



AER SOCIAL POLICY & PUBLIC HEALTH COMMITTEE
ALIVE review of regional policy for care of the elderly to meet demographic changes ¹

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1 Introduction

The substantial increase of elderly in the European population has been recognised as an important Public Health problem during the last decades. It has been recognised as a European Public Health problem, confirmed by the European Commission (http://europa.eu.int/comm/employment_social/news/2001/) and other (<http://www.eurohealth.ie/remind/statement.htm>). This is based both on an absolute and increased number of elderly people in the population. The Commission has estimated that the share of the European population of elderly (>65 year of age) of 16.1 % in year 2000 will increase to 27.5% in 2050. One of the major causes of Public Health problems, due to this increase in the elderly, is the incidence and prevalence of dementia in the elderly. Even if there has been a number of initiatives in this field there is still a need for further activities to handle this increasing problem. There are principally two lines to manage this situation. The first is to reduce the needs caused by the ageing population and the second to increase the capacity of various service providers. Ideally, the capacity of the service providers should meet the needs of the elderly. The needs caused by the ageing population may be met by various forms of for example social cohesion as a basis for increased local support, thus reducing the demands on community service providers. However, this report focuses on the service providers. Community service providers have limited budgets and encounter obvious problems in increasing the expenses in line with the increase in the demands from the ageing population. Thus, there is a need to identify other ways to increase capacity. One possibility is to increase the quality of the service by basing policies and decisions on a clear knowledge of the needs of the elderly at local and regional level. However, if this knowledge is often purely local there are very reduced possibilities for benchmarking and development of best practice. Therefore, there is an obvious need of further co-operation between the Regions of Europe in order to support the development of systems for gathering local and regional knowledge as a basis for policies, since all local systems need the comparison and feed-back from the European level in order to reach the qualities and efficiency needed. Furthermore, when the systems are based locally and developed with European perspective, they will also provide comparable information at the European level.

1.1 ALIVE background

1.1.1 History

The International Exchange Project "Strengthening the position of the Elderly in the Ageing Society" (Noord Brabant, 6, 7 and 8 October 1999) decided to start a European network for development in regions with an ageing population. This was the birth of Alive. The demands of the older people as formulated in the project are taken as an important basis for policy making. The framework of Alive will be formed by the following elements:

1.1.2 Mission

Within the demographic transition (more older people, less younger people) Alive will work actively to solve the problems which arise because of ageing and the smaller number of young people, by bridging the gap between knowledge institutes, policy makers and the target groups themselves. In doing so, Alive strives to strengthen the position of the older people.

1.1.3 Vision

Alive works towards a liveable, caring society for all ages. It strives for a specific approach towards the ageing of society by pro-actively making the necessary preparations. This is based on the wishes of the older people themselves; influencing the supply on basis of the demands of the older people. This approach leads to a society based on social rights, accepted in all regions of Europe.

1.1.4 Core Business

Alive ensures innovative and integrated multi-disciplinary expertise for a proactive and regional approach in Europe to bottlenecks, which arise from demographic developments and stand in the way of a liveable, caring society. In doing so it contributes to the development and implementation of new methods which can be adopted by others.

1.1.5 Programmes

1. The creation and support of a European Network of regions and knowledge institutes on demographic developments and the related social bottlenecks and solutions;
2. Supporting information and awareness: the dissemination of knowledge on demographic developments and the related bottlenecks and solutions to the stimulation of active involvement by target groups and policy makers;
3. The initiation and realisation of new working methods to deal with the regional consequences of demographic developments pro-actively , for instance in the area of living, care and well being;
4. The initiation and realisation of Europe wide regional co-operation projects which can serve as an example;
5. The acquisition of additional financial support.

The programmes, which are already or could be developed by Alive, vary and may involve the areas of independent living, care and well-being, labour market and voluntary activities, image, education and the like. It speaks for itself that each programme can be worked out in concrete projects. Alive is already working on 6 projects. Information about these projects is separately available.

