

Operational tools of the EU-Project “healthPROelderly” - Evidence-based Guidelines on Health Promotion for Older People

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Abstract

The aim of the European Union (EU) project “healthPROelderly” was to collect by informatics tools examples of “best practice” on health promotion in the elderly field with the scope to produce Guidelines on Health Promotion for Older People.

The paper will focus on methods and tools that have been used by the 11 EU partners to work and communicate between each Country.

By the final 160 projects that have been chosen, 33 have been selected and evaluated as good and successful examples of health promotion for elderly.

The project has developed specific informatics systems to evaluate the Country’s best initiatives

From the 33 projects, the working group selected and evaluated the 3 best projects from each Country by specific and ad hoc formulated tools. Tools have been formulated for: analysis of documents, a semi-structured interview, analysis of cost-efficacy and one for the SWOT analysis.

Informatics tools used in the research gave also the possibility to create recommendations and guidelines to project international models of research for elderly

Introduction

Europe is an elderly Region and prevention is an important issue for better health of population.

The present poster reports methods and tools that have been used by partners to work and communicate with the aim to jointly produce Evidence Based Guidelines on Health Promotion for Older People.

Project “HealthPROelderly”, sponsored by European Union (EU), started April 2006 till December 2008. Fifteen ** pluridisciplinary Partners have been involved representing 11 States (Fig. 1), Members of the European Community.

Final objective has been reached step by step following a rigorous method producing each time, appropriate tools necessary to get the final guidelines

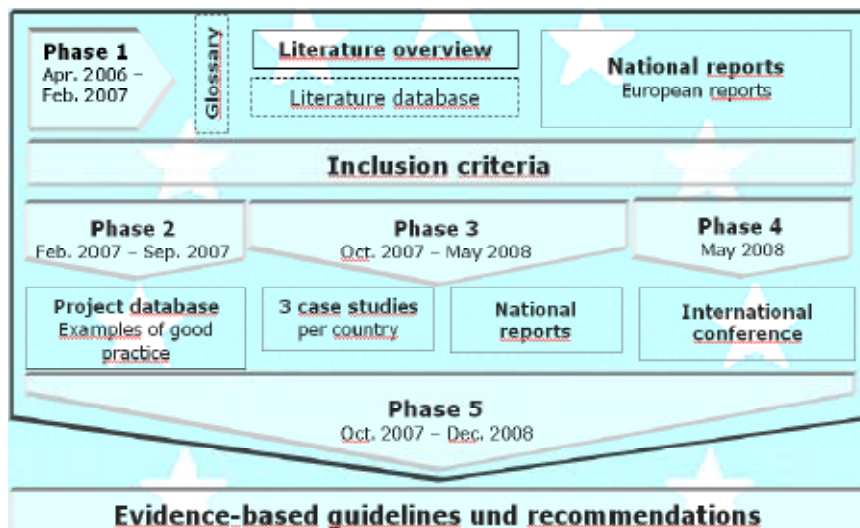
Fig. 1: Countries involved in the project



PROJECT's PHASES

The scope of HealthProElderly project was to collect useful information in order to discover different best practices on the health promotion field of elderly in Europe and 5 phases (Fig. 2) have been followed to realize it. Instrument to collect and analyse data have been purposely built .

Fig.2 : Phases of the project



Reached Objectiives

Main products of the project have been::

- www.healthproelderly.com
- National reports of literature review (on-line)
- European summary of literature review (on-line)
- Glossary
- Database on models of health promotion for older people (on-line) (Fig.3)
- National reports on evaluation of case studies (on-line)
- European summary of evaluation of case studies (on-line)
- Documentation of conference (available after conference)
- Guidelines (printed/shortly on line)
- International partners' meetings and Conference °: Vienna (AT), Roma (IT), Maribor (SL) , Praga (SLK), Var-savia (PL) °

Fig 3 On line database



MATERIAL AND METHODS

Research Design

Project starter April 2006 till December 2008. Fifteen Partners have been involved representing 11 States, members of the European Community-

Research and collaboration in Italy has been conducted by using a shared method and protocol chosen by all Partners as follow:

Literature review on elderly health promotion.

