



Evidence-based Guidelines on Health
Promotion for Older People:

Social determinants, Inequality and
Sustainability

National Evaluation Report – Spain

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1 The Evaluated Health Promotion Cases for Older People

1.1 National Selection Procedure

Project evaluation and selection:

Health promotion consists of providing people with the necessary resources to both improve their health and exercise a greater control over it. It is seen as the overall sum of actions taken by the local population, the health services and authorities and other social and economic sectors, to develop better individual and collective living conditions. It is therefore a positive concept that sees health as a state of complete physical, mental and social well-being (WHO, 1986) that requires a multidimensional approach.

According to the 1986 World Health Organisation's Ottawa Charter, health promotion involves drawing up a public health policy, creating a favourable environment that contributes to the development of a healthy society, supporting community action, developing personal skills and abilities, and finally, redirecting the health services.

Starting from this framework of reference, the existing literature on health promotion in our country had to be revised. Two main difficulties were observed. The first concerns access to information regarding the experiments carried out so far on a national level. This is due to the fact that available documentation is scarce, and that which does exist, does not contain the methodology adopted, nor an evaluation of the effectiveness of the intervention. The second difficulty encountered is that many programmes are connected to preventing illness, with particular emphasis being placed on individual changes to healthy behaviour. As a result, there were very few programmes focused on health promotion in which the measures taken took into consideration all the health determinants (lifestyle, healthcare system, environment and human biology).

In order to select the 3 projects, the following phases were adhered to:

- 1) **Defining the criteria:** The selection criteria agreed upon took into account conceptualisation of the individual, i.e. selection was seen from a holistic point of view that considered the person's relationship with their environment and their integration with their way of life. Similarly, the project objectives needed to be aimed at promoting personal autonomy and empowerment. In executing the project, a range of local authorities and bodies needed to be involved in order to increase efficiency and to boost access to and dissemination of information. Local community involvement and developing the aims of the projects in different scenarios was a further requirement. Finally, the innovative aspect of the experiments was looked at.
 - 2) **Obtaining information about the projects:** From the sixty documents initially looked at, just 14 projects were selected, as in some cases the information provided was incomplete. To carry out the final selection we looked for information that would complement that which we already had access to and would provide points of debate for the final discussion and, finally, we interviewed four people for the selected projects and one person for the Committee of Experts in Health Promotion. The open interviews carried out lasted from 10 to 35 minutes. In some cases, we phoned the interviewees afterwards in order to clarify certain information concerning the projects or analyse in depth the theoretical aspects of health promotion.
- Individual selection by each expert:** Each expert analysed all the projects based on the agreed criteria and performed an initial selection, explaining his/her reasons.

- 3) **Discussion and final selection:** The experts met and performed the final selection using the nominal group technique in order to achieve maximum consensus and to achieve a clear idea of the group's decision.
- 4) **Methods:** The methods used to select the projects that we analysed in depth consisted on narrowing these projects down based on, first of all, the exclusion criterion, and, then, the inclusion criterion according to the data-base of the healthPROelderly health promotion projects. Likewise, we analysed the strengths of each one of the projects in order to choose those that showed the highest degree of (a) examples of good practices of health promotion and (b) real capability of obtaining enough information to carry out their analysis.

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

Case 1: Programme of Health Prevention and Promotion Activities (PAPPS)

This program belongs to the EUROPREV European project and is applied nationwide. Since it was first developed in the eighties, this Programme has aimed to introduce certain recommendations on disease prevention and health promotion in the activities of primary health professionals. Such recommendations are developed by a group of ad hoc experts who periodically review them based on the existing scientific evidence and the results obtained by its implementation in the different health centres.

The recommendation catalogue covers all age groups and several health conditions on whose determining factors the program aims to intervene. With regard to the group of people over 65, the PAPPS counts on a series of recommendations that range from health prevention and promotion actions in concrete health conditions to the promotion of the participation by family members and users in the need to promote safe environments for the elderly, covering the intervention in the determining factors of cognitive deterioration and nutrition habits' related matters as well.

Nowadays, the PAPPS integrates approximately 700 Health Centres located along all the Autonomous Communities nationwide. These centres are in charge of implementing the recommendations and assessing their results, taking into account the close relationship that there is between health professionals and their patients.

Case 2: Programme for the promotion of healthy ageing

The Programme is part of the Centro ANÍMA- Care Unit for the Elderly. The centre is located in the city of Pamplona (Navarre) and houses all the Red Cross projects aimed at older people. The centre is structured around two main areas of intervention. The first of these deals with dependency care, focusing on people in a situation of dependency and on providing support for the main carer. While the second area looks at promoting healthy ageing by encouraging the personal, cultural and social development of older people, as well as solidarity.

This current report looks at the *Area of promoting healthy ageing* which consists of the following Preventative Memory Workshop projects: Boost your memory, Hold on to your memories and Poetas Solidarios (Solidarity Poets).

The *Preventative Memory Workshop* project offers three 20-hour workshops. The "Hold on to your Memories", "Boost your Memory" and "Keep your Mind Active" workshops are all aimed at stimulating the memory.

The *Poetas Soidarios* (Solidarity Poets) project offers a creative writing workshop, publication of the "Ahora/Orain" magazine and literary gatherings. The creative writing workshop provides participants with guidelines on how to express their experiences and feelings through literature. Their stories are then published in the "Orain" magazine. The literary gatherings promote participants' expression and communication skills through reading and reflection.

Case 3: Technical Aids Service for self-sufficiency and adapting to one's environment

This is a home-care project that has been developed in Barcelona over the past nine years. Its aim is to improve and maintain the level of autonomy of people aged 65 and over who have problems performing every day activities by offering them professional advice and installing technical aids.

Home visits are performed during which the older person's state of health, level of dependency and environment are evaluated. Once this evaluation has taken place, on the one hand, the person will be informed and advised on the changes necessary to their living arrangements. These will either involve the installation of small technical aids or the reorganisation of their living space to minimise the risk of falls. While on the other hand, advice will be given on how to go about every day activities in such a way as to encourage autonomy and/or to improve the carer's job.

2 Results of the National Case Studies

2.1 In-depth Analysis of Case 1: Programme of Health Prevention and Promotion Activities

2.1.1 Structure Evaluation Results

1 – What is the target population? Why were these users selected? How were they accessed?

The target population of the PAPPS (Programme of Health Prevention and Promotion Activities – abbreviation in Spanish) project potentially covers all the users of primary attention centres. The project's design and contents themselves determine that it is precisely in these centres where the recommendations must be communicated to the population, which allows us to approach practically all of the people that go to these Health Centres and therefore to carry out the corresponding health prevention and promotion actions.

