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## Fact sheets from European projects related to mental health and well-being in older people

Supporting documents for the EU Thematic conference: "Mental Health and Well-being in Older People - Making it Happen"

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well-being in older people**



**Depression in older people: A summary of ongoing work of the DataPrev project**

Anna Forsman, Fleur Braddick, Kristian Wahlbeck

**The DataPrev project objective**

To increase understanding and knowledge across Member States of mental health promotion and mental disorder prevention policy and practice.

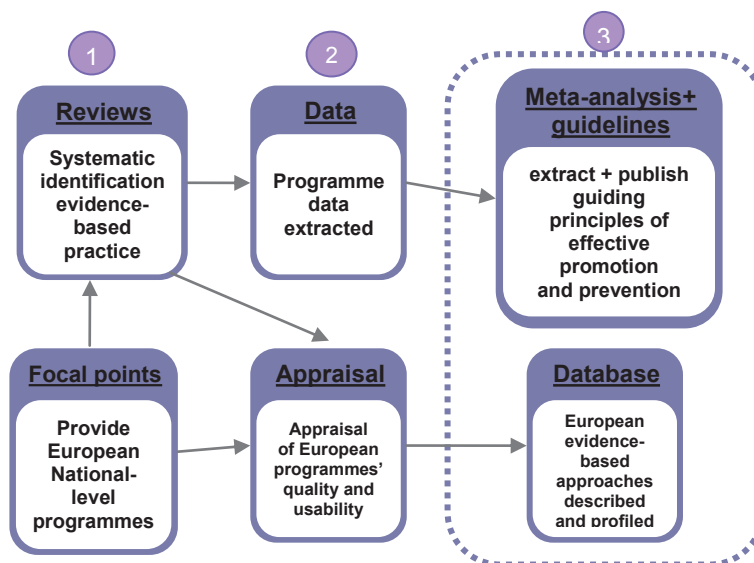
**Brief Description**

The co-ordinated action DataPrev aims to increase the understanding and knowledge across Member States of evidence-based mental health promotion and mental disorder prevention policy and practice, strengthening the evidence base and making the knowledge therein more accessible to practitioners, stakeholders and policy makers in Europe.

The project plans to achieve this by:

- i) synthesizing the evidence base quantitatively and qualitatively – in the form of 4 topical systematic reviews across the life-span (on parenting, school, workplace and older people’s programmes) and an economic review;
- ii) developing and disseminating a standardised online information system that systematically gathers, describes, reviews and appraises European best practices across settings;
- iii) identifying and inputting into the information system (database) programme descriptions and the impact of the interventions on positive emotional and social wellbeing, improved cognitive and emotional development, reduced mental ill health, decreased psychiatric symptoms and disorders, greater positive mental health, and improved social and economic outcomes; and
- iv) translating knowledge supported by the evidence base into guidelines and providing training to improve the quality of implemented interventions and inform policy decision making.

**Overview**



**DataPrev WP5 – Systematic Review of Interventions for Older People**

Ongoing research in the DataPrev project on psychosocial interventions for mental health promotion and depression prevention has identified several types of interventions targeting older people, which

have been assessed in controlled trials. The 61 psychosocial interventions identified were divided into six subgroups:

- **Physical exercise training**
- **Skill training**
- **Group support**
- **Reminiscence**
- **Social activities**
- **Multi-component interventions**

A systematic review of the effectiveness of these psychosocial interventions in preventing depression of older people has been submitted for publication, and forms the basis of this document. The majority of the interventions included in the systematic review had a preventive approach, targeting older people at high-risk of mental health problems, and only a few studies addressed mental health promotion.

## Background

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Among the ageing population, anxiety and depression are the most prevalent mental health problems<sup>1,2,3</sup> with around 12% of adults aged 65 or older currently affected by depressive syndromes in Europe<sup>4</sup>. Given the growth of the older adult population in Europe<sup>5</sup>, depression in older adults is set to become an increasingly important health issue<sup>6</sup>.

## Risk and protective factors

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The onset of depression and its recurrence is influenced by a wide range of risk and protective factors at different stages of the lifespan, including biological, psychological, family, social and societal factors<sup>7</sup>. One risk factor for the onset of depression is gender<sup>8,9,10</sup>. According to a large body of research, women are at greater risk of depression than men. Related to this, higher levels of loneliness have frequently been found among older women than older men<sup>11</sup>.

Various medical conditions and functional limitations are generally among the most common risk factors for depressive symptoms<sup>12</sup> and for the incidence and prevalence of depressive disorders among older people<sup>8,13,14</sup>. The association between low educational level and the onset of late-life depression has also been highlighted<sup>8</sup>. Individual psychological resources seem to reduce depressive symptoms, self-esteem<sup>12</sup> and mastery<sup>3,10</sup> being illustrative examples.

Studies have shown that associations exist between social capital in the ageing population and mental health. Crucial components of the individual-level social capital concept<sup>15</sup>, such as social support<sup>16,17</sup>, and social network size<sup>10</sup> were shown to be negatively associated with depressive symptoms and depression, while loneliness showed a positive association with depressive symptoms and depression<sup>12,17</sup>. Research has highlighted that civic mistrust and lack of reciprocity or of social participation (i.e. low individual-level social capital) are associated with depressive symptoms among older adults<sup>18</sup>.

Depressive symptoms and depression in older adults can be prevented by addressing risk factors and strengthening protective factors. There is a need for effective interventions for the prevention of depression and promotion of mental health, implementing findings from available research in the area.

## EU Context and Priorities

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Demographic changes in the EU imply that a good health among older people is increasingly important, enabling the older adults to stay active for longer. The mental well-being of older people needs to be given greater priority, giving the fact that mental disorders are highly prevalent among older people, depressive disorders being the most prevalent. Actively participating, empowered older people foster social capital and social cohesion, and reduce the need for special services for older people.

## Discussion

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The psychosocial interventions to prevent depression and promote mental health, as identified in the DataPrev project, can be translated into concrete actions to strengthen mental health of older people. However, few prospective controlled trials have yet been conducted that study group and individual psychosocial support or their effect on depressive symptoms, depression or mental health outcomes (e.g. functional ability or quality of life) among older adults. Overall, more large-scale, high-quality

controlled trials on psychosocial interventions are needed to detect important effects of primary prevention of depression in older people. Additionally, further research on cost effectiveness of psychosocial interventions is called for. A cost-effective approach can be achieved by identifying the risk factors<sup>19</sup>, screening the elderly population for risk factors<sup>9</sup>, and by targeting effective preventive interventions towards the indicated high-risk groups<sup>8</sup>.

### Questions for Consideration by Policy Makers

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The DataPrev project will highlight the potential for effective actions to prevent depression in older people, but it will also highlight the sparseness of research evidence. Investing in evaluation of measures to promote mental health and prevent depression is a necessity, taking into consideration the magnitude of the problem and the potential benefits to be reached by effective interventions. At this stage, development and evaluation of psychosocial interventions to support mental health of older people needs to be a research priority. Policy makers need to be aware of the limitations of the current evidence base, and any large-scale implemented programme should be carefully evaluated to enrich our common knowledge base on good practice to promote mental health and prevent depression among older people.

### What works: solutions and action

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#### Policies for older people's mental health

Emerging evidence indicates that depressive symptoms and depression in older people can be prevented by psychosocial interventions. Policies that support access to social activities, peer support and skill training will protect mental health. In all policy arenas, the possible impact on mental health determinants of older people needs to be considered. Design of care services for older people need to recognise the importance of providing access to meaningful social activities and possibilities for peer group support.

#### Skills training

Studies have demonstrated that time-limited, small group-based psychoeducational and skill-training interventions, theoretically based on cognitive behavioural principles, have an impact on depressive symptoms and quality of life<sup>20</sup>. For instance, skill training with a focus on emotional problem management, e.g. depression or anger management, may lead to decreased symptoms of depression<sup>20,21,22</sup>, as well as significant positive increases in self-efficacy in negative thought management among the older adult participants<sup>20</sup>.

#### Reduce suffering from functional limitations

The importance of psychosocial interventions customized for older adults suffering from various functional limitations is emphasized in a growing body of research. These interventions encompass information about the available professional aids, with support as well as the promotion of personal resources and coping strategies being crucial components<sup>23,21,22</sup>.

#### Improve social networks and support

Group discussions and exchanges of experiences among the participants are frequently applied in psychosocial intervention programmes<sup>23</sup>. A systematic review has pointed out social support as the most effective intervention type reducing depressive symptoms among older adults<sup>24</sup>. Studies also show that psychosocial interventions aiming to increase the social contacts of the older participants tend to improve the mental well-being as the feelings of loneliness are reduced<sup>25,26,27</sup>. These friendship programmes often attract older women living alone and they are therefore targeting a major risk group for depression<sup>25</sup>.

