Report of the Third Meeting of the European Forum

30th March 2006

Organised in partnership with
The Swedish Council for Working Life and Social Research (FAS)

Held at the Stockholm City Conference Centre, Sweden
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SECTION 1
EXECUTIVE SUMMARY OF FORUM RECOMMENDATIONS

The third Meeting of European Forum of research funders and policy makers, held under the ERA-AGE project, brought together 61 representatives of research funders, research institutes, policy makers and researchers from 24 European countries. The meeting built on recommendations from the second European Forum meeting that highlighted areas for developing collaboration.

Below is a summary of the Forum’s recommendations.

1.1 Fundamental Priorities for Collaboration

- It is important to develop a structure for collaboration to bring significant benefits to European research on ageing and enable understanding in Europe.

- There is a need to establish a national basis for collaboration on existing datasets and comparative tools from the outset if the maximum gains from international collaboration are to be reaped.

- There is an urgent need for professional interdisciplinary training and career development of post doctoral and newly established researchers in the field of ageing research.

- An inventory on existing European datasets and comparative tools needs to be established.

- It is important to develop comparative common tools that can be used across Europe to facilitate cross national evaluation.

- Policy makers and researchers should be encouraged to open existing archives to the public.

- A virtual institute should be established rather than a European institute on ageing research with a strong focus on intramural research.

1.2 Avenues for ERA-AGE in future collaboration

- The recommendation on virtual institute is to be developed either into ERA-NET Plus or Article 169 application.

- ERA-AGE should develop a cross-national collaboration in funding training for post doctoral and newly established researchers. The ERA-AGE consortium should lead this initiative.
• The immense task of developing a European gerontological database and gathering data on existing European comparative tools cannot be carried by ERA-AGE. The ERA-AGE consortium should facilitate this process and develop a specific framework for collaboration in these fields.

• ERA-AGE could organise European workshops on different databases. This will be highly beneficial for post doctoral and newly established scholars and scientists.

• The working group on databases were invited to discuss further steps within their own organisation in regard to a possible collaboration on datasets.

• ERA-AGE could encourage policy makers in different European countries to launch a survey to gather information on how active ageing is monitored in Europe.

• A general awareness on the feasibility of comparative approaches should be generated - not everything is comparable and useful to do.
SECTION 2
PROGRAMME

- Opening Plenary, Kerstin Wigzell (Chairman of the FAS Board, Stockholm)

- Welcome by Gunilla Malmborg (Director of the Social Services Division, Swedish Ministry of Health and Social Affairs)

- Presentations on Ageing Research Institutes and Centres:
  - ‘Ageing Research Centre - an Interdisciplinary Environment’ by Professor Laura Fratiglioni (Ageing Research Centre, Karolinska Institute and Stockholm University)
  - ‘The Institute for Biomedical Ageing Research of the Austrian Academy of Sciences - a Typical Example of Ageing Research in an Interdisciplinary Institute’ by Professor Beatrix Grubeck-Loebenstein (The Institute for Biomedical Ageing Research, the Austrian Academy of Sciences)

- Open discussion on the pros and cons of funding research institutes

- Presentations on Databases:
  - ‘Databases and Registers as Infrastructures in Ageing Research’ by Professor Rune Åberg (The Secretary General of FAS, Stockholm)
  - ‘Constructing a National Database for Ageing Research: Lessons Learned from the Development of the Israel Gerontological Data Centre’ by Professor Howie Litwin (Paul Baerwald School of Social Work and Social Welfare, the Hebrew University, Jerusalem)

- Open discussion on developing European Databases
  - ‘Planning for Collaboration’ by Professor Alan Walker (ERA-AGE Coordinator, University of Sheffield)

- Working groups on building collaboration between ageing research funders

- Closing plenary - chaired by Kenneth Abrahamsson (Programme Director of FAS)
  - Report on plans from working groups
SECTION 3
AIMS OF THE EUROPEAN FORUM MEETING

The third ERA-AGE Forum meeting brought together the ERA-AGE partners, associate members and other European ageing research funders and policy makers from 24 European countries with the aim of developing collaboration.

The meeting focused on dissemination of good practices on ageing research databases and funding research institutes on ageing. Building upon recommendations that emerged from two previous European Forum meetings, the meeting aimed to further develop these recommendations into strategies for collaboration.

The short welcome by a representative from the Swedish Ministry of Health and Social Affairs was followed by presentations on national interdisciplinary research institutes on ageing and ageing research databases. Subsequent working group discussions focused on developing collaboration. The recommendations of working groups were presented in the closing plenary.

The meeting was important because the outcomes of the workshops will contribute to the development of European collaboration and to the proposals for joint funding initiatives.

The next European Forum Meeting will be held in Rome on March 14th 2007.
4.1 **ARC – An Interdisciplinary Environment**

*Professor Laura Fratiglioni*

*Ageing Research Centre, Karolinska Institute & Stockholm University, Sweden*

**Outline**

- History
- Organization
- Activities
- Research: some examples

**Background**

- Ten-year experience of collaborative work of a core-team of researchers from different disciplines (90s)
- Collaboration between Universities (Karolinska Institutet and Stockholm Universitet) and Public Health (Äldrecenterum)
- Heightened awareness of the advantages of a common location (*Äldrecenterum*), and integration of expertise
- Availability of three longitudinal data-bases:
  - The Kungsholmen Project (PI: Bengt Winblad)
  - SWEOLD (PI: Mats Thorslund)
  - BETULA (PI: Lars-Göran Nilsson)

**The Swedish Council for Working Life and Social Research (FAS) 2000–2005**

**Board**

Daniel Tarschys, chairman, Professor SU
Karin Harms-Ringdal, vice chairman, Prodecanus KI

**Organisation**

Bengt Winblad, Director
ÅkeSeiger, Neurotec, KI
Laura Fratiglioni, Co-director
Eva von Strauss, Scientific coordinator
Cecilia Larsson, Assistant (100%)
GERIATRIC EPIDEMIOLOGY
Professor Laura Fratiglioni Lecturer Johan Fastbom

PSYCHOLOGY
Professor Lars Bäckman Lecturer Agneta Herlitz

SOCIAL-GERONTOLOGY
Professor Mats Thorslund Lecturer Marti Parker

<table>
<thead>
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<th>GERIATRIC EPIDEMIOLOGY</th>
<th>PSYCHOLOGY</th>
<th>SOCIAL-GERONTOLOGY</th>
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</thead>
<tbody>
<tr>
<td>6 Post doc</td>
<td>4 Post doc</td>
<td>3 Post doc</td>
</tr>
<tr>
<td>12 PhD students</td>
<td>8 PhD students</td>
<td>3 PhD students</td>
</tr>
<tr>
<td>Guest researchers</td>
<td>Guest researchers</td>
<td>Guest researchers</td>
</tr>
</tbody>
</table>