According to the programme's design and implementation, this project develops a series of recommendations that are communicated to all of the users of Primary Attention Centres and it provides more accurate recommendations to those users who suffer from a certain kind of disease or have a certain medical profile.

The sets of recommendations that the centres developing the PAPPS provide their patients with are given to three different age groups: patients under 14 – who are told about the Childhood Subprogram; teenage patients – who are told about the Mental Health Subprogram; and adult patients, who are told both about the mental Health and Health Promotion and Prevention Programmes.

Regarding the latter, taking into account the existence of certain more common diseases, the sets address matters related to, on the one hand, high blood pressure, nicotine poisoning and alcoholism and, on the other hand, mental health-related problems and diseases.

Likewise, there are concrete recommendations given to patients over 65 that regard medication, accidents, promotion of physical exercise and reduction of risks at home.

Likewise, the Primary Attention Centres constitute themselves a part of the target population, since both the capability and difficulties to successfully communicate the health prevention and promotion recommendations are assessed on site. That is why the PAPPS assesses both how successful the communication of the recommendations has been and what needs to be improved in these centres in order to achieve a better efficiency in the provision and application of such recommendations.

2 – What is the theoretical approach of the project?

The PAPPS is part of the EUROPREV, a European project that aims to create a network of health professionals interested in the health promotion and disease prevention areas. Therefore, in a second

stage, we aim to develop an important group of scientific evidence-based recommendations in order to communicate them in general terms in the medical practice environment.

PAPPS experts develop and update the recommendations for disease prevention and health promotion according to the results obtained in the evaluations. Actually, this development and update process derive both from an accurate review of the existing literature by the experts and from the outcome of the evaluations applied to the project. Therefore, the recommendations are shaped according to the scientific evidence existing at the moment and the possibilities that each centre has to access it, so that these recommendations are more and more efficient every time.

According to the existing literature, the project dates back to 1986. Developed as an answer to a suggestion made by the PENSA laboratory, the conceptual structure of the PAPPS was established by considering the Protocol on Preventive Activities developed by the Unit of Family and Community Medicine of Barcelona as its main source.

Such protocol was developed with an outline similar to the one created by the Canadian Task Force in 1978 and by the United States Task Force in 1984. The conceptual structure was created by a work group integrated by professionals from the Educational Unit of Barcelona, the Catalan Society of Family and Community Medicine and the Municipal Institute of Public Health of Barcelona.

3 – Which health determinants does it aim to address?

The PAPPS addresses several health determinants. With regard to the sets of recommendations addressed to the adult population, the determinants on which they focus are, among others, the following:

- Determining factors affecting high blood pressure cases
- Alcoholism and nicotine poisoning
- Support to relatives of elderly people who suffer from the loss of their psychophysical functions
- Support to patients who have lost a relative or friend
- Preparation for retirement and the usual retirement-related problems
- Preparation for frequent change of residence by elderly people
- Identification of the determining factors that take part in anxiety and / or depression disorders
- Identification of factors favourable for suicide
- Elements that represent a risk in a elderly person's immediate surroundings
- Encouragement and promotion of physical activity and exercise
- Determining factors in cognitive deterioration

Taking into account how many elderly people feel close to the doctors that treat them, one of the objectives of the PAPPS is to integrate all of these elements in the group of tasks to be developed by the Primary Health Staff.

4 – In what locations was the project developed? Why were they chosen?

The project is developed in Primary Attention Centres nationwide. The participation of a Centre in the programme depends on the decision of the centre itself and it implies that such centre complies with those commitments and conditions established by the Programme. Therefore, the centre proves to

have enough resources in order to (a) adequately communicate the PAPPS recommendations and (b) have the capability to assess the results of the provision of such recommendations.

Nowadays, 687 Health Centres spread along all the Autonomous Communities nationwide belong to the PAPPS centre network and, therefore, carry out all of the actions considered in the project.

5 – Which people are involved in the project? Why have they been chosen?

The PAPPS Programme is implemented by the Spanish Society of Family and Community Medicine (SemFYC –abbreviation in Spanish). As stated before, this Programme is part of the EUROPREV European Project (which integrates a network of professionals) and it involves every single one of the centres that take part in it, since they are in charge of communicating the prevention and promotion recommendations to the corresponding users.

The PAPPS structure is determined by the scope and extension that the project aims to, taking into account that the Primary Health Centres are the most favourable locations because they are the ones in which it is easier to intervene in order to favour disease prevention and health promotion. As stated by the semFYC: "95% of the people visit their Health Centre at least once every three or four years". With regard to the healthPROelderly project: these health centres allow us the possibility to carry out preventive and health promotion actions that are accessible for practically all the segments of the population over 65 that attend one of the centres which participate in the Programme.

6 – What are the project objectives?

One of the main objectives of the PAPPS is to integrate the activities and recommendations on disease prevention and health promotion deriving from the Programme in all the tasks carried out by the primary Health Staff in their corresponding Health Centres.

Such objective implies the following targets:

- To detect the difficulties generated by the project's implementation and identify how much personnel and infrastructure is necessary to put it into practice.
- To generate periodic recommendations on priorities and preventive methods based on scientific evidence, morbid mortality rates, available resources and the results deriving from the assessment of the preventive activities carried out by the primary health staff.
- Promote the education and investigation on prevention in Primary Health Centres, by carrying out specific projects related to the programme.

Finally, the objective is to improve the assistance quality of Primary Health Centres nationwide.

The constant improvement of the assistance provided in Health Centres is determined by the results of the evaluations carried out periodically both in each one of the centres as in the program as a whole.

7 – What is the organisational structure and expected distribution?

The PAPPS is coordinated by the "Coordination Body", which integrates responsible officers from each Autonomous Community, work group coordinators, a member of the semFYC permanent assembly, a representative of the Ministry of Health and Consumption and other people involved in the PAPPS activities.

Among the duties of this body, besides the coordination of all the activities carried out by the centres, are the ones to plan the collaboration with other entities, to find financing sources, to manage the programme's own resources, to assess the results and create a documental fund of all the literature that arises from PAPPS implementation, among others.

There are two representatives per Autonomous Community who are responsible for each one of the Primary Attention Teams and are in charge of dealing with issues related to the Public Administrations of their corresponding Communities.

The PAPPS working groups are integrated by a small number of professionals that are responsible for reviewing and updating the recommendations contained in the programme. Likewise, they address their recommendations to the Public Administrations and other scientific societies. There are the following working groups:

- Prevention of cardiovascular diseases.
- Prevention of cancer.
- Prevention of infectious diseases.
- Health education and health promotion.
- Prevention of mental health disorders.
- Health prevention and promotion amongst children and teenagers.
- Prevention amongst the elderly.
- Prevention amongst women.
- Assessment.