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## FUTURAGE – A Road Map for Ageing Research

### Introduction

*FUTURAGE – A Road Map for Ageing Research*, is a 2-year FP7 funded research project designed to produce the definitive road map that will guide European research on ageing and health for the next 10-15 years.

The project will identify the main priorities for research on ageing based on the widest possible consensus between key stakeholders ranging from policy makers to product producers and retailers. A key principle is the close involvement of older people in this process.

### Background

Europe is already the oldest region in the world and, over the next 50 years, will experience a continuing rise in life expectancy. The reasons for this longevity revolution are well known as are its widespread consequences for all levels of society.

Despite its global pre-eminence in ageing terms and the priority given to ageing by the European Council, Europe still lacks a coordinated and consistent approach to research on this topic. Although the scale of national and European research investments on ageing is huge it does not match those of the US and, equally importantly, it lacks the coordinated approach the US has had for more than 30 years.

This, in a nutshell, is why we regard the idea of a road map for ageing research so compelling and so critical to Europe's future in both research and policy terms. In particular there is an urgent need to: clearly define the ageing research priorities; to create a focal point for all stakeholders in this research field; to make sure that the most important tasks are carried out first; to create the basis for a coordinated European approach, and; to combine the strengths of all disciplines relevant to mental and physical healthy ageing.

### EU Context and Priorities

FUTURAGE is building on several successful CAs and SSAs under FP5 and FP6. The structure of FUTURAGE is intended to bring together and build on these previous initiatives rather than attempting to replicate them.

FUTURAGE is a broad partnership between the main CAs under FP5 and FP6 (FORUM, LINK-AGE and AGE-ACTION), the major integrated and other projects under FP7, the WhyWeAge consortium, the representatives of older people and the existing ERA-AGE consortium of research funders and policy makers.

A Council of Scientists, drawn from project leaders of these major projects, will provide advice of FUTURAGE to ensure the road map delivers a viable and realistic strategy for European ageing research for the next 10-15 years. At the heart of this strategy will be a commitment to providing the evidence-base for Europe to respond effectively to its ageing process.

## Project structure

A series of extensive consultations are taking place among scientists and stakeholders within four broad themes:

- Biogerontology
- Social and economic resources
- Environments of ageing
- Healthy ageing and well being

In addition to the four scientific themes there is a parallel fifth theme on the engagement of research users, including older people. Two sets of thematic workshops involving Europe's leading researchers in these fields, with inputs from non-European experts, are being conducted as the cornerstone of the road map production process.

Each theme is coordinated by a leading European expert who is responsible for organising the development of research priorities to produce a final theme consensus to contribute to the road map.

Outputs from the consultation process will be explored at two stakeholder meetings of high-level research funders, policy makers and practitioners in the ageing field and representatives of older people. In the stakeholder workshops the iterative process at the heart of FUTURAGE will bring together the thematic outputs and coordinate them with the perspectives of the main stakeholders. This represents also the much needed coordination across the disciplines engaged in ageing research.

At the beginning of April 2010, FUTURAGE had completed the first round of thematic workshops, although results have not yet been disseminated. The outputs will be explored at the first stakeholder workshop which will take place in May 2010.

## A multi-disciplinary approach to mental and physical health

FUTURAGE's multi-disciplinary approach acknowledges the broad scientific, practical and policy relevance of ageing. Biological and biotechnological basic research is critical in order to understand the ageing process but, also, in order to maximise functioning, healthy life expectancy and quality of life as people age, a range of other disciplines must be utilised: from clinical sciences to public health and from engineering to social sciences. Thus we define 'health' in broad terms - following the WHO definition - as 'well-being and quality of life' in old age. The four scientific work streams at the centre of FUTURAGE are derived from this comprehensive approach to health and ageing.

The thematic approach reflects a need to pool different disciplinary knowledge and skills to bring together all of the key disciplines that can generate the new knowledge necessary to ensure not only the prevention of chronic diseases and loss of mental and physical function, but also the promotion of health and well-being in later life.

### Biogerontology

Biogerontology covers areas including biology, biomedicine, genetics and molecular biogerontology, which explore prevention and treatment of diseases such as dementia, diabetes, osteoporosis. The work to develop a biogerontological roadmap being conducted by LINK-AGE (Coordination Action, FP6) and WhyWeAge (Specific Support Action, FP7) is the focus of this topic. LINK-AGE's primary focus has been to integrate fragmented research activity; research in biology of ageing has included targets at many levels (molecules, cells, tissues, entire organisms) and in many different biomedical contexts.

### Social & Economic Resources

Across Europe, recent research on the social and economic resources in the field of ageing has emphasised their critical influence on health, well being and quality of life for the ageing population. Of



particular current interest are issues relating to migration (of older people, and of care workers); elder abuse; the provision of quality care in residential settings; support for working family carers, and; connections between health and mental/physical wellbeing. This topic includes the disciplines of sociology, economics, care science, social policy, philosophy and ethics.

#### Environments of Ageing

Environmental gerontology is concerned with the relationship between the ageing person and their physical and social environment, and how these relationships shape quality of life in old age. Environmental gerontology puts strong emphasis on day-to-day contexts of ageing individuals. It encompasses disciplines such as psychology, occupational therapy, and transport planning, engineering, architecture, social geography, urban planning, health and social policy, technology, sociology, and design.

#### Healthy Ageing

Healthy ageing has been described as *'the ideal situation in which people survive to an advanced age with their vigour and functional independence maintained, and morbidity and disability compressed into a relatively short period before death'*. This includes both physical and mental health, and draws on expertise from health sciences, psychology, clinical sciences, geriatrics and general practice.

### **A Life Course Perspective on Health and Ageing**

A shared perspective between the themes and a fundamental aspect of FUTURAGE is a life course approach to ageing and health is the scientific key for ensuring cohesiveness and the exploitation of potential synergies. This is accepted by an increasing range of scientists that ageing occurs over the life course: not only as bodies age and damage is accumulated but, also, as resources (social, psychological, economic, environmental) are gathered and deployed. Thus to understand age-related diseases and provide the basis for healthy ageing we need to view the ageing process as a life-long one. While there is a necessary focus of geriatrics on frailty, disability and diseases in old age, there will also be a need for a life course emphasis on damage limitation and the role of prevention across the life course.

**Key facts**

Duration: September 2009 to August 2011

EU funding: €1.96 million.

Website: <http://futurage.group.shef.ac.uk>

Partners

1. University of Sheffield, United Kingdom (Coordinator)
2. Austrian Academy of Sciences, Austria
3. Academy of Finland, Finland
4. CNAV (Direction des Recherches sur le Vieillessement de la Caisse Nationale d'Assurance Vieillesse), France
5. FNR (Fonds National de la Recherche), Luxembourg (observer, no active participation)
6. UEFISCSU (Executive Agency for Higher Education and Research Funding), Romania
7. The Swedish Council for Working Life and Social Research, Sweden
8. Ministry of Health, Romania
9. Israeli Ministry of Health, Israel
10. Istituto Superiore di Sanità, Italy
11. Latvian Council of Science, Latvia
12. Ministerio de Ciencia e Innovación, Spain
13. Bulgarian Academy of Sciences, Bulgaria
14. University of Namur, Belgium
15. Dept. of Psychological Ageing Research, Institute of Psychology, University of Heidelberg, Germany
16. Department of Health Sciences, Faculty of Medicine, Lund University, Sweden
17. Italian National Institute on Aging, Italy
18. Department of Health Sciences, University of Leicester, UK
19. Help the Aged (Age UK), UK
20. AGE - The Older People's Platform, Belgium
21. Laboratorio di scienze della cittadinanza, Italy
22. Carlos von Bonhorst (Consultant), Belgium
23. University of Tampere, Finland
24. Instituto de Mayores y Servicios Sociales, Spain

Objectives:

- Promote state-of-the-art assessments of research priorities, newly emerging fields and methods including user involvement for the next 10-15 years. These will form the basis for the road map document
- Engage Europe's leading scientists, from the main disciplinary groups relevant to healthy ageing, well being and quality of life, in a collective endeavour to prioritise ageing research
- Also to engage with the key stakeholders in ageing research - funders, policy makers, practitioners, product producers (especially SMEs) and older people – in this process so that the final road map commands widespread support and is of lasting relevance
- Help to close the gap between science and society by informing the public about ageing research and its importance. This communication will be done chiefly via the project website and newsletter
- Successfully launch the definitive road map in a high profile European event

## healthPROelderly: Evidence based guidelines on health promotion for older people, healthPROelderly-team

**Prof. Dr. Monika Reichert (TU Dortmund, Germany)**

### Background information

In the face of rapid demographic change including low birthrates and increasing longevity population ageing is a challenge to be dealt with in the future. This will change disease patterns and put a burden on health care systems. Thus the demand for health care and at the same time health care spending will be increased. In this connection solutions are being sought after how people can live longer and stay healthy at the same time. Thus healthy ageing and specifically actively promoting the health of older people are becoming increasingly important in national as well as EU-policies. While various individual projects and programmes exist in EU-member states that aim to promote health for older people, most of these projects are of local and national character and do not take the EU-wide context into account. Little is known about the scope of programmes and on the state of the art of health promotion activities for older people on a European level.