Research

- “Life course” perspective
- Longitudinal population-based studies
- Experimental projects

Education

- PhD students och post-doc
- Seminars
- Courses

Information

Websida, Annual Report, ARC/ÄC brochure, Journalist-seminars, Seminars till lay people

Experimental projects

- Brain in Ageing
- Sex differences in cognition
- The SBU dementia project
- Memory Intervention
Major research lines

**Brain Ageing**
- MCI
- Early detection
- Risk factors
- Cogn. & emotion

**Functioning**
- Physical funct.
- Cognitive funct.
- Sex differences

**Physical & Mental Health**
- Multimorbidity
- Depression

**Ageing and society**
- SES and health
- Social network & leisure activities
- Formal & informal care
- Health economy

**Pharmaco-Epidemiology**
- Drug misuse
- Preventive d.

**8 data-bases**

---

**The Kungsholmen Project**

1987-2000
N=2368 13 years

**SNAC-Kungsholmen**

2001 -
N=3363 Baseline

**SNAC-Kungsholmen Population Study**

A longitudinal study on how life history affects health in the elderly

- Environmental Factors
- Medical Factors
- Biological Factors
- Medical Health
- Psychological Health
- Social Health
Risk Factors

<table>
<thead>
<tr>
<th>Genes</th>
<th>SES Related Factors</th>
<th>Life habits: Smoking, Morbidity, Environmental exp</th>
<th>Health: Physical, psychological, and social.</th>
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</table>

<table>
<thead>
<tr>
<th>Birth</th>
<th>Childhood-</th>
<th>Adult life-</th>
<th>Old</th>
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<tbody>
<tr>
<td></td>
<td>2nd decade</td>
<td>Middle age</td>
<td>Transition age</td>
</tr>
</tbody>
</table>

| High Education | Life style: Physical-mental act. Diet Treatment |

Protective Factors

SNAC-K population study

Data collection

- Eleven cohorts: 60, 66, 72, 78, 81, 84, 87, 90, 93, 96, 99+ years
- New cohort 60 year-olds every 6th years
- Examination: 6 hours

Baseline (March 2001 – August 2004)

- 3,363 participants
- 1st follow/up started November 2004

Katz index of ADL

- Hierarchical scale
- Based on six activities
Mini-Mental State Examination, *(Folstein et al, 1975)*

- Cognitive domains
- 0 – 30

**Being dependent in 2+ basic ADL activities**

Preliminary Results

**Cognitive impairment MMSE <24**

Preliminary Results
Two population-based studies

Preliminary Results

10 years interval

<table>
<thead>
<tr>
<th>1991-1993</th>
<th>1,101 participants</th>
</tr>
</thead>
</table>

| 2001-2004 | 3,363 participants |

Being dependent in 2+ basic ADL activities

Preliminary Results
Cognitive impairment MMSE <24

Preliminary Results

European Forum Meeting Stockholm, March 2006

ARC – An interdisciplinary environment

Thanks to:

- A consolidated team of senior researchers
- Common scientific goals and methods
- Support from Research Councils and Public Health organizations
- Common location
- Common projects

The Swedish Council for Working Life and Social Research (FAS) 2006-2009
4.2 The Institute for Biomedical Ageing Research
Professor Beatrix Grubeck Loebenstein
Austrian Academy of Sciences

The Austrian Academy of Sciences

The Austrian Academy of Sciences is a legal entity under the special protection of the Federal Republic of Austria. Its mission is to promote basic research in sciences and humanities. The Austrian Academy of Sciences is funded by the Austrian Government. Founded in 1847, it has developed from a community of scientists into an institution which funds modern research institutes and is now one of Austria’s leading research funding institutions.

Institutions funded by the Austrian Academy of Sciences

24 Institutes and 53 Research Commissions

- Biology, Medicine, Environment
- Physics, Space Research
- Earth Sciences
- Exact Sciences
- Social Sciences
- Linguistic and Literary Studies
- Culture Studies
- Historical Sciences

3 Research Associations (limited liability companies under Austrian law)

- Institute of Molecular Biotechnology (IMBA)
- Gregor Mendel Inst. of Molecular Plant Biology (GMI)
- Centre of Molecular Medicine

The Institute for Biomedical Ageing Research in Innsbruck

Founded: 1992 (1078 m2)
Extended: 2002 (1559 m2)

IBA:

- Research
- Additional tasks
- Structure
- Funding
Research

Mission statement

- To study Ageing processes at the cellular level in order better to understand age-related impairments / diseases
- To define measures to postpone / prevent age-related impairments / diseases to improve the quality of life in old age

Topics

- Endothelial cell ageing
  - diagnostic markers of atherosclerosis
- Ageing of the immune system
  - vaccination in the elderly
- The ageing prostate
  - new diagnostic and therapeutic measures
- Extracellular matrix and stem cell ageing
  - tissue engineering, bone healing
- Fat cell ageing
  - type II diabetes

Research Networks

- National Research Network “Proliferation, differentiation and cell death during cellular Ageing” (NRN 093) funded by the Austrian Science Funds
- EU-Integrated Project “Role of Mitochondria in Conserved Mechanisms of Ageing” (MiMAGE)
- EU-Integrated Project “Functional Analysis of Evolutionarily Conserved Mechanism of Ageing based on Advanced Proteome Analysis” (PROTEOMAGE)
- EU-Network of Excellence “Integrating research into development and ageing (LifeSpan, contract under negotiation)

Additional tasks

- National coordination of interdisciplinary aspects of gerontology (National Forum of Ageing, ERA-AGE)
- Postgraduate training: Coordination of a Doctoral Programme (Ph.D.) in gerontology
Structure and Staff

Extracellular Matrix Research Group
- Staff of 2
- Endocrinology Department
- Staff of 4
- Immunology Department
- Staff of 4
- Biooptical Centre
- Staff of 1

Cell Metabolism Research Group
- Staff of 2
- Molecular and Cell Biology Department
- Staff of 4
- Administration
- Experimental Animals and Infrastructure
- Staff of 4

IBA Extramural Lab.
- Technical Platform
- Staff of 1

+ 32 third-party funded scientists

Innsbruck Medical University (MUI)
Leopold-Franzens-University Innsbruck
Private University Hall (UMIT)
Leif Science Cluster Tyrol (KMT)
Public Health Dept., Province of Tyrol
### Budget

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<td>Ordinary Budget</td>
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**Total 2006: € 3,910,796**