1.1.6 Alive : co-operation of European Regions

From the information above, it can be concluded that the participating regions join in co-operation with other regions to better handle demographic developments. Politically speaking, there are arguments to enlarge this co-operation as soon as possible. Older people ask for concrete action at the regional level. The development of the labour market is particularly urgent. Both the roles of the older people themselves as well as the migration of younger people through Europe needs a more stable framework. Because it is possible within a network to address and give shape to several objectives simultaneously, it is easier to reach agreement with other regions at the political level. Alive has started working on expanding the group of affiliated regions and knowledge institutes. Alive will work both on the European and regional level. Knowledge institute and other potential concerned parties must endorse the mission and objectives of Alive to participate in programmes and projects successfully. At the moment Alive is working on attuning the knowledge institutes at the regional level to one another. Working specifically on broadening the basis of Alive both in Europe and at the regional level requires a precise approach and sufficient personnel and financial means.

1.2 Example of previous ALIVE reports and activities

ALIVE has previously produced a number of reports as can be seen in his list. They have been produced in co-operation with PON Institut (www.ponbrabant.nl Contact person: Dr Max Knegtl, m.knegtel@ponbrabant.nl)

- Combining the world of farming and care - The surplus value of a new development by drs. S. van Erp (2002).
- Expert-report of Alive for Congress of Local and Regional Authorities in Europe (CLRAE) (2003).
- Progress Paper ALIVE 2001 A new approach to Ageing policies by mrs. A. Groen mr. A. van de Wakker (2001)
- Cross Border Co-Operation in Elderly Care - a Visionary Concept of Elderly Care started by the Demand for the Future by Agnes Groen, Stephan van Erp, Ab van de Wakker, Noël Deryckere , Lizzy van der Gracht (2002)
- Investing in a future for old and young by Mr. Stephan van Erp and Ms. Agnes Groen (2002)
- Product Catalogue Vitality in Age by Mr. Stephan van Erp and Ms. Agnes Groen.
- The Consequences of Demographic Change for Europe's Regions. Rapporteur : Lambert J.J. van Nistelrooij (The Netherlands) (2003)

The members of ALIVE network members have also produce two applications for funding for EU funding.

HASE (Healthy and Active Seniors in Europe) This was an application for a Regional framework operation within funding from Interreg III C that was submitted in 2004.

The overall objective of the project was to develop an effective policy that enables regions and local authorities to deal with the consequences of ageing populations. The proposed project focused on regional employment policies, new instruments and tools to secure a truly bottom up development of measures and policies in elderly care and, thirdly, policies and instruments to improve the daily living environment of the elderly people, including health care issues. Within each component sub projects would be developed populations and the output of these mini projects would be actively disseminated by using various communication tools and instruments. A specific feature of the project was the setting up of an Ageing Resource Centre in Sweden which is meant to serve as a centre of expertise and dissemination of information.

However, this application was unfortunately not successful.

IERPE (Implementation and evaluation of regional health policies for the elderly). This was an application for funding under the 2006 Public Health Programme for a project aiming to improve the public health of the elderly through improved regional polices. It will be done through implementing of recently developed techniques and information gathering during both preventive actions in healthy elderly and diagnostic and supporting procedures in cognitive decline.

However, also this application was unfortunately also not successful.

Based on all these experiences, however, the ALIVE members decided to continue co-operation within the network and to run a limited project in order to investigate and report some issues of regional policies for care of the elderly within the frame of ALIVE net work.

1.3 Specific aims of this report

Therefore, the specific objectives of this report are to promote the development of knowledge based policies within Public Health for the elderly, through gathering comparable data of established regional policies on care of the elderly. This is performed through a short literature review and reporting information from Regions participating in AER:s ALIVE network.

2 Short Review of literature Policy for ageing population

During the last decades there has been an increased interest in political thinking and policy-making in order to respond to the demographic changes. There are a number of suggestions at international, national, regional and local levels in order to develop

promote policies in this field. This issues have been review for example in[1]. This author underlines a general trend:

«it is, beyond all doubt, possible to specify, strengthen and bring closer together political and realistic strong opinions, in order to encourage optimum use of human and social resources and give back its aura to old age.»

The United Nations have expressed their support for improving the situation for the elderly as is illustrated by the policy example below:

«The elderly have to be encouraged to regard themselves as actors in their lives and in the running of society, and not merely as passive and needy people. » Ambassador J.T. ALVAREZ from the Dominican Republic (Message to the United Nations on the occasion of the launching of the International Year of the Older Persons)

and UN has also adopted some principles for the elderly (16.12.1991):

- Independence: to be able to live at home, to have adequate income
- Participation: to be able to share one's experience and knowledge, to take part in the definition and implementation of the policies concerning them
- Care: to have access to medical care, to social services, respect of human rights, of fundamental liberties
- Personal fulfilment: to have access to cultural and spiritual resources
- Dignity: to be treated with justice, respect.

