

CONFERINȚA INTERNAȚIONALĂ „ERA – AGE”

Nota redacției: În luna iunie, 2006, Bucureștiul a găzduit lucrările conferinței „Era–Age”, susținute de către participanții la un consorțiu internațional de cercetare științifică, coordonator prof. Alan Walker (Marea Britanie), personalitate științifică remarcabilă. Reproducem, în continuare, comunicarea susținută de către profesorul Walker, precum și sinteza concluziilor de la cele patru grupuri de lucru ale conferinței.

INTRODUCTION TO THE EUROPEAN RESEARCH AREA ON AGEING

ALAN WALKER

I will discuss here the same topics commented with European Research Area on Ageing.

Building Blocks in the Europeanisation of Ageing Research:

1991	European Observatory on Ageing and Older People
1992	Eurobarometer
1993	European Year of Older People and Solidarity Between Generations
1999	UN Year of Older People (the society for all ages)
1998-2002	FP5 Key Action 6
2000	First European Forum on Ageing Research
2001	FORUM
2004	ERA-AGE

The Need for European Coordination of Ageing Research

- No systematic linkages between centres of excellence.
- Absence of a concerted European perspective.
- Lack of interdisciplinary research.

“We are not students of some subject matter but students of problems. And problems may cut right across the borders of any subject or discipline”. (*Karl Popper*).

“Interdisciplinary research should not be conducted for its own sake, but rather as a deliberate response to specific research needs.” (*Bridging Disciplines in the Brain, Behavioural and Clinical Sciences, 2000, p. 4*).

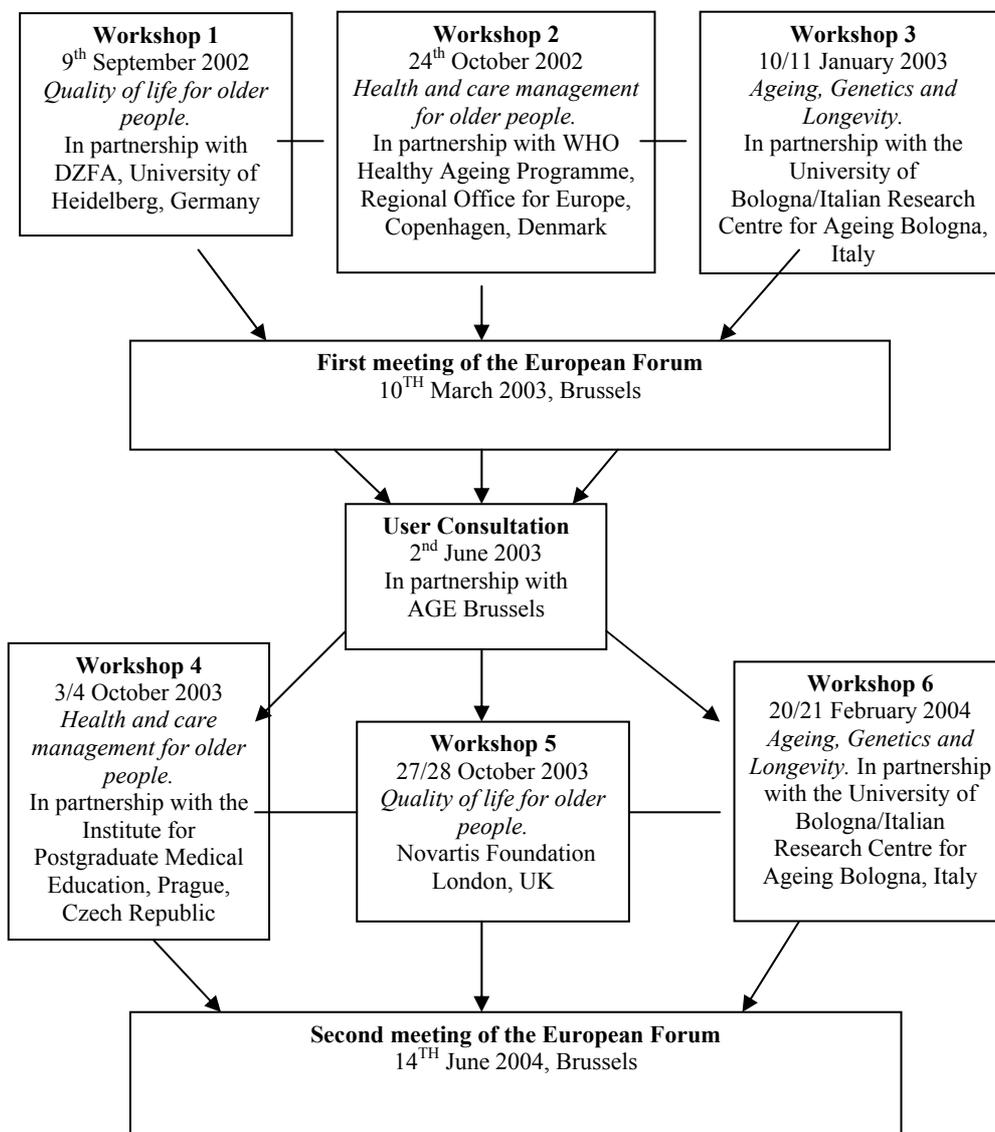
FORUM Objectives:

