



Evidence-based Guidelines on Health
Promotion for Older People:

Social determinants, Inequality and
Sustainability

National Evaluation Report – Italy

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1 The Evaluated Health Promotion Cases for Older People

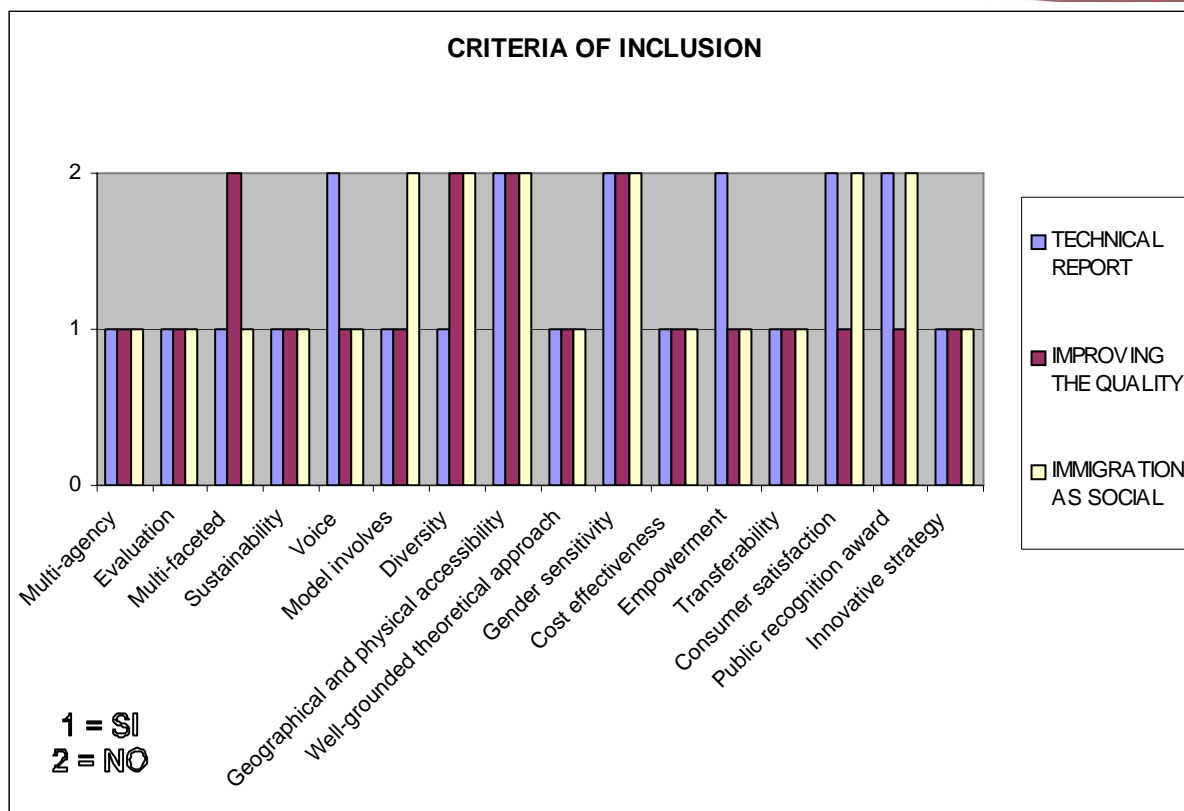
1.1 National Selection Procedure

The Italian works which have been taken into consideration show that most Health Promotion Projects for over 60's are medical and do not usually offer innovative intervention strategies for health determinants. Moreover the gender characteristic is seldom regarded as a significant variable in research and intervention projects, with the exception of some researches on typically feminine diseases.

In consideration of the above, the project selection was based on the individuation of researches focused on real problems for Italian elderly, indicating innovative or evidence-based measures and satisfying most Health Pro Elderly inclusion criteria (Chiari et al. 2006).

We interviewed two managers for each of the three projects. As for the first two cases, the interviews were made on the phone – by appointment – and did not usually turn out to provide much new information. Finding and getting in contact with the right interview partners was quite difficult due to the fact that the project was over and due to the high number of public officials involved. On the contrary, it was easier to contact the people responsible for the third project. As for this case, two interviews were made (one was in person and the other on the phone) and they added further information to the results of document analysis.

The documents analyzed were projects the relative reports; in case 1, several official acts and progress reports of the sub-project on dementias were also analysed; in case 3, the book and the video reporting the creation of the project were also analysed.



1.2 Short Presentation of the Three Health Promotion Cases for Older People

The project selection privileged a complex local-based project which included sub-projects on the main diseases and risks connected to the over 65's: "Technical report for the definition of health objectives and strategies. Elderly" (Case 1: IT-01). The intervention scope was: dementias, cognitive handicap, fragility in elderly people and accidental falls. The project began in 1999 and ended in 2001 but it is still working in some fields (ex. older people affected by dementia). It was created for both elderly at home and elderly in residential care centres.

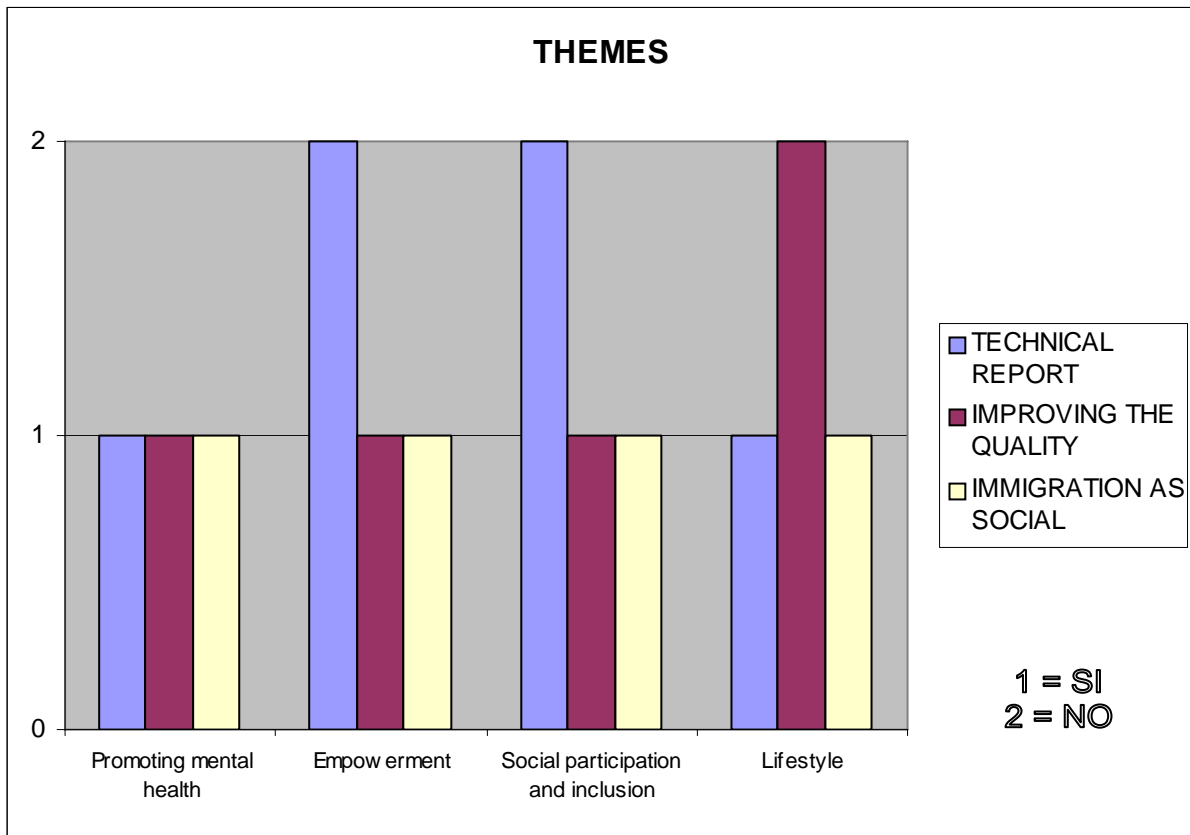
It began as a sort of experimental project but has become an evidence-based, established project on health promotion for older people; it's a well-constructed project of proved effectiveness. The project satisfies the following criteria: evaluation (through the quantification of interventions divided for resort, district, areas of the involved elderly and caregivers); multifacetedness – holistic approach (it faces the problems from different points of view: medical, social, psychological, legal and familiar); sustainability; it involves visible and invisible target groups (mentally ill, disabled, fragile, institutionalized and economically disadvantaged elderly); diversity (it includes elderly with different economic, cultural and social conditions); well-grounded theoretical approach (a detailed socio-economic and health care analysis of some of older people's problems in Region Emilia Romagna); cost effectiveness healthPROelderly – National Report (Italy)