To improve knowledge in this field on European level, the healthPROelderly-project funded by the European Commission and Fonds Gesundes Österreich gathered information on health promotion initiatives for older people – also regarding mental health - and developed guidelines for experts in this field. Specifically, healthPROelderly-partners carried out a literature search on health promotion for older people in 11 European countries (Austria, Czech Republic, Germany, Greece, Italy, the Netherlands, Poland, Slovenia, Slovakia, Spain and the United Kingdom) collected more than 160 good practice examples for health promotion initiatives in its database, analysed 33 best-practice examples in detail and developed guidelines for planning and implementing health promotion activities for older people. Reports on the literature overview, the database, the analysis of best practice examples and the guidelines are available under [www.healthproelderly.com](http://www.healthproelderly.com).

Regarding health promotion with particular reference to **mental health** the following guidelines are of special importance:

<b>Guideline: Tailoring the health promotion programme on mental health to the specific needs and individual resources of the relevant target groups</b>
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Older people are not a homogeneous group; they differ with regard to their living conditions, material and social resources, needs and wishes. Focusing on the most marginalised, “at-risk” and/or disadvantaged groups can often bring about the greatest improvements in mental health, especially in terms of cost-effectiveness when resources are limited.

Health determinants and epidemiology will provide information and understanding of vulnerable groups experiencing specific health and social inequalities. The needs of the target group will have to be assessed in an ongoing fashion to ensure that these are still being adequately addressed.

Not all mental health promotion programmes are suitable for all older people. Therefore the target group of the programme needs to be identified and ways have to be found to reach these older people and engage them.

#### *Recommendations:*

- Identify how, when and where target groups can be reached (e.g., use of “key persons”).

- Use media-based approaches to motivate older people to take part and inform them (e.g., use of mass media advertising and information campaigns).
- Analyse relevant demographic and epidemiological data in order to find out more about the target group. This can be obtained through local public health officers or other professionals working in the field.
- Also take into consideration participants' own needs, goals and choices in the development of the health promotion programme. This can be done through preliminary meetings such as focus groups. Alongside this, individual resources of the target group members can be identified to promote a user-involvement perspective.
- It is important to consider people that are associated with the target group as these may have needs too and be affected by the older person's participation. This includes immediate family, friends and other carers.

**Guideline: Acknowledging the diversity within the target group, including it in the activities and taking into particular consideration gender, equality and disadvantaged groups**

Mental health promotion for older people needs to be very specifically tailored to the heterogeneous target group of older people. When planning an intervention it is important to address the target group specifically, e.g. older migrant workers or older women from a specific community or district etc.

Consideration needs to be made as to how these various bases of diversity may affect individuals' ability or motivation to engage in a mental health promotion programme. The picture is becoming increasingly complex: cross-cutting issues such as ethnicity, culture and religion may interact with class and other determinants to reinforce inequalities in health. Sensitivity towards diversity helps to ensure the dignity and enthusiasm of all individuals taking part and allows all those within the target group to fully participate in the project. Again this must be an ongoing process by which new or potential participants are included within the format of an activity.

While being important variables in their own right, social inequality in health, diversity and gender are closely associated with each other. Overcoming inequality in mental health due to socio-economic factors is an essential challenge for future health promotion. Special attention has to be given to gender-specific differences. Currently older women, especially women of an advanced age living alone, are affected more frequently than men by socio-economically disadvantaged conditions that can have an adverse effect on the health of women in later life.

*Recommendations:*

- Ensure that your health promotion programme is sensitive to the health and social needs associated with people's cultural and religious background (e.g., involve vulnerable older people in the planning of activities).
- Pay particular attention to gender. While there are many good examples of projects tackling the specific needs of older women, more projects need to be tailored to account for the health needs of older men.
- Recognise inequality, taking into consideration the particularities which characterises the target-group as "different" or "unequal". This will mean undertaking a 'needs assessment' to identify needs, wishes and expectations of vulnerable groups and designing projects accordingly.
- Target your project at disadvantaged groups by, for example, using innovative or proven methods

and strategies (e.g. adopt their modes of communication, home visits).

**Guideline: Actively involving the target group as far as possible and giving older people a voice**

Keeping older people involved in all different phases of the project, i.e., in planning, implementation and evaluation facilitates successful mental health promotion. Activating older people works most effectively through intermediaries, large scale dissemination efforts and by activating older people from existing (informal or formal) groups.

By encouraging active involvement of the target group it is possible to foster the participation of older people as “co-producers” of mental health, i.e. longer-term accord with healthy living principles and autonomous self-care is made more likely. Furthermore, the exclusive involvement of experts in the development of projects can have a negative influence on their sustainability.

*Recommendations:*

- Give older people from different backgrounds a voice from the outset and involve them in all phases of the project.
- Use appropriate strategies for active involvement via focus groups, observation, representatives of the target group, etc.
- Keep in mind that the voice of older people can be given directly or through an advocacy process.
- Recognise the resources of the target group and build on their potential - their knowledge, skills, etc.

**Guideline: Empowering participants and motivating them to take the initiative for their own health and well-being**

Through empowerment, individuals or communities see a closer correspondence between their goals in life, a sense of how to achieve them, and the relationship between their efforts and life-outcomes. However it must be recognised that where “empowerment” is encouraged in a way in which people are not completely comfortable, this can lead to a decidedly disempowering result. Consequently projects dealing with more vulnerable groups should also take into consideration that they can play a potentially significant role in being a refuge for the passive and/ or vulnerable, and must seek to avoid any stigmatisation of such behaviour.

*Recommendations:*

- Enable older people to improve their independence and autonomy through increasing practical know-how.
- Improve older people’s use of technology through training in order to improve autonomy, access to information, quality of life, as well as actual and virtual community integration.
- Promote empowerment through involvement in groups (e.g., increase and share information and knowledge about health issues).
- Enhance older people’s sense of self-worth through strengthening their personal abilities (e.g., give freedom of choice permitting older people to develop and choose healthy lifestyle changes).
- Provide professionals with skills and abilities to empower the target group and to recognise limitations.

- Promote a change in attitudes towards ageing, i.e. moving from a passive image of older people to an active one.
- Help older people to understand the sources of their own power and influence and enable participants to exert their power in the most effective way, thus helping older people to help themselves.
- Enable older people to understand policy processes related to their health needs in order to encourage them to play an active role.

**Guideline: Developing multi-faceted, holistic interventions which take into account the physical, mental and social health needs of the older person and the inter-relatedness between these needs**

The success of mental health promotion interventions is dependent to an extent on their ability to recognise and address this multi-dimensional, or holistic, notion of health and wellbeing. Merely focusing on one aspect ignores the way in which other facets are important and effectual. For example, mental health may affect the person's desire to be active outside the home, therefore influencing the person's physical exercise and capacity to remain independent – and vice versa. Ignoring one or more of the dimensions of a person's health will limit the potential success of the intervention. Similarly, in evaluating the effectiveness of a project, a framework which takes into account the whole of the patients' health will provide a more accurate account of the accomplishments of the intervention (holistic evaluation).

*Recommendations:*

- Have a holistic understanding of health promotion – though it is not necessary to offer "measures" for all aspects of mental, social and physical health in one intervention and not all outcomes need to be explicit.
- Where appropriate, take the life-history of people from your target group into account and respect individual choices and experiences.
- In the development of holistic interventions take the whole social system and all relevant dimensions and levels into account: health and illness is always a mutual exchange and multi factorial product of the individual Factors such as individual life-style (micro level), the social and community networks/relationships (e.g. family, colleagues, friends and acquaintances), health and social services (meso level) and the general/broader socio-economic, cultural and environmental conditions (macro level) play a role in this connection. Analyse the interchange of these levels and the effects on health and make this one important starting point for the development of holistic interventions.
- It is not always necessary to create new programmes and structures to reach health promotion aims. Instead make use of ready-existing health and social structures at all levels of the intervention, i.e. in the setting and social environment, where the health promotion initiative will take place.

