of the most powerful strategies to promote mental health and well-being in old age.¹⁴ A healthy lifestyle, safe living environment and meaningful, active participation in society and the community are important protective factors for mental well-being in older age. In addition, support from families, peers and carers play a key role in promoting the mental health of older people.

While serious depression seems to be a relatively rare disease among older people, symptoms of depression appear common among older people, with studies indicating a prevalence of depressive symptoms affecting 7.9 – 26.9% of older people.¹⁵ In the UK for example, depression is the most common mental health problem in later life. One in four people aged 65 and over have depression which is severe enough to impair quality of life.¹⁶ Many symptoms of depression can be addressed by ensuring that older persons remain physically and socially active and participate in society.

Box 9

KEY RESOURCE

“Mental health and Well-being in Older people”

High-level conference held in Madrid in April 2010, organised by European Commission and the Spanish Ministry of Health and Social Affairs.

To learn more about the conference, see;

- Background document and key messages for the EU thematic conference:
http://ec.europa.eu/health/mental_health/docs/older_background.pdf
- Report from the conference:
http://ec.europa.eu/health/mental_health/docs/ev_20100628_report__en.pdf
- Conclusions from the conference:
http://ec.europa.eu/health/mental_health/docs/ev_20100628_rep_en.pdf

An important conference resource is a compilation of around 20 best practice examples of healthy ageing initiatives in Europe, mostly Italy and Spain. Two selected initiatives are described in the final section of this report (“Silver Song Clubs” and “Supporting Plan for Caregivers in Andalusia”)

¹⁴ “Mental Health and Well-being in Older People - Making it Happen” Gert Lang, Katharina Resch and Katrin Hofer. http://ec.europa.eu/health/mental_health/docs/older_background.pdf

¹⁵ The State of Mental health in the European Union. European Communities; 2004

¹⁶ Lee, M. *Promoting mental health and well-being in later life*. Age Concern and Mental Health Foundation. 2006. <http://www.mentalhealth.org.uk/publications/?entryid5=41185&char=P>

Another significant contribution is the “Fact sheets from European projects related to mental health and well-being in older people”. This document mentions 7 EU-level collaborative projects targeting ageing. The various projects focus on specific aspects such as alcohol consumption, depression and long-term care, and serve as evidence banks. Selected projects, which address “younger” elderly, are included in this report (healthPROelderly, and DataPrev and Vintage).

http://ec.europa.eu/health/mental_health/docs/older_factsheets.pdf

Other relevant documents include a “Comparative analysis and summary of activities for older people’s mental health in European Member States”, which offers statistics related to different mental health indicators broken down by country. A hard copy is available from EuroHealthNet.

See Annex I for Seven Key Messages from the Conference.

Promoting mental health and well-being in later life

The logo for the Mental Health Foundation, featuring the words "Mental Health" in a large, white, sans-serif font and "Foundation" in a smaller, white, sans-serif font, all contained within a red rectangular background.

While the combination of old age and mental health problems produces a double disadvantage, the promotion of mental health and well-being in later life receives very little attention. Age Concern and the Mental Health Foundation in the UK therefore

conducted an inquiry into Mental Health and Well-Being in Later Life. The findings are presented in a report from 2006, which draws on a comprehensive literature and policy review and the views of nearly 900 older people and carers on what helps to promote good mental health and well-being in later (issues such as discrimination, participation in meaningful activity, relationships, physical health and poverty). The evidence was supplemented by the results of focus groups with older people from minority groups.

The full report is available here:

<http://www.mentalhealth.org.uk/publications/?entryid5=41185&char=P>

3. A FOCUS ON SOCIALLY DEPRIVED AND MIGRANT GROUPS

The concept of equity must lie at the centre of any policies or programmes that aim to promote and sustain the mental health and well-being of older people. Adaptation to old age has been associated with social class. Within all countries, there is a strong link between health behaviour and socio-economic status. In contrast to individuals with more years of education, individuals with lower levels of education are 70% more likely to be physically inactive and 50% more likely to be obese.¹⁷ The strong relation between health and socio-economic status also holds for mental health. Cross national differences in depression rates resemble patterns of cross-country differences in education. Within countries, persons with low income or low wealth suffer more frequently from depression, particularly in more northern areas in Europe.¹⁷

Many migrants across the EU can be considered 'socially deprived', and are more likely than the rest of the population to face issues such as unemployment or riskier work environments, financial insecurity, poor housing, poverty, discrimination and social exclusion. This may be amongst the reasons that a study undertaken among the 11 European countries found that migrants generally have worse health than the native population. The study concludes that there was little evidence, amongst the countries investigated, of the 'healthy migrant' at ages 50 years and over.¹⁸ Another study on the health needs, service utilisation and access barriers of older migrants from Turkey, Morocco, Suriname and the Antilles in the Netherlands also found that their health is worse than that of the other older groups in the country.¹⁹ Canadian research found that rates of psychological distress, post-traumatic stress disorder, depression and medical illness are markedly higher in refugee and immigrant groups²⁰, while migrant groups worldwide have been found to have over twice the risk of schizophrenia compared to non-migrant groups.²¹

Since vulnerable groups, such as socially disadvantaged groups and certain migrant groups, have been shown to have fewer resources to age well at their disposal, they need to be targeted in health promotion programmes. A successful population strategy directed at the population with the less favourable indices can shift their incidence of physical and mental illness closer to that of the healthier population.

Moreover, in Germany there are a number of strategies developed at the national and federal state level. However, evidence suggests that as many of these strategies are implemented at the local level, more resources need to be allocated to support the implementation of strategies while also improving information about models of good practice amongst local stakeholders.²²

17 SHARE data

18 Sole-Auro, A and Crimmins, E. Health of Immigrants in European countries. Research Institute of Applied Economics, 2008. http://www.ub.edu/irea/working_papers/2008/200809.pdf

19 Schellingerhout, R. ed. (2004). Gezondheid en welzijn allochtone ouderen. Den Haag: SCP.

20 Porter, M. & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. JAMA, 294, 602-612.

21 Cantor-Graae, E. (2007). The contribution of social factors to the development of schizophrenia: a review of recent findings. Can.J.Psychiatry, 52, 277-286.

22 Thomas Altgeld, 2011, Summary: Healthy and Active Ageing in Germany, LVG and AFS Niedersachsen e.V.

Box 10

KEY RESOURCE

Active Ageing of Migrant Elders across Europe (AAMEE)



This EU co-funded project (2007-2009) developed principles and recommendations for the EU to promote the social participation and quality of life of migrant older people, by for example, looking at volunteer activities, and ensuring cultural sensitivity in new policies and activities within the areas of housing, healthcare, education, leisure activities, culture and also in marketing. The aims were to sensitise the political and societal surroundings to be more inclusive

for older migrants and set up a good practice platform/network for the exchange of experience between actors and organisations.

More information is available at

<http://www.aamee.eu/>

The main findings and outcomes of the project are included in the “**Report of the project Active Ageing of Migrant Elders across Europe**”, which also contains an overview of good practice examples compiled through the project.

http://www.aamee.eu/Final_project_report/Project-report.pdf

Health promotion and primary prevention of older people with immigrant backgrounds 2007-2010

This project was undertaken by the Institute of Gerontology at University of Dortmund in Germany with the aim to evaluate the effectiveness of health promotion activities for older people with an immigrant background. The project looked at behavioural and environmental determinants of ageing and furthermore, looked into new opportunities for effective health promotion and primary prevention measures for this hard to reach target group. The research project includes the evaluation of several targeted prevention measures in the areas of exercise, nutrition and cognitive function among others.

More information is available at

http://www.fhg.tu-dortmund.de/cms/de/Projekte/Lebenslagen_Lbensformen_und_soziale_Integration/Gesundheitsfoerderung_und_Primaerpraevention/index.html

4. HEALTH PROMOTION FOR 50-60+ YEAR OLDS

While basic principles of health promotion apply to all age groups, there is also a principle that interventions need to be targeted at and developed with the involvement of the specific groups that they aim to benefit, in order to gain legitimacy and ensure appropriateness. The Health Development Agency in the UK, which developed a programme specifically geared for the needs of this age group, found that those aged 50-65 perceive themselves as a distinct generation with particular preferences.²³

Box 11

KEY RESOURCE

The report **“Taking Action: Improving the health and wellbeing of people in mid-life and beyond”** (2004) by the Health Development Agency in the UK offers a number of evidence-based recommendations and guidelines for implementing health promoting practices targeted at people between 50 and 65. The recommendations are based on the lessons and outcomes of eight pilot projects, and highlight key findings from these. The report also provides practical tools, as it contains a checklist for strategic planning or service implementation, including points on: developing local knowledge and understanding; developing a portfolio of services, activities and interventions and the importance and nature of evaluation.

More information is available at:

<http://www.nice.org.uk/nicemedia/documents/actionpo.pdf>

The programme was based on the recognition that people in their fifties go through many life changes, involving work, employment, illness, bereavement of parents, children becoming more independent and grandparenthood. Such changes precipitate reflection on current and future opportunities and directions. In turn, this awareness can make people more receptive to health messages for a more independent healthier old age. People in this age group want to take control over their health and well-being and have a range of opportunities allowing them to do so effectively. This group definitely does not identify themselves as needing services for ‘older people’. They however feel ‘ignored’ by adult services, as reflected in this comment:

“I think at my age (55 years) you’re in a group of the forgotten really – you know they do an awful lot for younger people and children and once you get over a certain age as a pensioner, then you get a lot more support. But I think for my age group there’s not a lot going on you know, we’re sort of forgotten really.”²²

Identifying 55-60+ year olds as ‘older people’ can be a barrier to accessing services, and any programme directed at this age group needs to address this. In Canada, for example, despite a varied and sophisticated programme of activities, the Quebec CJCS Centre found it difficult to attract people within this age group, as there was a stigma that they served much older people. As a result, CJCS decided to tackle its perception problem and specifically reach out to this age group. They did this by developing a new programme to support those facing the transition to retirement.²⁴

The Health Development Agency in the UK (see Box 11) defined the principles of underlying health improvement strategies for people in midlife as the following:

- Maximising engagement through providing a spectrum of services
- Adopting empowerment strategies
- Increasing and improving opportunities for social interaction
- Building and sustaining relevant and effective partnerships

²³ Taking Action: improving the health and wellbeing of people in mid-life and beyond Health Development Agency (HDA) 2004. <http://www.nice.org.uk/niceMedia/documents/actionpo.pdf>

²⁴ International Council on Active Aging: <http://www.icaa.cc/1-Organizationalmember/member-articles/age50plusnewlifeoptions30.pdf>

It should be noted, however, that few policies and interventions designed for 'older people' are specifically targeted towards this age-group. The EC-supported healthPROelderly project (see Box 7) found that only 15% of the projects were for the 55-60+ range (and less than 1% on migrants).

Box 12

KEY RESOURCE

SHARE - Survey of Health, Ageing and Retirement in Europe



The Survey of Health, Ageing and Retirement in Europe (SHARE) is a multidisciplinary and cross-national panel database of micro data on health, socio-economic status and social and family networks of more than 45,000 individuals aged 50 or over.

Data collected include health variables (e.g. self-reported health, health conditions, physical and cognitive functioning, health behaviour, use of health care facilities), bio-markers (e.g. grip strength, body-mass index, peak flow), psychological variables (e.g. psychological health, well-being, life satisfaction), economic variables (current work activity, job characteristics, opportunities to work past retirement age, sources and composition of current income, wealth and consumption, housing, education), and social support variables (e.g. assistance within families, transfers of income and assets, social networks, volunteer activities).

Eleven countries (Denmark, Sweden, Austria, France, Germany, Switzerland, Belgium, the Netherlands, Spain, Italy and Greece) contributed data to the 2004 SHARE baseline study. Further data was collected in 2005-06 in Israel. The Czech Republic, Poland and Ireland joined SHARE in 2006 and participated in the second wave of data collection in 2006-07. The survey's third wave of data collection, SHARELIFE, collected detailed retrospective life-histories in thirteen countries in 2008-09. Through the SHARE website it is possible to access National SHARE websites. The SHARE website contains a section with publications that have analysed SHARE data, and a section to 'find out what you have always wanted to know about older Europeans (e.g. health, family networks, economic situation)'.

SHARE data and the SHARE website are therefore key resources for information about older people in Europe.
<http://www.share-project.org/>

5. KEY AREAS FOR HEALTH PROMOTION AMONGST “YOUNGER OLDER PEOPLE”

Those health promotion policies and programmes that are targeted at or relevant to people in the EU that are 50+ tend to focus on employment and employment conditions, the transition into retirement and activities that they can take part in to stay active, up to date and socially connected following retirement. People aged 50+ should adopt good nutrition habits and engage in physical activity. This group should also utilise healthcare services, which are able to address their specific needs, on a regular basis. In addition, people in this age group are often ‘carers’ of youth and of older people, and may need assistance coping with these roles. This section provides information on these different topics on the basis of studies that have been conducted across Europe. It will address:

- A: Employment at transition into retirement
- B: Participation/social inclusion, including engagement in voluntary work and mental health
- C: Life-long learning and e-inclusion
- D: Physical activity and nutrition
- E: Utilisation of health services and intake of medication
- F: Carers

Further examples of projects and programmes from EU countries and Canada addressing these topics are included in the compendium following this section.

A. Employment and transition into retirement

Given demographic change and ageing populations, there is a strong focus at EU level and in EU Member States on labour policies amongst those nearing retirement age. Many governments are developing policies and programmes to encourage people to work longer to help address the pressure on the younger generation. Organisations like AGE Platform Europe, however, stress that the debate around active ageing should not focus exclusively on prolonging working careers to lighten pressure on public budgets, but should aim at making a society where everyone is empowered to participate at all ages.²⁵ The EU have adopted this approach and dedicated 2012 as the European Year (EY2012) for Active Ageing and Solidarity Between Generations (see Box 2). The EY2012 will focus on advocating for a society for all ages but in terms of ageing, the year will encourage older people to stay in the workforce and share their experiences; keep playing an active role in society and live as healthy and fulfilling lives as possible.

