

Lebenswerte Lebenswelten

Category	Description
Title of intervention	Lebenswerte Lebenswelten English translation: A world/setting worth living in)
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 ✓ To strengthen contextual social support ✓ To facilitate involvement of individuals at the system level ✓ To customise health literacy interventions or enhance the implementation of these interventions ✓ To change the social, cultural or physical environment in order to enhance the effects of health literacy interventions <p>Short description of the objectives of the intervention</p> <p>The three-year-project's aim is to develop, explore and evaluate innovative approaches or policies for community-development and empowerment of elderly population groups to improve their health-related quality of life (Reis-Klingspiegl et al)</p> <p>The intervention was used to educate elderly people about how to improve their health, which was done through specific activities, such as group sessions with lectures about the topic, trips, sport activities, etc. The intervention was also used to increase awareness of what can be done, in order to stay healthy and to find out how measures and offers that already exist can be improved, further developed or supported by new measures.</p>
Target groups	<ul style="list-style-type: none"> ✓ young seniors: 50-65 ✓ pensioners: 65-80 ✓ vulnerable groups ✓ others: volunteers, multipliers <p>Short description of the target groups</p> <p>62-71 years → Graz: 76.9% women, 71.6% men</p>



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	<p>72-76 years → Graz: 23.1% women, 28.4% men</p> <p>62-71 years → Voitsberg: 70.9% women, 73.3% men</p> <p>72-76 years → Voitsberg: 29.1% women, 26.7% men</p> <p>Higher education in men than in women, but a-levels or university degrees quite rare (corresponding picture of income).</p>
Problem analysis	<p>Scope of the problem The ageing society needs innovative and low-threshold health promotion interventions to have a chance for active and healthy ageing. Often older people do not know enough about health and health behaviour or they do not have access to services.</p> <p>Consequences for individual and/or society Deterioration of health status and well-being, social retreat, higher costs in the health system.</p> <p>Distribution of the problem Present in all Western societies, worse for low SES and low education populations</p> <p>Perception of target groups (of the problem) Subjective health deteriorates with higher age, restrictions in daily life are reported. There are already good levels of health knowledge and behaviours (worse for lower SES) but participation in health services is low.</p> <p>Other information Special attention to women with low SES.</p>
<i>Short description of the modifiable determinants of older adults.</i>	<p>Modifiable determinants of older adults</p> <ul style="list-style-type: none"> • Interest in changing their situations and trying something new (motivation). • Trusting that the activities and offers will be fun and helpful → trusting the personnel (trust and knowledge). • Physical and mental ability to participate in the activities and offers (also skills).
<i>Short description of the modifiable determinants of</i>	<p>Modifiable determinants of professionals are:</p> <ul style="list-style-type: none"> • Interest in health-related projects (motivation)

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<i>professionals.</i>	<ul style="list-style-type: none"> • Interest in elderly people (knowledge, attitude, also awareness) • Creativity • Empathy • Ability to show emotions, to mobilise people and to move people (skills) • Social competencies, e.g. communication
Components of the intervention	<p>Components</p> <ul style="list-style-type: none"> ✓ Individual counselling/ coaching by peers ✓ Website ✓ Group sessions (training) by professionals ✓ Written information materials (leaflets) <p>Description of components</p> <p><i>Developing a Salutogenic Culture and Capacity Building</i></p> <p>A community sharing a salutogenic culture tends to value health as an important public good and to facilitate active ageing by empowering people to develop health-promoting capacities. Both approaches – developing a salutogenic culture and capacity building for active ageing - are essential strategies of community development at all stages of a health promotion project addressing the elderly population.</p> <p><i>Cohort-study</i></p> <p>We started in autumn 2003 with a survey (n=1.400) on biopsychosocial determinants of health, lifestyle, health communication and social cohesion in our communities. Moreover we interviewed stakeholders and key persons in the regions to find out health-related needs and demands of our target-group.</p> <p><i>Local Project-Teams</i></p> <p>After presenting the findings to community-administrations and to the general public we started to form project-teams made up of volunteers. These teams link elderly individuals with people, who either work with elderly persons (e.g. nurses in social services) or have frequent contact with elderly people at their associations and clubs (e.g. at church or at senior clubs). These teams are empowered to take over planning, organising, realising and reflecting interventions according to perceived needs of the target group.</p>