2.1.2 Process Evaluation Results

8 – How did the target population become involved and how did it participate?

Whenever a centre takes part into the PAPPS it commits itself to communicate the recommendations developed by the group of PAPPS experts through the work of its professional staff. In this way, the elderly people get involved in actions destined to prevent diseases and promote health as they are Health Centre users. Actually, the users of the project do not take personal part in it, but the PAPPS implies the complementation of common medical actions with the contents of the Programme.

9 – How was the theoretical focus implemented within the project?

As stated before, the recommendations proposed by the PAPPS are developed by experts in this matter. Likewise, these recommendations are based on scientific evidence, since they derive from an exhaustive bibliographic revision and the treatment of the data produced by the Programme's evaluation. Therefore, their implementation implies communicating the most updated recommendations to the Primary Health Centres.

10 – How did you intervene in the health determinants across the course of the project?

With regard to the intervention amongst elderly people in situation of risk and/or vulnerability, the PAPPS determines that the most suitable intervention consists on focusing the activity of primary health professionals on the early detection of functional loss, since this is a determinant that is extensively present in situations of vulnerability, exclusion and isolation. According to the literature read, in these cases it is important to intervene in the presence of predictive factors of subsequent deterioration (recent hospitalization, cognitive deterioration, lack of support networks, etc.).

Other determining elements in the health and fragility of elderly people that the PAPPS intends to intervene are nutrition, safety of the elderly, cognitive deterioration, physical malfunctions, adequate use of medication, and physical activity.

The programme establishes how suitable it is to apply certain clinical practices over all of them by evaluating them in cost/efficiency terms.

Matters such as personal advice on nutrition, periodical weight control and malnutrition determinants' control are the strategies used in this case.

The way in which the programme intervenes in the determining factors that lead to the raise of insecurities in the environment is by promoting physical exercise and counselling elderly people, relatives and carers on the creation of safe environments. Then, the actions destined to influence in the determining factors implied in the different dementias consist on making the clinical staff alert to symptoms of dementia alarm and behaviour disorders so as to encourage them to carry out tests and evaluations of any possible deterioration.

11 – How was the location made accessible during the course of the project?

Since the Primary Attention Centres are the places where the target population of this programme is directly contacted, this implies that they are fully accessible places.

According to the Spanish legal system, these Health Centres must include the least possible number of architectural barriers, so that they are accessible for any kind of person with any difficulty, problem or any other kind of handicap whatsoever.

Since there is an important number of centres present in all the Autonomous Communities nationwide, their accessibility degree can vary, as each Autonomous Community is entitled to legally establish accessibility standards for their public centres.

12 – How did you engage and develop the participation of the various agencies involved?

Since we consider the semFYC and the health centre network as intervening agents in the PAPPS and the PAPPS “is widely known by primary health professionals”, it is relatively easy for any interested centre to take part in the project.

Therefore, an agreement must be reached by all the professionals of each centre in order to communicate the programme's recommendations and carry out the evaluation actions established.

Taking into account the growing number of centres which belong to the PAPPS network, we understand that the quality of its proposal, its efficiency in terms of achievements on health prevention and promotion, so as its interest in providing a better service to all citizens, constitute elements or factors that encourage the participation and incorporation of the agents represented by the Health Centres.

13 – Which strategies and methods were used and how were they used? It is described in previous sections

The participation in the PAPPS programme has always been voluntary and, in the beginning, the programme started to work with those centres that were interested in it. Once that every single Health Centre appointed a person responsible for the programme, a network of investigating Health Centres was created under the condition that they met the minimum requirements needed to implement clinical records. Likewise, every Autonomous Community appointed a person responsible both for recruiting people in charge in Health Centres and for giving out information, activating the programme, and so on.

As stated before, the people in charge in the autonomous communities belong to the Coordination Body which celebrates periodical meetings in order to deal with both recommendation and organization-related topics.

14 – Were there changes during the project? How were unexpected issues resolved?

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2.1.3 Outcome Evaluation Results

15 – What type of evaluation was carried out and what were the outcomes?

The PAPPS implementation comprises several assessment activities.

The recommendations contained in the intervention sets are assessed every two years. Such assessment focuses on how these recommendations are actually implemented in primary health centres so as on how effective they are. Such kind of assessment successfully manages to positively modify the recommendations. Likewise, such assessment process achieves to positively modify the conduct, patterns and risks levels for the users that attend primary health services.

This evaluation aims to find out to which extent the activities and recommendations are carried out by the health centres which take part in the programme so as to analyse certain factors related to the structure and organization of these partner centres.

Therefore, one of the cornerstones of the evaluation lies on finding out the real possibilities that the Primary Health Centres have to implement these recommendations successfully. Several important conclusions have been drawn from the assessment on matters related to the capability of the centres

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to act effectively in health prevention and promotion activities which actually influence on how the Centres work:

- The degree of implementation of these activities can be improved. The implementation of combined strategies destined to prevent disease and promote health has a long way to go in Spain both in quantity and quality terms.
- The obvious lack of time by health professionals to devote to each of the patients that go to their centres exerts a decisive influence on the extent to which the users carry out the activities and recommendations that they were provided with.

Likewise, the assessment reached some very interesting conclusions on the recommendations and actions addressed to the elderly population. According to this evaluation, there is not enough evidence to recommend the application of a global systematic geriatric assessment among the elderly population in Primary Health Centres. Such conclusion is determined by the cost efficiency relationship. In fact, taking into account that the elderly people that attend these centres enjoy from, in general terms, good health, the results demonstrate how such global assessment would not be effective in Primary Health Centres due to the time required to carry it out, the need to count on trained personnel and the fact that it is more convenient to diagnose and apply the recommendations that correspond to each one of the different users.

16 – What was the outcome in terms of cost effectiveness?

The cost implied by the application of the PPPHA is measured in terms of time consumption. The centres that take part into the programme do not experience an increase of costs in the performance of their duties, even though these are completed with the implementation of the PPPHA. However, these centres experience a higher time consumption caused by the longer time that is given to every patient, which, in any case, would result in a cost assumed by the centre itself.

The effectiveness of this intervention, if compared to its costs, results in a high ratio of the users' health improvement, an increase in the existing literature and written theory on health promotion and an increase of the efficiency of the interventions by the primary health professionals.

17 – What health outcomes have been achieved?

18 – How were sustainable outcomes achieved?

The PAPPS sustainability appears to be obvious if its implementation, that dates back to twenty years ago, is taken into account. Likewise, the number of centres that participate in the programme is constantly growing, which sheds light on the interest and benefits conveyed by the PPPHA.

