

“Healthy and active ageing” Germany

Name of the intervention in original language:

“Gesund und aktiv aelter werden”

Which 'life stage' for CVDs prevention targets the intervention?

Ageing

Short description of the intervention:

The described intervention is a strategy on active and healthy ageing, developed, organized and coordinated by the Federal Centre for Health Education (BZgA), Germany. Its aims are: the preservation and support of physical, psychological, and cognitive skills; the preservation and support of an active, autonomous, socially integrated and self-responsible healthy lifestyle; to prolong the life time until need for care

Target group: population of 60 years and older; ‘the young old’ and older people without major health problems; individuals with age-related morbidities / disabilities and/or in need of care; long term care recipients; relatives of older people; the general population; institutions, collaboration partners, stakeholders, multipliers/intermediaries.

Target areas and topics: The strategy was implemented in 2012 and follows an integrated, multidisciplinary approach. It aims to serve as an umbrella to facilitate the networking and collaboration of governmental, non-governmental, academic and private stakeholders in jointly defined key topics of healthy ageing, such as

- physical activity (incl. fall prevention)
- healthy diet
- mental health (incl. depression and dementia)
- substance abuse (alcohol, tobacco, pharmaceuticals)
- Disseminate information on major diseases, risk factors, prevention opportunities and early diagnosis
- Integration, activation and participation of the target group

The first module to be developed was “physical activity” for which two activity programs are conceptualized, developed and evaluated.

Actors:

The activities in the aforementioned areas are planned and coordinated by the Federal Centre for Health Education (BZgA) and accompanied by an interdisciplinary scientific advisory board under supervision of the Ministry of Health. Cooperation partners are among others the German National Association of Senior Citizens’ Organisations (BAGSO), German Olympic Sports Confederation (DOSB), German Gymnastics Federation (DTB), German Sport University Cologne (DSHS), German Adult Education Association (DVV), German Association of the Blind and Visually Impaired (DBSV), German Association of Family Physicians and General Practitioners (DHÄV), German Hiking Association (DWV), several universities and others.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

The concept was developed with the consideration of the available scientific literature on healthy ageing in Germany and internationally. This included scientific evidence from various governmental and non-governmental

sources. The literature basis was complemented by expert workshops, the inclusion of experiences from model projects as well as the results of the national Good Practice criteria development process.

How is this example of good practice funded?

Public funding with contributions of the Association of German Private Healthcare Insurers and engagement of cooperation partners

What is/was the level of implementation of your example of good practice (it is possible to mark more than one answer)?

National, Regional, Local (municipality level)

What are the main aim and the main objectives of your example of good practice?

- The preservation and support of physical, psychic, and cognitive skills
- The preservation and support of an active, autonomous, socially integrated and self-responsible healthy lifestyle.
- To prolong the life time until need for care

Please give a description of the problem the good practice example wants to:

About 17 million people are currently living in Germany above the age of 65 years. This age group will grow to an estimated 24 million people by the mid 2030ies, with the strongest growth in the age group above 80 years. More than 50% of these individuals are in good health and express a high quality of life in surveys (63% of the people in the age group 70 to 85 years). However, this does not reflect the whole picture as physical handicaps are part of many people's everyday life.

In the age group between 70 and 85 years:

- 85% experience difficulties in the execution of strenuous tasks
- 55% experience difficulties while bending over, knee down or stooping
- 44% experience difficulties when lifting and carrying shopping bags
- 33% experience difficulties during longer walks
- 28% experience difficulties when climbing stairs
- 18% report difficulties with bathing or dressing

The major somatic disease burden is represented by cardiovascular diseases, musculoskeletal diseases, falls, diabetes, and malign neoplasms. Multimorbidity is on the rise with more than 75% of the people above the age of 75 years having two different conditions in need for therapy.

Dementia and mental disorders, in particular depression, play a key role in the morbidity of older people and in the development of the need for care. Individuals with dementia and their relatives often face taboos, which foster stronger retreats from societal participation and activities.

More than half of the population above 80 years is in need for care, from which about 2/3 are taken care of in their homes.

Physical inactivity is one of the key health risks which leads to an increase in mortality and supports the development and progress of obesity and associated diseases with a high risk for the subsequent loss of autonomy and need for care.

There is sound scientific evidence on the trainability of individuals up to a higher age with a big potential for health promotion and prevention approaches. This accounts in particular for strengthened every-day life's activity in the age group over 70 years.

Institutions of long-term care have just recently come to focus as settings for health promotion and prevention approaches. International interventional studies have shown promising effects with increased mobility, strengths, autonomy, and quality of life. This prevention potential is to this point only used by a low number of older people due to barriers in the implementation in this setting.

The strategy "healthy and active ageing" aims to provide a comprehensive approach to tackle the multiple dimensions that come with the heterogeneity of the target age group.

Is your example of good practice embedded in a broader national/regional/ local policy or action plan?

The strategy is aligned with the Federal government's demographic strategy¹, with the national initiative to promote healthy diets and physical activity *INFORM*² and the national health target process *Gesundheitsziele.de* as part of the national health target "healthy ageing"³.

Implementation of your example of good practice is/was:

Continuous (integrated in the system), established in 2011/2012 and ongoing

Target group(s):

People over 60 years, including senior populations with men and women living by themselves, frail populations and people in need for care. A special focus is on socially vulnerable older people.

During implementation, did specific actions were taken to address the equity dimensions?

Data on health inequities were taken into account during the conceptualization and implementation. A collaboration with the nation-wide "Cooperation Network 'Equity in Health'" was established.

In design, did relevant dimensions of equity were adequately taken into consideration and targeted?

