



Project Mégapoles

Network of European Union Capitals
for Health Promotion and Prevention

Growing Old in Metropolitan Areas



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In 1997 the European capitals started the project “Mégapoles”, funded by the European Commission, in order to develop joint methods and strategies of health promotion and prevention for people living in metropolitan areas of the European Union. Mégapoles relates to the priorities of the “European Public Health Programme 1996-2000”. The experiences from the Mégapoles project will not only be of use to the European metropolises, but will also help the EU to evolve common strategies.

Large cities in the EU have to meet challenges in the area of public health which are specific in urban structures: problems of elderly people living alone and suffering from loneliness and social isolation, the development of fringe groups, the health status of immigrants and socially disadvantaged groups. One of the major concerns of many cities is the reduction of specific health risks for young people and children, associated with violence, alcohol and illegal drugs. Big cities can use a variety of resources and specific know-how in order to create efficient public health strategies and institutions. By way of co-operation between the cities, successful projects will be identified, presented, analyzed and, finally, implemented on a broad basis.

Concrete aims of the Mégapoles network are:

- ★ Exchange of information and experiences on an international level; evaluation and feed-back regarding health promoting projects, programmes and strategies
- ★ Creation of a common pool of information and data
- ★ Development of innovative strategies and models of health promotion that can be put into practice efficiently
- ★ Compilation of guidelines for the health policies of the European capitals and the health strategies of the European Union in the form of a general report
- ★ Development of projects and strategies for further common public health activities

One of the general aims of the Mégapoles project is to reduce inequalities with regard to health by featuring measures for social groups that are difficult to reach. The main target groups are children, young people and families, disadvantaged groups and elderly people. Therefore, three sub-networks have been created. Stockholm holds the general coordination of the networks, Amsterdam coordinates the sub-network for young people and young families, London is responsible for the sub-network for disadvantaged groups and Vienna for the network for elderly people “Growing Old In Metropolitan Areas” (GOMA).

Introduction

The brochure is addressed to politicians, administrative officers and experts responsible for the health of elderly people. Twelve projects or programmes from twelve European capitals are presented. They have been selected by the members of the GOMA network, because they are especially innovative and effective examples of health promotion of elderly people. In the course of a national evaluation process the efficacy and transferability of the selected projects have been determined.

The project descriptions in this brochure present the various programmes. In order to enable direct contact with the Mégapoles coordinators and the project managers of each city, all relevant addresses are given.

The Mégapoles project was initiated by the European Commission. Therefore, we would like to thank Matti Rajala and Josepha Woner of the Department for Public Health of the European Commission in Luxembourg.

The Mégapoles coordination team in Stockholm, Kaj Essinger, Kerstin Tode and Inger Lundholm, provided the conditions for a successful working of the GOMA network.

The quality of a network is always dependent on the commitment, motivation and qualification of the people involved. The city coordinators Jetty Voermans (Amsterdam), Ariadny Maragaki-Pagoni (Athens), Luciane Tourtier (Brussels), Dorthe Pederson (Copenhagen), Eddie Matthews (Dublin), Ulla-Stina Henricson (Helsinki), Pat Dark (London), Isabel Castelao (Lisbon), Ricardo Iglesias (Madrid), Unni Anstad (Oslo), Lars Andersson (Stockholm) and Katharina Pils (Vienna) invested a lot of work in the projects, and created a culture of openness and solidarity. This is an ideal basis for further co-operation between the cities.

The projects presented in this brochure have a long history of close examination. They were analyzed in an extensive review process, presented in documents and their pros and cons were discussed in great detail. Courage and conviction is required in order to expose oneself to an international evaluation process. We would like to thank the project leaders and those who worked in the projects, because through the description of their projects they set a basis of concrete experiences for the GOMA network.

This co-operation (1997-2000) led to the conclusion that something like a “best” or a “worst” city does not exist. On the contrary, it became clear that despite differences in size, culture and economy, there are comparable problem areas in all cities that can be efficiently solved through similar strategies. Defining the present position contributes to the development of future perspectives, the improvement of existing strategies and the evolution of new programmes: this applies to the individual cities as well as to the development of common strategies within the EU.

Aspects of growing old in metropolitan areas: Common policies, differences and transferability

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The Megapoles Project, started in 1997, constitutes a network for health prevention between EU capitals and Oslo. Depending on differences in orientation and varying problem areas of the individual capitals, three sub-networks have been created:

1. Young people and families
2. Socially deprived or isolated groups
3. Elderly people

Because of the topical problem of a rapidly ageing society, Amsterdam, Athens, Brussels, Copenhagen, Dublin, Helsinki, Lisbon, London, Madrid, Oslo, Stockholm and Vienna decided to participate in the working group "Growing Old in Metropolitan Areas", which is concerned with questions of health promotion for elderly people.

At first, general information on the participating cities concerning size, population, health care system, responsibilities of capitals and/or provinces, structures within health care systems, hospitals, home care services, nursing homes and senior citizens' homes has been collected. After a first comparison of the data, it was obvious that cities like London, with a population of more than 7 million people, and Oslo, with 500,000 inhabitants, have to cope with different kinds of structural and organisational problems. Decisive cultural differences were revealed, such as a varying esteem for the elderly, resulting in considerable differences between north and south when it came to the integration of the elderly in family structures, different immigration rates of elderly people, or the ageing of immigrants who have never been integrated. These

problems were especially obvious in cities with a massive influx of immigrants with a different language and cultural tradition, dating back to times of colonization. Especially women had problems getting in contact with the culture of their new home country; they were never successfully integrated and when they were old they became even more isolated. Differences in social structures and financing enlarged the range of discussion.

In the end, however, it was possible to identify common questions and problem areas.

The aim of the working group is to develop a health promotion concept for elderly and old people in metropolitan areas and to support preventive strategies. Trend-setting concepts will help fight against ageism and unequal access to health promoting services, dependent on income and social status. At the same time, the principles of the Ottawa Charta, i.e. the creation of a healthy environment and easy access to preventive, therapeutic and rehabilitative facilities, should be implemented.

In order to reach a consensus, detailed information for all participants was of major importance.

In addition, an exchange of information on successful and less successful projects was contemplated.

Finally, three priorities were formulated:

1. Social isolation and loneliness of elderly people. By raising the self esteem of the elderly, social contacts can be improved. Even with best possible home care, there are only few programmes capable of preventing social isolation, and at the same time facilitating integration of frail and elderly people.
2. Early detection of dementia and implementation of projects promoting competence, which in turn should involve patients as well as their relatives and carers.
3. Safety for the elderly through prevention of falls; improving safety in public places and alertness concerning violence against elderly people.

The participating cities agreed to introduce their health promoting projects to each other. A special tool was developed to facilitate precise evaluation. This documentation system helped to identify interesting projects, to present them and to facilitate a problem-oriented exchange of information. Then each city selected one successful project and invited representatives from three other cities to evaluate the project.

