

Activ-ins-Alter

Category	Description
Title of intervention	Aktiv ins Alter. Investition in die Zukunft älterer Menschen. English translation: Active ageing. Investment in the Future of Older People.
Objectives	<p>Objectives IROHLA taxonomy</p> <ul style="list-style-type: none"> ✓ To inform and educate older adults and/or professionals ✓ Improving skills of older adults and/ or professionals ✓ To support behaviour change and maintenance <p>Short description of the objectives of the intervention</p> <ol style="list-style-type: none"> 1. Empower older individuals and improve their quality of live. <ul style="list-style-type: none"> - To activate older people through home visits. - To evaluate the social and health needs of older people and to make individual resources visible by means of a standardised interview. - To support and to empower individuals. - To bridge individual needs. 2. Enhancement of the social and health infrastructures and improvement of their accessibility. <ul style="list-style-type: none"> - To make the concept of active ageing better known. - To network and to improve the accessibility of already existing regional social and health services and initiatives. (See also: Health pro elderly).
Target groups	<ul style="list-style-type: none"> ✓ older adults (50+) ✓ vulnerable groups <p>Short description of the target groups</p> <p>The target group were older people between the age of 55 to 80 years who live in three distinct areas of Vienna. These older people were Austrians but also socioeconomically disadvantaged migrants, especially people from Turkey or countries from former Yugoslavia who represent the largest migration groups in Austria. It was also intended to concentrate on older people who experienced a critical life-event, the loss of one's partner or retirement recently. All groups are in danger of social withdrawal and social isolation.</p> <p>Age 55-80, relatively poor group, German and Serbo-Croat.</p>



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Problem analysis	<p>Scope of the problem Only 15% of the health and wellbeing of elderly are a result of good health care and medicine. More important is an active lifestyle of elderly. Social exclusion, handicaps, lower ses, ethnicity are factors of influence on health and wellbeing of elderly (report Aktiv ins Alter). The project covers deprived and socially excluded invisible groups of older people (i.e. economic, social and cultural), who may not identify themselves as part of the larger older adult population.</p> <p>Consequences for individual and/or society These groups are very isolated and not easy to access for health promotion. They are in danger of social withdrawal and social isolation.</p> <p>Distribution of the problem It's a general problem for countries with problem areas (low SES, many migrants etc).</p> <p>Perception of target groups (of the problem) They are not really aware of themselves as a vulnerable group or the opportunities available to them because they are older adults.</p>
<i>Short description of the modifiable determinants of older adults.</i>	<p>Modifiable determinants of older adults The core of Active Ageing is the activation of older people. Motivation is the most important modifiable determinant. They also provide knowledge. That's an important determinant as well.</p> <p>Trust is also important. Activation needs time and trust of the older individual.</p>
<i>Short description of the modifiable determinants of professionals.</i>	<p>Modifiable determinants of professionals are: Not applicable</p>
Components of the intervention	<p>Components</p> <ul style="list-style-type: none"> ✓ Individual counselling/coaching by professionals ✓ Written information materials (leaflets)



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	<p>Description of components</p> <p>The method exist of different components:</p> <ul style="list-style-type: none"> • Via the social services older people between the age of 55 and 80 years old with critical life-events (e.g. retirement) who live at home were assessed and send a letter with project information. By the method of visiting older people at home, needs and resources of the older individuals were questioned by means of a standardised questionnaire and were linked to accessible health and social services by professionals (individual level), or to target group oriented public activities. The project tries to re-activate these older people with a very low threshold approach through personal home visits ('Aufsuchende Aktivierung') which is a very innovative strategy and also very effective. An extensive quantitative scientific evaluation was also applied. • Besides the home visits, activities were carried out to gain support for AKTIVE INS ALTER: first of all there was public relations work (e.g. information material and PR activities (leaflets, brochures) in the mother tongue of the target groups and public events. Secondly, there were networking activities for the local social and health institutions (in each of the three regions according to their services). Thirdly, the project offered information events and consultations together with the local services and initiatives throughout the entire project duration.(Health pro elderly)
Approach	<p>Theoretical models used</p> <p>The programme is based on the Ottawa charter.</p> <p>The theoretical foundation was based on a model which respects two action contexts, the behavioural level of the actor as well as the environmental on the local level. The theoretical premises for the implementation of the project were based on four central principles: activation approach, holistic approach, diversity approach and the social-environment approach. The theoretical design of the project was to activate older people by home visits by professionals.</p> <p>Didactics used</p> <p>No specific educational theory claimed although authors talk of a model of change at two levels: micro- (individual) and meso-level (environmental i.e. health and social care institutions).</p> <p>Several activities were used to facilitate this change:</p> <ul style="list-style-type: none"> • public relations work in the mother tongue of the target groups and public events, • networking activities for the local social and health institutions; and, • information events and consultations together with the local services/initiatives.



