

ELDERLY CARE SERVICES IN EUROPEAN REGIONS



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Cover picture: Seminar participants of the "EU senior citizens as active users of gerontechnology innovations" project in German Rems-Murr-Kreis in September 2009.

ELDERLY CARE SERVICES IN EUROPEAN REGIONS

In this booklet readers may find some descriptions of the most important development tasks at the moment in the elderly care in the partner regions of the “EU senior citizens as active users of gerontechnology innovations” – project, their concrete descriptions of the work done in some fields of elderly care as well as descriptions of the new initiatives and innovations on the topics of geriatric rehabilitation, prevention and health promotion.



Panel discussion during the seminar in Finnish Päijät-Häme with Finnish candidates for European Parliament. (From left) Ms Sirpa Pietikäinen, National Coalition Party of Finland; Ms Arja Alho, Finnish Social Democratic Party; Mr Bart Magielse, Pro Senectute Foundation, Amsterdam, The Netherlands; Ms Raisa Valve, University of Helsinki; Ms Helena Tornberg, Centre Party of Finland; Ms Marja-Liisa Nordlund, Tieto Ltd./Healthcare & Welfare.

“EU SENIOR CITIZENS AS ACTIVE USERS OF GERONTECHNOLOGY INNOVATIONS” - PROJECT

“EU senior citizens as active users of gerontechnology innovations” initiated by the Regional Council of Päijät-Häme, Finland, was a continuation to the project “Care for the elderly in the European Union”. Participating experts found it very important to continue the well started co-operation and deepen the expertise especially about gerontechnological innovations for active senior citizens in preventive care of dementia. The project was financed by the Europe for Citizens Programme from the Action 1 and the Measure 1.2 - the thematic networking of twinned towns. In this project the lead partner, Finnish Päijät-Häme, as well as other project partners are regions. Education, Audiovisual and Culture Executive Agency granted a maximum amount of 21.342,96 euros for the events composing the action between 1 April 2009 and 31 March 2010. Two seminars were organised: the first one on 26-28 May 2009 in Päijät-Häme, Finland and the second one on 28-30 September 2009 in Rems-Murr-Kreis, Germany. For further information please visit www.paijat-hame.fi/en or www.elderly-care.eu

In this new project the earlier partner structure was used with the possibly widest range of regional members of the European Union in the planned activity of representatives of member states that founded the EU (Rems-Murr-Kreis, Germany), member states that joined the EU in 1995 (Päijät-Häme, Finland), in 2004 (Olomouch, Czech Republic and Baranya, Hungary) and in 2007 (Cluj and Kovaszna, Romania). Geographical balance was strengthened with the participation of the Lithuanian Kaunas region (2004). Additionally the seminars were participated by the Dutch and Swedish stakeholders.

Experts of the elderly care from various European regions deepened and shared their knowledge about the use of gerontechnological innovations especially in the preventive care of dementia. Dementia is a wide European challenge when European population is ageing. One aspect of the problem is the adequate quality of the care for the elderly who are more and more represented in our societies. The improvement of the level of elderly care can contribute to the increase of their equal opportunities in the society because it offers them the possibility of an active and liveable life. Experiences made in Nordic countries and Germany did serve as a model and guidance for the quality improvement of the elderly care in the regions of new member states of the EU and also to strengthen the European network of expertise.

BARANYA COUNTY, HUNGARY

The local governments or their associations have to provide care in the frame of basic social services for those who need care less than four hours a day. The basic social services include village steward and farm steward service, food delivery, in-home assistance, in-home assistance with emergency signal, support service, and daytime care.

Village steward and farm steward service mitigates the difficulties arising from the lack of welfare institutions and access to services in small villages and rural areas.

Specialized social services for the elderly are provided by 27 care and nursing homes (2 800 beds). These are run predominantly by the local authority and the sub regions, but churches and other non-governmental organisations play an important role, too.

Development of the services for the elderly

The elderly care system should be totally adjusted to the personal needs of the patients. During the process of creating the conditions of specialized treatment the focus must be on the creation of demented departments and the special care of people with intensive care needs.