In the course of the site visits, the selected project was first described in written form and presented by the host in terms of aims and objectives, duration, financing and quality of results. Afterwards the project itself was visited. During this half-day visit not only the premises were shown, but direct contact with elderly people and the staff was established. In the following discussion the advantages and disadvantages of the projects were listed. This was followed by a written summary for the city representatives and feed-back for the collaborators on the project that had been visited. Intensive contact and dialogue with patients, experts, NGOs and political decision-makers led to the identification of those projects which can be transferred to other cities, after some adaptation to social conditions. The results were summarized in a report, including a list of all the projects presented.

This interchange of ideas not only helped to improve the dialogue between experts and political decision-makers, the site visits also contributed to an increased understanding of the projects involved. Eventually, all participants realised that all large cities of the European Union have to cope with the situation of a rapidly increasing number of elderly people. A promotion of health projects not only improves the quality of life for elderly people, it will also bring about a benefit for nursing services. If we manage to change structural conditions, growing old in safety, social integration and mental competence can be within the limits of what is possible.

Social Isolation



Amsterdam Course for loneliness intervention among the old

Target population

The target population is formed by all practitioners who deal with elderly lonely clients. The needs of the target group must be determined by the practitioners themselves, who may experience a lack of adequate knowledge of the problems of lonely elderly.

Project description and history

This project is in fact a series of projects originating in 1988. The projects deal with sensitizing practitioners to the problem of loneliness among the old, initiated by two social workers. The means of doing this is by giving a course consisting of 4-8 sessions of 2.5 hours each. Theories dealing with loneliness, coping with loneliness and loneliness intervention are discussed in the sessions. Intervention strategies are trained in role-play and some practical tools to help structure the interventions are introduced and undertaken. A book which covers the content of the course has been published¹

One of the basic ideas underlying the course is that intervention against loneliness should take place on the community level, meaning that practitioners dealing with lonely clients should coordinate their efforts in order to optimise the expertise of each discipline. At the same time the perspective of the client should be taken as the starting point.

Another basic idea has to do with ethics: It is important that the work to alleviate loneliness is done openly in such a way that the client knows what is going on.

Stated aims and objectives

The main aim of the project is to enhance the expertise of practitioners who deal with older lonely clients. The objectives are to (a) teach students theories on loneliness, coping with loneliness and loneliness intervention, (b) teach students how to use practical tools to structure and evaluate loneliness interventions, (c) give students insights into different areas of expertise within disciplines dealing with the lonely, (d) teach students the merits of cooperation with other disciplines, and (e) encourage colleagues to train one another.

Structures and policy

The projects should be administered locally, i.e. be embedded in the local situation. However, support on the community level is necessary in order to implement the project successfully. The chosen way to approach loneliness is most familiar within the social services, and although loneliness is basically a social and psychological problem it may give rise to (negative) medical effects making it an important issue for the health (preventive) services.



¹ (Linnemann, M.A., Leene, G.J.F., Bettink, K.W., Schram, M. & Voermans, H.W. Uit eenzaamheid: over hulpverlening aan ouderen. Houten/Antwerpen: Bohn Stafleu Van Loghum, 1990. German translation: Einsamkeit bewältigen: Eine Lern- und Praxisanleitung für die Altenhilfe. Weinheim: Beltz Verlag, 1995). English translation available, not yet published

Methods and activities

The course has a theoretical and a practical part. Preferably each part has its own teacher. During the practical sessions the participants are asked to present two names of lonely clients. They are then asked to work with these clients and at the same time fill in a form indicating achievements and goals. This has a dual purpose: It is part of the course work and it functions as an evaluation. All problems that are brought up during the client sessions are analysed (incl. health problems). Separate courses for professionals and volunteers are advised.



Organisation

The project management lies with the STG (Society for Practical Gerontology). Depending on the way the project is organised, other organisations (such as a local organisation, a welfare organisation, a home help organisation or a nursing home) can take part in the implementation of the project, and a coordination group may be formed. As regards staffing, one or two teachers from the STG lead the project. It is advised to have at least one local practitioner involved in the project.

Finance

Local authorities and private institutions provide the funding for each individual course. The number and continuation of courses depend on demand.

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Statement from Amsterdam:

'Participating in the megapoles project was very useful because it gave new inspiration for further development and implementation of the project'

Athens KAPI and home help



Target population

The KAPIs have been created to help all people over age 60.

Project description and history

Demographic and social changes in Greece have forced the introduction of new programs to support the elderly. One such response was to open centres for the elderly - KAPI. The first KAPI in Athens was opened in 1979, and today there are 100 KAPIs in Athens alone.

From 1979 voluntary organizations, through the Ministry of Health and Welfare, have run KAPIs in Athens. In 1982 they were taken over by the local government. In 1989 two municipalities introduced home help. The recently introduced home help program is run from the KAPIs and 38 municipal councils in Athens.

The KAPI offers social and medical services at the local level. It functions as a meeting point for the elderly in the area. For a small fee the visitor becomes a member of the local KAPI and can take part in its activities or just come in for a cup of coffee and to chat. Studies have shown that women mostly participate in the afternoon programs. The majority of the members come from the lower and middle class, and their economical situation is in most cases fair to poor. Finally, those who receive home help are usually in poor health or unable to take care of themselves.

Stated aims and objectives

The main aim is to support the elderly by providing opportunities to continue to be active, autonomous, and equal members of the community. The objectives are to (a) help elderly to avoid loneliness, (b) create interests among the elderly, (c) lessen worry over health problems, and (d) offer home help.

Structures and policy

Administratively the KAPIs are a part of the municipal organisation. They are self-governing, but supervised by the Prefecture of Athens. The home help program is supervised by the Ministry of Health and Welfare and the Prefecture, and is financed by the Ministry for five years.

Methods and activities

Before the establishment of a KAPI, the area is investigated to locate elderly people, register their number and needs. The decision to start a KAPI is taken by the administrative council after having considered the number of elderly in relation to operational and repair costs.

The home help program usually operates from Monday to Friday 7.30 A.M. – 8 P.M. depending on season and needs of the area. The KAPIs and the home help do not operate on weekends as the elderly then generally prefer to spend time with their families. In addition, the costs for staff are doubled on weekends.

Staff occasionally receives further education in elderly issues. Courses are organized by the municipality, the Prefecture of Athens, and the Ministry of Health and Welfare.



Organisation

The KAPIs are managed by an administrative board consisting of seven members, and chaired by the Mayor. The members are: (a) an assistant to the Mayor, (b) a representative from the KAPI, (c) a social worker from the Prefecture of Athens, (d) a citizen engaged in public activities, (e) a representative from the pensioner's local organisation, and (f) a representative from the staff at the KAPI. The municipality supervises the organization, while the Prefecture and the Ministry supervise the staff.

