



Report of the Older People, Health and Social Care Workshop

19th June 2006

**Organised in partnership with
The Executive Agency for Higher Education & Research Funding
and
The Romanian Ministry of Health**

Held at the Academy of Economic Studies, Bucharest

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SECTION 1:

EXECUTIVE SUMMARY OF RECOMMENDATIONS

1.1 Research priorities for a multidisciplinary research programme

Participants identified a range of research topics to prioritise including:

- Health in a rural and urban context and across different cultures
- The roles of clinical, social and environment factors which impact on the decline of frailty etc
- Abuse of older people
- Pharmacy and drug use
- Non-pharmacological responses
- Social Security as a guarantee to a minimum standard of living
- Older people from socially excluded groups (such as ethnic minorities)
- Socio-economic determinants of health and social care use
- The effects of new and end-of-life technologies
- Differences in health, and physical and cognitive status across different age groups
- The role of caregivers
- Strategies to develop a good care workforce
- Health promotion strategies
- Development, implementation and evaluation of appropriate social care interventions
- Diversity in the ageing process
- The implementation of good practices in Europe

1.2 Single disciplinary research priorities

It was generally assumed that the key topics identified would be best served by an interdisciplinary approach although one group agreed that some research topics could benefit from being led by a single discipline.

1.3 Key priorities for infrastructure and cooperation on a European level

- It is important to make data widely available across Europe and link different sources to provide a comprehensive view.
- Funding is required for the secondary analysis of, and the development of documentation and facilities for, existing data to ensure their efficient use. Furthermore the usefulness of existing projects should be determined to help address issues concerning the ageing population.

- It is necessary to promote systematic follow-up evaluation and feedback once EU funded projects are finished, to assess their impact and further potential development.
- Key trans-national indicators for the older population need to be established. The indicators will assist the establishment of a 'common' language of ageing research.
- A European Institute on Ageing, European Interdisciplinary Graduate School on Ageing and an Interdisciplinary European Journal on Ageing are needed in order to raise the profile and standard of European research on ageing.
- It is essential to facilitate ways to examine and promote good practice at a national and European level.

1.4 Good Practice in interdisciplinary and European collaboration

It is necessary to:

- Establish a good European virtual communication strategy in order to support working group members as well as meeting on a regular basis.
- Encourage implementation of good practice by bringing together European service providers across professions through working groups, networks, European websites etc. to learn from each other.
- Provide an inventory of good practice examples (based on agreed criteria) in the research of older people. Approach cross-cultural older people and service providers for their response to examples of good practice
- Consider the impact and success of previous approaches.

1.5 Support to facilitate interdisciplinary and European collaboration

- Administrative and technical support is required as is equipment and funding to build multidisciplinary teams and financial support for meetings, workshops and seminars including videoconferences
- Adequate, constant and targeted funding for ageing research is required. Interdisciplinary research should be an explicit criterion for granting EU-based research funding
- The development of common terminology to enhance interdisciplinary research and training is necessary to improve communication skills
- It is necessary to consider ethical issues carefully

- Interactive and user-friendly European interdisciplinary websites are required to utilise existing research. Researchers, policy makers, professionals and citizens may use existing research to advocate policy on ageing for example.
- It is necessary to develop capacity building and cooperation approaches across European countries to encourage new researchers into the field of ageing and to assist countries in identifying research priorities
- A European database of researchers on ageing is required. This will assist the systematic use of partners or experts to enhance appropriate interaction between different disciplines and optimal exploitation of cross-national studies
- It is necessary to increase the status of the ERA-AGE group to lobby.

SECTION 2: PROGRAMME

- Opening Plenary – Professor Balaceanu Stolnici (Honorary Member of Romanian Academy)
- Welcome by Mr. Vlad Iliescu, Secretary of State for European Integration (the Romanian Ministry of Health)
- Presentation on Introduction to ERA-AGE – Professor Alan Walker (University of Sheffield, UK)
- Presentations on Older People, Health and Social Care
 - Practicalities of Longitudinal Studies; The example of the English Longitudinal Study of Ageing (ELSA) – Dr Elizabeth Breeze (University College, London, UK)
 - The Potential of Interdisciplinary Perspectives in Health and Social Care Research – Professor Catherine Hennessy (Plymouth University, UK)
 - The Needs and Provision of Health and Social Care for Older People in Romania- Mrs. Valentina Mihaila - Scientific Director of National School of Public Health and Health Services Management, on behalf of Prof Dan Enachescu (Institute of Public Health, Romania).
 - From e-health to e-care: e-Europe for the Ageing Population – Dr Astrid Stuckelberger (School of Public Health, Switzerland)
- Working Groups
 - Group 1 – Effective Interventions in Health
 - Group 2 – Health and Social Care Services
 - Group 3 – Population Studies on Health and Well-being
 - Group 4 – Socio-economic and Cultural Factors Shaping Care Needs and the Organization of Services
- Closing Plenary – Professor Adrian Curaj (UEFISCSU, Romania)

SECTION 3:

AIMS OF THE WORKSHOP

The aims of the Older People, Health and Social Care workshop were to:

- Bring together a range of policy makers, funders, representatives of non-governmental organisations (NGOs), practitioners and/or researchers who have expertise and a vested interest in the field of ageing and health and social care research.
- Discuss the scientific recommendations on health and care management that emerged from the successful FORUM project and
- Further develop FORUM recommendations in order to use them as a basis for developing potential trans-national collaboration in this field.
- To use outcomes to (i) develop collaboration between European research programmes on ageing and (ii) inform a European Forum of research funders.

The meeting focused on older people, health and social care in particular:

- Effective interventions in health
- Access to services (including e-health and e-care)
- Epidemiology and population studies
- Socio-economic and cultural factors shaping care needs and the organisation of services

SECTION 4:

SUMMARY OF PRESENTATIONS

4.1 **Practicalities of Longitudinal Studies: The example of the English Longitudinal Study of Ageing (ELSA)**

Elizabeth Breeze
University College London, UK

English Longitudinal Study of Ageing (ELSA)

Research team

- International Institute for Society and Health, UCL
- Institute for Fiscal Studies and UCL
- National Centre for Social Research (NatCen)
- plus researchers from Cambridge, Nottingham, University of East Anglia, Exeter

Funding from NIA and UK government

Sister Studies

- Health and Retirement Survey (HRS) – USA
- SHARE – 11 European countries
- Other similar studies in Australia, Eire (starting), S. Korea

Key Research Areas

- Health trajectories
- Disability and the compression of morbidity
- Determinants of economic position in older age
- Relationships between economic position and health
- Timing of retirement & post retirement labour market activity
- Household/family structure; the transfer of resources
- Social participation & social productivity at older ages

Plan

- Sample
- Mode of data collection
- Cross cultural challenge
- Measurement of change
- Attrition
- Ethical issues

SAMPLE

- Who do you want to interview? – age group, national representation, ethnic groups etc
- Households or individuals?
- How to find the sample – sampling frame with good coverage?
 - Screening from random sample whole population
 - Through known sources?
- Numbers - enough to give separate national results – but also for any subgroups by age, sex, region.....

(sample size dependent on key outcomes and how common the outcomes are)

Mode of data collection

- Face to face
- Postal
- Telephone
- Internet
 - Motivating participation
 - Building up rapport
 - Privacy/control
 - Demands on memory
 - Dealing with cognitive decline
 - Inclusiveness/exclusion
 - Response rates
 - Cost/interview
 - Complexity of questions

ELSA design: basics

- approx 12,000 people born before March 1952
- already taken part in Health Survey for England
- in household sector at baseline
- also interview spouses outside the age range
- some details on other household / family members
- interview every two years, starting 2002
- from time to time refresh sample for younger end of age spectrum (wave 3, 2006)
- face-to-face and self-completion

Broad questionnaire coverage

- Demographics: household & individual
- Physical and mental health: disease and symptoms
- Social participation & social support
- Housing
- Employment and earnings
- Pensions and retirement

- Income and assets
- Cognitive function
- Psychosocial; quality of life
- Expectations

Cross-cultural challenge

- Different services; need common classification
- Different expectations of services
- Different understanding of terms
- Different thresholds for feeling unhealthy (vignettes)
- Translations etc
- Do respondents know the names of service providers?
- Informal care may not be mentioned if an engrained part of life

What's special about longitudinal measurement?

- Want to measure change but...
 - Are the questions asked consistently
 - Are people consistent in their answers?
 - Problems with time frames –what happened when?
 - Awareness raised by taking part > distortion
 - Number of times have to measure before confident of trend
 - What happens when someone dies/moves into an institution

Measurement of change

- Services change
- Is there a way of summarising 'best practice'?
- Update or start all over again
- Dependent or independent interviewing (i.e. use answers from previous rounds in the current interview or not)

Frequency of contact

- How fast are respondent circumstances or policy changing
- Maintaining contact and involvement
- Burden on respondents
- Feasibility in marshalling resources
- Resources - permanent team or not
- Cost
- Designing next wave before results of previous one

Attrition

- Loss to sample is not random
- Likely to be substantial
- The socially excluded are the most vulnerable

- Effort of minimising loss

Ethical issues

- Burden
- Proxy interviews
- Incentives – form, timing, ‘size’
- Following up movers etc
- Persistence in seeking response
- Feedback to participants
- Opportunity to influence study
- Data access - confidentiality

Conclusion

- Complex and demanding
- Only longitudinal studies measure change
- Balance direct measure of change vs decreasing representativeness
- Continual tension between requests to add more questions, continuity, acceptability to respondents, & cost
- Exciting!

4.2 The Potential of Interdisciplinary Perspectives In Health and Social Care Research

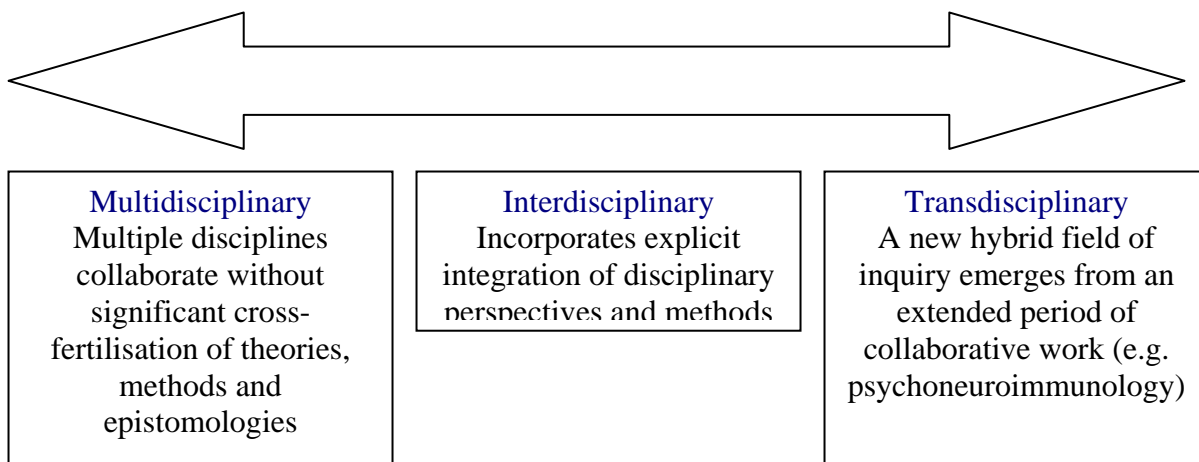
Professor Catherine Hagan Hennessy
University of Plymouth, UK

Drivers for Interdisciplinary Research

- Recognition that an understanding of complicated phenomena like ageing is best achieved through the input of multiple disciplines
- Pragmatic need to maximise funding resources for research on later life and to avoid duplicative research
- Added value can be obtained from existing ageing research through improved working across the disciplines, better coordination between different research funders, more consistent links between researchers and key research user groups

Forms of Collaboration Across the Disciplines

- Multidisciplinary
- cross-disciplinary
- interdisciplinary
- transdisciplinary



Successful Interdisciplinary Collaboration

Snowdon DA, Kemper SJ, Mortimer JA, Greiner LH, Wekstein DR, Markesbery WR.(1996). 'Linguistic ability in early life and cognitive function and Alzheimer's disease in late life: Findings from the Nun Study.' *Journal of the American Medical Association*, 275(7): 528-532.

- Epidemiologists teamed with psycholinguists to investigate the association between early life language skills on the development of dementia in old age.

- Two measures of linguistic ability in early life, idea density and grammatical complexity, were derived from autobiographies written at a mean age of 22 years. Approximately 58 years later, the women who wrote these autobiographies participated in an assessment of cognitive function, and those who subsequently died were evaluated neuropathologically.
- Low idea density and low grammatical complexity in autobiographies written in early life were associated with low cognitive test scores in late life. Low idea density in early life had stronger and more consistent associations with poor cognitive function than did low grammatical complexity. Among the 14 sisters who died, neuropathologically confirmed Alzheimer's disease was present in all of those with low idea density in early life and in none of those with high idea density.

International Examples of Promoting Interdisciplinarity in Research on Ageing

- US National Institute on Ageing participating in the NIH-wide 'Roadmap' action plan for research funding in priority areas for interdisciplinary collaboration
- Current strategic plan of the GSA highlights the importance of strengthening multi-disciplinarity and interdisciplinarity; reflected in activities such as featured interdisciplinary conference symposia (e.g., 'The Economics, Culture and Biology of Intergenerational Transfers')
- The MacArthur Foundation's interdisciplinary network of scientists around a 10-year programme of research on 'successful ageing'
- The Academy of Finland's two successive multidisciplinary programmes of ageing research

UK National Collaboration on Ageing Research (2001-2004)

- Partnership among four of the UK Research Councils (MRC, EPSRC, ESRC and BBSRC)
- Principal aims: (1) to develop consensus among researchers and research end users regarding priorities for interdisciplinary research collaboration, and (2) working with the Research Councils to develop innovations in joint sponsorship and funding of interdisciplinary research on ageing
- Activities: Promoting ageing research networks, conducting scientific workshops, consultations, promoting the use of UK data resources on ageing, European research development

The New Dynamics of Ageing (NDA) Programme (2005- 2011)

- Partnership among ESRC, EPSRC, BBSRC, MRC and AHRC
- £12+ million budget

- Interdisciplinary policy-orientated research on ageing
- UK ERA-AGE partner

Developing the NCAR Approach to Interdisciplinarity

Conceptual approach for advancing interdisciplinary research based on framework of Norman Anderson (founded OBSSR at NIH)

Anderson, N.B. (1998).

