

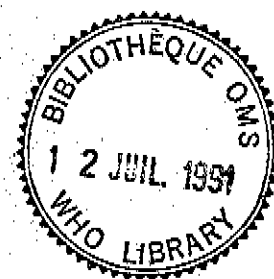


WHO

REGIONAL OFFICE FOR EUROPE

TEN-YEAR FOLLOW-UP OF THE ELEVEN COUNTRY STUDY ON THE HEALTH CARE OF THE ELDERLY

Report on a Consultation



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This activity was organized by the WHO Regional Office for Europe to promote work aimed at achieving the following target in the health for all strategy.^a

TARGET 2

ADDING LIFE TO YEARS

By the year 2000, people should have the basic opportunity to develop and use their health potential to live socially and economically fulfilling lives.

Index terms

AGING
HEALTH SERVICES FOR THE AGED
HEALTH FOR ALL
FOLLOW-UP STUDIES
BELGIUM
FINLAND
GERMANY, FEDERAL REPUBLIC OF
ITALY
POLAND
ROMANIA
USSR
YUGOSLAVIA

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^a *Targets for health for all.* Copenhagen, WHO Regional Office Europe, 1985 (European Health for All Series, No. 1).

Introduction

The Consultation was organized following the recommendations of the previous consultation on the development of the Eleven Country Study in Athens in January 1989. The participants are listed in Annex 1.

Dr Hermanova opened the meeting by describing the major developments in the activities of the Regional Office concerning health of the elderly. A target for healthy aging was adopted and included in the strategy for health for all by the year 2000 (HFA2000). This target will be a major topic at several meetings, including the XIV International Congress of Gerontology to be held in Hungary in 1993 and the Investment in Health Conference to be held in Germany in 1991. Planning work is being carried out to define the problem areas and to outline necessary activities.

Dr Hermanova also referred to the surveys being carried out in the Western Pacific, Latin American and Eastern Mediterranean Regions of WHO in which the original surveys have been implemented in a modified form. A workshop focusing on various WHO-coordinated surveys on the health of the elderly was organized in connection with the XIVth I.A.G. Congress held in June 1989 in Acapulco (Mexico).

Professor Heikkinen reviewed the development of the Eleven Country Study since January 1989. The second major publication of the Study, containing more detailed analyses of data relating to selected study populations and the services available for the elderly at the beginning of the 1980s, had been published as Health, lifestyles and services for the elderly.^a

The study protocol, which was completed at the consultation held in Athens in January 1989, was sent to all the original investigators. Nine centres (Belgrade, Berlin, Bialystok, Brussels, Bucharest, Florence, Kiev, Tampere and Zagreb) have expressed their willingness to take part in the follow-up. The purpose of this consultation was to monitor the situation in the centres that intend to participate in the follow-up, to discuss the scientific problems of the study, to draw up a plan for analysis of the data and to decide on the publication of the findings and dissemination of information.

Monitoring the implementation of the 10-year follow-up of the Eleven Country Study

Reports on the development of the follow-up study were received from nine centres and additional information was given by various participants about the situation in Brussels, Florence, Kiev and Tampere.

Brussels. A further survey will be carried out during 1991. Interviews among new cohorts (about 200 people aged 60-64 and 65-69) are under way. A mortality study and re-inventory of services is also to be implemented.

Florence. A further survey was carried out in 1987. A mortality study was also carried out and a report on the findings is being completed. A re-inventory of services is to be carried out. New cohorts were not included

^a Copenhagen, WHO Regional Office for Europe, 1989 (Public Health in Europe, No. 29).

in the follow-up. Additional studies on mental depression, on the concept of multimorbidity and on the natural history of the development of disability are being implemented.

Kiev. A further survey was carried out of 356 individuals. Some 416 new subjects aged 60-69 years were also interviewed. Preliminary studies on mortality were carried out. In addition about 60 individuals took part in clinical examinations.

Tampere. About 400 people were interviewed again in 1989. In addition about 400 people aged 60-69 years took part in a cohort study. A mortality study and re-inventory of services is to be carried out.

After reviewing the present state of the follow-up study the Consultation discussed ways of spreading information about the study to a larger audience. It was decided that the United Nations newsletter and gerontological journals will be used for this purpose. A draft text will be prepared by the coordinating centre. The follow-up findings will have implications for policy-making. A special report focusing on conclusions and recommendations for policy-making in the health care of the elderly will be written on the basis of the results of the follow-up study.

Discussion of the scientific problems of the follow-up study

The objectives and research problems of the different components of the follow-up were discussed and defined generally. Further detailing and definition of the starting points, aims and objectives of specific problem areas of the study centres will have to be done by experts from different centres.

Mortality

The purpose of the mortality studies is to describe death rates in the populations studied, to analyse associations between mortality and basic demographic variables (age, sex, civil status) and to investigate the importance of the different sociomedical and social indicators measured in the 1979-1981 survey as predictors of mortality during the follow-up.

Guidelines for collecting the required data had already been sent to all the principal investigators. Data on death rates should be collected until the beginning of the further surveys. Dr L. Ferrucci would take responsibility for furthering progress in this component of the follow-up.