The KAPIs co-operate with other services in the municipality. There is also some co-operation with universities, for example in the practical training of students.

A KAPI has a staff of at least six persons. Usually it includes a social worker, a doctor, a physiotherapist, an ergotherapist and a cook. The home help program has a staff of four persons - a social worker, a nurse, a helper, and a doctor at the KAPI. All staff is employed by the municipality.

Finance

The KAPIs are financed by the municipalities, except for the home help program which is currently financed by the Ministry of Health and Welfare.

Every KAPI has a yearly budget of approximately 30,000,000 GRD (93,500 ECU). The amount is proportional to the number of members, the rent for the premises, and the municipal income. Every KAPI budget is planned by its administrative board, which also gives the approval. Every KAPI which runs the home help program receives an additional 12,000,000 GRD (37,400 ECU) for five years by the Ministry of Health and Welfare.

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Statement from Athens:

Our participation in the Megapoles project was an outstanding opportunity to know and adopt all the actions and ideas which exist in the capital cities of the EU at this time. Specifically programs which include the health promotion but basically the care of health, became known to us through the peer review method. Each one of us had the chance to estimate not only the weaknesses of his city but also the degree of transferability of the programs to another city. Another thing which is worth mentioning is the intimate relationships we developed between participants - something which allows us a further communication and exchange of ideas, experiences, and proposals. It is this relationship, along with the appropriate method of working, that allows us the exchange of information, interests and new practices. This base is a challenge for the searching of new actions and programs in the future. I wish and hope the next phase of the network to be even more creative and effective.

Copenhagen Senior citizens' network project

Target population

The overall target group is all elderly in the neighbourhood. From this target group two subgroups are of special interest: elderly who wish to initiate voluntary social work, and elderly with weak social networks. A profile of the health of the elderly in Copenhagen indicates that many elderly have weak social networks.

Project description and history

The Senior Citizens' Network Project is a project to develop social networks among elderly. The core of the project is a training course for elderly who wish to work as voluntary initiators in the neighbourhood. The course aims to train the participants to initiate and implement activities which strengthen the networks of elderly people. Through the course the participants get an understanding of voluntary social work and they start to develop and to prepare activities which they will launch in their city districts. The idea is to involve resourceful elderly who have a surplus of time and energy, and prepare them to take initiatives and launch activities for elderly with fewer resources. After the course the volunteers are expected to establish themselves independently as initiators of activities. The project will be launched in all 15 city districts of Copenhagen.

A pilot project was carried out in the winter 1996/97 in co-operation with senior citizens' organisations. The project was developed and modified by Copenhagen Healthy City. In spring 1998, the first Senior Citizens' Network Project was introduced. The second project was slated to begin in the autumn of 1998. However, it was only possible to find four interested elderly in the selected city district. The plan had to be changed, and the second project begins in another city district at the end of 1998. The present ambition is to start two new projects per year.

Stated aims and objectives

The project has three main aims:

(1) To strengthen elderly peoples' networks in their neighbourhoods, (2) to promote voluntary social work among elderly in the city districts of Copenhagen, and (3) to promote co-operation between voluntary and institutional networks.

There are five short term objectives:

(a) that volunteers acquire inspiration and tools to launch activities for elderly, (b) that volunteers experience motivation as initiators for common action in the voluntary social work area, (c) that during the training course, volunteers decide which initiatives they will launch and start planning these, (d) that during the training course volunteers organize themselves in relation to future activity and collaboration, and (e) that during the training course volunteers establish contacts in their neighbourhoods for future co-operation. There are also five long-term objectives: (a) that volunteers are active in voluntary social work - in groups or individually, (b) that volunteers launch activities for elderly in their neighbourhoods, (c) that volunteers mobilize other elderly for voluntary social work, (d) that volunteers launch contacts or co-operate with other voluntary organizations or professionals, and (e) that voluntary activities lead to the creation of social networks involving both participants and volunteers.



Structures and policy

The project is administered by the Copenhagen Health Administration, and organized by Copenhagen Healthy City (part of the WHO Healthy City Project). Co-operation with senior citizens' organisations is also underway. An important part of the Copenhagen Healthy City strategy is to involve citizens in health promotion. The Senior Citizens' Network Project is an example of this approach. The issue is high on the political agenda in Copenhagen, and the project is an example of the development of new approaches for working with social isolation and loneliness.

Methods and activities

The core activity is a training course for 12-15 volunteers over the age of 55 in a city district. The project is primarily of activating character. For volunteers, the course goal is to establish themselves as independent initiators of activities for elderly. Volunteers choose the activities. During the course, participants meet twice a week, four hours each time, over a period of three months. They are taught project planning, fund raising, communication, facts and theories of social networks, health status in the district and recruitment of other volunteers. During the course the volunteers also meet with a local contact group in order to provide optimum conditions for future co-operation in the neighbourhood.

Organisation

The management is connected with Copenhagen Healthy City, which is part of the Health Administration in the city of Copenhagen and a high extent of citizens involvement.

A full time project consultant in charge of the daily management heads the project. External teachers are involved in the training course.

Finance

Copenhagen Healthy City finances the project. Each sub-project is estimated to cost approx. 80,000 DKK (10,600 ECU), and may also receive funding from senior citizens' organisations. The Ministry of Health finances the salary for the project consultant.

The budget priorities are decided by the project consultant. In each sub-project there is an allocation of 10,000 DKK (of the 80,000 DKK) from which the volunteers can seek funding for their activities.

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Statement from Copenhagen:

The latest project group, where the elderly joined the 3 month course during 1998, has developed very positively in a local area called Valby (a district with about 40,000 inhabitants).

Some of the experiences from this group "Senior Citizens' network":

1. *If a group does not belong to an "old" organisation it is very difficult to find accommodation (especially for economic reasons).*
2. *It is important to learn how to write applications to different authorities.*
3. *To cooperate in the group it is essential to describe the different tasks or duties of the members - if not the individuals could regard the challenges in different ways.*
4. *It is recommendable that one person writes a report after each meeting in the group.*
5. *It might be a good idea to receive supervision from a professional person, if the group is having interpersonal problems.*
6. *It is a good idea that the project contact person keeps in touch with the group of senior citizens. In Copenhagen the present contact person has regular meetings with this group every 3 months and receives the reports of all meetings (the group meets every fortnight).*

It has been a valuable experience for the project group to work in this field for several years. It has been a surprise how difficult it is to motivate elderly people for voluntary work. Many of today's elderly people are so busy that they have difficulties in finding time for work like this.

Stockholm Service Routes

Target population

Studies have shown that almost half of all people over age 65 experience problems on ordinary bustrips.

The main target groups for the Service Route are all elderly and disabled who have difficulties in using or have no access to ordinary public transport. However, the Service Routes are available to anyone who wants to use them.