The institutions providing care to the elderly are struggling to keep up with the demand. Under the regulations effective from 1 January 2008, residential care is only available to new patients who can present a specialist doctor's certification confirming that they need care more than 4 hours per day, or otherwise fulfil the special requirements.

During the improvement process of the basic social care system the participation of the nursing homes needs further examination. The main aim is to develop integrated forms of the social care system and the structural uniting of the basic and institutional social care. It is especially true for the foundation of centres for the security home alerts systems.

COUNTY OF CLUJ, ROMANIA

The social assistance for aged people in the County of Cluj is realized by social services and financial aid. The social services for old people include:

- temporary or permanent home care;
- temporary or permanent care in centres for elderly (residential care services);
- care in day-care centres, clubs for elderly, homes for temporary care, apartments and social housing, shelters;
- community services for counselling and information for elders.

In the County of Cluj there are two centres for elderly and five care and assistance centres, five home care service providers, and five day-care centres.

The social services provided by the local authorities for the aged are social meals, material aid, gifts for the anniversaries (from donations and sponsorships), and meals on wheels in collaboration with local NGOs.

The General Direction for Social Assistance and Child's Protection Cluj has the mission to promote, supervise and assure social protection for everybody. The NGO's role in the social services is in a permanent process of growth. For example, home care services for the elderly are mostly provided by them.

Improving the quality of life of the Alzheimer patients their families

The project, conceived to improve the quality of life of the persons with Alzheimer disease and their families, started in April 2007, and it is coordinated by a psychologist and a social worker from the General Direction of Social Assistance and Child's Protection Cluj. The objectives of the project are:

- To develop a support group for the families of those diagnosed with Alzheimer disease;
- To develop a network of specialists and governmental and nongovernmental institutions in order to facilitate the access of the patients with Alzheimer disease to the social services;
- To implement a research project focused on the identifying of the needs and resources of the families of those with Alzheimer disease;
- To elaborate and implement prevention programs for the patients with Alzheimer disease.

The project has organized also information campaigns in the period of the International Day of the Persons with Alzheimer Disease in the years 2008 and 2009.

The action pattern of the project goes from simple to complex; it started with a small group – the support group – and it developed gradually, expanding its action toward the community.

The on-going research activities of the project aim to identify

- the attitudes of the community toward the patient and his family;
- the needs and the resources of the patient's family;
- the causative factors of the patient's relatives collapse and their relationship with the neighbourhood;
- practical solutions to the problems found in the course of project.

The project won the first price in the competition organized by the Foundation Médéric Alzheimer and ELISAN (European Local Inclusion & Social Action Network) on the 21st of September 2009 in Bruxelles.

CARE AND ASSISTANCE CENTER CLUJ-NAPOCA (DR. LIVIU POPA)

In the city of Cluj-Napoca (with 318.000 inhabitants), this centre is the only residential nursing home belonging to the state, providing care for the old persons with medical and social problems and with handicap without further conditions of eligibility, such as ethnicity, religion, sex, birth place, level of instruction, political opinions or financial situation. This situation is opposite to the private centres.

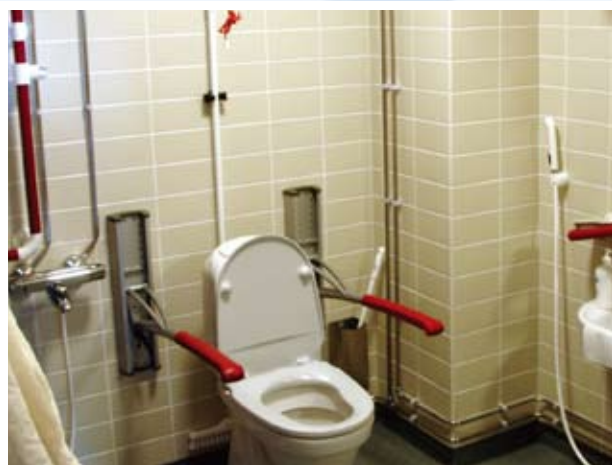
The institution functioned until 1997 as "Home for Elderly" and by reorganization it was transformed in "Home-Hospital for Chronic Somatic Diseases". The name was changed into "Care and Assistance Center" in 2002, but keeping the same object of activity. Next year the centre became part of the General Direction of Social Assistance and Child's Care Cluj.