The World Health Organisation (WHO) has also addressed policy issues of the elderly and underlined healthy ageing in the Programme HEALTH 21 (Health for all in the 21st century):

« Health policies should prepare the individuals to healthy ageing, by a planned and systematic action to promote and protect health throughout the entire life span. The possibility of fulfilling oneself in the social, educative and professional spheres, as well as physical activity, improve the health of the elderly, their self-esteem, their independence and their active contribution to the society. It is particularly important to set up new programmes to enable them to maintain their physical strength and to correct visual, auditory and mobility deficiencies before they lead to dependency. Community-based health care services should contact elderly people to help them in their daily life. More and more their needs and wishes as regards housing, income and other factors that increase their autonomy and their social productivity should be taken into account. »

The Council of Europe has also made a contribution in their declarations at Council of Europe Document, Parliamentary Assembly, AS/SOC(1999,16):

- declares that such changes are fraught with threats for Elderly people and social cohesion
- underlines that protection is only one aspect of the reflection on the future of the elderly.
- proposes a process with three aims : Protection, Participation, Promotion ; these three themes are indissociable, as for instance participation can only occur if elderly people do not feel the burden of threats towards them and if they are given a sense of dignity, through another image of themselves.

The European Union has also contributed to policies for the elderly. The following citations are an excerpt from a communication entitled « Towards a Europe for all ages - Promoting prosperity and solidarity between the generations »[2]. The following summarise options proposed by the European Commission.

« Considering the extent of the demographic changes at the dawn of the 21st century, the European Union can and has to modify the obsolete way of treating the elderly. Both on the labour market and after retirement, it is possible to facilitate and strengthen the role of the elderly who have embarked on the second half of their lives. The competence of the elderly represents a huge reserve of resources, which, so far, have not been sufficiently recognised and resorted to. Policies and adequate services of health and care can prevent, push aside and minimise the dependency of the elderly ; moreover the demand for these services will create new outlets as far as employment is concerned. »

« All generations could draw a major benefit from political changes aiming at enabling the elderly to become or remain more active and encouraging them to do so. The adoption of measures of encouragement can motivate a larger number of elderly people to opt for active ageing, and so to reduce their dependency and disability. This would contribute to reconcile the deep wish of the elderly to live a longer and better life with the legitimate preoccupation of society as to the means of minimising the cost of world ageing ».

Regional polices have also been reviewed and this is an example of the Scandinavian perspective and the cite is from[3]:

« It is typical of Nordic tradition that the federal government assumes responsibility for the welfare of the elderly. This means that the state, regional council districts, and the municipalities are responsible for organising efforts that cover the elderly' needs. The federal government establishes a budgetary limit for each district and municipality, while local leaders formulate policies and services within those constraints according to the special

needs of the community. Generally this effort is organised through an "institutionalised" setting, whereby care is offered and given in either special institutions or at home. Current policy is aimed at providing conditions that allow elderly to stay in their homes for as long as possible. The trend is bringing the care to the patient instead of expecting the patient to seek out care. When assistance or specialised care is needed, a network of nurses and physicians employed by the municipality visits the elderly in their homes or senior living units. If an elderly person reaches a point at which they cannot remain at home, they are offered one of several residential options in senior care. »

3 Methods

After an introduction at the 2007 ALIVE meeting a questionnaire was distributed to the contact persons of all ALIVE members with a response deadline December 10th 2007. The responses have been compiled into tables and text lists and with some minor copyediting, all answers are displayed in this report.

4 Results

The names and some characteristics of the responding regions can be seen in table 1.