Program description and history

Spontaneously, transport is not the first thing that comes to mind when social networks and loneliness are discussed. An optimal public transport, however, may be an efficient tool for giving the elderly the opportunity to keep up social contacts and to remain integrated in society. Service Routes can be one of the influences on social contacts among elderly.

To be able to live a normal life in the community, the opportunity to travel is essential. If the elderly are to participate in different activities, then the transportation system must be adapted to their needs and special requisites for mobility.

In order to respond to this need Stockholm has introduced Service Routes. A Service Route is a bus service which is part of the regular public transport system which has been specially adapted for people with diminished mobility.

The idea behind Service Routes is to provide elderly and handicapped the possibility to use public transportation more often and more spontaneously by deliberately decreasing walking distances, facilitating getting on and off, and lowering the risk for accidents. Accordingly, it will be easier to do shopping on one's own and it will increase the opportunity for meeting others and strengthening social networks.

The first Service Routes in Stockholm started in 1988 on a trial basis. The service became permanent in 1989.

Presently, there are 21 Service Routes in the county of Stockholm, of which 10 run in the city of Stockholm. The regional public transport corporation of Stockholm county has identified more districts which would be eligible, and lobby groups of elderly are fighting for more Service Routes.

Stated aims and objectives

The main aim of the program is to make travelling available for everyone. The objectives are to (a) adapt public transport to the disabled, (b) counteract the rising expenses for the Special Transportation Services, (STS) and (c) offer a means whereby the transport companies can make adjustments to the market and inform the public on the availability of services.

Structures and policy

The Service Routes are administered by SL (The regional public transport corporation of Stockholm county). The routes are run by contractors who offer the lowest bids for a predetermined level of quality. At present that contractor is SL.

Methods and activities

In order to implement a Service Route at least 1,000 elderly persons must live within 200 meters from the proposed route. Special demands are put on such a route. Route layout, choice of vehicle, driving time and even the drivers themselves are some such considerations.

Stockholm





The route layout makes walking distances shorter. The buses run between approximately 9 A.M. and 3 P.M. There is one bus per route. Service Routes are operated by small buses featuring low boarding steps, wheelchair ramps and extra handles and railings inside. The driving time is adjusted so that the driver can help the passengers on and off the bus. It is also advantageous that the driver gains experience and familiarity with the passengers.

Marketing is essential. Experience often proves that ads, brochures and other printed material do not suffice. Information ought to be distributed personally as well, at meetings and via canvassing for example.

Organisation

The Service Routes are administered by the Regional Transport Company (SL). The views of the users are investigated in surveys. Planning of new routes is carried out in cooperation with the social and highways departments of the municipality. The staff includes one driver per bus.

Finance

The funding is provided within the budget of the regional transport company (SL). The regional transport company receives its money from the County Council and tickets.

It is estimated that a Service Route in Stockholm costs about 0.5 to 0.8 million SEK per year (59,000-94,000 ECU). The main part of the cost (60%) is salary. The price of the ticket is the same as on the regular public transport.

Before initiating a Service Route, three primary areas regarding cost implementation are examined: Planning, technical alterations and marketing. A total planning time (in person per month) of approximately 3 months is required.

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Statement from Stockholm:

Through a network, one really has the possibility to eventually learn about other programs and systems. The first knowledge is typically rather superficial.

The service route program is a regular service within an established organisation. Thus, business as usual...

Dementia



Dublin Sonas aPc – activating potential for communication



Target population

Older people in out-patient or residential care with impoverished communication and interaction skills due to intellectual impairment.

Project description and history

Sonas is a system devised by a Speech and Language therapist – a multisensory method for activating potential for communication in older people, especially those suffering from dementia including Alzheimer's disease. This method was implemented in four care units, two of them managed by the then Eastern Health Board which since 01/03/2000 has been replaced by the Northern Area Health Board, South Western Area Health Board and East Coast Area Health Board in the Eastern Regional Health Authority Area and two managed by voluntary hospitals/homes in a three-month pilot project. The Sonas activities will be continued by the trained staff.

Stated aims and objectives

Main aim is to activate communication potential and optimise communicational skills of older persons with impoverished communication and interaction.

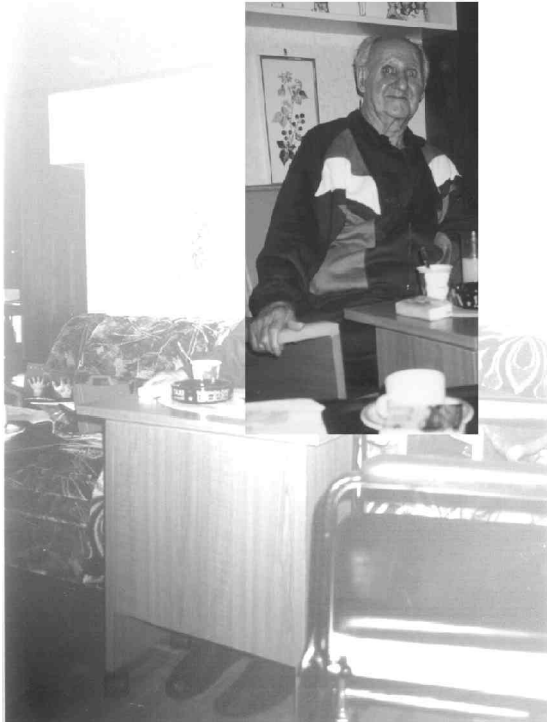
Objectives are:

- ★ To have optimum implementation of the Sonas aPc approach in four units for a three months period.
- ★ To gain information about the value of this intervention to the patients/residents taking part, their families/relatives/carers, the staff who work with them and service providers seeking to improve their quality of care.

Structures and Policy

The project was located within the area of the then Eastern Health Board, in two homes managed by the then Eastern Health Board and in two facilities managed by voluntary hospitals/homes.





Methods and activities

Group sessions that last ca. 45min, including gentle exercises, singalongs, relaxation with music and massage, proverbs and poetry, stimulation of all senses, percussion and dancing and participants contributions. Individual sessions that last 20 mins. Consisting of music and massage. One unit carries out two group sessions per week with 8 patients/residents and one individual session with the same eight people for a twelve week period.

Organisation

The project management lies with Sonas, which is a registered charitable organisation. Regarding staffing, a total of 28 persons participated that is 2 persons from Sonas, 6-8 persons from each unit and necessary management involvement.

Statement from Dublin:

The Megapoles project has been an enlightening international exchange of views on Health Services in capital cities.

In the context of the Sonas aPC project, the Sonas team took great encouragement from being valued by their peers in Europe

They also took on Board the constructive criticism of the peer review team and subsequently the project was professionally evaluated by an independent Research Team.