'Levels of Analysis in Health Science: A Framework for Integrating Sociobehavioral and Biomedical Research. *Annals of the New York Academy of Sciences*, 849: 563-576.

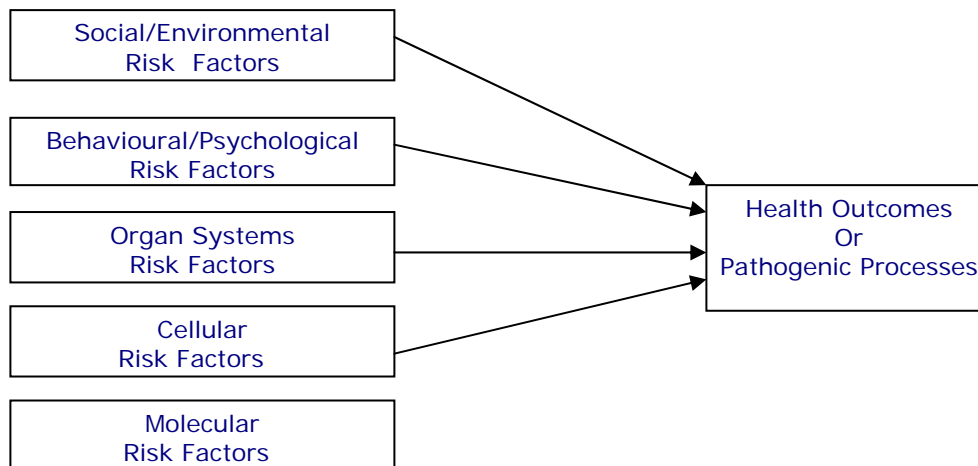
Kessel, F., Rosenfield, P.L. and Anderson, N.B. (eds). (2003).

Expanding the Boundaries of Health and Social Science: Case Studies in Interdisciplinary Innovation. Oxford University Press.

Main Tenets of NCAR Approach to Interdisciplinarity

1. Interdisciplinary research is best approached through a process involving the participation of cognate disciplines in bridging adjacent 'levels of analysis' before proceeding to studies which link more distal levels (Anderson, 1998)
2. Research problem should always be the driver for interdisciplinary collaboration
3. Identification of challenges to and facilitators of interdisciplinary research collaboration

Source: Anderson, 1998



Perceived Barriers to Interdisciplinarity in Research on Ageing

- The RAE (Research Assessment Exercise) process is based on criteria that are a significant disincentive to interdisciplinary research collaboration.
- Multidisciplinary research is typically complex and more time-consuming to orchestrate than single discipline research.

- Ideological differences between academic disciplines which maintain preferences and status distinctions in approaches to knowledge are an important barrier to cross-disciplinary working.
- Lack of specific funding designated for interdisciplinary research, the paucity of interdisciplinary academic programmes and of opportunities for multidisciplinary 'cross-training' of established scientists are all additional barriers.
- The current peer review system for research is inadequate for evaluating complex interdisciplinary study protocols.
- The current structure of Research Council funding is perceived to be risk-averse in relation to interdisciplinary proposals and to favour traditional methodologies (e.g., randomised controlled trials) to the exclusion of other innovative approaches.
- Research funders are typically unwilling to cover the costs of coordination necessitated by interdisciplinary collaboration.

Determinants of Successful Interdisciplinary Research (Kessel, Rosenfield and Anderson, 2003)

Investigator-specific factors

- Intellectually receptive to other disciplines
- Mutual respect of scientists in the team
- Complementary skills and knowledge
- Ability of scientists to develop a common language
- Ability of scientists to meet together of a regular basis

Project-related factors

- Data sources
- New integrative concepts
- Emergence of new technologies

External issues

- Funding
- Institutional flexibility and freedom
- Career advancement issues
- Attitudes toward interdisciplinary research

Older People and Cultural Activities

- Cultural activities identified by older people (N=999) as a critical determinant of their quality of life (Bowling, 2005)
- Heightened interest in the impact of cultural activities (e.g., hobbies, sports, religion and volunteerism) on older people's health and well-being (Rowe and Kahn, 1997; Cohen, 2005; Crowe et al., 2003; Lennartsson and Silverman, 2001; Verghese et al., 2003)
- Social and productive activities are as important as physical activity in predicting survival among older people (Glass et al., 1999)
- US National Centre for Creative Ageing established in 2001 to promote networking, training and advocacy in support of programmes and policies for creative ageing focusing on the literary, visual and dramatic arts

Creativity and Ageing

The Impact of Professionally Conducted Cultural Programs on Older Adults

- National, longitudinal study to evaluate the effects of cultural programmes provided by professionals on the mental health, general health, overall functioning and sense of well-being of older people (N=300, age range= 65–100, mean age=80)
- Funders/sponsors: US National Endowment for the Arts, US National Institute of Mental Health, AARP and others
- Principal Investigator: G. Cohen, (Centre on Ageing, Health & Humanities, GWU, USA)
- Participating sites: Elders Share the Arts (New York City), Centre for Elders and Youth in the Arts (San Francisco), The Levine School of Music (Washington, DC)
- Preliminary results: the intervention group in comparison to the control group experienced:

Significantly better overall health, fewer falls, fewer doctor's visits, reduced use of medications, better scores on the Geriatric Depression Scale and UCLA Loneliness Scale, increased involvement in activities

4.3 From e-health to e-care: e-Europe for the Ageing Population

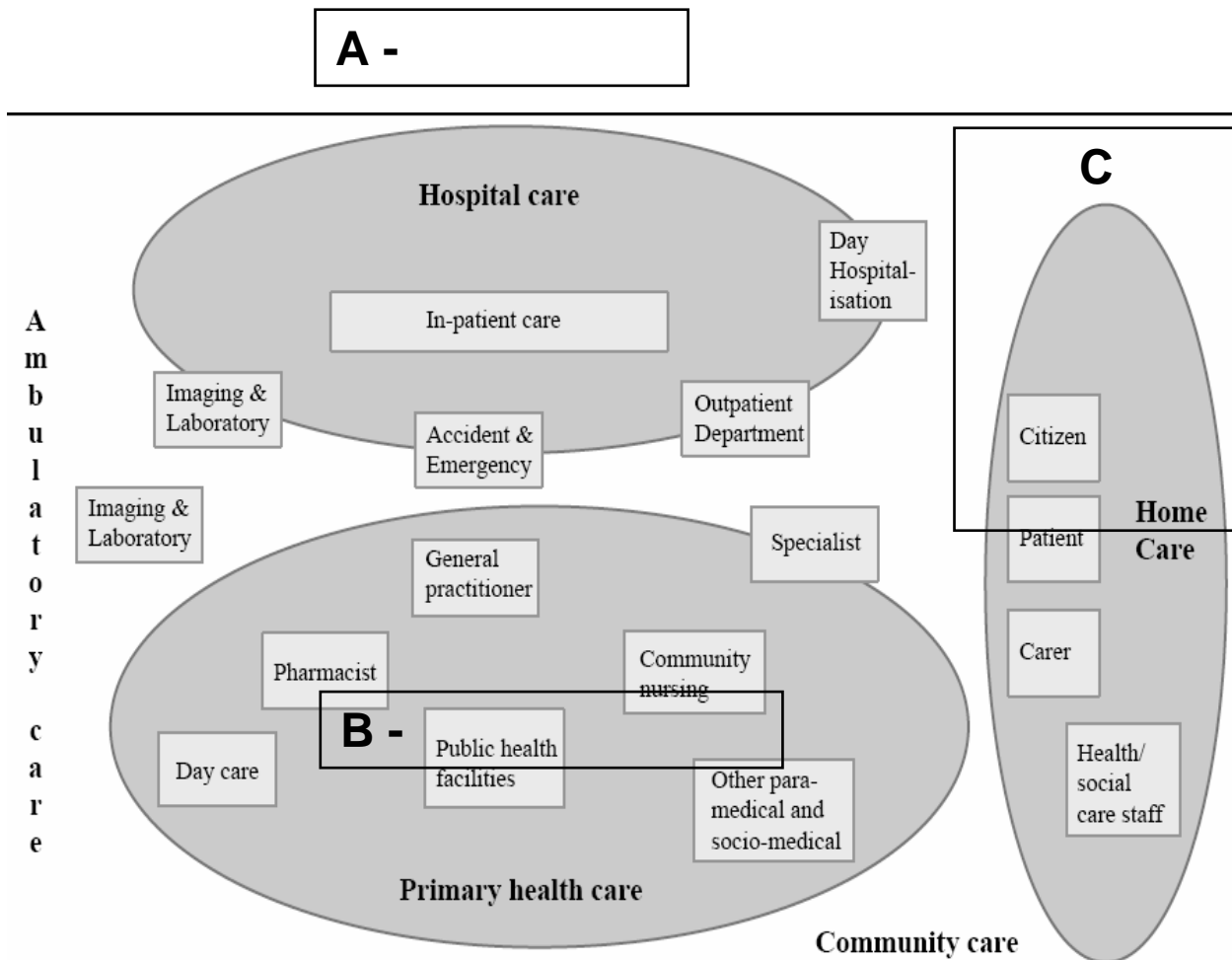
Professor Astrid Stuckelberger

School of Public Health, University of Geneva, Switzerland

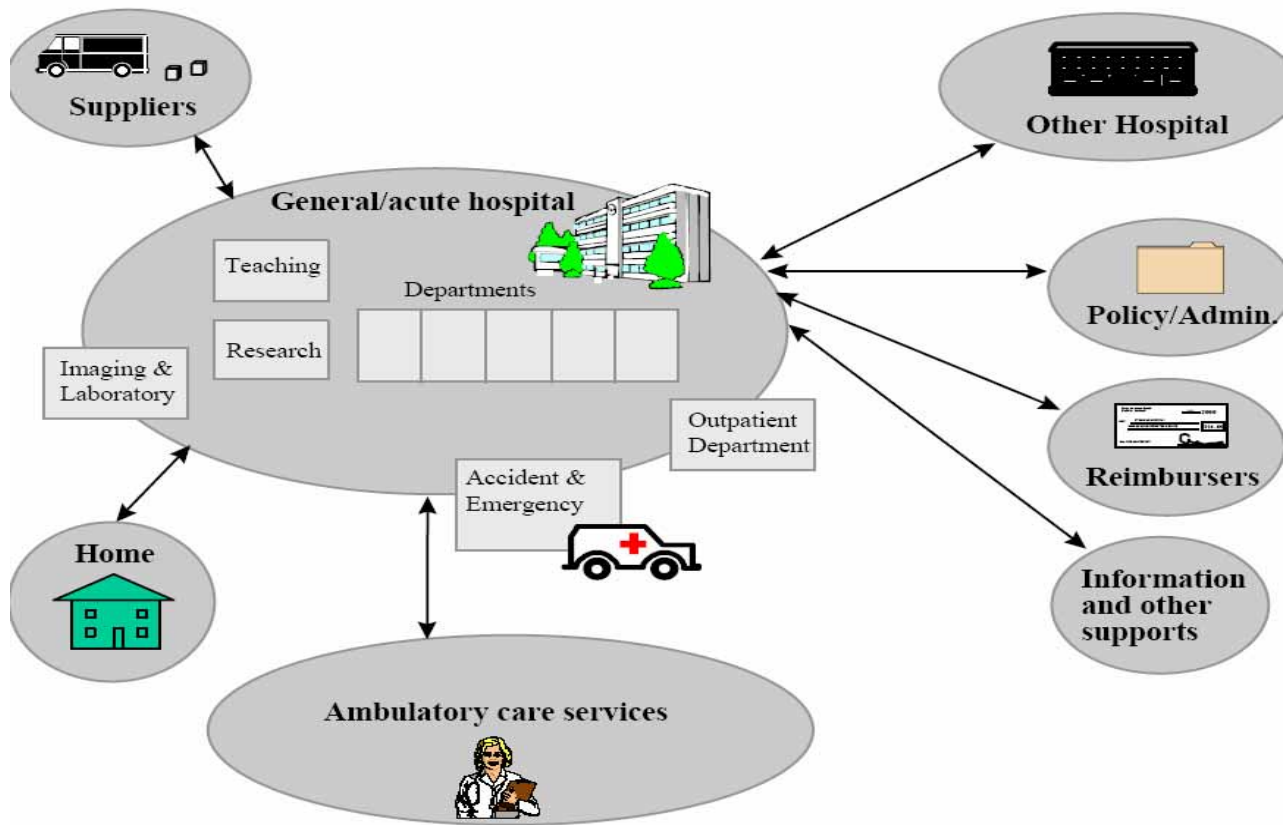
PLAN

- Health care model of communication in Europe
 - Hospital
 - Physicians/primary care centres
 - Home social care provision
 - Citizens/patients
- e-Europe initiatives : ICT and e-business in health
- Senior Watch - Older persons and e-health care
- Drivers and Barriers to e-health & e-care in Europe