**Third-Party funding by:**

- European Commission
- Austrian Federal Ministry for Education, Science and Culture
- Austrian Science Fund
- Austrian National Bank
- Austrian Cancer Society
- Austrian Green Cross for Preventive Medicine
- City of Innsbruck
- Province of Tyrol
- Sanofi Pasteur
- Seegen Foundation
- Ministère de la Culture, de l’ Enseignement Supérieur et de la Recherche, Luxembourg
4.3 Research Databases and Ageing Research
Rune Åberg
The Secretary General of FAS, Stockholm

Examples of international research databases

- WVS – World Value Study
- ISSP – International Social Survey Programme
- LIS – Luxembourg Income Study
- ECHP – European Income Household Panel
- SILC – Survey of Income and Living Conditions

ESS – European Social Survey

- Jointly funded by the European Commission, the European Science Foundation and academic funding bodies in each participating country.
- Directed by a central co-ordinating team at the Centre for Comparative Social Surveys, City University, London.
- Questionnaire includes two main sections: a 'core' module, which remains relatively constant from round to round, plus two or more rotating modules.
- Core module monitors change and continuity in a wide range of cultural, social and economic variables.
- Rotating modules composed of questions which selected research groups have designed for their specific research purposes.
- The quality of data is exceptionally high.
- The system of rotating module allows for flexibility.
- Country specific contextual data like employment rate, tax level, social expenditure, etc is added.
- If a rotating module on ageing would be included it might be possible to enlarge the sample with a larger fraction of the elderly. Additional funding would be needed.

SHARE – Survey on Health, Ageing and Retirement in Europe

- A survey based on a sample of households of 50+.
- Interviews with all individuals in the households during fall 2004.
- Content: physical and mental health, health care services, wellbeing, labour force participation, family and social networks, income and wealth.
- Participating countries: Sweden, Denmark, Germany, Netherlands, France, Switzerland, Austria, Italy, Spain, Greece and Belgium.
- Directed by the Mannheim Research Institute for the Economics and Ageing (MEA).
- EU (5th framework programme, “Quality of Life”) has funded the project and will also fund a second round, already in preparation.
- Ambition to create a European Longitudinal Ageing Survey from SHARE.
SHARE drawbacks

- Households under 50 not included
- Contextual variables could be added
- Lacks flexibility of ESS, no rotating module
- More countries should be included
- Selective drop out rate greater problem than in ESS

Examples of longitudinal (ageing) studies

- ELSA, the English Longitudinal Survey on Ageing
- HRS, the US Health and Retirement Study
- German “Altersurvey”
- Italian Longitudinal Survey on Ageing
- Nordic Level of Living Surveys
- Two Swedish longitudinal databases
- Health surveys collected by WHO
4.4 Constructing a National Database for Ageing Research: Lessons Learned From the Development of the Israel Gerontological Data Centre

Professor Howard Litwin
Paul Baerwald School of Social Work and Social Welfare, the Hebrew University, Jerusalem

The IGDC is one of several Knowledge Centres recently established with the support of the Israeli Ministry of Science and Technology in order to further scientific inquiry. The purpose of the IGDC is to provide an infrastructure for the study of population ageing in Israel by promoting access to a wide range of relevant data.

The Centre was established in partnership with a consortium of scientists from the fields of social science, health and gerontology.

The "age revolution" presents an extraordinary challenge to human society. Understanding ageing trends requires multidisciplinary and longitudinal inquiry. The Israel Gerontological Data Centre (IGDC) was designed to promote analysis of the complicated dynamics of Ageing in the Israeli population and their social, economic and health-related concomitants by:

- Providing unique computerised search capacities of published and unpublished sources
- Offering improved capabilities to compare Ageing trends over time
- Facilitating retrospective longitudinal analysis of newly linked data-base
- Initiating the collection and analysis of new relevant data

Principal Development Tasks:

- Establishing the technical infrastructure of the IGDC
- Achieving needed inter-organizational cooperation
- Building the components needed for provision of service
- Making the IGDC structure and function known to potential users
- Recruiting clients and establishing procedures for utilization

The IGDC is a virtual Centre that operates by means of a website that is accessible to all.

IGDC SERVICES

1) A Computerised Bibliographic Database
2) Updated Statistical Tables
3) A Database of Linked Ageing-Related Records
4) Execution of the SHARE-Israel Project*
The Israeli sample in the EU-sponsored Survey of Health, Ageing and Retirement in Europe that is working to establish a pan-European interdisciplinary panel data set covering persons aged 50+.

* SHARE-Israel is funded by NIH, GIF and NII

**A Computerised Bibliographic Database**

This database includes journal articles, books and book chapters, theses and dissertations, research reports, laws and other documents.

Users may search the bibliographic database by means of key words, author names, journal titles or terms generated by a bi-lingual thesaurus.

The search identifies relevant sources, provides an abstract and key words, tells the user in which libraries the source may be found, and in some cases, allows actual downloading of the requested item.
Search

Advanced Search

Spelling

Export
## Limits

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<td>1.</td>
<td>Developing an interdisciplinary innovative master of gerontology program</td>
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<td>2.</td>
<td>Community-service activities versus traditional activities in an intergenerational visiting program</td>
</tr>
<tr>
<td>3.</td>
<td>Electronic memory aids for community-dwelling elderly persons: Attitudes, preferences, and potential utilization</td>
</tr>
<tr>
<td>4.</td>
<td>Aging-induced shifts from a reliance on sensory input to muscle recontraction during balance standing</td>
</tr>
<tr>
<td>5.</td>
<td>Satisfaction with the care of institutionalized psychiatric patients, as reflected by a survey of their relatives</td>
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## Results

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<tr>
<th>Item</th>
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<tr>
<td>1.</td>
<td>Author: Arend Looijestein; Gerontology 45 (2) 2005 Journal Article</td>
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<td>2.</td>
<td>Author: Marcia S. Mann; Pamela Hubbard; Jolea Cohen-Mansfield; Kasha Dlugolecki-Yehin</td>
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<td>3.</td>
<td>Author: Jolea Cohen-Mansfield; Michael A. Creedon; Thomas B. Maloney; Mark J. Kolodz; Lisa A. Dugas; Randy Farro Homay; Journal of Applied Gerontology 24 (1) 2005 Journal Article</td>
</tr>
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<td>4.</td>
<td>Author: Helen Bergqvist, Pål Holm, Jacob Kasprzak; Journals of Gerontology Series A: Biological Sciences and Medical Sciences 59A (2) 2004 Journal Article</td>
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<tr>
<td>5.</td>
<td>Author: Emil Lubkin; Arthur Lebovitz; Adi Shapira; Olgica Tischler; Zila Peled; Yeleda Bloch; Beni Halpern; Archives of Gerontology and Geriatrics 38 2004 Journal Article</td>
</tr>
</tbody>
</table>
The bibliographic database now includes over 830 sources and a bilingual thesaurus that currently contains over 1300 matched gerontological terms.
The bibliographic database also includes a bilingual Authors and Journals Index.
Updated Statistical Tables

This function was built in cooperation with MASHAV which is sponsored by The Association for Planning and Development of Services for the Aged in Israel (ESHEL) and the Myers-JDC-Brookdale Institute.

