

Evidence-Based Guidelines on Health Promotion for Older People



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List of abbreviations

AT = Austria
CZ = Czech Republic
D = Germany
EL = Greece
ES = Spain
IT = Italy
NL = The Netherlands
PL = Poland
SK = Slovakia
SI = Slovenia
UK = United Kingdom

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Introduction

Why health promotion for older people?

Healthy ageing and specifically actively promoting the health of older people are becoming increasingly important in national as well as EU policies. The term “health promotion” was introduced in the mid-1980s, in the context of health policy discussions of the WHO¹. Health promotion targets the strengthening of health by improving conditions of life. Based on knowledge about the development and maintenance of good health, health promotion is aimed at influencing health-related living conditions and behaviour patterns in all population groups. Here, the main focus is on improving personal and social health competence and on policies directed at improving the determining health factors (health promotion strategy).

The arguments why health promotion is of great importance are manifold and refer to the individual as well as the societal level. For example:

- Health is a basic right of (older) people.
- Health is one of the most important predictors of life satisfaction in old age.
- Health is a prerequisite for an independent life in old age.
- Health is vital to maintaining an acceptable quality of life in older individuals and ensuring the continued contributions of older persons to society.
- Health is a determinant of economic growth and competitiveness (e.g., decreasing early retirement of older workers).
- A healthy population reduces health-care spending and lowers the burden on the health-care system.

What was the background of the healthPROelderly project and what were its objectives?

Although various individual projects and programmes aiming to promote health for older people exist in EU member states, most of these projects are of local and national character and do not take the EU-wide context into account. Little is known about the scope of programmes and the state of the art of

health promotion activities for older people on the European level.

In this context, the healthPROelderly project aimed at gathering information from the partner countries and identifying best practices in the field of health promotion for older people, whereby the focus was on those models that have a sustainable approach and take into consideration socio-economic, environmental and life-style related determinants.

The central aim of the healthPROelderly project was to contribute fundamentally to the development of health promotion for older people through producing guidelines and recommendations for potential actors in this field at EU, national and local level. The specific objectives of the healthPROelderly project were:

- to carry out a literature review concerning health promotion of older people in each of the participating countries.
- to identify models for health promotion for older people in each of the participating countries, evaluate three of them in each country and make them available in the form of a database on the website (www.healthproelderly.com).
- to inform and raise the awareness among experts and authorities throughout the EU about the issue of ageing and the impact of demographic change on our society.

The “healthPROelderly” project started in April 2006 and was concluded in December 2008. 17 partners from 11 member states (Austria, Czech Republic, Germany, Greece, Italy, the Netherlands, Poland, Slovenia, Slovakia, Spain and the United Kingdom) were involved in carrying out the project (see list of authors).

What are evidence-based guidelines for health promotion for older people?

Guidelines “are systematically developed, evidence-based statements which assist providers, recipients and other stake-

1 WHO (1986). Ottawa-Charta.
http://www.euro.who.int/AboutWHO/Policy/20010827_2?q=ottawa+charta&WHOsearchSubmit=&ie=&filter=1

holders to make informed decisions about appropriate health interventions”². The guidelines in this book are evidence-based, meaning that the basis for their development was a process of systematically finding, appraising, and using contemporaneous research (see below).

How were these guidelines developed?

The guidelines are based on the different phases of the work within the healthPROelderly project: In the first phase, an analysis of the European literature on health promotion for older people was carried out (see “National Reports” and “Overview on Health Promotion for Older People”, available on the website http://www.healthproelderly.com/hpe_phase1_downloads.php). In the second phase, 170 good-practice examples in the field of health promotion for the aged were collected in the partner countries and categorised by 16 quality criteria (e.g., sustainability or holistic approach of health promotion projects) gained from the analysis of the health promotion literature of Phase 1. All these criteria are reflected in the guidelines. The third phase of healthPROelderly comprised an evaluation of best practices. Each partner had to choose three health promotion projects per country (a total of 33 health promotion projects, see annex) and a case study approach was chosen for evaluation (see “National Reports” and “33 European Best Practice Projects: A Case Study of Health Promotion for Older People”, available on the website http://www.healthproelderly.com/hpe_phase3_downloads.php). Based on the evidence-based results of these three project phases and complemented by the project’s International Conference in Warsaw/Poland in May 2008 (Phase 4), the final aim was to deduce guidelines for practitioners and policy makers (Phase 5). In all phases the guidelines were also shaped by a constant and fruitful discussion with all partners. Therefore, it can be assumed that these guidelines reflect the practice and theory of health promotion for older people in the partner countries. Also, these guidelines are client-centred in terms of

- their involvement of older people,
- the outcome for older people,
- the empowerment of older people and
- the consideration of diversity within the group of older people.

Who should use these guidelines?

These guidelines are mainly designed for use by health promotion practitioners/professionals and assume a basic knowledge of health promotion practice (e.g., an understanding of health promotion planning and evaluation). It is a comprehensive reference document designed to develop and foster best practice models in health promotion with consideration of existing resources.

However, these guidelines should be also used by authorities, such as the EU, national and regional governments, by institutions and organisations which provide health promotion programmes and projects, and by universities and research departments. For example, regional governments could use the guidelines in decision making processes with regard to financing health promotion projects.

How to use these guidelines?

These guidelines are designed to enhance the quality of health promotion projects. They are not a “how to manage manual”, but a set of processes involving the planning, implementation and outcome of health promotion programmes and thus describe ways of working. We agree with Don Nutbeam³ from the University of Sydney who wrote: “Like all guidelines they should be used as a confident chef might use a recipe. They offer all the ingredients for success in project planning, implementation, and propose a sequence of actions to achieve the desired outcomes. Slavishly following the recipe is no guarantee of success – the best chefs use recipes as a basis for a dish and add their own flair. They also adapt when not all the ingredients are available”.

The guidelines are presented in a logical order starting with the guideline “Target group” of health promotion projects. The last guideline refers to “Publicity and dissemination” of health promotion projects. Every guideline is structured internally as follows:

- First, a definition is given of what is meant, for example, by “target group”.

2 WHO (2003). Global Program on Evidence for Health Policy.

3 Nutbeam, D. (1994). Program Management Guidelines for Health Promotion. State Health Publication (HP). Sydney, Australia.

- Second, a rationale is given why defining a “target group” is of special importance for a health promotion project.
- Third, recommendations of how to tailor a health promotion project to the specific needs and individual resources of the relevant “target group” are given.
- Fourth, examples of projects in partner countries are given to illustrate the guideline and the recommendations.
- Fifth, “intersections” refer to other guidelines which are interrelated with “target group” (e.g., “diversity of target group” guideline).

In the “Examples” section, individual projects from the countries involved in healthPROelderly referring to the particular guideline illustrate that the guideline and the recommendations are evidence-based. These projects are mentioned with their English title and have an ID number which helps to identify which country the project is from and which number it has in the database (e.g., AT-1: Austrian health promotion project no. 1). For further, detailed information with regard to a special project the reader is referred to the database (<http://www.healthproelderly.com/database/plists/search>).

With respect to the terminology used, it should be noted also that there are many terms that are used in connection with health promotion for older people: e.g. model, activity, project, and programme. In these guidelines the decision was made to synonymously use the terms “project” and “programme”.

1 | Target Group

GUIDELINE: Tailoring the health promotion programme to the specific needs and individual resources of the relevant target groups

DEFINITION

A target group is a specific, pre-defined group of participants which the project is seeking to engage in health promotion programmes. An understanding of the target group is achieved through knowledge of important health determinants. Socio-economic factors or isolation, for example, may have important implications for the health of older people within a certain locality.

RATIONALE

Older people are not a homogeneous group; they differ with regard to their living conditions, material and social resources, needs and wishes. Focusing on the most marginalised, 'at-risk' and/or disadvantaged groups can often bring about the greatest improvements in health, especially in terms of cost-effectiveness when resources are limited⁴.

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

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

RECOMMENDATIONS

- Identify how, when and where target groups can be reached. This can be through:
 - Use of "key persons" such as professionals, volunteers, community leaders, churches, or other existing community centres;
 - Use of existing groups linked with older people (e.g., existing informal groups such as friends, neighbours or organised groups such as church groups, contact points for seniors, Local Health Units, Seniors' Unions); and
- In addition, personal contact is the best way to motivate people to participate. Also, social events can serve as a "door opener".
- Use media-based approaches to motivate older people to take part and to inform them.
 - One method is the use of mass media advertising and information campaigns. Material can be distributed to engage older people, such as brochures, handouts, posters, leaflets. It is important to target different settings.
 - Oral presentations can also be undertaken (informational meetings, lectures, radio broadcasts etc.). In addition, with the increasing numbers of "computer literate" older people, the Internet can be used.
 - These activities have to be carried out periodically in order to be effective. The approach needs to consider the specifics of the target group.
- Analyse relevant demographic and epidemiological data in order to find out more about the target group. This can be obtained through local public health officers or other professionals working in the field.
- Also take into consideration participants' own needs, goals and choices in the development of the health promotion programme. This can be done through preliminary meetings such as focus groups. Alongside this, individual resources of the target group members can be identified to promote a user-involvement perspective.
- It is important to consider people that are associated with the target group, as these may have needs too and be affected by the older person's participation. This includes immediate family, friends and other carers.

4 Skelton, D. & Beyer, N. (2003) Exercise and injury prevention in older people. *Scand J Med Sci Sports*. 13(1).

EXAMPLES

“Healthy and Active Ageing in Radevormwald” (DE-29)

An important strategy for engaging target groups are “home visits” carried out by professionals. In this German project, the target group – especially recently retired or widowed persons – was reached by a cover letter followed by a home visit. The addresses were provided by the register office of the town of Radevormwald.

“Portal www.senior.sk” (SK-2)

In Slovakia, the portal “www.senior.sk” was created. The portal sections cover different fields connected to the daily lives of older people such as hobbies, education, work, leisure time activities and social events in which they can take part. One of the portal sections focuses on different health topics and health determinants influencing the health of older people. Another special part of the portal is an electronic newsletter which also covers important information about healthy lifestyle and disease prevention in older age and informs about various activities organised for older people. The portal creates a special virtual platform for older people, which allows them to receive specific information, participate in education, build social contacts, and to express opinions and suggestions.

“Bromley-by-Bow Centre” (UK-3)

This project in East London works on the basis of the “whole systems” approach which seeks to harness the energies and creative capacities latent within the community to effect health promotion interventions. In this way local people involved in the centre are integrated in the organisation and provision of events such as Diabetes fairs. These use creative arts as a means of promoting understanding of effective management of diabetes.

See also examples:

EL-1; EL-2; IT-7; NL-4; UK-5

INTERSECTIONS

Diversity of Target Group, Setting and Accessibility



2 | Diversity of Target Group

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

DEFINITION

Diversity refers to a range of human perspectives, backgrounds and experiences as reflected in characteristics such as age, class, ethnic origin, gender, nationality, physical and learning ability, race, religion, sexual orientation, and other such factors. Further dimensions of diversity include, but are not limited to, education, marital status, employment and geographic background, as well as cultural values, beliefs, and practices.

In this connection the term social exclusion plays a prominent role. Social exclusion is the process whereby certain groups are pushed to the margins of society and prevented from participating fully by virtue of their poverty, low education or inadequate life skills. This distances them from work, income and educational opportunities as well as social and community networks. They have little power or access to decision-making bodies and little chance of influencing decisions or policies that affect them, or of improving their standard of living.

RATIONALE

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

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

While being important variables in their own right, social inequality in health, diversity and gender are closely associated with each other. Overcoming inequality in health due to socio-

economic factors is an essential challenge for future health promotion. Special attention has to be given to gender-specific differences. Currently older women, especially women of an advanced age living alone, are affected more frequently than men by socio-economically disadvantaged conditions that can have an adverse effect on the health of women in later life.

RECOMMENDATIONS

- Ensure that your health promotion programme is sensitive to the health and social needs associated with people's cultural and religious background. This can be tackled by:
 - Involving vulnerable older people in the planning of activities;
 - Using scientific literature and evidence that describes specific health and social needs in the target group to underpin project development and basing your project on sound evidence of effectiveness;
 - Taking into consideration the older persons' dignity, self-determination, autonomy and individual identity; and
 - Ensuring that projects take place within communities that support diverse population groups.
- Pay particular attention to gender. While there are many good examples of projects tackling the specific needs of older women, more projects need to be tailored to account for the health needs of older men.
- Recognise inequality, taking into consideration the particularities which characterise the target group as "different" or "unequal". This will mean undertaking a 'needs assessment' to identify needs, wishes and expectations of vulnerable groups and designing projects accordingly.
- Target your project at disadvantaged groups by:
 - Using innovative or proven methods and strategies (e.g. adopt their modes of communication, home visits);

- Using the knowledge of more prominent members of communities to assist in identifying those who are less visible (e.g., community leaders, church officials); and
- Being particularly sensitive to the needs of those marginalised by their sexual orientation.

EXAMPLES

“Buddy Care for Homosexual Elderly People/ Pink Buddies” (NL-14)

It is hard to reach the target group of homosexual older people. Beside the dissemination of leaflets and small articles written for the local newspaper, the most obvious way is to contact intermediaries, i.e. people who are in contact with this group of older people. Yet, for this purpose, the secret life of the group of homosexual men and lesbian women aged 75 and older constitutes an obstacle. The coordinator of the Buddy Care project in Amsterdam encountered a lot of ignorance during his attempts to make the project known in this way, for instance during phone calls with professionals working with older people.

“Effect of Dance Therapy on the Health Status and Quality of Life of Care Home Residents” (CZ-3)

This Czech project involved visible and invisible target groups consisting of older people including persons suffering from dementia, people with limited physical mobility (wheelchair bound) and/or persons over 90 years of age. The project outlined and carried out a dance therapy programme which paid particular attention to these persons’ specific needs.

“Preventive Activities and Health Promotion Programme” (ES-1)

This Spanish project addresses everyone who uses the services of health centres. In accordance with the programme’s interpretation of mental health within its overall conception of health and well-being, particular consideration was given to the usually invisible group of people with mental health problems.

INTERSECTIONS

Target Group, Setting and Accessibility, Involvement of Target Group, Empowerment of Target Group



3 | Involvement of Target Group

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

DEFINITION

Involving the target group means activating older people and making them responsible for their own health, social life and active ageing. Many projects show the benefits of an active involvement of older people in at least one of four areas: participation, involvement in project design and implementation, responding to older people's feedback in project design and contribution to the project as networkers and trainers.

RATIONALE

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

By encouraging active involvement of the target group it is possible to foster the participation of older people as “co-producers” of health, i.e. longer-term compliance with healthy living principles and autonomous self-care is made more likely. Furthermore, the exclusive involvement of experts in the development of projects can have a negative influence on their sustainability⁵.

RECOMMENDATIONS

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

⁵ Scheuermann, W. et al. (2000). Effectiveness of a decentralized, community-related approach to reduce cardiovascular disease risk factor levels in Germany. In: European Heart Journal, 21 (9).

EXAMPLES

“Aspiring to Healthy Living” (NL-21)

In this project, the development process has been strengthened by a clear definition of the concepts of diversity, empowerment and healthy living, along with a model of participatory action research to guide the actions of the members of the project group which involved target group representatives in all phases of the project. Involving representatives of key organisations in the sounding board group provided the opportunity to create an interest for and awareness about the intervention.

“Immigration as a Social Resource Rather Than a Source of Fear” (AUSER) (IT-10)

In this Italian project which aimed at overcoming older people’s fear and prejudice against immigrants, the local managers of the association and volunteers of the target groups were involved from the very beginning: they went through an initial self-learning phase and then a second learning phase. They worked as interaction facilitators and were able to plan and manage specific local projects with the direct involvement of the target group of older people.

“Improving the Quality of Life in the Third Age through New Technology” (IT-7)

In this project, older people involved in learning activities were interviewed to identify their impressions and evaluations of service provision. Moreover, a discussion forum was activated within the e-learning website.

See also example: EL-8

INTERSECTIONS

Diversity of Target Group, Empowerment of Target Group, Health Strategies and Methods, Volunteering



4 | Empowerment of Target Group

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

DEFINITION

Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to realise their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. There is a distinction between individuals and community empowerment. Individual empowerment refers primarily to the individuals' ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community, and is an important goal in community action⁶.

RATIONALE

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

RECOMMENDATIONS

- Enable older people to improve their independence and autonomy through increasing practical know-how.
- Improve older people's use of technology through training in order to improve autonomy, access to information, quality of life, as well as actual and virtual community integration.
- Promote empowerment through involvement in groups.
 - Increase and share information and knowledge about health issues; and
- Learn together with other older people and share experiences, e.g. in self-help groups for older people, the third age and new technology in order to improve quality of life.
- Enhance older people's sense of self-worth through strengthening their personal abilities.
- Give freedom of choice permitting older people to develop and choose healthy lifestyle changes;
- Promote a sense of individual and wider community responsibility;
- Increase self-esteem and motivation by engaging older people in social events; and
- Use reminiscence therapy to foster a sense of mutual respect.
- Provide professionals with skills and abilities to empower the target group and to recognise limitations.
- Promote a change in attitudes towards ageing, i.e. moving from a passive image of older people to an active one.
- Help older people to understand the sources of their own power and influence and enable participants to exert their power in the most effective way, thus helping older people to help themselves.
- Enable older people to understand policy processes related to their health needs in order to encourage them to play an active role.

6 WHO (1998). Health Promotion Glossary. Geneva. WHO HPR/HEP/98.1.
http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

EXAMPLES

“I’m 65+ and Happy to Live a Healthy Life” (SK-1)

Older people gained an improved perception of themselves through activities promoting healthy ageing. The project contributed to increasing older people’s self-esteem and motivation by engaging them in social events.

“Improving the Quality of Life in the Third Age through New Technology” (IT-7)

In this project older people were trained to become “computer literate” and familiar with technology. The intervention consisted of learning and support methods specifically designed to meet individual education needs. A wide group of older people became capable of using the Internet for daily life. Feedback highlighted that the course exceeded expectations, that the project was seen as an important initiative and that education must continue and include aspects such as digital printing, graphic software, business cards, etc. The e-learning programme prompted enthusiasm and was seen as being useful.

“Encouraging Mutual Support amongst Older People in Antoniuk in Bialystok” (PL-1)

In this project, participation was implemented through mutual gymnastics lessons, sightseeing trips of older people, holidays in the countryside and doing technical work together.

“Effect of Reminiscence Therapy on the Health Status and Quality of Life of Care Home Residents” (CZ-4)

An unexpected outcome relating to empowerment in a hidden form was found in this Czech project. One of the post-intervention outcomes was that participants showed lower satisfaction with the quality of their environment (one of the aspects in the WHOQOL-BREF). One interpretation of this might be that people became more open and better able to be critical after the reminiscence therapy. This would correlate with an expected improvement of autonomy and self-esteem after the group reminiscence therapy, which has been confirmed in other studies.

“Career Plan 50+” (SI-4)

Model Career plan 50 + enables people over 50 to assess their physical and mental capacities, become aware of their needs, interests and expected life outcomes; on this basis they are empowered to take an extended and active role in professional and social life.

See also examples:

AT-17; AT-40; DE-4; DE-29; NL-14; NL-21; PL-1; SI-1; SI-2; UK-1

INTERSECTIONS

Diversity of Target Group, Involvement of Target Group, Volunteering



5 | Evidence-Based Practice

GUIDELINE: Designing the health promotion project around existing evidence and proven techniques

DEFINITION

Evidence-based practice is “about integrating individual clinical expertise and the best external evidence”⁷. Practitioners may well have a great deal of tacit experience and awareness of the needs and characteristics of the target group. This should be connected with research-based evidence to make us aware of the breadth of knowledge across the scientific community as to what works most effectively and what does not.

RATIONALE

An (evidence-based) theoretical foundation which best suits your approach (physical, mental and social determinants of health) is a necessary structural basis for designing a health promotion programme for older people. It helps to define understanding of the aims, practice and measurable outcomes of the project. In turn, this can inform any adjustments required to the organisational and financial structure to further strengthen the project. Also the transferable qualities of other proven, successful studies should be implemented within the specific social, economic and feasibility context of the individual project. An (evidence-based) theoretical foundation will also contribute towards effectiveness and sustainability.

RECOMMENDATIONS

- Use an evidence-based approach to underpin the aims, objectives and goals of the project and to guide its development and implementation. This can be done in the form of theories, concepts and practical tried-and-tested information, extracted from published and ‘grey’ literature. It can be achieved through:
 - A thorough search and critical review of the relevant literature in the area;
 - Using the transferable qualities of other proven, successful studies and implementing them within the specific social, economic and feasible context of the individual project;

- Taking advantage of existing tried and tested manuals or implementation plans on your topic which already exist; and
- Using theoretical frameworks and official documents (accepted by funders), for example the well-known WHO concepts, as a means of building credibility, given the difficulties ascertaining evidence of effectiveness in this area.
- Use the evaluation of your project to modify, sustain and take your programme forward.
- Ensure, as far as possible, that all people involved in the project understand the aims of and underlying rationale for the project in order to promote a two-way engagement in project development, goals and conceptual direction.
- Discuss the theoretical foundation with participants (in seminars, workshops, meetings etc.) and use their feedback/suggestions to shape the development of the intervention.

7 Evidence based medicine: It’s about integrating individual clinical expertise and the best external evidence. Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB & Richardson WS. (1996). BMJ.

EXAMPLES

“Quality of Life in Old Age” (LIMA)” (AT-40)

This Austrian project is based on a longitudinal study (N=375) from the German University of Erlangen-Nürnberg, called SIMA (English: Independence in Old Age), which was initiated in 1991. The results of the study (in 1998, N=340) show that a combination of memory and psychomotor training bring forth the best possible results in terms of maintaining the independence of older people. These results provided the basis for the so-called “SIMA handbooks”. The LIMA project transferred these results from Germany to Austria and uses these handbooks in the LIMA courses. Hence, LIMA bases its lessons about autonomy on evidence-based material.

“Big!Move” (NL-4)

In this project, methods are based on the scientific knowledge of the WHO health promotion concept: “the process of enabling people to increase control over health determinants and to improve their health”. The Venserpolder health centre in Amsterdam has developed a strategy for primary care focused on health promotion, next to its usual medical care and disease treatment. A separate health promotion department has been set up and a new method called Big!Move has been developed. Big!Move forms a bridge between health care and individual participation in local activities in the neighbourhood.

“Programme of Physical Recreation for Older People” (PL-2)

Some of the interventions in this programme improved or refocused their aims on the basis of a questionnaire and its results. Results of this theoretical background then formed the basis for a “second step”, a group activity or other involvement. Such an application of scientific methods at each stage helped to implement theory into practice – as was stated in the evaluation of this project from Poland.

“Action Programmes for Older People” (EL-8)

This Greek project is based on previous related projects coordinated by the General Secretariat for Sports (1995). These projects are implemented in different KAPI (Open Care Centres for Older People) in different municipalities, e.g. by the physiotherapist of the municipality of Agios Dimitrios. When drawing up an “Action programme for older people”, strategies were changed according to lessons learned from previous KAPI project experiences.

See also examples: AT-16; CZ-3; NL-4; SI-4; UK-1; UK-3

INTERSECTIONS

Holistic Approach, Evaluation, Health Strategy and Methods



6 | Holistic Approach

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

DEFINITION

A holistic approach to health promotion takes into account the wide range of dimensions which encompass the health of an individual and seeks to recognise this diversity and the interdependence of these elements. As well as contextual factors such as environment and society, an individual's health consists of physical, mental, social, spiritual, sexual and emotional aspects⁸.

RATIONALE

The success of health promotion interventions is dependent to an extent on their ability to recognise and address this multi-dimensional, or holistic, notion of health and well-being. Merely focusing on one aspect ignores the way in which other facets are important and effectual. For example, physical exercises such as strength or balance training may lessen the risk of falling – however the social aspects of this intervention may determine the extent to which participants continue attending the exercise classes over the long-term. Moreover mental health may affect the person's desire to be active outside the home, therefore influencing the person's physical exercise and capacity to remain independent – and vice versa. Ignoring one or more of the dimensions of a person's health will limit the potential success of the intervention.

Similarly, in evaluating the effectiveness of a project, a framework which takes into account the whole of the patients' health will provide a more accurate account of the accomplishments of the intervention (holistic evaluation).

RECOMMENDATIONS

- Have a holistic understanding of health promotion – though it is not necessary to offer “measures” for all aspects of mental, social and physical health in one intervention and not all outcomes need to be explicit.
- Where appropriate, take the life-history of people from your target group into account and respect individual choices and experiences.

- In the development of holistic interventions take into account the whole social system and all relevant dimensions and levels: health and illness is always a mutual exchange and multi-factorial product of the individual. Factors such as individual life-style (micro level), social and community networks/relationships (e.g. family, colleagues, friends and acquaintances), health and social services (meso level) and the general/broader socio-economic, cultural and environmental conditions (macro level) play a role in this connection. Analyse the interchange of these levels and their effects on health and make this one important starting point for the development of holistic interventions⁹.
- It is not always necessary to create new programmes and structures to reach health promotion aims. Instead make use of ready-existing health and social structures at all levels of the intervention, i.e. in the setting and social environment, where the health promotion initiative will take place.

8 Naidoo, J. & Wills, J. (2000) Health Promotion: Foundations for Practice. 2nd edition. Balliere Tindall, London.

9 Dahlgren/Whitehead (1991). <http://www.pharmacymeetspublichealth.org/images/healthdeterminants-diagram.gif>

EXAMPLES

“Immigration as a Social Resource Rather Than a Source of Fear” (AUSER) (IT-10)

This Italian project placed a special focus on psychological aspects (reduction of anxiety and fear in relationships with different people). As a side effect, social factors, like the promotion of social relationships, were also considered.

“Buddy Care for Homosexual Older People/ Pink Buddies” (NL-14)

This is a project for homosexual older people in Amsterdam which aims at reducing loneliness and depression and improving the mental well-being of older people. Homosexual men and women experience both social loneliness (lack of friends) and emotional loneliness (lack of an intimate relationship) in their daily lives. Yet, these feelings of loneliness and depression among this group of older people can also be attributed to the lack of a positive identity - an aspect given particular attention in the project by taking account of participants' biographies.

“Preventive Activities and Health Promotion Programme” (ES-1)

This Spanish project addresses different groups of people: children, teenagers, adults and older people. Hence, the programme considers both particular issues that affect each group and the common factors that determine illness and well-being. For all groups there is an array of actions and recommendations that take into consideration both physical and mental illness and the specific realities and problems associated with every group as a basis for preventive and health promotion activities.



INTERSECTIONS

Evidence-Based Practice, Interdisciplinarity

7 | Health Strategies and Methods

GUIDELINE: Employing strategies and methods which are appropriate and reliable to reach the specified target groups and achieve the stated outcomes of the health promotion programme

DEFINITION

A strategy is a long term plan of action designed to achieve a particular goal. Strategy is differentiated from tactics or immediate actions by its nature of being extensively planned and often practically rehearsed. Strategies are used to make the “problem” easier to understand and solve. A method is a way of doing something, especially in a systematic way – implying an orderly, logical arrangement (usually in steps).

RATIONALE

Strategies and methods provide an understanding of how to reach the goals of the health promotion project for older people. As these goals can cover a broad range of intended health outcomes, strategies should be chosen to reflect these outcomes. A careful, appropriate choice of strategies and methods contributes to the success of the project and guides the precise manner of implementing the intervention. This provides clarity as to the basis of the intervention (e.g. healthy ageing, nutrition, empowerment etc.) and informs the choice of outcome indicators. Applying ready-existing strategies and methods may be more straightforward than inventing new approaches. Moreover a combination of strategies helps to develop a holistic approach to health promotion for older people, e.g. health education combined with maintaining functional capabilities and the stimulation of social networks.

RECOMMENDATIONS

- Build health promoting “environments”, strengthening individual health and coping strategies, and acknowledge the inter-relatedness of the two.
- Have a clear strategy, however, it will be important to revise it according to changing conditions, resources and context of the project.
- Although health education is a commonly used strategy, it is important to move towards projects that are more holistic. To this end draw from innovative projects and examples.
- Consider cost-effectiveness when planning and using different strategies.
- Base your health strategies on an evidence-based practice and/or theoretical foundation and revise them if necessary in order to respond to changing needs.
- Adapt health strategies to the needs of the target group; also consider secondary target groups (e.g. family, carers, professionals etc.).
- Attempt to connect standard health care with social care and welfare for older people. Recognise the importance of both these perspectives for your project.

EXAMPLES

“Action Programmes for Older People” (EL-8)

This Greek project applied several elements of the strategy “maintaining functional capabilities”: aerobic, breathing exercises, stretching, exercises for joints and muscles, balance exercises and various games. It was also concerned with maintaining good relationships, team spirit and mutual encouragement.

“Older Man, Older Woman” (PL-6)

In this project, older people were informed about violence, its prevention, and support strategies through a crisis hotline and different support groups. Health education was provided in the form of consultations.

“Technical Report for the Definition of Health Objectives and Strategies – Older People” (IT-1)

This Italian project was designed to inform informal caregivers of older Dementia patients about their health resources and learning opportunities.

“Immigration as a Social Resource Rather Than a Source of Fear” (AUSER) (IT-10)

This Italian project revealed excellent cost-effectiveness considering that the actual expenses (136.000) turned out to be less than the total financing (150.000 – 80% of which were provided by the Ministry for Social Solidarity and 20% by AUSER) and activities took place in all the experimentation sites and spread also to other areas. Therefore the number of participants was larger than expected.

See also examples: AT-17; DE-19; DE-29; CZ-3; CZ-6; IT-1; PL-2; SK-1; UK-5



INTERSECTIONS

Evaluation, Holistic Approach, Involvement of Target Group, Evidence-Based Practice

8 | Setting and Accessibility

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

DEFINITION

Settings for health promotion programmes are the places or social contexts in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and well-being. A setting is also where people actively use and shape the environment and thus create or solve problems relating to health. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organisational structure¹⁰.

Accessibility may be understood on a number of different levels. Whilst “social” accessibility is addressed elsewhere (see diversity), physical and geographical access is also significant. Physical accessibility relates to the extent to which members of the target group with diminished physical capacity are not prevented from taking a full part in the activities of the intervention due to the nature of the building/setting. Geographical accessibility relates more to the project’s location. Consideration of this feature is imperative so that people within the target group are not excluded because of their distance from the setting and/or a lack of transport.

RATIONALE

The setting of a health promotion project is crucial to its success in both attracting participants in the first place and being able to effectively engage them towards improving/maintaining their health. Also vital may be the “visibility” of the setting – which can increase awareness among the target group – as well as the proximity of the venue to other services/activities regularly accessed by the intended group of older people. The setting approach needs to be combined with a suitable activation strategy to get older people involved.

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

RECOMMENDATIONS

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

¹⁰ WHO (1998). Health promotion Glossary. Geneva. WHO/HPR/HEP/98.1.
http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

EXAMPLES

“Effect of Dance Therapy on the Health Status and Quality of Life of Care Home Residents” (CZ-3)

The staff of residential care homes helped older people participate in the dance therapy project and assisted them personally during the lessons, especially persons who were in wheelchairs. The staff also organised transport and personal attendance.

“I’m 65+ and Happy to Live a Healthy Life” (SK-1)

In this Slovakian project, several cities were chosen as places for implementation, so older people could access the project closest to their home.

“Vitamin R. Ageing differently in Radenthein” (AT-33)

Radenthein has a higher rate of older people than the rest of Austria. Thus, projects for older people are very valuable in this region. Project activities were carried out in a building dedicated to seniors, belonging to a well-known organisation on older people’s issues and well accepted by older people themselves. The building was located in the town centre of Radenthein – the “centre of life” for people in this region. It was also accessible for people with a disability.

“Community Nursing Care” (SI-4)

Community nurses are obliged to contact every person who is older than 65 at their homes and this helps to identify invisible groups and address their needs. This system enables the community nursing project to positively affect the health and well-being of older people in any setting. Furthermore all older members of the community are accessed.

“Healthy and Active Ageing in Radevormwald” (DE-29)

In this project, a “citizen’s bus” was introduced to pick people up from their homes.

See also examples: CZ-3; CZ-4; EL-1; EL-2; EL-8; ES-1; IT-10; SK-6

INTERSECTIONS

Target Group, Diversity of Target Group



9 | Stakeholder Involvement

GUIDELINE: Involving all important stakeholders in planning and implementation

DEFINITION

Stakeholders are all those with a vested interest in the running of the health promotion programme. These include participants, practitioners, volunteers, funders and other partner agencies. Their active involvement means contributing expertise, connections (through referrals or links to other useful partners), energy and support in a financial, practical sense or through human resources.

RATIONALE

The involvement of the range of energies, expertise and opinions of different stakeholders can be used to maximize the effectiveness of the project. A variety of resources and insights are available to be tapped into, such as useful contacts within the local community, funding sources, awareness of new forms of evidence-based practice, or the opinions and experiences of the participants themselves. Along with the target group, provision partners and funding agencies also need to be encouraged, informed and involved to foster sustainability. However, be aware that different stakeholders have different, potentially competing views and interests.

RECOMMENDATIONS

- Involve different stakeholders by giving them tasks, responsibilities and different roles which are clearly defined.
 - Take advantage of the resources of stakeholders to support the health promotion programme.
 - Use different ways of involving stakeholders, for example get in contact with older people and intermediaries within the project.
 - Create and involve an active (interregional and international) network of older people, support services and structures and seek cooperation.
-
- To get a comprehensive picture, first identify the potential stakeholders for your health promotion programme.
 - Involve important stakeholders (public and private organisations, target group and volunteers as well as policy makers) in the planning, development and implementation of the health promotion project for older people to ensure sustainability and public recognition.
 - Take into consideration that “involvement” is a process, and has to be carefully planned, implemented and followed-up.
 - Foster team spirit and strong, interactive working-relationships.
 - Take a practical approach: the number of stakeholders involved should depend on the size of the health promotion programme.

EXAMPLES

“Vitamin R. Ageing differently in Radenthein” (AT-33)

Stakeholders were given distinct roles in this Austrian project. Five external experts were part of the advisory board, they met regularly with the project team. Their specific function was to give input on content (e.g. public health, health promotion, ageing, gender) or on project funding and management. Other stakeholders were also involved as “experts” for the working groups with older people. Their role was to support the working groups until they were able to run on their own.

“Buddy Care for Homosexual Elderly People/ Pink Buddies” (NL-14)

In this project the Schorer Foundation cooperated with a number of organisations to set up contacts with intermediaries (social workers, geriatric helpers and psychiatric professionals).

“Delicious Life” (CZ-6)

Under the coordination of the National Institute of Health and the supervision of regional branches of public health offices, several local social care institutions have implemented the healthy diet project in their areas, extending participation to the local community. Local catering schools and food sellers were invited to contribute to the project activities. Local NGO’s and local mass media were informed about the project. The exchange of experience, methodological approaches and recommendations took place in regular project meetings which were usually held in one participating setting and sometimes were announced as local conferences. Hearing and visual aids were provided in order to enable people with a disability to participate.

“Healthy Ageing” (DE-4)

One part of the strategy in this German project was the use of pre-existing structures. Beside other partners, the advisory team played a particularly important role throughout the project. The advisory team consisted of people with different professions, including paediatric nurses, nutrition advisors, social workers, psychologists, sociologists and family therapists. The coordination of the project was connected to the health insurance scheme in Lower Saxony. At the beginning the project team was supported by two physicians, who were responsible for making sure the advisors were qualified. The consultations were effective, because the advisors were better aware of the participants’ needs.

See also examples: AT-33; DE-19; DE-29; IT-10; PL-2; SK-1; SI-1; SI-2

INTERSECTIONS

Interdisciplinarity, Volunteering, Management and Financial issues



10 | Interdisciplinarity

GUIDELINE: Working towards health promotion with an interdisciplinary team of professionals with a range of different expertise, experience and means of interacting with older people

DEFINITION

While multidisciplinary is a non-integrative mixture of disciplines in which each discipline retains its methodologies and concepts, interdisciplinarity means approaching the promotion of health of older people from various angles and methods, eventually cutting across disciplines and forming a new method. Various methodologies and concepts should be integrated by health promotion as a common goal or shared subject and on the basis of team work. As such, interdisciplinarity should result in new solutions to promoting the health of older people.

- Maintain ongoing interdisciplinary communication within the team and ensure the respect of different professional backgrounds.
- Have specific tasks, responsibilities and clear roles for the different professionals.
- Try to ensure a continuity of structures by installing a steering group and/or advisory board which are composed of different professions.

RATIONALE

An effective health promotion programme for older people is multi-faceted (see holistic approach) to the extent that the needs of this target group are complex, inter-related and multi-dimensional. Therefore “to deliver such an all-encompassing service requires a diversity of skills and for this reason a team approach to health promotion has been advocated”¹¹ (e.g. involving nurses, social workers, nutritionists, psychologists, geriatricians, sociologists, art therapists and volunteers). Professionals working together can combine their ideas towards developing highly innovative, theoretically grounded and tailored projects. Furthermore, where accessing isolated and vulnerable groups it is especially important for the success of a project to involve a range of professionals, as they will have a greater number of opportunities to have contact with, and refer, “at-risk” individuals.

RECOMMENDATIONS

- Consider the setting, the target group and the topic of the health promotion programme when composing the interdisciplinary team.
- Identify and build consensus around a common goal and agree on a common vocabulary.
- Effectively use the different skills, expertise and competencies of the professionals involved.

11 Poulton, B. & West, M. (1996) Effective multidisciplinary teamwork in primary health care. *Journal of Advanced Nursing*. 18(6)

EXAMPLES

“Healthy and Active Ageing in Radevormwald” (DE-29)

An interdisciplinary project group was involved here, which consisted of different local and regional participants bringing together “Johanniter”, the City of Radevormwald and the public health authorities of the Oberbergischer Kreis. In addition, the group also consisted of representatives from welfare organisations, health insurance companies, sports and cultural federations, and the adult education centre. The project team was led by the director of the hospital and head of the department for anaesthesia. There was also an interdisciplinary project team consisting of social workers, social and sport teachers and male nurses who had experience of working in different settings such as hospital, hospice, and residential homes. Before the project started, the staff members undertook several training courses.

“Aspiring to Healthy Living” (NL-21)

One strength of the project structure was the involvement of partners from different organisations. Each of them brought a unique and essential skill or knowledge to the project team. The University for Humanistic Studies is specialised in evaluation research and possesses expertise on the attribution of meaning, the art of living, and existential factors. The Rotterdam Public Health Care Service has important connections and experience in the practical field. Transact is an organisation that coaches processes at the meeting point of science and practice. The staff members of Transact are also specialists on the issues of diversity and empowerment. Yet it still proved to be difficult to find older people for interviews and pilot locations to test the “AHL box” through the networks of these organisations. The AHL box is a toolbox that contains a manual for groups and working materials, such as quotes, visual material, key words, vignettes, symbols, a deck of special cards, and other items.

“Warrington Falls Management and Prevention Service” (UK-5)

Stakeholders across a range of health care professions were involved through their role in referring clients to the project. This gave these stakeholders a sense of ownership as well as widening the possibilities of accessing at risk older people who were able to benefit from the project.

See also examples: DE-4; DE-19; EL-1; EL-2; IT-1; NL-4; NL-21; UK-1

INTERSECTIONS

Stakeholder Involvement, Holistic Approach



11 | Volunteering

GUIDELINE: Involving volunteers in the planning, delivery and management of health promotion programmes

DEFINITION

A volunteer is usually considered to be an individual who gives their time and support to an organisation with no expectation of remuneration. Volunteers can be older people themselves or others with an interest in health promotion among older people. Volunteers can have different roles which might range from the occasional provision of assistance to managing a programme.

RATIONALE

Due to the continuing trend towards active retirement among older people and the simultaneous rise in life expectancy, senior citizens are increasingly seeking new challenges. One opportunity for an active life in retirement is voluntary engagement in health promotion programmes. Volunteers have many resources (especially time) that can be useful for these programmes. They can also be an invaluable means of reaching certain isolated or vulnerable populations of older people. Using volunteers can furthermore assist the cost-effectiveness of a project. In addition, commitment to voluntary work can have a positive effect on the health of the volunteers¹².

RECOMMENDATIONS

- Involve volunteers according to their individual competencies.
- Recognize and value the work of volunteers and provide material (expense allowances) and social support for them.
- Take into consideration country specific legislation on volunteering.
- Apply a gender-sensitive approach and consider gender issues in volunteering. Also, try to avoid traditional male/female role stereotyping.
- Encourage people to become volunteers by explaining the advantages and benefits of volunteering (for themselves, for others).
- Have a sensitive approach to volunteers, meet their expectations.
- Recruit, train and coach volunteers in order to maintain motivation and commitment levels.
- Integrate volunteers fully into the multi-professional team and encourage a partnership between professionals and volunteers based on mutual acceptance and appraisal.
- Avoid problems by making clear which roles and tasks volunteers and professionals have – do not overburden them.

¹² Kruse, A. (2002). Gesund altern – Stand der Prävention und Entwicklung ergänzender Präventionsstrategien. Nomos Verlagsgesellschaft, Baden-Baden.

EXAMPLES

“Buddy Care for Homosexual Elderly People/ Pink Buddies” (NL-14)

This project in Amsterdam functions with the aid of volunteers. Three paid staff members take care of the co-ordination, but the pool of more than 200 voluntary workers and the volunteer policy provide the foundation of the project. In the majority of cases the volunteers are homosexual men and women from the world of care and welfare, often highly educated and very motivated. Each voluntary worker attaches him- or herself to the project for 8 hours a week. Approximately 25 volunteers fill key posts as trainers, or as contact and group supervisors. The training courses take up at least four evenings. The programme of these courses mainly focuses on practising how to stay within personal boundaries and to keep expectations clear. Every month, the buddies also have a group meeting, which are meant to provide mutual support. The exchange of experiences results in the promotion of expertise.



“Self-Help Groups for Older People” (SI-2)

This Slovenian project is one of the most comprehensive and sustainable projects in the field of meeting health related needs and is unique in Europe. It has been operational since 1987 when the first self-help group was established in Izola. Today there are almost 500 self-help groups all over the country which are run and supported by older volunteers. Sustainability is based on the project’s firm conceptual background, with regular supervision conducted by the Slovenian Association of Social Gerontology.



INTERSECTIONS

Stakeholder Involvement, Involvement of Target Group, Empowerment of Target Group, Management and Financial Issues

12 | Management and Financial Issues

GUIDELINE: Ensuring the effective management of financial efficiency, quality assurance and organisational structure

DEFINITION

Implementation of quality principles through good management and appropriate resources “improves customer service, cuts costs and raises productivity”¹³.

- Ensure high quality training of staff and professionals who will carry out the health promotion programme.
- Be aware of different sources (local, national, EU level) for funding.

RATIONALE

Management structures which assure the consistent quality of interventions and the flow of knowledge of good practice throughout the organisation should be integral to every health promotion project for older people. An effective flow of communication and information has to be secured between different levels of project implementation in order to ensure the transfer of evidence-based directives and experiential knowledge between the ‘centre’ and practitioners on the ground (both vertically and horizontally and in both directions).

Sustained and predictable finance is essential to health promotion programmes and the ability of management to acquire and assure access to funding streams cannot be over-stated.

RECOMMENDATIONS

- Develop and implement the management structure systematically from the start, and be prepared to adjust it to changing internal and external conditions (budget cuts, staff-turnover) which occur during the implementation phase.
- Try to involve important stakeholders (e.g., volunteers) in the management structure.
- Where possible, demonstrate the value-for-money of the health promotion programme to funding agencies, as this is crucial for attracting funding. Primary outcomes are relatively easy to cost – secondary outcomes are much more difficult, but very important.
- Control the development of personnel/staff costs because they are the highest cost category.

13 Øvretveit, J. (1992) Health service quality: An introduction to quality methods for health services. Blackwell Scientific, Oxford.

EXAMPLES

“Big!Move” (NL-4)

An important strength of the structure of this project is that both the vision on health promotion and the Big!Move method are embedded in organisational and financial arrangements. A Big!Move Institute has been founded for the dissemination of the vision and the method.



“Delicious Life” (CZ-6)

In the first project year a grant has financed not only the coordinator but also the direct implementation of the project in partner institutions. In the following years the budget was however cut and funds had to be raised from other sources like local or regional public budgets, and investment by participants or sponsorships. Many activities were provided within informal collegial relationships and through volunteering.

“Preventive Activities and Health Promotion Programme” (ES-1)

As the participating health centres joined the programme on a voluntary basis, they absorb the costs of implementation. However, such costs never become high, as implementation is carried out as part of the usual running costs of the centres.



INTERSECTIONS

Stakeholder Involvement, Evaluation, Volunteering

13 | Evaluation

GUIDELINE: Employing and learning from ongoing, comprehensive and mixed-method evaluations

DEFINITION

Evaluation is a systematic assessment of merit, worth, and significance of something or someone. The process is often used to characterise and appraise aspects of interest within health promotion projects. Mixed-method evaluations are typically ones which incorporate both quantitative and qualitative methodologies in their assessment. Quantitative approaches are useful in measuring outcomes and presenting evidence of cost effectiveness. Alternatively qualitative evaluations enable the unpicking of complexities and subtleties of the process of health promotion as well as offering detailed insight into the experiences and interpretations of participants.

RATIONALE

Evaluation is necessary to determine the impact of the project on the health of the target group and to ascertain whether the project is successful and the goals have been reached. It should be woven into the ongoing planning and inform the future development of the project.

A vital element in providing a rationale for future funding is measurement of cost-effectiveness. The cost-benefit assessment of preventive measures presents a number of problems, one of which being the fact that the effect of such measures is not immediate, but lies in the future. Whilst concrete cost-effectiveness figures may be difficult to arrive at, evaluation is also important as a basis of ongoing learning within the project. It is the key to developing a more precise understanding of the needs of the target groups, an awareness of new target groups or important diversity within existing ones, and how needs may be most effectively met.

While indicators of evidence tend to rely on scientific approaches that are rigorously applied, there is growing recognition that such indicators are not easily transferable to a health promotion setting. Evaluation techniques therefore need to be multiple and gain perspectives from consumers and stakeholders, in order to fully capture the less obvious impacts and outcomes of health promotion projects. Associated with evaluation are other indicators of success, namely sustainability and transferability, which are taken forward later in the next sections.

RECOMMENDATIONS

- Evaluation of some form should be used in every project. All evidence is therefore relevant, from reflection to clinical trial. Evaluation needs to be developmental in nature, creative and based on a learning process that can respond to the often complicated and dynamic nature of health promotion projects.
- A project can only be evaluated if you define clear goals from the start.
- Facilitate regular reflection by project personnel. The learning from experiences and knowledge gained can be used to strengthen and improve future project implementation.
- Projects should always be monitored using basic data such as numbers of people attending, type of intervention, contacts, publicity etc. Monitoring recruitment is important in order to make the invisible population visible, and to ensure the project is targeting the right population. Projects may wish to involve quality management teams in organisations to help with monitoring.
- An ideal model of evaluation is to undertake a pilot project, evaluate this project using a multi-method approach (see below), and then use the developed indicators as primary evaluation tools to monitor a further project. The evaluation method should include structure, process and outcome components, as this will provide the detail needed to highlight discrete aspects of the project which will help with transferability.
- Building evaluation into the project from the beginning takes monitoring a step forward and can give you information about project progress at any time and enable you to be responsive to any potential challenges. This can be done through
 - Collecting “audit” data about those who participate (e.g., age, gender, health details, postcode) and setting up and maintaining a database;
 - Developing instruments that can measure simple health determinants before and after projects;

- Developing user-friendly feedback sheets with participants; and
- Undertaking an analysis of strengths and weaknesses (SWOT analysis) of the project at regular intervals.
- A multi-method approach is important. Evaluate your project using both quantitative and qualitative approaches, incorporating as many perspectives as possible, e.g., input from participants, professionals involved and from an organisational viewpoint. See the following website for comprehensive information on research methods: www.socialresearchmethods.net.
- Seek advice from professionals or researchers experienced in conducting evaluation when planning your own. It is important for example to:
 - Ensure methods are free from bias. This may mean enlisting the help of colleagues not involved in the project to undertake qualitative data collection, for example, or to maximise validity in self-report measures;
 - Ensure that appropriate IT support or other skills are available for data analysis; and
 - Be realistic about what can be measured and achieved, and how much time and resources it will take.
- Undertake a cost-effectiveness analysis where possible, and seek the assistance of accountants or health economists within your organisation.
 - Examples of indicators can include aspects such as walking distance free of pain, additional years of life or prevention of blindness. The cost-benefit ratio of such measures is often estimated by model calculations.
 - A cost-effectiveness analysis can be itemised with regard to financial budget, costs, number of participants and number of activities.
- A developmental approach to evaluation that is more suited to ascertaining different aspects of project processes and benefits is often at odds with the direct “outcomes” approach favoured by funders and politicians. Therefore “get a professor to bless it”. Choosing a well-known sponsor will help to raise the profile and credibility of alternative evaluation approaches.

EXAMPLES

“Warrington Falls Management and Prevention Service” (UK-5)

The Warrington Falls Management and Prevention Service was a multi-faceted intervention which was evaluated using a multi-dimensional, mixed-method approach. Hence functional assessments (timed “up and go” assessment, functional assessment, and visual analogue scoring), users’ focus groups and falls data were combined to offer a holistic means of evaluating the effectiveness of the service both in its narrowest sense (reduction of falls and injuries from falls) but also in terms of its wider social, mental and physical effects.

“Plan-60 Health Promotion for Older People in Urban Areas” (AT-22)

In the Austrian project Plan60 a process and outcome evaluation was carried out. Receiving exact evaluation results was only possible because of clear goals defined at the beginning of the project. Plan60 performed many activities, one of them was a series of “empowerment workshops” for older people between 60 and 75. The outcome evaluation measured how participation in the Plan60 empowerment courses (e.g. integration in social networks, emotional support) had effects on the participants’ subjective health and well-being (e.g. self-confidence, vitality). Methods of evaluation were life-event questionnaires, observation and retrospective interviews with trainers.

“Big!Move” (NL-4)

Three evaluation studies were carried out, all three with different characteristics. In June 2004, the effects of the programme were evaluated at several levels: the outcome, the participation of the inhabitants, the change in their behaviour, the newly developed activities as well as the change in demand for health services. An evaluation study in 2006 examined the experience of those involved with the ongoing processes and programmes. The third study evaluated the dissemination of Big!Move in three locations under the authority of a health care insurer.

See also examples: CZ-3; CZ-4; DE-29; EL-1; ES-1; IT-10; NL-14; PL-2

INTERSECTIONS

Evidence-Based Practice, Health Strategy and Methods, Sustainability, Transferability

14 | Sustainability

GUIDELINE: Ensuring the project builds capacity during its lifetime in terms of finance, participation and human resources, so activities can continue beyond the lifetime of the project

DEFINITION

Sustainable health promotion programmes are those that can maintain their benefits for communities and populations beyond their initial stage of implementation. Sustainable actions can continue to be delivered within the limits of finances, expertise, infrastructure, natural resources and participation by stakeholders¹⁴.

RATIONALE

Sustainability is of great importance in order for interventions to be worthwhile and is an important indicator of success. The benefits of health promotion projects become more pronounced over time. This includes aspects such as becoming better known, serving more people, and supporting the target group over a longer period of time. Project and programme sustainability is necessary in order to have a more developed influence on health, and to be able to improve interventions through refining techniques based on the experience it has developed.

RECOMMENDATIONS

- Carefully choose the organisations through which the intervention is facilitated. The more high-profile and the better known this organisation is (e.g. churches, older people's organisation), the higher the chance for sustainability.
- Build a network of services important for the project and also a network of the established target group.
- Ensure personnel resources are optimised. Attributes include:
 - The personal and professional drive, enthusiasm and experience of initiators/project-leaders;
 - Staff who are able to engage and communicate effectively with funders and managers;
 - Maintaining staff stability through motivation, leadership and encouraging peer mentoring/volunteering to support them;
 - Ensuring the continuation of the project by training staff; and
 - Using multi-agency approaches, which are one means of lessening the burden on any one organisation or profession and improving the chances of sustainability (London Older People's Service Development Programme, 2003).
- Conduct some form of evaluation. In-built evaluation criteria are important here to demonstrate success at any point in time and also in long-term monitoring of sustainability from chronologic perspectives.
- Build capacity through planned information management; this includes reliable and pervasive information technology accessible to all stakeholders; good communication networks between agencies involved; optimising existing and established information channels.
- Make your project known to the public on the regional, national and international level.
- Attract further funding streams by
 - Using innovative techniques that are likely to attract further funding; and
 - Demonstrating that goals have been met.
- Explore the use of incentives to attract participants.

¹⁴ Smith B.J., Tang K.Ch. & Nutbeam D. (2006). WHO Health Promotion Glossary: New Terms. Oxford University Press. Health Promotion International. 21(4).

EXAMPLES

“Active Ageing! Investment in the Health of Older People” (AT-16)

This and many other health promotion projects increased collaboration with other services and tried to improve co-operative relations with them. This turned out to assist sustainability because other service providers took advantage of the results and improved their service quality through this involvement and the structural embedding in the local processes. They learned from the health promotion project and incorporated it in their services. In addition, the members of the established network of health and social services learned to know each other better. Finally, the sustainable effect is that the target group is still involved and that the target group is constantly growing, which “speaks for itself”.

“Effect of Dance Therapy on the Health Status and Quality of Life of Care Home Residents” (CZ-3)

Within the framework of the project, usually 1 to 3 staff members in each facility were trained in dance therapy so that the continuation of the activity could be ensured even after termination of the research survey. It is presumed that the care homes will assume responsibility for the continued implementation of dance therapy in the future. They will receive instruction materials, DVDs, leaflets and professional support.

“Community Nursing Care” (SI-1)

The Community Nursing Care project is part of the national regular health system; therefore the finances and human resources are assured on the basis of corresponding legislation. In that manner the project is sustainable.

“Healthy Ageing” (DE-4)

A significant example is that sustainability was achieved because of a national award (i.e. German Prevention Award). The award generated publicity and the project was implemented as a mainstream health promotion programme afterwards.

See also examples: AT-17; ES-1; NL-4; PL-1; SI-2

INTERSECTIONS

Evidence-Based Practice, Evaluation, Transferability, Publicity and Dissemination



15 | Transferability

GUIDELINE: Making evident the transferability of certain aspects of the project



DEFINITION

The extent to which the measured effectiveness of an applicable intervention could be achieved in another setting.

- Databases can be a source of inspiration.
- Provide information on detrimental and supportive framework conditions of your project.



RATIONALE

Transferability requires a basic level of documentation, in order to replicate the intervention in another context or setting. Using interventions (or parts of it) which have already been transferred demonstrates the possibility of transferring them in the future.

Transferability is not a criterion of success for an individual project in itself. Yet the potential for individual projects to contribute to a wider promotion of health among older people across society is to a large extent dependent on the transferability of projects – with regard to both practical replicability and knowledge transfer. A great deal of a project's transferability is connected to the way its running is recorded, reported and disseminated. The more detailed, precisely and extensively this is done, the greater the potential for the knowledge, experience and expertise to be applied by others and repeated in other scenarios. Central to the ease with which a transfer can be carried out is a clear demarcation between the aspects of the project's process and outcomes which were site specific, and those which carry a wider and more general validity.



RECOMMENDATIONS

- Provide detailed information about the structure, process and outcome of your project – this can be done through evaluation. If this is not possible, as much information as possible about structures, processes and outcomes should be documented (e.g. human resources, implementation plans, and costs).
- A glossary of project terminology is useful in order to provide a common understanding, which facilitates transferability across countries.
- Try to connect with representatives of the project you would like to follow.

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- 15 Wang S., Moss J.R. & Hiller J.E. (2005). Applicability and transferability of interventions in evidence-based public health. Oxford University Press. Health Promotion International Advance Access published October 25, 2005.

EXAMPLES

“Immigration as a Social Resource Rather Than a Source of Fear (AUSER)” (IT-10)

This project achieved its aims and showed that it can be developed in the long run. At least four other initiatives were created and others are being planned: 1) In Treviso an AUSER multicultural club which has the same objectives as the general project was created; it will also work as a catalyst for future local initiatives. 2) The Municipality of Ponzano Veneto gave the AUSER club a new office so that it can continue its activities. 3) In Sassari, along with high levels of participation in the project, several immigrants became members of AUSER. 4) In Ponzano Veneto, “logistic support” (or hospitality) was offered to groups of immigrants (mainly women) and this provides momentum for furthering contacts between AUSER and immigrants.

“The Role of Health Education in Improving Compliance for the Prevention of Cardiovascular Diseases” (EL-1)

In Greece some KAPI (Open Care Centres for Older People) staff members expressed interest in either visiting the KAPIs where this project was implemented in order to receive more information or even helping to implement the programme in their own KAPIs. A small number of KAPIs have implemented this programme as it was presented to them. There are also two cases – one in a KAPI in Athens and one in Crete – that went even beyond this and developed the project further by adapting it to other health promotion issues. Such programmes are very innovative, although it is not always easy to evaluate and quantify their outcomes.

“Self-Help Groups for Older People” (SI-2)

This project is a good example for transferability. It has been easily transferred across communities, institutions and associations. For instance, the Slovenian Red Cross started to establish its own network of self-help groups for older people on the basis of the officially verified project of the Slovenian Association for Social Gerontology.

“The Involvement and the Role of Older Volunteers in Promoting Healthy Diet for the Prevention of Cardiovascular Diseases” (EL-2)

One of the outputs of this Greek project was the development of an information package that was used throughout both phases. This information package was evaluated, amended and published in separate booklets to form a training pack available to anyone interested in implementing a similar project. In addition, the existing experience in the UK on recruiting and training older people as SHMs for health promotion programmes was adapted to suit Greek conditions.

INTERSECTIONS

Evidence-Based Practice, Evaluation, Publicity and Dissemination



16 | Publicity and Dissemination

GUIDELINE: Publicising the activities and accomplishments of the project

DEFINITION

Disseminating knowledge of the project to a wider audience. This may involve the use of various media such as television, radio, posters, leaflets and promotional events as well as more academic means such as journal articles or conferences.

- Inform the younger generation about the health promotion programme in order to enhance intergenerational interaction and to change negative old-age stereotypes.
- Publicity has to be planned at local, regional and national level. Each of these needs different strategies and requires targeting of different audiences.
- Apply for or seek support for awards as this will raise the profile and attract funding.

RATIONALE

Publicising the activities and achievements of the project can be useful on a number of levels. By using media and publicity that are regularly accessed by older people it is possible to encourage increased participation in the project – especially if aimed specifically at target groups. A wider public audience may benefit from hearing about the achievements of older people through the project. This may counter stigma or misplaced assumptions about the role of older people in society. Potential funders may also be attracted or persuaded through well-placed, effective promotional material – similarly possible volunteers or partner agencies may also be attracted. Finally, more detailed information on the structure, implementation and evaluation of the project may facilitate the efforts of future organisations to replicate the intervention in other locations, or among other target populations.

RECOMMENDATIONS

- Plan information campaigns on the programme for the older population using communications media.
- Disseminate important information on the project in scientific publications and presentations. Present the project at conferences, workshops and on the web. Also print and distribute free leaflets, cards, DVDs and CDs.
- Plan for costs of dissemination and publicity as explicit items within the budget.
- Carry out the health promotion programme with well-known (lead) organisations which have experience with older people/health issues.
- Raise awareness for the project by targeting managers of public and private organisations for older people to show that 'ageing' can also be seen as an achievement.

EXAMPLES

“Buddy Care for Homosexual Older People/ Pink Buddies” (NL-14)

This initiative received a cash prize of € 2,500 from the “Appeltje van Oranje 2007” (Orange Foundation) Award in the Netherlands. This annual award is given to initiatives in the area of social welfare and social cohesion and is awarded by crown prince Willem-Alexander in the Noordeinde Palace. The theme of the year was “the best buddies”.

“Silver Song Clubs” (UK-1)

The Silver Song Clubs use the dissemination of information about the effectiveness and utility of social music making as part of a wider sustainability plan. The gathering, publishing and dissemination of wider evidence for the effects of group music participation on health, in conjunction with a local research centre and alongside evidence from the evaluations of their own activities, is a means of ensuring longer term access to funding streams as well as encouraging the development of the Silver Song Club network of activities.

“Active Ageing! Investment in the Health of Older People” (AT-16)

One success criterion of the Austrian “Active Ageing” project was the scope of publicity on different levels using a variety of media. Firstly, information material (project leaflet, posters, homepage) about the project or the project’s activities was created and disseminated from person to person, but also allocated to local health and social service providers in German and several foreign languages. Furthermore, there were two press conferences and articles printed in local media. In addition, brochures (“health guideposts”) for older migrant people were printed in German, Turkish, Serbian, Croatian, and Bosnian including an overview of local health and social service providers. Last but not least, several presentations contributed to the high visibility of the project for the local public, e.g. information desks, seniors’ exhibition and district festivities.

“Healthy and Active Ageing in Radevormwald” (D-29)

This pilot project has been widely publicised. In the final phase the project was disseminated through the press, radio and local television. A poster about how the project was developed won a prize in Switzerland. Altogether there have been four press conferences, a number of press meetings and sixteen press releases. The large public acceptance of the project was an important factor. This project has been part of the “Healthy North Rhine-Westphalia” network (Project group “Healthy country North Rhine-Westphalia”) since 2006.

“Healthy Ageing” (DE-4)

Sustainability of this project was achieved because it was presented a national award (i.e. German Prevention Award). Due to this the project was implemented as a standard health promotion programme.

See also examples: AT-40; DE-19; DE-29; CZ-3; CZ-4; EL-8; ES-1; ES-5, ES-12; IT-7; NL-2; NL-4; PL-1; PL-2; SK-1; SK-2; SI-4

INTERSECTIONS

Sustainability, Transferability



ANNEX I European Best-Practice Projects

No.	Project Name in English	Project Name in National Language	ID	Country	Short Description
1	Active Ageing! Investment in the Health of Older People	Aktiv ins Alter! Investition in die Gesundheit älterer Menschen	AT-16	Austria	A project dedicated to activating isolated population groups in three distinct urban areas of Vienna.
2	Quality of Life in Old Age	LIMA – Lebensqualität im Alter	AT-40	Austria	A project for older people and those who work with them to increase their Quality of Life through memory and fitness training.
3	Ageing Differently in Radenthein	Anders Altern in Radenthein	AT-33	Austria	This rural health promotion project aimed to meet the needs of the older population in Radenthein by cooperating closely with local institutions.
4	Delicious Life	Chutný život	CZ-6	Czech Republic	The project aimed at improving the dietary habits and physical activity of older people and at their activation.
5	Effect of Reminiscence Therapy on the Health Status and Quality of Life of Care Home Residents	Vliv reminiscenční terapie na zdravotní stav a kvalitu života seniorů zjištěných v institucích	CZ-4	Czech Republic	The project introduced small group reminiscing into care homes for older people. Positive effects on the residents' quality of life were found.
6	Effect of Dance Therapy on the Health Status and Quality of Life of Care Home Residents	Vliv tanecní terapie na zdravotní stav a kvalitu života seniorů zjištěných v institucích	CZ-3	Czech Republic	The project examined the effect of dance therapy on the physical, mental and social health of older people with dementia.
7	Healthy and Active Ageing in Radevormwald	Gesundes und Aktives Altern Radevormwald „aktiv55plus“	DE-29	Germany	The project aims at promoting an active and independent way of life among older people in the community.
8	Healthy Ageing	Gesund älter werden in Hannover	DE-4	Germany	The programme aims at improving the health status and quality of life of older insureds and at supporting local networks.
9	Healthy Ageing in the District	Gesund älter werden im Stadtteil	DE-19	Germany	The project aims at sensitising older socially disadvantaged people to health promotion programmes in their social environment/district.
10	Preventive Activities and Health Promotion Programme	Programa de Actividades Preventivas y de Promoción de la Salud	ES-1	Spain	An action-based programme aimed at evaluating the efficiency of health promotion approaches in primary health care.

No.	Project Name in English	Project Name in National Language	ID	Country	Short Description
11	Programme for the Promotion of Healthy Ageing	Programa para la promoción del envejecimiento activo	ES-12	Spain	This programme undertakes activities of health promotion under the Active Ageing Framework by influencing the social, biological and behavioural determinants of health, autonomy and well-being.
12	Technical Support for Adaptation to the Social Environment	Ayudas Técnicas y Adaptación ambiental	ES-5	Spain	Teaches and provides technical support for adaptation and engagement with the local community.
13	Action Programmes for Older People	Προγράμματα κίνησης στα ηλικιωμένα άτομα	EL-8	Greece	The project aims at improving and maintaining the mobility and functional ability of older people via the implementation of an exercise programme.
14	The Involvement and the Role of Older Volunteers in Promoting Healthy Diet for the Prevention of Cardiovascular Diseases	Η συμμετοχή και ο ρόλος των ηλικιωμένων εθελοντών στην προαγωγή υγιεινής διατροφής για την πρόληψη των καρδιαγγειακών νοσημάτων	EL-2	Greece	The aim of the project was the active involvement of elderly volunteers in promoting healthy diet.
15	The Role of Health Education in Improving Compliance for the Prevention of Cardiovascular Diseases	Ο ρόλος της αγωγής αγωγής υγείας στη βελτίωση της συμμόρφωσης για την πρόληψη των καρδιαγγειακών νοσημάτων	EL-1	Greece	A health education programme, focusing on access to and adoption of healthier lifestyles to reduce cardiovascular risk amongst older people.
16	Technical Report for the Definition of Health Objectives and Strategies – Older People	Rapporto tecnico per la definizione di obiettivi e strategie per la salute. Anziani	IT-1	Italy	The project deals with issues of cognitive impairment and falls amongst frailer older people.
17	Improving the Quality of Life in the Third Age through New Technology	Per usare il computer vecchio sarai tu. La terza età e le nuove tecnologie per migliorare la qualità della vita	IT-7	Italy	The aim of the project is to improve older people's quality of life and their ability to contact the Public Administration through online services.
18	Immigration as a Social Resource, Rather Than a Source of Fear	Gli anziani per conoscere l'immigrazione e superare ogni paura. L'immigrazione come risorsa sociale	IT-10	Italy	The project aims at increasing the elderly's quality of life through multi-cultural awareness.

No.	Project Name in English	Project Name in National Language	ID	Country	Short Description
19	Big!Move	Big!Move	NL-4	Netherlands	Big!Move is a health promotion method in a local setting, focused on healthy behaviour and human power.
20	Buddy Care for Homosexual Elderly People / Pink Buddies	Buddyzorg voor homoseksuele ouderen / Roze maatjes	NL-14	Netherlands	A care intervention programme aimed at reducing the loneliness and improving the mental well-being of older homosexuals in Amsterdam.
21	Aspiring to Healthy Living	Zin in Gezond Leven	NL-21	Netherlands	A programme for healthy living, with diversity and empowerment as underlying principles.
22	Encouraging Mutual Support amongst Older People in Antoniuk in Białystok	Metody stymulacji aktywności samopomocowej ludzi starych na modelu dzielnicy Białystok-Antoniuk	PL-1	Poland	Self-help groups of older people in the local community.
23	A Programme of Physical Recreation for Older People	Program Rekreacji Ruchowej Osób Starszych	PL-2	Poland	Programme of physical activities.
24	Older Man, Older Woman	Starszy Pan, Starsza Pani	PL-6	Poland	Prevention of abuse and neglect within families, support for older people.
25	Self-Help Groups for Older People	Skupine starejših za samopomoc	SI-2	Slovenia	Prevention of isolation, covering social needs.
26	Community Nursing Care	Patronazna zdravstvena nega	SI-1	Slovenia	Community nurses meet older people on the basis of planned visits to all people aged 65+.
27	Career Plan for 50+	Karierni nacrt 50+	SI-4	Slovenia	During this transitional period we have to discern who we actually are, and identify our goals in life and plans for the future.
28	Programmes for Active Ageing	Programy pre aktívne starnutie	SK-6	Slovakia	Programmes for active ageing create a platform for discovering new knowledge as well as developing social networks.
29	I am 65+ and Happy to Live a Healthy Life	Mám 65+ a teší ma, že žijem zdravo	SK-1	Slovakia	The aim of the project is to improve the quality of life, knowledge and behaviour related to health, and health awareness in older people.

No.	Project Name in English	Project Name in National Language	ID	Country	Short Description
30	Portal www.senior.sk	Portál www.senior.sk	SK-2	Slovakia	Project for direct support of ICT literacy and life-long learning mainly amongst older people and those belonging to disadvantaged groups.
31	Silver Song Clubs	Silver Song Clubs	UK-1	United Kingdom	Arranging social music making for older people who may be socially isolated or suffering from the effects of age related health problems.
32	Warrington Falls Management and Prevention Service	Warrington Falls Management and Prevention Service	UK-5	United Kingdom	Multi-faceted approach to falls prevention.
33	Bromley-by-Bow Centre	Bromley-by-Bow Centre	UK-3	United Kingdom	Older people participate in all aspects of the Centre's life, as well as in dedicated projects.

Note: The database with all European health promotion projects can be accessed electronically on the healthPRO-elderly Website: www.healthproelderly.com/database/.

These guidelines are a comprehensive point of reference designed to develop and foster best practice in health promotion for older people. They are designed for use by health promotion practitioners, authorities at EU, national and regional levels, institutions and organisations which fund and develop health promotion programmes and projects, and by universities and research institutes.

They are based on several stages of work within the healthPROelderly project, which collected information on health promotion initiatives for older people. More specifically, healthPROelderly partners carried out a literature search in 11 European countries, collected more than 160 good practice examples for health promotion initiatives in the project database and analysed 33 best-practice examples in detail.

The 16 guidelines, representing important criteria for good practice in health promotion activities for older people, are presented in a practical order starting with the guideline “Target group” and ending with “Publicity and dissemination”. Each guideline follows the same structure and contains examples of health promotion projects for older people in different European countries which can also be accessed through www.healthproeldery.com/database for further information.

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