**Guideline: Planning the physical and geographical setting where the health promotion programme takes place and ensuring ease of access**

The setting of a mental health promotion project is crucial to its success in both attracting participants in the first place and being able to effectively engage them towards improving/maintaining their health.



Also vital may be the "visibility" of the setting - which can increase awareness among the target group – as well as the proximity of the venue to other services/activities regularly accessed by the intended group of older people. The setting approach needs to be combined with a suitable activation strategy to get older people involved.

Accessibility is an important criterion which can raise participation and reduce inequality of opportunity to access mental health promotion. Because loneliness and/or isolation have been identified as important risk factors which may have highly negative effects on the physical, mental and social health of the older person, the location of the setting can help overcome this by being easily accessible to members of the target group and/or where sufficient transport is organised to ensure that such barriers to participation are minimised.

**Recommendations:**

- Where possible, place the setting in the middle of the target community so that it can have a constant influence on people's daily lives. It is important that the setting is accepted by the target group.
- Structures that already exist e.g. residential homes for older people, companies, and sports clubs may offer useful opportunities to engage the target group.
- Use the setting of the "person's own home" as the first "contact point" and if necessary as the main setting, so that accessibility is guaranteed.
- Make sure the setting does not pose a risk to the health of participants and is as barrier free as possible.
- Travelling for older people should be reduced to a minimum to ensure access. If travelling is necessary, a network of drivers should be organized (through welfare organisations, informal networks etc.).
- Use technology-assisted information and "information and communication technology" to facilitate access to the services and activities.

Other more general important pillars of good practice of health promotion are:

- **Involving different types of stakeholders** in planning and implementation
- Basing the design of the health promotion programme around existing **evidence and proven techniques**
- Employing **strategies and methods** which are appropriate and reliable to reach the specified target groups and achieve the stated outcomes of the intervention
- Using and learning from on-going, comprehensive and mixed-method **evaluations**
- **Publicising** the health promotion activities' accomplishments to a wider audience, using various media



## **OLDER PEOPLE'S HEALTH – A EUROPEAN SYNOPSIS**

**Authors:**        **Therese Räftegård-Färggren, Swedish National Institute of Public Health**  
                         **Gary Wilson, NHS Health Scotland**

### **Background**

The proportion of older people in Europe is increasing; in combination with low birth rates this will have a major economic and social impact on society as a whole. Even though there have been many initiatives at an EU-level focusing on older people's health, further action is needed across a number of areas at an European, national, regional and local level in order to create a healthy and dignified ageing among European citizens. (1)

Today there are wide differences in health, morbidity and mortality outcomes across socioeconomic groups; for instance, the non-communicable diseases caused by for example unhealthy eating and lack of physical activity are higher in lower socioeconomic groups. In times of financial crisis the need to focus on health equity from a health promoting perspective becomes even more important. (2) Furthermore in order to meet the demographic challenges it is important to decrease the need of health care among older person, and by having a health promoting perspective chronic conditions and disability among other things can be prevented and older people can remain active and independent. (3)

The term healthy ageing includes a wide range of factors and has been defined "as 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." (Healthy Ageing – A Challenge for Europe pp 16) Hence, healthy ageing includes several dimensions of health and its determinants which also interact with each other. In order to enhance health in older people both the physical, social and mental health among older people must be taken into consideration and be viewed from a holistic and interacting perspective at all levels. (3)

In 2004 the Swedish National Institute of Public Health initiated the Healthy Ageing project that gathered 10 Member States and organisations across Europe. This was a three-year project with the aim to promote healthy ageing in later life stages (50+). The project reviewed and analysed statistical data on health and its determinants and proposed a set of recommendations on how actors in the EU, Member States, regional and local levels could work within the areas of policy, practice and research. The project focused on different levels of health determinants: those determined by society and those determined by individuals themselves, but the project also agreed on ten major topics important for promoting healthy ageing. Mental health was one topic on which the project focused on. The essential factors for healthy ageing was also the core principals; older people are of intrinsic value to society, it is never too late to promote health, equity in health, autonomy and personal control and heterogeneity. (3)

The Healthy Ageing project ended in 2007 and since then no comprehensive follow-up has been undertaken in order to see if and how goals have been met. As part of the Swedish Presidency in 2009 the Swedish National Institute of Public Health organised a conference with the aim to give opportunities for an exchange of knowledge regarding healthy ageing work among European countries and to discuss how to move forward within the areas of policy, practice and research. As part of this conference and in order to strengthen healthy ageing work in Europe a background report was created in collaboration with the Special Interest Group on Healthy Ageing. The report is based on a survey which was undertaken in order to increase knowledge regarding how European Member States have been working with issues related to healthy ageing and the ten major topics including mental health and preventative health services. Nine

Member States and two organisations across Europe participated which means that the results only reflect a proportion of all health promoting activities in Europe, and, means it is therefore difficult to draw any overall conclusions. However it is likely that this report does highlight general trends across Europe in healthy ageing work. (4)

### ***The development of healthy ageing work across Europe***

There has been some positive developments when it comes to healthy ageing activities in Europe on the policy, practice and research levels. According to the survey findings two dimensions of healthy ageing work have developed simultaneously. While one dimension has been focusing on developing and improving initiatives which are targeted towards older people, the other dimension has been focusing on building a platform for successful implementation which includes improving structures and communication between actors and organisations. However, in order to create more sustainable structures and to put healthy ageing related issues permanently on the European agenda the latter dimension may need to become more evident. (4)

Mental health was identified as one of the ten major topics for promoting healthy ageing but when looking at the distribution of the major topics on a policy level it becomes evident that mental health has not been prioritised in those policies identified in this survey. Rather when it comes to policies mental health was included in no more than 6% of them, which implies that even if mental health is a prioritised issue, policies are not focusing on older people as a target group. However, when it comes to both practice and research initiatives mental health was more frequently represented and approximately 20 % of all research and practice projects had included mental health as one focus area. When looking at future work within the participating Member States mental health and dementia were two of the most prioritised topics after physical activity. According to this survey well-being and older people's mental health are hence seen as important areas to support and develop in order to enhance a healthy and active ageing among older people in the future. (4) However we also need to be aware that there may be many definitions of what mental health actually means from a scale of self esteem to serious mental illnesses. We need therefore a clear definition of mental health as a topic.

When examining the experiences from working with health promoting initiatives towards older people across Europe several factors could be outlined as cornerstones for successful healthy ageing work. The most important facilitators that were mentioned were the development of policies, strategies and work programs on EU-level which has strengthened the healthy ageing work. But to ensure successful implementation of strategies, recommendations and guidelines cooperation and coordination, long-term funding, collaboration with NGO:s and other organisations as well as dissemination of best practice between actors on European, national and regional level is important. Hence there is a need to scale up this work. Another factor that was seen as an important cornerstone was evaluations. However lots of initiatives have not been evaluated due to lack of funding or competence. (4)

### **How to strengthen health in older people - key messages**

In order to further strengthen issues related to healthy ageing, actions are required across a number of areas. During the Swedish Presidency in 2009 Healthy and Dignified Ageing was one of several prioritised issues. In line with this the Swedish National Institute of Public Health developed, together with invited participants from European Member States and the European Commission, key messages and future actions on policy, practice and research. The key messages highlights the most important areas to acknowledge by the European Commission and its Member States in order take the healthy ageing work forward and permanently put it on the EU agenda. (5)

In order to strengthen health in older people the conference participants called the European Commission to bring together all the current and upcoming ageing and health related initiatives under one umbrella of a European Healthy Ageing Strategy. This Strategy should include policies that are aimed at the promotion of

healthy, active, and independent living amongst older people and take into account the wider social and economic factors across all social groups. Furthermore, a European Healthy Ageing strategy should be highlighted as a part of the Post-Lisbon Strategy and be formulated as a cross-cutting policy, where efficient actions in other fields would significantly help to prevent unhealthy and inactive ageing.