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	<p>Techniques used A standardised scientific questionnaire to assess the needs and situation of the elderly. 'Aufsuchende Aktivierung'.</p> <p>Contexts Home and local social and health institutions. In settings who are representative as typical or traditional Viennese residential areas. These areas are also typical problem areas with a structural mix of certain socioeconomic and demographic variables as well as different types of buildings: the three areas represent a compendium of migration, blue and white collar workers (labour and office workers) and areas for older people in Vienna with already existing supporting structures in terms of social and health institutions.</p> <p>Stakeholders involved This project was a cooperation of the City of Vienna, Fonds Soziales Wien (FSW), Wiener Sozialdienste (WS) and the Department of Sociology of the University of Vienna. Also local networking partners were involved:</p> <ul style="list-style-type: none"> • District representatives (Bezirksvertretung) • Senior organisations (Seniorenvertretung) • Area maintenance (Gebietsbetreuung) • Health services • Social services • Institutions for further/higher education • Cultural institutions (Health pro Elderly) <p>There was also an intense collaboration with two German projects 'Gesund alter werden' and 'Aktiv55plus'</p> <p>Type of professionals involved The national project team consisted of a project coordinator, seven female staff members (professional counsellors (psychologists, social workers and one pedagogue)), and one project administrator. They connected the individual needs gathered from the interviews and in the consultation process. The scientific research team consisted of two sociologists.</p>



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Resources and qualifications	<p>Duration of the intervention Project duration was from December 2002 to June 2005 (2,5 years).</p> <p>Financial costs for the implementing organisation According to Resch and Lang it's not possible to receive in-depth details about the financial structure of the project from the reports or from the interviews. Payment required to the national project team and the scientific research team. Professional counsellors were responsible for the home visits of older people but also for regional networking. How many home visits and networking is needed, depends on the circumstances.</p> <p>Financial costs for the target groups Fairly minimal, time and possibly transport.</p> <p>Required competencies of professionals Filter specific health needs, interviewing (doing a survey), analysing data, able to motivate and activate older adults.</p> <p>Management structure and budgetary arrangements The 'Wiener Sozialdienste' was the executing organisation (project coordinator) and the Department of Sociology (University of Vienna) was the leading organisation of the project and was responsible for the scientific research and evaluation of 'Active Ageing'. The national project team consisted of a project coordinator, seven female staff members (professional counsellors: the team was a mixture of psychologists, social workers, pedagogues with foreign language abilities) and one project administrator. The scientific research team consisted of two sociologists. (Health pro Elderly)</p>
Implementation	<p>Implementation strategy With home visits it was possible to reach N=335 older people between 55 and 80 years. Professionals connected the individual needs, gathered from the interviews and in the consultation process, with the social- and health services in the area.</p> <p>On the local level several activities were put into practice: first of all there was public relations work in the mother tongue of the target groups and public events. Secondly, there were networking activities for the local social and health institutions. Thirdly, the project offered information events and consultations together with the local services and initiatives throughout the entire project duration. (Health pro Elderly)</p>