The centre has 110 places in 17 patient rooms, and the staff consists of 90 employees. The average age of the patients is 73 years, ranging from 57 to 100. The admission in our centre is conditioned by the places liberated in time. The waiting list counts usually about 150–200 persons. The average annual inflow is about 23 persons.

Everywhere in the world is difficult to change totally the environment and the way of life, especially at a certain age. And it is very hard to pass from a solitary way of life to a life in common. Generally speaking, the adaptation to the new conditions of life is harder than the adaptation to the invalidity situation. Our attitude is to keep in touch with the family, closely cooperating every time when it is possible, for the patient's benefit.

Our residents receive a permanent medical care, psychological and social assistance, general care, food, medicines, clothes, footwear. When someone dies, our centre stands even the funeral expenses, if the resident doesn't have relations or these ones cannot support the expenses.

The typical pathology in the centre is atherosclerosis with all its manifestations, where we add the cardio-vascular, respiratory, digestive, renal, degenerative diseases,



Assisted living in the Jalkaranta hospital in the City of Lahti, Päijät-Häme.



Cosy living in the "Siltakoti" elderly care home in the Jyränkölä Settlement in the City of Heinola, Päijät-Häme.

rheumatism, cancer etc. We assure the majority of the treatments. The cases exceeding our competence or our possibilities are sent in specialized clinics. When we need, we have the voluntary support of physicians who come and assure free consultations and treatments for our patients.

The recovery and the maintenance of the functional residue represent a major component of the general treatment and it displays conforming to an individualized program, adapted to the situation. The program is settled by the centre's physician, and when it is necessary, it is settled in cooperation with other specialists. The importance of this action is underlined by the fact that from the 110 residents, about 60 need continuous care and surveillance, 30 of them being immobilized in bed.

The food is diversified, geared to the age, diseases and preferences, with menus made for 1–2 weeks. Every day are cooked two menus, a normal and a diet one, here adding 2 snacks for those with diabetes or with consumptive diseases. All the food is prepared in our own kitchen and can be improved with the help of the sponsors or by donations.

The main source of financing is the county budget (93%). The charge of the resident is about 50 euro per month, depending on his/her income. If the resident has an insufficient pension, the charge is completed by the relations of first degree, depending on their income. Sponsorships and donations represent two percent of financing.

In 1996 the main building, built about 1855–1870, was in a situation of advanced demotion. That is why we completely recovered the buildings, from the roofs to the foundations and we adapted everything to the special needs of our residents.

With all the reparations and the improvements of the old building, the rooms remain large, and don't offer intimacy to the residents. In addition, the toilettes and the main bathroom, even modern and functional, are situated on the halls and they are for common use. With these exceptions, the life for our patients is without worries.

COVASNA COUNTY, ROMANIA

Covasna county is situated in the middle of Romania and it is one of the smallest counties: area: 3710 km², population: 222.846 in 2009, senior citizens (65 years up): 30850 in 2002. According to the Report of the Ministry of Labor, Family and Social Protection in Romania in 2005 there were: 19 elderly care homes, 39 homecare services. Since then many new homes were founded by local authorities or NGOs, but we do not have exact datas. In 2005 The anti poverty and promotion of social inclusion program for 2006 – 2008 was adopted in Romania.

A section of it refers to the assistance of the elderly, naming the following tasks: development of the legal system; creation of a structure on Ministry of Labor, Family and Social Protection level responsible for the social assistance of the elderly; creation of a department responsible for the social assistance of the elderly at county level in the framework of the Social Care and Child Protection Directorate; development and diversifying of financial help (financial help to pay heating, electricity and medical services); development of alternative services like homecare services, day care centres, assisted living homes, rehabilitation centres as well as development of residential care system by restructuring the existent homes and creation of new ones

Once again, in Covasna County there live 30850 senior citizens according to the 2002 census. In our county the eldercare is provided by the social institutions subordinated to the local councils and methodologically coordinated by the Social Care and Child Protection Directorate (these are primary services); the social institutions of the Directorate (these are specialized services) subordinated directly to the County Council and four NGO-s.