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Helsinki “The Young Groups”

Target Group

People under 65 years of age in early stages of dementia and excluded from active work with drastically lessened contacts in the working society

Project Description and History

This is a project developed since 1995 by the “Alzheimer Association of Helsinki” and was supported by the City of Helsinki and private sponsors. It started out of the need for help and support for middle aged demented people and their family members and carers.

The Alzheimer Association, who also runs a day care centre, was looking for “clients” through newsletters and through personal contacts with professionals. Everybody applying was accepted and so far it has been possible to continue doing so. Since 1995, three “Young Groups” could have been established.

People can stay in their “Young Group” as long as they find it useful. The average stay is several years. When the group supervisor assesses that the advancement of dementia has progressed beyond the stage where the users can benefit from the group activities, the person will be referred to the day care programme.

Stated Project Aims and Objectives

The overall aims are to help participants maintain their communication skills, to slow down the process of deterioration, to help the participants in their personal acceptance of the illness, to help them plan for the future and manage daily life.

Specific objectives are:

- ★ to provide social and mental stimulation, a social context and possibilities to discuss personal issues with persons who have similar problems
- ★ to increase feelings of security through personal interviews
- ★ to help participants retain capability to make their own choices and decisions about their lives for as long as possible
- ★ to familiarize participants with careproviding institutions
- ★ recreational and cultural activities

Structure/Policies

The decision to work with groups was originally made to supplement individual based activities and to benefit from a group setting both experientially as well as time economy and money wise. The groups were formed taking into account that members of the same group should have similar problems.





Methods and activities

Meetings take place for about three hours a week. The activities in the groups are well structured and include word games, reading news and books in simplified language, music, lectures and many discussions, visits and recreational activities. Group members are invited to give suggestions of what they want to do or discuss and are often asked for their expectations.

The activities also include evening courses for carers, lectures about the project in nursing schools and caregiving institutions. Presently the project staff is helping start a similar group in another region in Finland.

Organisation

The executive director leads the groups, with occasional help from other staff members and volunteers. The staff also includes a dementia counsellor, a nurse, a cook, 2-3 aids and occasionally 1-2 nursing students. Medical doctor services are provided on a consultation basis. Volunteers help regularly.

Finance

RAY, the Finnish Slot Machine Association, arranged financing to start the project. The City of Helsinki contributes with FMK 40,000. Other sources are membership fees, donations, fund raising activities and others. The total costs of the Young Groups in 1998 were FMK 122,600 of which 86.1% were for staff, 6.1% for rent, 5.2% operating costs, 2.2% office costs and 0.3% miscellaneous. The executive director consulting the board decides the funding priorities.



Statement from Helsinki:

The project continues as before, there are no immediate needs for expansion.

Meeting people from other countries and exchanging experiences with them was a rewarding experience. The chance to be included in the Mégapoles peer review phase has its own PR-value and gave positive attention to our project which to our knowledge is a unique one. The contacts established also provide possibilities for future professional exchange.

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Madrid Programme on early detection of mental disorders and cognitive deterioration

Target Group

The target population for the programme are persons over 65 years of age who live in the city of Madrid (in 1996 about 514,000, or approximately 18% of the total population of 2.9 millions). It is also estimated that 25.6% of the target population need some kind of help, 20% of them live alone and the dementia prevalence is 6%. There is no specific attempt at singling out at risk persons or groups within the target group.

Project Description and History

The programme is part of a wider strategy of the Municipal Health Department of Madrid and is supported by city politicians and decisions makers. It was initiated in 1993 in connection with the reorganisation of the Madrid Health Department, where two sections were established: the section of Municipal Health Centres (MCH) and the section of Management Programmes. Services for persons over 65 years were integrated into these sections. A special steering committee was formed.

The programme is made known to the public through radio advertising, posters throughout the city, leaflets and information spots in places where the elderly gather, etc. The message in all these activities is to encourage the elderly to register at their own Health Centre for participation. Invitations to participate are also extended through personal letters using the Census Roster. The number of letters mailed is regulated according to available capacity.

Stated aims and objectives

The objectives are to detect early cognitive and mental disorders in people over 65, with a screening concerning Mental Disorders/ Cognitive Deterioration, and to decrease morbidity in the target population. Besides the screening, the project consists of preventive activities and its goal is to emphasize and reduce illness for people above 65 in the Municipality of Madrid.

General objectives for the comprehensive programme are:

1. To increase the coverage of the antitetanus and antigripal vaccinations
2. To promote daily healthy habits
3. To inform about the benefits of physical activity
4. To detect precocious pathological preventatives in this age



LA SALUD NO TIENE EDAD
cuídese



PROGRAMA PREVENTIVO PARA
LOS MAYORES DE 65 AÑOS

Si desea información, llame al 010

Ayuntamiento de Madrid
Área de Salud Pública

Structure and Policy

The social and health care of the elderly population in Madrid is carried out on three different levels of public administration:

- a) Locally by two departments of the Madrid City Council: the Social Service Department and the Public Health Department. The Social Service Department is the main actor with a financial donation/ budget of ECU 24.676.544. The Public Health Department provides prevention and promotion activities for the elderly population in Madrid.
- b) Regionally, by CAM, the Madrid Autonomic Administration. The social and the health care for the elderly is organised by the Health and Social Service Councils. The main resources for the elderly population are the nursing homes.
- c) Nationally, by the Madrid Central Administration. There are two ministries involved in the care of the elderly: The Ministry of Social Services and the Ministry of Health. The Ministry of Social Services works for the "Elderly Holiday Program" and the Ministry of Health provides medical care. The Ministry of Health also co-operates with the local administration in the field of preventive care for the elderly.

Methods and activities

The screening programme is aimed at early diagnosis of relatively healthy persons with some risk factors. In meeting with the elderly that have come in for the purpose of being screened, he or she is first informed about the general purpose and meaning of the scheme. The whole set up is also geared at increasing awareness in the target population about how to detect early "signs".

The screening is carried out through a basic test battery for everyone (Goldberg General Health questionnaire-28 items and Lobo cognitive Miniexam, Spanish version for the Folstein Minimental) attending and through additional tests when indicated (Geriatric Depression Scale-30 items and Hamilton Anxiety Scale). The screening is offered to persons over 65 in the city of Madrid as part of a wider screening activity for that age group. This programme is offered free of charge in 13 Municipal Health Centres servicing 21 districts in Madrid.

39 professionals consisting of general doctors, nurses and administrative staff carry out the operative part (e.g. assisting in health education and screening) at the Municipal Health Centres. They have received information about the programme and have been trained to implement it. In addition specialised staff in Radiology, Ophthalmology, ENT, Gynaecology and Laboratory are also participating as needs may arise.

Organisation

The programme on early detection of mental disorders and cognitive deterioration is one out of 13 programmes for preventive work in Madrid. The steering group for this subprogramme consists of an internist, a doctor and a nurse. The programme direction is with the Division of the Elderly.