Several key messages aimed at Member States on policy, practice and research were also developed which states that EU Member States should:

- Reform their health systems and include more policies research and practice with a focus on prevention in order to respond to the specific needs of older people and related demographic challenges.
- Ensure a partnership approach on different levels, from local to national and European stakeholders. Include and inform a wide range of stakeholders about healthy ageing initiatives, involving older people and the general public.
- Promote the systematic analysis and collection of effective and evidence-based methodologies at all levels and across Europe. Encourage the evaluation of projects and the analysis of transferable elements between European countries. Stimulate dissemination and uptake by professionals and exchange of knowledge between Member States.
- Develop evidence around cost-effective analyses to show that health promotion can save money and delay ill-health.
- Promote the use of the Healthy Life Years indicator in Member States; increase its value by linking it to socio-economic data and provide more up-to-date data and evidence in order to better shape future public health policies.
- Ensure policies, research and practice that create better conditions for employment and voluntary work (for private sector, public sector, civil society and NGOs) which can facilitate an older persons' ability to maintain a healthy, active, independent and social life. Develop research into the potential of older people, to what extent are older people contributing to society and how can this be strengthened?
- Ensure the involvement of older people and carers in research, practice and policy decisions as an active partnership between older people as experts and decision-makers.
- Ensure policies research and practice that strengthen lifelong learning and address the need to improve education and training among older people.
- Address heterogeneity among older people and inequality of healthy ageing.
- Address the need for more research in order to utilising peerleaders and other methods to address the health of disabled persons, people from different ethnic groups and immigrants.
- Support capacity building and include healthy ageing into the curricula of health professionals and gerontology and work towards common curricula across Europe.

### ***Possible ways forward***

The result from the survey has shown that a lot has already been achieved in the field of health among older people and that the European dimension has played an important role. However it is also evident that there is a need to further strengthen this work. This survey did not have the aim to outline different activities in detail but rather compile knowledge relating to how healthy ageing work has developed. Looking at mental health as one major determinant for creating an active and independent living the survey showed that mental health among older people is seen as a significant area among future work in Member States

across Europe even though it has not been among the most prioritised areas so far and especially when it comes to policy making. This also implies that mental health needs further support, in order for Member States to develop policies, projects and research. However, mental health should be seen alongside with physical and social health as interacting parts of healthy ageing. Thus, by developing a common strategy on healthy ageing that acknowledges a holistic perspective of creating a healthy ageing on EU, national, regional and local level, mental, social and physical health initiatives could be simultaneously strengthened in the future.

A first step towards obtaining a coherent Healthy Ageing Strategy would be to gather research and evidence which clearly state the cost-effectiveness of prevention, alongside developing common indicators which are reliable and efficient. Moreover there needs to be a strong basis for facilitating the exchange and experience between organisations/government bodies at EU level.

The holistic perspective is of great value in the healthy ageing work and all the initiatives taken as well as the knowledge it is creating needs to be disseminated and shared between different sectors and Member States. Sharing best practice and knowledge should be seen as a cost-effective resource. However it is important to not forget to ensure that older people themselves are at the centre and involved in the process. Older people have been shown to be a huge resource in terms of volunteering, advocacy and in formal and informal caring roles.

Europe has already started the work to meet the demographic challenge and has done so in a successful manner. However, in order to further stimulate a positive development of older people's mental, physical and social health cooperation and coordination on European, national, regional and local level is essential.

### ***Key questions for policy-makers***

How can we ensure that there are integrated mental health and other services for older people focusing on both prevention (mental health promotion) and mental health illness which take a holistic approach to older people's health?

How do we address the fact that certain groups of older people are more at risk of poor emotional well-being than others (the poorest, some ethnic minority groups, the most isolated)?

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# interlinks

Health systems and long-term care for older people in Europe  
Modelling the interfaces and links between  
prevention, rehabilitation, quality of services and informal care

Descriptive Note

## INTERLINKS

**Health systems and long-term care for older people in Europe –  
Modelling the INTERfaces and LINKS between prevention, rehabilitation, quality of services  
and informal care**

Coordinator:

European Centre for Social Welfare Policy and Research



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The rising demand for long-term care calls for policy approaches to long-term care allowing for holistic and inclusive views that integrate the role of different public programmes, sectors of society, and private initiatives. Moreover, there is growing evidence about discrimination of dependent older people, in particular those with mental health problems, with respect to their access to mainstream health care and to prevention and rehabilitation, that need to be addressed by health and long-term care reforms.

The objective of this 3-year project (2008-2011) is therefore to construct and validate a general model to describe and analyse long-term care (LTC) systems for older people from a European perspective. The particular aspects of the different emerging national models that currently address long-term care needs in Europe will be used to show how the links to health care services, the quality of LTC services, the incentives for prevention and rehabilitation, and the support for informal carers can be governed and financed to enhance structures, processes and outcomes of LTC systems.

Specifically, this project will

- develop a concept and methodology to describe and analyse long-term care and its links with the health system. This methodology is to facilitate cross-national comparisons and to enable individual Member States to compare their developmental status and to identify future areas for national development.
- identify a set of practical tools that measure and support progress against evidence-based good practice, and can be used to guide the future in individual Member States.
- identify acknowledged and established good practice that may help to inform the policy and practice of other Member States, particularly with respect to assessing and monitoring quality of care, promoting prevention and rehabilitation and supporting informal carers as well as addressing respective governance and financing issues.

Although the individual aspects of health and social care services for people who depend on continuous support are now an area of extensive research in many countries, the concepts, indicators and models for international comparisons and for the identification of good practice across countries are still very much in their infancy. This is particularly the case for existing evidence and model ways of working towards prevention and rehabilitation in long-term care, the quality of services (such as organisational development towards more coordinated and integrated working), monitoring governance and financing, and the specific role of informal care provided by family members, friends, neighbours and volunteers. Even at a national level, methodology and measurement is often deficient to bring these aspects or elements together. The focus of this project is thus to draw the existing elements together in a 'state of the art' European model for analysing long-term care provision.

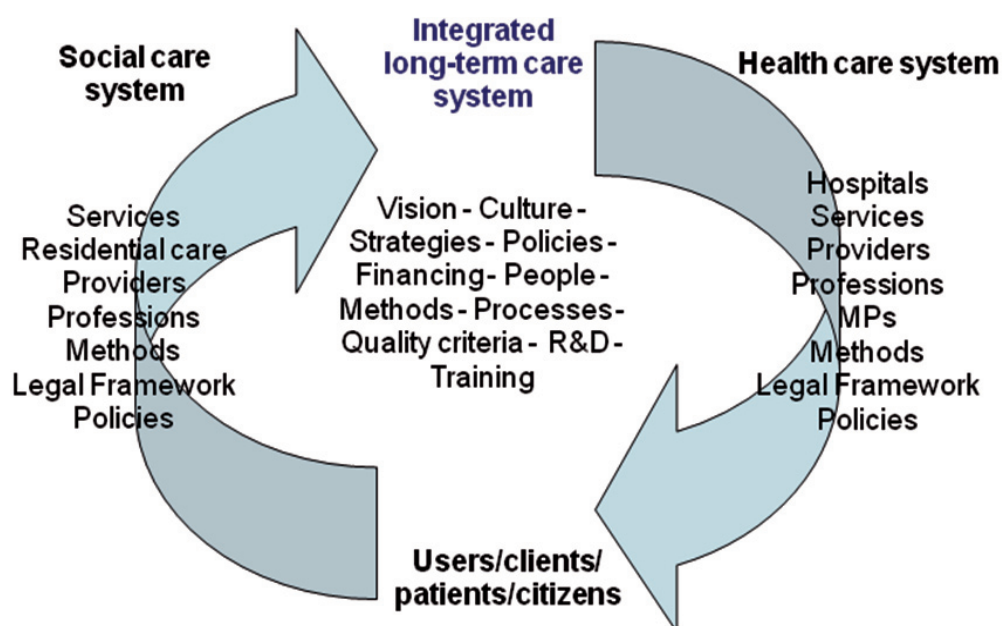
Given the huge variety of existing health and social care systems in Europe, such a model will have to be constructed as an analytical toolbox that takes into account pathways of reform policies, economic and other incentives and thresholds for improvement at any stage of a national system's development. Key to this project is a validation procedure that will ensure a robust outcome in terms of methods and tools.

Figure 1 locates the virtual and potential future position of an integrated long-term care system with its links and interfaces to social and health care systems. This ideal-typed position of LTC will be the framework that will have to be underpinned by research on innovations and models of good practice – including, for instance, policies and legal regulations, model ways of working, quality assessment (structures, processes, outcomes) and quality development as well as modes of governance and financing.

The construction of such an approach will integrate the professional and the non-professional domain and will need input from the perceptions, interests and perspectives of a wide range of stakeholders. This includes political and administrative decision-makers at different levels, professional federations, provider organisations and carer organisations.