There are many health-related reasons to encourage people to work longer. While work can be demanding and compete with family time and leisure activities, employment also makes people feel like valued members of and connected to society. Analysis of data from the Survey of Health and Ageing in Europe (SHARE) (See Box 12) on 11,462 participants who were 50-64 years old in ten countries found that perceived poor health was strongly associated with non-participation in the labour force in most European countries.²⁶ Lower educational level, being single, physical inactivity, and high body mass index were associated with withdrawal from the labour force. Long-term illnesses such as depression, stroke, diabetes, chronic lung disease and musculoskeletal disease were significantly more common in those not having paid employment. The authors therefore concluded that social policies to encourage employment among older people should incorporate the role of preventing ill health and its influencing/contributing factors.

Nevertheless, encouraging older people to continue to engage in full-time work might not be desirable. The Multilinks project (see Box 13), co-funded by DG Research, surveyed the opinions of Europeans in 23 EU

²⁵ Statement by Anne-Sophie Parent, Director of the AGE Platform Europe at the 3rd EU Demography Forum in Brussels, 23 November 2010.

²⁶ Unemployment and retirement and ill-health: a cross-sectional analysis across European countries (Alavinia SM, Burdof A. *Int Arch Occup Environ Health* 2008; 82: 39-45)

countries about the appropriate time of retirement on two questions relevant to retirement timing.²⁷ The survey data reflect the opinion that men are generally too old to work more than 20 hours after the age of 63.6, while women should not work more than 20 hours after age 59.3. Amongst the study's key findings were that country-specific, tailor made policies aimed at stimulating part-time employment of older adults may be quite effective in raising the labour force participation of older adults, since stimulating part-time employment after reaching mandatory retirement age may be more effective than measures to postpone retirement.

However, policy targets formulated by governments should also take into account societal perceptions of older people. A national Dutch study, which asked both employers and employees for their views by means of surveys and focus groups, found that 76% of employers thought that an increase in the average age of the workforce is strongly associated with rising labour costs, yet only 7% expected a rise in productivity²⁸. The SHARE study therefore also concluded that public opinion attempts to persuade people to retire at later ages should be targeted to all age categories.

There are a wide range of initiatives that have and are being implemented in EU Member States and/or co funded by the EU that aim to encourage organisations to improve working conditions, help older employees address specific health related issues and thereby stay in employment longer.

Box 13

KEY RESOURCES

Multilinks - How demographic changes shape intergenerational solidarity, well-being, and social integration

This research project (2008-2011) investigates how changing social contexts, from macro-societal to micro-interpersonal, affect social integration, well-being and intergenerational solidarity across different European nations. It looks at how demographic ageing affects all age groups and the links between older and younger family members, between different points in time and between the different national and regional contexts. In particular it looks at the burden of care, elderly care as an issue of family policy, intergenerational solidarity in modern families, the impact of intergenerational transfers on labour market participation and gender issues in these contexts. It aims to provide a better basis for sound policy-making in promoting intergenerational solidarity and avoiding risks for social exclusion or all groups.

More information is available at:

www.multilinks-project.eu

Ageing and Employment: Identification of Good Practice to Increase Job Opportunities and Maintain Older Workers in Employment.

The 2006 study was conducted on behalf of the DG for Employment, Social Affairs and Equal Opportunities, and is founded on 41 case studies from 11 European countries. The case studies give insight into how employment rates can be raised and retirement age extended without impairing life quality and compromising work/life balance or cost-efficiency aspects. The study also explores national frameworks, which either incentivise or limit successful actions on optimising the area of employment.

More information is available at:

<http://www.economix.org/Ageing06-En.htm>

²⁷ Multilinks survey: How demographic changes shape intergenerational solidarity, well-being, and social integration: A multilinks framework (European Policy Brief)

²⁸ How do employers cope with an ageing workforce? Views from employers and employees (van Dalen HP, Henkens K, Schippers J, Demographic Research, June 2010, volume 22, article 32, pages 1015-1036)

Activating senior potential in ageing Europe (ASPA)

One of the aims of this EC funded research project running from February 2008 – January 2010, was to analyse the influence of organisational behaviour, organisational and public policies on the use of “senior potential” for people aged 50+ and to get an insight into activity rates of people between 50 and 70, in order to identify policy strategies for organisations (both companies and civil society organisations) and governments to stimulate the participation of older adults and to secure human capital investments over the life course. The project tried to identify good practices at the company level, at the level of the civil society and at the level of (national or local) government policies that contribute to continuous investment in knowledge and skills throughout the life course.

More information is available at:

<http://www.aspa-eu.com>

Healthy Work in an Ageing Europe: Strategies and Instruments for Prolonging Work Life

The report has been carried out by the European Network for Workplace Health Promotion (ENWHP) and aimed to promote best practice for workplace health. The report was carried out between 2004 –2006 and describes national developments and practices in the area of occupational health promotion for the ageing workforce.

More information is available at:

http://www.enwhp.org/fileadmin/downloads/5th_Initiative/ENWHP_Ageing_Europe.pdf

Understanding the health and labour relationship (HEALTHWORK)

This research initiative is funded by the EC under the 7th Framework Programme (2007-2013), and investigates the role of mental and physical health on labour market position and transition. A considerable share of the working age population in the industrialised world suffers from a long standing illness or disability that restricts daily activities, resulting in a substantial fraction of workers leaving the labour market before retirement age. This suggests that policy should also focus on reducing disabilities among younger workers and/or on increasing the employment prospects of workers with a disability.

More information is available at:

http://cordis.europa.eu/fetch?CALLER=FP7_PROJ_EN&ACTION=D&DOC=7&CAT=PROJ&QUERY=012c30dea8fd:dcd7:04c7ce33&RCN=96415

AWARE: Ageing Workforce towards an Active Retirement

Co-funded Ambient Assisted Living Joint Programme, the AWARE project (2010-2013) is developing a network hosted on a telematic platform for older workers and retired people. Social network services (chatting, blogging, etc) will be complemented by specific services oriented to the needs of older workers and active retired people. It seeks to meet the structural needs of the ageing workforce, including modules on: adapting the workplace to older workers; sharing knowledge and expertise, including through remote short-term contracts for older or retired people; and ICT training for older workers.

More information is available at:

<http://aware.ibv.org>

The abovementioned Dutch study on retirement age perceptions revealed that the measures most often implemented by employers in order to balance the costs and benefits of older workers include additional leave, ergonomic measures, and part-time retirement. Another study indicated that two measures which could potentially benefit older workers included using them as coaches or mentors for younger workers, and having them work in age-diverse teams.

Education in the workplace can also help older workers adjust to changes related to ageing, make health care decisions and plan for retirement (see Box 13).²⁹ Some of these practices can, however, be delicate. An analysis of Dutch organisational human resource policies showed that demotion (“stepping-down”) was a sensitive issue: while in theory it should be possible, actual practice has proven otherwise. In addition, the Dutch study found that older workers are less likely to engage in additional training and development, and that updating the knowledge of older workers requires a tailor made approach. This suggests that while much has been achieved, that there is still much progress to be made in this area.

Box 14

KEY RESOURCES

Eurofound (European Foundation for the Improvement of Living and Working Conditions)

Eurofound was set up by the European Council in 1975 with the purpose of contributing to creating good living and working conditions in the EU. Eurofound offers an extensive database containing a wealth of best practice examples related to age management in private companies from all European countries. Amongst the many examples provided are: a French electronics and security company, which has implemented a comprehensive ageing strategy that has yielded significant results in retaining the older workforce; a major Austrian bank, which through their comprehensive lifetime programme, is taking strong measures to optimise their workforce; and a consultancy company in the Netherlands, which has streamlined the age awareness component of its HR policy by integrating it into general management operations.

More information is available at:

<http://www.eurofound.europa.eu/areas/populationandsociety/ageingworkforce.htm>

FIFTI - for a new professional dynamic after 45

Co-funded by the Europe Social Fund, FIFTI is an online system in French providing a number of tools to help optimise people’s careers after the age of 45. It provides specific information, guidance and support to both employers and workers aged 45+ on a range of topics: skills; training; well-being; preparing for retirement; motivation; workplace risks; and dialogue between employers and employees. The ongoing project aims to help people anticipate ageing in the workplace, challenging fears and negative preconceptions, and opening the way for new solutions and approaches to the continued employment of older workers.

More information is available at:

www.fifti-opcalia.com

The Demographic Network (DDN)

The Demographic Network is a German platform for the business community to learn, adapt and develop effective human resources policies to reflect the future challenges associated with an ageing workforce. It is developing lifecycle-oriented Human Resources Management strategies and has developed 10 golden rules to develop modern, family friendly HR policies offering practical solutions on skills shortages.

More information is available at:

<http://demographie-netzwerk.de/start.html>

²⁹ The Aging Work Force Helping Employees Navigate Midlife. Leggett, D. AAOHN Journal 2007; 55(4), 169-175.

The transition from employment to retirement can be considered a significant life event – either good or bad, depending on the context (providing more leisure time for some, but lower incomes for others) and requires some adjustment for people. Measures to support people who are retiring might include practical support for this period of adjustment and providing other frameworks for productivity such as volunteering or lifelong learning. Box 13 provides an overview of a number projects, both EU and national, that investigates potential programmes and strategies to assist older people in their transition from employment into retirement while also looking at ways of harnessing the potential of older workers.

There are a rising number of organisations that cater to an increasing number of people that “need to reinvent themselves after they retire”, and that wish to apply their experience and undertake significant work.³⁰ These organisations offer services that range from one-on-one coaching to mentoring, workshops, classes and even job placements. Experience Corps³¹ for example, is a non-profit organisation with 2000 volunteers aged 55 or older, mentoring children to ensure that they are able to read by third grade. A study by John Hopkins School of Medicine and Public Health of 125 Experience Corps members found that the experiences related to the members’ new work provided such benefits as overall health, higher levels of activity and a larger social network.

30 “Second Life; A growing group of organizations is offering new retirees help with figuring out whats next in life,” (Newsweek, November 17, 2010). <http://www.newsweek.com/2010/11/17/firms-help-retirees-plan-second-careers.html>

31 <http://www.experiencecorps.org/index.cfma>),

B. Participation/social inclusion, including engagement in voluntary work and mental health

Socially embedded older people who are in frequent contact with family, close friends, and neighbours tend to have better physical health than those who are less involved.⁸ Involvement in neighbourhood and community activities is in addition associated with better social support, greater physical activity and lower levels of stress. A danger in getting older and retiring however, is the loss of such social networks.

According to the EU Thematic Conference on mental health of older people (see Box 9), many older people may suffer from social exclusion and isolation. A large proportion of older people report feelings of loneliness (35% in one Swedish study, with 45% showing reduced subjective health) and women report more loneliness than men. Loneliness can have a negative impact on health; a major predictor of loneliness in older age is poor mental health and depression, psychiatric morbidity, increased physical impairment, small social networks, low life satisfaction and reduced quality of life.

Volunteering or other forms of professional activity can be an antidote to social exclusion and loneliness, in that it can help keep people active and involved and can provide a sense of meaning and purpose. In its call for action, the Conference calls for volunteering initiatives to be organised and supported at the local and individual level with the aims of “ensuring social participation, transfer of knowledge and intergenerational dialogue”.³²

A paper based on data from the SHARE study (See Box 12) analysed the relation between volunteering and well-being among 30,023 Europeans aged 50 and above in 12 countries. Overall, a positive correlation between volunteering and perceived health, life satisfaction, and self-life expectancy was found, and a negative correlation to depression.³³ Another SHARE study, that reviewed data from the 2004 SHARE study on characteristics and rates of participation in voluntary work in ten European countries, found that the number of older people engaging in volunteer work varies across the EU. Overall, 10% of the 65–74 age group does volunteer work. In Scandinavia, as well as the Netherlands, this percentage is even twice as high, while in other countries, like Spain and Greece, less than 4% report doing volunteer work in all age groups. The analysis shows that age, education, health and involvement in other social activities strongly influence an individual’s inclination to engage in volunteer work. Findings suggest that policies and programmes to encourage older citizens to make greater use of their productive capacities are feasible.³⁴

The SHARE study also looked at volunteer transitions among older adults aged 55 – 65 at study baseline. They tried to understand their motivation by looking at the duration of volunteer activities, the probability that older adults start and stop, and the factors that significantly predict volunteer transitions. They analysed entries into, and exits from, formal volunteer activities between 1996 and 2004 by adults, in an effort to gain insight into how the potential productive energies of baby boomers approaching retirement might be mobilised. Amongst the findings was that volunteers least likely to quit were those who contribute intensely and for many years and who were married to another volunteer. They concluded that there is a need to focus efforts on retaining older volunteers to maximise volunteer engagement during later years, and to recruit older adults in volunteer activities early on, ideally before they retire.

32 Position of Mental Health Europe on Mental Health and Well-being of older people.
http://ec.europa.eu/health/mental_health/docs/mhe_position_older.pdf

33 Elderly Volunteering and Well-Being: A Cross-European Comparison Based on SHARE Data Debbie Haski-Leventhal *Voluntas* (2009) 20:388–404

34 Erlinghagen M and Hank K. The participation of older Europeans in volunteer work.
Ageing & Society 26, Cambridge University Press, 2006, pgs 567–584

Box 15

KEY RESOURCE

European Year of Volunteering 2011



The European Year of Volunteering (EYV) 2011 aims to raise awareness of the importance of voluntary work as a means of promoting active citizenship, social cohesion and solidarity and of the challenges that face millions of volunteers throughout the EU.

The four main objectives of the EY 2011 defined by the European Commission are:

- Reducing the obstacles to volunteer work in the EU;
- Improving the quality of volunteer work;
- Rewarding and acknowledging volunteer work, and;
- Raising awareness of society and of individuals regarding the value and importance of volunteering for the economy, society and the individual.

One of the key objectives of the year is to help remove the barriers preventing more older people from volunteering and harness the contribution that they can bring to society in improving the quality of life and of services in many sectors (such as health, education, personal assistance, etc.) and preventing social exclusion and strengthening the solidarity between generations.

More information on the European Year 2011 is available here:

<http://europa.eu/volunteering/en>

Box 16

KEY RESOURCES

Senior European Volunteers Exchange Network (SEVEN)



SEVEN is a European network of 29 organisations promoting lifelong learning and volunteering for senior citizens. The member organisations are local governments, NGOs, research centres and universities. The main aim is to generate international exchange, and allow for voluntary work and lifelong learning to benefit from a “European Wide Space”.