Region	Country	Inhab.	%>70 y
German speaking Community of Belgium	Belgium	72.511	11.8
Devon County Council	UK	741.000	
Covasna	Romania	222.449	8.4
County Council of Värmland	Sweden	273.500	20.4*
Regione Autonoma Valle D'Aosta	Italy	123.978	20.2*
Tirol	Austria	700.427	9.5
Kanton Aargau	Switzerland	700.000	15
Republika Srpska	Bosnia and Herzegovina	1.480.000	8
Fejér County	Hungary	429.000	10.6
Friuli Venezia Giulia	Italy	1.216.016	22.0*
Noord-Brabant	The Netherlands	2.415.948	9.8
Uppsala Regional County	Sweden	320.000	10.7
The County Council of Västerbotten	Sweden	257.593	18.1*

Table 1: Regions having responded to the ALIVE questionnaire, with number of inhabitants and the proportions of population 70 years and older. Numbers marked with * refers to 65 years and older.

4.1 Regional obligations for care of the elderly

The following description shows if and what kind of obligations the regions have regarding care of the elderly.

Kanton Aargau Yes, with no limitation.

Republika Srpska Yes, with no limitation.

German speaking Community of Belgium Yes, but limited to

- for residential care = determination of the number of housing capacities
- subsidising infrastructure (60 % of total costs with limits per unit), guidelines and inspection for the working of the sector
- running costs are taken into account by the federal Ministry.
- for housing support= financing of working costs and services except for costs for nursing and medical care, that remains federal.

Devon County Council Yes, but limited to more serious needs. Responsibility for care of the elderly is shared with health – Primary Care Trust.

Covasna Yes, but limited to specialised social services and excluding primary services, in the case where local authorities have the capacity to offer services.

Regione Autonoma Valle D’Aosta Yes, but limited to regional, financial and human resources availability

Tirol Yes, but limited to help for persons in need of care and attention and social bottom securing excluding general old people’s welfare.

Friuli Venezia Giulia Yes, but limited to: No limits for the regional authorities, but only excluding some national deliveries that are then assessed by regional authorities: essential levels of assistance to treatment, old-age pensions, invalidity pensions

The County Council of Värmland Yes, but limited. The Health care is run at a regional level by the County Council. The Municipalities are responsible for the social services and long-term health care up to nurse level. The County Council has a responsibility to provide family doctors for the elderly within the sheltered livings for elderly and home health care.

The County Council of Västerbotten Yes, but limited. The Health care is run at a regional level by the County Council. The Municipalities are responsible for the social services and long-term health care up to nurse level. The County Council has a responsibility to provide family doctors and geriatricians for the elderly within the sheltered livings for elderly and home health care.

Uppsala Regional County No, responsibility for care of the elderly lies with the County Council and the Municipalities. The Municipalities are responsible for the social services and some long term health care up to nurse level. The health care is run at a regional level by the County Council. The County Council has a responsibility to provide family doctors for the elderly within within the social home care services and home health care.

Fejér County No, responsibility for care of the elderly lies with Central Administration of National Pension Insurance.

Noord-Brabant No direct obligation, Communities and the national government are responsible for care of the elderly.

As can be seen in table 2 most regions have some form of obligations concerning policy for care of the elderly but most regions share the responsibility with national and local authorities. Two responding regions reports no direct obligation.

	Number of regions
Full responsibility	2
Limited responsibility	9
No direct responsibility	2

Table 2: Obligations for regions in care of the elderly.

4.2 Written regional policy for care of the elderly

The following section present the situation regarding written policies for care of the elderly. All regions, except three, have various forms of policy documents for care of the elderly. Many have both stand-alone documents and positions that are as parts of general policy documents.

Devon County Council Yes, as a stand-alone document.

Regione Autonoma Valle D’Aosta Yes, regional law n. 93/1982 concerning the promotion of the services for elderly and disabled people;
Regional law n. 13/2006 concerning the regional plan for social health and well-being.

German speaking Community of Belgium Yes, as part of a general policy document of the region (Government declaration of September 2004- meeting needs of elderly – coping with demographic changes and challenges.

Tirol Yes, as a stand-alone document “Need and development plans“ and as part of a general policy document of the region “Inaugural speech/government program” of the Head of Provincial government DDR. Herwig Van Staa, Oct. 23rd, 2003

The County Council of Värmland

Kanton Aargau Yes, as a stand-alone document and also as part of a general policy document of the region.

Uppsala Regional Council Yes, as a part of the Regional Development Program, which is a long-term program, and the Activity Plan and Budget for Uppsala Regional Council 2008.