(the improvement of older people's quality of life shows the effectiveness of the project respect to the expense); the project "dementia" within the general project has been carried out up to 2006); innovative strategy (the approach to fragile and sick elderly has turned out to be effective because it has involved all the stakeholders).

The second project was chosen for its innovativeness in health promotion for over-60 people: "The third age and the new technology to improve quality of life" (Case 2: IT-07). The aim of the project is to narrow the digital divide in the elderly, in order to promote their fruition of the National Health Service and facilitate quicker interventions. It scored high on a national basis and has been running since 2002. This project as well is carried out locally and only for elderly at home. The following criteria were satisfied: evaluation (the project involved a new method of organizing and a new permanent structure and involved different subjects and local structures); sustainability (projects prove long-term implementation; social and economic resources are sufficient); older people's voice (feedback, customer satisfaction actions); model involves visible and invisible target groups (the target includes geographically disadvantaged subjects); well-grounded theoretical approach (more than a third of Liguria population is over sixty: it was necessary to include them in the traditional informative flow); cost effectiveness (public financing, involving internal personnel of Region Liguria and of Regional IT Society Datasiel S.p.A); empowerment (the project increases knowledge, independence, and autonomy); it is potentially transferable; consumer satisfaction (interviews); public recognition award; innovative strategy (basic knowledge of IT tools; distribution of a local map and chart to inform about how to use services offered on line in the territory).

The last project – "Old people as a key to learn immigration and to overcome fear. Immigration as a social resource" (Case 3: IT-10) – deals with side-effects of health promotion for older people since it does not focus on health promotion in itself but it contributes to improve elderly's cognitive skills, sociality and quality of life. It's an innovative national project to improve quality of life of over-55 people through intercultural knowledge. Five geographically different local communities were considered. The following criteria were satisfied: evaluation (it has received a positive intermediate evaluation); multifacetedness – holistic approach (it involves social and psychological aspects and aspects relative to psychology, antropology, group conduction experts, and experts of community analysis); sustainability (projects prove long-term implementation; social and economic resources are sufficient); older people's voice (volunteer elderly are working as facilitators); well-grounded theoretical approach (analysis of immigration in Italy: problems, activities of immigrant people; education programmes for local managers and volunteers); cost effectiveness (the project uses public financing and internal –Auser- volunteer personnel); empowerment (project increases knowledge, independence, autonomy); transferability (model for direct social intervention, easy to be transferred elsewhere); innovative strategy (elderly as protagonists: focus on elderly's and citizens' better

quality of life through participative discussion on interpretation of stereotypes and reality).



2 Results of the National Case Studies

2.1 In-depth Analysis of Case 1: Technical report for the definition of health objectives and strategies.

2.1.1 Structure Evaluation Results

The project is aimed at over 65's with the following characteristics:

- elderly and oldest elderly;
- self-sufficient elderly;
- elderly with different levels of non-self-sufficiency, which can range from moderate (related to complex daily tasks) to total non-self-sufficiency;
- elderly living alone;
- institutionalized elderly;
- significantly morbid elderly;
- elderly facing financial difficulties.

“Some years ago now, within the elderly population, a group of subjects called ‘fragile’ was identified. They have a lower homeostatic capacity and consequently run greater risks of contracting diseases and losing their autonomy. These people are the perfect target for a prevention action which is not aimed at young adults and must therefore be planned anew with innovative tools. We can have remarkable health added benefits (towards self-sufficiency) because the intervention is made on a high-risk target group” (Region Emilia Romagna 2001a: 10).

In Italy over-65 population has increased, as well as the risk of dementia, of cognitive disorders and of life-threatening accidental falls. As shown during the World Assembly on Ageing, held in Vienna in 1982, the elderly often suffer from a lower movement potential due to physical handicap or discomfort in using means of transport, and from creeping marginalisation. Thus, they become more and more unable to manage actively their daily lives and lose the chance of getting potential benefits. Besides, they scarcely know the available service networks.

The access to services must necessarily be simplified.

Proper communication should take into account the following requirements:

- being written and well-timed;
- being compatible with local resources;
- the manager must be clearly identifiable and contactable.

Health care organizations must assure continuity in the access to services, since older people and their families are just supposed to receive them.

Moreover, the diagnosis of a disease in elderly people is rarely unidimensional, since it tends to become a more complex and bio-psycho-social problem which is supposed to be tackled from a multidimensional and interdisciplinary perspective.

“From the one hand it is necessary to consider both biomedical and psycho-social criteria; from the other hand it is common knowledge that elderly’s plurimorbidity hides a negative potential which can be avoided. If conditions such as the risk of falls, sight and hearing disorders or social abandonment are not corrected, they trigger a cascade process which can lead to variable levels of disability”. (Region Emilia Romagna 2001a: 12).

As regards cognitive disorders, the relative literature shows that memory training is a useful intervention: “Especially in the elderly living at home, the experimental verification carried out in linguistically and geographically different areas, and validated by Verhaeghen in 1992 (also through metanalysis), shows that memory training is able to improve memory. (Region Emilia Romagna 2001a: 64).

The project is directed towards those environmental, social and cognitive factors, such as improvement of service acces, a preferential and collaborative relationship with the stakeholders’ families, training, which improve elderly’s quality of life.

Dementias are the fourth cause of death for the over 65’s in western countries. The spread of dementias is constantly increasing as a consequence of life lengthening and incidence and prevalence rates, which seems to be connected to age according to epidemiological researches.

Besides cognitive deficits, there are also disorders involving personality, affectivity, ideation and perception, vegetative functions, and behaviour.

Falling is for the elderly the indicator of fragility and at the same time it could become the trigger of an irreversible disability or of death, often in the most vulnerable subjects.

The project involves different settings with high numbers of elderly people: homes, recreation centres, residential care centres. Dementias and cognitive disorders are prevalent in elderly people at home and in residential care centres, while accidental falls are significantly present both in elderly at home and in recreational centres.

The project operates in several social and medical aspects and has therefore involved many structures: Bologna hospital, IRESS – Social and Health Care Service Research and Training Institute, Bologna Union of pensioners, Reggio Emilia Municipality, Ravenna Local Health Unit, Italian Society of General Practitioners, Directorate-General for Social Policies, Region Emilia-Romagna, Reggio Emilia Local Health Unit, Imola Local Health Unit, Rimini Local Health Unit, Forlì Local Health Unit, Bologna Local Health Unit, Dementia Research and Health Care Association, Italian Geriatrics and Gerontology Society, Bologna Local Health Unit, Bologna Municipality.

The professions involved were: politicians, managers, physicians, psychologists, nurses, sociologists, social workers, dieticians, physiotherapists, dental hygiene

technicians, speech therapists, orthoptists, chiropodists, medical radiology technicians, education and psycho-social rehabilitation technicians.