More information is available at:

<http://www.seven-network.eu/site/>

The Voice of European Seniors

This is an exchange project (2009-2011) sending senior volunteers between two associations in Romania and Portugal. The volunteers learn from each other about how they can use their experience and knowledge to make an important contribution as active European citizens. The project focuses on boosting the enthusiasm and motivation of senior volunteers, improving their quality of life and getting pride from the contribution they can make within their communities. The volunteers organise learning events with target groups from economically and socially disadvantaged areas.

More information is available at:

<http://projectotio.wordpress.com/give>

European network of older volunteer organisations (ENOVO)



ENOVO was created in 2005 as a new working group as part of Volunteurope to promote older volunteering across Europe. ENOVO works to develop new opportunities for older volunteers, exchange good practice and open new funding opportunities and combat ageism in volunteer agencies. It measures the impact of older volunteering efforts. The founding members are: REUNICA Espace 3A France, CSV/RVP/UK and Third AGE Centre, Summerhill, Ireland.

C. Life-long learning and e-inclusion

An additional important way to stimulate social inclusion and healthy ageing is through the promotion of life-long learning. According to the EU mental health conference (See box 9), lifelong learning initiatives are effective means to increase activity, responsibility and to reduce dependency. It is the responsibility of communities, through local and national policies, to create institutional framework conditions and learning environments in which older individuals feel welcome and motivated to develop their own knowledge and skills in order to continue to be able to keep active.

Amongst the approaches considered effective for learning in later life are those that take into account the knowledge of older people, those that entail learning in groups or networks and learning through electronic platforms. In addition, projects and programmes show the best results when older people are involved in the project design and implementation, through peer to peer learning, when older people contribute to the project as networkers and trainers and when the action responds to older people's feedback. Organisations focusing on learning activities should also provide initiatives to increase participation of excluded older people, particularly from disadvantaged backgrounds. Moreover, opportunities to take part in social groups and community led networks should be pursued as they have been deemed effective at reaching hard to reach groups, but there should also be an increasing focus on utilising e-inclusion methods, through ICT technologies and online tools, to reach vulnerable groups.³⁵

There is a huge array of life-long learning programmes for older people all over Europe for every type of interest: from the university of the third age to local education in community centres. Courses cover many subjects and may be taken for pleasure or practical interest. Such courses are accessible in many different ways, from the more traditional local community centres to online programmes.

Many older people, particularly those in deprived and/or minority groups, do not have basic internet skills. Developing such skills is an important form of lifelong learning that can also stimulate their social inclusion and integration. The 2006 Riga Declaration on e-Inclusion identified the promotion of cultural diversity in Europe as one of its six priorities by improving the possibilities for economic and social participation and integration, creativity and entrepreneurship of immigrants and minorities by stimulating their participation in the information society.³⁶ Basic internet skills can, for example, be useful to reach and support women from ethnic minorities, who at present have a much lower uptake of internet use compared to males.

Box 17

KEY RESOURCE

Overview of Digital Support Initiatives for/by Immigrants and Ethnic Minorities (IEM) in the EU27

This report from 2008 provides an overview of the range of resources for migrants and people from ethnic minorities, deriving from EC supported projects and ethnic community websites.

The report observes that many immigrant and ethnic minorities seem to have similar ICT adoption rates to the EU population, despite lower socio-economic status. Nevertheless, lack of digital literacy and access to ICT are still critical for many immigrants and ethnic minorities and 30% of the 119 initiatives presented in this overview address these barriers. Most such initiatives are led by migrants and associations of migrants themselves, as a 'voice' or a dialogue with their host society. Adaptation/development of public e-services occurs on a limited scale. Most initiatives are highly fragmented and face sustainability problems, but some are well established.

See: Overview of Digital Support Initiatives for/by Immigrants and Ethnic Minorities (IEM) in the EU27 S. Kluzer, A. Hache, and C. Codagnone: <ftp://ftp.jrc.es/pub/EURdoc/JRC48588.pdf>

³⁵ EU Thematic conference on mental health of older people, Madrid.

³⁶ ICT for an Inclusive Society Conference, Riga 2006: http://ec.europa.eu/information_society/events/ict_riga_2006/doc/declaration_riga.pdf

See also: ICT for Learning the Host Country's Language by Adult Migrants in the EU Workshop Conclusions Seville, 1-2 October 2009 Stefano Kluzer, Anusca Ferrari and Clara Centeno

European Lifelong Learning Programme



The Lifelong Learning Programme (2007-2013) aims to make lifelong learning and mobility a reality; improve the quality and efficiency of education and training; promote equity, social cohesion and active citizenship; and enhance creativity and innovation, including entrepreneurship, at all levels of education and training. Within the broad programme, several of the funding streams are relevant to active ageing issues, including providing support for teaching computer skills to older people, learning through

networks and intergenerational exchange. In particular, the Grundtvig programme aims to develop the adult-education sector to meet the changing needs of learners taking adult education and non-mainstream education courses.

More information about the Life Long Learning Programme is available here:

http://ec.europa.eu/education/lifelong-learning-programme/doc78_en.htm

For the Grundtvig programme

http://ec.europa.eu/education/programmes/lip/structure/grundtvig_en.html

D. Physical activity and nutrition

Physical activity and good nutrition are important components of ageing well, since they improve physical well-being while regulating stress and promoting social inclusion and participation. There are therefore a range of projects and programmes in the EU focusing on nutrition and physical activity for older people (see Boxes 18 and 19)

Nutritional habits should be modified after the age of 50, as caloric needs decrease with ageing (depending on activity levels), while nutritional needs increase. For example, osteoporosis is much more pronounced in older women than in men. Moreover, evidence suggests that the onset of osteoporosis can be stalled or even deterred for women if they engage in a number of preventative actions across their life course, including engaging in a sufficient level of physical activity, consuming a balanced diet and not smoking.³⁷ According to WHO Europe, adults need at least 30 minutes of regular, moderate-intensity physical activity on most days. More activity may be required for weight control. Physical activity benefits both physical and mental well-being, and reduces by about 50% the risk of many disorders related to inactivity (such as heart disease and type 2 diabetes), as well as reducing the risk of hypertension and some forms of cancer, and decreasing stress, anxiety, depression and loneliness.³⁸ The WHO indicates that these recommendations are relevant to all healthy adults. In addition, older adults with poor mobility should do physical activity to enhance balance and prevent falls three or more days per week. When older adults cannot do the recommended amount of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow.³⁹ A Cochrane study of eleven studies of aerobic physical activity programmes for healthy people over the age of 55 years found that aerobic exercise interventions resulted in increased fitness of the trained group and an improvement in at least one aspect of cognitive function.⁴⁰ More recent research has also found that, in cognitively normal adults, walking six miles a week instead of being sedentary was associated with a 50% reduction in Alzheimer's risk over 13 years.⁴¹

Box 18

KEY RESOURCES

European Network for Action on Ageing and Physical Activity (EUNAAPA)



EUNAAPA is a network that aims to improve the health, wellbeing and independence of older people throughout Europe by the promotion of evidence based physical activity. EUNAAPA provides a platform to enable policy makers, providers and professionals to exchange on this topic and on its integration into other policy areas.

From 2006 -2008 EUNAAPA members engaged in a EC co-funded project that led to an inventory of assessment instruments for physical activity and physical functioning in older people. It also led to a best practice report on physical activity programmes and physical activity promotion strategies for older people.

More information is available at:

<http://www.eunaapa.org/Home/>

37 <http://www.who.int/nutrition/topics/ageing/en/index.html>

38 <http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/physical-activity/facts-and-figures/physical-activity-to-stay-healthy>

39 http://www.who.int/features/factfiles/physical_activity/facts/en/index5.html; http://www.who.int/dietphysicalactivity/factsheet_olderadults/en/index.html

40 Angevaren M, Aufdemkampe G, Verhaar H, Aleman A, Vanhees L. Physical activity and enhanced fitness to improve cognitive function in older people without known cognitive impairment. 2008 <http://www2.cochrane.org/reviews/en/ab005381.html>

41 <http://www.webmd.com/alzheimers/news/20101128/walking-may-cut-alzheimers-risk>

PASEO Project: Successful Alliance Building for Physical Activity Promotion among Older People



Co-funded by DG Health and Consumers, the PASEO project ran from 2009-2011 and involved fifteen EU Member States. The aim of the project was to promote physical activity among sedentary older people by strengthening the local, regional and national capacities to facilitate this. This was done by strengthening policy capacities in two key areas: building inter-sectoral capacities by linking organisations across multiple policy sectors (i.e. health, social care, sport) to enhance their efforts to promote physical activity among older people and also by building intra-organisational capacities (i.e. personnel, resources, co-operations within organisations) to enhance their efforts to promote physical activity among older people.

<http://www.paseonet.org/>

Box 19

KEY RESOURCE

LifeCycle:



The benefits of staying active throughout life are important both in relation to physical and mental health, but as people age it often becomes increasingly challenging to stay physically active. Cycling has proven to be an effective tool in healthy and active ageing, both in relation to staying fit and healthy, and also as a way to stay mobile and thus socially included. The LifeCycle project overall aim is to improve the health of Europeans by encouraging cycling, and LifeCycle is involved in a wealth of projects coordinated at national level. The project (2008-2011) is funded by the EU Public Health Programme and its actions are carried out in collaboration with national health institutes in almost all Member States. LifeCycle has a subset of initiatives targeting seniors, such as the “Safe in the saddle for seniors programme”, which is implemented in Graz in Austria, Ljubljana in Slovenia and Liechtenstein, the “Cycling for Health Schemes” in England and the “Health Seminars” in Aveiro, Portugal.

More information is available at:

<http://www.lifecycle.cc/>

The website includes a best practice Handbook including a section on seniors:

http://lifecycle.cc/docs/The_LIFE_CYCLE_Best_Practice_Handbook.pdf

Active Health Promotion among the aged in the German region of Kinzigtal region 2008-2011 (AGil intervention programme)

The programme is focused on people from sixty years of age who are not yet in need of nursing care. The intervention is designed to empower participants to maintain and possibly expand active health behaviour in three domains: physical activity, healthy diet, and maintenance and expansion of social participation. A midterm evaluation of the project indicated that a majority of the participants indicated six months after participating in the intervention that they had already realised the AGil recommendations concerning physical activity and a healthy diet.

More information is available at:

<http://www.ekiv.org/en/index.php>

E. Utilisation of health services and intake of medication

Older people should have regular medical check-ups to get advice and treatment before disease takes hold. As the HealthQuest report (see Box 21) states: “A point that cannot be emphasized enough is the need to increase the versatility and timeliness of preventative and rehabilitative activities in order to improve the functional capacity of older people and postpone the onset of dependency.” Most preventative health care and early disease screening are undertaken by general practitioners or in Primary Health Care (PHC) centres. In general, training for health professionals includes little if any instruction about care for older people, despite the fact that they will increasingly spend time caring for this section of the population. A recent survey by the British Heart Foundation of more than 4,000 women in the UK aged 50 or older for example found that only 10% had had a conversation about risk factors for heart disease with their general practitioner and that many were unaware of the symptoms of a heart attack.⁴²

The WHO stresses that all health providers should be trained on ageing issues, regardless of their specialisation. An additional problem facing society relating to health services is a trend towards labour shortages amongst health professionals in this sector, despite the growing demand for health care.⁴³

Box 20

KEY RESOURCE

Quality care for quality ageing

Co-funded by DG Employment, Social Affairs and Inclusion under the Progress Programme, this project focuses on home healthcare and social care services and interventions in the context of the long term care needs of older people. It starts from the assumption that local and regional social services will be the main tool for meeting the care needs of older people and that current welfare reform is not addressing quickly enough the potential growth in demand for long-term care. Partners from seven partner countries are analysing trends in health conditions and current legislation. They are exchanging good practices in monitoring and assessing home healthcare services with the aim of fostering more effective home healthcare interventions in the future.

More information is available at:

www.cdiecoop.it/QualityCare

The report: “Taking Action: improving the health and wellbeing of people in mid-life and beyond” published by the Health Development Agency in the UK offers practical suggestions for uptake of health services by the 55-60+ age group. The findings are based on qualitative research from eight studies in the UK. Amongst the motivators of this age group were:

- A welcoming atmosphere created by staff, as well as a staff with good interpersonal and communication skills such as active listening;
- A free health check;
- Opportunities for independent and appropriate financial information and advice, including pensions, employment and benefits;
- Location and timing of services that suit the characteristics and diversity of the age group, e.g. activity centres and football supporters’ clubs;
- Information provided from a range of known and valued sources, e.g. National Farmers’ Union in East Devon.

An individual’s mental well-being, their resilience and ability to seek help and the response of the health services are crucial to uptake of healthcare services. Cost of healthcare services and issues relating to

⁴²British Women’s Heart and Health Study: <http://www.lshtm.ac.uk/eph/ncde/research/bwhhs/>

⁴³ European Foresight Monitoring Network Special issue on healthcare. Healthy Ageing and the future of public health care systems.

transport among others, can represent significant barriers to accessing healthcare services. Moreover, disadvantaged groups and ethnic minorities often face the greatest obstacles to accessing healthcare services. A number of measures that can help vulnerable groups overcome barriers in access to healthcare are recommended in the HealthQuest and Minority Elderly Care project reports (see Box 21), as well a report by the Canadian Centre for Addiction and Mental Health⁴⁴ and the United Nations Population Fund publication “Working from Within: 24 Tips for Culturally Sensitive Programming”.⁴⁵ These measures include making cultural competence training available to all health service staff with direct client contact, making linguistic competence strategies a requirement for local and regional service providers, and ensuring the involvement of migrant communities and stakeholders in all phases of the development of health strategies targeted at migrants.

Box 21

KEY RESOURCES

HealthQuest - Quality in and Equality of Access to Healthcare Services

This twelve month project (2007-2008), which investigated barriers in access to healthcare, was directed by European Health Management Association (EHMA) and the European Centre for Social Welfare Policy and Research and co-financed by the EC. The project identified and analysed barriers to access to health care services which are faced by vulnerable groups in society and those most exposed to social exclusion, namely older people and migrants and people with mental health problems. The project reviewed various policy initiatives taken by the Member States to realise the objective of access for all and highlighted and described the most effective policy measures to ensure access to health care to the most disadvantaged. The findings are incorporated into a final report, as well as detailed conclusions and recommendations.