INTERLINKS is therefore conceived as an interactive study of applied social research which is underlined by a number of milestone events during which an informed public (national experts from research and practice, high-level policy makers, EU institutions and European level non-governmental organisations and providers) will be involved in the validation of findings and in the elaboration of model elements. It is a special aim of the project to identify and involve "change agents" in policy and practice – persons who are open for change and able to implement learning and evidence into practice – as much as possible in the gathering of data (evidence-based good practice), in the validation of findings and in the implementation of methods and instruments.



**Figure 1** Positioning integrated long-term care between health and social care systems

Key research questions are:

- How can efficiency, effectiveness and financial sustainability of health and long-term care for dependent older people be conceptualised and monitored from an international perspective?
- Which determinants, structural conditions and organisational aspects contribute to a successful interplay at the boundaries of health care and long-term care?
- How can LTC systems be described and analysed with a focus on these determinants as well as taking into account the major contribution of family and informal carers?
- How can benefits of integrated long-term care systems be governed and financed, and to what extent do they contribute to equal access (including to prevention and rehabilitation), enhanced quality and sustainability?
- The project outcome will guide policy analysis and design, permit comparison and will substantially broaden the scientific base that supports the Member States to better organise their health and LTC systems. It will also integrate the professional and the non-professional domain with inputs from a wide range of stakeholders by means of National Expert Panels and European-level Sounding Board Conferences. The project architecture for this 3-year project is shown in Figure 2.

INTERLINKS is carried out by a consortium of 16 partners from universities, national and international research institutes with international and interdisciplinary expertise, also in cross-national research. The consortium represents 13 Member States (AT, DE, DK, EL, ES, FI, FR, IT, NL, SE, SI, SK, UK) and Switzerland covering different welfare regimes and geographical domains to allow for the regional and developmental, path-dependent differences to be addressed.

INTERLINKS is coordinated by the European Centre for Social Welfare Policy and Research a UN-affiliated research intergovernmental organisation concerned with all aspects of social welfare policy and research ([www.euro.centre.org](http://www.euro.centre.org)).

**Contact:**

Kai Leichsenring | European Centre for Social Welfare Policy and Research  
Berggasse 17 | A-1090 Vienna (Austria) | E-mail: [leichsenring@euro.centre.org](mailto:leichsenring@euro.centre.org)

**Partners:**

- European Centre for Social Welfare Policy and Research | Austria
- Ecole d'études sociales et pédagogiques | Switzerland
- University of Southern Denmark | Denmark
- Institut de Recherche et Documentation en Economie de la Santé | France
- National Institute for Health and Welfare | Finland
- Institut für Soziale Infrastruktur | Germany
- Wissenschaftszentrum Berlin für Sozialforschung | Germany
- CMT Prooptiki ltd. | Greece
- University of Valencia – ERI Polibienestar | Spain
- Studio Come S.r.l. | Italy
- Vilans | The Netherlands
- Institute for Labour and Family Research | Slovak Republic
- Institute of Public Health | Slovenia
- Forum for Knowledge and Common Development, Stockholm County Council | Sweden
- University of Kent | United Kingdom
- University of Birmingham | United Kingdom

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## **VINTAGE project: best practices for prevention of alcohol-related harm in the elderly in the EU**

**Emanuele Scafato and Lucia Galluzzo for the VINTAGE Working Group**

**WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Health Problems  
National Observatory on Alcohol - CNESPS  
Istituto Superiore di Sanità., Rome, Italy**

### **Background**

The average age of the world's population is increasing at an unprecedented rate. In just over 30 years, the proportion of older people will double from 7% to 14% of the total world population. Thus, within 10 years, for the first time in human history there will be more people aged 65 and older than children under 5, and Europe will confirm the "oldest" world region (1).

Harmful alcohol use, and consequent alcohol-related disorders are quite frequent in older people, leading to a reduction in healthy life years, and to a preventable increase of health and welfare costs. The 2007 Eurobarometer survey estimates that 27% of European people aged 55+ years had episodes of binge drinking (5+ drinks of 50g alcohol on a single occasion) at least once a week during the previous 12 months (2). Alcohol use disorders are frequent in older people, and with an ageing European population will increase in absolute numbers (3). The major alcohol-related conditions among older people include neuropsychiatric conditions (Alzheimer's disease, depression, etc.), cancers (mouth, digestive system, liver, female breast), cerebrovascular diseases, in addition to accidents and injuries. Although alcohol can reduce the risk of coronary heart diseases, scientific evidence shows that the degree of protection is lower in older people than in middle-aged people (4).

Despite the extent of harmful alcohol use among older people and this demographic shift, there are surprisingly few recent systematic reviews that document the full extent of such harm, or that provide the evidence base for cost effective policies and programmes to reduce it, investing in the health and well-being of older persons. VINTAGE aims at reducing this knowledge gap, by providing evidence base of harmful alcohol use among older people and collecting concrete and practical examples of best practice across all European countries, at country, regional and municipal levels.

### **Context, Priorities and Key Points at European level**

The European Commission (EC), being aware of the importance of the social and health impact associated with harmful alcohol consumption among the elderly, has recently adopted concrete proposals to tackle this health and social challenge.

In December 2009, the Council of the European Union adopted the "Council Conclusions on Alcohol and Health" (5). These Conclusions stress that "older adults (aged 60 and above) are more sensitive to the effects of harmful use of alcohol than other adults, and that alcohol-related deaths among older adults have increased markedly over the last ten years, and that in some cases the death rate has more than doubled". As a consequence, Member States are invited to "address the wellbeing of the ageing population in the EU, including the effects of harmful alcohol consumption on healthy and dignified ageing at an EU level and contribute to raising awareness among care professionals, informal carers, and older citizens of potential interactions between medication and alcohol". The Commission and Member States are also invited to include in existing information systems scientific data on alcohol consumption and harm caused by harmful use of alcohol in the age group of 60 and above, and to develop and implement early identification and brief intervention procedures in primary and elderly health care settings.

The effect of harmful alcohol consumption on healthy and dignified ageing is also one of the four priorities highlighted in the "Opinion on 'How to make the EU strategy on alcohol related harm sustainable, long-term and multisectoral'" adopted on 30 September 2009 by the European Economic and Social Committee (EESC) (6). Drawn up in response to a request by the Swedish Presidency to the EESC, this exploratory opinion focuses on the following considerations concerning alcohol and elderly:

- Older people are more sensitive to the effects of alcohol. Specific problems include balance and risk of falling and the onset of health problems that can make older people more susceptible to alcohol. About a third of older people develop drinking problems for the first time in later life, often due to bereavement, physical ill-health, difficulty getting around and social isolation.
- Harmful alcohol consumption can affect older people's mental health in the form of: anxiety, depression and confusion.
- Alcohol Use Disorders are common among older people, particularly among males who are socially isolated, and living alone. Problematic alcohol use is associated with widespread impairments in physical, psychological, social and cognitive health. Around 3% of those over 65 years suffer from these disorders, though many cases may go undetected as diagnostic criteria and screening are directed at younger adults. However, treating older people for alcohol problems is often easier than treating younger adults.
- Alcohol can add to the effects of some medications, and reduce the effects of others. Raising awareness among care professionals, informal carers and older citizens of potential interaction between medication and alcohol is important.
- The EESC believes that more needs to be done to address the wellbeing of the ageing population in the EU, including information about the effects of harmful alcohol consumption on healthy and dignified ageing at an EU level.

With reference to the Swedish Presidency of the Council of the European Union from July to December 2009, the Swedish National Institute of Public Health has been commissioned by the Ministry of Health and Social Affairs to produce a report (7) concerning alcohol consumption trends and related harms among elderly EU citizens (60 plus). The report was discussed at the EU Expert Conference on Alcohol and Health, held on 21-22 September 2009 in Stockholm. The main purpose of the report is to outline the main health, social and economic effects of alcohol use by the elderly; to discuss recent trends in alcohol consumption and alcohol related harms; and to determine whether current levels of consumption are problematic or warrant further attention. The ten countries that have contributed to the report are: the Czech Republic, Finland, Germany, Italy, Latvia, Poland, Slovenia, Spain, Sweden, and the United Kingdom. The main results about alcohol consumption trends and related harms in the ten EU Member States included in the report can be summarized in the following key points:

- Alcohol use and ageing in the European Union is an under-researched area – significant information gaps exist in several Member States;
- Biological changes associated with ageing and the use of medication heighten elderly peoples' susceptibility to the negative effects of alcohol;
- Most elderly Europeans drink alcohol: about 70–80% of men, and around 50% of women report consuming alcohol during the previous year;
- The elderly drink less alcohol per year compared to younger adults, but may drink almost as frequently;
- Elderly European men drink significantly more alcohol than elderly women, and are over-represented in alcohol hospitalisation and mortality statistics;
- "Younger" elderly Europeans (aged 60–70 years) drink more alcohol and are harmed more by their consumption compared to adults over 70 years;
- Wine and strong beer are the most popular alcoholic beverages among elderly Europeans (Poland is an exception, where strong beer and vodka are still preferred);
- Alcohol related deaths among elderly Europeans have increased over the past ten years in at least seven of the ten EU Member States surveyed, from 25 per cent in Poland to more than 100 per cent in the UK;
- Several Member States attribute recent increases in alcohol consumption, hospitalisation and mortality to reductions in the price of alcohol and increased availability;
- Five Member States (Finland, Sweden, the UK, Latvia and Poland) report significant increases in alcohol related hospitalisations over the past 5–10 years, but two (Slovenia and Germany) report small reductions;
- Only one country (Italy) has an alcohol consumption guideline for elderly adults (no more than one standard drink, or about 12 grams of pure alcohol, per day). The remaining Member States surveyed use the recommendation for all adults, which is typically no more than two standard drinks per day (or about 24 g of pure alcohol);

- Training programs to assist healthcare staff with the detection and management of alcohol problems among the elderly do not currently exist in most Member States, although three (Sweden, Finland and the UK) conduct programmes which touch on these issues;
- The economic impact of alcohol related harms of elderly Europeans was reported by only one country (the United Kingdom), where it has almost doubled in recent years.

### **Overview of VINTAGE project and preliminary results**

The VINTAGE - Good Health into Older Age - is a project funded by the European Commission under the Second Programme of Community Action in the Field of Health 2008-2013. It is coordinated by the National Institute of Health, Population Health and Health Determinants Unit of the National Centre for Surveillance, Prevention and Health Promotion (Rome, Italy) and carried out in collaboration with: Maastricht University, School for Public Health and Primary Care, Netherlands; Government of Catalonia, Department of Health, Program on Substance Abuse, Barcelona, Spain; Institute of Alcohol Studies, Huntingdon, United Kingdom; Institute of Public Health, Research Centre, Ljubljana, Slovenia; National Institute for Health and Welfare, Helsinki, Finland; National Institute of Public Health, Coordination, Monitoring and Research Unit, Praha, Czech Republic.

The objectives of VINTAGE project are:

- to review the evidence on the impact of alcohol on the health and well-being of older people and on prevention of harmful alcohol use among them,
- to collect European examples of best practices, laws and infrastructures to prevent alcohol harmful use among older people,
- to disseminate main findings to those responsible for alcohol policy and programme development or working in the fields of health and welfare of the elderly, at European, country and local level,

in order to build the capacity and knowledge at European, national and local level, encouraging evidence- and experience-based decisions for the improvement of older people health and well-being, including the transition from work to retirement.

### Literature review on alcohol and older people

Systematic reviews of grey and formal literature on the impact of alcohol consumption on the health and well-being of older people, and on the impact of evaluated programmes and policies on reducing such harm, have been undertaken querying PubMed, MEDLINE, the Cochrane Library and Google Scholar using a specific set of search terms.

The aims of the literature review are: documenting what we know about alcohol consumption amongst older people, documenting what we know about the impact of alcohol on the health and well-being of older people; identifying any specific evaluated programmes to reduce the harm done by alcohol to older people; considering the impact of existing alcohol policy measures, such as controls on the price and availability of alcohol on reducing the harm done by alcohol to older people.

The results of the literature searches (more than 200 relevant publications already identified) are being collected and analysed in a report on alcohol and older people. The overall structure of the report, which is in progress and will soon be available, will include the following chapters: summary, introduction, alcohol use by older people, the health and social impact of alcohol on older people, preventing the harm done by alcohol amongst older people, the impact of alcohol policy measures on the harm done by alcohol amongst older people, conclusions and recommendations, references.

### Collection of examples of best practices

Examples of best practices, projects, programmes, existing laws and infrastructures aimed at preventing or reducing harmful alcohol use among older people have been collected across all European countries. The data collection was carried out by means of a specifically created structured questionnaire, which was sent to European professionals or institutions involved in alcohol policy or in the fields of health and welfare of older people (around 200 experts from 38 European countries already contacted).

Collected examples include a wide range of activities, for example laws and policies to reduce BAC level in older people, restrictions to alcohol access, information messages and campaigns, or alcohol prevention and treatment services, sensitive to the elder's need, including the transition from work to retirement. The definitions adopted for collecting examples were: Project (any action - research,

prevention, etc. - endorsed with a clear start and end point); Programme (a group of integrative, continuously implemented actions); Best Practice (intervention approaches that, through experience or research, have been proven to reliably lead to a desired result in a specific target group of people).

The data collected through the ad hoc, structured questionnaire will be stored in a freely accessible online database and analysed in a report on European examples of best practices.

### Dissemination of VINTAGE results

A widespread dissemination of VINTAGE is crucial for the success of the project, as it provides active sharing of evidence-based information and examples of good practices on alcohol-related harm in the elderly, influencing also the harmonization of policies and programmes at European, national and local level, and helping to reduce health inequalities.

Information about the project and all relevant key findings for policy and programme development will be actively shared with all relevant networks and organizations of professionals involved in the health and well-being of older people at all levels, through:

- VINTAGE website ([www.epicentro.iss.it/vintage/](http://www.epicentro.iss.it/vintage/)). Hosted and managed by ISS, it is the front face of the project and ensures dissemination of information about and main findings of the project, within the VINTAGE community and to the external world.
- List serve of stakeholders. The completion of a list serve of stakeholders to be used for dissemination of electronic copies of VINTAGE results is ongoing. At the moment, it already includes more than 400 health-care professionals, alcohol policy makers and organizations (governmental, non-governmental and private) involved in the health and well being of the elderly at European, country, regional and municipal level.
- Interaction with online networks and databases on similar topic. VINTAGE dissemination will be facilitated by the joint collaboration with online networks involved in the same area of interest, creating a seamless structure on the web, linking VINTAGE website to and from other networks, and storing VINTAGE results on pre-existing online databases.

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## **COURAGE in EUROPE – Collaborative Research on Ageing in Europe**

### **Background**

The increase in the proportion of older people in Europe is the result of unprecedented economic, social, medical and technological changes that have made it possible for Europeans to live a long and active life. In Europe, the percentage of persons older than 60 was 20.3% (3.0 for 80+) in 2000, and will rise to 28.8% (5.2% for 80+) in 2025, and the median age will rise from 37.7 to 45.4: the old age dependency ratio (i.e. the number of persons 65+ per one hundred persons 15-64) will rise from 21.7 to 33.2 (UN, 2002).

If, on one side, these demographic trends are fairly well understood, the huge political and social changes that they will produce, are less well understood. Should we expect that future populations will live long and active lives, with severe disability occurring only at the very end of life – a phenomenon called ‘compression of morbidity’? (Fries, 2003) Or should we rather expect that the ageing population will experience increasingly high prevalence of mild and moderate disability for a longer period – a phenomenon called ‘expansion of morbidity’? (Scheider and Brody, 1983) Both these ageing scenarios have huge, but very different, political and social consequences. If compression of morbidity is true, then we should expect cost savings (as older populations work longer), reducing pension costs and contributing through income taxation to help pay health and other social expenses. If, instead, expansion of morbidity is true, then the overall health and social costs will be far higher as cross-the-board costs will increase in health, rehabilitation and assistive technology services, in employment, transportation and communication accessibility modifications and in other accommodations designed to decrease the burden of disability. The evidence concerning the different ageing scenarios is conflicting. Certainly the prevalence of most chronic diseases (neurological and psychiatric conditions, arthritis, heart problems, diabetes, hypertension and obesity) and their associated risk factors has increased in developed countries (Lafortune, et al. 2007).

### **EU Context and Priorities**

For this amount of facts, in 2006 the European Commission identified ageing of population as one of the challenging policy issues of the 21st century (EC, 2006). Valid and reliable outcome measures for good statistics, and innovative measurement instruments for cross-population comparative analyses are needed. Current ageing studies involving persons aged 50+ tend to confuse the relationships between a person’s health state, his/her quality of life and well-being, relying on measures with limited validity. This confusion is due to overlapping research questions and a conflation of subjective and objective perspectives and evidence. So there is a need to measure these elements independently and against the background of the clear conceptual framework of health provided by WHO’s International Classification of Functioning, Disability and Health – ICF (WHO, 2001; Leonardi et al., 2006), that defines disability as the interaction of a health condition with contextual factors. This is the main objective of COURAGE IN EUROPE – Collaborative Research on Ageing in Europe.