The Community Services Centre for senior citizens in Lemnia is subordinate to the Social Care and Child Protection Directorate. The complex was established based on the partnership between the Directorate and "Szentkereszty Stephanie Hospital" Foundation and now its functioning is supported by the Directorate. It started its activity in 2007 and actually it is the most modern home in the county. The home has 3 units: an assisted home for 10 persons, rehabilitation unit for 20 persons, seniors are assigned in the unit from 1 to 7 months where complex medical care is offered to them and a hospice unit for 10 persons. We consider that the Directorate is interested in modern views of solving social problems, one of which is its geronthological and gerontechnological concern. The Community Services Centre – Lemnia had in its Institutional project the establishment of a Geronthological Research Centre in the framework of the Community Services Centre. Unfortunately the legal system at present makes it impossible.

Moreover, in 2007 the Directorate wanted to participate in a Consortium, called Dolphin Project, together with partners from Greece, UK, Germany, Netherlands, Hungary and Estonia. In this project Covasna county's role would have been to test the innovative devices and software extensions (e.g. sensors, portable devices and wearable components) which would have been developed, adjusted and integrated to allow monitoring users anywhere, and which would have provided the basis for comfortable interaction of end users with the ambient environment and third party care

services. Unfortunately the project was not accepted by the European Commission. Our other project was succesful and the professionals of the General Directorate and Lemnia Community Services Centre participate in a two years Grundvig learning project about the care of the disoriented (with dementia) elderly. The final product of this experience change project will be a good practices guide.

In our county there is one eldercare home subordinate to the county council that is the biggest one in Covasna County in Haghig village. The home is methodologically coordinated by the Directorate. It provides basic care for 110 persons. Basic medical care is also available. "Zatureczky Berta" Home for Old in Saint George, subordinate to Sf. Gheorge local government consists of 22 flats (the seniors can decide whether they want to stay alone or together with another fellow). In the Home there is a day care centre (with different activities: crafts; TV, communication and socializing, games and music). The daycare centre is both for the elderly from the home and the elderly from the community and this way it helps socialization and community life. The exterior services are for seniors from the home and for those from the community as well: medical services, kinetotherapy, fiziotherapy, counseling. This system continually ensures community living and intimacy at the same time. The Capeni Home for old is subordinate to the Capeni self government, there live 12 old persons in double bedded rooms. The residents can participate in a wide range of activities: conversation, games, gymnastics, handicrafts and visiting the local library.



Learning about practices in the preventive care and gerontechnology in social and health care education by Ms Liisa Suhonen in the Lahti University of Applied Sciences, Lahti, Päijät-Häme.

The four foundations in our county, Diakónia Christian Foundation – Saint George branch office, Red Cross Foundation – Saint George branch office Caritas Foundation – Saint George branch office and Izabella Foundation – Saint George all provide homecare services. The wide range of services include primary and specialized care. Caritas Foundationm also runs a Home for Old in the village of Sanzieni.

In Romania the warning system help service started in April 2008 by the Diakonia Foundation is quite new and unique. The old person in need has a warning device connected to the telephone in his home. It can be activated by pressing the button of his bracelet. This way he can talk to the dispatcher in attendance who manages the case choosing the best solution to solve it. At present 16 warning devices are functioning in Barot town and its region. In the opinion of the beneficiaries the system provides safety and security for them. This is service the first and the only gerontechnological solution in our county. Our future aim is to create more and diversified services in the field of elderly care.

KAUNAS COUNTY, LITHUANIA

Social protection in Lithuania is now guaranteed by general government contributions (43.4%), employer's social contributions (51.5%), and social contributions by the persons protected (5.2%), and other receipts (0.3%).

Home health care is a new concept that is becoming available in more urban areas. It must be applied from local municipal social provision departments, and acceptance into the program is based on social and medical criteria.

The greatest problems of medical care for the aged are a lack of acute or rehabilitation geriatric wards, of psycho geriatric beds, and a lack of consultant geriatricians in the outpatient departments.