For the final report, a summary report and eight country reports (including England, Germany, Finland, Spain and the Netherlands) see: <http://www.ehma.org/index.php?q=node/54>

The Minority Elderly Care Project – MEC

This research project (2001-2004), coordinated by the Policy Research Institute on Ageing and Ethnicity and co-funded by the EC, involved ten EU countries and aimed to draw attention to the needs of minority ethnic older people and to improve the provision of health and social services for them. It brought together statistically significant research evidence on the perceptions, expectations and usage of services of over 20 different ethnic groups in Europe, as well as service providers' views of what is considered 'appropriate' service and how they are meeting diverse needs amid growing elder population. The project and the resulting publication led to recommendations on how organisations and institutions can improve their service provision for minority older people.

More information is available at:

<http://www.priae.org/projects/mec.htm>

⁴⁴ http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/issuesandslides.pdf

⁴⁵ These motivators can also be adapted to develop health care systems that are more sensitive to the needs of specific immigrant groups. See 24 Tips for Culturally Sensitive Programming http://www.medicusmundi.ch/mms/services/bulletin/bulletin113_2009/chapter1/25.html

Box 22

KEY RESOURCE

Partnerships for Older People Projects (POPPs)

When designing and implementing services and initiatives targeted at older people, it is essential to build upon a solid knowledge base, and learn from other projects with similar goals. The Department of Health in the UK therefore established the “Partnerships for Older People” (2005-2009) to provide evidence of preventative interventions that work to maximise older people’s quality of life and to support them to be healthy, active and independent for longer. POPPs has developed and evaluated services and approaches for older people aimed at promoting health, well-being and independence and preventing or delaying the need for higher intensity or institutional care. The experiences of different projects are meant to strengthen the evidence-base and guide future initiatives to invest in and develop cost-effective and efficient approaches. The POPPs website offers links to evaluation reports, strategic reports and other related resources.

More information is available at:

<http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm>

Linked to the issue of access to and utilisation of health services, older people taking medication need clear information on the dosage of medication to be taken and its potential effects. This is particularly the case for older people, who many studies show are the largest per capita users of medications associated with both physical and mental ability.⁴⁶ Information on the intake of medications has to be clear and at an appropriate level of health literacy, to optimise the effectiveness and safety of treatments and to make patients aware of e.g. the consequences of over- and under consumption, interactions with other drugs and possible side effects. Potentially inappropriate medication use among older people is a common problem, although European studies on the subject are rare.⁴⁷ Addressing this problem may require coordination amongst service providers.

Related to this issue is the need for more research on the effects of drugs on older people. Although drug trials, for example, have been carried out on people aged 55-60+ (unlike their older peers) for non-steroidal anti-inflammatory drugs (NSAIDs) most drug trials have only been carried out for a period of less than six weeks, meaning that reliable information on their long term use is not currently available. It is therefore important that clinical trials for medications are carried out in all sectors of the population, so that trials results with respect to effectiveness and safety are relevant to each sector and that those prescribing the medication have reliable information. Migrants and people from ethnic minorities are notoriously underrepresented in clinical trials.⁴⁸

A systematic review of compliance with medication for the 60+ age group found that although there are many interventions geared toward self-medicating patients (such as those with chronic pain), few address caregivers administering medications. It concluded that further research on culturally competent, theory-driven interventions including long-term outcome measures is needed to evaluate the efficacy and practicality of medication adherence interventions.⁴⁹

46 EURO-MED-STAT –The Library of EU Pharmaceutical Indicators: Expenditure and Utilisation Indicators. Final version. March 2004.

47 Swedish National Institute of Public Health. Healthy Ageing, A Challenge for Europe. 2007

48 Bartlett, Doyal, Ebrahim, Davey, Bachmann, Egger and Dieppe. The causes and effects of socio-demographic exclusions from clinical trials. Health Technology Assessment 2005; Vol. 9: No. 38 <http://www.hta.ac.uk/fullmono/mon938.pdf>.

49 Todd M. Ruppert, Vicki S. Conn, Cynthia L. Russell. Medication Adherence Interventions for Older Adults: Literature Review. Research and Theory for Nursing Practice: An International Journal, Vol. 22, No. 2, 2008

F. Carers

A carer has been defined as a person who provides unpaid care to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal framework (Eurocarers). More often referred to as informal carers, according to Eurocarers, there are over 100 million unpaid carers in Europe, of whom many face risks of becoming overburdened and isolated from friends, family, communities and the employment market. Informal carers contribute a lot to society by looking after an ill, frail elderly or disabled family member, friend or partner.

They carry the largest share of care provision, and the increasingly large proportion of this care is provided by women in the 55-60+ age group. Supporting their role, training them, and protecting their well-being have positive outcomes for the mental health of carers and the people they care for. The magnitude of the caregiver burden is mostly dependent on the recipient's mental and functional health status.

Many carers are worried about aspects of their role as carers and are concerned about their ageing status, their deteriorating health and their ability to continue to care for their dependents. Many caregivers lose (parts of) their social life and replace a formal professional occupation with caring. Informal carers often report to having poorer psychological health than the average population.

Box 23

KEY RESOURCE

EUROCARERS



EUROCARERS is a European association set up in 2004 working for carers that aims to advance the issue of informal care at both national and EU levels by promoting recognition of carers and carers' interests, irrespective of their age or the particular health needs of the person they are caring for, promoting the social inclusion of carers and promoting the development of services that can support carers. The website contains a section of good practices.

More information is available at:

<http://www.eurocarers.org/>

INDEPENDENT - Coordinated eCare

The project INDEPENDENT (2010-2012) sets out to develop and pilot an integrated set of ICT- enabled services to deal with a range of threats to independent living common to older people. It helps support services overcome sectoral limitations in the care sector and empower informal carers and the voluntary sector to participate in delivery of support.

More information is available at:

www.independent-project.eu

6. COMPENDIUM OF GOOD PRACTICES

This section of the report presents a compendium of 89 projects that contribute to the health and well-being of ‘younger’ old people. Some of the projects specifically focus on socially deprived and migrant older people. The projects are focused on seven key thematic areas related to promoting healthy and active ageing:

- A. Employment at transition into retirement
- B. Participation/social inclusion, including engagement in voluntary work and mental health
- C. Lifelong learning and e-inclusion
- D. Physical activity and nutrition
- E. Use of health services and intake of medication
- F. Carers

A. Employment and transition to retirement

1. Senior Intergenerational Social Capital (SISC)

Transferring knowledge across generations

This project, which was co-funded under the EC Life-Long Learning programme and ran from October 2008 – August 2009, targeted citizens close to retirement and aimed to exploit the potential of senior workers by fostering transfer of individual know-how and competencies to new generations of workers within companies. It enabled seniors to become aware of their own skills and competencies and provided them with the knowledge and tools to transfer these to new generations of workers, thereby promoting intergenerational learning.

More information is available at: http://eacea.ec.europa.eu/lfp/project_reports/documents/grundtvig/multilateral_projects_2008/08_2010/grundtvig_gmp_142159_sisc.pdf

2. “50plussanté” project

Promoting health in the workplace

The “50plussanté” project in Switzerland was a regional programme supported by the Swiss health promotion institute. The project entailed 12 projects aimed at the 50+ age group. The projects sought to explore measures to support health promotion in the areas of work conditions, unemployment and retirement. For more information about the 12 projects [in French], see <http://www.50plussante.ch/DocUpload/12projets50plussante.pdf> and for general information about the “50plussanté” project, visit www.50plussante.ch.

3. KESTREL

Improving the employability of disadvantaged groups



The Kestrel (Knowledge, Experience, Skills, Training, Respect, Empowerment, Lifelong learning) project is a three year project (2010-2013) focused on employment in the 50+ group in Northern Ireland. The project aimed to create sustainable life changes for disadvantaged or vulnerable older people that had been excluded

from the labour market. The project took a three-pronged approach. It supported unemployed people over 50 in efforts to increase their employability by providing opportunities to develop new learning and skills. Secondly, it engaged with employers and sought to facilitate working environments conducive to the needs and competencies of older employees. Finally it investigated how people exiting the workforce could be incentivised to stay active and engaged through opportunities for life-long learning and for improved health and well-being.

More information is available at:
<http://www.gemsni.org.uk/kestrel/>

4. MATURE@eu

Supporting age-diverse recruitment

The EU funded MATURE@eu project (2006-2010) supported employers to be age-diverse in their recruitment practices, and involved organisations from Austria, Bulgaria, Germany, Greece, Hungary, the Netherlands, Slovenia, Switzerland and the UK, interested in changing the preconception that older workers are less valuable than younger ones. To this end, an evidence base was compiled so as to support private sector leaders, age representatives and policymakers in mainstreaming an age-friendly environment into recruitment practices and policies.

More information is available at:

<http://www.mature-project.eu/>

5. Swiss database on age and employment

Promoting age-sensitive strategies in the workplace

In 2008 the Swiss Health Promotion Institute published a report on age and employment, which describing the Swiss situation and offering recommendations on how to tackle the challenges of an ageing workforce. According to the report, companies should employ evidence-based measures to understand their own age-profile and age-environment and design strategies to adjust to the situation. The report recommends tools such as an age structure analysis, a checklist for detecting age-related needs for action, a work ability index and a tested “workshop concept, which addresses the link between quality of work and health in retirement. This project was based on experiences of real-life projects, and input into an extensive database: <http://www.inqa.de/Inqa/Navigation/Projekte/alle-projekte.html>

To read the full report visit: http://www.gesundheitsfoerderung.ch/pdf_doc_xls/d/betriebliche_gesundheitsfoerderung/programme_projekte/A4_Broschuere_Arbeit_Alter_d.pdf

6. NHS retirement schemes, UK

Providing flexible retirement options

In the United Kingdom the National Health Service (NHS) provides the following five flexible retirement options for their employees over the age of 50:

- “Winding down” - a decrease in working hours and days. People work part time and accrue special benefits for later retirement.
- “Stepping down” - can be especially interesting for employees in higher positions. They get the chance to give up the pressure and responsibilities of their current position and opt to step into a less demanding, lower graded and lower paid post, though commensurate to their skills.
- “Retire and come back” - the possibility to retire, draw on the pension and then leave the pension scheme in order to work again.
- “Draw down” - is only a possible option for the members of the 2008 pension scheme of the NHS. NHS employees continue working but also take parts of their pension.
- “Late retirement enhancement” - employees get an increased pension benefit if they choose to retire after their 65th birthday.

In general, UK NHS gives retired older people the chance to work in their organisations as much and as long as they want in order to alleviate the crossover period.

7. Pedagogy assisting workforce transitions (PAWT) - Extending working life

Developing a comprehensive framework for addressing the skills needs of individual older workers

The PAWT project is developing a comprehensive framework for addressing the skills needs of individual older workers or potential workers. It seeks to support adult education tutors, promote research and ICT skills amongst older people and develop a business development model for self-employment of older people. It hopes to change attitudes to the training of older people and increase their ongoing employability.

More information is available at:

<http://pawt.pikes.fi/>

8. PEOPLE - Pan European Older People's Learning and Employment network

Best practice network of EU partner organisations on combating ageism and promoting employment of older workers

Co-funded through the European Commission Leonardo da Vinci, programme the PEOPLE network is a best practice network of EU partner organisations on combating ageism and promoting employment of older workers. It aims to produce, present, discuss and disseminate best practice examples in relation to research, promotion and development of age diversity - and its benefits - in education and employment. It includes practical development of vocational training, education and learning programmes for older people and advice and encouragement for employers on how to recruit and retain older workers.

More information is available at:

www.europeanpeoplenetwork.eu

9. ePAL - Extending Professional Active Life

A strategic roadmap for research solutions for extending professional active life and ensuring an improved transition to retirement.

The ePAL project aims to deliver a strategic roadmap for research and technical development (RTD) into innovative solutions for extending professional active life and ensuring an improved transition to retirement. It seeks to explore ways of providing older professionals with a supporting framework for leveraging their talents and expertise in ways that increase their quality of life and also create value for Europe's economy. It has identified a need for an attitude shift towards older workers. The ePAL vision aims to make Europe the worldwide leader in promoting active ageing.

More information is available at:

www.epal.eu.com

10. ESF6 CIA - Facilitating the extension of working lives through valuing older workers

Facilitating the extension of working lives through valuing older workers

This interregional co-operation project recognised that many good working practices related to the management of an ageing workforce had been developed in pilot projects under the European Social Fund. The next required step was the capitalisation and transfer of these good practices to other regions. This networking project thus seeks to fulfill this need, spreading their use and implementation through action plans in eleven partner regions in eight EU countries.

More information is available at:

www.esf6cia.eu

11. The Senior Force

Strengthening and improving job-mobility for the 50+ workforce

This project, funded by the European Commission (December 2007-November 2009) aimed at strengthening and improving job-mobility for the 50+ workforce inside the EU. This means raising more awareness about job opportunities for senior workers in other EU countries by identifying, establishing and highlighting a supportive network in EU member states.

More information is available at:

<http://www.seniorforce.dk/presentation.htm>

B. Participation/social inclusion, including engagement in voluntary work and mental health

1. Internetcommunity '50plusnet'

Providing an online forum for social engagement and exchange among people aged 50 and over

'50plusnet' is a virtual meeting place and internet community for people aged 50 and over. The participants are matched with relevant activities, chat forums and clubs, so as to suit individual profiles, hobbies and interests, and thus opens up an online social network. The project aims to promote social participation and contact with society, as well as providing a forum for advice, support and exchange between the older people. The internet community is open to everyone aged 50 or over in the Netherlands. 50plusnet is created by the Dutch institute for Health Promotion and Prevention (NIGZ) and funded through private and public organisations.

More information is available at:

<http://www.50plusnet.nl/index.cfm?act=home.dynamisch>

2. LaterLife

Online social networking for senior citizens

Co-funded by the Grundtvig Programme, this project aims to extend the social benefits of modern information and communication technologies to senior citizens. The key tool is an online social networking platform aimed exclusively at older people and providing a wide range of relevant content. The project provides support and guidance to older users and those working with them. The project is also encouraging e-accessibility, including software and co-operation with local and regional service providers to render online content more accessible.

More information is available at:

www.laterlife.eu

3. Go-myLife: Going online: my social life

Social participation of older people through the use of online social networks

Co-funded by the Ambient Assisted Living Joint Programme, the Go-myLife project aims to improve the social participation of older people through the use of online social networks. It is developing a mobile social networking platform customised to the needs of the elderly, allowing interactions with their peers and families. As well as the networks, it provides easy access to relevant geographically based information and to support whilst out of the home. The project aims to increase the quality of life of older people and facilitate their continued social participation.