Further interviews

The original questionnaire and the code book (as modified at the meeting held in Athens in January 1989) had been sent to all the principal investigators, together with clarification where requested.

It was agreed that the main objectives of the re-interviews were the following:

- to describe the changes that have occurred during the follow-up period in health and functional abilities, lifestyles, life satisfaction, family, use of services and living conditions; and

- to analyse the predictors of the development of disabilities and the maintenance of good functional capacity.

It was also suggested that an analysis of the methodical problems ought to be carried out, including possible differences in interpreting the meaning of different questions and various other factors that might render comparisons between the study populations difficult.

Survey of new cohorts

To discover possible differences in the cohorts, surveys of new cohorts aged 60-64 and 65-69 years (minimum 100 men and 100 women) were recommended at the meeting of the steering group held in Athens in January 1989. Researchers who carry out the cohort study in the different centres should make a more detailed definition of the problem.

Re-inventory of services

The same inventory questionnaire that was used in some centres at the beginning of the 1980s would serve to chart social and health services. With the follow-up the aim is to record changes in the provision of services in the different study areas. Dr R.L. Heikkinen was asked to collect the information requested and to organize the analysis of the data, which will include information about the use of services by the same study populations.

Data analysis

During the previous stages of the study it seemed to be desirable to analyse the data centrally. In order to guarantee the uniformity of the data files on the different populations and to help promote its efficient use, the Consultation recommended that the Department of Health Sciences, University of Jyväskylä should continue its role as a coordinating centre. Participating centres are expected to send their data files to the coordinating centre. Data will be analysed centrally according to the researchers' requirements. Subfiles can also be produced and sent to different centres for subsequent data analysis.

Researchers from the participating centres might also be able to pay visits to the coordinating centre for data analysis in specific problem areas.

The Consultation further recommended that the coordinating centre should write to participating centres asking them to define the problem areas in which they would be interested in collaborating with the other centres, to identify and nominate experts for such collaboration and to explore their own possibilities and resources for analysing data in specific problem areas.

Publication of reports

Centres will be responsible for publishing reports based on their own data. Depending on the resources available, the coordinating centre may be able to assist the centres (if requested) with data analysis.

On the basis of past experience, the participants recommended that the results of comparative analyses should be published as separate papers in international scientific journals. A meeting of the investigators should be organized in 1992 to monitor the development of the follow-up study and to make recommendations concerning the use of data.

Other methods of using the data and disseminating information could include:

- progress reports by the end of November each year to the Regional Office to be used in developing programmes and policies in relation to targets relevant to aging and the biennial work plans;
- policy-oriented workshops if funding can be found;
- a special symposium on the findings of the follow-up study could be offered to the organizers of the XVth IAG International Congress of Gerontology to be held in Budapest in 1993;
- data on functional abilities could be used in attempts to analyse disabilities according to the International Classification of Impairments, Disabilities and Handicaps; and
- summary reports of the progress made in the follow-up study should be sent to the United Nations Centre for Social Development and Humanitarian Affairs in Vienna for eventual publication in its newsletters.

Further coordination of the study

The participants discussed whether further coordination of the Study was needed or possible. In addition to coordinated data analysis and publication of results, other issues requiring coordination included the dissemination of information about the progress of the follow-up study within the participating centres and between studies of the same kind (e.g. the WHO-coordinated surveys on the health of the elderly in the various WHO Regions). Coordination may also be required when attempts are made to promote the use of the results in policy-making.

The participants asked the Department of Health Sciences, University of Jyvaskyla to take responsibility for performing the tasks which the further coordination of the Study will require.

Several proposals were put forward for facilitating the coordination and effective use of the data. The Regional Office should continue to be involved in disseminating knowledge generated by the Study and using the results to draw up policies on promoting healthy aging. An unofficial working session could be organized in connection with the Second European Congress of Gerontology to be held in Madrid on 11-14 September. The current activity should result in a policy-oriented report based on the findings of the follow-up. A planning meeting might be incorporated into the plan of work for 1992-93 within the Regional Office, who should be asked to support it financially.

Other business

A background document on healthy aging prepared for the technical discussions at the fortieth session of the Regional Committee within the context of HFA2000 was presented and discussed.

Closure of the Consultation

Dr Hermanova explained that the healthy aging document and future target on healthy aging give better possibilities for developing programmes and policies with the aim of promoting health and preventing disease in aging and

elderly people. The results of the follow-up to the sociomedical survey on elderly people in eleven countries (1983) will create a reserve of knowledge which can be used effectively for planning and implementing activities related to the whole topic of healthy aging.

Professor Heikkinen commented that in scientific research the results came late and recognition of the results even later. The sociomedical survey of the elderly in eleven countries already had a history of more than ten years, but it was only now that the tremendous efforts made by the investigators in the different research centres were beginning to pay off. Longitudinal gerontological studies are rare but comparative longitudinal studies are even less common. Therefore, there are good reasons to anticipate that the findings of the follow-up will be interesting not only from the research point of view but also for decision-makers in trying to improve the wellbeing of the growing numbers of elderly people.

Annex 1

PARTICIPANTS

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