The number of professionals involved in the project was not specified; unquantified volunteer networks were created locally.

The main aims can be summarised as follows:

- gradually modifying elderly's lifestyle in response to their neglecting intellectual activities;
- identifying subjects with higher fragility and correctable fragility;
- creating a health care project aimed at subjects with higher risk of fall and fracture.

Dementia-specific aims are: ensuring correct and timely diagnosis; improving health care and quality of life of demented elderly and of their families; encourage home health care for demented elderly; improving health care and social services for demented subjects; modifying the relation between services, elderly and families in order to help families and other caregivers and enhance the actions of associations; qualifying health care processes within the hospital and especially those wards where demented subjects are more often hospitalized.

The aims relative to cognitive disorders are: implementing Memory Training experiences; modifying elderly's lifestyle.

The fragility-specific aims are: prevention of non-self-sufficiency through timely identification of fragility; decrease in the number of uncorrectable non-self-sufficient elderly.

The aims in fall prevention are: modification of lifestyle in order to increase motor activity; partial recovery of movement ability; consistent fall-rate decrease in elderly and reduction of femur breaks which is the major dependent variable.

The project management is public and publicly financed. Local Health Units managed the available budget. Since the whole project was complex and made up of several sub-projects, it was impossible to obtain the general amount of financing. However, according to the Regional Executive Order n. 2581 (30/12/1999), the budget for the project on dementias was € 2,608,107.34.. Financing access criteria privileged projects involving big areas, local communities and transferable to other areas.

2.1.2 Process Evaluation Results

Target groups were activated by Local Health Units and Regional Hospitals which created training courses and managed contact with the people involved.

As for the project on memory retention, a meeting was organized in order to explain the aims and the course of action of Memory Training (MT). After receiving the necessary information, people were able to volunteer for the MT. The eligible subjects were identified through a short preliminary assessment test which also

allowed to outline what might be changed about the intervention. According to this selection, the definitive programme and its calendar were established (Region Emilia Romagna 2001a: 66-67).

The theoretical base of the project was enhanced by: the creation of a unified service network for elderly; the creation of unified care programmes involving caregivers and professional social workers; coordination between families. For instance, Region Emilia Romagna admits the fundamental role of families in health care processes and state the importance of spreading education and support programs, so that new forms of “Therapeutic alliances” between professional workers and informal caregivers can be established. It is also important that service networks avoid considering families as an “object” which need attention and support and begin reconsidering their “subjectivity” and decisive importance in health care (Region Emilia Romagna 2001a: 46).

Once the weak points of Regional elderly health care were outlined, the following steps were taken:

- facilitating complex procedures to access services;
- creating health care models and communication models for elderly and their families in contrast with main aims and health care model of Law 5/1994;
- speeding up some local initiatives aimed at building service networks and removing those management and decision-making models which are not oriented to central integration;

Thanks to the project a unified service access for elderly was created in all areas.

Both private and public organisations, such as Municipalities, Associations of Mountain Municipalities, Local Health Units, voluntary service associations, social cooperatives, charity and health care associations and bank foundations, presented action plans according to Regional directives.

Various professional teaching modules were carried out.

The following strategies were put in place: support to General Practitioners for patient identification and home care, in concert with dementia consulting centres; creation of a network of dementia consulting centres; diffusion of guidelines for health care general assessment, diagnosis and treatment plans; early assessment, diagnosis and treatment; information about available resources; guarantees of respite care services; learning and training opportunities for informal caregivers; consultancy on health care, legal, social security and psychological matters; incentive to adapt home environment to demented subjects’ requirements; support of families providing care; quality enhancement and adaptation of health care services to demented subjects’ requirements; promotion of learning and training activities for caregivers; support to adapt the concerned places to demented subjects’ requirements; creation of programmes to support and assist demented people’s families; promotion and support to the activity of the associations.

As for the project on memory retention, the first phase was informative, while during the second phase one or more groups were activated, at the same time or in succession. They were groups of 10-12 people which met once or twice a week for at least six weeks. The improvement process was made possible through:

- learning specific techniques to facilitate memory retention;
- become aware of relational components within the group;
- widening of pre-existing social relationships.

The group coordinator was not necessarily a professional in group meetings, but had to study a how-to book and attend a training course and meetings with physicians, psychologists, social workers, rehabilitation therapists, registered nurses (Region Emilia Romagna 2001a: 67).

Differently from the project on fragility, in this case the various professionals (family doctor, geriatrician, social worker and UGV) cooperated and a screening of 75-year-old elderly was made. On the contrary, the project on fall prevention highlighted the indicators to choose the target, found and trained rehabilitation therapists who initially assisted patients at home and continued to check the training process on the phone.

During the execution of the project some relevant changes took place. After monitoring the project state-of-art in July 2001, the creation of some interventions and structures turned out to be behind schedule, though they were updated in six-month time.

Buildings involved were easily accessible for older people. Relatives had to transport the elderly, even though, for elderly in more serious conditions, an ambulance was available. Adaptations for demented subjects were made in 24 Health Care Units. A series of meetings of the stakeholders was planned on an annual base.

2.1.3 Outcome Evaluation Results

In the project on dementias, a data measurement and analysis system was able to monitor:

- the level of implementation of the aims proposed;
- network and health care program use;
- characteristics of people using the network;
- changes in demented people's and their families' requirements.

Region Emilia Romagna elaborated a model form, applicable to the whole network, containing the necessary information about the informative flow, indicators of process implementation and process results. Data measurement took place every 4 months.

The model also considered the following requirements:

- involving General Practitioner, dementia consulting centres, Local Health Units, elderly health care centres and other health care and social services

(home care, recreation centres, residential care centres) in order to follow patients' health care programmes and assess the efficacy of Regional guidelines;

- creating a connection with the hospitalisation database to examine hospitalisation rate;
- monitoring learning and training activities;
- monitoring Municipalities' activity and health care services for older people;
- monitoring the quality process of health care and social service networks.

The idea of monitoring the informative flow was initially experimented in some areas and then extended to the whole Region.

General outcomes: updating courses for General Practitioners (46 training initiatives); creation of 44 centres for demented subjects in 11 cities; diffusion of shared guidelines for the diagnosis evaluation, the therapy and the total plan of assistance; 110 training activities for the relatives involved were created by the Health Care Units; 12 groups of support and/or aid groups created by the Health Care Units; manual distribution for the relatives. A support service for medical, legal, social and psychological problems was activated by 14/42 districts; activation of 8 experimental recreation centres; activation of 8 experimental residential care centres; training of 1028 operators.

In the project for the reduction of fall risks, the results were evaluated through the analysis of data relating to falls, fractures, traumas within the concerned population. The data were taken from hospital and emergency unit discharge records.

General improvement in health care and information services for older people and their families (in recreation centres, residential care centres, service access, etc.) resulted in advantages for both hospitalization rates and familiar assistance. This is also proved by the creation of new hospital beds when elderly with deficiency were previously hospitalized. Life quality improves in these structures.

The sub-project on dementias went on working until 2006.

The general project, which was divided into subprojects (personnel training, prevention of dementia, fragility and accidental fall prevention) improved elderly's health and quality of life. Also their families took advantage of it thanks to the support of institutions, volunteers and specifically trained personnel.

Despite the efforts made by each subject involved in the project, all aims were achieved with different results and the implementation process went on working until 2006 (especially for the project on dementias) as far as the documents available state.

Fall risk prevention is a positive measure for both elderly (towards self-sufficiency) and for the whole community, since it has a very low management cost.

Considering the results obtained it is possible to think that the project could be transferred and even improved elsewhere as long as it is supported by necessary financing.

Tests administered to assess customer satisfaction in some Local Health Units revealed that most elderly felt satisfied with the new services.