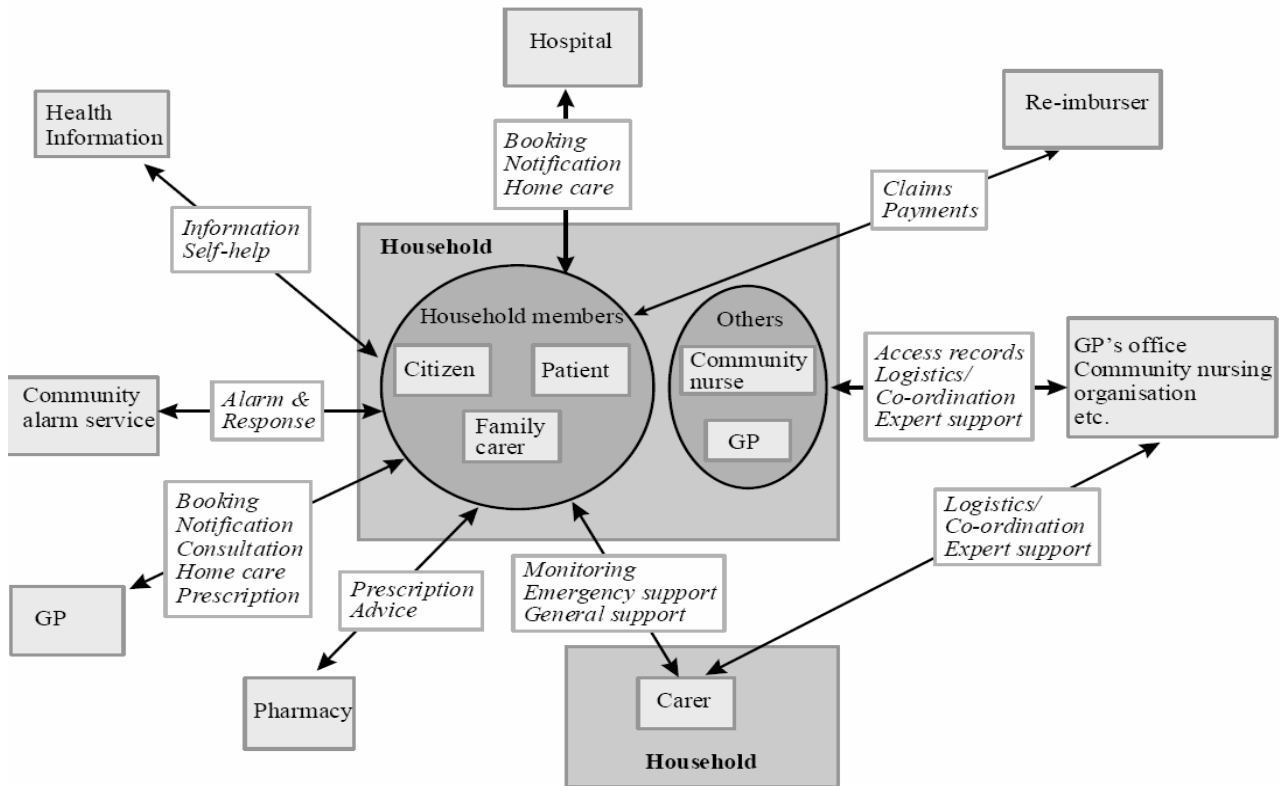
Model of health care services: hospital, PHC - patient EU report, 2002



B - Model of ambulatory care communications - EU report, 2002



C - Model of consumer/older patient communications - EU report, 2002



E-Europe Initiative chronology

1st e-Europe communication: December 1999

➔ focussed on the healthcare sector.

"secure services have to be developed linking hospitals, laboratories, pharmacies, primary care centres and homes of people in order to meet the double challenge of improving the quality and accessibility of healthcare whilst constraining overall costs".

2nd e- Europe communication : early 2000

ambitious set of five proposed actions and targets for health online/eHealth

- proposition that Member States would ensure the following points by the end 2002:
 - primary and secondary healthcare providers have a health telematics infrastructure in place including national and regional networks which connect citizens, practitioners and health authorities on-line
 - quality criteria for health related websites were developed
 - best practices in eHealth were identified and disseminated
 - a series of data networks was established to assist with informed healthcare planning
 - a communication on legal aspects of eHealth was drafted

Europe Initiative - EU report, 2002

Adoption of customer-facing solutions in France, UK and Germany (Healthcare, government) versus USA (Healthcare), 2001

Customer facing solution	F, D, UK	USA
E-marketing	22%	60%
Customer service and support	51%	60%
E-commerce	36%	37%

Source: Net Impact Study (2002), pp. 22,41

NHS-Direct (UK)

The UK National Health Service *NHS-Direct* service is a 24 hours a day, seven days a week, 365 days a year service providing information and advice to members of the public calling through a single national telephone number. Callers seeking medical advice are assessed by nurses using advanced computer clinical decision support software to provide consistent clinical criteria. There is also an associated *on-line service* – a website providing healthcare information and a guide to common symptoms. NHS Direct is the world's largest provider of telephone healthcare advice, receiving 3.5 million calls in 2000-01 and costing £80 million to run – with call volumes set to double in 2001-02. The full-time equivalent of 1,150 highly qualified nurses in 22 call receiving sites provide advice to callers.

<http://www.nhsdirect.nhs.uk>

NetDoctor . . .

. . . is an European e-health company with a presence in seven leading Internet markets: United Kingdom, Germany, Austria, Denmark, Norway, Sweden and France. NetDoctor offers individual care and health services for consumers, doctors and chronic sufferers. Over 500 healthcare specialists from around Europe work with NetDoctor in creating high quality information and services. The localised NetDoctor sites and communities offer daily health news, facts about diseases, treatments and healthy living, a drug database, 250+ discussion rooms, interactive health tests, "Ask the Doctor" services, live events, wireless services and much more. NetDoctor also has a special set of websites for health professionals under the brand NetDoctor Pro and has developed a community platform for in-depth NetDoctor sites catering to special interest groups such as asthma sufferers, diabetics and pregnant women.

e.g. <http://www.netdokter.de> , <http://www.netdoctor.co.uk>

allcures.com – an online pharmacy

allcures.com is the first, fully operational *online pharmacy* in the UK. It is much more than an Internet shop, it offers a wealth of information and advice on health issues, medical problems and different treatments to enable customers to make the most informed choices possible. Customers are asked to suggest improvements or offer their own product recommendation to other customers. In this way allcures.com hopes the customer base will evolve into a true e-community.

<http://www.allcures.com/>

Atuline Virtual Hospital

Atuline Virtual Hospital is the first European virtual hospital supervised by authorities. Atuline provides online medical consultation and electronic prescription to both individuals and for the use of health care providers. Atuline medical experts can be contacted in English, German or Finnish whenever and wherever needed. Anyone can become a user of the Virtual Hospital, while via a local network it can be designed for local health care providers to help them create local patient-to-physician network and make use of the latest technology. A patient's record is compiled in the form of an e-health account, which may contain X-rays, digital photos and doctor's prescriptions. The electronic prescription can be picked up, after verification, at any pharmacy in Europe that is part of the Atuline service. The services employ a Novo developed authentication method originally developed for the use in Internet banking.

<http://www.atuline.com>

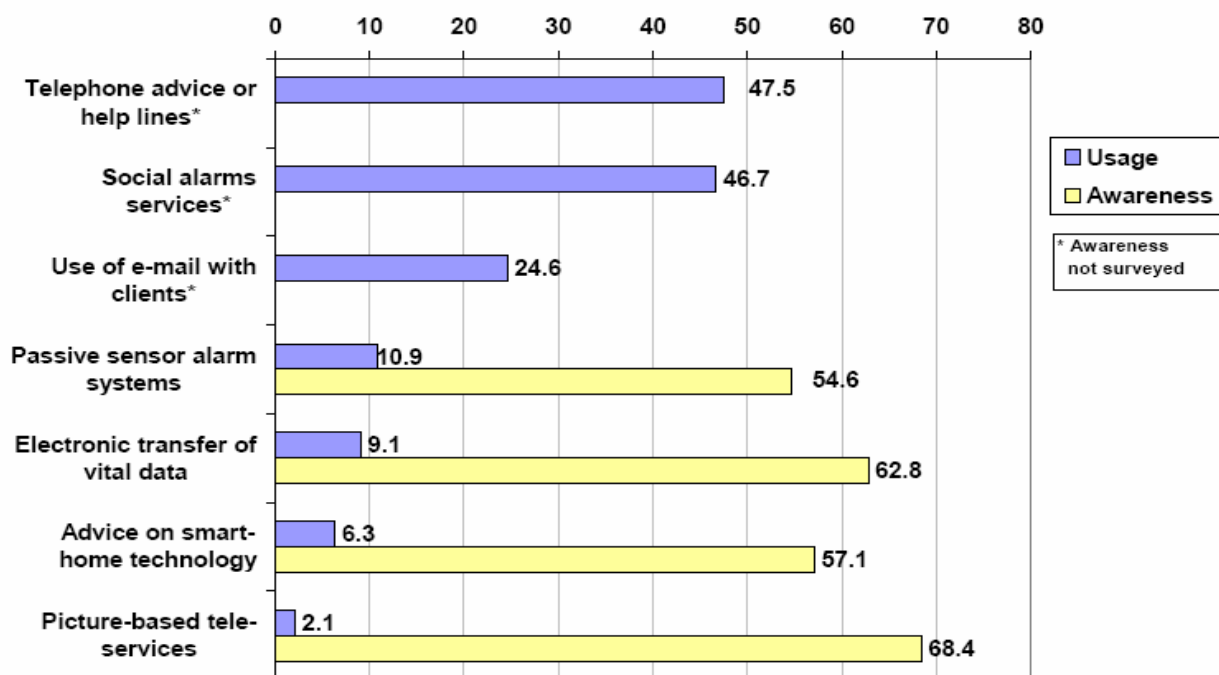
E-Europe Initiative - EU report, 2002

Table 2-21 General Practitioners' offices using the Internet to transfer patient identifiable data, June 2001 (in%)

B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EU15
47.0	64.2	13.2	14.8	31.6	16.8	12.5	14.6	24.3	51.5	42.2	10.3	10.7	15.4	22.7	22.3

Source: Eurobarometer 104 (2001), Medecins Generalistes – General Practitioners

Figure 2-6 Usage and awareness of IST-based care applications among European care establishments (%), 2001



Source: SeniorWatch, 2002, DMS

Older Citizens (50+) and European markets for ICT products and services

Representative data from the SeniorWatch user surveys

- across all 15 European Union Member States
- computer-assisted telephone interviews - CATI
- geographically and socio-demographically stratified random sampling
- summer of 2001
- Older Population Survey (OPS) 9,661 respondents aged 50+
- Decision Maker Survey (DMS): 512 decision makers from home care provider organisation

Access to and usage of general purpose ICT applications

Access:

Standard TV.....98%
Cable TV.....30%
Digital TV.....13%

Mobile Phone.....48%

Computer.....36%
Notebook/Laptop.....5%

Internet.....22%

Usage:

Teletext (on TV).....45%

Mobile Phone.....42%

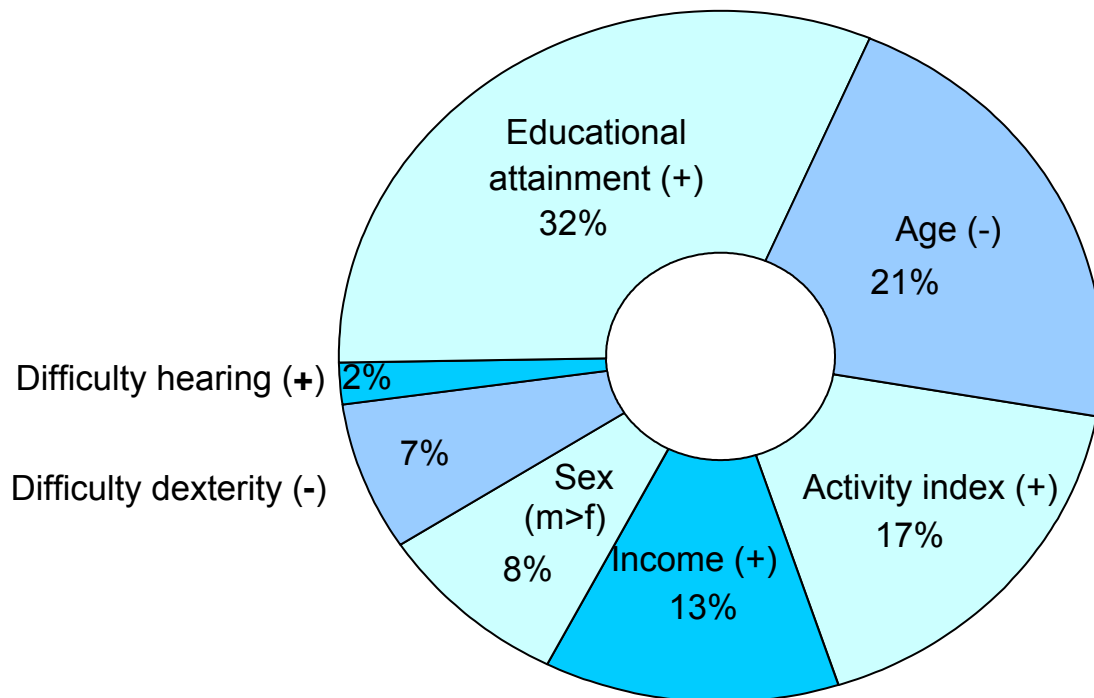
Computer.....27%

Internet.....17%

Factors linked to the use of internet & ICT

- Age
- Gender
- Education
- Occupational opportunity
- Income
- Active lifestyle
- Functionality level
- Urban / rural gradient
- North / South

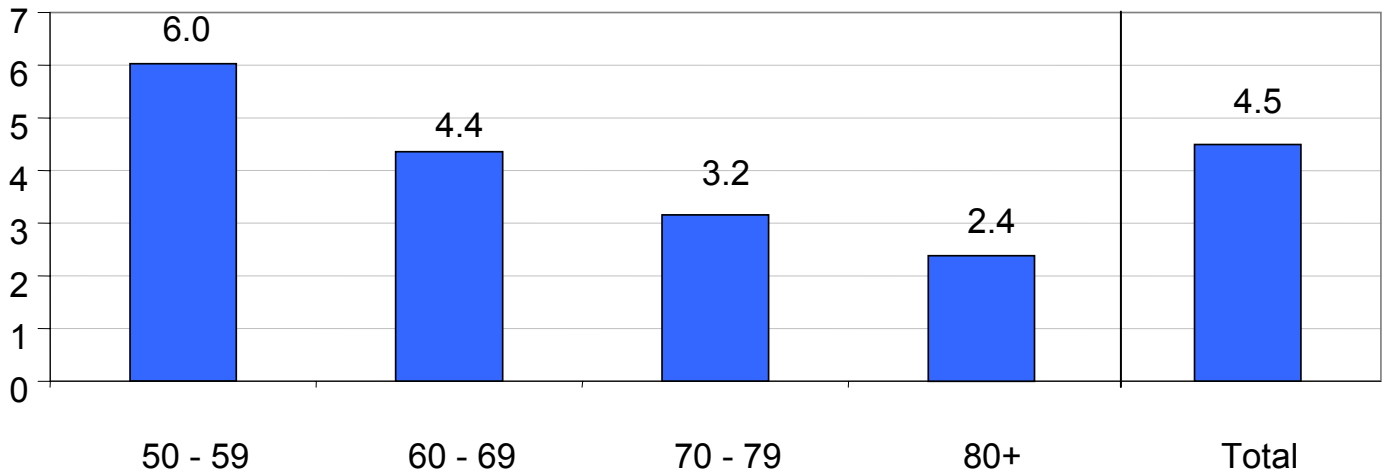
ICT involvement a matter of different factors - Determinants by comparison



- Educational attainment is the dominant variable in explaining IST involvement
- Age and income are also strongly discriminating factors
- Activity orientation represents the very significant lifestyle part of IST take-up
- Gender differences are still significant but not as relevant as other demographic variables
- The remaining explanatory power of impairment is only small: Having hearing troubles makes involvement more, dexterity less likely. Vision is not relevant in this model.