Good co-operation has been established with the Health counsellor and other counsellors of the City council of Madrid as well as with other departments, but above all with the Social Service Department.



Financial resources

The subprogram is entirely funded by the Department of Health. Until now the budget has been sufficiently covering actual costs. The costs are mainly staff costs, but also include mailing costs and production and/or acquisition costs for posters as well as for screening material and some background material. Specific costs are difficult to estimate.

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Statement from Madrid:

Megapoles Network is a good vehicle for sharing experiences of good practices

I learned to use new tools, methodologies and useful information (indicators, new evaluation processes, etc.)

Aide in the development of common preventative strategies at European level:

Establish programs that share objectives, methodologies, activities, and evaluation systems that allow sharing and comparing of results between different cities or regions, which in turn could be the foundation of decision making for intervention



Lisbon ATIC- Reach Out Project

Target population

Elderly at high risk of developing serious mental problems in the district of Fatima, a district with a population of about 3,500 over 65 years of age, most of them with low income and living in poor housing conditions.

Project description and history

The project started with the idea of creating a service that could improve the mental health of the dependent elderly of a pilot area and at the same time provide adequate medical and social support, allowing the patients to stay at home as long as possible.

A steering group formed in 1995 and a request for funding to the PAll, an organisation which is under the direction of the Ministry of Social Security was approved in 1996. The activities started in 1997 with a professional training for the staff (doctors and nurses). Installation of tele-alarms in the home of the elderly was finished in June 98.

20 dependent elderly were selected and assessed in terms of clinical/mental functional status and social support. A care plan and a plan of activities was developed.

Stated aims and objectives

Main aim is promoting a better quality of life of mentally and/or physically dependent elderly living in the community.

Objectives are:

- ★ Installation of an emergency alarm at the home of a selected number of older persons by the Misericordia (a voluntary organisation)
- ★ Improvement of medical and social services and support that meet the needs of older patients at home
- ★ Improvement of quality of care by professional training.

Structures and policy

In Lisbon, most of the care for the elderly is provided by non-governmental organisations (often belonging to religious orders and parishes) that usually are also subsidised by public funds and in particular, the Misericordia of Lisbon, a charitable welfare organisation 500 years old.

Lisbon





Methods and activities

The project is aimed at giving technical support to mentally ill elderly

One central activity is the regular telephone contact between social workers and the elderly, providing them with a sense of security.

The intervention is threefold:

1. Installation of a tele-alarm to give the older person the opportunity to call in any case of emergency and get immediate response. There are 20 intervention teams (a medical doctor and a nurse) ready to go to the patient's home if the emergency is considered of serious nature.
2. Networking on the issue of mental and medical care with the various partners
3. Provision of a telephone contact person between health centre and clients during the day. This contact person - a social worker - is the key person in coordinating and maintaining contact. He/she maintains daily contact to give advice and offer options to older persons.

Organisation

The project staff includes 3 persons on a steering committee, that are employees by the Ministry of Health, 20 medical doctors and 20 nurses on the intervention teams, a social worker and a secretary.

Finance

There are four financial sources:

The PAII (s.a.), the Ministry of Health, the Misericordia and the Municipality of Lisbon.

Costs are high because of the specialised professionals on the intervention teams.

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Safety / Security



Bruxelles **Safety Through Relationships**

Bruxelles

Target population

- ★ New Philip residents - there are 92 disorientated people, aged between 60 and 95, who have a range of dementia (with the exception of psychotic).
- ★ Entr'Age reaches children aged ten to 12, as well as relatives and other adults.
- ★ Families with a member suffering from early dementia.

Project description and history

Safety Through Relationships consists of a number of initiatives rather than a single project and has been developed to improve residents' security and feeling of safety. From 1993 to 1996 communication and theatre workshops were held between residents and local schoolchildren and in 1998 ten reminiscence sessions were held for families with a member suffering from early dementia to help communication and understanding through reminiscence

The initiative was developed by the Director of New Philip, a residential home for confused older people, and a project worker at Entr'Age Association, a non-governmental organisation that focuses on promoting the health of older people. The two organisations have worked together for some years.

A range of reminiscence work has been tried, such as using communication, drawing, writing, senses and games. The rationale behind the reminiscence work is that if people suffering from dementia are not stimulated to keep in touch with themselves, they lose contact with the reality of the outside world.

The theatre/workshops links were made with a local primary school class in Waterloo in 1993/94 and the teacher and children (aged six to seven) visited the home to talk and sing with the residents. These links lasted a year and finished when the class teacher changed and the liaison was no longer seen as a priority.

Reminiscence workshops were introduced in 1994/95. Further work involving children aged ten to 12 was developed in 1995/96 in the form of a theatre project aimed at stimulating the memory. There have been discussion seminars for seriously disorientated people and relatives (1998-99)

The most recent initiative is a pilot programme to provide information and support for three more difficult-to-reach families who have a member suffering from early dementia.



Stated aims and objectives

Safety Through Relationships was developed following participation in a European Reminiscence Network that encourages development of programmes for the confused elderly. Its main aim is to reduce the fear of disorientation and its other objectives are to:

1. Improve the well-being of all disorientated people.
2. Increase the security of confused people and the understanding of their carers, both family and professional;
3. Provide written and verbal information about Alzheimer's disease, for adults and children;
4. Give disorientated people a role so that they take part in and do not just witness life.
5. Prevent disorientated old people from being excluded, by planning actions and making communication better in different ways for everybody.

Method and activities

The project takes place outside New Philip, lasts ten weeks and involves weekly meetings of the family for three hours at a time. The sessions give families the opportunity to meet others in the same situation, gain information about the disease, realise the pleasure that can be enjoyed through reminiscence and explore new ways to communicate. It has also allowed families to examine their feelings, such as anger, anguish and frustration. A variety of subjects are used to stimulate memories, including school, marriage, work, holidays and children.

Organisation

The action is the result of the partnership between an NGO, a private residence, Age Exchange in London and the Reminiscence Network. The Director of New Philip is accountable to her management board and the social worker from Entr'Age to her manager and funders. Three other members of the New Philip staff have been involved in the project.

Finance

New Philip is a privately-funded residential home while Entr'Age is funded by the French-speaking Community of Belgium and the French-speaking Community Commission of the Region of Brussels to develop social and cultural projects. The European Reminiscence Network provided finance for each network member to develop an intergeneration project. New Philip contributed funding to help rent an apartment and both organisations have contributed staff time.

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London Development of Guidelines for the Prevention of Falls

Target population

Elderly and frail people in the pilot districts East City and Hackney Health Authority's area, a very deprived part of London. The pilot area of East City and Hackney Health Authority consists of 591,000 people, of whom 12% are over 65 and 30% are from minority ethnic groups. The guidelines have been tested in the Accident & Emergency department of a general hospital, by a primary care team in a general practice and in a residential care home.