2.2 In-depth Analysis of Case 2: The third age and the new technology in order to improve quality of life.

2.2.1 Structure Evaluation Results

The project target involves geographically disadvantaged subjects. The elderly, men and women over 60, are still active, they often have still a job, practise sports, voluntary work and have different hobbies. Acquiring computer know-how could help them avoid isolation, improve their socialisation and access to local health care and social services. The project was advertised so that people interested could volunteer and take part in the project.

As a first theoretical plan, the needs of the people involved were analysed. The demand of ICT applications in Region Liguria was studied in order to consider the project within the general regional policy of e-government and “Information Society”. An important aspect to be taken into account is that more than one third of Liguria population is over 60. The literature claims that *“computer and e-mail are the main means to transfer, store and create communication, since we live in a society based on information and technology. Access to IT is therefore an opportunity to acquire knowledge, education and work and it is more and more important in the way of*

living, working and learning [...]. More than half a million people living in Liguria are over 60 and many of them come from other areas and choose Liguria for its good geographical position and its mild climate” (Pasetti 2005: 3). The whole project is an integrated intervention model to enable older people to take part in the information society. The information reached through technology fight isolation and enable the elderly to have access to social and health care services. The project was carried out in IT classrooms, call centres (specifically created for the project) and in equipped information points throughout the Region. Furthermore, itinerant information desks were set in the whole Region. The activity took place in the IT classrooms (also to encourage socialisation) and online (privately from home or in group in remote access points).

The total cost of the project was 22.330.000 €. All economic resources which were financed and available were used within the project. The personnel involved was already working for Region Liguria and Regional IT Society – Datasiel p.l.c. Regional, national and European institutions financed the project. Most financial resources were used to buy technological devices (Tiberio, S., Interview).

“The actual needs of the elderly were faced. Many of them will now be able to do the shopping online, they will feel less alone thanks to a new social network created in classrooms, in chats, forums and emails. A sort of “customer loyalty” was achieved: users actually wished they could take part in similar activities and say they felt the Public Administration was nearer”. (Pasetti 2005: 13).

The project involved several stakeholders: elderly, Region Liguria, Regional IT Society – Datasiel p.l.c., Union of Pensioners, Training Centres, Sport Centres and Associations, Sport Medicine.

The main aims of the project were: fulfilling concrete interventions to approach the third-age to ICT through specific services; maintaining an active and productive “attitude” in subject otherwise risking isolation; encouraging socialisation also where reaching it is harder for geographical reasons; bridging the gap between the evolution of society and third-age citizens, their family and the environment around them (friends, associated groups, home, local micro-economic, social and health care context, caregivers for non-self-sufficient, etc.). Public administration and half public/half private structures (Region Liguria, Province Liguria, Municipalities, Regional IT Society – Datasiel p.l.c., Union of Pensioners, Training Centres, Sport Centres and Associations, Sport Medicine) were involved in the project. The financing of the project was public.

2.2.2 Process Evaluation Results

The people involved were male and female elderly who got into contact with the project through local advertising; the union of pensioners delivered the application

forms for the IT course. The target group comprised geographically disadvantaged subjects: elderly living in small towns with difficulties of transport to cities.

According to SWOT analysis elderly with disabilities or cognitive deficit are not suitable candidates. Interviews to the teachers, a discussion forum, a freephone were further measures taken to support the project. *“The elderly interviewed declared they got to know it thanks to the advertising programme promoted by the Region. It consisted in numbers of advertising hoardings throughout the city and a successful advertising campaign. A key-role was played by the union of pensioners which sent home the application forms”* (Pasetti 2005: 12).

The theoretical plan behind the project started considering that Italian life expectancy is getting longer and longer thanks to improvements in social and hygienic conditions and to the improvement in medical and scientific knowledge. Nevertheless older people don't use technology and risk isolation. The integrated project was dedicated to this people and helped them achieve an active and productive attitude. The project encouraged socialisation even where it was harder for geographical reasons; it bridged the gap between the evolution of society and third-age citizen, their family and the environment around them (friends, associated groups, home, local micro-economic, social and health care context, caregivers for non-self-sufficient, etc.); it helped the elderly maintain a satisfactory standard of living, which was also guaranteed by the mutual integration naturally existing between older people. The information reached through technology helped the elderly to fight isolation. It enabled them to have access to health care services without any external mediation and enabled the services themselves to intervene promptly. *“As a consequence the elderly were trained and assisted until they got used to technology. The integrated response was a strong literacy action, which was assisted by learning and care methods studied on each individual's education and skills. The result was a group of users able to select and enjoy the online services for their daily life”* (Pasetti 2005: 2).

Once the IT literacy was completed, the services available online were presented to the elderly in order to enable them have a direct access from home or in specifically equipped places (associations, recreation centres, residential care centres, ...). Traditional operators in Public Administration became available online; this means that a new community based on a complete balance between supply and demand for third-age people was created.

The Local Development Service of the Ministry of Economy and Finance, the Department of Innovation and Technology of the Prime Minister's Office and Region Liguria undersigned a Framework Plan Agreement called “Liguria on the web” aiming at developing the Public Administration IT resources.

The supplementary agreement on “Third Age and Welfare in Information Society” completes the project of Region Liguria.

This integration strategy between different structures allowed a continuous relationship with the Ministry of Innovation and Technology and it respected general

trends of national and European elderly-friendly policies. Rapid financing, competences of the Minister's offices, e-government, assistance from the Regional Centres of Competence gave a huge boost to the local efficacy of the project.

Other initiatives, due the success of initial project, will contribute to develop the entire Health Care Regional Chart System that will take into consideration the organizative and technical experiences come out from other Italian Administrations.

The specific intervention in the APQ, has the aim to realize a digital Health Care Chart for elderly of Liguria Region.

2.2.3 Outcome Evaluation Results

The evaluation was qualitative and quantitative and based on the phone calls received by call centres and on the aims actually achieved.

The project implied new management methods, created new permanent structures and involved many subjects and competent regional structures in Learning, Social Service and IT matters. The free phone was an essential channel of communication, though often busy. Most people were satisfied with subjects and methods of the courses (only few of them declared they wished they had had longer courses and more exercise); tutors were able to provide satisfactory information and proper assistance.

It is therefore common opinion that the project brought to higher results than those expected.

Here are some data:

Participants

- 6018 elderly applied for the project
- 4090 elderly took part in the project, in 4 later editions . We have not been able to get information on what happened to the 2000 applicants that applied and did not take part ..
- 2095 in Province of Genoa
- 329 in Province of Imperia
- 295 in Province of La Spezia
- 481 in Province of Savona
- 3485 multimedia stations delivered

Liguria Information Points

- 4 Points opened in Genoa, Imperia, La Spezia and Savona and one in Chiavari
- 45000 people applied to the Information Points

Liguria Mobile Information Point

- It provided information on regional activities and services in about 100 small towns in Liguria
- More than 6000 people applied to Liguria Mobile Information Point

Call Centres

- Two call centres were created: one with a free phone number available and one to provide information on third-age learning
- The latter received about 100 phone calls a day
- 2000 cards delivered to over 60s

The project gave a boost to elderly's quality of life (Customer satisfaction was assessed through a specific questionnaire) through the introduction of ICT in local services provided by Public Administration.

Positive effects on health were both physical and social. Third-age gentle exercise (accessed through smart card identification) improved elderly's health although we do not know exactly how was the improvement

Socialisation in gyms and training centres was measured through a yes/no questionnaire, use of technology help the elderly overcome isolation and improve their quality of life. Besides, the Public Administration was perceived in a nearer and more positive way.