ICT usage by age

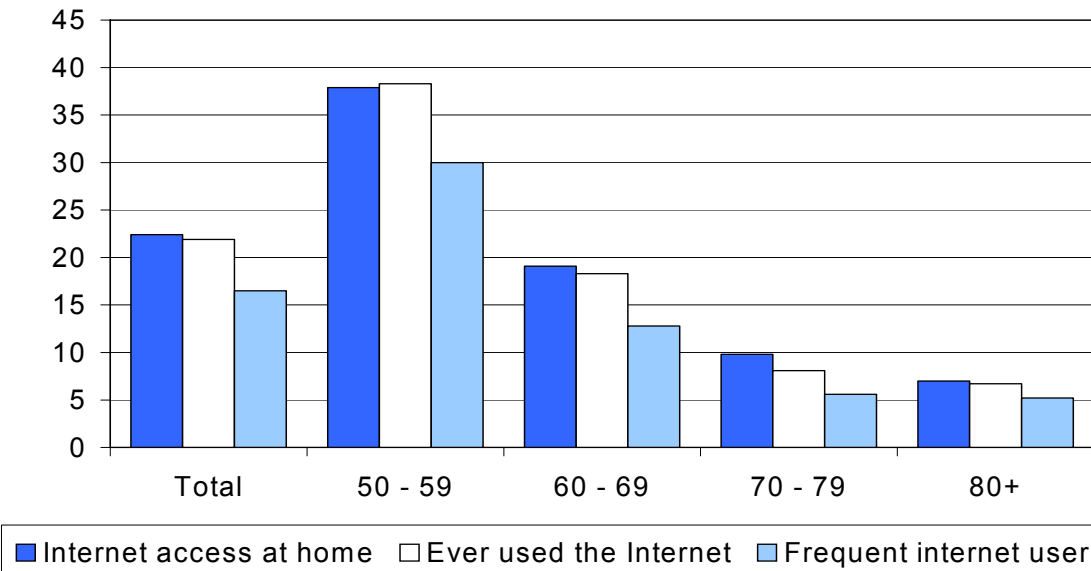
Average number of ICT products and services used
(out of 14 items)



- The average number of ICT products accessible and/or used, e.g. TV, DVD, fax, computers and the internet (maximum total of 14) is also closely related to age

Internet access and usage European seniors entering the web

Internet access and usage by age (as % of total)



- Internet has only begun to enter the senior market
- 16% of the 50+ population are frequently using the internet
- Usage is strongly concentrated in the 50-59 cohort
- For the old aged - esp. 70+ - internet usage is still very low

Interest in e-health by age and digital literacy

Table 2-15: Interest in e-health applications (%) by age and computer literacy, 2001

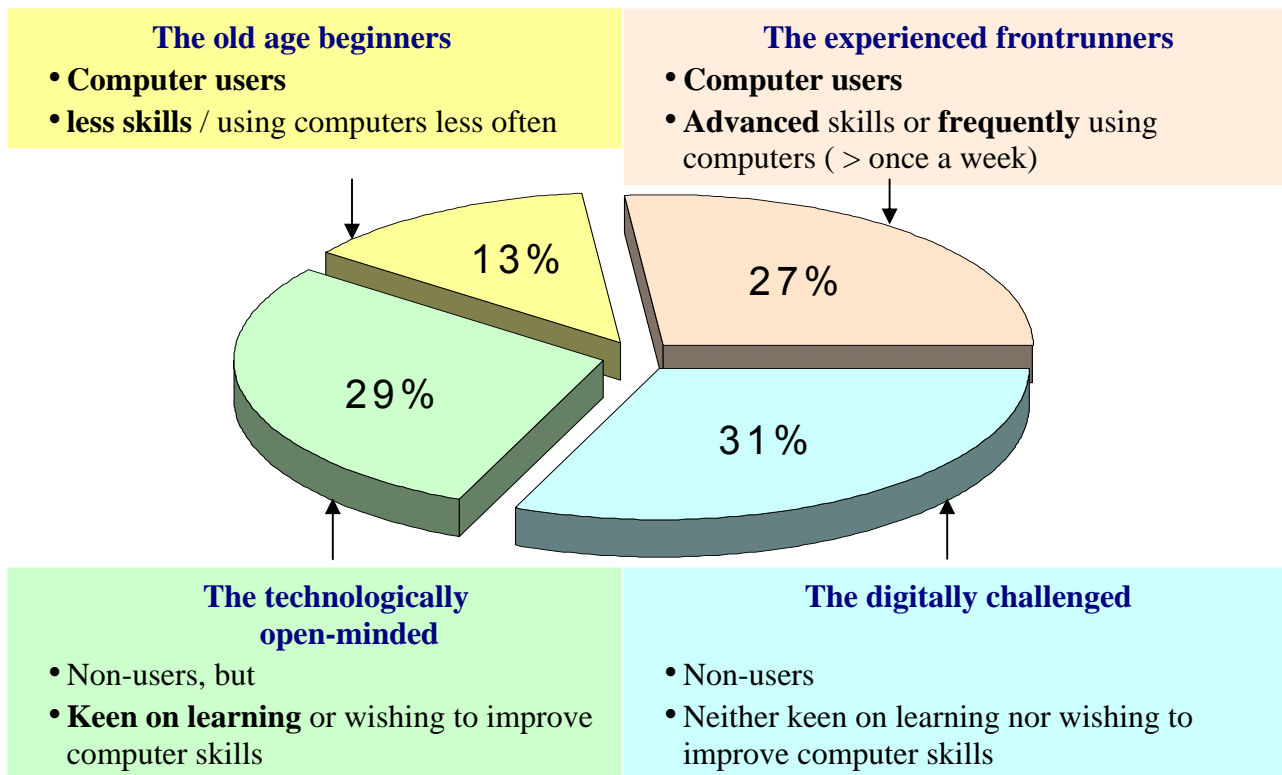
Interested in:		information about health issues on the Internet	Information about on-going medical treatment displayed on computer or TV screen	Getting a doctor's advice on a health problem by e-mail	Getting a doctor's advice on a health problem by video-telephone
Total		38	30	27	22
Age	50 – 59	52	39	33	27
	60 – 69	38	31	28	23
	70 – 79	25	20	19	16
	80+	15	18	14	13
IST interest	The digitally challenged	15	15	14	12
	The technologically open minded	38	31	28	26
	The old age beginners	45	35	31	26
	The experienced frontrunners	61	44	37	27

Source: SeniorWatch, 2001

- **The experienced frontrunners** → users with advanced computers less often than once a week (61% interested in health information – Sweden highest rate of interested 58% vs Portugal-Spain- Ireland 16%-17%)
- **The old age beginners** → users with fewer computer skills using computers less often than once a week
- **The technologically open-minded** → keen on learning - ready to improve computer skills
- **The digitally challenged** → no experience and no interest in computers (only 15% are interested in health information)

The differences in statistics between European regions reflect the telecommunications infrastructure, access and usage costs relative to economic prosperity, policy priorities and similar factors.

ICT involvement Older population covers broad spectrum

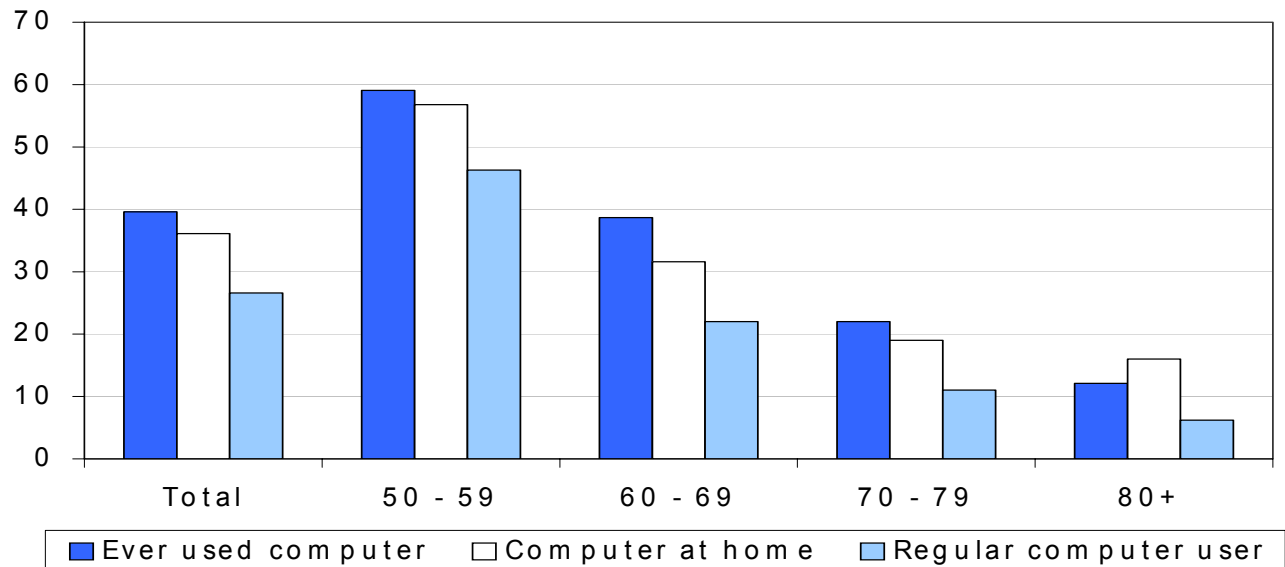


- ICT involvement is a compound indicator which takes account of attitudes, skills and usage data
- Rationale: Users are different as to their usage intensity, non-users differ re their openness to become involved.
- Older population covers the whole variety of ICT involvement
- About one third are heavily at risk of being left behind

Care Challenges

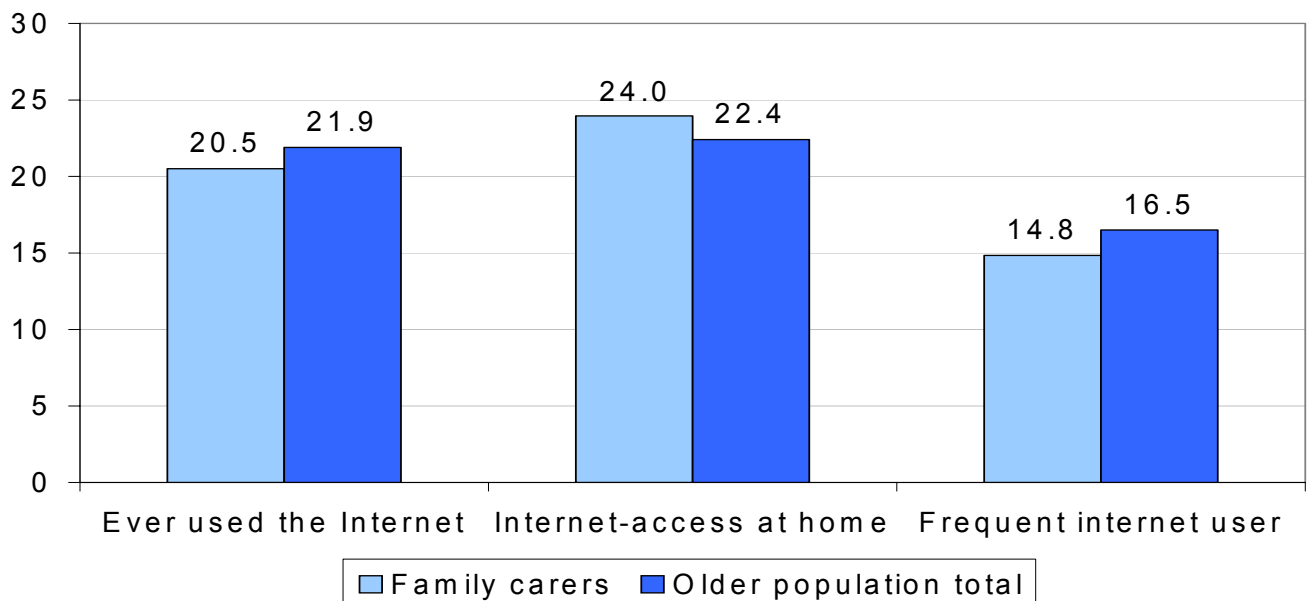
Computers - quite common in seniors' homes

Computer access and usage by age (as % of total)