Therefore, the cost/effectiveness relationship turns out to be positive, which results in the sustainability and extension of the project both in geographic and thematic terms.

19 – Which outcomes are transferable?

In order to refer to the PAPPS, we need to point out, once again, that this programme is implemented in Health Centres nationwide. Likewise, the PAPPS belongs to a project at European level which comprises its actions and strategies to prevent disease and promote health.

Therefore, the programme is implemented in different places with different perceptions and strategies for managing public health and health centres. With regard to the programme's transferability, we conclude that the constant improvement of the recommendations to prevent disease and promote health prevention leads them to be applied in primary health centres regardless of the place or context in which these are located.

Since the Spanish Health System is highly homogeneous in the different regions, we believe that the PAPPS is highly transferable as well.

Therefore, the efficiency and effectiveness of the work carried out in the primary health doctors' offices are conditioned by factors inherent to each of the centres, even though there is always a framework for the application of the PAPPS. However, the evaluations established for the programme determine that certain elements lead to a higher effectiveness in the work with the patients, so not only the transferability of the programme is possible, but also the transferability of those organization and structural factors in Health Centres that lead to the highest degree of effectiveness of the programme.

20 – What public recognition has it achieved? Has the project been awarded any prizes?

21 – What outcomes have been achieved in terms of user satisfaction?

Due to the increasing number of people who are subject to the PAPPS actions, the assessment of user satisfaction is not feasible. Such user satisfaction can be determined based on the general satisfaction with the Health System and the service provided by primary health system doctors, but the PAPPS does not carry out such evaluation due to the high cost that it would incur in.

22 – Have older people been empowered? In what way?

According to the literature read and the recommendations of the PAPPS, disease prevention and health promotion activities are increasingly based on giving advice and providing users with the necessary health education in order to achieve conduct changes especially amongst those users that represent a risk both in individual as in collective terms.

2.2 In-depth Analysis of Case 2 Programme for the promotion of healthy ageing

2.2.1 Structure Evaluation Results

1 – What is the target population? Why were these users selected? How were they accessed?

The Programme is aimed at people aged 55 and over who live in the "Comunidad Floral" of Navarre. The initiative was founded in 1988 thanks to the work of the Cruz Navarra voluntary group and a technical team who recognised the need to project both a positive and active image of older people and to facilitate their personal development and social integration.

Population identification is performed jointly by social services and organisations linked to older people.

2 – What is the theoretical approach of the project?

The programme situates itself within current theories on satisfactory and active ageing.

Satisfactory ageing allows older people to be autonomous and independent in their day-to-day lives and to actively participate in decision-making on matters that affect them.

According to the World Health Organisation, active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life for older people. The concept relates to the participation of older people in the economic, cultural and social life of their community.

And also to Community Promotion, which views the local area as the best environment from where to generate the appropriate changes and adjustments needed to improve quality of life and strengthen community ties.

The programme adheres to the Gerontology Plan for Navarre (Plan Gerontológico de Navarra), which seeks "to promote the autonomy of older people, offering them the means to develop their potential and to curb involuntal processes".

3 – Which health determinants does it aim to address?

The Centro Anima+ believes it is fundamental to address *behavioural, biological and social determinants*.

It addresses *behavioural determinants* by getting people into the habit of reading and performing mental exercises as a way of encouraging them to remain active and involved in their cultural and social environment.

As regards *biological determinants*, work is done with people over 55 looking at gender issues crossing all activities. Anyone can take part in the activities, irrespective of their physical well-being and state of health.

With regards to *social determinants*, the focus is on individuals' involvement in the community and on finding ways to extend their social networks. Personal freedom in terms of expressing thoughts and emotions is also encouraged, as is decision-making. The empowerment of personal values such as *cultural assets is also emphasised*.

4 – In what locations was the project developed? Why were they chosen?

The programme is being carried out throughout the Navarre Comunidad Floral, although most of the population live in the city of Pamplona, due to its proximity to the Red Cross Centre that coordinates the project and due to its larger concentration of inhabitants.

5 – Which people are involved in the project? Why have they been chosen?

Both the public and private bodies, which directly or indirectly work with older people and/or dependents, are involved in advertising and financing the project, as well as allocating spaces. These bodies are:

- The Navarre Government's Health and Treasury Departments. They cofinance the preventative memory workshops.
- Pamplona City Council, Social Services Sector. They cofinance Poetas Solidarios and the publication of the Ahora/Orain magazine, as well as advertising the programme.
- VODAFONE that cofinances the preventative workshops.
- Gerontological Centres: Amma Argaray, Amma Mutilva, Amma Oblatas. Allocation of spaces to hold literary gatherings.
- Psychogeriatric Centres: El Mirador and El Vergel. Allocation of spaces to hold literary gatherings.
- Media outlets: Canal 6, ETB2, Diario de Navarra, Diario de Noticias. They advertise the programme.
- Navarre Red Cross. Programme headquarters that carries out programme coordination and advertising activities.

6 – What are the project objectives?

The aims of the programme for the promotion of Healthy Ageing are:

1. To promote the personal development and social involvement of older people.
2. To promote social recognition of older people.
3. To strengthen older people's social networks and to encourage solidarity in the neighbourhood.
4. To detect new realities or issues that could give rise to research and intervention projects.

7 – What is the organisational structure and expected distribution?

The programme is run by a coordinating team made up of a coordinator and three trainers. Volunteers are also involved. They act as carers in each of the projects that make up the Programme for the Promotion of Healthy Ageing.

The programme received funding of €68,835 for 2007 with 54% of this going to memory workshops and the other 46% allocated to Poetas Solidarios.

Funding for the memory workshops is provided by the Navarre Government's Health and Treasury Departments, Pamplona City Council and VODAFONE. Funding for Poetas Solidarios comes from the Social Services Sector and through publication of the Ahora /Orain magazines. The Navarre Red Cross contributes financially to both projects.

2.2.2 Process Evaluation Results

8 – How did the target population become involved and how did it participate?

Information about the project was given to the various regional administrations and bodies that are involved with older people and the media. The aim of this was to involve these entities in advertising the project, allocating spaces and offering other forms of collaboration.

To encourage older people to take part, the project was advertised in areas frequented by older persons. The media also carried out a massive broadcasting campaign. Those interested can sign up freely to the activities on offer.

9 – How was the theoretical focus implemented within the project?

To implement the concept of *satisfactory ageing* autonomy is promoted by empowering older people to make decisions and gain more confidence in themselves. That is, the aim of all the projects is for people to freely express their thoughts and opinions and to feel secure in their day-to-day lives as they are able to use strategies to analyse and retain information.