Yes. The concept of the strategy was developed on the basis of demographic data with a differentiated perspective on:

- Age – Dynamic of the future increase in people over the age of 65
- Gender – Increasing life expectancy for both sexes, with an increasing share of women in the older age groups
- Demographic development – Taking into account societal questions on generational justice
- Migration background – about 10% of the target group
- Socioeconomic status – Household structures change with age towards a higher share of small (1 / 2 person) households
- Differences of rural and urban areas
- Specific milestones in the life cycle, e.g. transition into retirement age

Which vulnerable social groups were targeted?

- Individuals in early retirement due to occupational disability

¹ http://www.bmi.bund.de/EN/Topics/Society-Constitution/Demography/demography_node.html

² <https://www.in-form.de/profiportal/in-form-initiative/internationales/in-form-english-version.html>

³ http://health-targets.de/cgi-bin/render.cgi?__cms_page=national_health_targets

- Individuals with a migration background
- Individuals in low socioeconomic circumstances
- Older people in need for care living in chronic care homes

Was an effective partnership in place?

The building of a strong network and partnerships is the key purpose of the strategy. It involves governmental as well as non-governmental institutions and actors from various fields of healthy ageing. The development, implementation and conceptualization of the work is accompanied by an interdisciplinary scientific advisory committee (Fachbeirat).

Was the intervention aligned with a policy plan at the local, national, institutional and international level?

The strategy was aligned with the (non-governmental) health target process, the national demography strategy of the federal government as well as with the national (governmental) strategy “InForm” on the prevention of malnutrition, lack of physical activity, obesity and associated diseases.

Was the intervention implemented equitably, i.e. proportional to needs?

The prioritization of the topics within the strategy was based on the following criteria:

- Commonness of the targeted condition (incidence/prevalence)
- Medical relevance (severity of disease)
- Prevention potential

Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?

Yes, through printed materials, internet, conferences and expert workshops.

Evaluation:

Evaluation of the strategy was/is being conducted in the following areas:

- Documentation and analysis of the results produced by the regional conferences
- Pre-testing and evaluation of all target-group related Materials (brochures, expertises, and web site modules) through focus groups and target group interviews. Main focus is to assess the feasibility, target group specificity and strength of the effect of the materials. Furthermore the evaluation should allow to re-adjust ongoing developing processes in the strategy.
- Evaluation of the activity programs “every day’s training program for older people” and “Moving worlds - The Luebeck Model”

Did the evaluation results achieve the stated goals and objectives?

Up to now yes, but evaluation is ongoing according to the public health action cycle.

Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?

Currently planned

Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

A series of scientific expertises and one study focusing the target group of people over 65 years were published over the course of the strategy.

Who did the evaluation?

Both – internal and external parties

Specifically, what has been measured / evaluated?

- Process evaluation (respondents, method, participants satisfaction) (please describe)
Materials, e.g. brochures, programs, logos, etc.
- Evaluation of the impacts/effects/outcome (please describe the design)
Yes, in regards to two sub-programmes to promote physical activity among older people (currently planned)

Who implemented the intervention?

The implementation followed a multi-step procedure, while the coordination was conducted by BZgA. In the building phase of the implementation (2012/2013), an interdisciplinary scientific advisory committee was constituted, expertises were commissioned, a comprehensive concept was developed as well as regional conferences were organized. A web portal was built as the main networking and information hub (www.gesund-aktiv-aelter-werden.de/).

What core activities are/have been implemented?

- Joint organization of a series of workshops on the national as well as regional levels.
- Organization of conferences with the aim to connect stakeholders in healthy ageing.
- Targeted dissemination under the support of partners of health information through topic-specific media kits and information material for multipliers/intermediaries as well as the target group(s), e.g. leaflets, brochures, posters, CD-ROMs, etc.
- Definition of entryways to the target group(s) and network building with relevant partners and structures like physicians, adult education centres, sports clubs, and/or commercial stakeholders (dance studios, fitness studios, etc.).
- Strengthening of the community level and its actors including the support for civil engagement and participation through improved network and capacity building.
- Initial approaches to network building was conducted in different model regions with the aim to develop transferable guidelines.

Was the intervention designed and implemented in consultation with the target population?

The intervention was mainly designed and implemented with representatives and umbrella organisations of target groups, e.g. the German National Association of Senior Citizens' Organisations (BAGSO), Federal Fall Prevention Initiative (part of the European network ProFouND), the German Association of the Blind and Visually Impaired (DBSV), and different sports associations/federations.

Did the intervention achieve meaningful participation among the intended target population?

The target population is involved in the conceptualization and implementation through e.g. focus group testing of materials and participation in the regional conferences.

Did the intervention develop strengths, resources and autonomy in the target population(s)?

This is one of the goals of the strategy.

Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?

Target populations were defined on the basis of demographic data and based on needs. The described strategy is primarily targeted to multipliers / intermediaries but includes elements like the development of an everyday training programme which addresses the target group directly.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

Yes, as the strategy is coordinated and led by a public governmental body (BZgA).

Were sources of funding specified in regards to stability and commitment?

Yes, through the annual project planning framework of BZgA, where one specific unit is in charge of the strategy.

Were organisational structures clearly defined and described?

Yes. A mapping of potential partners has been conducted in the preparation. Tasks and responsibilities of partners are defined.

Are there specific knowledge transfer strategies in place (evidence into practice)?

Yes, e.g. advanced education and training , adult education, and information materials (print and digital media).

What were , in your opinion, the main lessons to be learned?

- Synergies used through cooperation and networking
- Collaboration at eye-level between stakeholders through participation
- Inclusion and participation of the target group
- Thorough analysis and compliance with the structural and legal conditions

Web page related to the intervention

<http://www.gesund-aktiv-aelter-werden.de/>

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