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	<p><i>Project-Fund</i></p> <p>A tool called project-fund supports the forming of project-teams. It is expected to give “cash and coaching”: “Cash” for funding local mini-projects (e.g. initiating a regular get-together; working on everyday life topics, such as work and festivities) and “coaching” to help implement these mini-projects professionally. The project-fund is financed by the Austrian Health Promotion Foundation and the 13 communities, which participate in the best-practice model.</p> <p>Furthermore, lectures, courses, workshops and walking-tours organised by the local project-teams or the community-administration, addressing health-related needs and demands are offered. (Reis-Klingspiegl et al)</p> <p>There were several activities that older people could participate in or visit, such as talks on health topics, workshops, hiking tours. Computer, swim, dance and many other courses were offered to give older people a chance to learn those things even in older age. Social visiting services and other social inclusion strategies were implemented, intergenerational project and networking were other interesting parts of the project.</p>
Approach	<p>Theoretical models used</p> <p>Not stated by JPaech, but developing a salutogenic culture and capacity building for active ageing - are essential strategies of community development at all stages of a health promotion project addressing the elderly population (Reis-Klingspiegl et al)</p> <ul style="list-style-type: none"> • Model of health determinants by Dahlgren and Whitehead • Working model of health promotion • Result-model of health promotion by Schweitz • Capacity building <p>Developing a Salutogenic Culture and Capacity Building Community interventions focus on three areas of structural and strategic capacity building:</p> <ul style="list-style-type: none"> • Incorporating the concepts of health and health promotion into the community administration (e.g. identifying with and communicating health targets; linking NGOs, associations and clubs in the community; budgeting health-promotion activities). • Developing leadership (e.g. competent and active teams accepted by the administration and target groups; social and communication skills; free time to invest). • Developing health-supporting community resources (e.g. knowledge, management, finances, competence, time schedules). <p>Techniques used</p> <ul style="list-style-type: none"> • Inventorying and assessing determinants of health of elderly via cohort study and interviews.



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	<ul style="list-style-type: none"> • Approaching people that work with or are in contact with elderly people in order to establish a connection to integrate the elderly people into projects. • Linking needs and health determinants of elderly to interventions. Interventions are for example: lectures, courses, workshops and walking-tours organised by the local project-teams or the community-administration, addressing health-related needs and demands are offered. • A tool “cash and coaching”. <p>Contexts</p> <ul style="list-style-type: none"> • Elderly men and women • Health promotion (e.g. activities, knowledge acquisition, networking) • Governmental involvement • Community <p>Stakeholders involved Austrian communities, Fonds Gesundes Österreich</p> <p>Type of professionals involved</p> <ul style="list-style-type: none"> • Researchers • Volunteers working in the project teams • Members of the local government • Employees of different bodies and organisations working with or for elderly
Resources and qualifications	<p>Duration of the intervention</p> <ul style="list-style-type: none"> • Three year timeframe for the main project and the subprojects, but only two years of intervention • The network comes together 36 times in two years. • Independent one-time events • Regular events, e.g. weekly social get-togethers