More information is available at:

www.gomylife-project.eu

4. Successful Ageing



Providing tools for active and healthy ageing through tailored courses

Between 1995 and 2003 the Public Health Service of Rotterdam carried out a "successful ageing" course for groups of people aged 55-79. The courses were funded by the municipality of Rotterdam and partly subsidised by the department of Well-being, Health and Sports. The courses were managed by representatives of the target group, with whom the participants could identify and relate. This is founded on the knowledge that people who are similar in terms of age, belief and social status are more likely to interact effectively and successfully. The course content dealt with the process of ageing and the issues and challenges related to this. The primary aim was therefore to empower and enable older adults to age successfully, participate in society and to promote their well-being. The project evaluation indicated successful results - increased health, increased perception of social support and increased self-esteem compared to the control group (extracted from the healthPROelderly project database)

More information is available at:

<http://www.healthproelderly.com/database/plists/singleview/162>

5. Valuing Older People - The Mayor of London's Older People Strategy (2006).



Promoting structures for healthy ageing at city-level

This strategy, launched in 2006, was not only for London's older people but for people living in London. It aimed to promote stronger, more sustainable communities and recognise the role that older people have in promoting the health and well-being of Londoners. The strategy set out actions to make a difference to the lives of all older people living in London. Key issues included: challenging perceptions - and promoting the contribution - of older people; access to employment; volunteering; culture and leisure; transport, pensions and income; good quality health and social services.

More information is available at:

<http://www.mentalhealthpromotion.net/?i=promenpol.en.toolkit.302>

6. Softline Buses in Stockholm

Improving social inclusion by providing convenient transport services for vulnerable people

In Stockholm, a special bus service called the "Softline" was introduced, which passed through residential areas with many elderly and disabled citizens, and connected these areas to central points, such as pharmacies, post offices, banks, grocery shops, etc. The busses do not stop at prearranged points; instead people indicate that they wish to get on the bus by waving a hand and telling the driver where to drop them off.

(For more information contact Stockholm County Council)

7. The Gwanwyn Festival

Promoting social participating and activities through art

For many, older age is a fresh start: an opportunity to explore creativity, develop critical voices and participate fully in the artistic and cultural life of the country. The Gwanwyn project in this context aims to develop opportunities for older people to participate in the arts throughout the year, culminating in a month long national festival held across Wales in May celebrating creativity in older age.

More information is available at:

<http://www.gwanwyn.org.uk/>

8. Højskoledage (Events at folk high school)



Municipal-level events promoting health awareness and social engagement among older people. The municipality of Horsens, Denmark, in collaboration with the older peoples' council in Horsens and around 25 volunteers, organises regular events at folk high schools to promote the well-being of older people in the community. The events focus on both the social dimension of health, by increasing participation and expanding social networks, and the physical dimension of health, by offering measurements of blood pressure and glucose levels, etc. In addition, there are stalls from patient organisations, such as the diabetes, arthritis and heart associations, as well as fitness associations for older people, offering information about health and well-being.

(For more information contact Jesper Nielsen at SundBy Horsens)

9. The Big Lottery AdvantAGE programme

Preventing social isolation of older people through support and befriending services

The AdvantAge programme (funded by the The Big Lottery Fund) has made £20 million available for projects across Wales working with people aged over 50 to improve their quality of life by providing access to befriending or advocacy services. The main objective is to provide support and social contact to older people, who are at risk of isolation and experiencing loneliness. Local organisations were invited to submit coordinated applications to this programme between June-October 2010.

More information is available at:

http://www.biglotteryfund.org.uk/prog_advantage

10. Belfast Senior Info Directory

A resource for older people to understand their rights and the municipal services available to them

Belfast has created a range of resources to seniors, such as the Seniors Information Directory, which provides seniors with information about their rights and the services available to them. The resource is a tool for empowering and enabling older people to participate and stay included and engaged in the community. Belfast City Council also hosts half-day workshops, which are designed to inform seniors, carers and professionals about how to use the directory.

<http://www.belfasthealthycities.com/images/stories/PDFs/seniorsinfo.pdf>

11. Rural Ageing

Improving understanding of the needs of older people in rural areas

This project founded under the New Dynamics of Ageing Programme, explores the quality of life of older people in rural areas in the UK by analysing the extent of their involvement in communities, leisure patterns and cultural interests. It also addresses the barriers and opportunities to participation that they experience, and their attitudes to the countryside as a social, cultural and environmental space.

<http://www.newdynamics.group.shef.ac.uk/rural-ageing.html>

Special focus on volunteering

12. Retired and senior volunteer programme (RSVP)



Promoting volunteering among older people

This UK programme encourages people aged 50 and over to get involved in local matters in England, Scotland and Wales. This free standing programme within Community Service Volunteers (CSV) harnesses the wide range of skills and experience of mature people to the benefit of people in the community. Apart from a few permanent paid workers, it is staffed by volunteers who organise other volunteers into groups of between 10 to 50. The permanent staff identifies charities, hospitals, schools and other organisations that would like to engage a team of volunteers. They also make sure that all volunteers have proper training and support. Projects operate in many sectors: health, environment, cultural heritage, etc., in around 20 regions with more than 14,000 volunteers. The wealth of organised activities includes: 'Grandmentors' working with teenagers; a programme connecting isolated retired seafarers; recycling bicycles, and organising meals for the homeless.

More information is available at:

www.csv-rsvp.org.uk

13. Say yes!

Opportunities for active citizenship and active ageing between associations in Slovenia and Germany.

Co-funded under Grundtvig stream of the Life Long Learning Programme, this project offers new opportunities for active citizenship and active ageing between associations in Slovenia and Germany. It seeks to increase harmony and understanding through volunteering exchanges that include intergenerational and intercultural dimensions. The project sees volunteering by older people as offering good possibilities for all to benefit through the contribution of older people to other age groups.

For Slovenia: www.zni.si

For Germany: www.europabildung.org

14. Learning through Volunteering in Senior Age

Exchange project focusing on enhancing lifelong learning and inter-generational dialogue.

Co-funded under the Grundtvig stream of the Life Long Learning Programme, this senior volunteer exchange project between associations in Slovakia and Hungary focuses on enhancing lifelong learning and inter-generational dialogue. Six volunteers from each country are placed at hosting associations where they have the opportunity to share their experience with people of different ages. As well as providing enriching experiences for those taking part, it also seeks to overcome and breakdown any prejudices on the basis of age or nationality.

For Hungary: <http://www.onkentes.hu/>

For Slovakia: <http://www.dobrovolnictvo.sk/>

15. Active European Seniors for Active European Citizenship (AESAECE)



Promoting voluntary work among older people

The main aims of the AESAECE project, which ran between 2008 and 2009, were to convince more senior citizens in Europe to become more politically engaged at the EU level by becoming Active European Citizens. www.aesaec.eu

The first project progress report can be found at: http://eacea.ec.europa.eu/llp/project_reports/documents/grundtvig/multilateral_projects_2008/08_2010/GRUNDTVIG_GMP_141757_AESAECE.pdf

16. Gilde Nederland

Offering consulting services after retirement, on a voluntary basis

'Gilde Nederland' is an umbrella organisation based in Utrecht, with approximately 65 local guilds throughout the Netherlands. People over fifty years old who wish to transfer their knowledge and experience to individuals, non-profit organisations, and entrepreneurs can join a local guild and offer their services as 'consultants'. Although the 'consultants' are not paid, their costs are reimbursed. This enables volunteers to contribute positively to society, while remaining active and socially involved. Many guilds organise city and bike tours, which are guided by 'consultants'. A growing number of cities have language projects, where guild advisors help non-native speakers learn Dutch by meeting once a week to speak Dutch in an informal atmosphere ('Samen Spreken' project). In the 'Coach4you' project, guild advisors coach children experiencing difficulties with school transitions. <http://www.gilde-nederland.nl/> (In Dutch)

Special focus on migrants and/or disadvantaged older people

17. The National Forum on Age and Migration in Switzerland

Alter und Migration
Nationales Forum Alter und Migration



Promoting the interests and rights of older migrants

The Forum is made up of a wide range of institutions and expert organisations in the field, and its mission is to promote the interests of older migrants in Switzerland by strengthening the rights of older migrants and promoting respect for the achievements of this group. The Forum facilitates knowledge exchange among relevant actors, and held a conference in Bern on November 30th 2010 with important actors in the field. See flyer: http://www.alter-migration.ch/data/107/L1739-10_Flyer-Alter-Migration-dt.pdf [in German].

The Forum and its member organisations also created a range of projects dedicated to supporting the mission of improving the health and opportunities of older migrants in Switzerland.

For an overview and descriptions of the individual projects visit:

<http://www.alter-migration.ch/index.cfm?ID=79&l=de>

18. ADD ME!

Digital empowerment for older poor and retired seniors Europe

Co-funded by the ICT Policy Support Programme as part of the Competitiveness and Innovation framework Programme (CIP), ADD ME! is a pan-European network of over 20 organisations from ten European countries that are working to learn from each other how to support disadvantaged groups to use new technologies to access the public services to which they are entitled. One of the three target groups are “elderly poor and retired seniors”. The working group - known as a Community of Practice - is exploring numerous innovative means of successfully engaging people at risk of exclusion and linking them with local and regional service providers. Methods include the internet, tele-kiosks, mobile phones and interactive TV.

More information is available at:

http://ec.europa.eu/information_society/apps/projects/factsheet/index.cfm?project_ref=238917

19. From Isolation to Inclusion

Exchanging knowledge on and advocating for policies sensitive to migrants and other vulnerable groups

The i2i-Project was a part of the Second Trans-national Exchange Programme (2005-2007) and was implemented in Austria, the Czech Republic, Germany, Italy, Lithuania and the UK. The project focused on improving the social participation of older people at risk of isolation or poverty, with disabilities or chronic diseases, or from ethnic minorities. In each of the countries the project was carried out in co-operation between a regional or local public authority and an external consultant. The aim was to capitalise on political momentum and expert knowledge, so as to facilitate and encourage social and political changes aimed at improving the conditions of the vulnerable target groups.

More information is available at:

<http://www.i2i-project.net/>

20. Aktiv ins Alter

Promoting social inclusion among vulnerable older people through home visits

This Austrian project (2002-2005) sought to improve quality of life and promote social inclusion of people aged between 55 and 80 living in three districts of Vienna, through dynamic home visits paying special attention to migrants and other socially disadvantaged groups. The idea behind home visits was ensuring that the hardest-to-reach, most isolated and vulnerable population groups were reached by the project. Evaluation was conducted through qualitative interviews with older people in their homes, coupled with quantitative questionnaires in the initial and last project phases, with a sample

of 149 older people answering both questionnaires (45% of first sample). Overall, the evaluation results indicated that the project had been successful in intensifying participation in social activities and raising awareness of local services and information among participants. Although the project had a special focus on vulnerable groups, the majority of participants represented middle and higher social groups. The project was assessed to have a high level of sustainability and transferability to other settings. No cost-effectiveness analysis was carried out. <http://www.healthproelderly.com/database/plists/singleview/82>

21. Ripe Apples

Promoting health among older women in rural areas through community services

Ripe Apples (2002-2004) was implemented in Austria, and sought to promote health among older women living in rural areas in Austria. The project created activities and support services for women, such as fixed meeting places for the women, and based on these experiences advocated for social and political changes to ease transition into the third age.

The project was funded by the Austrian Ministry of Education, Science and Culture, the Fund for a Healthy Austria and participating local governments.

More information is available at:

<http://www.i2i-project.net/showAction.php?id=51>

22. Aspiring to Healthy Living

Developing tools for culturally sensitive health promotion interventions

“Aspiring to Healthy Living” (2000-2004) was a Dutch project aiming to map the needs and demands of elderly people of Dutch and Moroccan descent between the ages of 45-75 in the Rotterdam area. Based on ongoing input from the target group, the project team developed “guides/tool kits” to facilitate the implementation of healthy ageing initiatives, sensitive to gender and cultural differences, to the rest of the Netherlands. Evaluation results showed that the involved target group benefited from participation in the project, and provided positive feedback on the initiative. However, the intervention has not yet been implemented in other part of the Netherlands, despite initial positive attitudes among relevant stakeholders.

More information is available at:

<http://www.healthproelderly.com/database/plists/singleview/165>

23. Silver Song Clubs (the UK)

Socially activating migrant and other vulnerable people through singing classes

“Silver Song Clubs” (from 2004 to present) is a project which seeks to promote social inclusion, mental health and cognitive skills in elderly people, particularly those at risk of social isolation and loneliness, through singing classes adjusted to meet the needs of different groups. Singing classes are offered to particular ethnic groups (Punjabi singing classes) and patient groups (classes for Alzheimer patients and their carers). Using both qualitative and quantitative methods, the project has been evaluated both in terms of social and health benefits, and cost-effectiveness. The project receives positive responses from participants, who report physical, mental and social benefits. For this reason, “Silver Song Club” received the “Award for Volunteering Excellence” in 2007, and has also received noteworthy media attention.

More information is available at:

<http://www.healthproelderly.com/database/plists/singleview/57>

24. A City for all Ages – Today & Tomorrow

Campaign for and by migrants advocating culturally sensitive services and equal opportunities

In this project, which was run by the City of Edinburgh Council, older migrants and their representatives campaigned for equal opportunities and anti-discrimination relating to health care and nursing, mobility and services close to their homes. Local autonomous migrant organisations, volunteers, service providers and the municipality worked together within the framework of Edinburgh’s Joint Plan for

Older People 2007 – 2010. This provided a sustainable structure, enabling older people of different ethnicities to be actively involved in planning, implementation and evaluation of A City for all Ages programme. The project led to more culturally sensitive services for older immigrants and it won first prize in the AAMEE good practice project competition.

More information is available at:

http://www.edinburgh.gov.uk/info/1456/older_people/1055/a_city_for_all_ages/2

25. Equality Scotland

Improving the quality of life of migrants through targeted health and social services

This project involved three Scottish housing associations Trust (formerly Kirk Care), Hanover (Scotland) and Bield providing mainly older people with housing offers, care and support. The project came about following an investigation in 1999 that showed that many ethnic minorities do not make use of the range of services available to them. Its goals are to improve uptake of relevant services by ethnic minorities, through marketing campaigns, encouraging these services to hire more personnel from minority groups and training employees to deal with older ethnic minorities. A series of initiatives were realised for this purpose.