Identification of models with the scope to collect them in a data base on the project web.

Comparison of models, analysis and selection of those reporting high level of evidence and good practice.

Development of recommendations and guidelines to define sustainable health promotion projects for elderly to be used by professionals on the field

Informatics tools have been built to:

- Identifying the status quo in literature and research on health promotion in older people
- Developing a common vocabulary and a glossary
- Identifying criteria for the successful implementation of health promotion projects for older people
- Collecting models on health promotion of the elderly and analysing selected best-practice models in detail
- Developing guidelines with recommendations for sustainable health promotion activities for older people for actors in the field

PHASE 1

Bibliography revision has been conducted with the aim to collect and deeply analyse all fonts possibly. In order to figure out a National profile, contents, structure and quality of written material have been considered.

A detailed chart for the quantification of bibliography data has been used by Excel file. Themes have been defined and in these quality analysis has facilitated statistical search obtaining a Country statistical prospective of the phenomena Literature search pointed out a large amount of information based on potential scientific criteria (evidence based) to promote elderly health in the Country. After National literature analysis, a National Report has been produced. All Reports of participating Countries to the project, constituted the basis for further project phases. In the considered period (ten years, 1996-2006) literature partially reflects legislation and political agenda on elderly. Mainwile in some Countries more than in other traditional and epidemiological medical studies on the "third age" where present on other end, some good research and projects to promote elderly health, have been financed by public budget to improve quality of life and social participation. No doubt that the major difficulty of the present work has been represented by systematically finding materials.

Different fonts of collecting literature have been used and this has also put light on different sorts of organizational limits present in the Country (access limits as poverty of catalogues, lack of on line materials, open hours of the structures) that result in extension time needed.

Results referred to Italian perspective where poor in some categories of type-subjects that caused lack in some re-

quested labels (e.g: sustainability, setting, gender, inequality, diversity). Literature analysis show the prevalence of some themes compared with others. Majority of studies take into consideration the general social relevance of elderly population and focus on some conditions aspects. Medical, epidemiological and demographic literature is quite present as many are studies that focus on quality of life and life styles. Category Empowerment is poorly represented, only few studies take it into consideration but elder person is not involved as actor of the pattern. Many works look at social promotion of the age class considered. Social participation theme is well represented particularly associated with Regional policies rehabilitation activities and socialisation or jocularity promotion, for disabled or ill elderly. In Many Central and North Italy Cities so called "University of third age" has been opened by specific governmental legislation offering a variety of liberal faculties (art, cinema) and although only few in scientific literature field are offered. A great number of researches use quantitative or qual-quantitative methods. Tools used have mainly been interviews or structured questionnaires. Surveys studies on elderly pathologies are mainly based on interviews where self evaluation is reported but not the pathology. Of course, use of this type of questionnaires present some limitations and it is necessary to question data reliability. In this case, self-rated health tools are of a poor utility. In the Italian sample no participatory research and action research have been taken into consideration. Local interventions and majority of studies looking at elderly life style have been found to have a recurrent theme on health prevention and health promotion. Examined literature pay attention to ill and health elderly but specific settings as work place or homeless are rarely focused and usually studies are small size samples.

Transversal issues of inequality/diversity have rarely founded and when present the sample is represented by elderly stratified population such poverty, ethnic minorities as Rom (gipsies) but in general, gender specificity is very poorly studied.

Large proportion of projects, particularly those very specific, underline a strong sustainability from results and costs perspective. Projects take into consideration from short to long terms objectives, pointing out methodologies of design, plan of actions and evaluation of results in health terms but, although results in terms of cost-benefit could be supported, in reality, this aspect has not been studied. As a benefit it is possible to state by evidence, that some regional and local projects resulted in a reorienting of health and social services to pay more attention to the needs of elderly. In effect there is a discrepancy between what is told and actions taken: Institutions and other stakeholders state the importance to have the elderly voice listen, to consider their subjective lived experience, their vision of self conditions but in reality only few examined projects take these aspects into consideration. When it is present, methodology used imply tools as questionnaires, structured interview that of course, limit the capacity of elderly to open express their own feeling properly.