These effects turned out to be sustainable thanks to the consistent cooperation between Region Liguria, Ministry of Innovation and Technology and relative structures. Projects prove long-term implementation; social and economic resources are sufficient. The project can be transferred to other areas in Italy following the same method as Liguria. *"The definition of management and technological features of service card release and identification of the card owner (National Index of Registry Offices according to the Law 26/2001), as well as the role of the National Centre for Demographic Services - Home Affairs Ministry (Ministerial Order of 23 April 2003) are now being discussed at a national and regional level"* (Pasetti 2005: 7). Even though the project target is third-age people, technological features and method development can be extended to other user groups of the project "Liguria on the web", especially for private firms. The experimental project carried out in Liguria is therefore exemplary for both technological features and target groups. Region Liguria developed the project in such a way that it could be available for other local authorities interested in adopting it (p. 4). We don't know if there are examples for other local authorities who have adopted it. Nevertheless it is important to remember that project sustainability and transferability depend on economic financing (many Italian Regions can rely on smaller resources).

The project won "Open Public Administration 2005" Award for widening service accessibility for disabled and socially vulnerable groups. The project aroused great enthusiasm and satisfied all stakeholders. Customer satisfaction was assessed through a specific questionnaire. The teachers involved were interviewed so that they

could express their opinion about the courses. A discussion forum was activated on the e-learning website. Users wished they could take part in other similar activities and said they felt the Public Administration was nearer. They felt they “were taken into consideration” and they wished they could deepen what they learnt. *“The best opinions were expressed for the distance course, its concreteness and usefulness in everyday life. For instance, more than a student recognised the usefulness of planning a visit to a friend living in another city, the possibility of checking on his own train timetables, reserving a hotel room, etc... just as if he was about to leave”* (Pasetti 2005: 12). Another important aspect considered was empowerment. The first consequence is that the elderly were trained and assisted until they got used to technology. The integrated response was a strong literacy action, which was assisted by learning and care methods studied on each individual’s education and skills. The result was a group of users able to select and enjoy the online services for their daily life. That is the reason why the project increased knowledge, independence, and autonomy of older people in their relationship with National Health Service and other social services provided by the Region.

2.3 In-depth Analysis of Case 3: Learning immigration and overcoming fear. Immigration as a social resource

2.3.1 Structure Evaluation Results

This experimental project intends to create information paths through meetings with members of Auser (Service and Solidarity Self-management Association), their families and groups of immigrants. Stereotypes, prejudices and communication problems hinder good relations between older people and immigrants. Getting in touch with one another means organizing a new communication based on comprehension and confrontation so that discomfort and arbitrary behaviours decrease. Besides facing an aspect of immigration, cultural and human meeting helps improve elderly’s quality of life, boost their cultural and relational protagonism, open new horizons and approach them to the state of “living as a foreigner”, which has often been already experienced personally. Target groups are a micro-platform suitable of containing wider categories. According to the interviews, people involved are elderly hardly experiencing relationships with people of a different age, with more educated people, marginalized elderly whose only diversion is TV.

“The project plan imposed the preliminary selection of target groups for the experimentation: a) older people easily influenced by stereotypes, unused to getting informed and discussing about current events. These subjects are not interested in mental, cognitive, expressive activities and usually don’t take part in cultural

initiatives. b) groups of immigrants variously integrated in the community who aim at social integration.” (Lattanzi 2007: 12-13) The project takes into consideration the radical social changes due to immigration and the relative social contradictions: *“inclusion, contrast with social fragility/marginality, attention to community cohesion, quality of life and security/freedom”* (Lattanzi 2006: 8). The elderly are those who have most difficulties in understanding and managing the immigration impact and judging autonomously; they can therefore be more easily influenced by stereotypes and external judgements. Anthropological, psychological and sociological approaches were chosen.

The anthropological approach was used as a theoretical framework during the planning (reference was made to the results of studies on cultural mediation in culturally different contexts). An expert in cultural mediation was involved.

As for the psychological and sociological approaches, some social psychologists were involved in project planning and in group meetings focused on older people and their cognitive development.

More correct and fairer information on the real entity and nature of local events would help fight fear. Giving the chance of understanding things in a different way.

The project is focused on the cognitive and cultural aspects of the relationship between older people and local immigrants. If the elderly don't know immigrants, they tend to become diffident, afraid and contradictory. Socialise with immigrants allows to improve quality of life, reduce anxiety and fear, increase self-confidence and positively influence social harmony. *“The importance of keeping the elderly up-to-date, protagonists of the time they live in, mentally and concretely active people is normally ignored. This marginality causes fear, self-perception weakening, fragility and discomfort feelings that can induce them to reduce new experiences and even personal movement, thought and intervention freedom.”* (Lattanzi 2007: 11-12).

This approach stimulates people to use their own judgement capacity which is a basic health or at least psycho-physical balance component. It helps overcome worries about one's own integrity and weakness facing society. Acquiring this capacity helps self-esteem, control of external events, trust in other people, psycho-physical integrity.

For the selection of five local communities (Treviso, Varese, Sassari, Napoli, Vittoria) various factors were considered: presence of multicultural experiences (actually experienced or only planned for the future); competence in elderly learning programmes; having a relevant position within the territory; adult- or third-age University as a kind of association. The choice also allowed to operate in different geographical contexts (north, south, isles).

“Operating in different geographical contexts allowed to outline different ways of reacting to the project both in its implementation and its results. The areas concerned were: two towns in the north, with high levels of immigration and greater work

opportunities than the rest of Italy; a Sardinian and a Sicilian town which are completely different from each other from the point of view of immigration; a metropolis with a cosmopolitan past, where historical migration characterised its urban features and culture.” (Lattanzi 2007: 15-16).

The institutions involved in the project were: Naples Municipality, San Giorgio a Cremano Municipality (NA), Sassari Municipality, Casier Municipality (TV), Ponzano Veneto Municipality (TV), Arcade Municipality (TV), EdaForum (Florence), Institute for Italian Resistance and Contemporary Society ISTRESCO (TV), Training Association PratiKa (Arezzo), Permanent Local Learning and Training Centre for Adult-age (Varese), National Institute Margherita di Savoia (Naples), Provincial Consult for Immigration – CGIL Trade Union of Treviso, Italian Pensioners Union Local Office of Victoria – Comiso – Acate (Ragusa), CGIL Trade Union - Provincial Office of Vittoria (Ragusa). The following were directly involved in the project: a) at a national level: an expert in multiculturalism, 1 social psychologist, 1 expert in group coordination, an expert in community analysis, two project managers; b) at a local level: managers and volunteers from social promotion centres (sociality and adult-age education), immigrants’ associations, CGIL Trade Unions, CGIL immigrants consult, schools, Auser immigrant information desk, CGIL Italian Pensioner Union, League of Cooperatives (Lega Coop) of Lombardia, social workers of residential care centres, elderly associations, cultural and voluntary associations, municipal elderly recreation centres.

Besides the target group, groups of immigrants were involved. They can be seen as “normal” integrated immigrants, since they have a job, have a normal daily life and are radically integrated in their social context. The project focused mainly on young and middle age population .

Furthermore, 96 older volunteers-facilitators were involved: they had higher intellectual skills and were interested in learning new things about the world around them; they attended recreational centres, adult-age universities where they got in contact with immigrants: some of them even taught Italian language to immigrants. They are older people who maintained a high-level quality of life and helped bridging the gap between target elderly and immigrants (they acted as facilitators).

The main aims of the project were improving elderly’s quality of life and support their perception of security by calling stereotypes into question: improving elderly social protagonism; promoting intercultural meetings between elderly (and their families) and groups of foreigners in order to get in touch with other cultures, values, important issues (such as work, social roles, ways of life, etc.); encouraging the creation of exchange networks between Auser clubs and community of foreigners; transferability of the project to other contexts. *“The objectives of the project aimed at two effects: - strengthening the relation between elderly and immigrants to create new relational paths, social inclusion, multiculturalism. – The potential of extending the project to wider and wider areas and influencing them positively” (Lattanzi 2007: 14).*

Every action is able to affect the territory surrounding the experimentation site. During the interview to the project manager, she revealed a sort of “hidden agenda”: its aim was intensifying the relation with local authorities responsible for social inclusion. This aim was achieved as a secondary result.