With regards to *active ageing*, the participation of older people in all aspects of setting up the project, from the planning stages through to evaluation, is strongly encouraged. They should not be seen as passive agents. Instead the whole project should be designed by and for older people.

Community Promotion has been implemented through strengthening social networks and including dependent persons that see the local area as the best place from which to generate appropriate and adequate changes that will improve quality of life and good neighbourliness.

Finally, it is also worth noting that the programme is set within the context of the Gerontology Plan for Navarre which seeks to “*to promote the autonomy of older people, offering them the means to develop their potential and to curb involuntional processes*”.

10 – How did you intervene in the health determinants across the course of the project?

Behavioural determinants were established by instilling new habits that involved exercising the memory and learning new ways to improve the memory function of retention and evocation. Reading was also encouraged as a way for people to remain active and involved in their social and cultural environment. Another important aspect that was focused on was to improve and preserve older people's skills through both memory exercises and active participation in the workshops on offer (with the older people deciding on the content of the magazines, the texts to be edited, the drive of the literary meetings, etc.) The idea behind this being that in this way the person gains greater confidence in him/herself.

Similarly, attempts were made to change the way in which older people are viewed by highlighting the productive and positive side of older people through their literary creations. This change in attitudes and beliefs has a bearing on changes in behaviour towards this age group.

To establish *biological determinants*, work was done with people aged 55 and over, looking at all the projects from a gender-based perspective. Changes were made to the way in which the content and format of the projects were advertised, as well as to the locations used for the project, to ensure that the information on offer was easily accessible to both men and women. The times of the activities were also adjusted so that both men and women could attend. Therefore time slots in which women might be performing roles traditionally associated with their gender (e.g. mealtimes) were avoided.

Finally, *social determinants* were worked on by strengthening the participation of individuals in the community through the publication of their literary works in which they express their thoughts and emotions. In this way the personal values of each person, both as an individual and as part of a group, is highlighted. It also encourages social networks to be widened through working and collaborating with other people, both young and old.

11 – How was the location made accessible during the course of the project?

Easy access to information about the programme was made available through advertising and awareness campaigns. Official bodies, media outlets and volunteers were responsible for advertising.

Easy access to activities was provided by selecting centres that did not present any physical barriers, and by offering an especially adapted transport service, officially approved by the Pamplona City Council, for dependent persons.

12 – How did you engage and develop the participation of the various agencies involved?

The volunteers, together with the technical personnel of the Navarre Red Cross, designed the programme for the Promotion of Healthy Ageing. This was then put forward to various invitations to tender for public and private funding. Once funding was obtained, coordination meetings were agreed upon in order to get the programme up and running and to set out the roles and responsibilities of each official body.

In conjunction with this, advertising was carried out in organisations dealing with older people and a few media outlets were involved.

13 – Which strategies and methods were used and how were they used?

The coordination experts agreed a schedule of informative meetings with the various official bodies involved. These meetings were used to agree upon areas of joint work and to draw up work procedures in order to clarify the role and responsibilities of each body, as well as turnaround times.

14 – Were there changes during the project? How were unexpected issues resolved?

An annual evaluation of each of the Programme's projects was carried out and depending on the outcomes of these evaluations, various relevant changes were made.

Up until now improvements have been made to the memory workshops as they were in high demand and strongly recommended by participants. This involved increasing the number of workshops on offer and setting up two levels: the memory workshop and the advanced memory workshop for people who had already completed the first workshop. Both workshops last 20 hours.

2.2.3 Outcome Evaluation Results

15 – What type of evaluation was carried out and what were the outcomes?

An on-going evaluation was carried out to ensure that goals were achieved and that the overall management of the project was adhered to. In order to do that, quantitative indicators were defined that will be measured using questionnaires and management indicators.

The general indicators for the programme are:

- ◆ Following-up goals and staying on top of planned actions.

- ◆ The annual budget and quarterly economic projections.

The specific indicators for each project are:

Preventative memory workshops.

- ◆ The number of people interested in the activity, the number of people signed up and the number of people taking part must be recorded.
- ◆ Evaluation of the different aspects of the training activity: prior available information, content development, coordination, competency of the trainers, infrastructures and level of satisfaction.

The project has been brought in line with the budgetary forecast and results obtained in 2007. It should be noted that 230 people showed an interest in the preventative memory workshops and 146 people eventually signed up to the activity. 20% of participants were men compared to 80% of women. 39.01% fell within the 55 to 65 age group, 45.89% within the 65 to 75 age group and 24.19% were older than 75.

The evaluation questionnaires used a 5-point Likert scale method and were filled in by 132 people. The average score obtained was 4.68 out of 5, with workshop planning, trainer competency and overall satisfaction with the workshops each receiving a score of 4.8. The lowest score of 4.62 was awarded to evaluating the useful and practical aspects of that learnt.

In terms of the number of workshops run, 100% goal fulfilment was achieved. Workshops were run in the towns of Pamplona, Tudela, Azagra, Mérida, Sangüesa, Monreal, Tafalla and Anzué. Out of these, only 3 were level two workshops.

Poetas Solidarios, the indicators analysed are:

Writing workshops:

- ◆ Number of older people over 55 interested in the activity.
- ◆ Number of people that have participated in the activity
- ◆ Activity evaluation:
 - Perception of the activity's usefulness
 - Evaluation of the trainer
 - Evaluation of the spaces where the workshop was held
 - Perception of the Social Usefulness of the activity (The group)
 - Overall evaluation of the course

Two 24-hour workshops were run in 2007. 37 people showed an interest in the workshop and 100% of these signed up for the course. The activity evaluation was carried out using a 5-point Likert scale questionnaire. The average scores were: 4.14 for the trainer's explanations; 4.21 for the presentations; 4.09 for the information provided; 3.90 for the material. The overall score was 4.14.

The Ahora/Orain Magazine

- ◆ Number of poems published/received.
- ◆ Number of poems published by volunteers.
- ◆ Number of poems published by external collaborators.

- ◆ Number of magazines distributed in Gerontological Centres.

Two magazines were published on a quarterly basis and a total of 3,000 copies were distributed to various care homes, centres for the elderly, health and sociocultural centres.

Of the literature published, 26 texts were offerings from people who had attended the creative workshop workshop, while 36 of the texts were the work of external collaborators. Text editing, in terms of form and format, was performed by 13 Red Cross volunteers.

Literary gatherings

- ◆ Number of volunteers participating in the Red Cross literary gatherings.
- ◆ Number of volunteers participating in literary gatherings outside the Centres.
- ◆ Average number of residents participating in the Centres' literary gatherings.

The literary gatherings were based on reading and discussing literary texts. Two literary gatherings were held a month with an average attendance of 14.7 people and the collaboration of 14 older volunteers.