Only in the last decade has specialized geriatric care begun to develop. According to the model, geriatric care will be concentrated in large health care centres where geriatric wards, day care units, and consultants in out-patient departments will work together with an interdisciplinary team with the aim of comprehensive geriatric assessment and treatment. Geriatric wards in the hospitals should become a reality in the reorganization process of an excessive number of internal medicine beds.



Other important initiatives are the development of home care, the coordination of social and medical care, case management, and providing of information and education to geriatric patients, their families and the community on the prevention of diseases related to aging and how to access resources in the community.

Despite its difficult past, Lithuania is confronting the challenges of health and social care for her aging population and embracing the opportunities to initiate policies and related measures to meet those challenges. In the spirit of sharing and cooperation, we hope that presenting the Lithuanian experience in creating a geriatric care system can be useful to other countries undergoing similar transitions and changes.



Learning about safety measures in the "Siltakoti" elderly care home in the Jyränkölä Settlement in the City of Heinola, Päijät-Häme.

Improvement of health and social care services for persons with dementia in Kaunas County: a feasibility study

The preparation of the study was managed by Kaunas Regional Development Agency and financed by the PHARE PPF program.

Qualitative research of patients with dementia as well as sociological analysis of patient's relatives and professionals together with review of legal acts and analysis of current situation was performed. Formulated feasibility study is a precondition for development of health and social care services for patients with dementia in Kaunas County:

- Analysis of current situation was accomplished in the field of health and social services for patients with dementia;
- Propositions were formulated for institutional development and systematic improvement of health and social services for patients with dementia;

The project contributed to the improvement of diagnosis of new dementia cases. The planning of more qualitative personal health care services that fit the needs of the patients with dementia was initiated. The process of organizing more qualitative health care services for patients with dementia and social care services for their relatives was launched.

OLOMOUC REGION, CZECH REPUBLIC

The Olomouc Region has created a network of social services provided by facilities established by the county, communities, non-governmental non-profit organizations and other forms of associations. Social Affairs Department of Regional Office of the Olomouc Region is considering and planning individual activities and measures for the benefit of seniors.

In the context of the new Act (2006) on social services several changes were made. Especially a new system of financing the social services, new attendance allowance benefits and compulsory registration of providers according to types of social services included in the Act were introduced. The legislation requires a stable network of social service providers to be based on a medium-term program of social service development.

New legal regulations introduced a unified system of financing social services from the state budget in the form of grants. A considerable proportion of services are expected to be financed from the income of their consumers.

The Olomouc Region helps its citizens maintain their independence and preserve their existing style of living in their natural environment by providing community care services as well as day hospital services. Social services for senior citizens are provided by many non-governmental organizations the activities of which are also contributed to by the City of Olomouc.

In hospitals social assistants help senior citizens who return home also by means of providing information on community care services or directly by contacting these services.

The Region aims at creating a system of social services which would respect the rights and individual needs of senior citizens, enable them to live in their natural environment as long as possible, help them to maintain their independence and experience this life phase in a dignified manner, and at the same time provide support to families that take care of seniors who are not self-sufficient.

In order to enhance the citizens' awareness concerning social services The Olomouc Region publishes and updates brochures including a list of social care facilities for senior citizens, leaflets containing an overview of offered services and other brochures informing on consultancy possibilities for the disabled as well as senior citizens.

Olomouc Region also co-finances cultural, social and sports events. E.g. "Criminality Prevention Programmes" organized in the years 2005–2006 included projects specifically focused on senior citizens, and on enhancing their safety and feeling of security. The Region also participates in educating social service providers in cooperation with specialized vocational schools.

Various subjects operating in the Olomouc Region contribute to the improvement of the availability of services for senior and disabled citizens using structural funds of the European Union. This regards e.g. an approved project of development of municipal transport of the statutory city of Olomouc which includes a purchase of low-floor trams. In the context of

transportation it is necessary to mention launching of inter-city barrier-free bus lines between towns.

Social activities supported by the Olomouc Region are aimed at enabling seniors to influence the political as well as social life, to articulate their needs and requirements, and to participate on social activities, e.g. on the production and implementation of programmes and projects for themselves.