More information is available at:

www.equalityscotland.com

26. MOBIAGE Resource Centres for Older Migrants

Strengthening the possibilities of migrant through dialogue and provision of targeted services

An increasing number of older people are immigrating to Bulgaria from other EU member states, in particular England, Ireland and the Netherlands, attracted by good weather and favourable prices. The MOBIAGE project, which is funded by DG Employment, Social Affairs and Equal Opportunities (2007-2010) involved five partners from Bulgaria, Romania, Denmark, Italy and Hungary, aiming to promote the integration and well-being of these immigrants through a wide range of activities. These included: investigating the perceived needs of immigrants; providing practical support to municipalities by facilitating dialogue between the local administration and immigrant communities; language courses for immigrants (both traditional and online); development of an information portal via the Bulgarian administration society, and various other social activities. The project won third prize in the AAMEE good practice project competition.

More information is available at:

<http://www.mobiage.net/>

27. Activity Centre on Nørrebro, Copenhagen



Providing a space for social activity and engagement, targeted especially at older migrants

This activity centre is located in an area of Copenhagen with a high proportion of migrants. The Centre provides activities for older people, predominantly with an immigrant background. Activities include dancing lessons, trips, neighbourhood walks, vacations, theatre, painting, etc. The centre also has a gym. The Centre is run by 40 volunteers and one paid employee and has around 700 members who pay a membership fee of around six euros a month.

The initiative is partly supported by the municipality of Copenhagen. The centre has become a part of the local community, and is recognised for its contribution to integration.

More information is available at:

<http://www.aktivitetscentret.dk/597232>

28. Healthy ageing among Arabic speaking immigrants in Stockholm

Strengthening older migrants by providing support, advice and a space for social engagement

The Syrian Association in Stockholm is currently implementing an innovative health project with older Arabic speaking migrants. The project supports migrants with healthcare issues, and provides health information and advice as well as physical activity (and other health-related) courses. Besides improving the health of migrants, the project seeks to empower them by providing them with tools to integrate into the Swedish society, thus promoting social inclusion. The project is funded by the City Council of Stockholm, but has been initiated and developed by the Syrian Association. The association has two Arabic speaking employees connected to project, and involves approximately 70 older people ranging from 55-80 years of age. The project is currently undergoing evaluation by the Gerontology Research Centre; preliminary qualitative evaluation results (based on interviews with users) indicate that the project has been very successful so far.

Thesis report: Syriska föreningens hälsoprojekt – för arabspråkiga äldre. <http://mdh.diva-portal.org/smash/get/diva2:325221/FULLTEXT01> [in Swedish].

29. Active Ageing! Investment in the health of older people

Promoting awareness and social inclusion of older migrants through counseling activities

This WHO demonstration project in Vienna (2002-2005) focused on health promotion and the social inclusion of isolated older people, with a special focus on socio-economically deprived districts, older migrants and older people with a recent critical life-event (retirement, widowhood, bereavement). During the course of the project older people received counseling and home visits on a regular basis over an extended period of time. Brochures for older migrants called “Health Markers” were also developed with information on health services. These were translated into Turkish and Serbo-Croatian.

More information is available at:

<http://www.healthproelderly.com/database/plists/singleview/82>

30. The Service and Solidarity Self-management Association (AUSER)



Promoting intercultural solidarity through meetings, seminars and education activities

This Italian project promotes social inclusion and solidarity through the interactions of older people and immigrants in intercultural meetings and regional seminars. Meetings between older people and their families and the families of immigrants were organised with the aim of overcoming stereotypes and building intercultural awareness and exchange. Evaluation showed increased self-esteem and awareness of those taking part, and a reduction of anxiety due to fear based on racial stereotypes. The project also led to improved communication and linkages across ethnic groups within the community, and greater openness and readiness to talk about “diversity” in society.

More information is available at:

<http://www1.auser.it/IT/HomePage>

31. CROSSTALK



Promoting understanding of vulnerable and migrants groups through story-exchange

This EU co-funded one-year-long project started in 2008 and encouraged groups who are at the margins of society – older people, migrants, minority ethnic communities – to tell their stories, training them in the skills needed to bring personal discourse into the public domain. These are stories that are mostly ignored or marginalised by the mainstream media, but are particularly well suited to community radio, which has a tradition of giving a ‘voice to the voiceless’. The project aimed not only to give the story-tellers digital competence (recording, editing, internet radio, web design) but to engage in ‘crosstalk’ which moves between generations and cultures and includes a critique of mainstream media conventions and exclusions.

More information is available at:

http://eacea.ec.europa.eu/llp/project_reports/documents/grundtvig/multilateral_projects_2008/08_2010/grundtvig_gmp_141823_crosstalk.pdf

32. CALL-ME project

Promoting independence and social engagement among disadvantaged older people

This Manchester based project, created in the frame of the New Dynamics of Ageing research programme, seeks to move away from an assessment of the problems associated with ageing in socially deprived communities towards a new focus on the ways in which community action by older people can contribute to active ageing in disadvantaged urban neighbourhoods.

More information is available at:

<http://www.newdynamics.group.shef.ac.uk/call-me-project.html>

Special focus on mental health

33. Multicultural volunteering in the neighbourly help

Active ageing and empowerment of older migrants through a volunteering local network

In 2008 the office for senior citizens in the district of Innenstadt Nord in the City of Dortmund, Germany, established a voluntary group of neighbourly helpers to help improve access to services for older people from migrant backgrounds. This project aimed at establishing contacts and encounters, social networks, participation as well as support and assistance for older people from migrant backgrounds. With the help of the office for senior citizens, and with the support of existing services and providers in the district, the requirements and needs of migrant elders were identified. Fields of activity included assistance and support in coping with everyday life, activation of migrant people within the scope of a small-scale neighbouring network and translation help and language support.

More information is available at:

<http://dev.senioren.dortmund.de/project/assets/template3.jsp?iid=nl&smi=1.0&tid=78655>

Special focus on mental health

34. DataPrev



Facilitating the exchange of knowledge for staff working on mental health issues in older people

This project (2007-2009) was funded by the 6th Framework Programme, and co-ordinated by Radboud University in the Netherlands with support from the Catalanian Department of Health in Spain. The project aimed to increase knowledge and understanding of evidence-based mental health promotion and disease prevention policy and practice across the EU. It also aimed to make this knowledge more accessible to European practitioners, stakeholders and legislators, so as to facilitate evidence-based practice and policy. Part of the project was specifically dedicated to investigating mental health among older people.

More information is available at:

http://www.dataprevproject.net/Older_People

35. Grouchy Old Men?

Promoting mental health by offering support services to vulnerable older men

This UK project (2008-2010) aimed to promote and support good mental health among older men (50+) who are isolated and at risk of depression or suicide. A booklet produced as part of the project aimed to raise awareness among organisations that come into contact with older men, to help them engage more effectively with this group and improve the service they deliver.

More information is available at:

<http://www.mentalhealth.org.uk/publications/?entryid5=82463&char=G>

36. Brighter Futures



Promoting mental health among older people by offering social contact and activities

Brighter Futures was a pilot peer mentoring service for isolated older people run by the Mental Health Foundation in Scotland as well as other partners. The aim was to significantly improve the quality of life of older people, enhancing their social networks, mental health and enabling meaningful activity. Volunteers used their skills and experience to help an older person to become more actively involved in their community. This work directly engaged more than 1,000 older people in Scotland and provided further understanding of the key issues they encounter and impact on their mental health, such as poverty, age discrimination, health, relationships and a lack of meaningful opportunities to make an active contribution to society.

More information is available at:

<http://www.mentalhealth.org.uk/our-work/older-people/brighter-futures/>

37. Swiss report on ageing, retirement and stress

Improving understanding of the mental health consequences of retirement

The University of Lugano, on behalf of Swiss Health Promotion Institute, examined the relationship between stress and mental health on ageing and retirement. The report examines how these life changes affect an individual's available resources and coping mechanisms, and provides a resource for understanding and addressing these challenges.

More information is available at:

http://www.gesundheitsfoerderung.ch/pdf_doc_xls/d/betriebliche_gesundheitsfoerderung/grundlagen_wissen/Rahmenkonzept_Gesundheitskompetenz_de.pdf [in German].

38. Stepped Care Project

Anxiety & Depression stepped care for: from first to second line

This research project, funded by the Netherlands Health Research Council, aims to evaluate the cost-effectiveness of a stepped care strategy to improve symptoms of depression or anxiety in lung (LC) and head and neck (HNC) cancer patients.

More information is available at:

<http://www.steppedcare.nl/informatie/>

C. Lifelong learning and e-inclusion

1. Improving Learning Capacities and Mental Functioning of Older People

Promoting and maintaining cognitive skills among older people through targeted training programmes

This 2008 EC co-funded project developed innovative training material aiming to help people aged fifty or over to maintain their mental fitness by retaining cognitive abilities and skills. The project produced a handbook, which serves as a guideline and a theoretical background on brain training for professionals working with older people.

More information is available at:

http://eacea.ec.europa.eu/lip/project_reports/documents/grundtvig/multilateral_projects_2008/08_2010/grundtvig_gmp_143087_mindwellness.pdf

2. The SEELETNETZ (Seniors in Europe Learn in Networks) project



Life-long learning in local group settings among older people

This project implemented in a socially disadvantaged neighbourhood in each of the five participating countries, Germany, Austria, Romania, Greece and Bulgaria, aims to promote social participation and life-long learning. The Austrian pilot project was implemented in the neighbourhood of Zwischenbrücken, which has a high percentage of older people from lower socio-economic backgrounds. The project participants aged 60-85, have met since 2009 on a monthly basis to engage in a variety of activities such as a neighbourhood walk, a museum visit, a poetry event, a visit to a University and to a senior care home. The project has a strong theoretical foundation, and has been evaluated with positive results.

More information is available at:

<http://www.seelernetz.eu/>

3. The Westminster Adult Education Service (WAES)

Providing culturally sensitive adult education and training

Westminster (London, UK) has one of the most diverse and dynamic communities in the UK. The WAES, which is one of the largest adult education providers in the country, reflects this diversity and dynamism. WAES offers a huge range of classes, which are available to people of all ages and backgrounds. The adult education programmes website is translated into several languages.

More information is available at:

<http://www.waes.ac.uk/> or <https://www.westminster.gov.uk/services/educationandlearning/adultandcommunityeducation/>

4. LARA -Learning, a Response to Ageing

Improving the skills of educators and managers involved in life-long learning activities

This EC co-funded project (2008-2009) aimed to develop specific skills and competences in teachers, managers and planners of lifelong learning.

More information is available at:

http://eacea.ec.europa.eu/llp/project_reports/documents/grundtvig/multilateral_projects_2008/08_2010/grundtvig_gmp_142317_lara.pdf

5. Folk High Schools



Providing a space for social engagement and life-long learning

Folk High Schools play an important role in promoting active ageing in Denmark, as many thousands of active older people engage, on a yearly basis, in courses, activities and trips offered by these establishments. Four schools are specially dedicated to educating seniors. The courses on offer include music and arts, physical activity and sports, and 'academic' topics as well as presentations and debates. Many retired people choose to take advantage of these offers to sustain and build their social networks as well as to acquire new skills and competencies. An example of a senior folk high

school is Rude Strand Senior High school, where approximately 1500 seniors per year engage in two week long courses. According to the headmaster, (Aage Augustinus), the clientele is primarily people from lower and middle income backgrounds, and the average age is around 70. Although the effects of these activities on health have not been formally evaluated, the clear impression of health professionals is that the schools have tremendous effects on healthy ageing, both through social contact and intellectual stimulation.

6. GRUNDTVIG – Lifelong Learning Programme

Improving competencies of older job seekers

GRUNDTVIG is a sub-programme under the EU funded **Lifelong Learning Programme (LLP)** running from 2007 – 2013. The main aim of GRUNDTVIG is to update the knowledge and skills of ageing adults and to provide ways of improving competencies to adapt to changes in labour market structures and demands. A number of project in this report are funded from the programme.

More information is available at:

http://eacea.ec.europa.eu/llp/index_en.php

7. Music for Life



Providing knowledge about the influence of learning music on older people's quality of life

This is a research project under the "New Dynamics of Ageing" programme. The project explores the role of music in people's lives and the impact of participation in music-making. There has been little prior research exploring the potential for music-making to make a significant contribution to people's quality of life.

More information is available at:

<http://www.newdynamics.group.shef.ac.uk/music-for-life.html>

8. The Cummings Jewish Community Centre (CJCS) for Seniors



Offering a social space for various learning activities for older people

This Community Centre in Quebec is committed to enhancing the quality of life of the 50+ community. It emphasises volunteer involvement and provides a wide

range of courses and activities to educate, stimulate and challenge, including book clubs, IT skills, fine arts, a series of lectures, , and social groups and clubs. It also sponsors programmes concentrating on education, recreating, and general well-being.



More information is available at:
<http://www.cummingscentre.org/>

9. The Silver Programme



Providing music and singing training targeted at older people

The Sage Centre in Gateshead, UK provides a very wide range of music programmes, such as:

Silver Blues – lessons on how to sing the blues and jazz.

Silver Sounds Guitars – guitar lessons to beginners and advanced

Going Platinum – an auditioned group, performing regularly at events and conferences on behalf of the Silver Programme.



More information is available at:

http://www.thesagegateshead.org/l_and_p/joinin/silverprogramme.aspx

10. EURAG MEMORY TRAINING CENTER



Enabling older people to live independently through cognitive training

As a part of the activities supported by the European Federation of Older People (EURAG), the Czech Society for Memory Training and Brain Jogging offered a Seminar to 'empower seniors for independent living' in May 2011. Seminar leavers will obtain the memory trainer's certificate if they pass the final exam. The new memory trainers are expected to use their new skills in order to help their peers (within their own organisation or through classes offered to people aged over 50) re-discover their potential and increase self-confidence, self-esteem and the quality of life. The training courses are designed for healthy older people, but can be modified as a form of cognitive rehabilitation for other target groups including people suffering from dementia.

More information is available at:

<http://euragurope.org/eurag/memory-training-seminar/>

Special focus on ICT and e-inclusion

11. Doing2Learn



Improving understanding of technological barriers perceived by older people

This EC co-funded project (2008-2009) aimed to undertake action research with people aged 50 and over to more clearly identify and understand the barriers to their engagement with learning, and to identify opportunities to overcome such barriers, especially in relation to using new media, ICT and digital technologies.