Project description and history

Falls by older people are a major cause of morbidity and mortality in Britain. The project *Development of Guidelines for the Prevention of Falls* aims to reduce the number of falls among older people.

The project has completed two systematic reviews of interventions trials and evidence-grouped them into four categories. Recommendations have been made by a multi-disciplinary development group and a programme designed for falls prevention. An assessment tool for predisposition for falling in older people has also been designed.

Current evidence about the prevention of falls by older people has been reviewed and findings collated. From it falls prevention guidelines, for health and other professionals, have been developed and piloted in the three settings of primary care, accident and emergency, and residential care home. The pilots have taken place in the East City and Hackney Health Authority area, a very deprived part of London.

On the positive side, there was the establishment of a falls clinic on the A&E pilot site and the positive liaison which developed between the three pilot sites. However it was not easy to obtain the participation of GPs. Falls

prevention did not figure high on the agenda and was often seen to be more efficient once the first fall had taken place. Data on fallers was collected, but not acted on, and the pilot was not generally well received by all professions.

Stated aims and objectives

The main aim of the project is to prevent falls in older people. Other objectives are to:

- ★ Develop evidence-based statements of falls prevention.
- ★ Develop recommendations for prevention of falls in older people.
- ★ Provide tools (risk assessment proforma and referral networks).
- ★ Facilitate implementation in accident and emergency units, primary care and residential care homes.
- ★ Test the feasibility of implementing these guidelines in each of the above settings.

The intended outcome is a tool for assessing risk of falls and a referral pathway which have been developed and piloted.

Structures and policies

Accident prevention is one of the key target areas of the Public Health Strategy Our Healthier Nation. There is good evidence of effective interventions for preventing falls in older people.

The NHS Executive put out a call for tenders to develop guidelines for the prevention of falls. The SEIPH were commissioned to develop the guidelines and test them between autumn 1997 and winter 1998.

London also has a strong voluntary sector providing, supporting and campaigning for services for older people, for example Age Concern and the Association of Carers.

Method and activities

The guidelines were developed by means of searches of bibliographic databases and contact with researchers, resulting in the updating of two systematic reviews. A multi-disciplinary development group and referee panel appraised the quality of the trial and the evidence summarised and graded the evidence statements formulated. Individual service recommendations were derived from the evidence statements to develop risk assessment criteria and referral pathways for implementation and piloting.

Organisation

A Department of Health policy team is steering the project. There are two project leaders and three other part-time staff. An expert group is acting as reviewer and referee. Feedback is sought from the pilot participants.

Finance

The Department of Health has provided £30,000 for the work to be completed in six months. A protocol was developed to agree funding priorities.

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Statement from London:

Being part of the GOMA network has been extremely valuable for London on a number of levels. For the projects which have undergone the peer review process, the reviewers, with their range of backgrounds and experience, offered a fresh perspective and new insights. For those of us who participated in the network, GOMA has given us an opportunity to share experience and to explore common concerns with colleagues from other capital cities. Together we have identified a number of key issues which we each need to take forward in our own cities. In London, we have also been able to share the themes which emerged from GOMA's work with others who work with older people. They have strongly endorsed the practical value of sharing examples of innovation and good practice across Europe.



Oslo

Oslo Protecting Older People, An Intervention Strategy Against Abuse of Older People

Target Group

- ★ Older people who may be subject to abuse.
- ★ Health and other professionals.
- ★ Politicians and the general public.



Project description and history

The health of older people is a priority for the City of Oslo. The project therefore is part of an overall strategy to ensure that elderly people feel safe and secure.

In 1987 the Nordic Council advocated a review of violence against adults, young and old, together with related problems, in the light of United States research findings highlighting violence against elderly family members. In 1988 the Ministry of Health and Social Affairs funded an interdisciplinary research project based on theory and socio-anthropological methodology, to examine the reality of elderly abuse in Norway.

The research confirmed that there were gaps in service provision and proposed a model for 'Elderly Protection Services'.

The project is taking place in Lambertseter, one of the city's 25 Urban Districts. Lambertseter is a suburban area with 10,500 inhabitants of whom 800 are over 80. The housing

was built in the 1950s and consists mainly of low rise (four storey) flats without lifts. Oslo City Council is considering options for taking the model across all Urban Districts.

The project aims at enhancing co-ordination across services to identify and deal with elderly abuse. The outputs identified are for the project leader's role to be developed to that of 'a mediator' and to set up a process for providing help and support, as well as establishing referral systems. It is also hoped to establish awareness-raising and training programmes for health and other professionals, along with self-help groups. Efficient monitoring and reporting systems are considered necessary to the success of the project.

The Lambertseter project is one of three which have evolved through several phases since 1991 and is a coordinator of the work in the three Urban districts. Progress has been made in the following ways.



Objectives

1. To raise awareness of the abuse of elderly people and ensure that co-ordinated, sensitive policies and mechanisms are in place to deal with the problem.
2. To identify and enable elderly people who are being abused to take action and be aware that co-ordinated services are in place to help them take control of their lives.
3. To develop understanding and skills in health and social services workers confronted with cases of possible elderly abuse and provide a support service.
4. To work in accordance with the City Council's main values of security, dignity and care.

Method and activities

Referrals are made to the project from individuals and health and social care workers. The project leader acts as a mediator and follows a process to provide help and support. The first step is to try to establish a relationship of trust with the abused person, then help them assess the options for changing the situation and establish contact with other professional services, such as psychiatric clinics or the police. Some older people also require financial advice and assistance.

The project has been active in raising awareness about elderly abuse in politicians, the public and health and social care professionals and providing regular training programmes for primary care and health and social care professionals. A self-help group to support abused persons has been set up, as well as a professional group to improve co-ordination of services. Documentation about visits, action taken and interventions are recorded and quarterly reports produced.

Organisation

The project leader manages the project on a daily basis and is overseen by the Urban District Health and Social Care Administrator. A management group consisting of members of the participating urban district offices oversees development and financial management. A reference group with representatives from health and social care professionals, Ullevål Hospital and the Norwegian Resource Centre for Victim Support provides support and co-ordination between the different services.



Finance

Funding comes from the City Council and the five participating urban districts. The cost for 1997 was NorKr 650,000 which mainly covered the salaries of the three project co-ordinators.

The City Council has allocated NorKr 4.000.000 to take the service across all 25 Urban Districts and an option appraisal paper concerning the development of the project has been submitted to it. It has not yet been decided if the project in Lambertseter will have a co-ordinating role in the next phase. Local politicians from Lambertseter Urban District are very committed to the project and have allocated funding to sustain it, whatever the central decision.