A wide range of activities is also offered by senior citizens' clubs organized by the towns and communities. Individual cultural facilities provide educational presentations; senior citizens can improve their knowledge and skills in educational and Internet centres. Active seniors have the opportunity to enrol at the so-called Third Age Universities. Palacky University in Olomouc focuses on this type of education.

The "Regional Plan for Equal Opportunities for Disabled Citizens for the Period of 2007-2009" aims to overcome the barriers resulting from their handicap and to provide them with good quality of life. This plan concerns mainly senior citizens.

The "Eurokey" project, which will start at the beginning of 2010, aims to secure handicapped people access to public spaces by means of compensatory technical appliances (e.g. lifts, staircase decks).

Project ADEL (Advocacies for frail and incompetent elderly in Europe) in Czech Republic:

International project dealing with aging of seniors above 80 years – suffering from dementia and Alzheimer disease. The purpose is to find out the way of protection of vulnerable and incompetent seniors. This project includes also Austria, Germany, Denmark and Spain.

Czech society for memory training and brain jogging: Memory trainers work in institutions and homes. If case of cognitive aggravation a reference is put on the Alzheimer society to verify current health condition.



REMS-MURR-KREIS, GERMANY

There are 55 residential homes for the elderly in Rems-Murr-Kreis. The majority of all nursing homes are subsidised or owned by church. About 40% of the homes are managed privately. The Rems-Murr-Kreis itself has no own homes. By the law, it is the task of the regional authorities to supervise the service providers according to the legal guidelines.

There are more than 50 ambulant nursing services, most of them sponsored by the church. They care and provide citizens in their own houses and they are predominately funded by the benefits of the long-term care insurance (Pflegeversicherung).

There are also six local offices for seniors which are concerned with general questions of the aging.

At local governmental level of the Rems-Murr-Kreis six senior councillors (association of voluntary citizens) get involved with the interests of seniors. There is one senior member of the district council who represent the interests at the area and the federal state level, like the senior councillors do at the city council.

The specialist counselling of elderly care and dementia of the Rems-Murr-Kreis organise care strategy, consultations and training course of salaried and voluntary nursing staff in almost every section for elderly people.

Domestic visit service for persons suffering from dementia and their family members

About 80 percents of persons suffering from dementia live together with other family members, who often are under considerable mental and physical strain. Therefore, in recent years the supporting network at all levels was developed. An essential new component in it is the domestic visit service.

The domestic visit service visits the clientele at home. It accompanies them by the hour and comes individually on their needs. The visit service offers protection and social support, as well as discharge to the family members. It does not include nursing or housekeeping. The service is provided by trained volunteers under the coordination of professional case managers. The esteem of the volunteers occurs through things like regular trainings, to at least monthly case discussions, close company by the application management and personal esteem. Financial incentive refers merely on pure expenditure compensations as for example fare allowance.



Presentation of digital innovations in the dementia ward in the Jalkaranta hospital in the City of Lahti, Päijät-Häme.

PÄIJÄT-HÄME REGION, FINLAND

The aim of the elderly care in Finland is to promote older people's functional capacity and independence, with the intention that they can continue to live in their own homes and their familiar environments as long as possible. Functional capacity can be maintained and improved with early and wide-ranging preventive and rehabilitative functions. Living at home can be aided through social and health care services provided by professionals. Social welfare housing services and institutional care are available for those who can no longer cope with living at home.

Home care for the elderly includes home help, home nursing, and support services. Municipal home help and home nursing services work together in close collaboration. In about half of municipalities, they have been combined to integrated home care units. Home service charges are fixed according to whether client care needs are temporary or continuous.

Support services assist older people to manage in everyday life and to interact socially. They include meals on wheels, day activities, transportation and escorting services, emergency telephone, bathing, laundry and cleaning services. The municipalities determine the range and costs of the services.