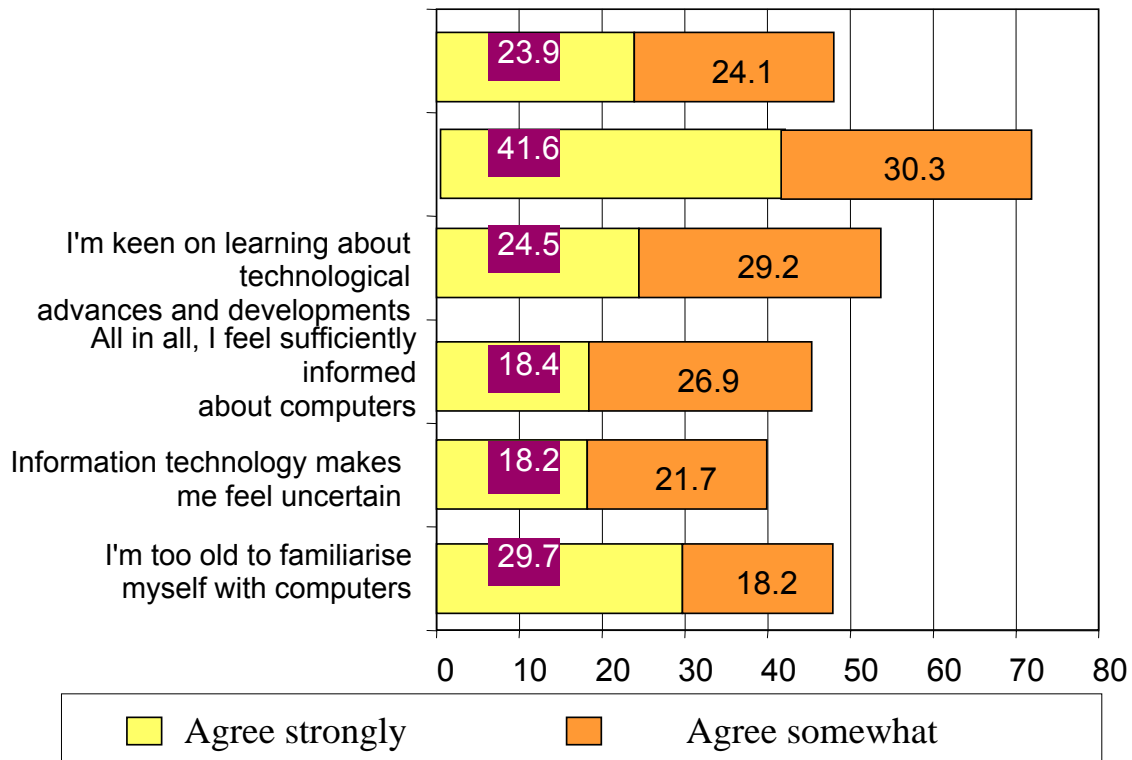
Family carers and ICT

Internet involvement of family carers compared to the older population in general as %
family carers / total older population



- the use of the internet is almost identical for family carers and the older population in general

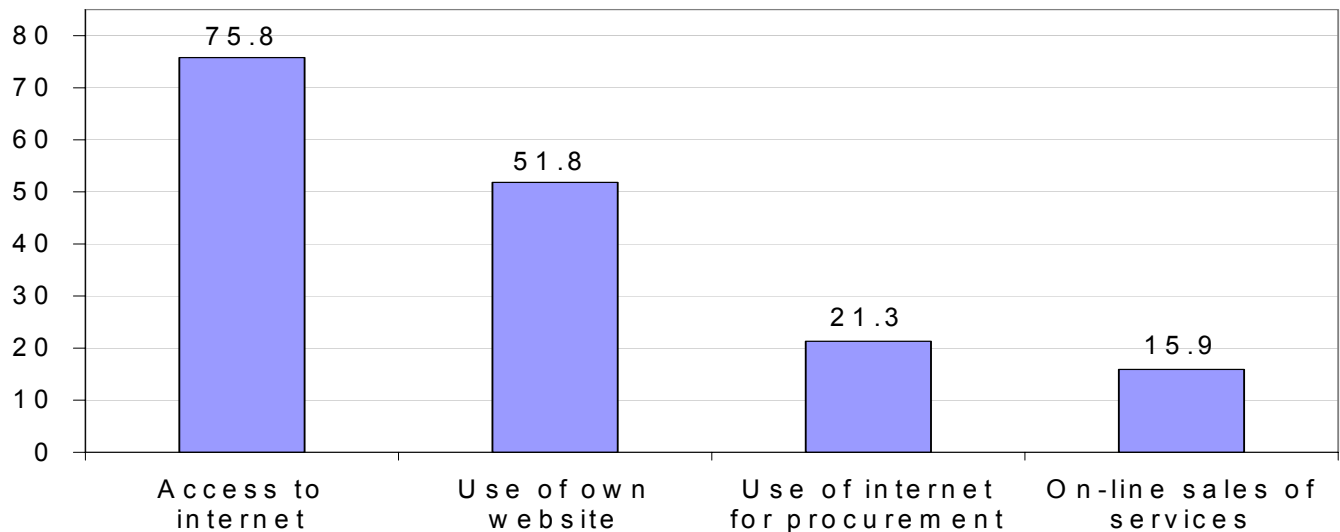
Attitudes towards ICT - Many fear to be excluded from the Information Society
 ICT attitudes (as % of total)



- Older people feel unrecognised as target group (70 % say ICT is only connected with younger people)
- 48% of older population blame manufacturers not to incorporate their needs in product characteristics
- More than half are keen on following technological developments
- One half each feel or do not feel too old to familiarise with computer technology

Usage in care sector - internet

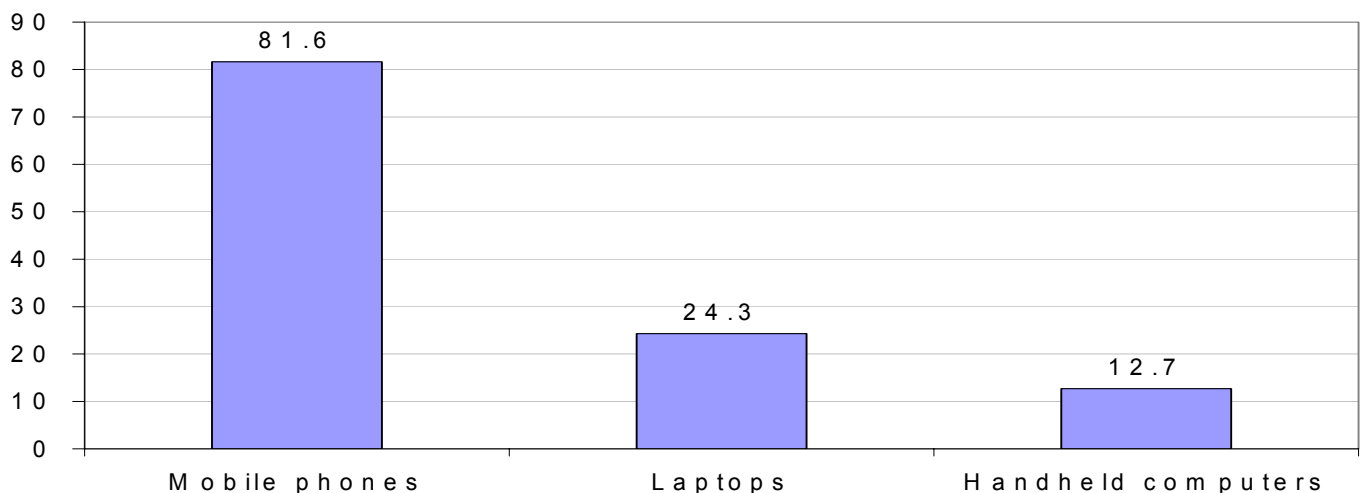
Actual usage of internet by care service providers as % of care establishments (weighted according to European market share)



- Internet access is becoming standard in care establishments (presently 76%; about 88% in 2 years)
- More than 50% have set up their own web-site
- E-business opportunities are used only by a small proportion of care services: 21% buy and 16% sell on-line

Usage in care sector devices used by mobile staff

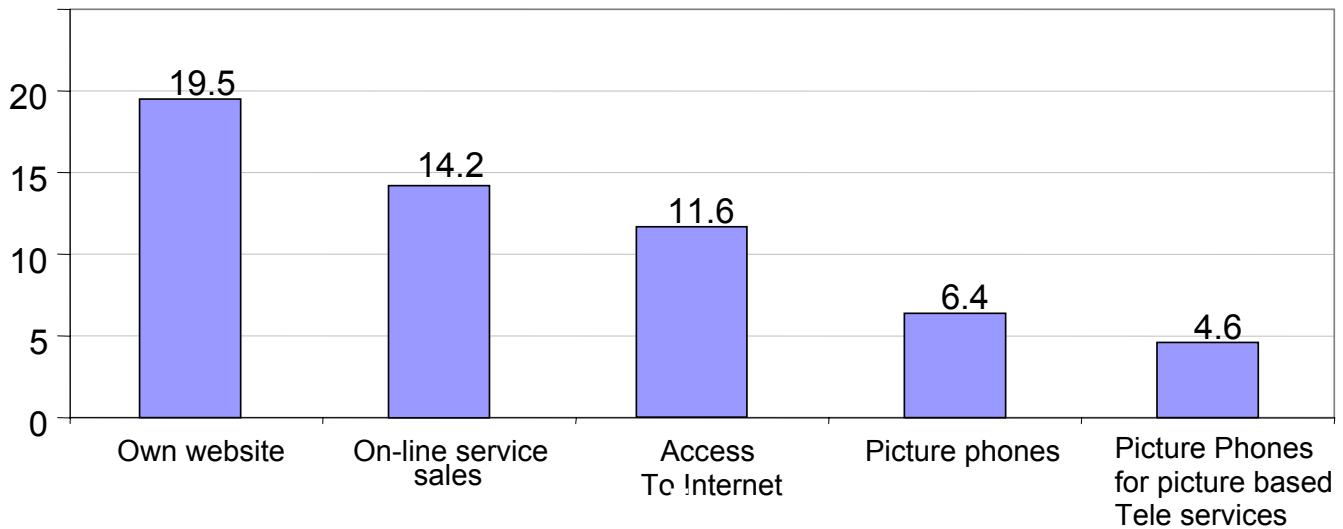
Actual usage of IST by mobile care staff as % of care establishments (weighted according to European market share)



- Mobile phones are used by the vast majority of care services for their mobile staff (82%)
- Intelligent devices like laptops (24%) and handheld computers (13%) are applied by few enterprises only

Short term demand for ICT applications in the care sector - The decision makers' estimats

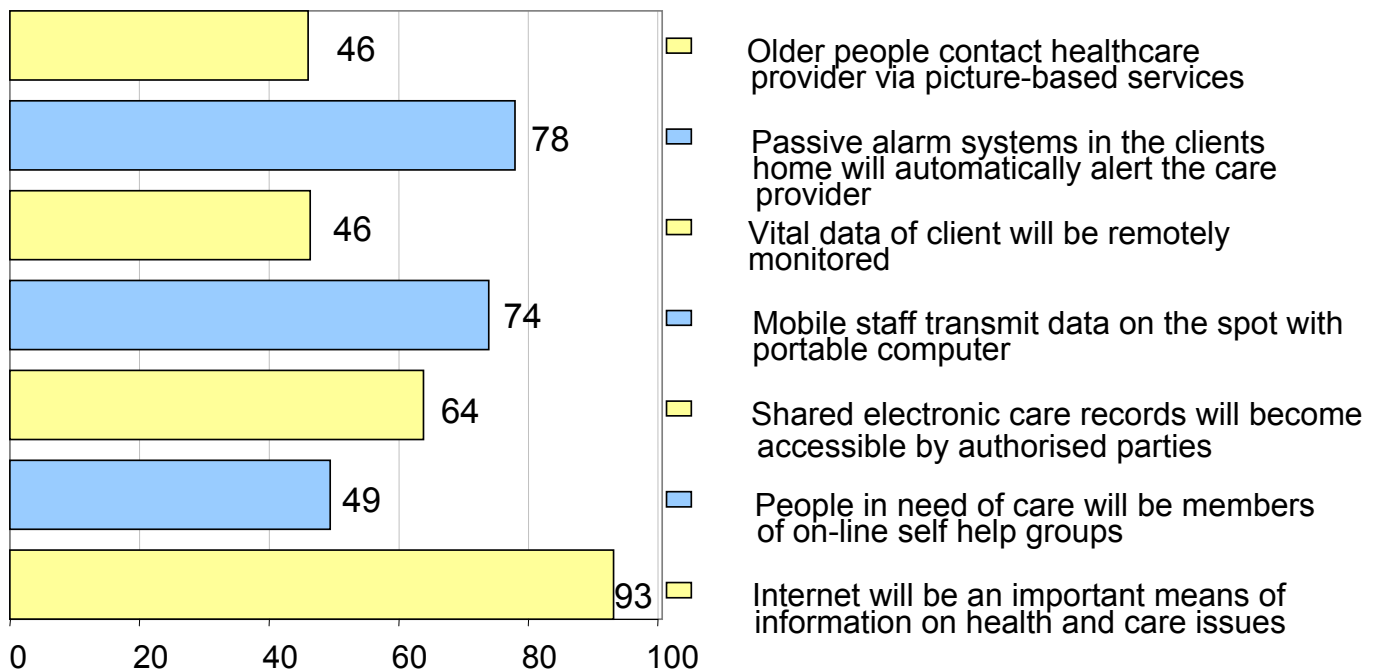
Implementation planned within two years time% of decision makers (weighted according to European market share)



Future trends in care sector - The decision makers' views

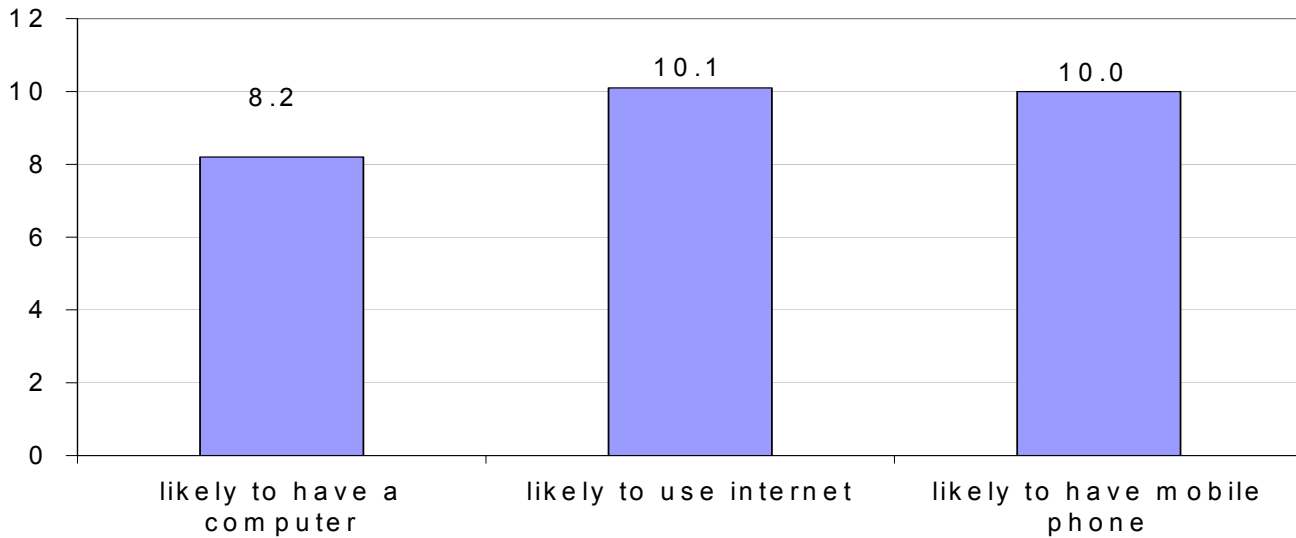
Future trends in care sector

% of decision makers stating "likely to be common within five to ten years" (weighted according to market share)