Friuli Venezia Giulia Yes, both as a stand-alone document : Law 1998 n.10 “Rules about protection of health and social promotion of the elderly, as well as changes of the 15th article of the regional law 37/1995 about proceedings to health and welfare interventions” and as part of a general policy document of the region:Law 11/2006 “Regional interventions to assistance to family and to parents”.

Noord-Brabant Noord-Brabant used to have a extensive policy on elderly with e.g. financial support of representatives of the elderly and financial support of projects on participation of the elderly in communities. Several occasions led to a change:

- new national legislation on social support and social responsibility
- changing ideas on the role of the Provincial Government on elderly policy
- changing political and administrative ideas on policy for target groups (moving towards a more inclusive policy)

The new coalition program in Noord-Brabant contains inclusive policy on participation, social cohesion and the quality of life. Attention is specifically fixed on living together in neighbourhoods and (small) villages. Elderly are among the target groups as well as children, young people, families, immigrants, disabled people etc. In the coalition agreement, furthermore, aims are set on E-health: to invest in ICT to support elderly and people with chronic diseases in order to increase their quality of life and to be able to live independently for a longer time.

In the last two years there was specific policy on dementia. Investments were made in support of people with dementia who live independently and their families. This policy will be continued, however concrete plans still have to be made.

Covasna Yes, as part of a general policy document of the region.

Republika Srpska No, there is no written policy for care of the elderly.

Fejér County No, there is no written policy for care of the elderly.

Västerbotten No, there is no policy specifically written for care of the elderly.

As can be seen in table 3 most regions have various form of written policy document. However, three have no written policy whatsoever.

	Number of regions
Stand alone document	5
Parts of general policy documents	4
No written policy	3
No answer	1

Table 3: Policy documents for care of the elderly.

4.3 Content of present policy

The following description illustrates the five most important issues reported for responding to the present situation. As can be seen, there is a fairly great diversity among policy items. Several regions have mentioned various forms of education and training and information as important items to respond to the present situation. There are also intentions to develop new forms of support, such as for example voluntary work. Financial and security concerns are also reflected in the regions' answers as well as the need of diversity in the services.

Kanton Aargau

- I. educational measures
- II. information/counseling
- III. transparency among the different services and their providers
- IV. support of community health care
- V. support of new forms of taking care of the elderly

Uppsala Regional Council. In the County Council Operation Plan you can find the following important points (even though they are not exclusively addressed to the elderly).

- I. Improve access to healthcare
- II. High quality
- III. Cost-effectiveness
- IV. Health promotion and prevention of diseases
- V. Co-operation and coordination

Tirol

- I. Nursing home offensive, removal
- II. Training offensive nursing care professions
- III. Consolidation of the mobile services

- IV. Guarantee of the care offer for people with handicaps
- V. Guarantee of the social safety (social budget)

Noord-Brabant

- I. inclusive policy on participation, social cohesion and the quality of life.
- II. policy on E-health: gain insight in the demand of elderly and people with chronic diseases in order to live independently for a longer time and provide a match with ICT solutions (if there is a match of course)
- III. policy on dementia: direct support to people with dementia and their families

Friuli Venezia Giulia

- I. Promotion of the social and health education to the elderly
- II. Facilitation of the access for the elderly people to information and services, promoting social integration of the elderly people
- III. Economic Support to interventions to maintenance or recovery of economic independence, to improving home's utilisation, to involving the elderly people in socially useful activities
- IV. promotion of the constitution of psychological groups of support to elderly people dependence
- V. Interventions: Health assistance at home, Hospitalisation at home, Health assistance in external residential structures for the elderly people, semiresidential structures, telephonic and informatics assistance at home, care pension to improving the permanence in family.

Devon County Council In no order of priority

- I. Maintain independence
- II. Provide care to satisfy assessed need
- III. Provide adult protection
- IV. Provide or obtain good health care
- V. Maintain social / family relationships

German speaking Community of Belgium

- I. develop the sector of voluntary work around senior citizens
- II. boosting and supporting new initiatives in the care of elderly people - pilot projects
- III. planning for sufficient capacities of care for elderly in homes and day care centres, construction of residential care homes
- IV. quality concepts for residential care

- V. Determine new ways and means for financing the different needs for the organisations delivering services for the housing support -

Covasna

- I. Campaign to intensify sensitivity of public opinion for the problems of the elderly
- II. Enlarge the number of alternative services' beneficiary
- III. Support the partnership between local authorities for covering the social services for elderly, in rural areas
- IV. To operate a community service centre for elderly in Lemnia (home for old people – rehabilitation – hospice)
- V. Continuous training of the employees in the benefit of increasing the quality of social services in the county

Regione Autonoma Valle D'Aosta

- I. Health and social prevention
- II. Support of the family through financial contributions and domiciliarity
- III. Integrated domiciliary assistance
- IV. Semi-residential services
- V. Residential services

Västerbotten

No written policy for the present situation.