Statement from Oslo:

The City Council has now decided to extend the project to the whole city and to make it a permanent activity: "Elderly protective services". There has been decided on an organisational model with three offices, hosted by three different urban districts, but with an obligation to receive persons from all parts of the city. The offices are administered by the local urban district but there is a coordination of activities across offices from a professional coordinator in Lambertseter district. Persons who want to contact the service may call a free "green number" common to all offices. The services are established this year and will be run on a whole year base next year. The calculated budget for 2001 is approximately 5 mil NKR (625,000 Euros).

The peer review report from Megapoles did play a part in pushing forward the process of making decisions about future organisational model and area for work and especially the role of Lambertseter district. When the visit took place uncertainty about these matters caused great concern in the project. This concern was pointed out by the review team as an obstacle to further progress in the project itself.

Positive comments from the team on project contents, sustainability and transferability has been encouraging in the present development of the service. We also feel that our city may contribute to the work on elder abuse in other cities.

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Vienna Safe walking over 60

Target group

People at the age of 60 and over 60

In Vienna 20% of the population, around 310,000 people, are over 60. The three target populations are:

- ★ The young elderly, who are active and mobile, and can be reached through information campaigns and exercise sessions.
- ★ The frail elderly, who are immobile, chronically ill or handicapped and can be reached through families and professionals.
- ★ The families and professional carers of elderly people.

Project description and history

Safe Walking Over 60 is a joint initiative between the Austrian Institute for Home and Leisure Safety and the Vienna WHO (World Health organisation) Healthy Cities project. It was set up to develop and implement an injury prevention programme for older people. Current accident statistics in Vienna indicate that most falls take place in the home or public places, with two-thirds resulting in an injury, of whom one-fifth require inpatient treatment. The project coordinator has a base in "Sicher Leben", the Austrian Institute for Home and Leisure Safety, and has used a number of different strategies and interventions. The project was set up to achieve one of the outcomes of a conference on home accidents among the elderly.

Objectives

- ★ To raise the level of awareness of safety issues among Viennese inhabitants aged 60 or older, and the media;
- ★ To encourage more widespread use of preventive measures and the improvement of housing conditions.

This is expected to result in a five per cent reduction in the number of accidents to the elderly in Vienna within three years and a reduction in costs for accident-related hospital treatment.





Method and activities

Information sheets and leaflets on safety, including the checklist "How Safe Is My Flat?", have been made available to the elderly and their families, as well as consumer magazines, a media set for training and a training video. Lectures are given on safety in clubs, retirement homes and geriatric day centres. An event called Safety In The Senior Citizen's Home has been held in six urban districts, with around 400 people visiting the most recent. There are also special Safety Afternoons and booths at health fairs.

Pilot projects have been held on home safety and counselling, while "Live Safely" has involved experts carrying out safety checks and providing advice. A list has been compiled of retailers selling safety products such as bath mats, lifting devices and chairs for

showers. Special training has been given to those who work with the elderly and lectures held for social care workers and home nurses.

Other initiatives have included an evaluation project using documentation, health and nutrition and household survey data, while the recommendations from a road safety audit led to a safety leaflet being sent to all elderly people along with their insurance card. An active approach from stakeholders in health services, trade and industry, administration and senior associations has been encouraged and encountered.

Organisation

The project is situated in Sicher Leben - the Austrian Institute for Home & Leisure. A full time coordinator manages the day to day running of the project and is supervised by the Director of the Institute. The overall project management is with the Vienna Healthy Cities initiative.

A steering group was set up to develop and implement an injury prevention programme for the elderly in 1994. In 1995 it published a report setting out a package of prevention measures which included a conference entitled Stop Accidents in Elderly People and a Safe Walking Over 60 service centre which opened in March 1996.

The project now is steered by a committee consisting of representatives from the City Council, the Departments of Home Care, Health, Hospital Care and Social Services, the Austrian Road Safety Board, the Institute of Home & Leisure Safety, residential homes, research institutes, organisations offering home help and social health insurance.

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Statement from Vienna:

As population grows older, the individual period of life augments. The common aim of European projects is to improve knowledge about risk factors of falls, including health-, life style- and environmental risk factors.

This projects improves knowledge at the individual level as well as for informal and formal care providers. The access to information is easy and well understandable. The project tries to reach elderly people at public places, but also to provide consultation in their individual flats and houses.

Learning from other projects in the EU, the team of "Sicher leben" now co-operates with handy-men who are able to improve the security in the individual household. The costs are shared between the project and the supported persons.

The evaluation of the project now showed that "Sicher gehen über 60" had been successful in increasing knowledge and empowerment of elderly people as well as in reducing falls and the number of hip fractures in Vienna.



Conclusions



Conclusions and recommendations from project work can be formulated on the following three levels relevant for GOMA (Project, City, EU):

Project level

Analysis of the twelve presented projects showed that a programme procedure considering context, population and settings constitutes a main factor for the successfulness of a project. As far as innovative character or integration of projects is concerned, two different project types could be identified: projects „from the heart” versus projects „from the head”. Projects „from the head” are characterised by clear outlines and well established within a given structure of health services, whereas projects „from the heart” are strongly related to one or a group of persons that is very much devoted to the issue, but does not always pursue an explicit strategy or policy. Such projects often lack a clear documentation and evaluation of their work, impeding therefore knowledge, assessment and integration in existing structures. Our recommendation for these projects is that they should try to improve their documentation and evaluation material, because they are a valuable contribution to existing health care systems.

City level

Innovative projects should be integrated more systematically into city health policies and established methods for management, documentation and evaluation should also be provided. For the integration of these projects into a common strategy, co-operation between various sectors and professions is essential, in order to give projects the opportunity to form networks. City authorities should make use of an existing body of evidence (management of knowledge) for their own decision making, give projects access to information networks and support them.

It also has to be noticed that health promotion strategies for the elderly can only be successful if they are implemented in existing structures of health care systems. To this end, the different responsibilities of health promoting organisations, including NGOs and other volunteer organisations, should be clearly defined.

This is especially important in connection with the general Mégapoles aim of reducing inequalities in health: through applied scientific work elaborating measures for inequalities and related evaluation procedures, projects and programmes can develop their work and within city health policies emphasis can be put on target groups in neglected areas, where insufficient documentation is provided.

European level

Evidence shows that similar problems exist all over Europe. Common strategies can be developed, although an European perspective has to keep in mind the different social and cultural preconditions and contexts of the individual cities. Co-operation with regional authorities or directly with projects like M gapoles is of major importance for the European Commission, because it contributes to the development of programmes and strategies as well as to their implementation.

Furthermore, this co-operation plays a decisive role in the exchange of experience and existing know-how.

Problems of ageing and discrimination of elderly people do not always receive sufficient attention. The EU should discuss the political priority of issues such as ageing and support their presence in the media and public awareness. For future evaluation of national health policies, the development of an explicitly formulated European perspective would be helpful.

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