Strong market growth about 10 - 13 m new customers within 2 years

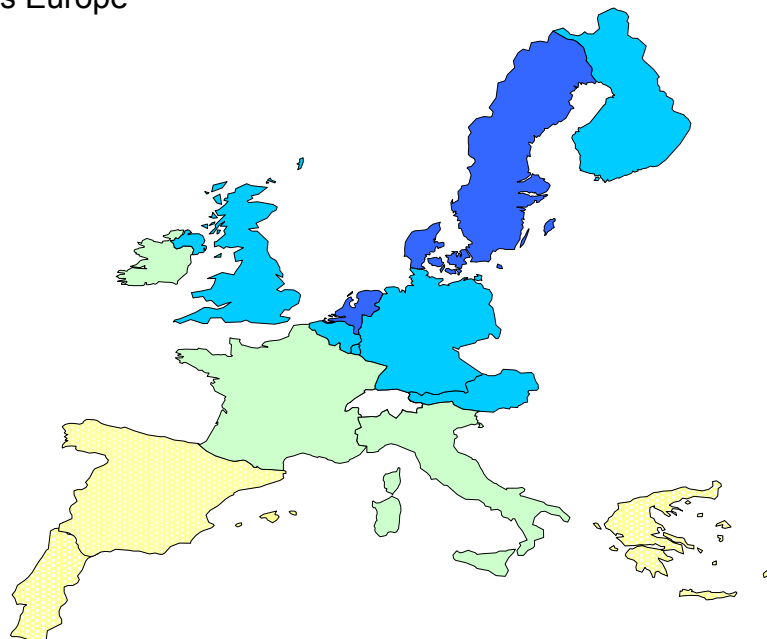
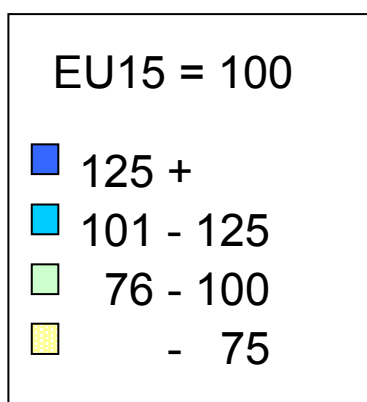
Plans to use within the next one or two years (as % of total older population)



- Markets for computers, internet and mobile phones will grow by 10 to 13 m customers each year
- Of those likely to have a **computer**, 18% are suffering from a *severe restriction* as regards vision, hearing or dexterity (32% only report no restrictions at all).
- Also 16% of those likely to use **internet** (38% no restrictions at all)
- And 22% of those likely to have a **mobile phone** (36% no restrictions at all)

North South Gradient re generic ICT usage

- The average number of ICT products and services out of 14 items does not vary as much across Europe



Person's System vs Health Care System

EU Workshop on Health & Social Care Management Access to Services and E-Health/E-Care

October 2003 – Prague

	Health Care System -objective system-	Older persons system -subjective system-
Characteristics	<ul style="list-style-type: none"> • Public • Formal help • Diversity in carers – increasing migrants • Compensation of the family • Influence of the private sector and economic imperative • Etc. 	<ul style="list-style-type: none"> • Private • Informal • Self-help depending on the personal background (life course and e-illiteracy) • Generation effect • Control of life is increasing • No trust in “Doctor as a God” • Change in network → less family support on site, more urban/rural gap • Etc.
No ICT continuum between the health care and personal care system	<ul style="list-style-type: none"> • Formal rehabilitation • Institutional care • Etc. 	<ul style="list-style-type: none"> • Informal rehabilitation is changing • Family structures are mixed and diversified • Socio-demographic profile to consider • Socio-economic situation to be addressed in parallel (i.e. poverty) • Etc.

ICT and high technology in the care system	<ul style="list-style-type: none"> • telemedicine • delivery system and technological performance • housing devices • environment • quality of ICT • rehabilitation in Time i.e. on line exercise, treatments, etc. • and surveillance systems for institutions (ie Alzheimer patients) • GPS utilization in health care 	<ul style="list-style-type: none"> • telealarm • smart home – high tech • control the person • sensors • video surveillance • distant monitoring • ICT is there .. but no need • wheel chairs hi-tech • bathroom ergonomic • traditional technology substitution and link with cost-effectiveness
<ul style="list-style-type: none"> • Co-integrated care <ul style="list-style-type: none"> • Responsibility of the private sector, the health system versus the person • Older population architecture and characteristics to be considered (ie increasing migration and its impact on multi-cultural health care system) <ul style="list-style-type: none"> • Managing self-help will increase the economic benefits <ul style="list-style-type: none"> • Cohort effects on e-learning, and e-training <p><i>Standards for the adaptation of future Human-Technology health care policies</i></p>		

Drivers and Barriers to change

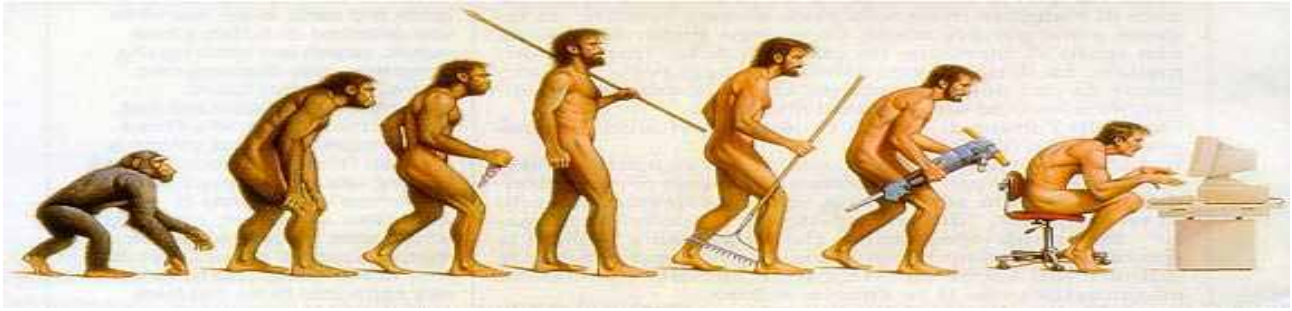
Drivers of change

- Pressure to constrain costs
- Centralised national health care systems and health and ICT policies
- Competition and private players
- Technological and medical progress

Barriers to change

- Complexity of the health and care sector
- Conflicting interests of players
- Size of organisations
- Training and continuing education
- ICT infrastructure
- Network economics
- Security and privacy
- Lack of standards

Evolution of ageing...from the Homo Sapiens to Homo Technicus



4.4 Needs and Provision of Health and Social Care for Older People in Romania

Professor Valentina Mihăilă

Dr. Paul Radu

National School of Public Health and Health Services Management Romania

Presentation content:

- General framework of research, in health and social services for older people, in Romania
- Institutions involved in research, in health and social services for older people, in Romania
- Projects developed in this area
- Older People in Romania and their health status
- Characteristics of provision of care for older people in Romania
- Conclusions

General framework of research, in health and social services for older people, in Romania

Main funding agencies:

- Ministry of Education and Research (MER) for projects covering also this area (VIASAN, Programe Nucleu etc.), but no dedicated funds for research regarding older people
- Ministry of Health (MH) for small projects covering also research for older people
- CNCSIS (National University Research Council)
- ICCV (Research Institute for Life Quality)
- Ana Aslan Institute etc

Institutions involved in research, in health and social services for older people, in Romania

Main research institutions:

- Universities of Medicine
- Ana Aslan Institute
- ICCV (Research Institute for Life Quality)
- Victor Babeş Institute
- National Institute for Research and Development in Health (the actual National School of Public Health and Health Services Management - NSPHHSM) etc.

But...

- **Only one institution with research projects regarding health services for older people – NSPHHSM**

Project regarding research of health and social services for older people, in Romania, developed by NSPHHSM

- Health Status of Older people in Bucharest
- Programul Nucleu (2006-2008) financed by MER– “Present and Future Problems Concerning Health Care Services for Older People” with 4 projects:
 - Analysis of usage of hospital care services by older people
 - Description and analysis of trend for avoidable mortality of older people in Romania
 - Identification of variations in health care practice for older people at the level of eight Euroregions in Romania
 - Identification of modalities for optimization of health care processes for chronic older people

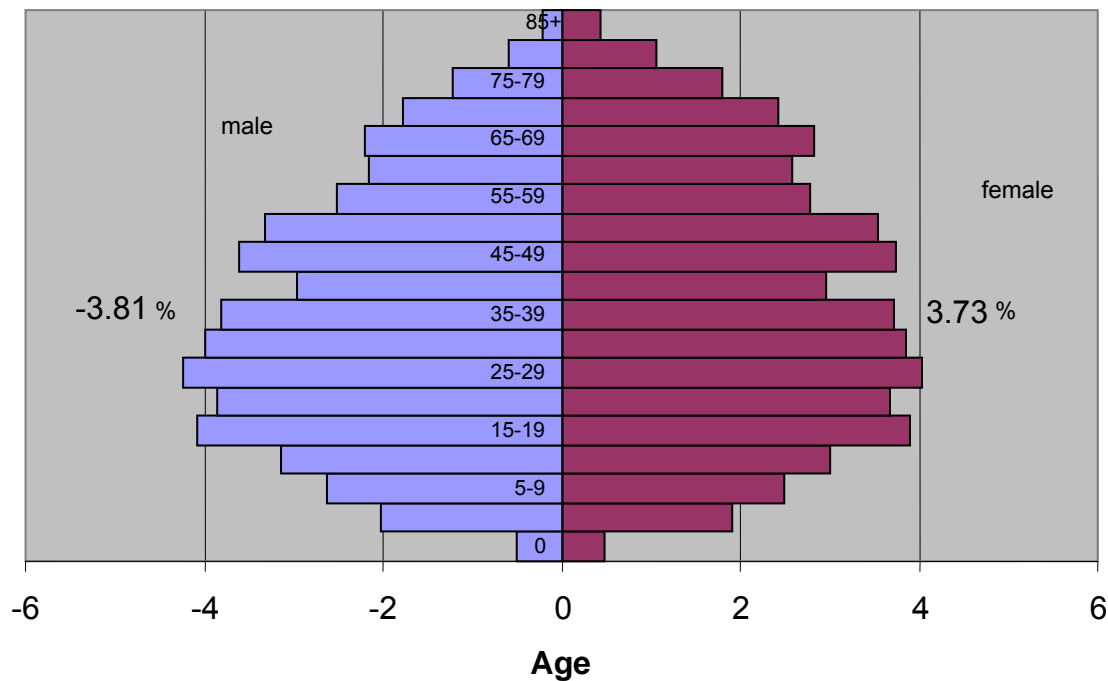
% of population 65+ years (2004)

Source: Health for All

Germany	18.31
Bulgaria	17.12
Croatia	16.64
Latvia	16.36
Ukraine	15.74
Austria	15.74
Finland	15.72
Slovenia	15.17
Lithuania	15.06

Belarus	14.39
Luxembourg	14.18
Czech	13.99
Netherlands	13.94
Russian	13.55
Ireland	11.15
Republic of Moldova	9.86
Kyrgyzstan	5.49
EU	16.42

Population (%) by age and sex July 1, 2004, Romania



Population Dependency Ratio, Romania, years: 1990-2050

Source: Vasile Ghepău, 2004

Years	Total Population	Dependency Ratio for young people	Dependency Ratio for the elderly	Total Dependency Ratio
Low level option				
2000	22435	42,1	21,8	63,9
2050	16290	25,9	55,8	81,6
Medium level option				
2050	20289	43,4	47,0	90,3
High level option				
2050	22093	47	43,1	90,1

- Older people were not a priority for health policy prior 1990, but also during the “transition period”
- The responsibility for health and social care services provided for older people belong to:
 - Ministry of Health
 - Ministry of Labor and Social Protection
 - State Department for Disabled People

Distribution of places for older people in institutions, Romania, 1998

Type of Institution for older people	No. of units	Capacity	Authority
Nursing homes for chronic illness, disabled people and invalids	49	7.068	State Department for Disabled People
Nursing homes for neuro-psychoic diseases	20	4.339	State Department for Disabled People
Nursing homes for older people	40	4.269	State Department for Disabled People
Nursing homes for retired people	19	2.105	Ministry of Labour and Social Protection
Total	128	17.781	

Main NGOs in this area

- Alzheimer Foundation – (1992)
- “Meals-on-wheels” – (1992) first form of the Community Care
- Centru de zi – (1993) home visits
- “Ana Aslan” Foundation – (1990) humanitarian activities
- “ESTUAR” Foundation – mental health activities
- The Foundation for Community Care (BAD) – 1995 in collaboration with British organization
- Geron Foundation
- “Developing Community Services” – in Sibiu (World Bank Project) etc.