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	<p>Financial costs for the implementing organisation</p> <p>Project fund was financed through Fonds Gesundes Österreich, which covered two-third of the 45,000€ budget, the other third was covered by the communities who signed on to pay 0.30€ per inhabitant and per year, into the project fund.</p> <p>Further money was acquired through sponsoring and the communities, which led the project leaders to only spend two-third of the given budget, nonetheless, overall 70,960.80€ were send on 18 subprojects in the 12 communities.</p> <p>Financial costs for the target groups</p> <p>Costs for individual sessions varied according to the region and the activity (starting point 1.50€, 5.00€ was seen as the highest amount the participants could pay themselves).</p> <p>Required competencies of professionals</p> <ul style="list-style-type: none"> • Interest in the work • Empathy • Ability to show emotions
Implementation	<p>Implementation strategy</p> <ul style="list-style-type: none"> • Using local networks/ local capacity for the senior network. • Organising activities via this network for and with elderly. • Activities are based on needs of elderly. • Already existing activities are scanned to avoid competition/double activities. • Main project and subprojects promoting health activities. • Methods used to intervene: sport activities, lectures, workshops, trips, initiatives. <p>Conditions for effective implementation</p> <ul style="list-style-type: none"> • A sound senior network to organise, plan and carry out activities and to steer the network. The network should include a team of people who are working with or for elderly in community associations, politics, or representation of the target group. Next to that it should include 2-12 team members who work voluntarily (see text in German for more details and preconditions for the network). • Building on existing structures and using existing knowledge and capacity in the community.



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	<ul style="list-style-type: none"> • Implementers knowledge to do the projects/activities. • Willingness of participants. • Resources (human and financial capital) to support the projects/activities. <p>Stakeholders involved Communities, Fonds Gesundes Österreich</p>
Transferability	<ul style="list-style-type: none"> • Cash & Coaching – Strategy • Training of responsible people by the project team • Sharing knowledge, e.g. during the ‘Projektgipfel’ <p>Sustainability The project seeks to build up sustainable structures in the project's lifetime for older people to use also after the end of the project. They used existing structures and activities to build on. This aim was reached in ‘Lebenswerte Lebenswelten’.</p>
Evaluation	<p>Methods used</p> <ul style="list-style-type: none"> • Theoretical models, e.g. working model of health determinants, participation, empowerment and networking/context. • Evaluating the use of the offers, the accessibility, the public awareness. • 2-year-intervention duration measuring change (information and mobilisation, participation), measuring change of context. • Representative longitudinal sample: face-to-face-interviews. • Successful intervention.
Effectiveness	<p><i>Cohort-study</i> So far, we have completed the baseline-interviews. A thousand persons of the cohort will be interviewed again in autumn 2005. The hypothesis of the coherence of well-being and life-quality on the one hand and population income and percentage of elderly people on the other hand is confirmed. Furthermore, a shortage of medical care (malsupply), in particular for the elderly, was discovered. Therefore, we plan another project linking health promotion and primary care in communities.</p> <p><i>Local Project-teams</i> At the moment in five of our 13 communities project-teams are formed – all very different from each other. The five teams are located either in larger rural communities or in semi-urban areas. It has become evident that the teambuilding-process is easiest in</p>

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	<p>communities between 3.000 and 4.000 inhabitants.</p> <p><i>Project Fund</i></p> <p>Our project-fund for 2004 and 2005 is endowed with a total amount of € 54.000. So far, we support 16 subprojects in 11 participating communities. Currently € 25.107 have been invested. This amount equals 42% of the total subproject costs. We found that providing partial funding usually guarantees that the rest of the required money can be raised directly in the communities. (Reis-Klingspiegl et al)</p> <p>Main results</p> <ul style="list-style-type: none"> • Inclusion of health-related concepts into structures, offers and activities by the municipal governments. • Development of health improving resources with the communities (e.g. knowledge, management, finance, competences and timetables). • A significant lack of medical care for elderly people was found in one cohort study (n = 1000), therefore a new project, combining health promotion and basic medical care, is in planning.
<i>Key elements/components of the intervention that must stay intact in order to have an effective intervention</i>	<p>Key elements</p> <ul style="list-style-type: none"> • Communication and networking among different organisations, e.g. social organisations, charities and the churches, and responsible bodies, e.g. municipal / local governments, in order to promote cooperation between nursing / caring services and medical care institutions. • (Further) facilitate quality of and accessibility to medical care, within the regions evaluated, especially to work against loneliness of women who lose the contact to their family networks and for all those women who are overburdened with their family work, relief resources and strategies need to be mobilised. • Deepening the measures that have already been taken to promote health activities and a healthy lifestyle and developing new ones • Enlarging the offers of information, counselling and learning. • With social visiting services it is important to have the competencies and to start small etc. • The health cafes were successful implemented by means of sponsorship, which made the different parties in one way or another responsible. • Across regional project fund , which could applied for by different municipalities. • 369 municipal visits, to guide municipalities and get the topic on the agenda.
Level of evidence	✓ Case-control studies or case-reports