Republika Srpska

No written policy for the present situation.

Fejér County

No written policy for the present situation.

4.4 Policy to meet future demands for care of the elderly

The following section describes the most important items in the policy to meet future demands for care of the elderly. There is no obvious general pattern, but only two have mentioned prevention as a crucial factor. Several regions have, however, underlined their intentions to improve care systems. This will be addressed through training and education, financial development or through improving the diversity of care. Only one region has explicitly mentioned the use of e-Health technologies in order to meet future demands. No region has clearly mentioned increased resources and funding.

Kanton Aargau

- I. reinforcing community health care
- II. financial support via a new system of personal financial support
- III. personal counseling opportunities for the elderly
- IV. evaluation of healthcare offers relating to the special demands of the elderly
- V. information

Uppsala Regional Council

- I. Make sure that the responsibility for the care of the elderly is clear.
- II. Provide psychiatric care for the elderly in need.
- III. Educate staff within the municipalities' social home care services and home health care to handle dental care.
- IV. Make agreements about the family doctors' participation in the social home care services and home health care.
- V. Continue the systematic quality control of pharmaceuticals to the elderly.

Tirol

- I. Continuation of the nursing home offensive and implementation of new care offers
- II. Continuation of the training offensive nursing care professions
- III. Continuation of the consolidation of the mobile services and implementation of new care offers
- IV. Continuation of the guarantee of the care offer for people with handicaps and and implementation of new care offers
- V. Guarantee of the social safety (social budget)

The County Council of Värmland

The aim of Värmland County Council is to:

- promote good health
- cure, alleviate and comfort
- prevent ill-health and injury
- contribute to regional development

I. Senior safety

Populations all over the world are ageing, as the result of increased longevity and reduced birth rates. Their age structure gradually shifts from the traditional 'pyramids' to 'pillars', with larger cohorts reaching higher ages. There are strong indications that populations in OECD countries like Sweden, not

only live longer, but also remain healthy longer. About 17 percent or 1,5 million people in Sweden are over 65 years of age. But there are still some important problems to address. Accidents, especially falls represent a serious public health issue in an ageing society. Falls occur in all age groups – among children and adolescents as well in the working population – but they are particularly frequent and damaging among the elderly.

In Sweden with very low child and adult mortality, accidental falls is, among all causes of unintentional injuries like fires, poisoning, traffic accidents, etc., the one that leads to the highest mortality for elderly people, and also the one where the elderly are most over-represented in deaths. Accidental falls causes at least 1 400 deaths among the elderly each year in Sweden and the societal costs is about 500 million Euro a year for accidental falls alone.

Senior safety is therefore an important issue to address for the future.

The request for a more pro-active risk management strategy implies a basic shift in our work. We must move from the focus on accident response and “repairs” to safety promotion and prevention.

Improving the degree of participation of old people to ‘life activities’ (i.e. remunerated work, but also involvement in community and civil society work, or leisure activities) is one of the most important challenges facing ageing societies, for both individual and collective reasons. From an individual standpoint, it is now well established that remaining active is essential for the elderly’s well-being, social inclusion, and physical and mental health. In addition to its well-known beneficial effects on physical health, activity may also represent a protective factor against the development of neurodegenerative diseases. Life activities have a significant positive effect on well-being and feelings of self-worth.

The Värmland County Council has therefore started a co-operation with the Knowledge Centre for Senior Safety in Karlstad and Karlstad University in order to promote safety among the elderly in the region.

Our main co-operation will be focused on the 16 local municipalities in Värmland County, in order to make Värmland safer for senior citizens. Our work has already started by sharing information on the facts and statistics from each of the 16 municipalities. We will continue with for example:

education in safety promotion and safety prevention methodology development for continuous safety improvement information have to be more safe to the elderly etc.