Health status of older people

- It is not know published information at national level regarding the health status of older persons.
- The only available data regarding the morbidity of older people is from the electronic database regarding patient level data (used for Diagnosis Related Groups – DRG hospital reimbursement) of all Romanian inpatients (starting from 2004) – data collected and managed by NSPHHSM

Top 10 DRG for older people, 2005 (I)

DRG	DRG Name	No of Cases (over 60 years)	% from all cases over 60
127	HEART FAILURE & SHOCK	88,098	6.82
14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	53,822	4.16
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	49,579	3.84
134	HYPERTENSION	43,996	3.4
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	43,251	3.35
243	MEDICAL BACK PROBLEMS	34,076	2.64
410	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS	27,128	2.1
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	20,410	1.58

15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	18,907	1.46
140	ANGINA PECTORIS	18,845	1.46

Top 10 DRG for older people, 2005 (II)

- Pneumonia, Chronic Obstructive Pulmonary Disease, Diabetes Age>35, Medical Back Problems are conditions that could also be treated in ambulatory settings
- Avoidable hospitalization considers that a more effective treatment in ambulatory could reduce hospitalization rates
- The high frequency of chemotherapy reflects an increased incidence of tumors

Conclusions

- There are few studies regarding the health and social care services provided for older people and few data available for analysis regarding this issue (exception for inpatient care)
- Some GO and NGO are interested in doing research regarding health care services for older people, but funds are ... a problem
- The research in this area could provide evidences for better health and social care policies (the Romanian population is getting older!)

4.5 Introduction to the European Research Area on Ageing

Professor Alan Walker
University of Sheffield, UK

Agenda

- The Need for European Coordination
- The Forum Project
- The European Research Area on Ageing
- After ERA-AGE?

The Need for European Coordination

- No systematic linkages between centres of excellence
- Absence of a concerted European perspective

Building Blocks in the Europeanisation of Ageing Research

1991	European Observatory on Ageing and Older People
1992	Eurobarometer
1993	European Year of Older People and Solidarity Between Generations
1999	UN Year of Older People (the society for all ages)
1998-2002	FP5 Key Action 6
2000	First European Forum on Ageing Research
2001	FORUM
2004	ERA-AGE

The Need for European Coordination

- No systematic linkages between centres of excellence
- Absence of a concerted European perspective
- Lack of interdisciplinary research

We are not students of some subject matter but students of problems. And problems may cut right across the borders of any subject or discipline

Karl Popper

Interdisciplinary research should not be conducted for its own sake but, rather as a deliberate response to specific research needs.

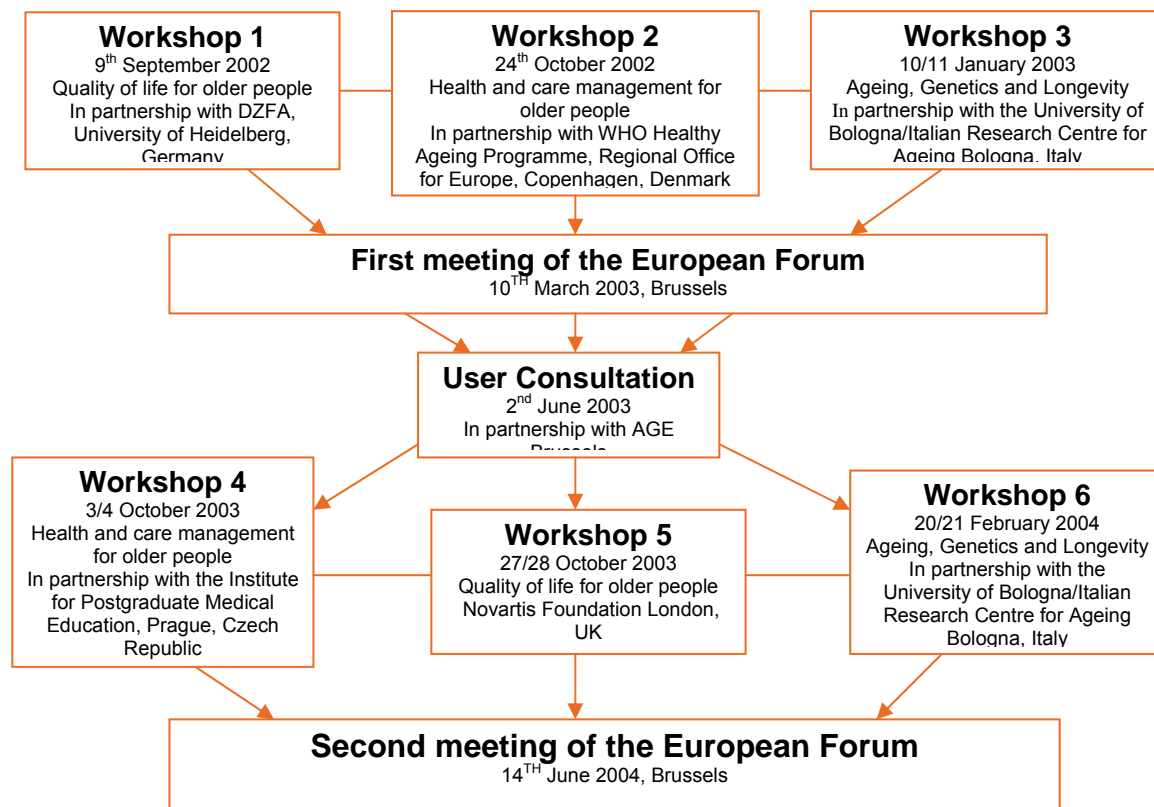
Bridging Disciplines in the Brain, Behavioural and Clinical Sciences, 2000, p.4.

FORUM Objectives:

- To promote European co-operation in ageing research
- To develop synergies between national and international programmes
- To improve channels of communication.
- To stimulate interdisciplinary research
- To promote improved public awareness

Methods:

- Forum on population ageing research
- Workshops on priority topics
- User consultation conference
- Steering group
- Dissemination



European Forum on Population Ageing Research: Knowledge Gaps and Research Priorities

	INSTRUMENTS	STRUCTURAL LIMITATIONS	METHODOLOGICAL ISSUES	RESEARCH PRIORITIES
QUALITY OF LIFE	<ol style="list-style-type: none"> 1) Consensus on how to understand, measure and define QoL – both standardised and culture specific. 2) Predictors of active ageing. 3) Assess environmental measures to understand how to improve the lives of older people. 	<ol style="list-style-type: none"> 1) Developing gerontology researcher capacity in quantitative and financial expertise. 2) Health issues have taken priority to the detriment of other aspects. 	<ol style="list-style-type: none"> 1) Biographical and older person centred perspectives. 2) Involving older people in research. 3) Theoretical development that integrates findings across the domains of QoL. 4) Examination of societal level as well as the individual – including provision, providers and recipients. 5) Targeting of research on 50-67 year olds – 'tomorrow's older people'. 	<ol style="list-style-type: none"> 1) What e-health and e-care services are available, what services do older people want & how do these services interact with others? 2) How to get people on low income and with low education to use these services – greater accessibility. 3) Extensive European longitudinal study that begins by reviewing existing longitudinal studies and their methodologies and variables.
HEALTH AND SOCIAL CARE MANAGEMENT	<ol style="list-style-type: none"> 1) More effective quality assurance of e-health and e-care services. 2) All interventions should be tested amongst the 'oldest old'. 	<ol style="list-style-type: none"> 1) Expand research beyond the dominant perspectives and the limitations created by commercial priorities. 2) Fund more research into non-medical interventions. 	<ol style="list-style-type: none"> 1) Methodologies need to keep up with the rapid evolution of knowledge – i.e technology, modelling, representativeness, culture. 2) User involvement is underdeveloped and under-utilised. Need for more flexibility and clarity about how and why to involve users. 	<ol style="list-style-type: none"> 1) What e-health and e-care services are available, what services do older people want & how do these services interact with others? 2) How to get people on low income and with low education to use these services – greater accessibility. 3) Extensive European longitudinal study that begins by reviewing existing longitudinal studies and their methodologies and variables.
GENETICS LONGEVITY DEMOGRAPHY	<ol style="list-style-type: none"> 1) No international standard co-morbidity index 2) how to measure and define health and frailty in the oldest old is controversial. 	<ol style="list-style-type: none"> 1) The challenge is how to identify bridges between disciplines and integrate their understandings of longevity and ageing. 	<ol style="list-style-type: none"> 2) Nonagenarians are under-researched in longevity studies. 3) Co-ordinated approach regarding what biological samples and data should be gathered. Statistics should help define this. 	<ol style="list-style-type: none"> 1) Better define the phenotype 'longevity' from a biochemical and physiological perspective. 2) Investigate relationship between diseases and longevity to define which genes to study. 3) Focus on what happens before mortality, why people survive with co-morbidity and what can be changed by what interventions. 4) Researchers should try to answer: <ol style="list-style-type: none"> b) can we attain a robust common measure of individual biographical frailty? b) Can we use this measure to identify genetic, lifestyle, psychological, social and environmental factors that influence the onset of critical frailty?

FORUM Priority Recommendations - Top 5

- Use recommendations to plan FP7
- Establish a European Institute on Ageing
- Work together to develop European and interdisciplinary collaboration
- Commitment to user involvement
- Attract and support new researchers

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

Associate Partner Countries: Germany, Israel, Italy, Latvia, Spain

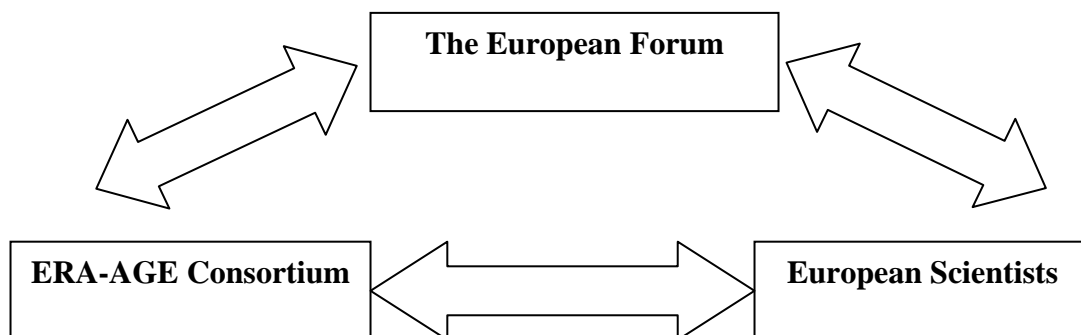
Partner Countries: Austria, Finland, France, Germany, Israel, Italy, Luxembourg, Netherlands, Norway, Romania, Sweden, UK (coordinator)

Associate Partner Countries: Latvia, Spain

Objectives:

- To facilitate coordination of existing ageing research programmes
- 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

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.
- Establishing National Forums of Ageing Research across Europe.

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

After ERA-AGE?

- ERA-NET Plus
- Article 169

ERA-NET Scheme Under FP7

- Continuity of ERA-NET as the scheme providing a framework for the coordination of public research programmes (new topics)
- Broadening and deepening the scope of existing ERA-NETs (to broaden the partnership and scope of the ERA-NETs and deepen the activities towards mutual opening of programmes)
- Introduction of the ERA-NET PLUS module

ERA-NET Plus Objective

“New” the EU financial support to “top up” a joint call

Provide an incentive to organise joint calls for proposals between national/regional research Programmes, whereby:

- The joint call shall pool the resources between the participating programmes.
- The Community shall provide a financial top up topping up at the appropriate level (e.g. 33%)

(Applicable only in a limited number of cases)

ERA-NET Plus Criteria

- One joint call to be implemented per proposal
- Participating of at least five MS or AS in the joint call
- Minimum financial volume of the joint call: 5 million €
- Joint evaluation of proposals, based on peer review
- Only transnational projects can be financed out of the joint call for proposals

Article 169 of the Treaty Objective

An instrument which goes beyond coordination of national research programmes, through:

- An integration of entire (or parts of) existing national research programmes rather than integrating activities of individual performers of research
- An active participation of the Community in those programmes rather than simply supporting the coordination
- A strategic long term cooperation rather than an operational strategy for cooperation

Article 169 of the Treaty - Identification Charts of Potential Initiatives

Criteria	Comments
Relevance to EU objectives	The field of the potential topic should be of major interest for the Community as a whole (e.g. by contributing to European competitiveness, solving problems of direct relevance across the European Union, addressing major issues, relating to the implementation of Community policies), and should have a high political visibility and relevance.
Framework Programme relevance	As regards "objective" : Demonstration that an Article 169 initiative in that topic shall allow the Community to reach one of its objectives : enhance coordination of national programmes. As regards "content" : The field of the potential topic shall be covered by the Framework Programme both in terms of scientific content and of budget allocation.
Pre-existing basis	National research programmes on the topic concerned should exist or be envisaged. In addition to this, preparatory activities related to inter-programme coordination should be ongoing, for example in the context of the ERA-NET scheme.
European added value	The field of the potential topic should have a clear European added value (i.e. no Member State can reach the goal by itself, facilitate the access to or the dissemination of the "national RTD programmes" results).
Critical mass	The proposed topic should involve enough Member States to obtain a significant impact as regards the envisaged integration (i.e. reach a critical mass of resources). The national research programmes concerned shall be of a significant size in terms of efforts deployed (both in terms of budget as of manpower).
Instrument relevance	Demonstration that Article 169 is the most appropriate instrument to allow the achievement of the Framework Programme goals in the field concerned (i.e: integration, avoiding fragmentation, etc). Demonstration that implementing an Article 169 in that field is more appropriate than an implementation through the FP7 funding schemes or at a national level.

Article 169 of the Treaty - Potential Initiatives of the "first train"

Four potential initiatives identified in the Commission proposal for FP 7 specific programmes :

Potential "Article 169" initiatives
EMRP - European Metrology Research Programme
AAL - Ambient assisted living
BONUS-169 - Joint Baltic Sea Research Programme
EUROSTARS - Research performing SMEs

Introduction to the European Research Area on Ageing

Agenda

- The need for European Coordination
- The Forum Project
- The European Research Area on Ageing
- After ERA-AGE?
- Conclusion

SECTION 5:

WORKING GROUP THEMES AND RECOMMENDATIONS

5.1 Working Group Themes

Groups were organised and themed as follows;

Group 1 **Effective Interventions in Health**

Chair: Professor Clemens Tesch-Roemer – (DZFA, Germany)
Note taker: Professor Sirkka-Liisa Kivela – (Turku University, Finland)

Group 2 **Health and Social Care Services**

Chair: Dr Teresa di Fiandra – (Ministry of Health, Italy)
Note taker: Dr Hanneli Dohner – (University Hospital, Germany)

Group 3 **Population Studies on Health and Well-being**

Chair: Dr Emanuele Scafato – (Istituto Superiore Di Sanita, Italy)
Note taker: Elizabeth Breeze – (University College London, UK)

Group 4 **Socio-Economic and Cultural Factors Shaping Care Needs and the Organisation of Services**

Chair: Professor Ariela Lowenstein – (University of Haifa, Israel)
Note taker: Dr Giovanni Lamura – (I.N.R.CA, Italy)

5.2 Working Group Questions

- 1) What priorities should a multidisciplinary research programme on ageing address in the field of health and social care for older people?
 - a) What should be the main priority topics? Please list five topics maximum.
 - b) Are there any of these research topics that should be addressed by a single disciplinary perspective?
 - c) From a scientific perspective what are the key priorities in terms of research infrastructure and cooperation at European level?
- 2) Can you identify any examples of good practice in interdisciplinary and European collaboration that can be useful models from which to use and learn?