In 2007, the OECD released a Health Working Paper on trends in severe disability among the elderly. Severe disability was defined in terms of dependency and presence of one or more limitations in ADLs, therefore relying on a proxy measure of severe disability which was not consistent across countries. Though there is clear evidence of a decline in disability among elderly people in five of the 12 countries, in other countries rates are increasing or stable (Lafortune et al, 2007). However, the policy question (long-term care needs in the future) is used to define the phenomena (severe disability) under investigation, but it is preferable to define the phenomena that generate these needs independently of the needs themselves, and to develop methodologies in which data are collected on the basis of fit for purpose assessment tools.

Some problematic issues arise when methodologies applied in these projects are considered critically. Most of these problems lie in a lack of conceptual clarity and others in practical problems researchers encounter while planning these projects.

### **COURAGE IN EUROPE project**

COURAGE in Europe is a three-year project coordinated by Neurological Institute ‘Carlo Besta’ of Milan and with eleven partners from Italy, Spain, Finland Poland and the WHO. The project is going to develop an instrument to evaluate health and disability determinants in ageing with a comprehensive newly developed protocol. Reliable and valid instruments that measure health outcomes (both physical and mental), quality of life, and well-being in an ageing population are needed. Current studies do not

clearly address the mechanisms that purport to explain the linkages between health, quality of life and well-being, because they rely on measures that do not discriminate these constructs, dramatically undermining their validity. This fact underscores the necessity to measure health, quality of life and well-being independently and against the background of ICF model. The ICF makes it possible to define individual levels of health in terms of objective states of capacities to function in a given set of domains, whereas a person's quality of life is entirely a matter of their subjective appraisal of those states irrespective of the actual level of health; well-being is a function both of a person's subjective satisfaction with various aspects of life as well as his/her current affective state measured as a time-weighted metric of amount of negative or positive emotions.

COURAGE in Europe will create a valid and reliable scientific evidence base on determinants of health and disability in ageing, that is comparable across countries in Europe and internationally.

COURAGE in Europe will validate the research protocol in the general population of Spain, Finland and Poland – countries selected to give a broad representation across different regions, taking into consideration their population and health characteristics (median age, life expectancy and sex ratio). Should further EU or national funds be available, other countries could be added to this research. The differences in socio-economic gradients between Poland and Spain and Finland will also provide opportunities to compare the effects of social security mechanisms and ageing outcomes. Spain represents a country that is ageing very rapidly, with very low institutionalisation rates for the elderly and self-reported health and well-being in population surveys that is lower than Northern European nations. Spain, as a Southern Mediterranean country, still represents a culture in which families play a key role in taking care of individuals with disabilities. Spain has also experienced great demographic changes, with a flow of immigrants which has increased the population. Finland presents an interesting opportunity to examine whether earlier reported trends on declining severe disability amongst the elderly are indeed continuing. Also, since Finland possesses registries that go back over a century, it may be possible to empirically examine the relationship between health and well-being outcomes in older ages and early childhood adversity. Finally, Poland is the largest of the newer member states and has a very rapidly ageing population, comparable to most of Western Europe.

### **COURAGE IN EUROPE objectives**

Four main objectives will be pursued by COURAGE

1. The first objective is to develop valid assessment instruments to measure key health and health-related outcomes in the general population (from age 18 to end of life). Previous and on-going surveys and research projects on ageing in Europe (and internationally) will be evaluated for coherence and best practices and linked to the ICF framework. The aim is to build linkages with existing national and cross-national ageing studies in (or including) Europe, such as the Study of Health, Ageing and Retirement in Europe (SHARE), WHO's Study on Global Ageing and Adult Health (SAGE), Measuring Health and Disability in Europe: supporting policy development (MHADIE), European Community Health Indicators (ECHI), and the Mental Health Disability: An European Assessment Study (MHEDEA). The outcomes of these projects, where available, will be used to build the components of the COURAGE in Europe tools and methodology. A key activity in this first objective is the analysis of existing longitudinal (and other) ageing data sets in Spain, Poland and Finland.
2. To validate with a survey in Poland, Spain and Finland the COURAGE protocol, an instrument which will be mindful of the need to create a scientific evidence base for health and disability determinants in ageing. Substantive analysis of this survey will reveal the relationships between these outcomes and determinants to establish further face and construct validity. This baseline cohort will be carefully documented so that possible future follow up may demonstrate predictive validity.
3. To produce substantial innovation in disability and ageing survey methodology. COURAGE protocol will include two additional and innovative elements that might have substantial bearing on ageing: the Built Environment and Social Networks. The assessment of disability, through activity limitations and participation restriction, and its relationship with environmental factors' effect are fundamental in determining people's health, quality of life and well-being. Many studies have shown that poor self-rated health is associated with structural factors in the built environment (Subramaniam, 2006). Understanding how the built environment can facilitate a person's performance means to enhance everyone's experience of better participation, health, quality of life and well-being. The built environment directly impacts on persons' daily life and, as people age, there is an increasing importance of social networking as often there is an



increasingly dependency on social networks for a level of support that can facilitate active living. The relevance of social cohesion and social networks has also been recently explored showing that the lack of social network contributes to increasing mortality (Berkman et al., 2004). The existence of good social networks has been demonstrated to be a protective factor for dementias (Fratiglioni et al, 2000; Berkman, 2000). The nature of the social network as an indicator of the attitudinal environment needs to be defined and operationalised in terms of relationships, social support and attitudes. The indicators for social networks and social cohesion, as they apply specifically to an ageing population, need to be defined as there is considerable evidence that the nature and extent of an individual's social network strongly influences health outcomes. The built environment has a considerable impact on how individual capacities in functioning translate into actual performance in real life environments. This in turn is likely to influence individual quality of life and well-being.

4. To provide cross-population analysis and a baseline for longitudinal data collection. The methodology will enable to produce comparable cross-population analysis of non-fatal mental and physical health outcomes, quality of life, and well-being. The project will incorporate state-of-the-art analytical methods so that self-report responses may be calibrated to adjust for reporting biases. Though a longitudinal study is beyond the scope of this project, the testing is intended to provide a baseline and prepare the ground for potential future longitudinal studies in Europe.

### **Questions for Consideration by Policy Makers**

Although the most recent European data suggests that morbidity does not necessarily increase in the oldest old (Christensen, 2008), informed policy decision-making will critically depend on which, if either of these ageing scenarios is more likely to occur. Some core questions are still unanswered. Among them:

- Is it possible to measure and compare the determinants of ageing across populations?
- What is the connection between ageing and decrements in quality of life and well-being? What is the role-played by some key environmental factors?
- Is ageing a major driver of disability?
- What is the burden caused by neuropsychiatric conditions?

### **What works: solutions and action**

The potential ethical and social aspects raised by population ageing – in light of WHO's definition of healthy ageing as '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' – will be also addressed in COURAGE

Current ageing studies generally focus on the impact of specific diseases, or on some genetic markers that are connected to ageing, as well as the complex mechanisms that underline the inflammatory pattern. Unfortunately, the majority of these findings are not likely to be immediately transferrable into intervention procedures. An aspect which is particularly interesting in COURAGE research is that targeted environmental factors, such as built environment and social network, can be modified through appropriate interventions. The connection between such factors, objective health status and subjective dimensions, such as quality of life and well-being, will enable policy makers to expand the range of possible actions that address the problem of ageing in Europe.

Producing innovative instruments for health and disability data collection, COURAGE in Europe will try to respond to the need of clear data for development of rights-based policy, as expressed in the Article 31 of UN Convention on the Rights of Persons with Disability and will provide the common protocol for the first European Disability Survey.

## **COURAGE in Europe Consortium**

Neurological Institute 'Carlo Besta' IRCCS Foundation, (Milan, Italy);  
World Health Organization (Geneva, Switzerland);  
Institute for Health and Welfare (Helsinki, Finland);  
Universidad Autonoma de Madrid (Madrid, Spain);  
Sant Joan de Déu - Serveis de Salut Mental (Barcelona, Spain);  
Provincia Lombardo Veneta Ordine Ospedaliero di San Giovanni di Dio Fatebenefratelli (Brescia, Italy);  
Agenzia Regionale Sanità, Friuli Venezia Giulia (Udine, Italy);  
IRCCS Eugenio Medea - Ass.ne La Nostra Famiglia (Conegliano, Italy);  
Jagiellonian University — Medical College (Krakow, Poland);  
PBS DGA Spolka z o o. (Sopot, Poland);  
IPSOS Operaciones SA (Barcelona, Spain);  
CF Consulting Finanziamenti Unione Europea (Milan, Italy).

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