Within this system, a guided search can be carried out in order to locate table(s) containing the requested information, including historical data and international comparative data.

Two different methods for downloading files permit incorporation of full tables (pdf files) or parts of them (excel files) into research reports in preparation. This database currently includes about 180 tables.
A Database of Linked Ageing-Related Records

This database, which was built through the Central Bureau of Statistics, links between the following data files for the study of Ageing in Israel, while maintaining strict rules of confidentiality as required:

- The 1997 survey of people aged 60+
- The death registry
- Data files from the population censuses (1983 and 1995)
- Data files on Israeli National Insurance Institute allowances for selected years
- Wage and salary files from 1983 thru 1995

The IGDC website includes documentation of the database files and a coordinates file that indicates the number of people for whom information will be received after linking the desired files. The database itself is located at the Central Bureau of Statistics.
An example of the use of linked records to further gerontological inquiry:

By linking 1997 survey data with records from the National Death Registry from 2004, it was possible to examine the association of baseline network type and seven year mortality risk in later life.

Baseline social network type was derived through application of K-means cluster analysis to selected variables from the 1997 survey of persons age 60+:

- marital state
- contact with adult children
- contact with friends
- proximity of adult children
- contact with neighbors
- attendance at a synagogue
- attendance at a social club

The procedure yielded 6 network types:

- Diverse network
- Friends network
- Neighbors network
- Family network
- Restricted network
- Community clan network

The network types were then regressed on mortality status using Cox proportional hazards, controlling for socio-demographic background, ethnicity and health characteristics. The restricted network served as the reference category.

**TABLE 1: Baseline correlates of 7-year all-cause mortality: Cox proportional hazards regression analysis**

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<table>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>1.41***</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>0.98</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>0.99</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>1.70***</td>
</tr>
<tr>
<td><strong>Arab Israelis</strong></td>
<td>0.99</td>
</tr>
<tr>
<td><strong>FSU immigrants</strong></td>
<td>1.05</td>
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<tr>
<td><strong>Physical capacity</strong></td>
<td>0.89***</td>
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<tr>
<td><strong>Cancer</strong></td>
<td>1.87***</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>1.35***</td>
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<tr>
<td><strong>Heart attack</strong></td>
<td>1.27***</td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
<td>1.35***</td>
</tr>
<tr>
<td><strong>Alzheimer</strong></td>
<td>1.52**</td>
</tr>
<tr>
<td><strong>Diverse network</strong></td>
<td>0.73***</td>
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<tr>
<td><strong>Friend network</strong></td>
<td>0.78**</td>
</tr>
<tr>
<td><strong>Neighbor network</strong></td>
<td>0.94</td>
</tr>
<tr>
<td><strong>Family network</strong></td>
<td>0.85</td>
</tr>
<tr>
<td><strong>Clan network</strong></td>
<td>0.76*</td>
</tr>
</tbody>
</table>

TABLE 2: Baseline correlates of 7-year all-cause mortality by age group: Cox proportional hazards regression analysis*

<table>
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<th>60-69</th>
<th>70-79</th>
<th>80+</th>
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<td>1.01</td>
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<td>0.97</td>
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<tr>
<td>Education</td>
<td>0.97</td>
<td>0.97</td>
<td>1.01</td>
</tr>
<tr>
<td>Men</td>
<td>2.17***</td>
<td>1.85***</td>
<td>1.50***</td>
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<td>Arab Israelis</td>
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<td>FSU immigrants</td>
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<td>Physical capacity</td>
<td>0.85***</td>
<td>0.87***</td>
<td>0.91***</td>
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<tr>
<td>Cancer</td>
<td>2.71***</td>
<td>1.66**</td>
<td>1.73***</td>
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<tr>
<td>Diabetes</td>
<td>1.82***</td>
<td>1.31**</td>
<td>1.12</td>
</tr>
<tr>
<td>Heart attack</td>
<td>1.35*</td>
<td>1.23*</td>
<td>1.16</td>
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<tr>
<td>Stroke</td>
<td>2.47***</td>
<td>1.08</td>
<td>1.30</td>
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<tr>
<td>Alzheimer</td>
<td>1.51</td>
<td>1.29</td>
<td>1.65**</td>
</tr>
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<td>Diverse network</td>
<td>1.11</td>
<td>0.69**</td>
<td>0.64***</td>
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<tr>
<td>Friend network</td>
<td>1.17</td>
<td>0.66**</td>
<td>0.75*</td>
</tr>
<tr>
<td>Neighbor network</td>
<td>1.10</td>
<td>0.90</td>
<td>0.85</td>
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<tr>
<td>Family network</td>
<td>0.75</td>
<td>0.77</td>
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This analysis showed that network type and mortality were indeed associated in the older age groups. Respondents located in resourceful network types, as indicated by the multiplicity of types of ties, and in networks of choice, as indicated by the presence of friends in the network, had significantly lower risk of mortality.

- Gerontological inquiry of this sort is facilitated by the linkage of records and data sets.
- The IGDC enables and promotes such retrospective longitudinal investigation.

The SHARE Israel Project

SHARE is the EU-sponsored Survey of Health, Ageing and Retirement in Europe that is working to establish a pan-European interdisciplinary panel data set covering persons aged 50+.

Israel has joined the SHARE framework through funding obtained from NIA, GIF and the Israeli National Insurance Institute. The IGDC has embarked upon the collection of SHARE data from an Israeli sample, by means of SHARE survey instruments translated from English into Hebrew, Arabic and Russian. The following questions demonstrate the various character sets required:
The following questions are about smoking and drinking alcoholic beverages. Have you ever smoked cigarettes, cigars, cigarillos or a pipe daily for a period of at least one year?

1. Yes
5. No

SHARE-Israel is currently collecting data from some 2500 persons in over 1600 households. The data will allow analysis of important multidisciplinary aspects of Ageing in Israel, as well as comparison with major trends observed in the European countries.

The data will be made available to researchers via the IGDC website and by means of the central SHARE website in Europe.