- 3) What kind of support should a European programme provide to facilitate both interdisciplinary and European collaboration?

Working groups included a range of policy makers, funders, non-governmental organisation (NGO) representatives, practitioners and/or researchers from 18 European countries. Interesting discussions took place resulting in the following recommendations which will help to facilitate future collaborative development between European research programmes on ageing.

5.3 A summary of working group recommendations

5.3.1 Research priorities for a multidisciplinary research programme

Participants identified a range of research topics to prioritise including:

- Effects of living conditions on health in a rural and urban context and across different cultures: Research should focus, if possible, on three common living conditions across age groups 50-59, 70-79 and the oldest age group 80+. The provision of services and usage is important to the topic area
- Physical condition (frailty) and mental health in order to increase our understanding of pathology versus cultural and other factors. The research may bring together clinical, sociological, epidemiological and environmental disciplines to assess the roles of clinical, social and environment factors that impact upon the decline to frailty.
- Abuse of older people encompassing all forms of abuse. Research should be linked into practice by using existing information on who is abused, who abuses and issues that impact upon the development of preventative services. In Romania, for example, evidence taken from court cases has helped to generate an understanding about prevalence though it does not reveal risk factors for, and effects of, abuse. Literature searching is required to identify existing research in this field.
- Pharmacy and drug use: Polypharmacy (taking of numerous drugs) is a problem for older people. Although older people may become recipients of approved tested drugs, Randomised Controlled Trials (RCTs) often exclude them due to perceived high risks. More research is required to discover the benefits and harm of major drugs to older people.
- Non-pharmacological responses – the effect of psychological, psychosocial or nutritional interventions and rehabilitation should be studied
- Social Security as a guarantee to a minimum standard of living and access to health
- The development of minimum standards of care which incorporates the perspectives of older clients and their formal and informal caregivers

- Social care research of older people should have parity with health care research
- Research on older people from socially excluded groups (such as ethnic minorities). Improving the understanding of the care needs and care responses of specific risk groups of older people
- Socio-economic determinants of health and social care use
- The effects of new and end-of-life technologies (both positive and negative) on the quality of life of older people and their families
- Specific tools / comparable measures of a variety of characteristics relevant to older people are required. These characteristics include age, living at home, numbers receiving home care and numbers in institutions. The development and validation of tools is important
- Differences in health, and physical and cognitive status across different age groups
- Interventions should aim to assist the role of caregivers. Therefore the effect of interventions on caregivers should be studied with necessary long-term follow-ups
- Strategies to develop a good care workforce (including migrant care workers and informal carers)
- Health promotion strategies as a means of prevention including socio-economic obstacles to appropriate preventative care
- Development, implementation and evaluation of appropriate social care interventions. Key issues include how to reach such specific target groups, and how to teach them new life strategies to improve their living conditions.
- The implementation of good practices in Europe should be developed in published work and critical reviews
- Promoting research on diversity in the ageing process.

5.3.2 Single disciplinary research priorities

This question was largely ignored by the different working groups. Groups generally agreed that an interdisciplinary approach should be applied to identified key research topics with the exception of one group who claimed that some research could benefit from a single disciplinary approach.

5.3.3 Key priorities for infrastructure and cooperation on a European level

A range of key priorities were identified by participants including:

- Local municipalities often have service responsibilities. There is a need to develop a simple system to build a data bank that municipalities may adopt
- It is important to make data widely available and link different sources to provide a comprehensive view. Sweden makes data on older people widely available in this way. Comprehensive data are gathered within defined geographical areas which are updated every six years. Survey and administration data (such as information on care homes) is brought together by links
- Funding is required for the secondary analysis of, and the development of documentation and facilities for, existing data to ensure the efficient use. Comparability of data sets is limited due to this caveat
- Key trans-national indicators for the older population need to be established. An EU common standard in Health Monitoring is currently being developed by a collaboration involving Eurostat, WHO, OECD and EU Member states (see the International Compendium on Health Indicators website (www.healthindicators.org)). On a national level, the Dutch National Institute for Public Health and the Environment (RIVM) has a scheme 'Nationaal Kompas Volksgezondheid (Compas) which brings together many indicators for Netherlands (www.rivm.nl/vtv/object_document/o3743n16906.html)
- The usefulness of existing projects should be determined to assist Europe in addressing ageing population issues
- A European Institute on Ageing is needed. The work of the institute should include: coordination and conduction of research, scientific training and implementation of best models of prevention, care and rehabilitation
- An interdisciplinary graduate school on ageing is required at a European level. This would encourage newly established researchers to engage in ageing interdisciplinary research
- There is a need to establish an Interdisciplinary European Journal on Ageing
- Opportunities for policy makers and researchers to develop a common language to facilitate practical implementation of research results should be encouraged. Guidelines are also required in every European language.
- Improvements are required in gerontological methodology and philosophy
- It is essential to facilitate ways to examine and promote good practices at national and European level

- It is necessary to promote systematic follow-up evaluation and feedback once EU funded projects are finished, to assess their impact and further potential development.

5.3.4 Good Practice in interdisciplinary and European collaboration

The groups discussed various examples of good interdisciplinary and European collaborative practice. It is important to:

- Identify common tasks that can be achieved only by working together. Accepting that working group members may meet occasionally, a good virtual communication strategy should be established in order to support working group members
- Put considerable effort into developing a communication strategy and encourage end-users to identify difficulties and how to make improvements
- Identify and/or develop strong leadership and establish working groups which focus on specific topics and organise meetings on at least an annual basis. SHARE and HRS provide good examples
- Develop good coordination and working relationships. One member had been part of a network for 30 years. The network was self-funded but members had prepared joint proposals and exchanged knowledge and experience.
- Bring together service providers across professions to learn from each other. In Hamburg, Germany for example, 'quality circle' meetings are attended by a wide range of service providers with a focus on the care of older people
- The assessment of older people should occur at the district level and provide a single entry point for service access. This has been an Italian mandate since 1999
- Develop an inventory of good practice examples (based on agreed criteria) should be established in the health and social care of older people
- Approach cross-cultural older people and service providers for their response to examples of good practice
- Consider the success of previous schemes. The EU financially supported an interdisciplinary group of researchers during the period 2003 – 2006. The topic was prevention of falls in the aged. Several countries participated in "PROFANE" and the group has published material, set up a website, established a data set for analyzing the effects of prevention programs in the aged, found examples of good measures of balance and muscle power and prepared manuscripts for critical review
- Examine/consult a series of recently completed EU-funded research projects which were listed as particularly worthwhile included SHARE, CLESA, CARMEN, OASIS and EUROFAMCARE.

On the issue of basic or applied research, participants agreed that projects are more likely to be funded if they have the potential to favourably impact on society.

5.3.5 Support to facilitate interdisciplinary and European collaboration

Working groups considered important and necessary support to facilitate interdisciplinary European Collaboration:

- Administrative and technical support is necessary
- Adequate, constant and targeted funding for ageing research (neglected by the EU in the 7th Framework Programme) is required
- Equipment and funding to build multidisciplinary teams is necessary as is financial support for meetings, workshops and seminars including videoconferences
- Funding is required to support the work of interdisciplinary European research which may take longer than single discipline research
- Training in skills which promote communication
- Plain language ought to be used to facilitate people's understanding of how EU system works and how to exploit opportunities for ageing research at the EU level. It is important that funding application criteria is transparent.
- Development of common terminology to enhance interdisciplinary research is necessary.
- Free access to standardised scales for the assessment of older peoples' functional status and the development of linguistically validated scales is required.
- Resources are required to encourage new researchers in the field of ageing research and to introduce them to conferences which may be assisted by an interdisciplinary graduate school on ageing.
- Interactive and user-friendly European wide websites should be developed and maintained to facilitate dissemination of EU project findings for example. Statistics uploaded to the European wide websites may be utilised by researchers, policy makers, health and social professionals and citizens in order to advocate policy on ageing
- There is a need to exploit existing data
- Capacity building and cooperation across countries will particularly assist those countries with meagre resources

- Countries require support in identifying research priorities
- Attract political support through advancing the case for the economic impact of population ageing
- Increase the status of the ERA-AGE group to lobby appropriate institutions in regard to identified priority issues
- A European database of researchers on ageing is required – this will help researchers find potential collaborators and contacts
- Interdisciplinarity partnership should be an explicit criteria for granting EU based research funding
- Promote smaller projects to develop in-depth analyses of topics to be later operationalised on a broader basis
- Make systematic use of anthropological and epistemological partners or experts to act as facilitators to enhance appropriate interaction between different disciplines and optimal exploitation of cross-national studies
- Careful consideration of ethical issues is required particularly in reference to interventions.

Appendix A

List of Participants

	NAME	ORGANISATION	COUNTRY
1.	Dr Marja Aartsen	Knowledge Centre of Psychiatry in the Elderly	NETHERLANDS
2.	Prof Nica Adriana	University of Medicine "Carol Davila" Rehabilitation	ROMANIA
3.	Prof Barbara Bien	Medica University of Bialystok	POLAND
4.	Isabel Mota Borges	AGE – The European Older People's Platform	BELGIUM
5.	Dr Elizabeth Breeze	University College London	UK
6.	Ass. Prof Sara Carmel	Israel Gerontological Society	ISRAEL
7.	Dr Nona Chiriac	National School for Public Health and Health Management	ROMANIA
8.	Prof Mark Clarfield	Soroka Hospital,	ISRAEL
9.	Prof Mihail Coculescu	The Ministry of Health and Family	ROMANIA
10.	Mary Cowman	Waterford Institute of Technology	IRELAND
11.	Prof Adrian Curaj	Executive Agency for Higher Education & Research Funding	ROMANIA
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14.	Dr Teresa Di Fiandra	Ministry of Health	ITALY
15.	Maria Eugenia Prieto Flores	Institute of Economics and Geography	SPAIN
16.	Narcisa Florescu	Bispebjerg Hospital	DENMARK
17.	Dr Joao Forjaz	Carlos III Institute of Public Health	SPAIN
18.	Prof Maria Georgescu	"Ana Aslan" National Institute of Gerontology and Geriatrics	ROMANIA
19.	Prof Catherine Hennessy	University of Plymouth	UK
20.	Dr Iva Holmerova	Gerontologicke centrum	CZECH REP
21.	Professor Sirkka-Liisa Kivela	Turku University	FINLAND

	NAME	ORGANISATION	COUNTRY
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25.	Prof Ariela Lowenstein	University of Haifa	ISRAEL
26.	Dr Kolbein Lyng	NOVA – Norwegian Social Research	NORWAY
27.	Ioan Marginean	The Research Institute for Quality of Life	ROMANIA
28.	Dr Elizabeth Mestheneos	Sextant Group Research & Consultancy	GREECE
29.	Dr. Dana Minca	University of Medicine & Pharmacy	ROMANIA
30.	Ass.Prof Mahir Ozmen	Geriatrics Society of Turkey	TURKEY
31.	Prof Naina Patel	PRIAE (Policy Research Institute on Ageing & Ethnicity)	UK
32.	Ass Prof Catalina Poiana	University of Medicine & Pharmacy	ROMANIA
33.	Dr Catalin Popescu	"Ana Aslan" National Institute of Gerontology and Geriatrics,	ROMANIA
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Appendix B

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Members of the Steering Committee are named above.

Appendix C

GLOSSARY OF DEFINED ACRONYMS

AAL	-	Ambient Assisted living
AARP	-	American Association of Retired Persons
AHRC	-	Arts and Humanities Research Council
BBSRC	-	Biotechnology and Biological Sciences Research Council
CARMEN	-	Code Analysis, Repository and Modelling for e-Neuroscience
CATI	-	Computer Assisted Interviews
CLESA	-	Cross-National Determinants Of Quality Of Life
CNCSIS	-	National University Research Council
DMS	-	Decision Maker Survey
DRG	-	Diagnosis Related Groups
ELSA	-	English Longitudinal Study of Ageing
EMRP	-	European Metrology Research Programme
EPSRC	-	Engineering and Physical Sciences Research Council
ERA-AGE	-	European Research Area in Ageing
ESRC	-	Economic and Social Research Council
EUROFAMCARE	-	Services for Supporting Family Carers of Elderly People in Europe
FLARE	-	Future Leaders of Ageing Research in Europe
FP7	-	Framework Programme Seven
GO	-	Growing Older Programme
GSA	-	Gerontological Society of America

GWU	-	Centre on Ageing, Health & Humanities
HRS	-	Health and Retirement Study (USA)
ICCV	-	Research Institute for Quality of Life
ICT	-	Information and communication technologies
MER	-	Ministry of Education and Research
MOH	-	Ministry of Health
MRC	-	Medical Research Council
NatCen	-	National Centre for Social Research
NCAR	-	National Collaboration on Ageing Research
NDA	-	New Dynamics of Ageing
NGO	-	Non Governmental organisation
NIH	-	National Institute of Ageing
NSPHHSM	-	National School of Public Health and Health Services Management
OASIS	-	Old Age and Autonomy
OBSSR	-	Office of Behavioural and Social Sciences Research
OECD	-	Organisation for Economic Co-operation and Development
OPS	-	Older Population Survey
QOL	-	Quality of Life
RAE	-	Research Assessment Exercise
RIVM	-	Dutch National Institute for Public Health and the Environment
SHARE	-	Survey on health, Ageing and Retirement in Europe
SME	-	Small and Medium Sized Enterprises

UCL - University College London
VIASAN - Viata si Sanatatea - Life and Health Programme
WHO - World Health Organisation