The project was co-financed by the Ministry of Social Solidarity (80%). Its total cost was 136.000 euros, less than the available budget (150.000 euros). Auser National Office managed the budget, the experimentation sites were reimbursed for the cost of the activities performed, and nobody was paid since all the people involved were volunteers. The expenses were relative to the organisation of periodical activities, such as: rent of spaces necessary for activities and meetings – food, furnishings and fittings, CDs, paper, musical instruments -, video renting, publication of a book, written in Varese, about the stories of Italian southern emigrants, creation of a DVD, reimbursement for the groups who performed.

2.3.2 Process Evaluation Results

Selection and training of managers and local volunteers, contacts and agreements with local authorities and public institutions, collection of informative material about local immigration took place after the preparatory work and a public presentation was held in each one of the five experimentation sites. The aim was making the project known to as much people as possible. Each site elaborated their own small projects. Meeting initiative, focused on socializing and relationships as knowledge and emancipation instruments, dealt with food, conviviality, music and dance, manual skills, traditional tales, fairy tales, reading activities, films and literature, feasts. The actions had a periodical frequency. Skills acquired by “facilitators” in laboratories were fundamental. *“Facilitators remarkably performed their duties: they contacted people, presented the project, convince older people to take part in it, which had been quite difficult at the very beginning. They could confirm a couple of aspects: - prejudices operate at different levels and can inhibit people ; - a communicative and relational approach may require perseverance but it will hardly be refused”* (Lattanzi 2007: 45).

During the planning phase, the coordinator group and local Auser managers decided to establish the experimentation sites in social promotion centres, usually closed from the point of view of intergenerationality, mainly attended by men, especially in the South. Older women gained some strength in contexts where they experience a double exclusion: they are women in a sexist society and since they are old women they cannot live a social life, according to old customs.

In each site three levels of action were considered: informative (collection and diffusion of information about local immigrants), formative (training and thematic laboratories), planning of aggregating activities. It was possible to overcome prejudices and stereotypes by stimulating confrontation, experience exchange,

acknowledging cultural differences. Planning and implementation activities were shared and this confirms that project tends to improve protagonism and self-fulfilment of people involved (elderly and immigrants). A psychological approach (decrease of fear for 'different' people) and a social approach (promotion of sociality in all of their forms) were therefore adopted. The methodology was participative at any level. *"Improvement in self-perception, increase in personal security, major confidence in relations with the community and new entries are seen as health determinants and we wanted to achieve them in order to improve elderly's living conditions"* (interview to the manager). Active training, direct participation in all micro-project planning phases, sociality allowed to operate on cognitive, relational and social aspects of both elderly and immigrants. This improved social inclusion and quality of life.

Auser and public sites could operate autonomously. Besides, a residential care centre in Varese was involved: it had already created literacy meetings for immigrated women and tutoring services in the care centre for immigrated women's children. Only older people living in this residential care centres were transported to the sites; other older people were able to arrive autonomously thanks the structural accessibility of the buildings.

After the approval and financing of the Ministry for Social Solidarity, Auser clubs and adult- and third-age universities were activated in order to advertise the project properly (public presentations, local press adverts).

The approach chosen aimed at informing and training the volunteers-facilitators, mainly elderly. They were prepared to interact with other elderly and intervene on prejudice and stereotypes opposing dialogue and communication. The following techniques for micro-project planning were adopted: swot analysis, simulations, projections, group thinking. *"The emersion of prejudices, the awareness of being exposed to them, the capacity of recognise and manage them were key laboratory options. [...] This methodology helps active participation, psychological recognition and cognitive recomposition"* (Lattanzi 2007: 33)

The project was totally innovative and experimental in both the paths chosen and in methodologies adopted. Prof. Scortegagna, University of Padua, claimed that this kind of experimental actions are maternal and very suitable for elderly people who are not used to frontal learning but tend to be "taken by the hand" in learning paths.

There were no concrete changes during the implementation of the project, mainly because it was already "flexible" and autonomously managed by each operator.

Small cases of conflict within the groups were tackled and overcome through dialogue and different level of participation in each site did not affect the general and local success of the project. *"Possible difficulties had been taken into account"* – said the project manager – *"Misunderstandings, distrust, fear were overcome thanks to the participating approach of the project. A special difficulty arose in Vittoria, where "old immigrants" (Tunisians) and "new immigrants" (from eastern Europe) compete with each other for farm work. Nevertheless we decided to go on working in that area*

despite that nervous atmosphere. In the north, we worked successfully even where local authorities did not support integration.”

2.3.3 Outcome Evaluation Results

Actions and sites involved were constantly monitored by the national group. The intermediate and final evaluation were qualitative and concerned all experimentation sites. Higher numbers of volunteers-facilitators took part in the project (they were 96 and only 45 had been expected); moreover the quality of their participation turned out to be very high. The number of people involved doubled also according to the increase of actions performed in the different sites. The project went on working in summer thanks to some activities previously planned.

Hundreds of meetings were organized and they did not cost much respect to geographical spread and high numbers of people involved. Financial resources were spent properly respect to the effects. The project revealed excellent cost-effectiveness considering that: actual expenses (136.000,00 euros) turned out to be inferior to the total financing (150.000,00 euros – 80 % of which were provided by the Ministry for Social Solidarity and 20% by Auser); activities took place in every experimentation site and spread also to other areas; the protagonists were in the end much more than expected. Its effectiveness also concerned the interest aroused in trade unions and local authorities. Results were both social – improvement in social relations between elderly and elderly and elderly and immigrants - and relative to mental health – improved by cognitive activities. Elderly's quality of life was globally improved. In Varese: *“In afternoon and evening meetings some elderly from residential care centres actively took part in the activities. That was a rare occasion of contact with the external world. Casalzuigno residential care centre, which had already organized language courses for immigrated women and had been working to improve relation between its customers, both nationals and immigrants, was also involved”* (Lattanzi 2007: 50-51). From the planning point of view, excellent results were achieved: some immigrants became Auser clubs' members or volunteers (for instance, to take care of elderly living alone or non-self-sufficient elderly). A multicultural club was also created. Older women, younger women and immigrant women created some groups and will go on working together (third-world children support, fund-raising, cultural meetings, film and music projections). Elderly, immigrants and women opened their clubs and communities to intergenerational exchange. Prejudice was reduced. The project was successfully fulfilled and showed a great implementation potential. At least four new initiatives demonstrate it: 1) in Treviso a multicultural Auser club was created; it pursues the same aims as the project's; it will work as a boost for other similar local initiatives; 2) Ponzano Veneto Municipality offered Auser club a new site where it can perform better its activities; 3) in Sassari many immigrants decided to become members of Auser club; 4) in

Ponzano Veneto many immigrants (often women) were offered hospitality. (Lattanzi 2007: 56-57).

The model adopted for the project was planned in order to make the project transferable to other contexts. It develops competences, knowledge and relations based on experience, exchange and active listening. Local managers and volunteers were invited to become promoters in near contexts. The National conference held on 9 November 2007 at the end of the project presented informative materials (as a DVD) which will be used to promote the project elsewhere. Project transferability has already been shown by Third-age University of Acropoli. The initiative of Ponzano Veneto Municipality, which offered Auser club a new site where it can perform better its activities, is a public acknowledgment made by the major authority of a town where foreigners rarely managed to integrate themselves. A similar event took place in Busto Arstizio. The Interviews contained in the DVDs show the satisfaction of the people involved: elderly people got fun, told their experiences, met new people, they lived moving and happy moments. Some examples: an older woman said: *“It was a pleasure meeting these people. I had always heard of them but I had never approached them. Once you meet them you could even get fascinated”*; an elderly man said: *“This is a good idea and it came from elderly people who experienced the sufferings of emigration”*.