In summary, elderly involvement appears limited as limited is the research lacking specific studies sustained by participatory research and action research design. In the first phase, some very limited contribution has been given also to the definition in the Glossary to the word "Needs".

PHASE 2

In the second phase of project (January 2007 to May 2007) models for health promotion have been collected reviewing and when necessary integrating data collected during previous phase. Aim of the 2 phase was to collect models of best practice in elderly health promotion sector and insert them into ad hoc created and filled in data base.

Italian selection of models have been conducted on common criteria of inclusion and exclusion (giving grades) shared by all partners and has been hardly influenced by difficulty to find projects reporting complete informative reports that could fit information corresponding to the majority of selection criteria requested by considered items. Selected Italian projects that fulfil all items to be considered and insert in the data base have result to be 10 but for technical reasons, only 9 are visible on line.

Italian partners have been involved in organizing meeting of all Partners participating in the project in Rome (14-15 June 2007) where all models included in data base have been presented and discussed preparing the further phase of European project fronting the evaluations of project inserted.. This meeting that has been attended by some local guest leaders nurses and two guest participants from Miami University (USA) has represented the closure of the 2 phase.

PHASE 3

The third phase is represented by the selection of the three best practice models and their evaluation.

Italian selected projects are:

- 1) Technical report for the definition of health objectives and strategies – older people – as evidence-based model on health promotion matter of elderly (<http://www.regione.emilia-romagna.it/cds/>)
- 2) Improving the quality of life in the third age through new technology, as an innovative project on elderly health promotion. (www.regione.liguria.it)
- 3) Immigration as a social resource, rather than a source of fear, as a long term project with large aims focused on a variety of aspects for example educative programme or informative issues regarding elderly. (www.auser.it)

As it has already been written previously, majority of Italian projects related with health after 60th are not always innovative in terms of interventions strategies on health determinants and often are very medical (biomedical) oriented. Gender characteristic is poorly considered as a significant and self sufficient variable for research and intervention a part of specific feminine pathologies. Selection of projects has been based on identification of works related with Italian elderly population real problems, innovative and or evidence based satisfying the highest numbers of inclusion criteria of European Health Pro Elderly project.

Two participants with managerial roles for each of the three selected projects have been interviewed. In two cases, interviews have been on telephone, by appointment, new collected data didn't offer more information to what already existing and sometime interviewed where a bit reluctant to speak. Because the projects (its nature) sometime with public and private involvement many difficulties have been found to contact the significant and right person to interview. Only in the third project it has been easy to contact responsible stockholder and two interviews have been carried out (one face to face and another on phone) that brought in news and clarifications to what already existing. A published booklet on project realization and a specific 30 minutes video have been examined.

Documents analysed where projects and relative their reports. In case 1 being represented by a very large Regional project, administrative acts and reports on project advancement and improvement have been examined together with a subproject named dementias.

Selection of projects privileged as first in importance following score results, a large, complex, developed at Regional level project that include sub-projects on main elderly over 65 pathologies or risk factors :

Technical report for the definition of health objectives and strategies – older people (Case 1: IT-01). Intervention environments have been dementia, cognitive impairments , elderly fragilities and accidental falls.

Project started in 1999 and ended in 2001 but in some specific fields (dementia), it is still on going. It is related to elderly people at home or institutionalised. Born with some experimental grade, it is now become an evidence-based, established project on health promotion for older people; it's a well-constructed project of proved effectiveness.

Second project has been chosen for its innovative characteristics on health promotion for older people over 60: Improving the quality of life in the third age through new technology (Case 2: IT-07). It is intended to contribute to overcome the “digital divide” issue promoting access to new technologies to elderly and in the meantime facilitate fruition of National Health service and timely of needed health intervention. It scored high on a national basis and currently running from 2002. This project too has been developed at Regional level and setting is represented by elderly living at their own houses.