It is hoped that, in time, we will be able to make additional empirical data bases available through the IGDC as well, in our quest to promote and to expand gerontological inquiry.
Website Activity Report – January to February 2006

Visitors
Total Visitors: 4,709
Average Visitors per Day: 81
Total Unique IPs: 1,504

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</table>

Total visitors: 1834
Total countries: 42

LESSONS LEARNED FROM THE DEVELOPMENT OF THE IGDC

1. It is possible to establish the technical infrastructure necessary for establishing accessible multilingual databases. The IGDC can serve as a model in this regard.

2. Inter-organisational cooperation is essential for promoting multidisciplinary efforts. Earmarking funds to cooperating agencies facilitates this task.

3. It is necessary to actively advertise the services of data Centres such as the IGDC, as for example through workshops and use of the media. It is not enough to simply appear on the web.

4. Special attention must be given to recruitment of clients and to promotion of services. This can be facilitated by offering services free of charge for an initial trial period of at least one year. The introduction of fees-for-service at a later date must be carefully considered.

5. It is possible to construct multilingual databases that encourage access and utilization by people from different language groups. Moreover, the presentation and juxtaposition of sources in different languages helps to bridge developing conceptions and to clarify conflicting terms in the emerging discipline of gerontology.

6. The multilingual experience of the IGDC has made it an appropriate auspice to sponsor and to execute SHARE-Israel, the Israeli component of Europe’s most important contemporary ongoing longitudinal gerontological inquiry (along with ELSA, the English forerunner and partner of SHARE).

7. In turn, Israel’s experience in the Survey of Health, Ageing and Retirement in Europe has provided the IGDC with a widened comparative perspective on the Ageing enterprise, experience that, to no doubt, will be used to expand and to enhance the function of the IGDC and its contribution to the field.
4.5 The European Forum of Research Funders and Policy Makers
Promoting Ageing Research in Europe
Professor Alan Walker
University of Sheffield, UK

Promoting Ageing Research in Europe -The Strategic Role of the Forum

- ERA-AGE
- The Strategic Role of the Forum
- Collaboration: Making a Start
- Scientific Priorities for Quality of Life Research

Partner Countries: Austria, Finland, France, Germany, Israel, Italy, Luxembourg, Netherlands, Norway, Romania, Sweden, UK (coordinator)

Associate Partner Countries: Latvia, Spain

Objectives:

- To facilitate coordination of existing ageing research programme
- To promote interdisciplinary research activities between countries
- To share good practice in coordination and management of ageing programmes
- To support the production of European priorities for ageing research programmes
- To help break down the barriers between ageing research programmes and policy and practice

Key Elements:

The Strategic Role of the European Forum

- Potential synergies between national programmes
- Share information
- Identify knowledge gaps
- Disseminate information
- A strategic focus for ageing research?
- Prioritise and coordinate ageing research?
- Represent ageing research in Europe and beyond?
A European Research Area in Ageing

Collaboration: Making a Start

Potential small-scale initiatives:

- Support for young researchers and others new to the field
- European databases
- Developing a virtual European institute
- Developing comparative instruments
- Others?

Progress towards a joint call for applications

- ERA-AGE Working Group
- Good practice workshop on building collaboration:
  - organisational framework
  - financial framework
  - legal and administrative barriers
  - management procedures
- Programme exchanges

The European Research Area in Ageing (ERA-AGE)

Ensuring a key role for scientists

Workshops on quality of life; health and social care; and demography longevity, and genetics.

Recommendations from the Quality of Life Workshop

Fundamental Priorities for European Collaboration

- Strategic coordination of ageing research activities.
- Developing firm structures to facilitate cross-national research, training and capacity building for future generations of researchers.
- Developing strategies for interdisciplinary career development of young scholars.
- Establishing a virtual European institute or a database facility to coordinate ageing research at the European level.

Research Priorities

- New comparative studies within the old and new Member States
- New methodological approaches for longitudinal surveys
- Intergenerational research
- Individual and societal changes in the second half of the lifecourse
• Involvement of older people in research
• Policy and practice orientated research
• Interdisciplinary approaches to all research topics

The future of ageing research in Europe ....
.... is in your hands
Participants of the meeting were organised into four working groups, each group had a chair and a note taker.

**Group 1 - Collaboration in the field of support for post doctoral and newly established researchers**

Chair: Anna-Liisa Kauppila - (Academy of Finland, Finland)
Note taker: Gerder Geyer - (Austrian Academy of Sciences, Austria)

**Group 2 - Developing European databases on ageing**

Chair: Martin Barth - (Projekttrager DLR, Germany)
Note taker: Lubica Strakova - (Unviersity of Sheffield, UK)

**Group 3 - Developing a European virtual centre/institute on ageing research**

Chair: Wolfgang Ballensiefen - (Projekttrager DLR, Germany)
Note taker: Ulrike Kohl - (Fonds National de la Recherche, Luxembourg)

**Group 4 - Developing comparative tools, for example tools for forecasting life expectancy and measuring active ageing, which will enable cross-national comparisons**

Chair: Emanuele Scafato – (Instituto Superiore Di Sanita, Italy)
Note takers: Aurelia Curaj - (UEFISCSU, Romania) and Liselotte Stevens - (ZonMw, The Netherlands)

**Working Group Questions**

Participants were asked to discuss the following questions and the outcomes of the discussions were presented to the closing plenary.

1) What are the priorities for collaboration in this area? Why is it needed and what added value will it produce?

2) What structure should this collaboration take?

3) What can we bring from our countries? For example, existing knowledge, funding, and joint workshops?

4) What are the next steps for developing this collaboration? Who will lead this venture?
5) Plans for the next meeting of the European Forum in March 2007.

6) If time allows it, please consider the following issue: How to develop the national basis for collaboration, for example establishing national forums on ageing research.

The working groups at the meeting represented a diversity of research funders, researchers, representatives from different research institutes, research councils, other funding agencies and policy makers from 24 European countries. The discussions about future collaboration proved to be very fruitful and the outcomes of the meeting will contribute to European collaboration and joint funding initiatives.

5.1 SUMMARY OF WORKING GROUP QUESTIONS

The summary of the questions is organised as follows:

1) Priorities for collaboration, what is needed and added value gained from this collaboration in areas of:
   - support for post doctoral researchers,
   - developing European databases on ageing,
   - developing a European virtual centre/institute on ageing research,
   - developing comparative tools.