The project participants were always the focus of the project: their experiences were emphasised; they were lead through a path in which they were able to manage the cognitive process, acquire more awareness of the inner meaning of difference and sustain the conflict.

3 Conclusions

3.1 Recommendations for Successful Health Promotion for Older People

The projects described are very different from the point of view of structure, process, results, problems faced, intervention context and resources. However, all of them promote interventions on elderly's health determinants.

Being elderly presents complex and multidimensional aspects, different bio-psycho-social values which need an interdisciplinary approach and the building of a local network which takes into account elderly's real needs. Diseases as well must be tackled from different points of view: medical, social, psychological, legal and familiar. It is therefore necessary that intervention projects work in a multiprofessional and multidisciplinary way and allow a global view of the problems.

Marginalisation is another aspect to be considered because it makes the elderly less active in their daily life and also far from potential benefits. Moreover they scarcely know the available local service networks. It is impossible for an older person to get in contact with services if he is not properly helped. A possible solution is creating a single and visible access and a number of specific paths. Technological literacy training is another useful instrument. It improves the access to local, social and health care services, promotes socialisation and decrease discomfort and isolation.

The privileged setting is the elderly's home, to enable him keep satisfactory quality of life. It is fundamental to support houses and structures where elderly live.

It is important to identify elderly with high levels of fragility, but also healthy elderly who risk social discomfort; in any case, all kinds of intervention must aim at changing inactive (also intellectually) life-styles. Cases 2 and 3 follow this orientation. The first project aims at fulfilling health promotion respect to some pathologies and to people with high levels of fall risk and fracture risk.

Teaching and training programmes for operators, formal and informal caregivers and elderly turn out to be very useful. As for elderly training, it must be supported by information campaigns and a participative methodology.

In the project of Region Emilia Romagna, focused on disease-related matters, promotion and diffusion of guidelines on evaluation and diagnosis, therapy and implementation health care programmes, timely evaluation, diagnosis and management, support of family care, promotion and support to association activities were rather important.

Empowerment should always be present in elderly-related questions: making them aware and protagonist of their health and their social life turned out to be the key element to achieve project aims. Shared planning and cognitive-relational training were very efficient in Case 3.

Promoting intergenerationality and cultural exchange (immigrants in Case 3) through direct relations and group activities must not be underestimated.

Half-public/half-private financing seems to be the best management solution.

3.2 Specific Recommendations for Project Aims

Considering that not only disease-related interventions determine health, the best practice in the projects described promote health as a whole, acting at a social and cultural level.

Even though the projects – especially Case 3 – were adopted in geographically, economically and socially different areas of Italy, they turned out to be efficient everywhere, since they were planned in such a manner that they can be adapted to different contexts. The word ‘context’ is referred to as ‘specific local are’ (with peculiar territorial, cultural, social and health care aspects) where active and potentially active elderly can participate to the project planning phases.

Sustainability, transferability and flexibility should be considered from the very first moment while planning the project.

Nevertheless, sustainability of some projects strongly depends on the presence of volunteers from public and private associations which allow to decrease the total cost.

The creation of a unified service network with a single access point, health care paths with caregivers and professional social workers, involvement of elderly’s families are key elements for health promotion.

Improving quality of life and social inclusion are crucial aims besides actions focused on medical and health care actions: through active training, direct participation and sociality it is possible to intervene on cognitive, relational and social aspects and improve elderly’s empowerment.

A recommendation should be proposed after analysing Italian projects: genre differences and invisible groups should be more taken into account. As for elderly women, especially in the South, they live a double exclusion (as women and as elderly women) connected with old traditional customs. People belonging to ethnically minor communities, such as gipsy communities and also elderly immigrants were not involved in the projects. About this aspects we have to remark that immigrants’ average age in Italy is quite low and the specific problem of elderly immigrants will be faced only in the future.

4 References

2001. *REORGANISATION OF CARE AND CHARITY PUBLIC INSTITUTIONS, ACCORDING TO ARTICLE 10 OF LAW OF 8 NOVEMBER 2000, N. 328*. Legislative Decree 207/2001. From <http://www.governo.it/servizi/provvedimenti/dettaglio.asp?d=9269>.
- Andolfi, M. (2003). *CULTURAL MEDIATION. BETWEEN STRANGER AND FAMILIAR*. Milan: Angeli.
- AUSER-RisorsAnziani, (2007). *ELDERLY TO LEARN IMMIGRATION AND OVERCOME FEAR. IMMIGRATION AS A SOCIAL RESOURCE (DVD)*. Lucca: Reset Produzioni.
- Chiari, P., Mosci, D., Naldi, E. (2006). *EFFECTIVENESS-BASED NURSING. OPERATIVE GUIDE*. Milan: Mc Graw-Hill.
- Department for Social Policies – Immigration – Youth Project – International cooperation, (2004). *REGIONAL COMMUNITY ACTION PLAN. A SOCIETY FOR EVERY AGE: AGING POPULATION AND DEVELOPMENT PROSPECTIVES*. Bologna: Region Emilia Romagna
- Lattanzi M. (2006), *PROJECT “ELDERLY TO LEARN IMMIGRATION AND OVERCOME FEAR. IMMIGRATION AS A SOCIAL RESOURCE”*. Rome: typescript
- Lattanzi M. (2007), *A GOOD MIXTURE. PEOPLE, MEETINGS, PROJECTS*. Rome: AUSER-RisorsAnziani.
- LoBiondo-Wood, G., & Haber, J., (1997). *NURSING RESEARCH METHODS* (Sansoni, J., Ed. italian edition). Milan: Mc Graw-Hill.
- Nieminen, H., & Sansoni, J., (1998). *NURSING QUALITATIVE AND QUANTITATIVE RESEARCH. NURSING PROFESSIONS*, 51 (1), 19-24.
- Pasetti, L. (2005). *PROJECT: “YOU USE THE OLD COMPUTER!”: THIRD AGE AND NEW TECHNOLOGY TO IMPROVE QUALITY OF LIFE*. Genoa: typescript and for internal use only
- Region Emilia Romagna, (1994). *ELDERLY PROTECTION AND VALORISATION – INTERVENTION FOR NON-SELF-SUFFICIENT ELDERLY*. Regional Law 5/1994. From <http://crrbd.regione.emilia-romagna.it/Demetra/urn.htm?urn:nir:regione.emilia.romagna:legge:1994-02-03;5>.
- Region Emilia Romagna, (1999a). *DIRECTIVE ON CRITERIA, METHODS AND PROCEDURES FOR CONTRIBUTIONS TO FAMILIES SUPPORTING NON-SELF-SUFFICIENT ELDERLY IN THEIR CONTEXT*. Regional Executive Order 1377/1999. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2003&numero=924>.
- Region Emilia Romagna, (1999b). *ADJUSTMENT OF THE INSTRUMENTS CONTAINED IN REGIONAL LAW 5/94 TO IMPLEMENT THE REGIONAL HEALTH PLAN, WITH A SPECIAL REFERENCE TO SIMPLIFICATION OF*

SERVICE ACCESS AND RELATION WITH CITIZENS. Regional Executive Order 1379/1999. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=1999&numero=1379>.

Region Emilia Romagna, (1999c). *DIRECTIVE FOR THE INTEGRATION OF SOCIAL AND HEALTH CARE SERVICES FOR NON-SELF-SUFFICIENT ELDERLY ASSISTED ACCORDING TO ARTICLE 20 – REGIONAL LAW N. 5/94.* Regional Executive Order 1378/1999. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=1999&numero=1378>.