Noord-Brabant

- I. policy on E-health: to increase/enlarge the use of ICT technologies in houses (on the condition that ICT really supplies an answer on the demand of people in relation to their quality of life)
- II. policy on dementia: to fill a lack of (health)care: quality and quantity.

- III. The quality and quantity of health care can become a major problem in the next decades in The Netherlands if we don't anticipate today.

Friuli Venezia Giulia

- I. Further Consolidation of the five objectives, listed above (answer to question 4), in order to total social recovery of the elderly.

German speaking Community of Belgium

- I. create a screening centre, that defines the different needs for the individual elderly person either for residential care or support in the own flat/house (personal care, infra-structural help, ...)
- II. foster the co-operation with municipality authorities to create initiatives for day care in remote areas
- III. new functions: New initiatives in voluntary work – pro-active approach to retired people and others to give new opportunities and horizons to people open for societal challenges and organising places where offer and demand can meet.
- IV. Promote a wide range of living facilities for elderly with options to get help services at home.
- V. Giving technical and financial help to get housing prepared to more access ability for less mobile people,

Covasna

- I. Institute and development of services to cover the solicitations (Home for Old People, Day Care Centre, Social – Medical Centre – temporary attendance)
- II. Making a research in order to evaluate the social service system for care of the elderly, according to the access to services, taking into account several criteria (geographical area, economic development...)
- III. Counselling and permanent information of beneficiary for supporting social reintegration or prevention of social exclusion.
- IV. Extending home care services for all settlements in county, through public – private partnership.
- V. Facilitating partnership between public authority and private sector.

Regione Autonoma Valle D'Aosta

- I. Health and social prevention
- II. Support of the family through financial contributions and domiciliary
- III. Integrated domiciliary assistance

IV. Semi-residential services

V. Residential services

Republika Srpska

No written policy for the present situation.

Västerbotten

No written policy for the future situation.

Fejér County

No written policy for the future situation

4.5 Suggested policy in case of no written policy

From the regions with no written policy, there is also a focus on improvement of the care systems for example through improved quality, rehabilitation and in other way to improve the efficiency of the care systems.

Fejér County

- I. Guaranteed state pension
- II. good quality health care
- III. good and cheap medicines
- IV. possibility of daily exercise
- V. healthy environment

Republika Srpska

- I. Development of an integrated approach to healthcare (which includes care for the elderly)
- II. Healthcare should remain free of charge for elderly population (people over 65)
- III. Changing profile of health services for the elderly (more daily services and home visits)
- IV. Retraining of current staff of healthcare facilities (e.g. nurses) for care of the elderly
- V. Changing curriculum's for doctors and nurses and introducing new educational profile for nurses (which will be more able to respond to needs of elderly)

Västerbotten

- I. High quality in care of the elderly.

- II. Extended activity by physicians in the sheltered living.
- III. Optimised drug treatment.
- IV. Extended rehabilitation after stroke and fractures in the elderly.
- V. Improved dementia care through early detection, adequate treatment and increased co-operation between local and regional authorities.
- VI. Development of care in ordinary living in co-operation between local and regional authorities.

4.6 Further suggestions

Uppsala Regional Council. There is a development towards more local health care, the aim of which is to meet the needs of the people in their homes or near their homes to improve access and quality and to make people, especially elderly, feel more secure. This makes co-operation/coordination between local caregivers necessary.

The responsibility for health care is shared by the State, County Councils and the Municipalities and is regulated by national legislation. There can also be special agreements between the County Council and the Municipalities concerning for instance home health care. In Uppsala the County Council's primary care, in co-operation with the Municipality, has started a special organisation for medical care to old people with multiple diseases.

Even if most of the care for the elderly is a responsibility of the Municipalities and the demographic situation is very different among them, we have only tried to answer the questions from a regional point of view.

Friuli Venezia Giulia In light of the demographic changes our regional authority aims for social and professional recovery of the elderly people (if the elderly person is self-sufficient); instead if the elderly person isn't self-sufficient the regional authority aims to provide the assistance and treatment at home, in order to avoiding institutionalisation

German speaking Community of Belgium If you're interested to see more about our policy and the different projects, please look at www.dglive.be/ Regierungserklärung and "Maßnahmenkatalog". You'll find all projects with timelines and intermediate steps.