16 – What was the outcome in terms of cost effectiveness?

The programme's cost-effectiveness has not been evaluated. What is striking is that the administrations funding the projects prioritise the project's social benefit and its ability to encourage citizen participation and to provide activities aimed at preventing decreasing cognitive abilities.

17 – What health outcomes have been achieved?

The impact on health has not been objectively evaluated, but subjectively those people who took part in the memory workshops feel that the content and exercises looked at have been both practical and useful. We can infer from this that they were able to use the workshops to improve certain aspects of their memory retention and evocation abilities.

With regards to the benefits reported by the Poetas Solidarios project, these have not been evaluated but it has been noted that a strong support network has been set up among participants.

18 – How were sustainable outcomes achieved?

The cost involved in publishing two annual editions of the magazine has been decreased thanks to the generous help of many sectors of the population that helped with the magazine layout, distribution and presentation.

19 – Which outcomes are transferable?

Both the memory and the Poetas Solidarios workshops can be transferred to any community or location. However, in the case of the memory workshops one would have to study the characteristics of the population in which you wished to set it up, in order to ascertain if it would be useful to run a preventative workshop of this type in areas inhabited by younger people.

20 – What public recognition has it achieved? Has the project been awarded any prizes?

In the year 2000, one of the activities designed within this project, the AHORA Poetas Solidarios, received a prize for the best innovative project on a national level by the Red Cross and Mutua Pelayo, for caring for the older population in its twin objectives of prevention and care, using literature.

In the year 2005 it was chosen as good practice in social intervention by "the Luís Vives Foundation for "bringing together the methodology of a workshop within a discussion group, which results in a wide range of possibilities for the users."

21 – What outcomes have been achieved in terms of user satisfaction?

According to data obtained from the evaluation questionnaires, it has been generally noted that there is a high level of user satisfaction with the service. The average satisfaction score is 4.43 out of 5.

In the observations section, users claim to be very satisfied with the organised activities, providing very positive feedback on the content of the activities and the complementary support services for older persons.

22 – Have older people been empowered? In what way?

The volunteers and users of the activities are provided with tools that enable them to use techniques to evoke memories and exercise the memory. Similarly, they are also given techniques to improve communication and facilitate their ability to express their needs, worries, feelings and to take decisions.

2.3 In-depth Analysis of Case 3: Technical Help Service for personal autonomy and adapting one's surroundings.

2.3.1 Structure Evaluation Results

1 – What is the target population? Why were those users chosen? How were they accessed?

The service's target population are people aged over 65 who have difficulties carrying out everyday activities and who are on low incomes.

It is carried out in all the social service centres within the Barcelona region that are aware of older people with difficulties carrying out everyday activities, thus limiting their ability to do so and/or creating dependency on third parties. This situation was also having direct repercussions on their carers as if it continued for a significant amount of time they were becoming physically and mentally overloaded. This state of affairs was made worse by the lack of social support resources in the home environment as only people with recognised disabilities were given significant technical help (lifts, beds, etc.). This meant that elderly people formed an ever-increasing group that remained unknown.

2 – What is the project's theoretical focus?

This project is based on the model of human occupation and the general theory of Burke and Kielhofner (Hopkins H. 1998), which conceptualises the individual as an open system “*that evolves and undergoes different types of growth, development and change through on-going interaction with the external environment*” (Hopkins H. 1998).

3 – Which health determinates does it aim to address?

It is thought fundamental to address the *behavioural, biological and social determinants*, which are:

Behavioural determinants or healthy lifestyles:

- Promoting physical activity: Technical aids are made readily available so that the older person can continue to perform activities, thus minimising dependency on third parties. Particular importance is placed on the person's ability to improve their mobility, movements and performance of everyday activities such as cooking, shopping, etc.
- Preventing illness: The various types of technical aids available serve to diminish risk factors (sedentary lifestyle, immobility) and thus minimise the onset of illness. On the one hand, because of technical aids that facilitate lifting, the person and his/her carers can carry out actions in a more comfortable and ergonomic way, thus avoiding bad posture that can lead to more chronic types of illnesses (back and joint pain, etc.) or to complications caused by falls. On the other hand, technical aids that facilitate mobility allow the person to walk and exercise (e.g. going for walks) which contributes to preventing or controlling illnesses (hypertension, diabetes, etc.). There are also technical aids the aim of which is to protect the skin thus reducing the risk of infection and ulcers. Finally, technical aids that facilitate personal hygiene and the ability to perform everyday tasks promote wellbeing and improve the person's self-esteem.

Particular importance is also placed on environmental determinants:

- The project stresses the importance of one's environment and of making it safer. Through a consultancy process clients are informed about situations of risk that they may encounter and are given advice on how to avoid them, for example accidents that may be caused by furniture

or ornaments obstructing walkways. Clients are informed about which technical aids they need in order to avoid injury and improve safety so that they can continue to carry out activities in their immediate and nearby environment, both individually and as part of a group.

Finally, social determinants are influenced in the following way:

- Adapting the environment means that people can continue to maintain relationships with the community thus preventing or avoiding social exclusion.
- The project is aimed at economically disadvantaged older people who do not have the necessary economic means to buy and receive advice on technical aids.

4 – In which areas has the project been developed? Why were they chosen?

It is a home care project aimed at people aged 65 or more who live in the Barcelona region and is carried out in more than 100 municipalities.

All the municipalities of the Barcelona region can benefit from this help as it is subsidised by local government.

5 – Who are involved in the project? And why them?

- ♦ **Ministry of Labour and Social Affairs.** This was the first body to offer a subsidy to help people who require technical help. It contributes to a part of the cost of the service in a selection of municipalities.
- ♦ **Barcelona Provincial Council.** This body provides 100% of the economic help needed to pay for the cost of the service in the Barcelona region.
- ♦ **Barcelona City Council.** It enables part of the cost of the service in the city of Barcelona to be met.
- ♦ **Fundació La Caixa.** It provides part of the cost of the service in a selection of municipalities.
- ♦ **Social Services of the various town councils.** They are responsible for identifying people that require technical help.
- ♦ **Red Cross.** It oversees the management of the entire service.

6 – What are the project's aims?

The aims are based on promoting the health of both users and their carers. The aims are:

For the elderly person:

- To prevent the onset of illness:
 - ♦ To prevent falls.
 - ♦ To prevent skin injuries.
 - ♦ To encourage healthy pursuits in order to prevent illnesses related to a sedentary lifestyle.
- To improve safety in the home environment
- To maintain, improve and/or recuperate the maximum level of autonomy in everyday activities.
 - ♦ To compensate for the functional deficit of the person with a disability.
 - ♦ To evaluate the functional deficit.
 - ♦ To propose the most suitable changes to the environment on a case by case basis.