Region Emilia Romagna, (1999d). *REGIONAL PROJECT FOR DEMENTIAS: REGIONAL GUIDELINES APPROVAL AND FIRST IMPLEMENTATION ACTIONS. LOCAL HEALTH UNIT FINANCING.* Regional Executive Order 2581/1999. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=1999&numero=2581>.

Region Emilia Romagna, (1999e). *HOME CARE REORGANISATION CRITERIA.* Regional Executive Order 124/1999. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=1999&numero=124>.

Region Emilia Romagna, (1999f). *DIRECTOR-GENERAL OF SOCIAL POLICIES: APPROVAL OF CRITERIA AND PROCEDURES RELATIVE TO NON-SELF-SUFFICIENT ELDERLY LIVING IN RESIDENTIAL CARE CENTRES – ACCORDING TO REGIONAL EXECUTIVE ORDER 1378/99. MANAGERIAL ORDER 7108/99.* From <http://sin90srv.regione.emilia-romagna.it/cgi-bin/db2www.exe/bur/burtext/bur?anno=1999&numbol=109&prog=4&ffit=>.

Region Emilia Romagna, (2001a). *ELDERLY. TECHNICAL REPORT FOR THE DEFINITION OF HEALTH AIMS AND STRATEGIES.* Bologna: CDS Local Health Units of Bologna and Ravenna

Region Emilia Romagna, (2001b). *PROGRESS REPORT OF REGIONAL PROJECT ON DEMENTIAS. DECEMBER 2001.* From <http://www.emiliaromagnasociale.it/wcm/emiliaromagnasociale/home/anziani/demenze/appfondimenti/avanzamento/relazione2001/relazione2001andamentoprogettodemenze.pdf>.

Region Emilia Romagna, (2001c). *INTEGRATIONS AND CHANGES IN REGIONAL EXECUTIVE ORDER OF 26/7/99, N. 1378.* Regional Executive Order 2723/2001. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2001&numero=2723>.

Region Emilia Romagna, (2001d). *CONTRIBUTION TO PROVINCES FOR THE CREATION AND PROMOTION OF THIRD-AGE UNIVERSITY ACTIVITIES. FINANCIAL YEAR 2001.* Regional Executive Order 2264/2001 LR 3/99, art. 206. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2001&numero=2264>.

Region Emilia Romagna, (2001e) *INTEGRATIONS AND CHANGES IN REGIONAL EXECUTIVE ORDER OF 26 JULY 1999, N. 1378.* Regional Executive Order 601/2001. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2001&numero=601>.

Region Emilia Romagna, (2002). *PROGRESS REPORT OF REGIONAL PROJECT ON DEMENTIAS. DECEMBER 2002*. From <http://www.emiliaromagnasociale.it/wcm/emiliaromagnasociale/home/anziani/demenze/approfondimenti/avanzamento/relazione2002/relazione2002andamentoprogettodemenze.pdf>.

Region Emilia Romagna, (2003a). *PROGRESS REPORT OF REGIONAL PROJECT ON DEMENTIAS. DECEMBER 2003*. From <http://www.emiliaromagnasociale.it/wcm/emiliaromagnasociale/home/anziani/demenze/approfondimenti/avanzamento/relazione2003/relazione2003andamentoprogettodemenze.pdf>.

Region Emilia Romagna, (2003b). *INTEGRATIONS AND CHANGES IN REGIONAL EXECUTIVE ORDER N. 1378/1999*. Regional Executive Order 183/2003. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2003&numero=183>.

Region Emilia Romagna, (2003c). *TRAINING PATH TO SUPPORT QUALIFIED PRIVATE HOME CARE*. Regional Executive Order 924/2003. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2003&numero=924>

Region Emilia Romagna, (2004a). *PROGRESS REPORT OF REGIONAL PROJECT ON DEMENTIAS. DECEMBER 2004*. From http://www.emiliaromagnasociale.it/wcm/emiliaromagnasociale/home/anziani/demenze/approfondimenti/avanzamento/relazione2004/relazioneprogettoregionaledemenze_anno2004.pdf.

Region Emilia Romagna, (2004b). *INTEGRATIONS AND CHANGES IN REGIONAL EXECUTIVE ORDER N. 1378/99. INDICATIONS FOR YEAR 2004*. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2004&numero=377>.

Region Emilia Romagna, (2005a). *PROGRESS REPORT OF REGIONAL PROJECT ON DEMENTIAS. DECEMBER 2005*. From http://www.emiliaromagnasociale.it/wcm/emiliaromagnasociale/home/anziani/demenze/approfondimenti/avanzamento/relazione2005/relazioneprogettoregionaledemenze_anno2005.pdf.

Region Emilia Romagna, (2005b). *INTEGRATIONS AND CHANGES IN REGIONAL EXECUTIVE ORDER N. 1378/99. INDICATIONS FOR YEAR 2005*. Regional Executive Order 139/2005. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2005&numero=139>.

Region Emilia Romagna, (2006). *INTEGRATIONS AND CHANGES IN REGIONAL EXECUTIVE ORDERS N.RI 1377/99 E 1378/99. INDICATIONS FOR YEAR 2006*. Regional Executive Order 378/2006. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2006&numero=378>.

Region Liguria, (2004). *“YOU USE THE OLD COMPUTER!”: THIRD AND NEW TECHNOLOGY TO IMPROVE QUALITY OF LIFE*. From

[http://www.regione.liguria.it/MenuSezione.asp?Parametri=1_1_29_\\$1_1_29_\\$Programmazione\\$0\\$](http://www.regione.liguria.it/MenuSezione.asp?Parametri=1_1_29_$1_1_29_$Programmazione0)

Regional Executive Order 377/2004. From <http://www390.regione.emilia-romagna.it/webatti/at01w51s?tipo=N&anno=2004&numero=377>

Sansoni J, Pavone R., (2006). THE OUTCOME OF CATARACT OPERATION: WHAT CAREGIVERS FEEL. SOME EXPERIENCES: AN ATTEMPT TO CREATE A MODEL., *Professioni Infermieristiche*, 4, 203-213.

Sansoni J., (2004). HEALTH PROMOTING HOSPITAL: HEALTH PROMOTING HOSPITALS, *Professioni Infermieristiche* 57 (1), 56:59.

Sansoni J., Vellone E. Piras G., (2004). ANXIETY AND DEPRESSION IN COMMUNITY DWELLING ITALIAN ALZHEIMER'S DISEASE CAREGIVERS, *International Journal of Nursing Practice*, 10, 93-100.

Sansoni, J., (1998). *COMPETENCE. NURSING PROFESSIONS*, 51 (3), 25-40.

Vario M, Sansoni J., (2000). THE CAREGIVERS OF ALZHEIMER DISEASE (AD) THWE PROFILES OF RIDDE SACRIFICE, *Professioni Infermieristiche* 53 (4)208:12.

Vellone E., Piras G., Sansoni J., (2002). STRESS, ANXIETY AND DEPRESSION IN CAREGIVERS OF ALZHEIMER'S PATIENTS., *Annali Igiene*,14, 223-232

Vellone E., Sansoni J., Zichi Cohen M., (2002). THE EXPERIENCE OF ITALIANS CARING FAMILY MEMBERS WITH ALZHEIMER'S DISEASE, *Journal of Nursing Scholarship*, 4th quarter, 323-330

Vellone, E., & Sciuto, M., (2001). *BIBLIOGRAPHIC RESEARCH. APPLICATIONS IN NURSING AND HEALTH CARE SCIENCES*. Milan: Mc Graw-Hill.

Yu-Tung, L. (2000). Creativity or novelty? Cognitive-computational versus social-cultural. *Design Studies*, 21 (3), 261-276.