Category	Description
	✓ Expert opinions
Sector	Health sector
Country of development	Austria
Provider	<p><i>Name:</i> Prof. Dr. Horst Noack (scientific leader) <i>Organisation:</i> Institut für Sozialmedizin und Epidemiologie der Medizinischen Universität Graz <i>Type of organisation:</i> public university <i>Post address:</i> Universitätsplatz 4/III, 8010 Graz <i>E-mail:</i> horst.noack@meduni-graz.at <i>Telephone number:</i> +43 316 380-4399 <i>Contact person:</i> Karin Reis-Klingspiegl <i>E-mail:</i> reis@utanet.at</p>
Relevant documents/links	<p>Relevant links</p> <ul style="list-style-type: none"> • This was considered as part of WP4 search elsewhere and rejected as insufficiently evaluated; appears to say it was successful because the programme resulted in increases in social capacity or policy changes and some improvements in personal perceptions of wellbeing: http://www.healthproelderly.com/database/index.php?id=1&tx_imhpeprojects_pi1[uid]=22&L=1&cHash=8f18bbabc09e69a8368c366e567366c9 • NEXT LINK is a summary of participant characteristics, no intervention described: http://lebenswelten.medunigraz.at/Auswertung/ergebnisbericht.htm • Next link is 2008 summary of project March 03-06: http://www.google.de/url?sa=t&rct=j&q=&esrc=s&source=web&cd=18&ved=0CFcQFjAHOAo&url=http%3A%2F%2Fwww.fgoe.org%2Fprojektfoerderung%2Fmodellprojekte%2Faeltere-menschen-am-land%2Fergebnisse%2Fend-und-evaluationsbericht-des-projektes-lebenswerte-lebenswelten%2F2009-08-12.3986060986%2Fdownload&ei=pqqDUtfGGYrPtQbS2oCIAG&usg=AFQjCNHn39IjbUAY1pde_AJaRHdrZu6OBQ • This summarises changes in perceptions of wellbeing & overall complaints before/after intervention: http://www.google.de/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=8&ved=0CFEQFjAG&url=http%3A%2F%2Fwww.fgoe.org%2Fprojektfoerderung%2Fmodellprojekte%2Faeltere-menschen-am-land%2Fergebnisse%2Fend-und-evaluationsbericht-des-projektes-lebenswerte-lebenswelten%2F2009-08-12.3985980839%2Fdownload&ei=StpgU_i2NM67Pf7egcAH&usg=AFQjCNHbS5YS5FB8CrgzdZ0Oq3saVLXiZA&bvm=bv.65636070,d.ZWU • Karin Reis-Klingspiegl, Petra Plunger, R. Horst Noack, Maria Schmidt-Leitner. Lebenswerte Lebenswelten für ältere Menschen



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	<p>Promoting Healthy Ageing in Rural and Semi-Urban Communities in Austria final version 20.05.06 .Ein Modellprojekt im Auftrag des Fonds Gesundes Österreich durchgeführt vom Institut für Sozialmedizin der Medizinischen Universität Graz im Zeitraum von März 2003 bis März 2006 http://lebenswelten.medunigraz.at/Englisch.htm</p> <ul style="list-style-type: none"> • Health pro elderly. Projekt Lebenswerte Lebenswelte für Ältere Menschen. Promoting Healthy Ageing in Rural and Semi-Urban Communities in Austria: http://www.healthproelderly.com/database/index.php?id=1&L=0&tx_imhpeprojects_pi1%5Buid%5D=22&cHash=1c8c914d7017975163a2e48915eaffc8