More information is available at:

http://eacea.ec.europa.eu/lp/project_reports/documents/grundtvig/multilateral_projects_2008/08_2010/grundtvig_gmp_141998_doing2learn.pdf

12. Vital Mind - ICT and Ageing

Enabling older people to engage in cognitive training using home technologies

This EC co-funded project (2008-2011) used cognitive psychology, television and advanced interactive information computer technology (ICT) to enable older adults to actively and autonomously participate in mind fitness activities while sitting in front of their TV sets.

More information is available at:

http://cordis.europa.eu/fetch?CALLER=FP7_PROJ_EN&ACTION=D&DOC=1&CAT=PROJ&QUERY=012c30d9d250:cb9a:7cb89cf6&RCN=85774

13. Computeria

Intergenerational solutions: bringing socially disadvantaged older and younger people together to help each other develop

Co-funding the EC Lifelong learning programme, this project brings socially disadvantaged older and younger people together to help each other develop. The young people act as personal ICT trainers - teaching older people skills they often need to participate fully in modern life. The older people act as mentors - passing on their experience and guidance to young people struggling to start their careers. It is hoped that the intergenerational dialogue fostered - which also preserves intellectual and cultural heritage - will become an integrated practice in the participating organisations.

More information is available at:

www.mycomputeria.eu

14. DIGITAS: Digital Asylum-Seekers

Improving technologic literacy among parents and grandparents in Europe

This EC co-funded project (2008-2009) provided a media education crash course for parents and grandparents of asylum. More information is available in the progress report:

More information is available at:

http://eacea.ec.europa.eu/llp/project_reports/documents/grundtvig/multilateral_projects_2008/08_2010/grundtvig_gmp_142293_digita.pdf

15. SAFERINTERNET

Promoting internet skills in older people

The goal of this Austrian project is to empower older people to use the internet, as well as other information and communication technologies, safely and effectively.

More information is available at:

<http://www.saferinternet.at/senioren>

16. Senior Education and Training Internet Platform

Improving e-health literacy among older people

This EU project (2008-2009) aimed to increase seniors' interest in the internet and in obtaining basic computer literacy skills so as to enable them to apply this knowledge in a practical manner by helping to develop the content of the Senior Education and Training Internet Platform (SETIP).

More information is available at:

http://eacea.ec.europa.eu/llp/project_reports/documents/grundtvig/multilateral_projects_2008/08_2010/grundtvig_gmp_141981_setip.pdf

D. Physical activity and nutrition

1. Fit as a Fiddle



Promoting healthy behaviours among older people through participation in social activities

This five-year-project programme, which is being implemented across the UK with funding from the Big Lottery Fund, supports people aged over 50 with physical activity, healthy eating and mental well-being through educational and training programmes.

More information is available at:

<http://www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle/>

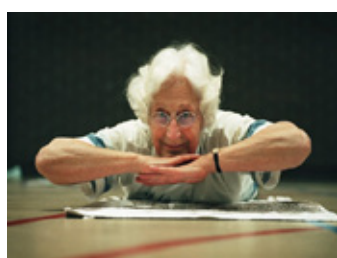
2. Senior games

Promoting physical activity in older people through a fun sport competition event

In Denmark, the WHO healthy City of Horsens, organised the “senior games” in 2008, inviting older people from Horsens, as well as from other cities in the Healthy Cities network, to participate in three days of games involving physical activity. The event, which was open to everyone free of charge, demonstrated that physical activity can be fun and a great way to engage with other people. The event attracted close to 1000 people from across Europe, and was facilitated with the help of volunteers and a range of sponsors.

http://www.horsenssundby.dk/app/doc/materiale_7993715.pdf [in Danish]

3. The Groningen Active Living Project (GALM)



Encouraging people aged 55-65 to engage in a more active life

This project, one of the best-disseminated physical activity and sports stimulating interventions in the Netherlands, began in 1997 and was developed by researchers from Groningen University on the basis of social behavioural theory. People who were not already meeting physical activity recommendations were invited to come to fitness tests for older adults. Since 1997 more than 60,000 older adults have been invited for a fitness test, which represents the first phase of the programme. GALM then provides an exercise stimulation programme, enabling older people to discover what type of sports or physical activity they most enjoy, including

individual sports (jogging, swimming) and group activities (indoor hockey, indoor soccer) with and without competition elements. The goal is to teach people to be active in an all-round manner. Each exercise session lasts 60 minutes, followed by 15 minutes to engage socially over a cup of coffee. All sessions are led by licensed instructors in the area of exercise and sport who passed an additional three-day GALM course.

More information is available at:

<http://www.galm.nl/cat/317/Home> (in Dutch)

<http://www.healthproelderly.com/database/plists/singleview/164>

4. Ageing Well



Enhancing levels of physical activity through programmes arranged by older people themselves

This programme in Scotland is run by older people. Activities include: 20+ seated exercise sessions; five walking programmes; two cycle programmes; an allotment and gardening project; dance programmes; a swim buddy programme; and a new age curling programme.

More information is available at:

<http://www.edinburghleisure.co.uk/detail-492>

The programme has also published the “Get Up & Go – Activities for Older Adults”-brochure, which gives tips and inspiration to engage in physical activities.

More information is available at:

http://www.edinburghleisure.co.uk/resources/GUG_A5_brochure.pdf

5. Physical activity guide for older adults from the Public Health Agency of Canada.



Raising awareness of and providing tools for engaging in physical activity

This website and brochure provides older people with information on exercise, and includes examples of people that the target group can relate to. It also provides suggestions for community support, information on local walking paths, organisations, etc.

More information is available at:

<http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/pag-gap/pdf/guide-older-eng.pdf>

6. Hälsoprojektet

Improving levels of physical activity in older people through provision of instructor-led training

The municipality of Solna, close to Stockholm, established the VillGott initiative to promote older peoples' quality of life by creating the conditions for well-being, health and safety. Part of this initiative is the Hälsoprojektet (the health project), to promote physical activity among older people. The project offers free instructor-led physical activities for people over 65, conducted by health education students supervised by professionals, including teachers and physicians. The participants are assessed according to their levels of physical abilities and health status, and offered a tailored work-out programme, as well as education on nutrition and health. The project thus promotes health by encouraging older people to take on good habits and engaging them in social activities to expand their social networks. The Health Project was launched in 2008, and attracted 354 people. A larger number of elderly will have the opportunity to take part during its re-launch in 2011.

More information is available at:

<http://www.solna.se/villgott>

7. Best practice of health promotion in old age

Providing health promoting services for older people

Together with several Swiss regions, the Swiss Health Promotion Institute is involved in a national project called “Best Practice of health promotion in old age”. The project aims to promote physical activities, prevention of accidents (including falls), improve mental health, and increase social support for older people.

More information is available at:

http://www.gesundheitsfoerderung.ch/pages/Gesundheitsfoerderung_und_Praevention/Programme_Projekte/aeltere_menschen.php?lang=d

8. Villes Santé en Action(s)

Improving health among older people through dedicated health services and information

The “Healthy Cities Network” in France produced a publication (2010, in French) that provides an overview of good practices undertaken by various cities in France to improve the health of its inhabitants. Many of the examples in the book directly address older people, or may benefit them. Numerous cities, for example, provide information sessions for migrants to improve their knowledge about health while also helping them to integrate, or organise information and screening stands at markets. The City of Wasquehal has developed specific health services for its inhabitants, involving a documentation centre and the provision of health information including a section specifically for older people on municipal website; regular screenings for breast, colorectal cancer and diabetes; bi-weekly walks for older people. The City of Boulaonge-Billancourt also organises a range of activities for older people, such as conferences, creative workshops and courses that take place in the context of five municipal clubs. Every week, seven physical activity classes are organised for seniors: light gymnastics, water aerobics, archery, Tai-Chi, table tennis, hikes in the countryside and Nordic walking. Participants pay 30 Euros per year to take part on one of these activities per week.

More information is available at:

<http://translate.google.com/translate?u=http%3A%2F%2Fwww.villes-sante.com%2F&sl=fr&tl=en&hl=en&ie=UTF-8> [in French]

<http://www.villes-sante.com/> [in French]

9. Healthy nutrition in old age

Encouraging older people to eat and cook healthy and nutritious food

The main aim of this Slovenian project from 2002 onwards is to improve the education of older people on healthy nutrition and also to encourage them to cook healthy meals. Participants learn about the associations between nutrition and healthy ageing. Different meals and menus are prepared together with experts. Evaluation by family doctors demonstrate that those who attend the nutrition courses have fewer health concerns than the reference population.

More information is available at:

<http://www.healthproelderly.com/database/plists/singleview/218>

10. Active retirement-club

Providing a platform for social inclusion among older people

The club was started in 1964 by the European Federation of Older People (EURAG), and offers social and recreational activities to older people in the Graz in Austria. The aim of the club is to prevent isolation, promote cultural and social exchange, and support the elderly in healthy behaviours. Participants meet weekly in one of ten meeting centres located in the city. Group activities are run and supported by volunteers, with around 500 people taking advantage of the club.

More information is available at:

<http://www.healthproelderly.com/database/plists/singleview/77>

11. Walking Club for Healthier Ageing

Promoting physical activity through club activities

Two thirds of pensioners in Hungary are in disadvantaged situations, resulting from low pensions and a lack of social networks. The Hungarian National Institute for Health Development (OEFI) has therefore organised a walking club in Budapest that meets on a weekly basis throughout the year, for pensioners over the age of 60. Participants can also take part in lectures on healthy ageing, culture, and other topics. The club plays an important role not only in enhancing physical activity, but also in strengthening communities and in improving mental health and well-being. Since older people living in the countryside are even more prone to isolation, another element of this pilot initiative is to provide older communities in rural areas with professional assistance to form similar groups/clubs.

More information is available at:

<http://www.ofi.hu/>

12. Delicious Life

Improving knowledge and skills on nutrition and physical activity through frequent social activities

The goal of this Czech project (2003-2005) was to improve the knowledge and cooking skills of older people to encourage a healthier diet, to enhance their physical activity and increase their motivation to maintain a healthy lifestyle. The project was based on findings that the dietary habits of older people are often inappropriate and their improvement requires not only a nutritional but also a social impact. “Delicious Wednesdays” were held, comprising a short physical warm-up, educational lectures on healthy diets from cuisines around the world (Greek, Italian, and Asian, etc.) and practical lessons on their preparation with tasting sessions. The lectures were given by dietary experts, or by older people themselves. Participating centres organised “Delicious Wednesday” sessions using a common methodical approach, but always with variation in certain specific elements. The interaction and participation of older people increased their activity. Participants selected recipes, prepared food and ate together. Participants in “Delicious Wednesdays” were involved in the development of a desk calendar, which contained the most successful recipes, advice and other health promotion ideas.

More information is available at:

<http://www.healthproelderly.com/database/plists/singleview/39>

13. VINTAGE



Best practices for prevention of alcohol-related harm in the elderly in the EU

Alcohol use disorders are common in older people and, with an ageing European population, will increase in absolute numbers. The objectives of this project, co-funded by the EU (DG SANCO, 2009-2010) is to build capacity at the European, country and local levels by providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people, including the transition from work to retirement, and to invest in older people's health and well-being. The project undertakes systematic reviews and collect examples of best practice on the harm done by alcohol to the health and well-being of older people, and on effective policies and programmes to reduce such harm, from all countries of Europe. Reports on guidance for action and a database and inventory of examples of good practice are available at:

<http://www.epicentro.iss.it/vintage/relevant.asp>

The first project report titled “**Alcohol and older people**” has just been published. The report clarifies the dynamics between alcohol, ageing and health through an analysis of scientific evidence on the impact of alcohol on older people.

More information is available at:

<http://www.epicentro.iss.it/vintage/pdf>

14. SAĞLIK project

Promoting physical activity, nutrition and social participation in urban districts

The SAĞLIK projects is going to develop, implement and evaluate community based health promotion interventions for members of the elderly Turkish migrant community in Hamburg with the aim to adapt local health promotion structures and to reduce health inequalities. The interventions will focus on improving nutrition, physical activity and social participation. The project takes a multi stakeholder approach and includes expertise from the public health, health psychology, nutrition sciences, social sciences and social work professions.

More information is available at:

<http://www.haw-hamburg.de/fakultaeten-und-departments/lis/lis-forschung0/fsp-public-health/aktuelle-projekte/saglik.html>

E. Use of health services and intake of medication

1. Impact of life transitions on older mental health service users

Challenges and experiences of older mental health service users

As an under-represented group in existing research, the particular challenges and experiences of older mental health service users (aged 50+) are not generally well communicated or analysed. This research gives voice to this group and aims to understand how life transitions directly impact on the practicalities of maintaining service use alongside the management of a positive personal identity.

More information is available at:

<http://www.mentalhealth.org.uk/our-work/older-people/impact-of-life-transitions-on-older-mental-health-service-users/>

2. ICT for health

Exchanging innovative healthcare technologies to promote healthy ageing

This project seeks to use transnational exchange around strategies for increasing both generation and implementation of innovative healthcare technologies to promote healthy ageing. For example, it seeks to promote the use of self-monitoring technologies for patients with chronic illnesses to provide better prevention of loss of independence and good health.

More information is available at:

www.ictforhealth.net

3. Article on diet and drug adherence among illiterate and migrant patients

Providing knowledge on how to promote compliance to diet and drugs among older migrants

This Italian project, information about which was published in the Journal of Diabetology in October 2010, used pictorial advice as a complement to written instructions together with a health education fact sheet for diabetic patients. This helped to simplify diet and drug advice, to accelerate consultation time and improve compliance with medication.

More information is available at:

<http://journalofdiabetology.org/Pages/Releases/PDFFiles/ThirdIssue/SC-1-JOD-10-015.pdf>

F. Carers

1. Danish Health and Social Services Act

Providing relief for carers and for patients recovering from illness

The Danish Health and Social Service Acts have clear points on rehabilitation and activation, which have broad-reaching impacts on healthy and active ageing. The Health Act ensures that the individual after a hospitalisation receives free and necessary rehabilitation services. The Social Service Act requires municipalities to offer relief for carers of a person with physical impairment or mental incapacity, and to offer rehabilitation to individuals so as to help cope with physical impairments caused by disease, which is not handled in relation to a hospitalisation – all the services are free of charge, and allow for the individual to regain abilities to take part in and contribute to society, as well as to relieve the carer.