For the carer:

- To facilitate the carer's task of care and supervision.
 - ♦ To provide facilitating tools to help support or carry out their everyday activities.
 - ♦ To facilitate the performance of caring tasks of the elderly person.
 - ♦ To advise on preventative measures to avoid injuries and the onset of illnesses related to the caring role.

- To give support to administrations and local bodies in the development of home care programmes.

7 – What are the organisational structure and the budgetary distribution?

With regard to the coordination set up between the different members involved in the project, the management coordinator is the person who coordinates with the various bodies and centres that manage the actual activity in each municipality. The management coordinator is the person who liaises with the occupational therapist and the municipal entity that is carrying out the request. Finally, the occupational therapist is the person who carries out the home care.

Human resources:

- ♦ 1 Management coordinator of the Barcelona region responsible for coordinating all the service's activities.
- ♦ 1 Follow-up coordinator responsible for each municipality or area where a demand exists.
- ♦ 5 Occupational Therapists distributed among the region's main areas responsible for carrying out the evaluation, providing advice and installing the material.
- ♦ Follow-up volunteers. Carry out telephone surveys regarding satisfaction with the service.

Economic resources: these are assumed in their entirety by each administration or bank.

2.3.2 Process Evaluation Results

8 – How did the target population become involved and how did it participate?

The social workers of social services centres are responsible for making users aware that they need a service of environmental adaptations and technical help. It is also their responsibility to explain to users in what this service consists.

Once the case has been identified, the occupational therapist visits the home and proposes to the elderly person and to his/her family the technical help that would enable him/her to perform everyday and leisure activities. They explain the pros and cons and reach an agreement as to which services they will provide or install.

9 – How was the theoretical focus implemented within the project?

When evaluating the person's state of health, the various levels of analysis proposed by Reed and Sanderson are taken into account, as well as the WHO's conceptualisation of health in which not only physical health is important, but also mental and social health. In this way, in the evaluation and prescription of technical help the following considerations are taken into account:

- ♦ Functional and cognitive ability. This is the main determinant of the type of technical help required.

- ♦ The hobbies or activities that are important to the person, with the aim of promoting a continued and active practice of these. For example, magnifying glasses to enable the person to continue reading, special kitchen knives so that they can carry on cooking, walking aids so that they can go for walks, etc.
- ♦ The surroundings in which they live (family, area or community environment). The environment, in many cases, determines the type of materials required to accommodate the person's dysfunction.
- ♦ The person's autonomy, that is to say the elderly person's ability to decide and their input is always taken into consideration when choosing the most suitable materials.

10 – How were health determinants established during the course of the project?

During the evaluation carried out by the occupational therapist, questions were asked and evaluations made on the following issues:

- Functional and cognitive abilities using the *Barthel Index* (Baztán, 1993) that measures the activities of daily living and the *Pfeffer Scale Functional Activities Questionnaire (FAQ)* (Baztán, 1993) that measures activities instrumental of daily living.

11 – How was the location made accessible throughout the course of the project?

The project takes place in the elderly person's home as the main objective is "to adapt the environment to the person's needs".

12 – How did you engage and develop the participation of the various agencies involved?

This is a service that has been running for nine years now. At the start, talks had to be held with the administering bodies to explain how the project worked, its objectives and who it was aimed at. Nowadays, the city councils' social workers are fully aware of its existence and periodic meetings are held with the administering bodies to coordinate cases that may require a further type of intervention and to inform them of needs that have been identified in the population.

13 – What strategies and methods were used and how?

The involvement of the administering bodies was achieved by presenting the project, which was based on an analysis of the social context. It was noted that, despite the existing social need, no organisation or body was providing technical help to improve the living conditions of elderly people and/or of their carers.

The social service centres were encouraged to become involved in identifying cases. To do that they were informed about the type of service on offer and what sector of the population it was aimed at.

Periodically, coordination meetings are held with the various agencies involved.

14 – Were there changes during the project? How were deviations resolved? :

During the development of the project, improvements had to be introduced due to the growing demand. These consisted of:

- ♦ Establishing ratios for municipalities. The regional demand had to be balanced. This was achieved by establishing a set number of requests per number of inhabitants.
- ♦ Reducing the cost of the material. Due to the high cost of some technical help, it was agreed that materials for mobility that did not come into direct contact with delicate areas

of the skin could be reused. In this way it was possible to set up a bank of technical help materials.

2.3.3 Outcome Evaluation Results

15 – What type of evaluation has been carried out and what were the results obtained?

An on-going evaluation is carried out to ensure that both objectives are achieved and established procedures implemented. This is done through management panels and reports. On the one hand, activity indicators, levels of satisfaction and the costs of the service are collected. While on the other hand, other more qualitative indicators such as comments and/or evaluations obtained from user satisfaction surveys and coordination meetings are considered.

The quantitative indicators refer to:

- ♦ The annual budget and quarterly economic projections.
- ♦ The number of evaluation visits and/or consultations.
- ♦ The number of installation and training visits.
- ♦ The typology of suggested adaptations and technical help installed.
- ♦ The number of formative activities.
- ♦ The number of volunteers that take part in the Project.
- ♦ The number of coordinations (meetings, interviews...).
- ♦ The cost for the user.
- ♦ The time needed to manage the service: distribution of regional leaflets, programming visits, closing cases.
- ♦ The number and type of incidences.
- ♦ Social data for research purposes (age, sex, test results...).

16 – What was the result in terms of cost-effectiveness?

The cost is assumed in its entirety by the administering bodies, with the average cost per person being around €200.

The cost-effectiveness relationship has not been evaluated given that effectiveness was prioritised over cost when setting up the project. This was due to the fact that a sector of the population can not afford to pay for technical help. Despite this, there is a growing interest on the part of the administering bodies to promote the banks of technical help as this is a way to reduce the overall cost of the service.

17 – What impact on health was achieved?

Although the impact on health has not been objectively evaluated, it has been looked at in a more subjective way through questions asked regarding the usefulness of the service received and user satisfaction. The level of "Yes, they use technical help" and "Yes, they are satisfied" indicates that users have incorporated the use of technical help into their daily lives and therefore, it must be effective.

18 – How were sustainable outcomes achieved?

Economically speaking this service is not particularly sustainable given that the material used in the majority of cases is used for just one person and once this person no longer has any need for it, it cannot be reused. In spite of this, some sustainability has been achieved with the technical help materials that can be reused.

19 – Which outcomes are transferable?

The transferable outcomes are home evaluation and training advice on how to use the materials and adapt one's environment. It has been identified that it is both necessary and important to carry out a personalised home and advice evaluation service, given that some people have technical help materials but do not use them due to lack of information or because they are unsuitable.