2) Structures for collaboration and contribution from individual countries

3) Next steps and plans for developing collaboration

5.1.1 Priorities for collaboration, what is needed and added value gained from this collaboration in the areas of:

   - support for post doctoral researchers,
   - developing European databases on ageing,
   - developing a European virtual centre/institute on ageing research,
   - developing comparative tools.

   a) Support for post doctoral researchers

   • Gaps and barriers

   The Second Forum meeting in The Hague identified an urgent need for professional interdisciplinary training and career development of post doctoral researchers in the ageing research field. Working group discussions further strengthened this view. Participants identified various issues including the apparent low attractiveness of ageing research to post doctoral researchers. The major factors that contribute to this situation in the ageing field in Europe are:
- Lack of structures for training and research. Consequently, there is a need to develop structures for career development of post doctoral and newly established researchers in order to attract them into the ageing research field.

- A lack of prospects for future career paths of post doctoral and newly established researchers.

- A brain drain or exodus of post doctoral researchers. Very often post doctoral oversees students remain abroad after completing their post-doctoral training, especially those trained in the US

- There is a lack of visibility in ageing research making it a less attractive field for post doctoral researchers.

- A lack of interest from new talent exists due to low salaries and shortages of posts, particularly in New Member States

- Medical ageing research experiences great difficulties in attracting researchers into the field, especially in the New Member States due to lack of clarity in career pathways and a lack of financial reward. In addition, post graduates lack motivation in regard to entering new training after obtaining a degree in medicine. Clinical work is increasingly demanding and consequently there is very little enthusiasm to carry out clinical research.

b) Developing European databases on ageing research

- Gaps and barriers

- There is a lack of information about existing databases in Europe. It is unknown what kind of databases there are, where they are located and how to access them.

- Issues concerning how to use different datasets and how to gain accessibility to datasets exist since many researchers are not willing to share their data.

- When data is accessible and knowledge of how to use data is absent, time and resources are required to learn how to use databases and different search engines.

- Some countries, especially developing countries, experience problems when establishing and maintaining new databases. Although initial resources are often provided to set up a database, funding is often absent for updating and uploading new data.
Institutions often obtain public money to gather the data for public use but once the task is completed the information is not disseminated and made publicly accessible.

- Gerontological databases usually lack additional information on ageing in regard to social and medical care.

- Links between research being done in hospitals and medical datasets are lacking. In addition, information about mortality should be linked with the existing sociological databases.

- Research databases are often separated from databases of resources.

- Some countries, for example Finland, archive data from national bases. It would be highly beneficial if all data were archived at national levels. Public archives are often unusable and not publicly accessible.

- **Steps to be taken**
  
  - There is an urgent need to gather the information on existing databases and to develop an inventory of databases in Europe.

  - All researchers need to be urged to share their databases and allow others to use them in order to eliminate duplication.

  - A workshop on databases focussing on issues such as common usage should be organised.

  - There is a need to establish standards on how to create databases and manuals on how to use them. Subsequent information should be widely disseminated.

  - Existing datasets should be made available to the public, for example in the US here is more than USA 600 datasets publicly available.

  - Politicians from partner countries should be approached to ensure public accessibility of existing archives.

- **Developing a European virtual centre/institute on ageing research**

  - **Added value and gains**

    The outcomes of the Second European Forum meeting held in The Hague clearly indicated that, in the future, a European institute on ageing research with a strong focus on intramural research, such as the National Institute on Ageing (NIA) with a similar budget of 800 000 000 EUR in 2005, will not be functional in Europe.
However, the group strongly agreed that a virtual institute may be more appropriate in order to:

- Set up a central information platform for all aspects of ageing research to establish links to (i) existing databases, (ii) ageing research centres, (iii) funding of research programmes that are in operation and (iv) other existing resources. It may also support post doctorates, newly established researchers and future leading experts in the field of ageing.

- Enhance information on important activities in ageing research, for example conferences, the UN Action Plan on Ageing, Green Paper on Demographic Changes in Europe.

- Identify the key issues in ageing research on a national and the European level and gather the information about European ageing research institutes.

- Organise and enhance national and European efforts in ageing research. For example, partnership and information platforms need to be established to provide the latest information on ageing research outcomes and European activities in the ageing research field.

- Enhance dissemination of research findings and translation of findings into policy and practice.

- Improve the quality of ageing research and promote common standards across Europe.

- Enhance interdisciplinary and multidisciplinary approaches with the aim of increasing the benefit for older people.

- Foster training for researchers, for example post doctorates and future leading experts in the ageing field with the provision of different fellowships and grants.

- Funding ageing research projects at a national and European level.

- Lobby and advocate for ageing research at a national and European level.

- **Added value and gains from the virtual institute**

The virtual institute could be highly beneficial for all stakeholders including:

- **Politicians and national governments and politicians at the European level.** The virtual institute could provide consultancy services that will involve experts from different fields. The institute may also provide regular updates from central information platform and reference centre.
- **Scientific community as a whole.**
  The reference center and information platform may enhance networking activities, communication, cooperation with stressing the importance of interdisciplinary and multidisciplinary approaches in the ageing field at the European level. It could also focus on funding for training and research activities.

- **The general public and media.**
  The institute could be the state-of-the-art guaranteeing high quality governance. At the same time it could establish a general information tool focusing on ageing research topics and provide supervision by experts from the ageing research field.

d) **Developing comparative tools**

  - **Gaps and barriers**

  - There are a broad variety of comparative tools available within European countries. However, these tools are difficult to use across some countries in Europe. Data and information often refer to results of traditional instruments such as RCTs but often the generalizability of results is far from optimal. There is a need for more appropriate complementary results deriving from observational data on selected ageing conditions and real-life as applied in the US and outlined by recent scientific evidence.

  - Many European countries have significant and ongoing experiences in monitoring health determinants and risk factors related to ageing. Nonetheless, it is difficult to identify a common approach on how to collect, analyse and produce full comparative reports on the ageing-related issues across Europe. Quality of life, disease free life expectancy, social participation to active life, coping activities, home care and the continuity of care are only a few of many priorities where there is an urgent need to create a harmonized system and standards which will be explicitly devoted to the assessment and reporting on ageing processes.

  - The measuring of active ageing is based on a self assessment of the functional capacity but is not always integrated with indicators that are aimed at assessing social or psychological issues such as self-esteem, social participation or coping capacity. A priority in this area should be to identify the quality of life, health life expectancy, ill life expectancy, social participation, different kinds of care, statistics and so on. The main focus should be on the life expectancy and active ageing as benchmarking. Amongst other emerging topics better life conditions should be supported.

  - Existing tools and indicators are mainly used as tools for ad hoc surveys – they are infrequently used to monitor health issues.
Comparative research needs to be performed to verify the adequacy, efficiency and effectiveness of the tools which will provide a better understanding of the current “orphan” data on ageing, improve the international comparability and identify lessons to be learned in terms of good practices related to ageing monitoring.