Regione Autonoma Valle D'Aosta In light of demographic changes, the region is adapting the services for elderly people to respond to their needs and is consequently changing regional laws that concern this field.

Västerbotten In Västerbotten there is an increasing proportion of elderly people. From 1997 to 2007 the proportion of >65 years has increased from 17.0 to 18.1%. (Corresponding numbers for Sweden is 17.4 to 17.5%). The proportion of the population, which is 80 and above has increased 1% during corresponding time up

to 5.2%. During the same period the proportion of children has decreased with 3% to 17.4% (In Sweden from 19.8 to 18.2%). Furthermore, the proportion of elderly shows considerable intra-regional differences. For example the proportion of elderly above 80 spans from 3.6 to 10%.

5 Final comments

There are a number of international policy documents for care of the elderly and to some extent they also are aiming to respond to the future epidemiological demands from the elderly. However, as can be seen from this review, there is a great diversity among the participating regions as regards producing regional policies in this field. There are obviously different responsibilities among the Regions in meeting the present situation, which also implies the need for different policies. Even if, there are different responsibilities, it is obvious that all Regions will, to various degree, face increasing demands from an ageing population and thus active policy development may be an important tool in meeting current and future demands from an ageing population. This survey indicates that improved efficiency of the care systems through for example education and information is often on the regional agenda. However, it must be underlined that the answers reflect a great diversity in present and future policies. Thus, there is no simple and generally accepted policy in order to meet future demands from the elderly.

However, international policies and co-operation between regions may be valuable instruments to promote the future development of policies in order to meet the future demands from the elderly. The ALIVE network may be a platform for further development of these regional policies. Due to the great diversity, there may be more fruitful to focus on a limited number of items, for example educational matters or care development issues. Regional development is an other example, since it may provide more resources in the regions, that may also benefit the care organisations.

6 Acknowledgements

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7 Appendix

A Questionnaire

Review of regional policy for care of the elderly

Introduction:

This questionnaire is intended to gather information of regional policies for care of the elderly in regions that are members of the AER's ALIVE net-work. This was decided at the meeting in Pécs, Hungary march 2007. The idea is to get information on present policies, which will be used to present a report on a AER-seminary during June 2, 2008 in Umeå, Västerbotten, Sweden. The results will be aggregated and presented by a working group within ALIVE (Jolanda Schneider, Sture Eriksson and Bo Lerman). At this AER's seminar the report will also form a bas for discussion on development of regional policies for care of the elderly.

In background there are changes in demography, which in most regions infers an increase of the number of elderly and concomitant increase in morbidity and thus need of care. Furthermore, there may be changing expectances from the elderly. The major concerns of a regional policy may be the policy for handling the situation today from a regional perspective, but also outlines for meeting future demands from the elderly. There may be different needs in the policies, since elderly includes both healthy and unhealthy elderly. The focus is on various forms of care of the elderly, since the increasing number of elderly may be a serious concern for regions.

Please give answers to all questions you will find relevant! Use trace function and write your answer in this Word document and send a copy to Sture Eriksson. (sture.eriksson@germed.umu.se) not later than December 10th, 2007.

1. Name of your region: _____ County: _____
Number of inhabitants: _____ % > 70 years of age: _____

Name of your regional authority: _____

2. Is any form of care of the elderly an obligation of your regional authority?

Yes, with no limitation: _____
Yes, but limited to _____ and excluding _____
No , responsible for care of the elderly is _____

3. Does your region have a written policy for care of the elderly?
Yes, as a stand-alone document _____
Yes, as a part of general policy document of the region _____

No, there is no written policy for care of the elderly . Please answer 6.

4. Please give information of the five most important points in your policy to handle the situation today:

- I.
- II.
- III.
- IV.
- V.

5. Please give information of the five most important points in your policy to handle the future demands for your policy for care of the elderly:

- I.
- II.
- III.
- IV.
- V.

6. If your region does not have a written policy in your region, which are the five most important points, which should be included in a regional policy for care of the elderly your region?

- I.
- II.
- III.
- IV.
- V.

7. Please feel free to give further information on regional your policy for care of the elderly in the light of demographic changes, which may be of further interest for the members of the ALIVE network:

Contact person:

Name:

Address:

e-mail address: