

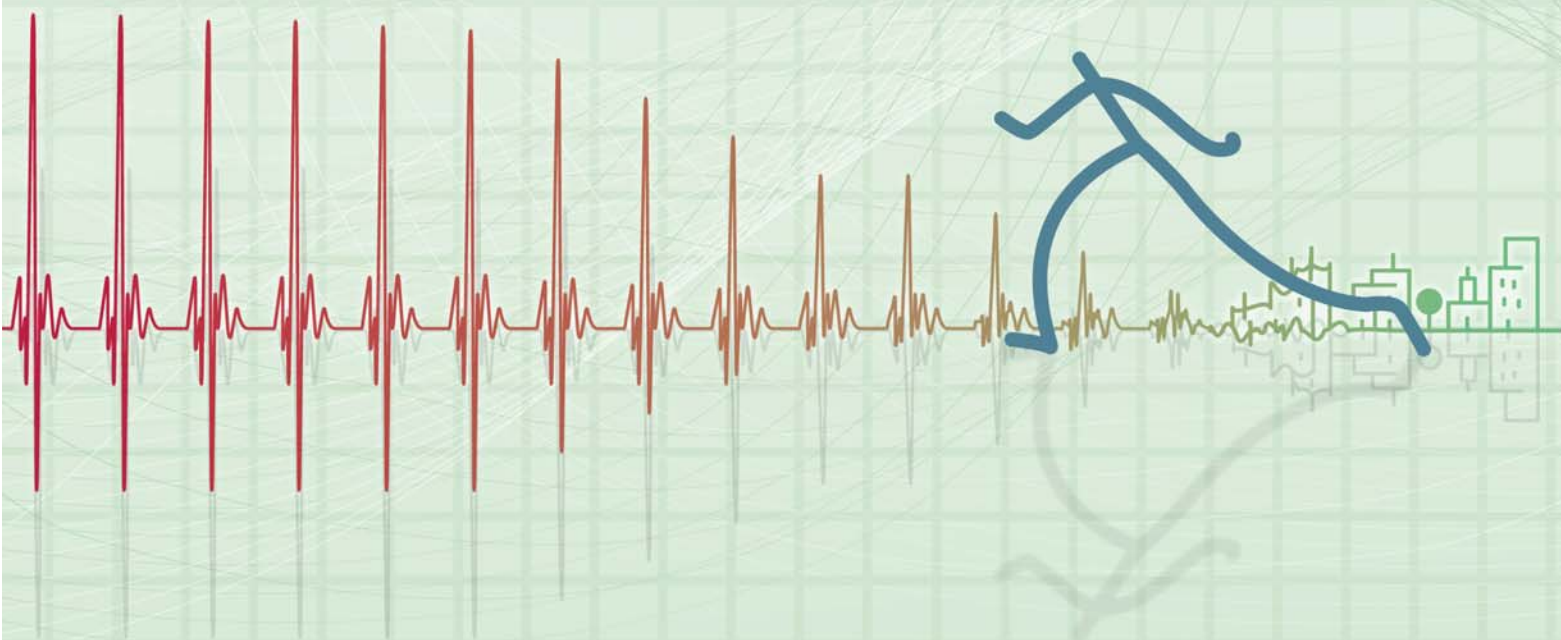


# ACTIVE AGEING IN PRACTICE!

Experiences of civic engagement  
in health policies



*European Economic and Social Committee*



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# 1. FOREWARD

## 1.1. The European Year for Active Ageing and Solidarity between Generations

The European Year for Active Ageing and Solidarity between Generations was established by Decision No 940/2011/Eu of the European Parliament and of the Council on 14 September 2011. The objectives set out in art. 2 were:

- a) “to raise general awareness of the value of active ageing and its various dimensions and to ensure that it is accorded a prominent position on the political agendas of stakeholders at all levels in order to highlight the useful contribution that older people make to society and the economy, raising the appreciation thereof, to promote active ageing, solidarity between generations and the vitality and the dignity of all people, and to do more to mobilize the potential of older people, regardless of their origin, and to enable them to lead an independent life;
- b) to stimulate debate, to exchange information and to develop mutual learning between Member States and stakeholders at all levels in order to promote active ageing policies, to identify and disseminate good practices and to encourage cooperation and synergies;
- c) to offer a framework for commitment and concrete action to enable the Union, Member States and stakeholders at all levels, with the involvement of civil society, the social partners and businesses and with particular emphasis on promoting information strategies, to develop innovative solutions, policies and long-term strategies, including comprehensive age-management strategies related to employment and work, through specific activities, and to pursue specific objectives related to active ageing and inter-generational solidarity;
- d) to promote activities which will help to combat age discrimination, to overcome age-related stereotypes and to remove barriers, particularly with regard to employability.”

Among the Council decision reasons, it can be recalled:

“(5) Pursuant to Article 25 of the Charter of Fundamental Rights of the European Union, the Union recognizes and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life.”

“(6) Ageing is undoubtedly a challenge for the whole of society and for all generations in Europe, and it is also a matter for intergenerational solidarity and for the family.”

“(7) The part of the population of the Union comprised of people in their late 50s and over will increase at a much faster rate than ever before. This is very positive as it is a logical consequence of the improvement in health and the quality of life.

Nevertheless, due to this demographic change, the Union faces a number of challenges.”

“(8) Successive European Councils have recognised the need to tackle the effect of ageing populations on European social models. A key response to this rapid change in the age structure consists in promoting the creation of a culture of active ageing as a lifelong process and thus ensuring that the rapidly-growing population comprised of people who are currently in their late 50s and over, who are, on the whole, healthier and better educated than any such age group before them, have good opportunities for employment and active participation in social and family life, including through volunteering, lifelong learning, cultural expression and sports.”

If sensitivity on issues rose by both interlocutors and sector operators at EU level was not already hugely widespread, the European institutions will have not put such emphasis on the above mentioned topic. Obviously, civic society associations had lot of influence. In fact, as we can see by the webliography, the elderly mobilization is a long standing action of European civic organization. Recurring topics are two.

The first one is a strong sensitivity for rights. For example, on 2010 Age Platform promoted the “European Charter of the rights and responsibilities of older people in need of long-term care and assistance,” which pick up the thread of a fair chunk of the “European Charter of Patient’s Rights”, promulgated by Active Citizenship network in 2002 and subsequently recognized by both the European Parliament and the European Economic and Social Committee .

The second one is the proper attention to the collection and dissemination of the best practices, which underlined the European active citizenship resources. The European Year for Active Ageing was and is an opportunity to emphasize this activity. As a matter of fact, despite the great overlap of registered experiences, there are lot of available repertoires providing broad activities.

## 1.2. Project background

### 1.2.1. The Italian initiative of the Tribunal for Patients’ Rights and the collection of Best Practices carried out by Active Citizenship Network

The pioneering initiative of Cittadinanzattiva’s Tribunal for Patients’ Rights, active in Italy since 1980, can be considered the first building block of this project. The Tribunal for Patients’ Rights mobilizes common citizens and users as actors of health policymaking in concrete ways and presently involves some 5,000 people as permanent activists nationwide.

During the years, the Tribunal for Patients’ Rights developed different kind of interventions:

- establishment of 80 local Charters of Patients’ Rights;
- organization of Patients’ Rights Centres;
- establishment of call centres at regional and national level;

- organization of a network of lawyers and forensic physicians to support citizens in the promotion of legal actions;
- promotion of specific campaigns and programmes aimed at innovating health services
- coordination of a Coalition of more than 130 associations working on chronically illness.

Moreover, the Tribunal for Patients' Rights acts as a permanent interlocutor with national and regional governments, professional associations, trade unions and industries.

Cittadinanzattiva always paid lot of attention to the collection and dissemination of best practices on citizens' rights implementation based on their participation on several features of public life (health, school, public services). In 1997, as concerns the health field, Cittadinanzattiva instituted the prize Andrea Alesini, which numbers lot of cooperation experiences among institutions, operators and citizens. The latter is dedicated to the achievement of innovative and effective solutions on crucial sector as hospitals' "humanization", risks' prevention and chronically diseased or non self-sufficient people and their families.

Thanks to ACN starting from 2001<sup>1</sup>, this procedure was developed also at European level and extended to different fields, such as the European Charter of Active Citizenship with a list of BP in civic participation, CSR and BP in the partnerships between NGO's and private companies. During the 5<sup>th</sup> European Patients' Rights Day (2011), it was delivered the European Award for the Best Practices on Civic Participation In Health.

### 1.2.2. The European Charter of Patients' Rights

Even though solemn declarations of the "European Social Model" on the right to universal access to health care have been repeatedly made, there are a number of constraints that bring the reality of this right into question. European citizens cannot continue to accept theoretically the affirmation of rights, which are denied due to financial limitations.

It was for these reasons that in 2002 ACN, together with some 15 citizens' organizations operating at the national and European level, drafted a European Charter of Patients' Rights. The main objective of the Charter is to strengthen and bring greater awareness concerning patients' and citizens' rights, which are presently at risk in all EU countries. The fourteen patients' rights seek to make the fundamental rights mentioned in the Charter of Nice applicable and appropriate to the current transition process in health services.

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<sup>1</sup> **ACN** is a flexible network of European civic organizations based on partnership rather than membership with some 100 citizens' organizations from 30 European Countries, which are involved as partners in its different projects, addressed to *encourage active participation of citizens in European policy-making*. ACN was initiated in December 2001 as the European and international interface of the Italian civic participation organization *Cittadinanzattiva* (Active Citizenship) and mirrors Cittadinanzattiva's Italian policies, such as health, corporate social responsibility, education and training at the global level.



1. Right to Preventive Measures
2. Right of Access
3. Right to Information
4. Right to Consent
5. Right to Free Choice
6. Right to Privacy and Confidentiality
7. Right to Respect of Patients' Time
8. Right to the Observance of Quality Standards
9. Right to Safety
10. Right to Innovation
11. Right to Avoid Unnecessary Suffering and Pain
12. Right to Personalized Treatment
13. Right to Complain
14. Right to Compensation

In order to promote and verify the implementation of the patients' rights, the European Charter also proclaimed certain active citizens' rights, which mainly concern groups of organized citizens (patients, consumers, advocacy groups, advice-givers, self-help groups, voluntary and grassroots organizations, and etc.). These groups have the unique role of supporting and empowering individuals in the protection of their own rights. These rights are linked to the rights of civic association, contained in article 12, section 1, of the Charter of Fundamental Rights and they are:

- the right to perform general interest activities;
- the right to carry out advocacy activities;
- the right to participate in policy-making.

ACN has been developing a set of indicators and a methodology for assessing patients' rights in Europe inspired by a Civic information (civic audit) approach, which has been used as a framework in the Italian experience of Cittadinanzattiva. On this basis, in 2006 and 2011 two assessments on the Charter implementation state were carried out in cooperation with Dg Sanco and national organizations coming from 20 EU countries.<sup>2</sup>

### **1.2.3. The idea of a European Patients' rights Day**

The framework of the first assessment initiative was the promotion of the first European Day of Patients' Rights. The idea for this day was proposed by many associations participating in ACN initiatives and projects. The main goal was to promote an official day to talk about patients' rights in Europe. Hundreds of initiatives were organized in different European countries. The Charter was translated into 16 languages and more than 80 associations have participated in the different editions. The Conferences organized in Brussels were successful and many European interlocutors (Parliament, EU Commission, ESCC) participated and provided their support. In 2011, the EU Commission (DG Sanco) decided for the first time to support the 5th European Day. This

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<sup>2</sup> <http://www.activecitizenship.net/patients-rights/projects/31-assessing-patients-rights-in-europe.html>

is a very positive result and shows the awareness of EU and Member States concerning the implementation of patients' rights and their willingness to transform commitments to concrete action.

### 1.3. Project rationale

The European Year for Active Ageing follows the European Year of Volunteering and active citizenship and it can be considered as the second step of a single project aimed at bringing to the fore the European citizenship potentiality. Setting store by the ongoing global economic crisis which is challenging the social European model, the European Year for Active Ageing covers a crucial role.

As from this consideration, it was like compulsory that the 6<sup>th</sup> European Day of Patients' rights should be dedicated to the elderly participation, that is Active Ageing citizens at the center of EU health policy.

In fact, the risk that the elderly will not be considered as people able to independently represent themselves by public policies and services, remains huge. For this reason, the 6<sup>th</sup> European Day of Patients' rights will mainly focus on the homonymous conference with the aim to promote the building of an empowered ageing patient, capable of interacting appropriately with health care services and institutions, in as much as it supports the active and healthy ageing of the EU population and the sustainability and efficiency of social and health care systems.

The innovative approach of the Conference resides in the fact that ageing patients are considered essential and responsible stakeholders who shall actively contribute to overcome the crisis of the health systems. Looking at ageing patients not as a problem to be dealt with but as active participants in the problem solving does actually imply to reverse the common perspective.

The proposed European Conference, which will take place in the framework of the 6th European Patients' Rights Day aims at reaching the following general purposes:

1. increase awareness and information on the active participation of ageing citizens in the enforcement of their patients' rights in all EU countries with their double role of:
  - empowered patients who know how to manage their own disease and how to deal with the health care system;
  - active citizens who act in the community (through trainings, self-help, empowerment of other old people, etc...) and participate in the governance of health-care systems.
2. demonstrate how the active role of "empowered ageing patients/users" can contribute to face the challenges resulting from the crisis of the European social and "demographic" model, maintaining the health care universalism.
3. promote the active participation of ageing people in health-care policy and services in order to enhance well-being in old age and avoid that diseases can be cause of their (and their families) social exclusion.

Specific objectives are:

1. bring together a wide range of stakeholders throughout Europe:
  - reflect on what is currently being done regarding ageing patients' rights
  - discuss how the involvement of ageing patients/users in citizens' organisations dealing with health, can contribute to the well-being of the whole community, as well as to a better management of the crisis faced by healthcare services in all EU countries.
2. contribute, thanks to the collection and sharing of best practices from all EU countries:
  - to the development and/or improvement of public policies for the active involvement of ageing patients/users in the health policy and for the empowerment of ageing patients/users
  - to reveal the concrete benefits of this approach;
3. promote a broader alliance between citizens' and patients' organisations as well as with other important health care stakeholders such as health professional (doctors, nurses, pharmacists) health institutions, health care structures etc., identifying together Guidelines that can be used at European and national level.

#### **1.4. A Survey on best practices of Active Ageing**

In order to reach its objectives, the conference necessarily has to be founded on concrete experiences. For this reason, 40 best practices coming from 18 member states were collected and studied; the latter deal with the above mentioned topics. The majority of best practices appear on the webliography. The results of this work are described on this report which will be analyzed and discussed by the conference participants. The best practices regard three fields that are the core focus of the conference:

- a) The public policies for the active involvement of ageing citizens in the health policy and in the health care structures
- b) The involvement of ageing citizens in the community and civic organisations dealing with health
- c) The initiatives aimed at empowering ageing patients and involving them in managing their diseases.

They have been subdivided in those three areas that will be indicated in the report as:

1. Ageing empowerment on policies
2. Ageing empowerment on communities
3. Individual empowerment.

Areas have been analyzed in order to highlight actors (chapter 2.1), empowerment processes (chapter 2.2), the relation with welfare systems (chapter 2.3) and working procedures used by the active citizenship (chapter 2.4).

The main outcome of the conference will consist in contributing to the empowerment and active participation of ageing citizens thanks to the production and dissemination of recommendations in this field. The latter will result from the research on best practices and the conference workshop discussion.



## 2. ANALISYS OF BEST PRACTICES

### 2.1. Actors: a multi-stakeholder approach

A recurring feature of all best practices is its multi-stakeholder approach. Comparing to the standard procedure still used by many administrations and linked to the opportunity/need to mobilize all available resources, this is a real crucial innovation.

“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.” (HPE, 2008)

Great part of projects has several actors, both during the planning and implementation stages. It is all but impossible make a sum of all involved persons and it is thus necessary focus the attention only on promoters, that is organisations and institutions which first suggested and manage the project. Concerning this, among the 40 best practices on this report, five groups of actors have been picked out and divided according to different empowerment they create.

Tab. 1 – Type of policies/initiatives and promoting bodies

	Ageing empowerment in policies	Ageing empowerment in communities	Ageing individual empowerment
Public Authorities	3	2	6
Universities	=	3	1
Scientific Societies	=	2	2
Third Sector	1	1	9
Civic Organisations	4	2	4

#### 2.1.1. Public authorities: community institutions and local authorities at the front line

Policy clash on elderly social exclusion, elderly improvement resources and the promotion of solidarity between generations held the attention of the community institutions and brought to the production of documents and scientific researches (EC, 2005,2006, 2007, 2008 e CR, 2009, 2011). On the contrary, national governments find it hard to draft coherent policies.

Among best practices we reviewed, only in two countries national ministries have been active actors: Slovenia and Slovakia. Also the UK played a little role in adding to its national health system a specific intervention programme on life styles also based on active ageing.

In 2005, UK also actuated the Partnership for Older people Projects (POPP), which was successfully put into practice by the Dorset's health service.

As concerns other active bodies, the latter are local authorities that connect the promotion of active ageing together with policy clash on elderly social exclusion and the elderly empowerment.

### **2.1.2. University: little leaps**

Universities are promoters of four projects and are as well strategic partners in other two cases. Their core function is taking part in the education of "proximity agents"(see next pages) as well as in that one of self help programmes.

### **2.1.3. Professional and scientific societies: low impact**

Intervention fields of the latter are quite similar to those of universities. This sector should and could give a greater contribute as for universities

### **2.1.4. Third sector: education and empowerment**

The third sector is a complex reality in which different organizations live together. They find their roots in the civil society and in active citizenship, and they are capable to combine voluntary work with professional skills in order to provide services (Fondaca, Ires, John Hopkins).

The research confirms the general characteristic of the third sector both with regard to its forms and dynamism. In fact, it is the promoter of about a quarter of best practices ranked at the same level with public authorities and civic organizations.

As concerning the form, there are three educational organizations (mature age Universities and popular schools ), a Foundation, three charitable organizations and four federations/ associations which directly produce services. A part from two exceptions, the economic sphere is largely relevant.

People empowerment is the foremost field and has two different schemes of action. On the one hand there is the promotion of active life, both physical and social, and the management of health. On the other hand, the action concerns the promotion of self-sufficiency and the socialization of weak persons.

### **2.1.5. Civic organizations: the leading actors**

Civic organizations differ from the third sector in matter of economic dimension and a greater attention to the political and public sphere. It is not a case if they are responsible for half of participation practices.

From a formal point of view, they are prevalently or exclusively made by elderly people. They can be local associations strictly linked to the regional community, representative organizations or federations. Since they are four kinds of active ageing promoters, they can be thus appreciated as best practices by their own.

Civic organisations prevalently or exclusively made by the elderly can be found in almost all the best practices and they come abreast of promoters in order to ease projects' development, for example, through the recruiting of elderly people or thanks to communication campaigns.

## **2.2. An empowerment process**

According to experts, the empowerment "is a social action process through which people, organizations and communities develop skills on their own life, by changing their social and political environment in order to better fairness and quality life" (Wallerstein) or "a mechanism allowing people, organizations and communities to boost their capability to control their lives" (Rappaport).

These general definitions allow us understanding that the development of active ageing is not a mere technical activity of health prevention and/or promotion, but it is quite a general process which can change several aspects of both social and public life. For example, as you can see in next pages, it could be one of the crucial basis of the new welfare.

The approach is multi-operative and it can be resumed in three fundamental developing areas: ageing empowerment on policies, ageing empowerment on communities and individual ageing empowerment (Caracci, Carzaniga). This definition is one of the basis of the project.

### **2.2.1. Ageing empowerment in policies**

Ageing empowerment on policies concerns all phases of public policy cycle, starting from the agenda to decisions and the evaluation implementation.

This kind of empowerment can develop itself both through the organizations' and public authorities' initiative. From the point of view of results, it is not important which is the promoter, thus it is crucial that interlocutors meet themselves and set up a common innovation process. Studies showed that the two key factors are:

1. The integration of active citizens on decision-making and evaluation of public policies process, with particular reference to the health field. In this research, we found the following integration types: a) the start up of mixed working groups with representatives of elderly organizations managing the valuation of ageing policies (Foligno, Ita); b) leaders' education on the gathering of elderly needs and the consequent adjustment of regional policies (Dorset, UK); c) the setting up of Senior Citizens' Councils: working for local democracy (Denmark).
2. The establishment of new services (Radhentein, A , Carpi, Ita, Vienna, A, Slovakia) thanks to investments on ageing leaders' education. This educational process also foreseen an experimental management period directly handed by the elderly. Once finished the educational step, come up a new reality which has the responsibility to guarantee permanent and concrete services/facilities.

Moreover, other fundamental initiatives are the ones dedicated to the advocacy field. This is the case of Alzheimer Association Bulgaria, deeply engaged in the acknowledgment of patients 'right to access to innovative medicines. For this reason, the latter gave rise to a dispute with the Ministry. Even if this legal action had positive outcome, the Ministry still persists in denying new medicines, so that the Association had recourse to the ombudsman. According to the news quoted by ACN adherent associations, this case could not be the only one. In fact, the violation of the right to innovation by administrations had already been brought to attention in the 2011 on EU charter of Patients' Rights.

It is thus important to give evidence of those facts at European level.

### **2.2.2. Ageing empowerment in communities**

Usually, the elderly cover a great role at local level. On the other hand, it is clear that the welfare system reform transferred more and more responsibilities to these communities. In order to legitimize this action, the subsidiarity principle is frequently appealed, mainly when this responsibilities' bounce is not supported by adequate funding. In theory, the improvement of the elderly potential could be a fundamental resource in developing local policies aimed at boosting sustainability and universality welfare systems. Nonetheless, the reality appears to be different. Most of the time, both the elderly and communities actions are hindered by bureaucracy.

The best practices quoted in this report show that it is possible overcoming this kind of problems and that the elderly have great willingness in change things. As regarding ageing empowerment in communities, two are the main action fields ACN individuated:

- 1) Spotting and education of a new resource: proximity agents. In this category we found people - most of the time elderly- considered authoritative and truthful by the community due to their personal and cultural background. Thanks to these features, those people can be real point of reference for citizens, and they can easily reach people by disseminating information, and animating self-help and socialization groups. In order to transform this potentials into relevant health policies, it necessary studying and promoting ad-hoc actions. The latter can be

for sure, for example, educational interventions on proximity agents. They can act both individually or through the establishment of special organised networks.

- 2) Setting up at local level protection, information and animation centres managed by associations or elderly groups in collaboration with experts (Lucca - Ita, Bialstock - PL, Vienna - A). In that way, new stable services and facilities are established by increasing the population self-government and favouring a more effective use of health policies.

### **2.2.3. Ageing Individual Empowerment**

This is the field gathering the majority of best practices analyzed. Empowerment processes founded concern a wide and diversified sector:

- Access to services through the IT
- Management of disease
- Management of medicines and dressing
- Lifestyles and autonomy
- Rehabilitation
- Self-help group participation
- Tumble prevention
- Violence prevention
- Public transport to access services
- Relation with youngster

Most used tools are communication and education campaigns often set up in cooperation with civic organizations and aimed at involving the elderly as principal actors in the management of their own lives and health. A recurring feature of all best practices is the promotion of a correct use of services.

The core object of these action are people as individual; nonetheless, there are few forms of communities' mobilization. In fact, the promotion of an active life is often supported by the establishment of socialization centres. With regards to fragile persons, several actions of moral support against loneliness have been as well identified.

## **2.3. On the look-out for a new welfare**

### **2.3.1. The EU social model crisis**

One of the characteristic of the European identity is the spread all around EU member states of a social model with high levels of protection enabling the improvement of the quality of life. This means the consequent increase of the average longevity. However, this great success caused severe problems to the entire sustainability process, as numberless of experts and politicians underlined.

As showed by ACN assessments on 2007 and 2011, the crisis signs of this model already appeared, and they had particular relevance on health policies. "In effect ,the

poor result of these three rights<sup>3</sup>, as already observed previously (ACN, 2007), is connected to a single problem, that of the crisis of the "European Social Model" insofar as concerns the universal right to health care and the consequential reduction of levels of protection. A further sign, related to this, comes from the mediocre performance of three important rights dependent on facilities, being those relative to safety, quality and innovation. In particular, regarding "innovation" the official statistics reveal very widespread gaps relative to the availability of certain innovative drugs and certain technologies". (ACN, 2011, p. 81).

### 2.3.2. Are we going toward a shared welfare?

The financial crisis of recent years together with public expenditure policies make more and more urgent the setting up of a reform. The latter could not be any more focused on the slogan "from cradle to grave". On the contrary, it should guarantee a high standard of universality.

The real looming danger is that social and health expenditure should be considered as a mere cost which has to be cut down and that the equity principle should be converted into a questionable criteria in order to distribute privations and decrease people rights. In this way, general welfare resources will be neglected, such for example:

- the existence of an informed and competent citizenship who is able to intervene in each phase of the public policies to facilitate better decisions, reduces the wastage, increases the appropriate use of service, produces innovative solutions;
- the existence of a wide reserve of elderly population in good health, often with good general knowledge and generally available for voluntary job (Ires, John Hopkins).

The reform of the welfare models is intended to produce relevant changes in the public life. Two conditions are necessary to avoid that it becomes only a limitation to the rights of the citizens:

- a further democratization of the public institutions with a strong assumption of responsibility by the decision makers and policy makers, the transparency in the decisions taken, the decrease of wastage and of privileges, the fight against corruption and influence peddling, the introduction of serious form of evaluations of the policies and of governing;
- an important involvement of the citizens and their resources.

Extremely useful information which will help a concrete follow up related to the above considerations can be achieved observing the projects regarding the active aging and will present some possible characteristics of a new way of operating in the health services.

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<sup>3</sup> Right to respect of Patients' time, Right to free choice, Right to access



### *The empowered user*

A wide part of the initiatives related to the individual correspond to the training of the “empowered user” recommended by the Civic assessment on Patient’s rights (acn:2011, p.84). These initiatives foresee a development of innovative forms of relationship with the services and with the professionals regarding the capability of handling both one’s illness (Spain, Romania, Poland, Ireland ) and as the information about the organization and the treatments (in particular in the experience of Slovakia, Slovenia, Spain and Netherlands).

This fact can be of particular significance with reference to the development of one of the possible health welfare reform guidelines, that is to say the systematic adoption, at least in the heavy cases, of the patient centered care whose aim is to reduce the costs and improve the quality through a personalization of the treatments which drastically reduces the recourse to non appropriate service. (Frampton et al). The Patient-centered care presumes an active involvement of patients and their families in the design of new care models and in decision-making about individual options for treatment.

It is therefore obvious that the quality and the efficacy of the cures depend upon the capability of the user to establish effective relationships, taking, if necessary, the initiative. The patient moves from the condition of passive user to that of aware contracting party of an agreement.

The knowhow which emerges from the analyzed practices, provides potentially very important indications for the training of the empowered users.

### *Community agents*

As already seen in previous paragraph, the development of this kind of figure is one of the recurring characters of the empowerment process. It is a resource of high potential value as Cittadinanzattiva has been able to verify in Italy in the last two important campaigns. The first, in cooperation with the European Commission in 2001 and 2002 referred to carrying out information meetings to the elderly population with reference to the currency change from lira to euro. The mobilization of proximity informers with the given characteristics has allowed a widespread circulation and the achievement of 3000 meetings in one year. The second was the cooperation in the information campaign on generic drugs promoted by the National Agency of Medicines in 2006. In this case the mobilization has allowed to organize specific meetings in one year time, at almost all health care districts.

In any future organizations of health care service the effective circulation of the information and the communications will have a strategic value also in terms of sustainability and the availability of community agents can be a decisive element for succeeding. To give an example we would like to point out the concrete risk that the development of the informatic communication and/or of the e-medicines can facilitate the exclusion or the marginalization of the weak range.

The presence of trustworthy individuals next to prepared professionals, who are able to identify these people and interact positively with them can give a great contribution to the prevention and to restrain the risk.

### *Seniors Networks*

The potentiality of the community agents can be enhanced if they are connected in a network, as the experience of Carpi, Wien and Slovakia show. As we have already said we can talk of a real new service of information and communication in both directions ( service to the citizens and vice versa ). They have indeed a great potential value and susceptible to improvement in various directions for the ordinary communication, for the carrying out of information and prevention campaigns and for the monitoring of the work of the services. It seems therefore advisable a further deepening on this theme.

### *Seniors Socializing Centers*

As it is known solitude and exclusion worsen the conditions of the sick people causing, first of all, wounds to the dignity of the person as well as they worsen the costs. To restrain the problem, one known strategy is the creation of centers for socializing for the elderly and for the cares in which together with recreational activities and the aim to increase the autonomy of the elderly, it is also possible to transfer information, promote forms sometimes collective of self help and prevent acts of violence. The intervention of volunteers ( mainly elderly ) next to professionals is an essential condition for handling and spreading these initiatives – as the 10 registered initiatives confirm- and can create pleasant unusual occasions for socializing, as the English Silver Song Club show.

### *The development of civic participation*

Despite the official statements, Governments are struggling to include active citizenship in planning and implementation of policies. To justify such resistance, often, it is stated that participatory processes are expensive to carry out, or is alleged some sort of uncertain representativeness of civic organizations (Moro). The practical outcome is that resources such as those described above are not taken into consideration and are still widely underused, despite the current crisis.

However intervention of senior citizens over public policies experiences reported above, confirm (along with many other experiences) that civic participation can be a resource that facilitates and enhances the natural processes of formation and evaluation of public policies; it confirm also that civic participation must be an integral part of welfare reform. We'll return on this issue later. A practical guideline for the development of participation, however, could be the implementation of the European Charter of Active Citizenship (ACN, 2006).

## 2.4. Types of mobilization of active citizenship

Looking through the experiences on promoting active ageing, the attention is mainly focused on the definition of relevant objectives and to their actual achievement. This probably helps to clear up a number of problems (typically that of representation) that generally complicate the relationship between civic organizations and institutions (Moro). At the same time it makes more visible the form of mobilization of active citizenship adopted for the BP presented. It is a fact of very high potential relevance as it helps to understand better which are the factors that contribute to the success of initiatives.

We propose a first attempt at classification and description that should be continued and deepened in the following, with the caveat that every practice should use multiple forms of mobilization.

### 2.4.1. The promotion of civic activism

The active citizens in Europe are numerous, probably many more than what emerges from media representation, but in many cases they have been hampered by insecurity and skepticism. In particular there is a significant proportion of elderly people who, having a significant life expectancy, for various reasons (personal gratification, status-seeking but gratitude and desire to return the services received) would undertake social activities.

As we can see in most of the BP, often, you just need to properly advertize through simple public announcements the existence of areas where this activity can be developed and then define concrete programs to harness all this energy. There are, for example, many case of people with little interest in joining an association and instead a lot of interested in participating in an initiative.

In general, national governments don't have dedicated programs with the exception of the previously mentioned program Partnerships for Older People Projects (POPP) of the British government and the Aktiv im Alter of the German Government (BMFSFJ) who have had significant dissemination.

At a local level, a case of civic activism promotion of particularly successful is "Seniors Network" of Carpi. The association and the local authority, through a public notice, have mobilized hundreds of thousands of elderly people who carry out information and companion activities.

Universities of the Third Age and popular schools carried out particular and effective form of mobilization, through the organization of specific courses, directs to the elders and the exercise of active citizenship.

### 2.4.2. Significance versus representation

As already mentioned, the question of the representation of civic organizations has often been used to justify the disengagement of the government or to favor certain subjects.

For some time the European Union and several scholars have stressed the need to address this issue through a new paradigm “A consensus seems to emerge on the following issues:

- Representativity is not a matter of number, but rather a mixture of expertise gathered on the ground and ability to channel members’ voices;
- There cannot be absolute criteria;
- Representativity on specific issues should not be the monopoly of European networks. On many issues, valuable input has to be sought from single issue NGOs which do not always exist Europe-wide;
- Representativity should thus be rooted on a qualitative approach based on relevance to specific processes and issues.” (Fazi e Smith, p. 46).

The relevance can be defined as the ability of civic organizations to make a difference in policy making thank to one or more of their characteristics (capacity, history, geographical distribution, experience and competence, advocacy skills, etc.). Thanks to the concept of relevance, the question of representativeness of civic organizations can be interpreted as a matter of capacity rather than as a match to abstract criteria (Moro).

As a matter of fact, the definition of associations that could or should take initiatives for active ageing has been largely based on the principle of relevance. In some of the more complicated cases with structured interaction with public policy (Spoleto, Ita, and Denmark) it has been adopted a more traditional criteria such as number of subscribers or the formal recognition by public institutions.

### 2.4.3. The construction of a civic environment

The theme of active aging does not belong only to political or social welfare, but has its righteous being in the construction of a civic environment that could enable a welfare reform with the participation of citizens.

In general, all examined initiatives acted in this way, creating centers of reference, resulting in mobilization and animation of public debates in which the issues of older people acquire a general relevance and doesn’t remain confined within the health and welfare.

Some initiatives, however, have paid particular attention to the topic, such as the promotion of inter-generational dialogue with the students of the Conversation Cafe for Older Citizens of Görlitz or youth project OLd'Up French. On the courses for community agents are often provided training sessions on the interaction with the environment.

#### **2.4.4. Create information to set up new policies**

Civic organizations have a key role in the production of information: as a matter of fact the success of many public policies depend on the information provided by citizens (one need only consider health, immigration and the environment). This kind of potential and power should be further strengthened in order to effectively contribute to welfare reform, but also to extend furthermore the involvement of citizen in the processes of Governance. Nearly all the initiatives on the empowerment of policies and of communities focus their attention to the data collection and processing techniques. In particular the project “Partnerships for Older People Projects Dorset”, for example, trains older people to identify, articulate and address needs and concerns in the area where they live.

#### **2.4.5. Communication**

One of the biggest problems of civic activism is the lack of visibility, namely the difficulty to represent what you do, who are the people doing it, and which results have been achieved. The theme of ageing, for instance, is almost always treated as a problem of economic sustainability (as recently stated by the International Monetary Fund) or a matter for health professionals and social services. The existence of active elderly citizens remains a marginal and struggling issue on the public debate.

All good practices examined have paid particular attention to the problem of communication, but it remains a weak point. Several organizations have developed particular skills in the design and management of web site, or interacting with the local community but the communication is still relegated to those directly affected.

The celebration of the European Year for Active Ageing and Solidarity Between Generations may be an opportunity to help bridge this gap and the aim of this conference is to provide a specific recommendation.

### 3. DIRECTIONS FOR RECOMMENDATIONS

The celebration of the European Year for Active Ageing and Solidarity Between Generations is happening in the midst of a striking crisis, as unseen before, that implicate cutbacks on public services with heavy impact on welfare systems. Never the less the EU strongly recommends the need to combine debt reduction and cost containment with growth, innovation and new opportunities for the future. Community institution and national government attention has been recently focusing mainly on public policies, which can facilitate an adequate economic recovery that would reduce the contraction of financial resources and increase the growth of the society.

On this matter Europe 2020 has a particular relevance as a 10-year strategy proposed by the European Commission on 3 March 2010 for reviving the economy of the European Union. It aims at "smart, sustainable, inclusive growth" with greater coordination of national and European policy. The success of the Europe 2020 strategy depends on the involvement of all sections of society. The responsibility for action does not stop with governments. Everyone is needed to achieve the Europe 2020 goals. Between the actors a fundamental role can be played by non-governmental organizations and individual citizens.

Europe 2020 believes on the utility of good practices, benchmarking and networking exchange to create a sense of ownership and dynamism around the need for reform. A number of civil society organisations have adopted the Europe 2020 goals as their own and they help push for implementation and reform at European and national level.

The recommendations that the Conference aim to promote and disseminate on the following months should rise up from this background and combine sustainability with citizens' rights, innovation with civic resources promotion, accountability of European and national institution with the community experiences value.

Considering what has being said until now we came out with three general recommendations:

- National governments responsibility to ensure universality of older people rights through policies, guidelines and resources that reduce social exclusion and based on the fundamental principles of European Charter of patients' rights, such as territorial and demographic discrimination, prevention, appropriateness of care and waste reducing, delays and dehumanizing practices.
- National governments specific commitment to develop both Europe and local community strategies on ageing, recognizing to Europe its wealth of ideas and commitments for the future and to local communities their concrete and innovative experiences.
- An ultimate acknowledgment of the elderly population as future main character of European welfare state, both for its larger presence on the healthcare and assistance, and, conversely, as a future resource on the pursue of new ways of welfare policies and social development management.



The European institutions have proposed several strategies enabling a worthwhile inclusion of the ageing issue on welfare reforms that would guarantee high levels of universality (EC, 2005, 2006, 2007, 2008 and CR 2009, 2011). At the same time, as confirmed by this Report, local communities are demonstrating the ability to address and resolve major problems with original solutions. They don't represent merely catchment areas - in which the crisis required benefits rationing - but they become actual social agents capable of directly assume their responsibilities and to mobilize new resources. If, however, a strong commitment at the national level to ensure uniform standards, coordinated policies, guidelines and resources is missing, universality of rights and services would be at risk.

National governments must do their duty combining budgetary needs, universality of rights, prevention and care strategic goals. No system can be truly said universal if creates processes of social exclusion, inequality and discrimination based on age. Governments should also learn to promote European Community institutions and local communities action, as much more capable actors on the matter of elderly population conditions management.

The third general recommendation is for policy makers (as well as opinion makers) and concerns the need to consider the aging population not as a burden to bear with the least possible commitment of resources but as a resource for the resumption of growth processes, therefore not as a problem but as one of the solutions. We do not believe that activism of elderly would be the solution to all problems of health systems, such as its growing demands and lack of resources. It would be an unbearable burden for the elderly themselves! There's the need of strong actions to reform, reduce inefficiencies and reorganize services. Nonetheless, they are indeed one of the new actors of new welfare and the participation of older people in health policy making and active ageing could, as a matter of fact, become a leading policy.

"Many older people live a most meaningful life and are a resource for society. They contribute to society, work in a paid or unpaid capacity as volunteers, care for family members and friends, and carry out informal work in organizations and associations.(SNIPH, p. 201). "Healthy and active aging" Report has analytically documented the ability to translate these general tendencies into concrete practices in a large variety of fields (EHN). Health Pro Elderly has published "Evidence-Based Guidelines on Health Promotion for Older People". Promotion of active ageing is not merely a general hypothesis yet to be studied but a possible line of action with strong bases. To summarize the active elderly has to be considered not as a problem but as a solution to the issue of social and health welfare sustainability.

These recommendations are, basically, those made by other actors in the field of active ageing - in particular "Active aging" (SNIPH) and "Active aging in active communities" (JRF) Reports - that could be review during the conference in order to give more specific directions.

In order to further stimulate the work, here are some proposals.

The first one is addressed to the European Commission and it concerns the need to capitalize on the work of the 'European Year for Active Ageing and Solidarity. The databases on good practices should be maintained, updated, and completed through periodic measurements of the projects implementation and impacts. Also there should be better and more precise information on national policies. EU institutions and the various organizations web site can already guarantee a high level of dissemination of information that could be further enhanced with simple technical solutions.

The second concerns national governments, who should strive to remove obstacles in order to enable a patient centered implementation of Healthcare. This requires specific programs that should include at least four actions:

- a survey of the problems considered from the point of view of users to be realized with the help of civic organizations;
- a substantial guarantee of access to drugs, devices, and the most appropriate forms of assistance without economic discrimination;
- the promotion of the local communities right to act without undue bureaucratic burdens and to use (at least in part) the money saved to improve services;
- the creation, in collaboration with universities and scientific societies of programs for civic leaders training on advanced topics such as HTA, long-term care, etc..

The third series of recommendations are addressed to local authorities. As strategic actions to combat social exclusion local authorities should invest money and energy on the training of senior community agents and the establishment of socializing centers, in order to promote preventive measures and information dissemination. The BP overview shows those experiences providing a high degree of adaptation.

In addition to more traditional activities (such as health education and promotion of healthy lifestyles) community agents could aim to two crucial tasks: communicate with the frail elderly and, on the other hand share the ability on rights protection.

At the local level there should be appropriate measurement to assess the situation of the elderly population carried out in cooperation with civic organizations and discussed in public meetings on an annual basis. The final recommendations of such conferences should be used to plan future activities.

The final recommendation addresses civic organizations themselves which should systematically align their organizations and their actions to the information provided by the good practices. You cannot ask others to change their course of action, often profoundly, without being willing to do the same.

## 4. ACTIVE AGEING IN PRACTICE: AN OVERVIEW OF EXPERIENCES

The following 40 Best Practices has been collected both with our partners collaboration all over Europe both looking through existing data base. Given the variety of sources the Best Practices records spread in a wide range of typology . As you will see on the listed Best Practice there are significant differences in term of data. Never the less all the fundamental information on the selected projects has been guaranteed.

### Best practice N.1

#### CONTACT DETAILS

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#### DESCRIPTION

<b>Title of the BP</b>
I am 65+ and happy to live the healthy life
<b>Short description</b>
<p>The project seeks to positively influence the lifestyle of older people through the provision of certificated educational programmes oriented to the following health determinants: social environment, physical activity, nutrition, mental health and health information.</p> <p>It is supposed to prepare about 300 older people to act as 'teachers' in encouraging healthy lifestyles.</p> <p>Main activities:</p> <ul style="list-style-type: none"><li>• Campaign "Week for Seniors" (Sept 2004).</li><li>• National conference (Oct 2004).</li><li>• Preparation of the certificated educational programme - pilot seminars in Bratislava (Jan - June 2005)</li><li>• Creation of the certificated educational programme - at regional level (from Sept 2006).</li><li>• Observation and evaluation (2007-2008).</li></ul>

<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Public Institution(s)</b> Public Health Authority of the SR  <input type="checkbox"/> <b>Civic Organization(s)</b> Union of Seniors of the SR
<b>Location</b>	10 cities all over the SR and 37 Regional Public Health Authorities all over the SR
<b>Term</b>	01/09/2004 – 01/01/2008
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To increase the interest of the target group in their own health.</li> <li>• To develop a system of certificated education for older people (to educate 'teachers' from their own community).</li> <li>• To continuously facilitate - to inform, to publish, to educate, to supervise quality of information, to consult and advise the teachers.</li> <li>• To provide feedback - to monitor and evaluate the project, as well as to draw conclusions, to discuss, to improve all phases of the project.</li> <li>• To turn society's attention towards problems faced by older people, to prevent the isolation, to heighten interest of politicians and government in the life of seniors, to implement the idea of healthy lifestyle and to improve the health awareness and behaviour of older people.</li> </ul>
<b>Outcomes</b>	<ol style="list-style-type: none"> <li>1. During the campaign "Week for seniors" there was 596 older people examined (blood pressure, BMI, cholesterol, glucose) and counselled individually.</li> <li>2. Pilot seminars in Bratislava - 14 participants.</li> <li>3. Regional seminars - 400 participants by Aug 2006.</li> <li>4. Establishing the Health Counselling Centres for Seniors.</li> </ol>
<b>Resources</b>	State budget

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

## OTHER INFORMATIONS

Observation - to assess the quality of information in the community with regard to older people and monitor the health status, health awareness and behaviour of the target group after 2 years of the project starting. This is an integral part of the project (planned for 2007-2008).

## Best practice N.2

### CONTACT DETAILS

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### DESCRIPTION

<b>Title of the BP</b>
Portal <a href="http://www.senior.sk">www.senior.sk</a>
<b>Short description</b>
The project creates a special virtual electronic platform for older people, which allows them to build social contacts, to participate in education and receive specific information, as well as to express opinions and suggestions. In the field of health promotion the website covers topics associated with healthy ageing e.g. life-style (nutrition, physical activity), memory training and life-long learning.

<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Public Institution(s)</b> <input type="checkbox"/> <b>Civic Organization(s)</b> Občianske združenie regióny.sk - The Civic Association Regions.sk
<b>Location</b>	Bratislava
<b>Term</b>	01/01/2006 - ongoing
<b>Objectives</b>	<p>To create a portal www.senior.sk as a multifunctional online platform for the elderly and as a partner within the european network 'seniornet'.</p> <p>To pick up again and expand experiences and activities gained within the project - "Computer academy of seniors" started in 2005.</p> <p>To support beginners or less experienced internet users in searching and using the relevant information.</p>
<b>Outcomes</b>	Based on monitoring of the number of portal visitors / users - till October 2007 about 2292 users (627 above 50, 702 over 50, 528 over 60, 435 over 70 years).
<b>Resources</b>	Ministry of Transport, Post-Office and Telecommunications of the Slovak Republic (SR) and own budget of the organization.  The budget for starting-up the portal has been available only for one year (till December 2006). The Portal is still running and continuously updated.

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.



## OTHER INFORMATIONS

The portal creates a platform for the active participation of individuals and all kinds of organisations for seniors in the SR e.g. the Union for Seniors of the SR.

The project also involves older people who are unemployed, people with disabilities or at risk of social exclusion. It is open for anybody.

## Best practice N.3

### CONTACT DETAILS

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### DESCRIPTION

<b>Title of the BP</b>	Third Age Coach
<b>Short description</b>	<p>The three-semester training course “Third Age Coach“ is targeted at people 50 years and older who want to work with old and older people alone or in groups. The training course prepares older people for their paid or non-paid (volunteer) work with older people.</p> <p>Coaching of older people and their family members concerning age-relevant themes and topics, the founding of associations and development of project ideas.</p> <p>Third Age Coach empowers older people to implement coaching methods and counseling methods, to teach know-how in a didactical way, to train older people, to recognize age-based crises and to intervene. It also empowers them to realize their own project ideas.</p>
<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Public Institution(s)</b> <input type="checkbox"/> <b>Civic Organization(s)</b> Third Age Coach Austria <input type="checkbox"/> <b>Other Subjects involved</b> Volkshochschule Alsergrund - Community College Alsergrund

<b>Location</b>	Vienna 2 districts of Vienna: Margarethen (5th) and Alsergrund (9th)
<b>Term</b>	01/01/1970 - ongoing

### ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	<p>The holistic teaching methods of Third Age Coach have the character of lectures, but there are also intensive modules in which autonomous learning and teaching is emphasized.</p> <p>The following teaching methods are carried out: single work, group work; plenary discussions, training simulations, self-reflexive exercises, peer group work.</p>

### EVALUATION

<b>Reproducibility:</b>	The project is easily transferable since the "Volkshochschulen" are located everywhere in Austria. The project could be easily carried out in other parts of the country.
<b>Added value:</b>	The main strenghts of the project are its sustainablity and its practical implications. Older people are very well suited for counselleing other older people.

### OTHER INFORMATIONS

The project's aim is to empower older people to work with older people. Therefore they are extensively trained and enabled.

## Best practice N.4

### CONTACT DETAILS

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### DESCRIPTION

<b>Title of the BP</b>	
In anticipation of the golden years	
<b>Short description</b>	
<p>'In anticipation of the golden years' is a programme offered to people between 50 and 75 years of age, who are aiming to improve – among other things – proactive competencies and who are preparing for ageing and retirement.</p> <p>The programme focuses on mental health and social capital in the retirement phase. A train-the-trainer model is developed which is given by the CVO (Centre of Elderly Research).</p> <p>The programme consists of four-weekly meetings with 8–10 participants and is given by trainers of about the same age as the participants.</p> <p>The programme received positive evaluations, the attendance rate was satisfactory and the applicability of the techniques used has been demonstrated.</p>	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Public Institution(s)</b> University of Twente and University of Utrecht.  <input type="checkbox"/> <b>Civic Organization(s)</b> MOVISIE International
<b>Location</b>	Utrecht and Oss
<b>Term</b>	01/01/2005 – on going
<b>Objectives</b>	The aim of the programme is to increase proactive competencies and improve proactive orientations and behaviour.
<b>Outcomes</b>	The programme improved proactive coping competencies significantly. Three months after completion of the intervention,

	<p>these results remained stable. Nearly all effect sizes in the experimental group were medium or higher. The programme did not have negative side effects in terms of worrying or a negative mood, and it did not change levels of self-efficacy. Demographic characteristics of participants did not predict changes in proactive competencies. The programme received positive evaluations, the attendance rate was very satisfying, and the applicability of the used techniques has been shown. The educational programme “In anticipation of the golden years” is a theoretically based minimal intervention which is highly feasible and effective in improving proactive competencies.</p>
<b>Resources</b>	<p>The University of Utrecht is responsible for the content and form of the intervention, and local organisations for its recruitment, organisation and execution.</p> <p>The project was funded by ZonMw, the Dutch Organisation for Health Research and Development. The development and the first effect evaluation were finished in 2005.</p>

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	<p>The programme consists of four-weekly meetings with 8–10 participants and is given by trainers of about the same age as the participants. The themes of the meetings are: anticipation of the next phase of life, early spotting, positive goals, realistic strategies and evaluation. During the meetings ,discussions and exercises are combined with an individual trajectory to work on achieving personal goals, such as realising a hobby, maintaining social contacts, or learning a better way to structure one's own time.</p>
<b>Impact on participants</b>	<p>The main conclusion from the study is that the course is effective: it makes a substantial contribution to improving proactive coping skills, which form the basis of future-oriented self-management (in the middle and late adulthood). The stability of the effects of the intervention is supported by the preservation of these effects three months after the program.</p>

## EVALUATION

<b>Reproducibility:</b>	The method is most commonly offered by large institutions and large welfare. Also providing institutions such as People's Universities, adult education centers, Elderly Welfare Foundations and volunteer plants from the course. The course is offered throughout the country. The applicability of the techniques used has been demonstrated.
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### Best practice N. 5

## CONTACT DETAILS

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<b>Website</b>	www.bigmove.nu

## DESCRIPTION

<b>Title of the BP</b>	Big! Move
<b>Short description</b>	<p>1. The general practitioner refers inhabitants (with health problems like diabetes, overweight, cardiovascular diseases, stress and tiredness) to the physiotherapist.</p> <p>2. The physiotherapist organizes an exploratory interview within which a health profile is set up using a checklist, based on the WHO ICF-classification. Apart from illnesses, the checklist also charts the participant's social environment, as well as external and personal factors.</p> <p>3. Big!Move takes a year and consists of four phases. After the intake, people enter phase 1. In this phase, people participate in a group activity, with intensive counseling by two supervisors. In addition to their physical strength, they try to improve the mental and emotional strength of the participants as well. After 12 weeks, participants can go on to phase 2, the participants are encouraged to get more active in their own environment; they are invited to engage in other activities in the neighborhood. In phase 3, participants are encouraged to keep exercising more, independent of the organization. Beside this, the organisation organises some group activities to let participants reflect upon their own experiences.</p>
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Local municipalities  <input checked="" type="checkbox"/> <b>Other Subjects involved</b>

	Health Centre Venserpolder
<b>Location</b>	Amsterdam (Venserpolder, Westerpark and Gooioord) and Utrecht (Overvecht)
<b>Term</b>	01/04/2003
<b>Objectives</b>	Big! Move aims at helping inhabitants of the area to become more conscious of the influence they can have upon their own life. This consciousness, together with the understanding and experience that one gains more with healthy behaviour, leads to a healthier lifestyle.
<b>Outcomes</b>	<p>In June 2004, the effects of the programme were evaluated at several levels: the ICF-outcome, the participation of the inhabitants, the change in their behaviour, the newly developed activities to move; the change of the demand for health services.</p> <p>The most important effect is the behavioural change in the participants: of the 100 participants, 84 move more than they did before starting with the programme. 88% has become more active in daily life, 69% has independently started to do a sport; 51% has become member of a community centre or local association. The average frequency of visits to the general practitioner has decreased from 6 to 4,8 consults a year. The amount of physiotherapeutic individual treatments has decreased, while within Big! Move the number of groups has grown. Illness-related treatment has been changed into health promotion actions. This results in better care for less money.</p>
<b>Resources</b>	Funded by Health insurance company Agis (Agis Zorgverzekeringen) and local municipalities

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Impact on participants</b>	The most important effect is the behavioural change in the participants: of the 100 participants, 84 move more than they did before starting with the programme. 88% has become more

	active in daily life, 69% has independently started to do a sport; 51% has become member of a community centre or local association. The average frequency of visits to the general practitioner has decreased from 6 to 4,8 consults a year. The amount of physiotherapeutic individual treatments has decreased, while within Big! Move the number of groups has grown.
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### Best practice N. 6

#### CONTACT DETAILS

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<b>Phone number</b>	+38 6 1 433 20 90
<b>Website</b>	<a href="http://www.univerzazatretjeobd-drustvo.si/">http://www.univerzazatretjeobd-drustvo.si/</a>

#### DESCRIPTION

<b>Title of the BP</b>	
Do we really need so much medication in old age?	
<b>Short description</b>	
<p>It is stated that people aged 65+ are consuming 5 times more medication compared with the wider population. Especially medication which is not prescribed by the physician can damage health instead of supporting it. The model is explains when and how to use different medication.</p> <p>Classes and individual interviews with older people on the basis of their personal experiences in the preceeding three weeks. The typical groups of medication used are discussed in group sessions (painkillers, sedatives, anti-depressants, antibiotics, blood pressure medication, insuline, laxatives).</p>	
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Univerza za tretje zivljenjsko obdobje Ljubljana - Third Age University
<b>Location</b>	Ljubljana
<b>Term</b>	01/01/2005



<b>Objectives</b>	Support to elderly who depend on medication.
<b>Outcomes</b>	The longitudinal study shows that older people are more careful in their consumption of medicine.

#### ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

#### EVALUATION

<b>Reproducibility:</b>	The model can be implemented in all settings.
<b>Innovativeness:</b>	This education is a very important preventive activity in the interests of older people themselves and also for the most effective use of national health insurance spending on medication.

### Best practice N. 7

#### CONTACT DETAILS

<b>Name and Surname</b>	Sue Warr
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## DESCRIPTION

<b>Title of the BP</b>	
Dorset Partnerships for Older People Project (POPP)	
<b>Short description</b>	
<p>The project aim is: 'To work with older people to develop supportive neighborhoods where older people can live, and receive appropriate, timely help and support to stay within local communities for as long as they wish.' The Project has a number of key elements to help achieve its aim: The Dorset POPP Project is based on the development of local communities. The Project aims will be achieved through a leadership programme that will support and train older people to identify, articulate and address needs and concerns in the area where they live. Statutory organisations will be challenged to make changes in the way they currently operate, in particular to work with older people as partners, and will be exposed to lessons emerging from the leadership programme and the outcomes of Project evaluation</p>	
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> <input type="checkbox"/> <b>Civic Organization(s)</b> <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Dorset - county in the South West of England
<b>Term</b>	01/05/2006 – on going
<b>Objectives</b>	<p>Greater confidence in working effectively in partnership with local providers of health and social care;</p> <p>Knowledge that their contributions are valued;</p> <p>Increasing awareness of services and support available to older people in their community;</p> <p>Increased access to local information, resources and transport;</p> <p>More opportunities for social activity, befriending, shopping and other forms of practical support;</p> <p>Local solutions for older people who do not participate in established groups or networks;</p> <p>Reduced isolation and a greater sense of safety.</p>
<b>Resources</b>	Funded by National Health Service

## ANALYSIS

<b>Policy Field:</b>	<input checked="" type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	<p>The county council area has been broken down into 33 neighbourhood clusters. Within each community cluster there is:</p> <p>At least one 'neighbourhood leader' who acts as a local resource for their community;</p> <p>At least two local 'way-finders' who help local people connect with appropriate and timely advice, information, support and services</p> <p>In addition, there is support for the neighbourhood leaders and way-finders from: Fifteen older people who have been trained as 'local evaluators' - recruited, trained and supported to do local evaluation across Dorset;</p> <p>Four community development workers employed by Dorset County Council to provide project support to local neighbourhood clusters across the county;</p> <p>A Dorset POPP Manager, employed by Dorset County Council who carries overall responsibility for the project and is accountable to Dorset County Council's Head of Community Care - Older People's Strategy;</p> <p>A Performance Analyst employed by Dorset County Council to monitor the impact of the programme on local older people and service provision.</p>

## Best practice N. 8

### CONTACT DETAILS

<b>Name and Surname</b>	Majda Lukovnjak
<b>Organization</b>	Zveza drustev za socialno gerontologijo Slovenije - The Social Gerontology and Gerontogogics Association of Slovenia
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<b>Phone number</b>	+386 2 234 75 70
<b>Website</b>	<a href="http://www.univerzazatretjeobd-drustvo.si/">http://www.univerzazatretjeobd-drustvo.si/</a>

### DESCRIPTION

<b>Title of the BP</b>	
Self-help groups for older people	
<b>Short description</b>	
<p>The project is including 465 groups of older people and the basic goal is to form a group of people who did not know each other before into a group of friends or into substitute family to cover non-material needs.</p> <p>Older people are co-creators of all activities within the self-help groups and the groups themselves advise and make proposals aimed at different organisations involved with older people.</p> <p>Self-help groups are open to all people aged 65+ and older people are invited to join the self-help groups on voluntarily basis.</p> <p>Self-help groups form an important network of older people throughout the country and therefore enable the voice of these groups to reach health authorities on a local and national level.</p> <p>Self-help groups are recognized nationwide, by government bodies and are financially supported by the state and through donations from the general public.</p>	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Public Institution(s)</b> <input checked="" type="checkbox"/> <b>Civic Organization(s)</b> The Social Gerontology and Gerontogogics Association of Slovenia <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Not limited ta a specific city. Dispersed all over the country.
<b>Term</b>	01/01/1987 – on going

<b>Objectives</b>	Supporting the quality of life of older people and the establishment of interpersonal communication between different generations, eliminating the taboos of old age. Self-help groups support physical activities, activate memory skills and prevent social isolation.
<b>Outcomes</b>	Social inclusion, self-esteem, active life in old age, intergenerational networking. Participants are regularly attending health educational programmes dealing with health promotion after having been motivated during the group gatherings.
<b>Resources</b>	Funded by Ministry of Labour, Family and Social Affairs and Local Community.

#### ANALYSIS

<b>Policy Field:</b>	<input checked="" type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	Interpersonal communication, organisation of social events, dancing, singing, reading, social games, attending cultural events, short trips.

#### EVALUATION

<b>Reproducibility:</b>	The dispersion of the models around the country show that this model can be adapted for most of environments.
<b>Innovativeness:</b>	The form of self-help groups is not rigid - it adapts to changes within society. Their existence promotes the views and status of older people within the country.

## Best practice N. 9

### CONTACT DETAILS

<b>Name and Surname</b>	Stephen Clift
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### DESCRIPTION

<b>Title of the BP</b>	
Silver Song Clubs	
<b>Short description</b>	
<p>The programme designs and delivers programmes of social music making for older people who may be socially isolated or suffering from the effects of age related health problems.</p> <p>The programmes are delivered through The Silver Song Club network which operates over 30 clubs across the South East region. Clubs meet on a regular basis and sessions are led by trained facilitators supported by volunteers drawn from local amateur music groups. The sessions are open to all and are free of charge. Help with transport is available for those in need and refreshments are provided at most clubs.</p> <p>Silver Song Clubs operate in a variety of venues and are targeted to meet a wide range of different needs. These include sessions specifically designed for participants with late stage Alzheimer's or other degenerative mental health conditions. Sessions are also provided in secure units. The organisation is also in the process of developing Silver Song Clubs for minority groups to reflect their musical and cultural traditions.</p>	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Public Institution(s)</b> <input checked="" type="checkbox"/> <b>Civic Organization(s)</b> Sing for your life <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Clubs have been run in Folkestone, Dover and surrounding areas
<b>Term</b>	01/01/2004 – on going
<b>Objectives</b>	Provide meaningful and stimulating activities for older people; Create an opportunity for older people to build social networks;

	<p>Bring together older people, particularly the socially isolated, and unite them through shared musical activities;</p> <p>Offer a platform to share memories and experiences linked to a range of well-known popular songs.</p>
<b>Resources</b>	Funded by: Big Lottery Fund, Private Trusts, Arts Council England/South East, Primary Care Trusts & Adult Services, Dover District Council Project Delta, Sidney De Haan Research Centre for Arts & Health

## ANALYSIS

<b>Policy Field:</b>	<input checked="" type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

## EVALUATION

<b>Reproducibility:</b>	<p>The success of the programme has meant it has now been extended across the South East of England to include: Kent, East Sussex, West Sussex, Hampshire and Surrey</p> <p>The format has been transferred over 30 times across a range of social and cultural settings.</p>
<b>Innovativeness:</b>	Using music and song as a means of promoting the health of older people is highly novel and innovative.



## Best practice N.10

### CONTACT DETAILS

<b>Name and Surname</b>	Manuel Serrano-Gil
<b>Organization</b>	Education, Health and Society Foundation (EHSF)
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<b>Phone number</b>	+34650061175

### Short description of the organization/public institution

Non-profit private national Foundation from Spain, with the mission of promoting citizen engagement (social support) as the key for self management and integral human enhancement based on the psychosocial model of medicine. In 2006, began the Expert Patient Program (EPP) in Spain, a group visits programme (based in the CDSMP Programme from the University of Stanford-US) for patients with chronic diseases and the Global Alliance for Self Management Support (GASMS) ([www.globalalliancesms.org](http://www.globalalliancesms.org)), an international workgroup of experts of the field working collaboratively as volunteers sharing knowledge through the web. GASMS, VIP partner of World Health Congress. Since 2009 was focused mainly in diabetes and obesity, reaching 2000 patients thanks to 25 volunteers delivering weekly support groups. In 2012, EHSF entered as partner the 7th Framework research programme (EU-WISE programme; 2012-2015), leaded by the University of Manchester, with other universities from Bulgary, Norway, Greece, Netherland, Spain, and the UK) to explore social support on self management support for people with diabetes. Plans to deliver support through social media and the web to help citizens around the world to start bottom-up initiatives locally following the knowledge and experience shared online. Explore anthropologic background for volunteerism (patients) and professionalism (health professionals)

### DESCRIPTION

<b>Title of the BP</b>	
Expert citizens: moving from patient to person	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input checked="" type="checkbox"/> <b>Civic Organization(s)</b> Education, Health and Society Foundation <input checked="" type="checkbox"/> <b>Other Subjects involved</b> Experts (Advisory Boards) at the Global Alliance for Self Management Support.
<b>Did you directly experience the BP</b>	Yes

above mentioned?	
Location	Initially in Spain, but through new information technologies worldwide (in process)
Term	June 2006-(on going project)
Reasons for starting the BP	Society engagement, Self Management Support recommended from World Health Organization. Sustainability and feasibility of community programmes based in appropriate concept of volunteerism based in human dignity.
Objectives	Our starting objectives were to deploy the programme locally but we found barriers for integration with public services and lack of economic resources. Then we changed our strategy to focus on research and to share our knowledge with other experts through the web (i.e EU-WISE project) and now we are focused on spread, logistic, strategic partnerships and project management through the use of new technologies to start from scratch individuals/citizens or community institutions drawing from our experience and adding their value/input
	Did you meet all your planned objectives? Most of them. ( <a href="http://www.youtube.com/user/pacienteexperto">www.youtube.com/user/pacienteexperto</a> )
Outcomes	We are needed of volunteers/citizens and companies (in kind collaboration as CSR) to planify how to promote the principles behind the program internationally
Resources	1) People to people engagement using social media. Built a community online, as nodes of EPP and GASMS at social networks available (Facebook, Twitter, etc). 2) Support and awareness (no money, more independency) from government and companies.3) Multidisciplinary research and project management, logistics.

## ANALYSIS

Policy Field:	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.

	<p>X policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.</p> <p>Self Management Support for patients with diabetes (EUWISE). Prostate Cancer programme (they develop diabetes because treatment. Programme on development)</p>
<b>Development of the BP</b>	Main instrument were group visits and their diffusion through the web (as our channel in russian: <a href="http://www.youtube.com/user/expertpatientrussian">www.youtube.com/user/expertpatientrussian</a> ). A lot of audiovisual material to be edited for marketing purposes. Mass media (CSR) collaboration.
<b>Did you meet any obstacles?</b>	<p>Yes: Economic crisis, difficulties for integration with public services.</p> <p>Lack of resources (patients made donations) until receiving UE support through the european research project (EUWISE)</p>
<b>Factors enabling the process</b>	Economic crash at the public services, no investment in promotion or prevention. Social movement, bottom-up initiatives.
<b>Impact on participants</b>	10% of total expenses in health are due to overweight/obesity. But the programme it is also for people with chronic disease in general, because social support is the key for self care and prevention.

## EVALUATION

<b>Reproducibility:</b>	In January 2014 it will start the implementation phase of the EUWISE project at the participant countries (see above)
<b>Innovativeness:</b>	There were no experiences or research previously
<b>Added value:</b>	Yes, it was a and added value
<b>Appropriateness:</b>	Yes

## Best practice N.11

### CONTACT DETAILS

<b>Name and Surname</b>	Sabine Mertel - Dr. Bernhard Wachtarz
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## DESCRIPTION

<b>Title of the BP</b>	
Conversation Cafe for Older Citizens of Görlitz	
<b>Short description</b>	
<p>The conversation cafe was a project initiated by students of the university Zittau / Görlitz in cooperation with the local health authority Görlitz. The conversation cafe is a regular meeting point for older people where they can discuss various issues from the past or everyday life. These meetings are very biography-related and often lead to an examination of long forgotten incidents. The dialogue between young and old creates an atmosphere of mutual learning and understanding.</p> <p>The participants are involved in arranging the time schedule, the acquisition of new members and the planning of the contents and topics.</p> <p>The programme is especially addressed to old-aged, isolated people and people suffering from mental problems.</p> <p>The biographical work helps to reduce mental tensions and to stabilise the identity.</p>	
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Local health authority Görlitz – University Zittau / Görlitz <input type="checkbox"/> <b>Civic Organization(s)</b> <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Görlitz
<b>Term</b>	01/01/2004 – on going
<b>Objectives</b>	Biographical work Reduction of mental tensions and burdens Preserving mental fitness Making new social contacts Harmonisation of the generations
<b>Resources</b>	Founded by: Health insurances and Local Businesses

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
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	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

## EVALUATION

<b>Reproducibility:</b>	The project is transferable to other institutions and communities.
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## Best practice N.12

### CONTACT DETAILS

<b>Name and Surname</b>	Tanja Steenhorst
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<b>Website</b>	www.dtvconsultants.nl/projecten http://www.ovambassadeurs.nl/

### DESCRIPTION

<b>Title of the BP</b>	
PT ambassadors - OV ambassadeurs	
<b>Short description</b>	
The "OV ambassadeurs" (or PT ambassadors in English) is a project of the Province of Zeeland, part of a series of 10-12 pilot projects to improve public transport in this rural region. Activities for older people have been included in the pilot projects. The objectives are to make older people familiar with public transport and increase patronage in the end, but also to prevent people from becoming inactive and isolated.	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input type="checkbox"/> Civic Organization(s) <input checked="" type="checkbox"/> Other Subjects involved DTV Consultants
<b>Location</b>	Zeeland Region

## ANALYSIS

Policy Field:	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

### Best practice N.13

## CONTACT DETAILS

Name and Surname	Raican Dan Stoian
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### Short description of the organization/public institution

The Antiparkinson Association, the only one in Romania who fight for rights of 72000 ill people of Parkinson disease.

The association was affiliated with the international bodies, becoming a member with full rights of the European Parkinson's Disease, Parkinson's disease Foundation in the USA, Michael J. Fox – USA, Parkinson association of the Rockies, World Parkinson Congress (WPC), being invited and taking part in international congresses.

In 2009 for the book and project " Life with Parkinson Disease" win the Special prize Carol Davila , and for the project secure stoc win Mention in Civic society Gala

For the national Campaign initiate with Patronage of the Pharmacologists from Romania the Capital newspaper give OSKAR PRIZE

In 17 .05. 2010 won the prize: The most active Association of patients from Romania offer by the chief of all medicine in Romania

In 2011 in the People for People Gala was given the prize for remarkable contribution to Mr. Raican Dan

The creator and president of antiparkinson association is Mr engineer maior Raican Dan with Parkinson disease since 2000.

## DESCRIPTION

<b>Title of the BP</b>	
Hand to hand	
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Health Ministry. <input checked="" type="checkbox"/> <b>Civic Organization(s)</b> Antiparkinson Association . <input checked="" type="checkbox"/> <b>Other Subjects involved</b> Red Cros
<b>Did you directly experience the BP above mentioned?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, the BP was led by:
<b>Location</b>	Deva Region Hunedoara Romania
<b>Term</b>	10/02/2011 – 22/12/2011
<b>Reasons for starting the BP</b>	I start BP activity because the people from Romania doesn't know about their right when they have a ill and are treated in a hospital. I begin to fight for Parkinson ill but because in our hospital all neurological illness are together and have same doctor I consider fair to make not differences
<b>Objectives</b>	The principles at the basis of granting social services are:  a). Respecting the individuality of each person; b). Respecting the freedom of choosing the social service depending on the social need; c). Ensuring the access to social services in equal terms through eliminating privileges and all forms of discrimination; d). Ensuring quality, accessible, flexible services adapted to the social needs; e). Ensuring the rights and safety of the beneficiaries, at the same time protecting both the community's and others' interests; f). Ensuring access to information regarding fundamental rights, legal measures of protection, as well as the possibility to contest the decision granting some social services; g) Respecting the privacy of the person; h). Respecting confidentiality; i). Developing the partnership between the parties involved in the process of granting the social services and the beneficiaries.
	Did you meet all your planned objectives?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>Outcomes</b>	The initiative to make newspaper for parkinson ill was a better idea because patients have access of news research in this field.
	<p>Did the outcomes you obtain meet your planned objectives?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<b>Resources</b>	The project involved a PR service and over 30 volunteer. The financial problem is resolved with private fund most of them manufactories like mineral water, cake.

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	The project has a internet page of association who contain a forum very easy to access. Since a lot of patients are old the communication are made with postal letters and round table or conferences in big city near her home
<b>Did you meet any obstacles?</b>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes:</p> <p>The first and most important obstacles is the isolation of ill people. They not cooperated from the beginning but I found two powerful alliance: Red Cross and Church who engaged home visites and discuss. In same time volunteers of the Association learn to take care of Parkinson patients. With help of doctor and the spiritual we go in front and the obstacles was beaten and stay behind</p>
<b>Factors enabling the process</b>	The date from the book who I edited help people to understand and monitor the ill. At the same time the patients found the right and what it is necessary make to have
<b>Impact on participants</b>	With this project the Parkinson ill have possibility to integrate in civil society. The most important impact is for population who understand the ill and can help people

## EVALUATION

<b>Reproducibility:</b>	Yes The project is reproducible of any patients association. With human help you can make similar action and the idea to have centers to help social and psychological problems the ill person is an important point of medicine without frontier
<b>Innovativeness:</b>	Antiparkinson Association have tree important events where take part in generally old people affect by Parkinson and young people who singing or dancing for them. This celebration is The European Right day celebration with International Parkinson day in 11 april (the day of born of discover the ill James Parkinson) The annual congress of Parkinson disease and the Christmas's event.
<b>Added value:</b>	Using BP the project add value and have the honor of civil society
<b>Appropriateness:</b>	The management of the project help Parkinson ill to not feel discriminated and to integrate in society. They put together medical doctor and ill.

### Best practice N. 14

## CONTACT DETAILS

<b>Name and Surname</b>	Giuliana Manaresi
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<b>Website</b>	<a href="http://www.cssimola.provincia.bo.it/">http://www.cssimola.provincia.bo.it/</a>

## DESCRIPTION

<b>Title of the BP</b>
Condominio Solidale Imola – Solidarity Apartment Building
<b>Short description</b>
The Solidarity Apartment Building is an initiative created and developed by the Consortium of Social Services of Imola. When the Consortium received a real estate from the town of Imola, decides to allocate it to establish shelters for isolated elderly people and in need of assistance. Later the initiative involved also voluntary associations, such as those promoted by the Coop, whose volunteers are involved in deliver groceries to

your door. People living in the condominium have 24 of 24 nursing home care, and are under the supervision of a social worker and a psychologist.	
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Consortium of Social Services of Imola <input checked="" type="checkbox"/> <b>Civic Organization(s)</b> Local volunteers associations such as Auser, Antea and Caritas <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Imola
<b>Term</b>	02/01/2002 – on going

### ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

### Best practice N. 15

### CONTACT DETAILS

<b>Name and Surname</b>	Mr. Erik Broby and Mrs. Elsebeth Lind Mikkelsen
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<b>Website</b>	www-odense.dk

## DESCRIPTION

<b>Title of the BP</b>	
"Walk and Talk" for older people (60+) in a local area	
<b>Short description</b>	
A pilot project "Walk and Talk" started as part of an education programme within senior sport for two employees of the city of Odense - both work on health promotion and prevention for older people. The aim is to increase older people's motivation to walk, strengthen their social relations and hold on to good walking habits. The activity is an offer to both active and less active older people, since the walking trips can be adjusted in both length and speed.	
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> City of Odense
<b>Location</b>	Odense
<b>Objectives</b>	Overall, the project focuses on walking to promote health and prevent illness. The strategy is to extend the focus on motion and exercise in everyday life. Walking trips were chosen to promote health, because it is a simple way to move and an ideal way for older people to exercise, since it does not require special equipment and can take place any time and at any location. The focus is not only on motivating older people to start walking more in their daily life, but also on keeping the new habits by establishing a new walking club or association in the end. It is crucial that older people both want to walk and have the possibilities to continue to walk in order for the project to succeed. That is why the focus is on both walking and social activities, because social activities can especially maintain older people's motivation to walk more in their daily life.

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the</b>	The project can be divided into three steps:

<p><b>BP</b></p>	<p>1st - "Walk and talk on preventive home visits". A preventive home visit is offered twice a year to all citizens aged 75 in Denmark. At a typical visit, the employee from the municipality and the older citizen are sitting down to talk to each other. In this project, the older citizen is offered a conversation during a walking trip instead. Hereby, older citizens will experience and perceive walking as a positive way to move and exercise. Before the visit, a small brochure is sent to the citizen where the offer is described in detail.</p> <p>2nd - "Establish a walking network in a local area". Here, the aim is to establish a walking group of friends in a local area. Several walking trips are arranged with different lengths and speed in order to attract both active and less active older people. The idea is that more active older people can support and motivate the less active. The walking network started in a small local area in cooperation with an older people's association, sport clubs, the local medical centre, volunteers and employees of the municipality. For the start, a workshop with citizens from the local area was held with the aim to clarify wishes and needs. 18 older citizens participated in the workshop. After this, walking trips in three different lengths were carried out once a week with the same departure and arrival place - the lengths were 1, 3 and 5 km. Coffee was served after each walking trip. 25 older people between 60 and 89 years participated in the first walking trip.&gt;</p> <p>3rd - "local association". The presumption of this step is that older people are motivated through the walking trips in step two and will have the energy and desire to participate in a local walking association. Therefore the focus is on the social relations that are very important for older people's health and quality of life.</p> <p>Letters, a flyer and posters were produced in order to promote this project. However, experience showed that mouth to mouth promotion was most efficient.</p>
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**EVALUATION**

<p><b>Reproducibility:</b></p>	<p>The project started in one small local area in Odense. However, it is the intention to implement it in other areas as well. It will happen in cooperation with volunteers, organisations and employees of the City of Odense working with health promotion and prevention.</p>
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## Best practice N.16

### CONTACT DETAILS

<b>Name and Surname</b>	Lucia Corrieri Puliti
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<b>Phone number</b>	+39 0583970848

### DESCRIPTION

<b>Title of the BP</b>	
Elderly empowerment in Lucca – Empowerment dell’anziano Lucca	
<b>Short description</b>	
Establishment of a socializing Centre. Main activities carried on: <ul style="list-style-type: none"><li>• Training of volunteers about assistance to the elderly, communication and interpersonal relations, social services, volunteer ethic;</li><li>• socialization activities aimed at enhancing the independence of older, fighting loneliness and social exclusion (eg spend an evening at month in a restaurant without the help of family members);</li><li>• recreational and leisure activities run in order to enhance cognitive function (eg mnemonics technique used in clinical education for elderly people);</li><li>• activities aimed at developing harmonious self (eg teaching of clinical techniques of art therapy);</li><li>• health education activities (meetings between elders and healthcare personnel on issue such as diet, physical activity, prevention of risk from summer heat)</li></ul>	
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> City Health Department <input type="checkbox"/> <b>Civic Organization(s)</b> <input checked="" type="checkbox"/> <b>Other Subjects involved</b> Local Misericordia (Mercy) fraternity
<b>Location</b>	Lucca
<b>Term</b>	01/06/2007
<b>Objectives</b>	Building a centre of socialization for the elderly oriented to health promotion.

<b>Outcomes</b>	Currently there are more than 70 elderly people attending the Centre.
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## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

### Best practice N.17

## CONTACT DETAILS

<b>Name and Surname</b>	Mary Bolger
<b>Organization</b>	The Alzheimer Society of Ireland
<b>Country</b>	Ireland
<b>Email</b>	asiathy@alzheimer.ie
<b>Phone number</b>	059 8632906/086 6075089

### **Short description of the organization/public institution**

The Alzheimer Society (ASI) of Ireland is a national organization. ASI, are the leading dementia provider of services in Ireland. ASI provide dementia specific services such as Day Care, Home Care, Respite, Support Groups, Social Clubs, Family carer training, Telecare technology, National Helpline.

Referrals for services come from Hospitals, Social Workers, Health Centres, Public Health Nurses, G.P's, Memory clinics, family carers and direct referrals.

The criteria for service is the person in receipt of same will have a diagnosis of dementia /alzheimer's, or be a carer of a person with dementia/alzheimer's.



## DESCRIPTION

<b>Title of the BP</b>	
<p>“Social Space: Equal Place”          The Social Club Model of Dementia Care: A research report</p>	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Civic Organization(s)</b> The Alzheimer Society of Ireland <input type="checkbox"/> <b>Other Subjects involved</b> People living with dementia and their Carers.
<b>Did you directly experience the BP above mentioned?</b>	<input type="checkbox"/> Yes
<b>Location</b>	This initiative took place in the Eastern Region of Ireland (Dublin, Kildare, Wicklow)
<b>Term</b>	The social clubs meet on a weekly basis for 2/3hours per week. These projects are run all year on a weekly basis.
<b>Reasons for starting the BP</b>	The Social Clubs were set up to address an identified un met need within the Community. There was no service for the PwD and their Carer/Spouse to attend together. All existing services were either for the PwD i.e. Day Care, Home Care, Respite or for the Carer i.e. Support Groups, Training
<b>Objectives</b>	To create a service/safe place for the PwD and their carers to attend together, on a weekly basis to socialise. Cost effective, value for money model of care.
	Did you meet all your planned objectives? <input type="checkbox"/> Yes
<b>Outcomes</b>	Explain which outcomes the initiative/project led to.  Mutual support for Pwd and their Carers, it created a network for this group, they learned and supported each other on their journey.  Annual mini week end breaks, for PwD and their Carers have evolved from the Social Clubs, with the assistance of Lottery monies.  Presently we have 9 Social Clubs in the Eastern Region, with 2 more in the planning stages.
	Did the outcomes you obtain meet your planned objectives? <input type="checkbox"/> Yes

<b>Resources</b>	Local halls were identified are a very low cost, or office was used. Staff were in situ, so limited expenses incurred.  Only other costs Tea/Coffees.
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## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.  Past Carers, now volunteer to manage the Social clubs and continue to support the work of the organisation.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	Roundtables, reviews of present services, identified need from Carers.
<b>Did you meet any obstacles?</b>	<input type="checkbox"/> No (piloted first)
<b>Impact on participants</b>	Quality of life for the Pwd and their carers. Additional supports and networks in place going forward.

## EVALUATION

<b>Reproducibility:</b>	Is it possible to reproduce and implement the BP in other situations and places? Yes
<b>Innovativeness:</b>	Did the BP produce any innovative solution? Yes, such as using Day care buses for outings that were lying idle during the day. Seeking Lottery funding for week ends away.
<b>Added value:</b>	Using the BP was it helpful instead of having approached needs in any already experienced way?  There was no need to seek funding in advance
<b>Appropriateness:</b>	Did the BP enable an efficient management of the needs? Yes

## Best practice N.18

### CONTACT DETAILS

<b>Name and Surname</b>	Federico Boccaletti
<b>Organization</b>	Anziani e non solo soc.coop.(ANS)
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<b>Email</b>	<a href="mailto:Progetti@anzianienonsolo.it">Progetti@anzianienonsolo.it</a>
<b>Phone number</b>	0039-059-645421

### Short description of the organization/public institution

Anziani e Non Solo (ANS) is a cooperative society working since 2004 in the field of social innovation, with a specific focus on management of project and promotion of products and services in the field of welfare and social inclusion. Anziani e non solo and Sofia scs (member of Anziani e non solo) gave technical assistance to the BP above described

### DESCRIPTION

<b>Title of the BP</b>	
ANZIANI IN RETE (SENIORS NETWORK)	
<b>Actors of the Best Practice</b>	<p><input checked="" type="checkbox"/> <b>Public Institution(s)</b> MUNICIPALITY OF CARPI .</p> <p><input checked="" type="checkbox"/> <b>Civic Organization(s)</b> ANCESCAO(National Association of Social Centers, Committees and Municipal Gardens for elderly), PARISHES, SOFIA scs, ANZIANI E NON SOLO soc coop, CSV,Time Bank</p> <p><input checked="" type="checkbox"/> <b>Other Subjects involved</b> CRC FOUNDATION</p>
<b>Did you directly experience the BP above mentioned?</b>	<p>Yes</p> <p>As facilitator of volunteers focus groups</p>
<b>Location</b>	City of CARPI (MO), in Emilia Romagna Region, Italy
<b>Term</b>	Start up in 2002, still running
<b>Reasons for starting the BP</b>	The volunteers (of ANCESCAO and catholic groups linked to local churches - for the first time all together) - started to work as interviewers (by administering a questionnaire after a specific

	training) of a survey initiated by the Municipality regarding the needs of elderly living in the town of Carpi.
<b>Objectives</b>	<p>Starting objective were: a) to support the inclusion of elderly at risk of social exclusion by providing them companionship and transport services mainly for social relationships;</p> <p>b) in the same time to facilitate an active ageing of the volunteers that were older people themselves (many of them even over 75 years old), mostly alone (widowed, separated or single), that through volunteering can give a better sense of their everyday lives.</p> <p>Did you meet all your planned objectives?</p> <p>X Yes</p>
<b>Outcomes</b>	<p>The main outcomes have been :</p> <p>1) Elderly have seen fulfilled their needs and improved their quality of life and their social inclusion through increased relationships, diminished sense of loneliness thanks to the activities managed by older volunteers: a) social transport for shopping, visits to the cemetery, playing cards, going to Mass, to the GPs or specialized doctors, to diagnostic tests, to rehabilitation therapies; (b) activities of socialization in Ancescao facilities (community centers): karaoke, card games, bingo, tea, cabaret events, movie shows; (c) company to the elderly who cannot move from home, with home visits, d) helping line.</p> <p>2)Improvement in life quality was also experienced by volunteers in return to their acts of solidarity.</p> <p>3) creation of network, in the municipal area, between community centers and neighborhood church groups, previously quite distant and separated for historical/political reasons.</p> <p>Did the outcomes you obtain meet your planned objectives?</p> <p>X Yes</p>
<b>Resources</b>	<p>Motivation – Trust –Training –Telephone - ICT technology - Vehicles, means of transport - Facilities as meeting rooms - Financial resources to cover the direct costs</p>

## ANALYSIS

<p><b>Policy Field:</b></p>	<p>X Involvement of ageing citizens in the community and civic organizations dealing with health.</p> <p>The involvement of ageing citizens of community centers and parishes all together, started as an initiative of the Municipality with the meaning to make use of volunteers to interview elderly to survey their needs, aimed to implement the services themselves. The beneficiaries of the survey were mostly over 75 years old, often disabled, lonely, sick, with a lack of family and informal support. Completed the survey and being very difficult for the Municipality of Carpi to implement initiatives to support the fulfillment of emerged needs (as transport, companionship and social relationships) due to lack of resources, volunteers (sensitized during their activities of interviewers) decided to run themselves the activities.</p>
<p><b>Development of the BP</b></p>	<p>To implement the activities was founded in 2003 a specific group of volunteers, (about 45 active volunteers) from the community center Gorizia (ANCESCAO) and the Corpus Domini Parish.</p> <p>Following to this, a second group of volunteers called "The Bridge ", featuring 26 active volunteers of the center Losi (Ancescao) and of the Time Bank. With the same process in 2007 a third group of volunteers was created, made of about 35 seniors, 50% of the social centers Ancescao and 50% of a parish groups.</p> <p>In 2006 Ancescao (to support in a financial point of view the implementation of the activities) turned to Sofia scs and Anziani e non solo Cooperative for the planning and development of a project proposal titled "Seniors Network", that got a funding of 70.000 Euros by CRC Foundation for the period 2006-2008.</p> <p>Thanks to the CRC Foudation contribution, SOFIA and ANZIANI e NON SOLO realized training activities that involved more than 60 volunteers concerning the role of the volunteers, the help relationship, ageing society, problems of frail elderly.</p> <p>Specific focus groups, managed by a facilitator, involved drivers, receptionists and volunteers active in the transportation services. In 2011 all the volunteers (120) with the support of the Municipality of Carpi and the technical assistance of Sofia/Anziani e non solo joint in a unique association called Senior Network that now is a very important social actor in the</p>

	community supporting by the whole of its activities not only older people but also dependent adults. Senior Network activities are absolutely relevant in supporting social and health services, association of patients (as for example those related to Parkinson, Alzheimer ecc..)
<b>Did you meet any obstacles?</b>	<p>X Yes:</p> <p>The main obstacles met have been the lack of funds to implement the activities and to facilitate a mixture of the different cultural backgrounds of the volunteers.</p> <p>To overcome the obstacles: a) a project for the implementation of the activity was presented to the local Bank Foundation and to the users who were asked to partially contribute to the costs, with spontaneous offerings for transport services; b) have been developed specific training courses for volunteers.</p>
<b>Factors enabling the process</b>	<p>Factors that positively affected the BP have been:.</p> <p>A strong awareness and motivation of older volunteers, and a strong sense of attachment to the community that have led older volunteers to support inclusive social processes to face the elderly needs</p>
<b>Impact on participants</b>	The initiative contributes to reduce the social exclusion of elderly and also the risk of social exclusion of older volunteers, activating them with solidarity actions

## EVALUATION

<b>Reproducibility:</b>	Technically and operationally, the BP could be moved to other territories. Once provided this, some basic features have to be present in the community that intends to implement it: a strong spirit of solidarity and group, the availability of places to socialize, a good cooperation between local authority and civic organizations..
<b>Innovativeness:</b>	BP produced Innovation regarding first of all an active approach involving ageing citizens to answer to some needs of elderly of the community
<b>Added value:</b>	The BP added value has been an innovative way to connect the needs of social inclusion of senior volunteers with the needs of frail elderly of the local community
<b>Appropriateness:</b>	BP has been able to develop an efficient management. The BP has been largely self-financing.

## Best practice N.19

### CONTACT DETAILS

<b>Organization</b>	The Central Union for the Welfare of the Aged
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<b>Website</b>	<a href="http://www.vtkl.fi">www.vtkl.fi</a> - <a href="http://www.vanhustyonkeskusliitto.fi">www.vanhustyonkeskusliitto.fi</a>

### Short description of the organization/public institution

The Central Union for the Welfare of the Aged was founded in 1949. The Union is a national umbrella organization for 350 associations working for the benefit of the aged. Our members include associations providing services and organizations offering versatile volunteer activities. The guiding principle of the Union is to promote the welfare and social security of the aged. Another important task is to support the activities of the member associations. The Central Union for the Welfare of the Aged receives substantial funding from the Finnish Slot Machine Association.

### DESCRIPTION

#### Title of the BP

Psychological group rehabilitation for older people suffering from loneliness

#### Short description

The aim of this project was to actively engage older people (>74y) who suffer from loneliness in Finland. Groups of older people living in day hospitals, day care centers, rehabilitation and residential care institutions meet several times a week to chat, and to engage in different activities with the help of staff . The project was an essential step to educate and train professionals in the various levels of older people's care (residential care, rehabilitation centers) to act as group leaders and to build a network of professionals able to implement the group rehabilitation model.

The project is a model to develop services to target other groups of older people who need help, e.g. dementia.

#### Actors of the Best Practice

Public Institution(s)

Civic Organization(s)

The Central Union for the Welfare of the Aged

Other Subjects involved

#### Term

01/01/2011 – 31/12/2011

## Best practice N 20

### CONTACT DETAILS

<b>Name and Surname</b>	Mrs. Nynke Wilbrink
<b>Organization</b>	CSO, umbrella organization for older people's organizations
<b>Country</b>	The Netherlands
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<b>Phone number</b>	0031 30 276 99 85

### Short description of the organization/public institution

CSO is a partnership of 4 older people's organizations, representing over 550.000 elderly persons in the Netherlands. It's core business is influencing policy on a national level on the subjects of health, welfare, income, housing and mobility.

### DESCRIPTION

#### Title of the BP

A firm Client's perspective in the National Care for the Elderly Program (NCEP).

The NCEP is a grant program in which 80 million euro's is spend on innovations to improve care and welfare for the elderly. 'A firm clients perspective' is a project to improve client participation in this program

#### Actors of the Best Practice

**Public Institution(s)**  
 Academic hospitals  
 Health care providers  
 Welfare organisations  
 Local Counsels

**Civic Organization(s)**  
 Organisations for the elderly.

**Other Subjects involved**  
 Health insurers

#### Location

The Netherlands: Amsterdam (2x), Utrecht, Rotterdam, Groningen, Nijmegen, Maastricht, Leiden

#### Term

2008-2013

#### Reasons for starting the BP

In a national program aimed at improving health and welfare for elderly citizens elderly people should be partners in developing these health and welfare innovations.



<b>Objectives</b>	<p>All projects in the NCEP are developed in 8 regional networks. In these networks healthcare and welfare organizations work together to improve health and wellbeing of elderly people.</p> <p>The objective of the project was to empower elderly people to become partners in these networks.</p> <p>Did you meet all your planned objectives?</p> <p><input type="checkbox"/> Yes, but there is room to grow!</p>
<b>Outcomes</b>	<p>In all 8 networks elderly people are partners. They reviewed project ideas and are partners in the projects. And now they face the challenge of implementing the results in a way that all elderly people in the Netherlands can benefit.</p> <p>Did the outcomes you obtain meet your planned objectives?</p> <p>X Yes, in all 8 networks elderly people are involved. But it took time for them to find their way. The planning of the program did not always anticipate on the time this process would take. So important decisions were made when the elderly people were not yet organized and ready to participate. Their role was therefore more reactive than proactive. Also, the elderly people who participated are a special kind of elderly: High level of education, relatively young, often experience in health care. More vulnerable elderly: with a low SES, older migrants and elderly who already suffer from diseases are under represented in the networks.</p>
<b>Resources</b>	<p>Client participation was obligated in the program</p> <p>Financial means were made available to stimulate, facilitate and enable client participation.</p>

## ANALYSIS

<b>Policy Field:</b>	<p><input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.</p> <p><input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.</p> <p><input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.</p>
<b>Development of the BP</b>	<p>Knowledge/experience exchange meetings for the elderly in the networks</p> <p>Courses on participation</p>

	<p>Workshops</p> <p>Guideline for participation of the elderly</p> <p>Booklet with best practices of participation in projects</p> <p>Masterclass client participation for researchers</p> <p>Strategic position paper on good health care from the perspective of the elderly</p>
<p><b>Did you meet any obstacles?</b></p>	<p><input type="checkbox"/> Yes:</p> <p>Timing!</p> <p>The planning of the programmes left little time for the elderly to find their place in the networks. The budget for innovations was spend in 5 calls for projects. Round 5 was the first round in which the elderly had really found their place. In the rounds before they reacted on initiatives from professionals. Because of this timing there was little room for the elderly to develop their own project ideas. Another aspect of the timing was that the project to empower the elderly started more than half a year after the program started. This created practical problems. It took time for us to develop the support the elderly people needed so we were behind for a long time.</p> <p>Ambition</p> <p>Client participation took a central role in the program and was even obligated to obtain subsidy for the networks an projects. The form in which this client participation took place was left to the field. There was no measurement for success in client participation. Client participation could therefore be treated as a necessary evil instead of something you do from conviction and are ambitious to make the most of. These are subtle processes. Almost no one will directly say that client participation is not wanted. But to enable the elderly to participate it in an ambitious way was not everybody's highest priority.</p> <p>Attitude towards client participation</p> <p>For most professionals (on all levels) in the NCEP the central role of client participation in the program was quite new. Not everybody was (directly) convinced the involvement of the elderly created extra value to the program. It also asked for a different way of working and shared decision making. With some people this lead to window dressing. Others embraced the opportunities and chose to work as partners, with all the benefits that brought with it.</p> <p>Big variation in elderly people who participated</p> <p>In all networks different kinds of elderly people were involved. They had different ambitions, different experiences, different goals and different skills in making themselves heard. Some people had a very clear idea on what they wanted tot achieve and were able to reach this. Others where</p>

	<p>asked based on a organization they were a member of, without having an idea of what they could do or wanted to achieve. Also the attitudes of the elderly were differed. Some were very much looking for chances to improve things. Others where very set on letting know what was wrong. Competition between groups of elderly sometimes also interfered with the process as well.</p> <p>This lead to different reactions in the networks they participated in.</p>
<b>Factors enabling the process</b>	<p>A positive attitude towards participation from the people who are building the networks and are leading the projects is essential for success.</p> <p>A positive attitude from the elderly. They have an agenda to change things, but need partners to reach their goals. Being able to form partnerships' is key.</p> <p>Time is essential. Give people in a program of this size time to prepare. Client participation has the most impact if they are equal partners from the start.</p> <p>The elderly are volunteers in the program. This means they have no organization to fall back on. This means you have to facilitate and appreciate them .</p>
<b>Impact on participants</b>	<p>Focus within the program shifted thanks to the influence of the elderly from a medical focus to more attention to wellbeing. Also the subject of prevention got a more prominent place on the agenda.</p> <p>Also the process of working together has made an impact. It has become obvious for professionals to form partnerships with the elderly in stead of thinking for them.</p>

## EVALUATION

<b>Reproducibility:</b>	Yes, in other grant programs this way of organizing client participation is possible. The experiences in this program will benefit new programs. Both the negative and the positive experiences.
<b>Innovativeness:</b>	The scale of client participation in this program was certainly an innovation
<b>Added value:</b>	The added value is difficult to measure. You don't know what choices would have been made without the involvement of the elderly. On some subjects they did have an impact. In others they would have liked more.
<b>Appropriateness:</b>	The focus of the program shifted towards issues that mattered most for the elderly

## OTHER INFORMATIONS

Should you have further and relevant information not mentioned on the questionnaire, please write them here.

### Best practice N. 21

#### CONTACT DETAILS

<b>Name and Surname</b>	Irina Ilieva
<b>Organization</b>	Alzheimer Bulgaria Association
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#### Short description of the organization/public institution

Alzheimer Bulgaria Association is a non-governmental voluntary organization in community interest, established in 2003. Alzheimer and similar age-related disorders have severe medical and social impact. The organization unites the efforts of families and professionals to improve the life quality of the sick people. The organization has 273 members natural persons and 2 members – legal entities: NGO Tai Chi Chuan and BTC Ltd. There are branches in Varna, Pleven, Stara Zagora, Topolovgrad and Gabrovo; new branches will be opened in 2011 in Velingrad and Lovech.

Alzheimer Bulgaria is a member of Alzheimer Europe since 2006, Confederation Health Protection 2009, Eurocarers 2010.

Our mission is supporting sick people and their families, suffering by Alzheimer and similar age-related diseases. The main goal is improving their life quality inside families and in society. The tools are offering enough alternative choices, depending on the disorder phase and social statute of every single person.

Two care giving centers are our members.

Alzheimer Bulgaria Association has almost fully voluntary financial basis as well.

Increasing the public awareness about the problems connected with Alzheimer and similar age-related disorders; Development and support of volunteering; Trainings for professionals from health and social systems; National research and analyses on aspects related to these diseases, including socio-economic costs for the families and society; Consultancy for persons with problems and their families.

Alzheimer Bulgaria has working relations with similar organizations in Bulgaria and abroad.

Alzheimer Bulgaria is a leading partner or partner in projects, funded by Social Support Fund with the Ministry of Labor and Social Policy, Operational Program “Human Resources”, Foundation “Open Society”.

## DESCRIPTION

<b>Title of the BP</b>	
Synchronization of the National legislation on reimbursement of Alzheimer Disease related medicines with EU one	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Civic Organization(s)</b> Alzheimer Bulgaria Association (ABA)
<b>Did you directly experience the BP above mentioned?</b>	<input type="checkbox"/> Yes
<b>Location</b>	Bulgaria
<b>Term</b>	October 2009 – February 2012
<b>Reasons for starting the BP</b>	<p>Alzheimer Disease related medicines are not reimbursed in Bulgaria. Personal pensions are very low. The cost of medicines is about 60 % of the average income. This is one of the conclusions of a survey, made by Alzheimer Bulgaria Association. There are no other surveys or official data. The major problems in Bulgaria are:</p> <ul style="list-style-type: none"> <li>• Financial difficulties with medicine purchase;</li> <li>• Lack of adequate social policy for aged persons, suffering by dementia;</li> <li>• Lack of medical specialists for diagnosis and general perception among society, especially outside big cities.</li> </ul>
<b>Objectives</b>	
	<p>Our major starting objectives were:</p> <ul style="list-style-type: none"> <li>• Abolishment of the described discrimination practices;</li> <li>• Synchronizing of the Bulgarian legislation with EU one;</li> <li>• Increased awareness and sensitiveness among society.</li> </ul> <p>Did you meet all your planned objectives?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Outcomes</b></p>	<ul style="list-style-type: none"> <li>• ABA initiated a court procedure and won before national Committee against Discrimination in 2009. Committee's decision proposed legislation changes within one month in 2010.</li> <li>• Ministry of Health appealed before all court levels, unsuccessfully.</li> <li>• The final decision, one of the Supreme Administrative Court, was on Dec. 5, 2011, positive for us. Ministry of Health was sentenced to amend the legislation in one month.</li> <li>• Nothing happened till Jan. 5, 2012, there were no evidences that Ministry of Health will obey the court decision. ABA informed Ombudsman of Bulgaria. Ombudsman and ABA organized an open debate with high media interest on 25.01.2012.</li> <li>• State Gazette published the amendments on 21.02.2012. Now, legislation allows reimbursement of medicines for Alzheimer disease.</li> </ul> <p>Did the outcomes you obtain meet your planned objectives?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Resources</b></p>	<p>ABA has one full time employee and three part time employees. We used ABA facilities and communication infrastructure for our activity.</p> <p>There was no other (external) funding or budget.</p>

## ANALYSIS

<p><b>Policy Field:</b></p>	<p><input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.</p>
	<p><input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.</p>

	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	ABA organized 12 roundtables in 11 different cities in Bulgaria. Only in Sofia we organized 2 roundtables.
<b>Did you meet any obstacles?</b>	<input type="checkbox"/> No
<b>Factors enabling the process</b>	Involvement of Ombudsman.
<b>Impact on participants</b>	Sufferers will be able to take proper medicines and delay the negative impacts of the Alzheimer disease.

#### EVALUATION

<b>Reproducibility:</b>	Is it possible to reproduce and implement the BP in other situations and places? Yes
<b>Innovativeness:</b>	Did the BP produce any innovative solution? No
<b>Added value:</b>	Using the BP was it helpful instead of having approached needs in any already experienced way? ABA exhausted all other ways before this one
<b>Appropriateness</b>	Did the BP enable an efficient management of the needs? We believe so

#### Best practice N. 22

#### CONTACT DETAILS

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## DESCRIPTION

<b>Title of the BP</b>	
Bromley by Bow Centre	
<b>Short description</b>	
<p>Bromley-by-Bow is one of the most deprived areas in the UK, with multiple social problems. At the same time, there are great reserves of energy and ability in the local community. The Bromley by Bow Centre is a community organisation which runs a variety of projects in an integrated way -linking health with education and enterprise, for example, or environment with training and family support - to serve as a focus for that energy and ability and so to help regenerate the area.</p> <p>Its Community Care project, for example, thrives on bringing together different groups such as older and disabled people in a wider policy context that increasingly promotes separate provision. In the organizations efforts to build trust, relationality and interdependence among members of a deprived community, distinctions between care-givers and -receivers are blurred, with those needing care also providing it and vice versa. The Centre also appreciates the potential need of particularly its more vulnerable users to be passive.</p>	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Public Institution(s)</b> <input checked="" type="checkbox"/> <b>Civic Organization(s)</b> Bromley by Bow Centre <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Bromley-by-Bow - deprived district in East London
<b>Term</b>	01/01/1984 – on going
<b>Objectives</b>	Health promotion, social entrepreneurship, active citizenship, integrated working and community regeneration, the Centre’s approach is essentially experimental, holistic and relational.
<b>Outcomes</b>	The centre has been successful at achieving a level of community regeneration, health promotion and wellbeing, particularly through inter-generational and inter-ethnic activities



## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	A number of activities are run around core themes of art, creativity and reflection. There a wide range of activities organised for all ages and older people are encouraged to get involved. Frequently these opportunities arise in relation to food and this naturally leads on to health promotion events on nutrition. Such work goes beyond providing information and is grounded in inclusion and relationships. Other examples of how arts is related towards health promotion include the diabetes fair. A wide range of educational programmes are also run.

<b>EVALUATION</b> <b>Reproducibility:</b>	No apparent direct transference, however the model is seen as a flagship of innovative community work by the current Government. There is significant discussion within the projects evaluation literature of potential transferability.
<b>Innovativeness:</b>	Model seen as a flagship of inter-generational and multi-ethnic team-working aimed at community regeneration.

### Best practice N.23

#### CONTACT DETAILS

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## DESCRIPTION

<b>Title of the BP</b>	
The involvement and the Role of older volunteers in promoting healthy diet for the prevention of cardiovascular diseases	
<b>Short description</b>	
<p>The study took place over a twelve month period, in four Open Health Care Centers for the Elderly (KAPI), in two suburban areas of Athens.</p> <p>The study was divided into two phases.</p> <p>In the first instance twenty seven elderly volunteers were trained to become Senior Health Mentors (SHM's). In phase two, the mentors visited other centers where they presented and discussed the basic principles of healthy diet with their peers.</p> <p>Finally, both the mentors and participants completed questionnaires which were used to evaluate the project. They were interested in healthy diet, practicing it themselves, believing in the importance of the elderly undertaking the role of Health Educators and the enlightening of their peers, following training.</p> <p>Findings showed that both the Mentors and elderly people in general, value education and show an interest in the spreading of information, as they enthusiastically participated in the project. As a result of the project an information package developed that was used throughout both phases.</p>	
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Hellenic Association of Gerontology and Geriatrics <input type="checkbox"/> <b>Civic Organization(s).</b> <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Athens
<b>Term</b>	09/02/1998 – 01/05/1999
<b>Objectives</b>	<p>Training of 27 older volunteers, in order to become senior health mentors (SHMs) for healthy nutrition.</p> <p>SHMs visited other KAPIs, where they presented and discussed basic principles of health diet with their peers.</p> <p>Questionnaires completed by both SHMs and their peers and the project team and KAPI staff, which were used to evaluate the project, undertook observation</p>
<b>Outcomes</b>	Findings showed that both SHMs and older people in general, value knowledge and show interest in both spreading out information and being attentive in such innovative project
<b>Resources</b>	Founded by: European Commission DG V; Hellenic Association of Gerontology and Geriatrics

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

## EVALUATION

<b>Reproducibility:</b>	As a result of the project an information package developed that was used throughout both phases. The information package was evaluated, amended and published into separate booklets to form a training pack, available to anyone interested in the implementation of a similar project.
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### Best practice N. 24

## CONTACT DETAILS

<b>Name and Surname</b>	Dubravka Sancin
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### **Short description of the organization/public institution**

The University of Maribor is a broad-based institution committed to excellence in education, the extension of knowledge through basic, advanced and applied word-quality research and creative and artistic expression. With is complement of Art and Sciences. Law, Business, Engineering, Medicine and Pedagogy, the University promotes cooperation, competition and multy-disciplinarity.

In 2007 we founded the Faculty of Health Sciences, member of the University of Maribor. On our Faculty we have 1200 students, one half of them regular students, and the other half extraordinary, on both students of VCS (Vocational College studies-Nursing care) and MS (Master's studies-Nursing Care, Bioinformatics and Management in Health and social welfare).

## DESCRIPTION

<b>Title of the BP</b>	
Community Nursing Care /Part of Pro Health Elderly project/	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> <b>Public Institution(s)</b> Faculty of Health Sciences in collaboration with Health Care Centres.
<b>Did you directly experience the BP above mentioned?</b>	<input type="checkbox"/> No, the BP was led by: Student's mentors. The Health care Centers comprises seven organisational units, plus Occupational, Traffic and Sport Medicine, Dental Care, Medical Care for Children Youth, Community Nursing, Emergency Medical Care and Medical Care for Women. The work of a community nurse (CN) is focused on the entire area, involving treatment of individuals, families and communities in their living environment.
<b>Location</b>	Maribor/Slovenia
<b>Term</b>	March 2007
<b>Reasons for starting the BP</b>	Promotion of healthy behavior.
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Application of the V.Henderson konceptual model and Orem's self-care practice model into practice.</li> <li>• Dealing with the vulnerable groups (Elderly people more than 65) of population in local community.</li> </ul> Did you meet all your planned objectives? <input type="checkbox"/> Yes
<b>Outcomes</b>	Henderson's and Orem's models were successful applied into practice. The percentage of assessed vulnerable groups has risen and is being better analysed.The rise of interest in implementing both models and interacting between our Faculty and the Health Care Centers. Did the outcomes you obtain meet your planned objectives? <input type="checkbox"/> Yes
<b>Resources</b>	Human resources: community nurses, student's mentors, student. Facilities: offices of Health Care Center. Logistics: online communication, phone communication, meetings in person. Financial resources: mostly on a voluntary basis.

## ANALYSIS

Policy Field:	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services 'governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their disease
Development of the BP	Meetings in person and extensive online communication.
Did you meet any obstacles?	<input type="checkbox"/> No
Factors enabling the process	Well-developed public health system-primary level.
Impact on participants	Better knowledge of self-care and better quality of life of Ageing citizens.

## EVALUATION

Reproducibility:	The BP is reproducibility in all local environments.
Innovativeness:	No
Added value:	The BP is the first application of such models in this institution with such intensity.
Appropriateness:	Yes

## Best practice N.25

### CONTACT DETAILS

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### Short description of the organization/public institution

For 125 years, the AOK is the largest health insurance in Germany for safety and comprehensive medical illness.

The AOK serves about 24 million people - nearly a third of the population in Germany. Around 53,900 employees in 1,250 offices guarantee an efficient service. With about 35 percent market share is the market leader in the AOK health insurance.

And: The AOK is more than one health insurance. It has established a comprehensive health management. This means that a consistently implemented quality management is associated with an increased efficiency of care.

What this means for policyholders. Optimal care at competitive premiums from insured employers and elected officials in local governments perceive the interests of members and their employers. This self-insured management ensures efficient and realistic design of health insurance.

The AOK Federal Association represents the interests of the umbrella organization the AOK community.

### DESCRIPTION

#### Title of the BP

Healthy Ageing

#### Short description

The programme "Healthy Ageing" of the AOK Lower Saxony has two aims: on individual level the health status and the quality of life of older insureds should be improved and their independence should be kept. To realise this aim selected older insureds received preventive home visits by a multi-professional project team. On systematic level the programme tends to improve networking between regional offers in the field of health promotion and social care.

#### Actors of the Best Practice

Public Institution(s)

	<input type="checkbox"/> Civic Organization(s) . <input checked="" type="checkbox"/> Other Subjects involved AOK Niedersachsen
<b>Location</b>	Hannover. Lower Saxony
<b>Term</b>	01/12/2003 – 01/12/2007
<b>Objectives</b>	Preventive home visits to promote autonomy and engagement  Individual interventions (case management) to improve the quality of life  to improve networking between regional offers in the field of health promotion and social care
<b>Outcomes</b>	The following information was presented by the project manager and is based on interviews with 272 older participants:  Overall 98% of the clients were satisfied or very satisfied with the home visits.  10% criticized the low frequency of the home visits.  Only 8% were not satisfied with the long intervals of the home visits.  Over 14% of the clients have more contact to other people.  About 11% have been activated successfully; they take part in different activities more frequently now. Nearly 20% of the clients changed their nutritional habits towards healthy nutrition and over 34% improved their fluid balance (prevention of dehydration).Almost 26% refreshed vaccinations and about 30% visited their family doctor. After the intervention about 16% of the clients reported that they move more often; 17% said that they are in a good mood. Compared to the beginning of the project improvements in the quality of life have been achieved for most participants.  Compared to the control group the participants had a better health status that means less myocardial infarction and strokes, less fractures, less drug consumption, less admissions to hospitals or nursing homes, less need of care and a lower mortality (compare Fischer, Perschke-Hartmann & Trautner, 2006,3).

## ANALYSIS

Policy Field:	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management. .
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
Development of the BP	The preventive home visits included a comprehensive geriatric assessment and the development of an individual assistance plan for the insureds. The project team informed their clients about different themes e.g. healthy nutrition, physical activities and local offers (e.g. PC-classes, choir, walking, aqua gymnastics or meditation). Furthermore the clients were informed about improvements/adaptations of their living space in order to prevent falls. The consultants also tried to motivate and activate their clients to take part in local offers and activities. Additionally individual target agreements were set up for each client in order to assure their participation and efforts.

### Best practice N.26

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#### Short description of the organization/public institution

Slovenian University of the Third Age - a network of Universities of the Third Age in Slovenia - acting as a section of the Society for the Education of the Third Age, based in Ljubljana. The subject of this section is to encourage the creation of new universities of the Third Age in Slovenia, coordination and information to these universities, technical and advisory support to the network of universities, (co-) organization and implementation of educational and counseling sessions and other exchanges between the Slovenian universities of the Third Age. Section operates independently under the leadership of President Dr. Professor Emeritus. Anna Krajnc.



In Slovenia there are 45 universities of the Third Age. They go in small places and thus substantially reduce inequalities in access to education for the elderly.

Through education, volunteering and public activity in this network are striving for closer ties between generations, and a higher level of participation of older people in society.

## DESCRIPTION

<b>Title of the BP</b>	
Career plan for 50+	
<b>Short description</b>	
<p>When reaching fifty, some people are losing their feeling of belonging and they feel that they are not useful any more, neither for others nor for themselves.</p> <p>The model supports participants in search of intellectual and practical skills which were not used in the first part in their active life and could support their second career.</p>	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input type="checkbox"/> Civic Organization(s) <input checked="" type="checkbox"/> Other Subjects involved Association for the Education of the Third Age - University of the Third Age Inti; Center for lifelong learning Glotta novi; Center for new knowledge
<b>Term</b>	01/01/2005 – on going
<b>Objectives</b>	Enabling older people - setting the goals for the future
<b>Outcomes</b>	The participants continue their life as active members of the community.
<b>Resources</b>	Funded by: Inti - Center for lifelong learning; Glotta novi - Center for new knowledge

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

### Best practice N.27

## CONTACT DETAILS

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## DESCRIPTION

<b>Title of the BP</b>
Healthy and Active Aging Radevormwald
<b>Short description</b>
<p>The WHO demonstration project "Active55plus" aims at improving an active and independent way of living of older people in the community. The project tends to maintain and improve the quality of life in old age through increasing the degree of activity, independence and self-esteem which is positively associated with health.</p> <p>To realise these aims the project refers to existing resources in the community. The project is based on a twofold strategy: a multisectorial approach on the local level is combined with a client centred approach (individual case management).</p> <p>Two levels are taken into account: on the one hand the project refers to the clients' individual needs; on the other hand systemic barriers and aims to overcome them by innovative strategies are focused in a systemic perspective on community and regional level. The project refers to local offers and activities which are known to the target group and easy accessible. The project refers to the WHO-approach of "Healthy aging" (WHO-demonstration project).</p> <p>The main objective is to improve older peoples' quality of life by supporting an active and</p>

independent life style. The project team sought out older people (aged 55-80) living in their own flat (home visits). The main objectives were to analyse their current health status and living situation, to help them to find the right activity to improve their health and QoL (mutual agreement), to identify their abilities and skills in order to use these resources for self-help and help for others.

Furthermore the project focused on the improvement of intersectoral cooperation on local level. The main idea was to demonstrate how already existing health and social services can be transformed according to strategies of health promotion and how the health status and quality of life of older people can be improved detectable and efficiently by intersectoral cooperation, providing an easy access to local offers and adapting existing offers to the clients' needs.

<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input checked="" type="checkbox"/> Civic Organization(s) Association aktiv55plus <input type="checkbox"/> Other Subjects involved
<b>Location</b>	Radevormwald - North Rhine-Westphalia
<b>Term</b>	01/10/2002 – 01/12/2004
<b>Objectives</b>	<ul style="list-style-type: none"> <li>- to improve an active and independent way of living of older people in the community;</li> <li>- to maintain and improve the quality of life in old age through increasing the degree of activity, independence and self esteem; to refer to existing health promoting resources in the community in order to use/or enhance them towards health promotion;</li> <li>- to identify old peoples' needs;</li> <li>- to identify existing systemic barriers;</li> <li>- to develop innovative strategies to overcome those barriers;</li> <li>- to improve networking on local and regional level.</li> </ul>
<b>Outcomes</b>	<p>In general home visits turned out to be a good method to reach the target group. It is not only a good possibility to get insight into the clients' living conditions but also to reduce the clients' fear of the unknown which often prevents older people from participating in local offers. The home visits were realised with prior agreement; thus the clients' reaction were mainly positive. As most of the clients were confronted with a critical life event in the past (e.g. retirement, death of a spouse) the long-term</p>

counselling and monitoring helped them to overcome pain and loneliness. Altogether home visits were a good opportunity:

- to inform the clients about local offers, to gain their confidence, to realise an equal dialogue, to analyse the current health status and living situation, to help them to find the right activity to improve their health and QoL (mutual agreement).

Only some clients did not like to be addressed because of their age; they were of the opinion that they do not need any help or counselling. Some clients preferred to keep up their former way of living and did not participate in activities any more. In some cases intensive support and monitoring were necessary to motivate and activate older people. At the end of the project about one third of the clients was engaged in groups (self organised interest groups e.g. hiking). In addition individual contacts were realised for some of the clients who did not like to join a group (e.g. regular meetings for taking a walk or swimming). One important result is an increase of clients who participate in social activities at least once a week (from 28% at the beginning to 38% at the end of the project). Furthermore 38% of the widowed clients state that the project helped them to overcome a critical life event (compared to 23% of the retired clients). Finally 40% of all participants affirm an increase in quality of life; especially widowed participants did benefit from the project (increase in QoL). On local level the main objective was to overcome structural and systemic barriers which often prevent older people from an active lifestyle. At the end of project the members of the local working group were well informed about local health promotion offers for older people. Furthermore the local working group offered a good opportunity to get to know and contact each other easily. In general the working group stated a raise of the public awareness of health promotion for older people and looked upon the project favourably.

Problems that could not be solved anyway or insufficiently: - the question of financing health promotion for older people on local level, - competition between different organisations, - a high turnover of staff in different organisations and consequently by poor attendance at meetings, - the evaluation of micro-economic effects of the project could not be realised due to a lack of data on local level, - problems/lack of communication and cooperation (the latter especially with the municipality and local politics).

Problems that could be solved easily by self-organisation: - e.g. improving mobility for citizens who live at the outskirts of the town by the implementation of a bus for citizens (compare Hikl & Bill, 2005, 34ff).

<b>Resources</b>	Funded by: Donations from citizens and several local businesses and associations.
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### ANALYSIS

<b>Policy Field:</b>	<input checked="" type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

### EVALUATION

<b>Reproducibility:</b>	The project could serve as a model for small towns in rural areas; the project might be transferred to other towns in the region Oberbergischer Kreis.
<b>Innovativeness:</b>	The project is innovative because it is a good example of community based health promotion in small towns in rural areas.

### Best practice N.28

#### CONTACT DETAILS

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#### DESCRIPTION

<b>Title of the BP</b>	Vitamin R. Ageing differently in Radenthein
<b>Short description</b>	The project's aim is to develop sustainable structures in order to meet the needs of the older population in Radenthein. The project was funded by several Austrian renowned

<p>and also local institutions.</p> <p>Main activities:</p> <p>Networking of regional institutions and economy.</p> <p>Opening of day-care-centres in 2003.</p> <p>Information and education on health-related topics.</p> <p>Incentives for both generations.</p> <p>Educational and recreational incentives for people who care for older people.</p> <p>Health promotion in connection with local events.</p>	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input checked="" type="checkbox"/> Civic Organization(s) <input checked="" type="checkbox"/> Other Subjects involved vitamin R – Zentrum für Gesundheitsförderung – Centre for Health promotion
<b>Location</b>	Radenthein - Carinthya
<b>Term</b>	01/10/2003 – 31/10/2006
<b>Objectives</b>	Regional and health-related infrastructure development. Employment creation. Strengthening of the economy in the region. Health promotion for older people. Increasing of competence of relatives and special professional groups. Fostering communication between young and old generations
<b>Outcomes</b>	Discussions about gender sensitive matters were assessed positively by the participants. Especially for older frail people it was an essential component of empowerment to be able to identify and openly discuss own needs. It was hard to find experts who would help with the implementation of measures, since there are few experts for health promotion in remote areas.
<b>Resources</b>	Funded by: Funds for a Healthy Austria - Kärntner Landesregierung - Abteilung Gesundheit und Abteilung Soziales - Stadtgemeinde Radenthein - AHA Gemeinnützige Altenbetreuungsund Pflege GmbH

## ANALYSIS

<b>Policy Field:</b>	<input checked="" type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	Networking of regional institutions and economy. Opening of day-care-centres in 2003. Information and education on health-related topics. Incentives for both generations. Educational and recreational incentives for people who care for older people. Health promotion in connection with local events.

## EVALUATION

<b>Innovativeness:</b>	The project makes use of different health promoting strategies (like health communication, life-long-learning etc.).
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### Best practice N.29

## CONTACT DETAILS

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## DESCRIPTION

<b>Title of the BP</b>
Delicious Life
<b>Short description</b>
<p>The main goal of the project was to improve the knowledge and cooking skills of older people to encourage a healthier diet, to enhance their physical activity and increase their motivation for a healthy lifestyle.</p> <p>The project was based on the findings that dietary habits of older people are often inappropriate and their improvement requires not only a nutritional but also a social impact. The form of the project were the so called “Delicious Wednesdays” which contained a short physical warm-up, educational lectures on healthy diet of the main world cuisines (like Greek, Italian, Asian etc.) and practical lessons of their preparation including degustation. The lectures were given by dietary experts, or by seniors themselves.</p> <p>Participating centers organized a “Delicious Wednesday” on a commonly shared methodical approach but always with certain specific elements. The interactive participation of seniors led to their activation. Participants selected recipes, prepared food and ate together. Participants in the “Delicious Wednesdays” were involved in the development of a desk calendar, which contained the most successful recipes, advice and other health promotion ideas.</p>

<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> National Institute of Public Health Municipal and local authorities <input checked="" type="checkbox"/> <b>Other Subjects involved</b> Centres of social care and services
<b>Location</b>	Praha, Chrudim, Hradec Králové, Liberec, Ústí nad Labem, Ostrava, Frýdek-Místek, Havírov, Vsetín, Brno, Olomouc
<b>Term</b>	01/03/2003 – 01/12/2005
<b>Objectives</b>	Education in healthy diet of the main world cuisines. Improving cooking skills in preparing healthy food. Education in physical activity. Instructive desk calendar "The Taste of Replenished Age" and the publication "Physical Activity and Reconditioning in Older People". Recording of an instructive film. Improvement of motivation of older people to live healthier lifestyles, development of their health potential and quality of life. Improvement of motivation and skills of public health officials in health promotion of older people.



<b>Outcomes</b>	Continuation of the project in 2005 in 10 facilities and 9 regions without the original financial assistance. Currently the project runs in 3 regions. Activation of the staff of Regional Institutes of Public Health in health promotion for older people in the sense of agenda setting and networking. The project "Delicious Life" was included in the selection of "Best Practice" issued by EuroHealthNet in Brussels. Involvement of the project methodology into educational courses organised by the Czech Association of Domiciliary Services. Positive evaluation of the project by participants. Implementation of certain recipes in the catering of care homes for older people.
<b>Resources</b>	Funded by: National Programme on Health- Health Promotion Projects, Ministry of Health of the CR, Centres of social care and services, Municipal and local authorities

#### ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management. <input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health. <input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	<p>Series of lectures and interactive encounters in preparation and degustation of healthy food of the main world cuisines.</p> <p>Preparation and publication of information materials.</p> <p>Preparation and production of a film with seniors as protagonists.</p> <p>Public presentation of the project and its outcomes.</p> <p>Dissemination of the project in order to make it transferable and sustainable.</p>

## EVALUATION

<b>Innovativeness:</b>	Improvement of nutrition habits and physical activity was reached through interactive participation of the clients in the learning of new technologies and food components typical for selected European and non-European diets. The fact that the presented food is healthy was not emphasised per se but came out spontaneously as a natural consequence without stressing the rational point of view. This was the intentional strategy of how to overcome distrust and suspicion against healthy food. The physical warm-up was organised as an integral and organic introductory component of each group session. The aim was not to stress explicitly the healthy content by words but reach healthy effects through natural and pleasurable activities in a friendly company.
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## OTHER INFORMATIONS

The project continues to run in some facilities independently, without the national assistance, which was terminated in 2005, 2004 respectively. In one region, the project contributed to a change in the daily catering of home social services by incorporating the most successful recipes.

The project was selected as an example of "best practice" and was offered to international partners for implementation.

The project was presented at international platforms and was selected among recommended guidelines "Promoting Social Inclusion", EuroHealthNet, Brussels.

The methodology of the project is taught in the standard training programmes organised by the Czech Association of Domiciliary Services.

## Best practice N.30

### CONTACT DETAILS

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### DESCRIPTION

<b>Title of the BP</b>
Warrington Falls Management and Prevention Service
<b>Short description</b>
The project aims to reduce the incidence of falls in older people, as well as making people aware of potential risks that can lead to a fall. Hence its approach is a multi-faceted mix of education, exercise classes, home assessments and provision of equipment designed to minimize risk of fractures such as hip protectors.

<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input type="checkbox"/> Civic Organization(s) <input checked="" type="checkbox"/> Other Subjects involved Warrington Primary Care Trust
<b>Location</b>	Warrington (eight areas within this city)
<b>Term</b>	01/01/2004 – on going
<b>Objectives</b>	The key objectives are to reduce the incidence of falls in older people, as well as making people aware of potential risks that can lead to a fall.
<b>Outcomes</b>	That the project was effective in reducing incidence of falls and associated injuries. Physical functioning of participants improved.

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	<p>Activities include:</p> <p>assessment to identify level of falls risk; exercise programmes to improve muscle strength, flexibility, balance and co-ordination; education and information on risk factors so that older people can reduce their own risk from falling; restoring confidence in mobility levels and reducing the fear of falling; education on how to survive on the floor in the event of fall; hip protectors to prevent hip fracture in the event of a fall; education and training for staff and users; fall hazards check in the home.</p>

### Best practice N. 31

## CONTACT DETAILS

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## DESCRIPTION

<b>Title of the BP</b>
Health promotion for older people in urban areas
<b>Short description</b>
Many older people are full of energy and possess tremendous experience which they would like to use and contribute to society with. Many active older people would be willing to get something going but often lack structures and resources to do so. Plan60 develops and provides structures for older people with older people living in Vienna to

realize their own project ideas. In the "Netzwerkstatt" rooms and infrastructure are provided in order to work on common ideas together with other active citizens. Then mini-projects are carried out by older people themselves.

<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input type="checkbox"/> Civic Organization(s) <input checked="" type="checkbox"/> Other Subjects involved Research Institute of the Viennese Red Cross
<b>Location</b>	Vienna
<b>Term</b>	01/12/2002 – 31/07/2005
<b>Objectives</b>	<p>Increase of QOL of older people living in Vienna through activities and engagement.</p> <p>Activation and strengthening of resources older people have in special courses.</p> <p>Development and provision of relevant structures to realize ideas.</p> <p>Health promotion for older people through active involvement in social life.</p>
<b>Outcomes</b>	<p>A project centre called "Netzwerkstatt" was established where the courses and other supporting activities for older people (coaching, training, project-meetings) took place. It is important to create a barrier-free meeting point where workstations (with computer-, internet- and phone access) and rooms for social gatherings are provided. The experience gained within the project shows that older people need a lot of support in getting in contact with organizations to realize their ideas. This fact should be kept in mind when setting up a project team. In 2005 app. 500 older people were reached with volunteer projects based on 20 initiatives developed by 45 seniors from 2003-2005. Over 1.500 older people used services developed by older people.</p>
<b>Resources</b>	Funded by: Fund for a Healthy Austria

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	<p>Advanced training (project management, public relations etc.).</p> <p>Netzwerkstatt: A new workplace for new ideas.</p> <p>Project-Coaching: Experts give counselling to older people.</p> <p>"Museumsagentur"-older people helping out in museums.</p> <p>"Treffpunkt Hauptbibliothek"-older people supporting other older people in libraries.</p> <p>Courses from older people for older people in PC and technical issues.</p>

## EVALUATION

<b>Reproducibility:</b>	The project is highly transferable because Plan60 provides older people with structures and rooms for the development of their own project ideas. This could take place in any city in Europe.
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### Best practice N.32

## CONTACT DETAILS

<b>Name and Surname</b>	Christoph Reinprecht
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## DESCRIPTION

<b>Title of the BP</b>
Active Ageing! Investment in the health of older people
<b>Short description</b>
The project is dedicated to research on the quality of life of older people in the course of a WHO demonstration project in Vienna. It is concerned with health promotion and the activation of isolated population groups among older people. Older migrants are also included in the project.

<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Institute of Sociology of the University of Vienna <input type="checkbox"/> <b>Civic Organization(s)</b> <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Vienna
<b>Term</b>	30/11/2002 – 31/05/2005
<b>Objectives</b>	To offer health promotion to socially isolated groups among the elderly population through their residential area by different means (e.g. visiting and activating in their homes).
<b>Outcomes</b>	The project response was very positive and older people reacted very friendly to the project. It was very helpful for them. Especially for older people with a migration background (about 40% of total population in the three investigated areas) the project was helpful for an activation. But there are differences between the different migrant populations there (Turkish, Croatians, Serbs etc.). The development of a multi-lingual brochure was also very effective for an orientation and activation of their daily life. Public Information days also helped to reach the aim to activate people in a healthy way.
<b>Resources</b>	Funded by: World Health Organization (WHO) - Fonds Soziales Wien

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	<p>Activation through home visits, interviews about QOL and active living.</p> <p>Holding up contact over one year and accompanying the activation process.</p> <p>"Health Markers" were developed for older migrants with information on health services and they were also translated into Turkish and Serbo-Croatian (i.e. brochures).</p> <p>Regulars' table in Meidling was established.</p>

## EVALUATION

<b>Innovativeness:</b>	The special health promotion strategy here is called "outreach activation" ("aufsuchende Aktivierung"), where older people are visited at home, contact is established with them, so then as a final step they are less shy to take part in health promoting activities.
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### Best practice N. 33

#### CONTACT DETAILS

<b>Name and Surname</b>	Maria van Bavel
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**Short description of the organization/public institution**

MOVISIE is the Netherlands centre for social development. Our mission is to promote the participation and independence of citizens. We do this by supporting and advising professional organizations, volunteer organizations and government institutions.

**DESCRIPTION****Title of the BP**

Aspiring to Healthy Living

**Short description**

The Aspiring to Healthy Living project (AHL) is a pilot that will involve older Dutch and Moroccan men and women. AHL focuses on the development, execution and evaluation of a programme for Healthy Living (HL), with diversity, empowerment and savoir-vivre as underlying principles. Special attention will be paid to the categories of difference that influence HL (i.e. sex, ethnic background, class and age) and the social, cultural and existential dimensions of HL. This will take place in a form of action research, in which users (m/f), intermediaries, the UvH, and the collaborating organisations (the Rotterdam Municipal Health Service and TransAct) will act as equal partners.

<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> University for Humanistics Municipal Public Health Care Service of Rotterdam (GGD) <input type="checkbox"/> <b>Civic Organization(s)</b> <input checked="" type="checkbox"/> <b>Other Subjects involved</b> Dutch expertise centre for domestic violence, sexual violence and questions of gender and ethnicity
<b>Location</b>	Rotterdam – South Holland
<b>Term</b>	01/10/2000 – 01/12/2004
<b>Objectives</b>	AHL focuses on the development, execution and evaluation of a programme for Healthy Living (HL), with diversity, empowerment and savoir-vivre as underlying principles. The objective of the interventions is to create a conversation about healthy living between elderly people themselves. By discussing healthy living (which not only consists of one's physical or mental health, but also of one's norms and values for living, and the social and cultural environment in which one lives), the elderly develop and strengthen their capacities for healthy living.

<b>Outcomes</b>	The conclusion of the evaluation of the experimental interventions is that the HL-programme (the AHL box) is a professional instrument that answers to the objective it was designed for. It indeed helps to set up a conversation about healthy living between elderly people themselves. By discussing healthy living, the elderly develop and strengthen their capacities for healthy living. The concluding recommendation is to continue implementing the AHL box.
<b>Resources</b>	Funded by: Zonmw (the Dutch Organisation for Health Research and Development)

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management. .
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	<p>The Aspiring to Healty Living project consists of three phases.</p> <p>1. During the first phase, a frame of reference will be developed that is both gender- and ethnicity-aware;</p> <p>2. In the second phase, this frame of reference will be transformed into a script for an HL programme, on the basis of which an experimental intervention will be executed with, for and by older Dutch people;</p> <p>3. In the final phase, the gender-specific, ethnic-specific and the generic elements of the HL programme, as well as the added value of the multidimensional and diversity-aware approach will be evaluated.</p>

## EVALUATION

<b>Reproducibility:</b>	Based on the interventions of the HL-programme, an AHL box, with materials, methods and a manual is developed, in order to help professionals to implement the Healthy Living programme.
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## OTHER INFORMATIONS

The Aspiring for Healthy Living project can be seen as a form of action research. In this type of research, participation, cooperation and dialogue of participants (the elderly), researchers and the developers of the intervention, play a central role. Participative action research aims at strengthening the participants competence of acting with regard to their own life (in this case: their own health and well

## Best practices N. 34

### CONTACT DETAILS

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### Short description of the organization/public institution

The semFYC is the federation of the 17 societies of Family and Community Medicine that exist in Spain and brings together more than 19,500 family physicians. The organization is articulated in delegation, sections, committees, working groups and programs.

## DESCRIPTION

<b>Title of the BP</b>
Preventive Activities and Health Promotion Programme
<b>Short description</b>
The programme aims to promote notions of health promotion at the local level through primary health care. Through specific sub-programs, each health centre is responsible for applying and evaluating the models. The findings from all the various outcomes are centralised for conclusions.

<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input type="checkbox"/> Civic Organization(s) <input checked="" type="checkbox"/> Other Subjects involved Spanish Family and Community Medicine Society
<b>Location</b>	The capital city of each Spanish region
<b>Term</b>	01/01/1970
<b>Objectives</b>	1.To promote quality in primary health care provision through the integration of health promotion with its usual functions 2.To identify the difficulties of integrating health promotion in primary healthcare centres with the needs of such centres (staff and infrastructures) 3.To generate evidence based recommendations for public health and health promotion. 4.To promote training and research in health promotion.
<b>Outcomes</b>	This program is one of the biggest health promotion programmes currently being carried out in Spain. Due to its complex structure (which involves the Spanish primary health centres network in strategies in health promotion), the programme encompasses a wide array of professionals from fields of medicine and social sciences..
<b>Resources</b>	Coordinated by the Spanish family and community medicine society (SemFYC). Each partner has their own funders

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	4 subprograms: Mental health for adults and young people (2), general health promotion, and disease prevention for children and adults.

## EVALUATION

<b>Reproducibility:</b>	The programme is currently running in all regions across the country.
<b>Innovativeness:</b>	Operating at a local level in every region of the country, the programme searches for evidence of effective health promotion with regard to individuals in the target groups; community integration of the centers; management and organization of the centers.

### Best practice N.35

## CONTACT DETAILS

<b>Name and Surname</b>	Renata Pełka
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## DESCRIPTION

<b>Title of the BP</b>	Encouraging mutual support amongst older people in Antoniuk in Białystok
<b>Short description</b>	<p>The programme sought to encourage mutual support and assistance amongst older people in the locality and to foster increased social interaction amongst older people.</p> <p>The project ran for 2 years (1993-1995) and was financed by the Committee for Scientific Research and by the Foundation for Polish-German Cooperation. After this time the Senior Citizens Council of Antoniuk continues to work in this area; mutual support continues in a social and cultural sense.</p>

<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Department of Clinical and Social Gerontology of the Medical University in Białystok. <input type="checkbox"/> <b>Civic Organization(s)</b> <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Białystok - Podlasie

<b>Term</b>	01/01/1993 – ongoing
<b>Objectives</b>	<p>The group organises and supports mutual support and assistance among older people in the district Bialystok-Antoniuk. It is registered as the Association of Senior Citizens for Mutual help (so-called Senior Citizens Council).</p> <p>The main goal is cooperation between senior citizens of Bialystok and its partner city Riedlingen in Germany.</p>
<b>Outcomes</b>	An increase in the percentage of people who feel the need to help others. An increase in the percentage of people who approve of mutual support. An increase (statistically insignificant) in the percentage of people who feel able to help others. An increase in the percentage of people who are involved in social activity. A decrease in the percentage of people using the services of the Social Care Centre in Antoniuk.
<b>Resources</b>	Funded by: Committee for Scientific Research - Foundation for Polish-German Cooperation

#### ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	Obtaining the support of the local, city and regional authorities for older people's activities; popularising the idea of mutual support and voluntarism amongst older people

#### OTHER INFORMATIONS

The work of the project enables people not to feel alone with their problems and encourages the interaction of older people through activities like celebrating dinners and anniversaries together. A good example of empowerment was the protest organised by older people in the response to neglecting of their problems by local authorities.

## Best practice N.36

### CONTACT DETAILS

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### Short description of the organization/public institution

Alzheimer Portugal is the only organization in Portugal, nationwide, specifically established to promote quality of life of people with dementia and their families and caregivers. It actively participates in European and global campaigns trying to gather and disseminate the latest knowledge about Alzheimer's disease, promoting its study, the investigation of its causes, effects, prevention and treatment.

### DESCRIPTION

<b>Title of the BP</b>	
Memory Walk 2012	
<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Oeiras Municipality <input checked="" type="checkbox"/> <b>Civic Organization(s)</b> Alzheimer Portugal
<b>Did you directly experience the BP above mentioned?</b>	<input checked="" type="checkbox"/> Yes
<b>Location</b>	Oeiras - Lisbon
<b>Term</b>	23th September 2012
<b>Reasons for starting the BP</b>	<p>We decided to replicate the American event "Memory Walk", from Alzheimer Association and spread to several countries in the world with remarkable success in its effects to increase awareness of the serious problem of dementia, the main risk factor is aging.</p> <p>In Portugal there are more than 100 000 people with Alzheimer's disease, there is still a National Plan for Dementia, or a society prepared to integrate people with dementia and offer quality of life</p>

	<p>for patients and caregivers.</p> <p>Our purpose is therefore to raise awareness about dementia, its early symptoms, and the importance of early diagnosis so as to increase the quality of life of patients and caregivers.</p> <p>The first Memory Walk in Portugal took place in September 2011, attended by hundreds of people who did the course of about 6 km.</p>
<b>Objectives</b>	<p>Raise awareness about dementia.</p> <p>Call the attention of the community, policy makers and the media to the problem of dementia in Portugal.</p>
<b>Outcomes</b>	The event will take place only in September 2012.
<b>Resources</b>	To carry out the Memory Walk, it is essential the support of the Municipality of Oeiras, which gave us all the logistical support such as security mechanisms, police, health professionals, stage, tent, placards, sound system, water, among others. It is still also very important the support of volunteers to guide the walk and all the technicians of Alzheimer Portugal to provide all activities.

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.
<b>Development of the BP</b>	To develop the Memory Walk 2012, are being required several meetings and roundtables with various partners, volunteers and sponsors. It is important we get more support, so that we can get to hold the event with minimal costs.
<b>Did you meet any obstacles?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: So far, the main obstacles and difficulties are at the level of finding sponsors for the event.
<b>Factors enabling the</b>	In this respect, it is important to highlight the valuable support of



<b>process</b>	the Municipality of Oeiras.
<b>Impact on participants</b>	<p>The major objective of the memory walk is to be a reminder, both to the community, patients, families, as well, especially for policy makers, government and media. In Portugal there are more than 100,000 people with Alzheimer's disease and there is still no national plan for dementia in Portugal. It is therefore important to alert the country for this situation. Moreover, we intend to further call attention to the importance of prevention of Alzheimer's disease and other dementias. The main factors are a healthy lifestyle, a balanced diet, engaging in physical exercise and monitoring of health indicators such as cholesterol, diabetes and blood pressure. Therefore, we are developing the Memory Walk, seeking attention and all the participants and the media to the importance of exercise and healthy eating to reduce the risk of dementia. It is also important to draw attention to the importance of early diagnosis of dementia. We intend to disseminate information and to alert people to the main warning signs of Alzheimer's disease. For Alzheimer Portugal, this event is an opportunity to enhance its reputation, to make known their services to society and, above all, boost the performance of their duties:</p> <ul style="list-style-type: none"> <li>-Collect the latest teachings on Alzheimer's Disease, disclose them, apply them and promote research, to contribute to a better understanding of its causes, effects and prophylaxis;</li> <li>-Press policy makers to recognize Alzheimer's disease as a priority to be included in health policies and social security to be implemented.</li> </ul>

## EVALUATION

<b>Reproducibility:</b>	It is possible to reproduce and implement the BP in other situations and places. It is possible to replicate this event across the country and also in other countries. Memory Walk is an initiative already developed in other countries like the U.S., England and Australia. We'd love to see the Memory Walk to take place simultaneously in several cities in Portugal and the World.
<b>Innovativeness:</b>	In Portugal, this is an innovative event to the extent that no other institution devoted himself exclusively to work or participate actively in the movement on the global and European dementia, seeking to gather and disseminate the latest knowledge about Alzheimer's disease, promoting their study, investigate its causes, effects, prevention and treatments.
<b>Added value:</b>	We want the Memory Walk to work mainly as a warning to the people and the Government to the importance of a society that integrates people with dementia and recognize their rights.
<b>Appropriateness:</b>	With all the support we expect, we believe that the BP will enable

	an efficient management of the needs.
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OTHER INFORMATIONS
<p>The Memory Walk second edition will take place on 23rd September 2012 in the Caxias Bay, Portugal, in the context of the European Year for Active Ageing and Solidarity between Generations.</p> <p>The event will consist in a 6 km walking tour of Caxias, and end up in the Bay. Throughout the day, there will be lessons and activities, physical exercise classes, blood pressure screenings, cholesterol and glucose analysis, as well as an information hot spot of Alzheimer Portugal, available to all attendants.</p> <p>The Memory Walk will be open to all generations, so that grandchildren, parents and grandparents may share a convivial activity and healthy lifestyle be promoted through social interaction.</p> <p>The aim of the event is to raise awareness about dementia and its early symptoms, so as to increase the quality of life of patients and caregivers.</p>

### Best practice n.37

#### CONTACT DETAILS

<b>Name and Surname</b>	Marianne Lundsgaard
<b>Organization</b>	The National Association of Senior Citizens' Councils (NASCC)
<b>Country</b>	Denmark
<b>Email</b>	<a href="mailto:ml@danske-aeldreraad.dk">ml@danske-aeldreraad.dk</a> - <a href="mailto:info@danske-aeldreraad.dk">info@danske-aeldreraad.dk</a>
<b>Phone number</b>	+45 3877 0160
<b>Website</b>	<a href="http://www.danske-aeldreraad.dk">http://www.danske-aeldreraad.dk</a>

Short description of the organization/public institution
The National Association of Senior Citizens Councils (also called the Senior Citizens Committees) is a voluntary organization, which consists of 98 Senior Citizens Councils, each representing one of the 98 municipalities in Denmark.

#### DESCRIPTION

<b>Title of the BP</b>
Danish Senior Citizens' Councils: working for local democracy across generations
<b>Short description</b>
Danish law defines senior citizens as 60+ persons. In each local municipality there must

be a Senior Citizens' Council (SCC), elected by senior citizens. The object of these councils (98 in all the country) is to work as an intermediary between the City Council and the elder population of the particular municipality.

According to Danish Law, the City Council is obliged to consult its SCC before any final decision is reached in matters affecting the elderly. Typical matters would be primary health care, traffic planning, infrastructure, cultural policy, handicap policy, and the standard of public service for elderly and handicapped people. Most important, however, is the potential influence on the City Council's proposal of the municipal budget for the following year.

The 98 local SCCs comprise around 1,000 members, all of whom hold a broad knowledge of elderly people's way of living, their needs, dreams and potentialities. The Councils are a good example of a Danish democratic involvement of elderly people in creating and maintaining active ageing.

During the European Year for Active Ageing and Solidarity between Generations, the Danish National Association of Senior Citizens' Councils (NASCC) will take action to promote work for local democracy across generations. Mutual understanding and respect across generations is crucial for the cohesive force of any society.

<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input type="checkbox"/> Civic Organization(s) <input checked="" type="checkbox"/> Other Subjects involved The National Association of Senior Citizens' Councils (NASCC)
<b>Location</b>	Copenhagen
<b>Term</b>	1996
<b>Objectives</b>	The National Association of Senior Citizens Councils is the national secretariat for all of the Senior Citizen Councils, whom holds a membership. Through counselling, newsletters, conferences and workshops with different themes, the association is trying to help Councils around the country and also to promote the work within the different municipalities. The function of the Association is also to support and put focus on the political work, which is being carried out by the local members of the Senior Citizens Council – but without interfering. The National Association of Senior Citizens Councils' work, amongst other things, is to arrange courses, publish newsletters and reports – and also we advise the Senior Citizens Councils whenever they have any doubts. The idea is that the Senior Citizens Councils contain many experiences of how elder's way of living in Denmark is – their needs and possibilities. The Senior Citizens Councils need to exchange experiences within this field, so that they can develop this work together.

<b>Outcomes</b>	The Senior Citizens Councils have created a whole new era within Danish elder politics and it's administrative ways. The idea is, that the Senior Citizens Councils has to have influence on radical decisions and ways of acting in municipalities and counties on all the areas concerning the elder population.
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## ANALYSIS

<b>Policy Field:</b>	<input checked="" type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

### Best practice N.38

## CONTACT DETAILS

<b>Name and Surname</b>	Marie Françoise Fuchs
<b>Organization</b>	Old'Up
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<b>Phone number</b>	+ 33 (0)6 72 53 55 51
<b>Website</b>	<a href="http://old-up.eu">http://old-up.eu</a>

<b>Short description of the organization/public institution</b>
The French Old'Up association brings together those who are "Not so young but not so old", and who wish to be useful and bring meaning to the time that their retirement years give them. The association offers life-long learning options such as personal resources, IT for beginners, the understanding of current affairs, and creates a forum to reflect about the stages of old age and how to optimize them.

## DESCRIPTION

<b>Title of the BP</b>	
Old'Up	
<b>Short description</b>	
<p>Old'Up is a non-profit French organisation whose president, Marie-Françoise Fuchs, is a dynamic octogenarian. Since November 2011, Old'Up has set up a number of life-long learning activities for its members. Taught by the younger generations, more than 250 senior citizens are getting lessons on all aspects of modern life: from buying transport tickets from a vending machine, to online buying, communicating through Skype or using a state-of-the-art camera. Generations are thus brought together on a teaching experience, as younger students become the teachers and senior citizens go back to school but with the luxury of enjoying home lessons. More than 1.000 candidates have sent their application form to participate on this initiative, from Medicine, Law or Psychology students. Forty students are already participating in the Ile-de-France area. Old'Up is preparing a forum about active ageing and solidarity between generations which will be held in 2013.</p>	
<b>Actors of the Best Practice</b>	<input type="checkbox"/> Public Institution(s) <input checked="" type="checkbox"/> Civic Organization(s) Old'Up. <input type="checkbox"/> Other Subjects involved
<b>Location</b>	Paris
<b>Term</b>	Established on February 2008

## ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input checked="" type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

## Best practice N.39

### CONTACT DETAILS

<b>Name and Surname</b>	Manuel Fuentes Jiménez
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<b>Phone number</b>	(+34) 902 075 365
<b>Website</b>	<a href="http://www.ipbscordoba.es/paea">http://www.ipbscordoba.es/paea</a>

### DESCRIPTION

<b>Title of the BP</b>
Active and Healthy Ageing Programme
<b>Short description</b>
<p>The Social Welfare Institute of the Provincial Council of Cordoba, Spain, decided to launch a pilot programme in 2009 in order to promote active ageing activities amongst its population, one of the most aged provinces of Andalusia. Given the success of the program, in 2010 the official Active and Healthy Ageing Programme was put in place.</p> <p>The overall objective of the Active Ageing Programme is to improve the living conditions of older people, by implementing actions to improve their life expectancy and stopping, whenever possible, the health deterioration process of this population. This is achieved by complementing the actions of the public System Care Units, and therefore mitigating the individual's lack of autonomy.</p> <p>In 2012, the programme is being reinforced in the context of the European Year for Active Ageing and Solidarity between Generations. Four specific objectives have been established: promoting health and physical adjustment, optimize and compensate for cognitive functions, foster emotional development and maximize social involvement through active participation.</p> <p>As part of this commitment, the Social Welfare Institute plans to implement 650 group performances which will reach 20,000 inhabitants in the province.</p>

<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Social Welfare Institute of the Provincial Council of Cordoba <input type="checkbox"/> <b>Civic Organization(s)</b> <input type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	Cordoba

<b>Term</b>	2009 – on going
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### ANALYSIS

<b>Policy Field:</b>	<input type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input checked="" type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.

### Best practice N.40

### CONTACT DETAILS

<b>Name and Surname</b>	MARIELLA URSINI
<b>Organization</b>	Local Health Service – City of Spoleto
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<b>Short description of the organization/public institution</b>
Local Health Service – City of Spoleto

### DESCRIPTION

<b>Title of the BP</b>
Il Welfare sociale attivo (WSA) – Active Social Welfare
<b>Short description</b>
The Active Social Welfar is a system for assessment and improvement of services that take action from relation interdependence between different social actors. It recognize citizens political participation to decision making and an active and conscious participation in the detection of quality of services. It has been established a Joint Working Group of local health authority - which maintains the governance - the pensioners' unions and voluntary organizations and with the assistance of a scientific advisor. The data collection instruments, the target population and the main characteristics of the survey are defined in the Joint Working Group and a further step, decisive and innovative, was the training of citizens through specific courses for compilers. At the end of the work it has been developed a new model for the service useful for the reorganization of services themselves and for their periodic review.

<b>Actors of the Best Practice</b>	<input checked="" type="checkbox"/> <b>Public Institution(s)</b> Local Health Service – City of Spoleto Observatory on the health of older people of the region Umbria <input checked="" type="checkbox"/> <b>Civic Organization(s)</b> Italian pensioners' union and volunteer organizations <input checked="" type="checkbox"/> <b>Other Subjects involved</b>
<b>Location</b>	City of Spoleto – Region Umbria
<b>Term</b>	2008 - ongoing
<b>Reasons for starting the BP</b>	The project answer to the need of a bridge between the different themes and innovative aspects of the administration: from the involvement of citizens and stakeholders in the definition and evaluation of public policies, to the joint planning of services and improvement of organizational processes.
<b>Objectives</b>	Did you meet all your planned objectives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Outcomes</b>	A new model of Charter of services Did the outcomes you obtain meet your planned objectives? <input checked="" type="checkbox"/> Yes
<b>Resources</b>	Economic Contribution of the Umbria Region, scientific advice of the university. Voluntary work of civic organizations.

## ANALYSIS

<b>Policy Field:</b>	<input checked="" type="checkbox"/> Public policies for the active involvement of ageing citizens in health policies and in the health care services' governance and management.
	<input type="checkbox"/> Involvement of ageing citizens in the community and civic organizations dealing with health.
	<input type="checkbox"/> policies/initiatives aimed at empowering ageing patients and involving them in the management of their diseases.



## EVALUATION

Reproducibility:	Yes
Innovativeness:	Yes
Appropriateness:	Yes

## THE AUTHORS

### **Alessio Terzi**

President of Cittadinanzattiva – professional engineer and expert of assessment system. Since 1990 has been dealing with the development and the testing of civic analysis techniques that allow citizens to participate independently in the assessment process. From 1998 to 2010 he directed the national programs of Civic evaluation of the safety and quality in health care, in particular the Civic Audit Programme, adopted in Italy by 175 health care units, eight regions and recognized by the Ministry of Health.

### **Teresa Petrangolini**

Director of Active Citizenship Network and Secretary General of Cittadinanzattiva. She was the national Secretary of the Tribunal for Patients' Rights, one of the networks of Cittadinanzattiva. Under her direction Cittadinanzattiva received the gold medal for the Public Health Service on 2006 and the EESC Prize for Organized Civil Society in 2007. She has a wide experience in the field of civic activism in Italy and abroad.

### **Giulia Savarese**

Sociologist, course of studies on Politics and Institution with specialization on Health Services. Has various experiences of collaboration with Active Citizenship Network, both in research than in project implementation, since its establishment on 2001. Project manager for non-profit organizations.

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