- **Steps to be taken**
  
  - It is important to find a common way on how to collaborate on existing tools and how to develop comparative common tools that can be used across Europe to enable cross national evaluation.
  
  - There is a need to develop standard definitions, methodologies and indicators on ADL, MMSE, quality of life, health and life expectancy and/or disease free life expectancy, social participation, quality of care and so on.
  
  - In order to develop comparative tools surveys, a cohort study ought to be undertaken at regular intervals to measure active life.
  
  - There is a need to ensure that a core set of indicators are applied regularly to report on ageing population issues. As a result, a best fitting model may be identified.

- **Added value and gains**
  
  - A European added value from the collaboration in different areas of research such as public health, statistics and social institutes, organizations and other institutions dealing with ageing should be sought and supported within the ERA-NET. Added value may be achieved by sharing and adopting good practices nationally and from the EU perspective.

### 5.1.2 Structures for collaboration and contribution from individual countries

- **Building upon the existing knowledge and experience**

  There is an urgent need to create structures for research and training for post doctorates and newly established researchers in order to attract and retain new talent into the ageing research field. In some European countries such as the UK, Finland and Austria already have structures in place to support the interdisciplinary career of post doctoral and newly established researchers.

  - The UK research councils try to promote interdisciplinarity within the ageing field by, for example, improving the engineering perspective with regards to older people. The Strategic Promotion for Ageing Research Capacity (SPARC) launched a call for proposals with the aim to encourage interdisciplinary collaboration between newcomers in the ageing research field.
The EPSRC encourages postdoctoral mobility between disciplines or so-called "a discipline hopping" for a short period of time. Research Assistants after finishing their research projects have an opportunity to apply for an extra year of funding that enables them to transfer the existing knowledge into a different discipline by working in a different department.

- In Finland, a small graduate school for multidisciplinary research in the ageing field was established and created diverse platforms for multidisciplinary discussion.

- The Institute for Biomedical Ageing Research (IBA) in Austria offers a PhD and a Master Programme entitled 'The ageing of biological communication systems' at the Medical University.

- There are many different datasets studies across Europe without links. Collating existing data, making them publicly available and disseminating the existing instruments and methodologies on databases could be helpful to less advanced countries, especially the New Member States. They are confronting the same problems as developed countries. Sharing knowledge may avoid duplication and eliminate fragmentation in this field.

- For example the Italian longitudinal study on ageing CLESA (Comparison of Longitudinal European Studies on Aging), is a EU funded Project on ageing. The main aim was to compare data on risk factors from epidemiological studies on ageing in four Countries. One of the project's objectives was to collate the data of existing studies and to harmonise the data from the longitudinal study.

- There is a need to establish databases at national levels, drawing upon existing information and taking into account what has already been done in this area. Existing data should be first gathered at national levels and then linked with different countries' databases at later stage.

- Existing available resources of information, including those related to mortality but complementing with morbidity and disability data used by WHO, OECD, EUROSTAT and the EU Commission (ECHIM), could be adopted and used as standards for reporting on ageing issues.

- **Network building and information sharing**

- Post doctoral and newly established researchers should be encouraged to visit other laboratories and institutions in order to support interdisciplinary training in the ageing research field. At the same time the candidates should be supported if they want to pursue research in their own discipline. Post doctorates and PhD students should be able to visit laboratories or research units abroad whilst pursuing their PhD. The visits should form an integrated part of their PhD training programme.
There is a lack of information exchange among researchers. Post doctorates and newly established researchers especially need to learn how to use different databases. For the scientific community it is important that the existing knowledge on datasets is shared between countries and cooperation between scientist and mutual exchanges supported. The network building could be highly beneficial especially for post doctorates and newly established scholars upon return to their home country.

Post doctorate and newly established researchers should be supported to visit other countries and to participate in workshops that focus on dataset registers. For example, an international workshop in Israel or in Italy can be organised on how to use databases. Some such researchers need to be taught how to analyse the data from different datasets, how to look at the changes in datasets, analyse data longitudinally, and how to compare longitudinal data and so on. They need to be informed on how to use different tools and to learn what registers exist.

All databases both on a national and European level should be shared in order to enhance the knowledge sharing. For example, project SHARE is dealing with health related issues and this information should be widely disseminated and made publicly available.

Exchanges of databases should take a bottom up approach.

Databases can be used as an initial starting tool. However, there is a need to develop tools that will enable cross-national comparisons, for example in the life expectancy field. In comparative research the tools need to be effective and efficient so they can be applied in comparative research at international level. It might be useful to learn more from international resources of databases that are available.

Experience on active ageing should be exchanged and supported across countries. The concept of active ageing is not always linked to the same meaning in the different countries, therefore it is important to provide a harmonized way of understanding what active ageing means. Measuring active ageing means to make a self assessment of functional capacity. The existing tools are not used to monitor the ageing population related issues and the adequate tools need to be selected, obstacles identified and model created.

Visibility of ageing research should be enhanced by promoting ageing research in the public domain and by involving well known scientists and key people such as policy makers to reinforce its importance in public. Ageing should be communicated as a positive phenomenon and a challenging research field.
• **Funding and policy level**

- Grants for postdoctoral researchers need to be established. Funding should cover a year or two-year salary abroad and a year salary in the researcher’s home country.

- Grants for post doctorates should cover participation in international conferences which is not standard practice in many countries. Part of the international conference should be a pre-conference meeting for post-doctoral students with the aim of enabling them to meet with senior academics and scientists and to create their own networks.

- Funding agencies should be encouraged to provide some financial resources for building databases at national levels. They should build on what has already been done and collect the information at the first instance. Database updating should follow.

- Both funding agencies and policy makers should be encouraged to fund and support the development of national databases.

- The European Parliament could be approached to provide funding to set up a European gerontological database.

- Policy makers in different countries need to be aware of the importance of using a core set of tools or indicators on regular basis in order to contribute to benchmarking of active ageing and better life conditions for older people across Europe.

- A specific survey for policymakers in public health should be launched.

• **Workshops and training opportunities**

- Summer and winter schools need to be organised for post doctorates and doctoral students providing the added value of informal support and building networks.

- Training for post doctorates and newly established researchers in different disciplines will enhance their competitiveness on international level. It should include support for writing scientific articles in English.

- Specific workshop on databases could be organised as part of the training scheme for post doctoral and newly established researchers.

- Comparative exchange visits between scientists should be facilitated and ongoing bilateral exchanges for collaboration on databases should be set up. Part of this scheme should be mentoring or pairing between countries and supporting learning from each other.
- A major challenge is to encourage people to use data and search engines and to teach them how to use them.

- European workshops with experts providing presentations on databases should be organised for scientists and post doctoral and new established researchers.