2. Baluchon Initiative

Providing relief for carers of Alzheimer patients by giving the carers a break

This French project gives support to carers of Alzheimer patients by providing them with the ability to take a longer-term break from caring. Families usually prefer to care for Alzheimer sufferers at home and for as long as possible. A range of services giving carers a break, such as day-care centres or a few hours respite care, have been in existence for some years. But when carers need a few days of physical and mental rest, the only service offered is a temporary shelter, usually provided by long-term care centres, but this is a very stressful solution for Alzheimer sufferers. This provided the impetus behind the creation of the Baluchon initiative, which intended to provide the patient's relatives with a complete break for a week or two without having to move their relative out of his or her home. A trained volunteer comes to the home to care for the patient while the family is away. The initiative originated in Canada and has spread to Europe.

More information is available at:

<http://www.baluchonalzheimer.com/?lang=fr>

3. Health Promotion for Informal Carers (Austria)

Providing consultations on health promotion for carers

This project provided 39 people from different professions with 160 hours of training to serve as health promotion consultants for informal carers. The 39 trained consultants installed the service in 24 districts of Austria and in seven different settings (via telephone, public talks, self-help groups, individual and group consultations and also consultations at home were possible). The project was supported by the Austrian Red Cross.

More information is available at:

<http://www.hauskrankenpflege.at>



4. Assisting Carers using Telematics Interventions to meet Older persons' Needs (ACTION)

Providing support and information to older people and their carers through telephone technology

ACTION was a three- year European project from 1997 that aimed to maintain or enhance the autonomy, independence and quality of life for frail older and disabled people and their family carers by giving better information, advice and support in the home. This was made possible by combining familiar equipment with modern information and communication technology. Both family and professional carers were involved at all stages of the development and decision making process to ensure that the project was user driven and user friendly. The project attempted to explore the invisible nature and associated problems of family care in a cross-cultural manner.

More information is available at:

http://www.dinf.ne.jp/doc/english/Us_Eu/conf/tide98/57/magnusson_daly.html

5. Support Plan for Caregivers in the Andalusian Health Service

Relieving and assisting informal carers by targeting services to meet their needs

The plan for caregivers was implemented in 2005 by the Andalusian Health Service, and is mainly targeted at women between 55 and 65, who are the typical informal caregivers, and who face higher risks of physical and mental health burdens. It includes a need assessment of the target group, and adoption of more tailored health services aimed at relieving the burden of the informal caregivers. Complementary components include workshops, where the women can exchange stories, receive emotional support and build a social network with people in similar situations, as well as the provision of support materials to be used in the home.

Examples of Good Practice and Policies Submitted for Inclusion in EU Compass on Mental Health and Well-being can be found at:

http://www.juntadeandalucia.es/servicioandaluzdesalud/principal/default_en.asp?version=En

<http://www.ec-mental-health-process.net/memberstates.html>

6. AGNES

User-sensitive home-based systems for successful ageing in a networked society

Co-funded by the EC AAL Joint Programme, the AGNES is developing ICT innovations to enhance the mental and physical wellbeing of older people by encouraging them to respond actively to physical, social and cognitive stimulation. It supports formal and informal carers, friends and family members by providing greater access to information about the person, even at a distance. It thus enables informal carers to know when they need to respond to an older person's needs and better manage their workload.

More information is available at:

www.aal-europe.eu/calls/funded-projects-call-1/agnes

7. Life After Care

Support training for family carers

The Life After Care partnership brings together organisations involved in training, support and advocacy of family carers to address the issues faced after they have ceased in their caring roles. It aims to strengthen local and national strategies concerning informal training of former family carers to help their reintegration into society after they have ceased in their caring role.

More information is available at:

www.lifeaftercare.eu

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8. ANNEX I



Seven Key Messages from the EU Thematic conference on mental health of older people in Madrid 2010 “Mental Health and Well-being in Older People - Making it Happen”

I. Policy: A wide variety of Member States’ policies, not restricted to those specifically addressed at mental health, have an impact on the well-being of older people. As such, policies in multiple sectors should be formulated with consideration to factors which have an impact on the healthy ageing, well-being, autonomy and capacity of older adults. Providing a choice of services across sectors and involving older people in the design of policies are important tools to promote their empowerment.

II. Mental Health Promotion: A healthy lifestyle, safe living environment and meaningful, active participation in society and the community are important protective factors for mental well-being in older age. Above all, however, support from families, peers and carers play a key role in promoting the mental health of older people. Prevention of loneliness and isolation is one of the most powerful strategies to promote mental health and well-being in old age. Mental health promotion measures are also important for improving physical health and successful ageing.

III. Mental Disorder Prevention: Prevention of the most common mental disorders involves addressing the risk factors for mental health problems in old age, such as chronic diseases, physical impairment, and improving help seeking (for example, through combating stigma), early detection and intervention, before mental health problems emerge.

IV. Older People in Vulnerable Situations: Older people from certain groups face a higher risk for mental health problems. This includes older women, those living in or at risk of poverty, experiencing chronic illness, suffering abuse and belonging to cultural or ethnic minorities. Measures to build resilience or to reduce their specific vulnerability (for example, through services) can improve living conditions and decrease mental health problems in these groups. These measures can also increase social inclusion and cohesion.

V. Systems for Care and Treatment: Health and care systems, supported by research in the fields of old age psychiatry and geriatric medicine, have a key role to play in the early detection and tackling of mental disorders in older people. Care systems need to be community oriented and include multidisciplinary teams, as well as mechanisms for coordination between social and mental health care. Primary health care and general social services are primary access points for many older adults and should be used to proactively pursue the goal of good mental health. The management and coordination of palliative and end-of-life care requires good leadership and commitment in primary care teams with integration of both informal carers and other specialists.

VI. Informal Carers: Informal carers carry the largest share of care provision, and the increasingly large proportion of this care is provided by older women. Supporting their role, training them, and protecting their well-being have positive outcomes for the mental health of carers and the people they care for.

VII. Research: There are gaps in the existing knowledge base regarding older people’s mental health, in terms of determinants of mental health at the policy level, effective implementation of promotion and prevention action and diffusion research to determine how results can be transferred into practice and policy.

9. ANNEX II

RECOMMENDATIONS

“HEALTHY AGEING: A CHALLENGE FOR EUROPE”



The increasing ageing-population trends projected up to 2050 pose a great challenge to and opportunity for Europe's economic and social development. Health promotion for the ageing population is an urgent and essential task for tackling this, and many countries have already started work in this field.

Responsibility for legislation and governance on health and ageing in the European Union belongs mainly to the Member States. In health promotion/public health, an extended mandate of the European Union based on the Amsterdam Treaty supports the policies through stimulating innovative action and the exchange of experience and good practice.

The Healthy Ageing project makes its recommendations to the EU institutions and Member States in the context of EU, UN and WHO policies related to healthy ageing, including:

- The EU “Lisbon process” of strategic priorities to 2010
- EU Treaty Article 152 on health protection for all citizens
- EU policies, inter alia on age discrimination and demographic change
- Health 21 – health for all in the 21st century and the Strategy to prevent and control non-communicable diseases in the WHO European region
- The WHO Active Ageing Policy Framework
- The United Nations Madrid International Plan of Action on Ageing

The Healthy Ageing project, co-funded by the European Commission, aims to promote healthy ageing in later life stages (50 years and older). The project has reviewed the literature, statistics, good practice and policies extending throughout Europe. The focus has been on cross-cutting themes:

- socioeconomic determinants,
- inequalities in health,
- gender,
- minorities.

and ten major topics:

- retirement and pre-retirement,
- social capital,
- mental health,
- environment,
- nutrition,
- physical activity,
- injury prevention,
- substance use/misuse,
- use of medication and associated problems,
- preventive health services.

The Healthy Ageing project definition of healthy ageing

Healthy ageing is the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.

To achieve the aims of this project and to take the work on healthy ageing forward, recommendations have been developed, for suggestion to the Commission and to Member States. The process has culminated in consensus. Significant in the process was the discussion, at a European Seminar in Helsinki in 2006, with high-level officials from ministries throughout Europe.

The core principles developed in this project are essential to healthy ageing and influence all the recommendations.

CORE PRINCIPLES OF HEALTHY AGEING

Older people are of intrinsic value to society

Many older people live a most meaningful life and are a resource for society. They contribute to society, work in a paid or unpaid capacity as volunteers, care for family members and friends, and carry out informal work in organisations and associations. Age discrimination is prohibited in certain EU legislation, but implementation and education are needed.

- **It is never too late to promote health**

Evidence indicates that health promotion interventions can extend longevity and improve quality of life. Health promotion and prevention are possible even in groups of very high ages. Many preventive programmes and health promotion interventions exclude older people.

- **Equity in health**

Tackling health inequalities in later life and improving the underlying socioeconomic determinants for older people should be at the core of any healthy-ageing strategy and health promotion activity. Equity in health for older people explicitly includes non-discrimination of older people.

- **Autonomy and personal control**

Autonomy and personal control are essential for human dignity and integrity throughout life. All individuals must have the opportunity for self-development and should take part in making decisions that concern them.

- **Heterogeneity**

Heterogeneity among older people must be taken into account. It includes differences in gender, culture and ethnicity, sexual orientation, and variations in health, disability and socioeconomic status. The generation gaps among older people must also be taken into account. There are several generations between people aged 50 and those aged 100+.

Recommendations for policy, research and practice are presented below.

POLICY

The Healthy Ageing project suggests that the European Commission and the Member States:

- develop sustainable policies, health programmes and financial frameworks, specific and/or integrated in other policies, programmes and frameworks, for health promotion and prevention of ill-health for older people at European, national, regional and local levels.
- integrate the significance of health and health promotion for older people in all policy areas such as economy, housing, transport and the environment.
- develop indicators for healthy ageing, and incorporate these in relevant statistical systems at European and national levels.

The Healthy Ageing project suggests that the Member States:

- develop action plans for implementing health promotion and disease-prevention programmes, with the participation of older people, at all levels and specifically at local levels.
- strengthen health promotion in basic and continuing education in gerontology and geriatrics for all relevant professional groups.

RESEARCH

The Healthy Ageing project suggests that the European Commission and the Member States:

- develop research to assess the effectiveness and the cost-effectiveness of health-promoting interventions and interventions for the prevention of disease or ill-health throughout the life course and especially in later life.
- strengthen research to find ways of motivating and changing the lifestyles of older people, especially the “hard-to-reach” groups, paying special attention to environmental and cultural aspects.
- strengthen research to develop indicators of healthy ageing, and to include data on the very old in health-monitoring statistics and research.
- disseminate research findings and promote their practical applications among all stakeholders.

PRACTICE

The Healthy Ageing project suggests that the European Commission and the Member States:

- stimulate exchange of knowledge and experience of healthy-ageing interventions.

The Healthy Ageing project suggests that local authorities, practitioners, officials and NGOs:

- design, implement and review projects and programmes involving older people, paying special attention to “hard-to-reach” groups.
- encourage a partnership approach in health promotion strategies by involving older people, policy-makers, academics and practitioners.
- rely on scientific data and evidence-based health promotion when designing and implementing projects and programmes.
- inform a wide range of audiences about health promotion and effective health interventions targeting older people, using a variety of information and dissemination methods and channels.
- create the conditions and opportunities for older people to have regular physical activity, healthy eating habits, social relations and meaningful occupations.

PRIORITY TOPICS FOR ACTION

Policymakers, NGOs and practitioners should consider the following priorities for action when working with older people:

Retirement and pre-retirement

Increase the participation of older workers and the quality of their working lives using new management concepts. Keep a balance between personal resources and work demands and do not tolerate age discrimination. Prevent illness in the workplace, promote healthy lifestyles and a supportive and stress-free transition from work to retirement.

Social capital

Encourage the participation of older people in the community. Increase educational and social activity group interventions targeting older people to prevent loneliness and isolation. Provide opportunities for voluntary work by older volunteers.

Mental health

Address the wider determinants, such as social relationships, poverty, discrimination, that have an impact on mental health and wellbeing in later life. Raise awareness of mental issues relevant to older people, such as depression and dementia. Increase the provision of psychotherapeutic and psychosocial interventions for older people.

Environment

Improve access to safe and stimulating indoor and outdoor environments for older people. Access to technology should be considered as well as the impact of climate change, excessive heat/cold and storms.

Nutrition

Promote healthy food and eating habits among older people, with an emphasis on low intake of saturated fats and high consumption of fibre-rich foods, green vegetables and fruits.

Physical activity

Increase the level of physical activity among older people in order to reach the international recommendations of 30 minutes or more of, at least, moderate-intensity physical activity on most, preferably all, days of the week.

Injury prevention

Initiate safety promotion and injury prevention, including programmes against violence and suicide, at all relevant policy levels. The individual approach should include physical and nutritional aspects, careful prescription of psychotropic drugs, and safe housing.

10. ANNEX III

EU Council conclusions on Active Ageing 2009-2010

Both Sweden and Spain highlighted healthy ageing as a priority during their Presidency of the Council of the European Union.

In 2009, the Swedish Presidency of the European Union adopted council conclusions on “Healthy and Dignified Ageing” and invited member states to make the issue of healthy and dignified ageing one of their priorities for the coming years and to shift their focus towards preventive measures in order to reduce the burden of chronic diseases, frailty and disability. The council conclusions highlight that “healthier ageing would also allow the costs of care to be reduced and could partially offset the financial impact of demography in the health and social sectors”.

The full Council conclusions are available on:

<http://register.consilium.europa.eu/pdf/en/09/st14/st14996.en09.pdf>

The ageing theme was continued during the Spanish Presidency of the European Union as they adopted council conclusions on ‘Active Ageing’ in June 2010. The conclusions set out a wide range of initiatives that have taken place relating to Active Ageing in the past years, which have contributed to shaping the policy framework in this area. They state that older people are a valuable resource and crucial to Europe’s economic competitive and prosperity, and emphasise “that Europe’s best chance for addressing the challenges of population ageing depend on making full use of the potential of older people, which will require the promotion of active ageing.”

EU Member States and the Commission are invited to undertake a range of actions, specified by the conclusions, to promote Active Ageing, such as “highlighting the benefits and opportunities that the economic and social participation of older men and women would provide to society, in particular by ensuring that people in their late fifties and sixties face good opportunities for employment, active participation in society and healthy living.

The full Council conclusions are available on:

http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/114968.pdf