20 – What type of public recognition has been obtained? Has the project been awarded any prizes?

It has not been awarded any prizes or received any public recognition as an overall project, although the town council of a municipality (La Llagosta) awarded first prize in 2006 to the Technical Help Bank initiative.

21 – What outcomes have been achieved in terms of user satisfaction? How was the satisfaction of older people achieved?

The data on satisfaction is obtained from questionnaires completed by the users. This shows that more than half of the people interviewed are very satisfied with the service and that almost a third are quite satisfied. Almost all of those interviewed believe that the help installed in their homes is very or quite useful. In general, you can see that the users are extremely satisfied with the service.

22 – Has it empowered the elderly? In what way?

It enables people to carry out everyday activities by themselves or with minimum help from third parties, meaning that people feel more able to take on these tasks and can continue holding meaningful relationships with the people around them, thus improving their self-esteem.

3 Conclusions

3.1 Recommendations for Successful Health Promotion for Older People

There are three key aspects that must be taken into account in order to implement a health promotion project with satisfactory results: structure, process and results.

Structure

“There is confusion in some documents and projects between health promotion and health prevention” (Núria Codern Bové).

To develop and implement programs and projects aimed at health promotion there must be a political and social framework which drives this type of interventions, seeing “ageing” as something which is an achievement rather than a burden for society. In this respect, it is important that governments and administering bodies define politics and programs based on a deep understanding and knowledge of the population in order to satisfy their needs.

It is also necessary to establish the means for financing which guarantees the setting up and functioning of initiatives aimed at promoting health in our society. In addition, the Quality Systems in the services provided must meet the criteria established by social and health laws.

Finally, in order for these actions to allow for the development of the elderly person and the community, the programmes must be defined taking as reference the satisfactory and active ageing, as a guarantee for promoting personal autonomy and empowerment.

Process

“Professionals must know and be trained on project development through the active and participative methodology” (Núria Codern Bové, Interview 4).

The active and participative methodology should be used during the definition and implementation of services and actions aimed at the promotion of gerontology health. The process should promote and value the involvement and empowerment of the older people and close networks, such as the family, the empowerment of the elderly, the community and other players.

For this purpose, an educational initiative aimed at training the involved individuals and bodies must be developed taking into account both the acquisition of specific knowledge on ageing, as well as the skills, competencies and commitment for appropriate and effective health management.

Also required are mechanisms for evaluating the development of initiatives, their quality and impact, taking into account aspects such the usefulness of the initiative, its effectiveness and the satisfaction of those involved. Despite this, the evaluation of social projects in Spain is scarce and unfortunately, interesting projects had to be rejected during the creation of this document due to the lack of evaluation. This should be considered as a challenge for the future.

“It is important to address it comprehensively. To have influence on the lifestyles is not enough for promoting health” (Núria Codern Bové)

Other important aspects which should be taken into account refer to the development of the initiatives with an interdisciplinary approach. Thus, the involvement of the various administrative bodies, services and local bodies must be ensured as a means to guarantee a holistic viewpoint and global care of the individual.

Results

“It is important to review the projects in order to adapt them to the needs of the population and to the relevant changing context. Likewise, the social impact of the projects, as well as the evaluation indicators, must be reviewed” (Idoia Urmeneta Varona). The assessment and analysis of the results for promoting health must also consider both environmental and personal factors to analyse the impact

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of the initiatives. The results should value not only the health of older people but, also the usefulness, efficiency, satisfaction and involvement as well as the development of the initiatives and their impact and effectiveness.

The first aspect to mention is the environment, from both a physical and social objective. Physical adaptation to the environment allows for older people to live at home with full independence. The social impact may strengthen the social networks and reduce, for instance, problems of loneliness.

Another key aspect is to reduce the social inequalities due to age, sex, territory and origin using the users' selection criteria. The empowerment of the elderly, together with integral approaches, encourages the reduction of inequalities.

3.2 Specific Recommendations for Project Aims

Why are these projects so successful?

On the one hand these projects are based on the promotion of involvement and autonomy of older people, on the understanding that they are active individuals. On the other hand, they are also based on the support of various bodies which contribute to the projects' advertising, financing and interdisciplinary nature. Lastly, they are based on the analysis and review of the aims set and the implementation of improvements.

What is the best way to promote health for older people in each project?

The success of the first project of the Programme for Preventive Measures and Health Promotion is based on the network of administrative bodies taking part and promoting health promotion. These bodies are accessible to the population as viewed in the analysis, since practically all the population uses them at some point in their lifetime.

The second project, Programme for the Promotion of Healthy Ageing, is based on the involvement and decision-making by older people and the tangible achievement of the results, as well as the participants' efforts.

In the third project, *the Technical Aids Service for self-sufficiency and adapting to one's environment*, the assessment of environmental adaptations to prevent falls and promote mobility, as well as the promotion of autonomy to carry out everyday activities, are the driving force behind Health Promotion. This project also takes into consideration the non-professional carers as well as the conditions of the environment.

These three projects have the support of several entities and administering bodies that promote the implementation and advertisement of health promotion projects.

What recommendations can you extrapolate from the three case studies?

The first recommendation would be to reach an agreement as to the definition and meaning of health promotion and healthy ageing within the cultural and economic context. In relation to the ageing concept, the beliefs and perception towards older people must be addressed through media initiatives

in order to view ageing as an achievement rather than a burden. In this regard, awareness campaigns must be driven against the stereotyped image (and self-image) of the elderly who should be viewed as people who contribute, make decisions, and who live among us. The positive aspects of the ageing concept must be linked to more proactive actions as opposed to those which are based on needs and deficiencies.

A second recommendation would be to apply a clear and well-defined methodology to project configuration with the aim of anticipating any possible deviations and implement the required improvements. Likewise, clear and measurable objectives must be defined and project evaluation standardised and generalised. The evaluation must include the results, as well as the process and transferability to other areas. The aims must be financially and structurally sustainable for long periods of time which means the involvement of various regional administrations and bodies. In overall terms, the involvement of older people is a key aspect in the setting up of projects based on the needs and concerns of the collective.

The population targeted by the projects is the third aspect to be taken into account. The selection criteria should include a set of variables, such as origin, age, sex and territory, as well as social markers (education level, unfavoured social classes, economic level, etc.) as otherwise their exclusion might lead to health inequalities. In order to address them the initiatives must be based on an interdisciplinary approach.

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Interview Vignette

No of Interview	No of case	Position of the respondent
1	1	Coordinator - manager
2	1	Coordinator - manager
3	2	Coordinator - manager
4	3	Coordinator