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	<p>Conditions for effective implementation</p> <p>Good PR activities, proceeded instruments and participation possibilities, local events, networking between the social and health organisations, several home visits, good skills of professionals.</p> <p>Stakeholders involved</p> <ul style="list-style-type: none"> • Local social and health organisations • University of Vienna • District representatives (Bezirksvertretung) • Senior organisations (Seniorenvertretung) • Area maintenance (Gebietsbetreuung) • Health services • Social services • Institutions for further/higher education • Cultural institutions. <p>There was also an intense collaboration with two German projects 'Gesund alter werden' and 'Aktiv55plus'.</p>
Transferability	<p>The approach seems transferable because the visiting aspect contains a face-to-face intervention and applies a personal relationship which can automatically in an informal way establish a social obligation. It is necessary to look at already existing health and social infrastructure in the region where the project is implemented.</p> <p>A training module, a manual or other training for professionals is not mentioned.</p>
Evaluation	<p>Methods used</p> <p>The core of the evaluation was a quantitative questionnaire design in two waves. The standardised face-to-face interviews were carried out with older people during the home visits. It was the method to survey the (objective and subjective factors of) the quality of life of the target group and to start a process of self-reflection in the counselling interaction. 335 interviews with older people between 55-80 were carried out. A second questionnaire wave was carried out at the end of the project. It was possible to sample N=149 older people from the first sample again, which makes the results of both questionnaire waves comparable.</p>
Effectiveness	<p>Main results</p> <p><u>Health effects</u></p> <p>The evaluation results showed several important results:</p> <ul style="list-style-type: none"> • There was a raised recognition of information offers and there was an intensification of participation in social



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	<p>activities with significant others.</p> <ul style="list-style-type: none"> • Approximately every other person has new social contacts and many possess knowledge and raised awareness about important personal issues. <p><u>Sustainable effects</u></p> <p>There are better co-operations on-site now in the areas and between the services and initiatives. Better communication is now established and competition-thinking among services has now reduced. There are some hints of achieved sustainable effects because the second questionnaire wave covered some aspects referring to this. Many people articulated plans for additional activities in the (near) future.</p> <p><u>Transferable effects</u></p> <p>The approach is transferable because the visiting aspects contains a face-to-face interaction and applies a personal relationship which can automatically in an informal way establish a social obligation. In addition, interviewees stated that it is necessary to look at already existing health and social infrastructure in the region where the project is implemented.</p> <p>Hindering factors:</p> <ul style="list-style-type: none"> • No service in other languages. • Not knowing a person. • Not knowing who is responsible. • Not feeling understood. • Service is too far away. • Fear of discrimination.
<i>Key elements/components of the intervention that must stay intact in order to have an effective intervention</i>	<p>Key elements</p> <p>Professional counsellors, home visits, visit the older person again and again, collaboration with and availability of local health and social services. The possibility to get support in challenging situations.</p>
Level of evidence	<p>✓ Quasi-experimental or cohort studies</p> <p>The core of the evaluation was a quantitative questionnaire design in two waves. The standardised face-to-face interviews were carried out with older people during the home visits. A second questionnaire wave was carried out at the end of the project. It was possible to sample 149 older people from the first sample again, which makes the results of both questionnaire waves comparable.</p>



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Sector	Health sector
Country of development	Austria
Provider	<p><i>Name:</i> Christoph Reinprecht <i>Organisation:</i> Institute for sociology, University of Vienna <i>Type of organisation:</i> University <i>Post address:</i> 1090 Wien, Rooseveltplatz 2 <i>E-mail:</i> christoph.reinprecht@univie.ac.at <i>Telephone number:</i> + 43 1 4277 48135</p> <p>The project is a WHO demonstration project. The Wiener Sozialdienste was the executing organisation (project coordinator), the Department of Sociology (University of Vienna) was the leading organisation of the project.</p>
Relevant documents/links	<p>Relevant documents</p> <ul style="list-style-type: none"> • https://www.soz.univie.ac.at/fileadmin/user_upload/inst_soziologie/Personen/Institutsmitglieder/Reinprecht/Reinprecht_Aktiv_ins_Alter_Forschungsbericht.pdf (document with the original program) • Aktiv ins Alter is analysed within the project Health pro Elderly: http://www.healthproelderly.com/pdf/National_Evaluation_Report_Austria_final.pdf • Other relevant documents are the other German projects ('Gesund alter werden' and 'Radevormwald'). <p>Relevant links</p> <ul style="list-style-type: none"> • http://www.bertelsmann-stiftung.de/cps/rde/xbcr/SID-561441E1-9E113D54/bst/gesundaelterwerden.pdf • http://www.aktiv55plus.de/ • http://www.radevormwald.de/cms222/soziales_gesundheit/aktiv_55_plus/