Service housing is meant for older people who need daily support and assistance. It includes both the dwelling and the provision of services. Particular attention is paid to ensuring obstacle-free living for residents, security services and technical aids. Service homes have common rooms for residents to use, and many of them act as service centres for older people living locally. Residents pay rent or a maintenance fees for their homes, select the services they need and pay for them separately in accordance with their use. Living in a service home is usually based on a rental agreement, though ownership of one's dwelling in a private service home is on the increase. Service housing is provided by municipalities, NGOs and private firms.

Statutory institutional care includes old people's homes, the inpatient wards of municipal health centres and specialised care units. It can be given for part of the day, or on a short-term or long-term basis. Long-term institutional care is given when the round-the-clock care can no longer be provided at home or in a service home. Fees for long-term institutional care are determined according to the client's income. The may be at most 82% of the client's net income. The fees for short-term institutional care are usually fixed.

Table 1. Services for the elderly in Päijät-Häme region and in the whole country in 2005. Clients 75-year-old or over and their proportion of the age group.

	Päijät-Häme		Finland
	Clients	%	%
Regular home care	1551	9,8	11,5
Service housing, altogether	696	4,4	5,4
- of which with 24-hour assistance	464	2,9	3,4
Institutional care in old people's home	314	2,0	4,3
Institutional care in the health centre	802	5,0	2,5

Support for informal care. Relatives often look after an older person and are entitled to an allowance for this from the municipality. The municipality and the person providing care draw up a care agreement that includes a plan on care and services. In 2008 the minimum caregiver's allowance, which is taxable, was 317 Euros a month. Care can also be given by a person who is not a family member.

Good Aging in Lahti Region (GOAL) – a joint program between health sectors in local communities and research institutions

Good Aging in Lahti Region (GOAL) is a research and development program which aims to improve physical and psychosocial well-being and to promote health among aging citizens in the Päijät-Häme region between years 2002 and 2012 (partly funded by EFS and ERDF).

The aims of the program are (a) to initiate evidence-based preventive measures, e.g. risk status screening, personal and group counselling, (b) to facilitate health promotion by fostering collaboration both within and between local communities, and (c) to empower citizens to make healthy lifestyle choices. The target population consists of non-institutionalized individuals, roughly 50 to 80 years of age.

GOAL consists of three parts:

- 1) Longitudinal study on health and well-being of three birth cohorts born in late 1920s, 1930s and 1940s. The study is based on a regionally representative sample of approximately 3000 individuals, with assessments at 2002, 2005, 2008 and 2012;
- 2) Community diagnoses, in which selected results of the cohort study are combined with statistical data on social conditions and policy documents from each municipality;
- 3) Community-based programs, e.g. interventions to develop local policies and practises, educational campaigns, and other actions based on the needs identified in the cohort study and community diagnoses. The first intervention (2002–2005) was a program for type II diabetes prevention. The third, on-going intervention builds a model for promotion of functional and social capacity of the elderly (70+) with high risk of losing their capacity.

The main results of GOAL so far are:

- The leaders of local communities have used GOAL results in strategic health-policies;
- The health-care sector at local communities has adopted the model of group-based intervention for prevention of vascular diseases including type 2 diabetes, and they are working on a similar structured approach to identify and rehabilitate individuals with functional problems during home visits;
- Joint Authority for Päijät-Häme Social and Health Care has established a three-person team with the task to facilitate health promotion practices in health care.

The GOAL collaborating partners include the Joint Authority for Päijät-Häme Social and Health Care, all 15 municipalities in the region and a number of research partners. The latter include the Palmenia Centre for Continuing Education (program coordinator) and the Department of Social Policy, both from the University of Helsinki, the National Public Health Institute, and the Faculty of Social and Health Care at the Lahti University of Applied Sciences. The research partners contribute by research, design and development of interventions, evaluation, training, and consultation. The implementation of the interventions is undertaken within the local communities.



Seminar guests visiting the winter sports centre in the City of Lahti, Päijät-Häme.



The first seminar of the "EU senior citizens as active users of gerontechnology innovations" project was organized in Finnish Päijät-Häme in May 2009.



Presentation about the Hospiz movement in German Rems-Murr-Kreis by Ms Susanne Stolp-Schmitt.



Romanian delegation in Päijät-Häme, Finland



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