- **A specific structure for developing an ageing research database**

There should be three levels of the information gathering when establishing a database. All three stages should serve each other and should not be separated.

- In the first stage data about existing literature needs to be collected since it is essential to know what research has taken place, what kind of research studies were undertaken and what publications exist. This forms basic empirical research.

- In the second stage hard data such as statistics, needs to be gathered. This involves tables of statistical data which is often important and used by policy makers.

- The final third stage involves the collection of raw data on the individual level which needs to be available to researchers including different outcomes and different variables

- **A specific structure for virtual institute**

- A virtual institute should have a small central coordination body with at least one central contact point in each participating member country.

- Co-funding of this venture should be provided by Member States and the European Union.

- Part of this structure should be a complementary project related funding.

- The virtual institute will play an important role in organising, coordinating and funding training programmes.

- The institute will be supported and assisted by a network of leading ageing research centres.

- The institute will be supported by specific panels of experts and a steering committee.

- It will be responsible for developing strategies for implementation of research findings together with researchers and end users, for example by organising a series of workshops.
- There is an urgent need to identify existing tools and to make the inventory while taking into account different standards across Europe.
6.1 Avenues for ERA-AGE in future collaboration

- The concept of the virtual institute will be presented and further discussed at the ERA-AGE Steering Committee Meeting in Berlin in May 2006.

- On the basis of the discussion held at the Steering Committee Meeting in Berlin, a proposal implementing the outcomes of the working group will be developed either into ERA-NET Plus or Article 169 application. The Steering Committee will decide which venture might be more appropriate to apply for. This will be further led by Beatrix Grubeck-Loebenstein and Alan Walker.

- There is a scope for ERA-AGE to develop a cross national collaboration in funding of training for post doctoral and newly established researchers. This task will be lead by the ERA-AGE consortium.

- Development of the European gerontological database is an immense task that requires resources such as staff and funds and this is beyond the ERA-AGE role but there are some avenues where ERA-AGE could encourage and facilitate this.

  - At the first instance ERA-AGE should encourage the establishment of national ageing research databases, however this requires incentives and commitments from individual countries.

  - ERA-AGE could make an inventory of national databases. The first step would be to identify what is required at national levels, how the databases should be designed. This would be beneficial for when developing a European ageing database. The task could be carried out by ERA-AGE national coordinators who would collect the information at national basis on existing databases, their websites, contact details and so on to the ERA-AGE coordination team who would develop a database on databases. This primary resource of information can be useful tool when establishing national databases.

  - ERA-AGE can act as a facilitator and help to gather the information and knowledge about the existing databases and encourage mutual visits between post doctoral and newly established researchers from different countries using a mentoring approach.

  - ERA-AGE could organise a European workshop with senior scientists with an expertise in databases who could teach post doctorates and newly established researchers about the datasets, how to use different registers and analyse the data.
- Participants of the working group on databases were invited to discuss further within their own organisation if there is a scope to support cross-national collaboration on datasets.

- ERA-AGE could take a lead on promoting the data gathering on existing comparative tools but it is an immense task that cannot be carried by ERA-AGE.

- ERA-AGE should help to fund this initiative by providing a specific framework for collaboration on existing tools among its partners as well as encouraging information sharing on existing proposals at the European level. One way of starting the process would be to identify a panel of experts that will agree on a core set of tools or variables derived from the selected tools that will enable us to carry cross-national comparisons and set up standards for reporting on the emerging ageing issues in Europe.

- ERA-AGE could encourage policy makers in different European countries to launch a survey to gather information on how active ageing is monitored in Europe.

- There is a need to develop and disseminate a compendium of international indicators, for instance on the ERA-AGE website, in order to standardise definitions. Different definitions often relate to the same indicator used across countries. These indicators and tools need to be standardised adequately to public health and social care. An initiative can be launched by ERA-AGE conducting a questionnaire survey addressed to the policy makers responsible for monitoring health and social status. The aim is to gather information on how active ageing and ageing is monitored at national levels and subsequently analyse them to identify the gaps. This could be peer reviewed by a multidisciplinary panel of experts consisting of demographers, statisticians, epidemiologists, geriatricians, sociologists and so on.

- In order to promote ageing research ERA-AGE could consider doing regular press releases.

- A general awareness on the feasibility of comparative approaches should be generated - not everything is comparable and useful to do.

6.2 Plans for the next meeting of the European Forum in March 2008

- To present the concept the Article 169 to the key national policy makers at the fourth European Forum Meeting in Rome.

- To present the proposal for joint call for post doctorates.
## Appendix A

### List of Participants

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<tr>
<td>1</td>
<td>Rune Aberg</td>
<td>Swedish Council for Working Life and Social Research</td>
<td>Sweden</td>
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<tr>
<td>2</td>
<td>Prof Kenneth Abrahamsson</td>
<td>Swedish Council for Working Life &amp; Social Research</td>
<td>Sweden</td>
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<tr>
<td>3</td>
<td>Dr Irit Allon</td>
<td>Israeli Ministry of Health</td>
<td>Israel</td>
</tr>
<tr>
<td>4</td>
<td>Prof Lars Andersson</td>
<td>NISAL, Linköping University, Campus Norrköping</td>
<td>Sweden</td>
</tr>
<tr>
<td>5</td>
<td>Ass Prof Dilek Aslan</td>
<td>Geriatrics Society</td>
<td>Turkey</td>
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<tr>
<td>6</td>
<td>Dr Claudine Attias-Donfut</td>
<td>Caisse Nationale D'Assurance Vieliesse</td>
<td>France</td>
</tr>
<tr>
<td>7</td>
<td>Dr Wolfgang Ballensiefen</td>
<td>Projektträger im DLR (PT-DLR)</td>
<td>Germany</td>
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<tr>
<td>8</td>
<td>Prof Franz Baro</td>
<td>WHO-Collaborating Centre on Health and Psychosocial Factors</td>
<td>Belgium</td>
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<td>Dr Martin Barth</td>
<td>Projektträger im DLR (PT-DLR)</td>
<td>Germany</td>
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<td>10</td>
<td>Ass Prof Rastislav Bednarik</td>
<td>Centre for Labour &amp; Family Studies</td>
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<td>Michael Bezzina</td>
<td>Ministry of Health</td>
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<td>Prof A Davidov Bojimir</td>
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<td>13</td>
<td>Dr Jan Bolin</td>
<td>The Swedish Research Council</td>
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## LIST OF PARTNERS AND NATIONAL COORDINATORS

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All these are members of the Steering Committee; there are two additional members: Giorgio Clarotti and Anne-Sophie Parent

Sixth Framework Programme, ERA-NET/1/CA-SSA No. 510177

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