The third and last project – Immigration as a social resource, rather than a source of fear (Case 3: IT-10) - addressing side-effect on health promotion for older people. It doesn't contain aims of health promotion in general but contribute to meliorate cognitive conditions of elderly clients target of the project., to intervene on socialisation pattern and quality of life of elderly- It's an innovative National project to improve quality of life of older people over 55 through intercultural knowledge. Setting considered are 5 different social local communities in 5 different geographical area.

Each selected example has been evaluated by following instruments.

- a tool for documentation's analysis
- a guide for semi-structured interview
- cost-efficacy analysis
- SWOT analysis:

Following recommendations for health promotion for older people have been proposed by partners:

Regarding inequality criteria

1. deep extensive analysis of inhabitants/territory of the project to discover problematic and minority groups; methodology or strategy use to integrate disadvantaged
2. evaluation of the social empowerment of target group (gender: ex: South women usually have less opportunities ; immigrants and gipsy are discriminated)
3. active participation of target group into project design

Regarding health social determinants:

1. multidisciplinary and multi-professional methodology, give priority to scientific evidence and to an holistic approach.
2. support elderly target group for independence/autonomy and self care
3. proactive promotion of elderly through involvement.

Regarding sustainability :

1. support agencies cooperative project promotion . Synergy between public and private
2. information/sensibilisation of target population
3. voluntary groups utilisation

PHASE 4

Peculiarity of the fourth phase has been the involvement in setting up an International Conference that has been held in Berlin (Germany) with the scope to share and discuss them. Another aim was to present the first draft of proposition of European Guideline (Fig. 4) and Recommendations derived from projects' analysis of data base entry production. In this occasion Italian partners together with other working groups have revised and discuss the Recommendation proposed draft produced by the selection, following inclusion and exclusion criteria, of the best projects in International literature to recommend and support for the final Recommendation inclusion.

In the following months partners have carefully reviewed Recommendation derived from national projects and proposed a draft frame ad hoc design of poster production to unify presentation image. The design proposition has been mainly accepted by the majority of Countries and shared for the poster preparation idea. Poster has been produced and presented on the ad hoc frame. Warsaw was the headquarter of the Conference that was held May 15/16, 2008. During the Conference each member State presented data in general through the poster session and significant ones have been orally presented and discussed at the presence of the stockholders involved in the project itself.

Working group sessions have been a positive and fruitful moment to review Guidelines and deeply discuss them in plenary session.

Fig. 4 Criteria and guidelines to construct European guidelines

What are the criteria our guidelines are based on?

Our guidelines are developed on the basis of those criteria which we identified and agreed upon as of importance for the success of a health promotion project.

These criteria are

Target group
Involvement

Evidence-
based
Practice

Health
Strategies &
Methods

Setting &
Accessibility

Stakeholder
Involvement

Management &
Budgetary
Structure

Publicity &
Dissemination

PHASE 5

The fifth phase of the project has plan before December 2008 the production of guidelines based on evidence to promote health for elderly: social determinants, inequalities and sustainability. Guidelines are available in English and shortly on line. In order to have a product easy to use and easily spread out in the Country, it will be permitted to each partner to translate guidelines into the Country specific language

Conclusion

Conclusion

iOpportunities of ProElderly

European perspective

- Establishing a platform on knowledge and practice of health promotion for older people on European level which enables to identify the gaps at the national level.
- Improving harmonisation of health promotion for older people at the EU level.
- To make a significant contribution towards a better understanding of how health promotion amongst older people can be implemented across Europe.
- Including new EU-member states.

National perspective

- Raising awareness in individual countries of what is still needed to improve health promotion activity among older people.
- Working together with national expert panels to enhance project outcomes on national level.
- Reaching a broad public with the issue of health promotion on a national level

Guidelines are based and developed on the basis of those criteria which we identified and agreed upon as of impor-

tance for the success of a health promotion project.
Guidelines should be used by:

- (1) health authorities, such as the EU, national and regional governments
- (2) institutions and organisations which provide health promotion programmes and projects
- (3) social and health professionals/practitioners, and
- (4) universities and research departments.

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