- To promote European co-operation in ageing research.
- To develop synergies between national and international programmes.

- To improve channels of communication.
- To stimulate interdisciplinary research.
- To promote improved public awareness.

Methods:

- Forum on population ageing research.
- Workshops on priority topics.
- User consultation conference.
- Steering group.
- Dissemination.



European Forum on Population Ageing Research: Knowledge Gaps and Research Priorities

	Instruments	Structural limitations	Methodological issues	Research priorities
Quality of life	<ol style="list-style-type: none"> 1. Consensus on how to understand, measure and define QoL – both standardised and culture specific. 2. Predictors of active ageing. 3. Assess environmental measures to understand how to improve the lives of older people. 	<ol style="list-style-type: none"> 1. Developing gerontology researcher capacity in quantitative and financial expertise. 2. Health issues have taken priority to the detriment of other aspects. 	<ol style="list-style-type: none"> 1. Biographical and older person centred perspectives. 2. Involving older people in research. 3. Theoretical development that integrates findings across the domains of QoL. 4. Examination of societal level as well as the individual – including provision, providers and recipients. 5. Targeting of research on 50-67 year olds – ‘tomorrow’s older people’. 	<ol style="list-style-type: none"> 1. What e-health and e-care services are available, what services do older people want & how do these services interact with others? 2. How to get people on low income and with low education to use these services – greater accessibility. 3. Extensive European longitudinal study that begins by reviewing existing longitudinal studies and their methodologies and variables.
Health and social care management	<ol style="list-style-type: none"> 1. More effective quality assurance of e-health and e-care services. 2. All interventions should be tested amongst the ‘oldest old’. 	<ol style="list-style-type: none"> 1. Expand research beyond the dominant perspectives and the limitations created by commercial priorities. 2. Fund more research into non-medical interventions. 	<ol style="list-style-type: none"> 1. Methodologies need to keep up with the rapid evolution of knowledge – i.e technology, modelling, representativeness, culture. 2. User involvement is underdeveloped and under-utilised. Need for more flexibility and clarity about how and why to involve users. 	<ol style="list-style-type: none"> 1. What e-health and e-care services are available, what services do older people want & how do these services interact with others? 2. How to get people on low income and with low education to use these services – greater accessibility. 3. Extensive European longitudinal study that begins by reviewing existing longitudinal studies and their methodologies and variables.

Genetics, longevity, demography	1. No international standard co-morbidity index. 2. How to measure and define health and frailty in the oldest old is controversial.	1. The challenge is how to identify bridges between disciplines and integrate their understandings of longevity and ageing.	1. Nonagenarians are under-researched in longevity studies. 2. Co-ordinated approach regarding what biological samples and data should be gathered. Statistics should help define this.	1. Better define the phenotype 'longevity' from a biochemical and physiological perspective. 2. Investigate relationship between diseases and longevity to define which genes to study. 3. Focus on what happens before mortality, why people survive with co-morbidity and what can be changed by what interventions. 4. Researchers should try to answer: b) Can we attain a robust common measure of individual biographical frailty? b) Can we use this measure to identify genetic, lifestyle, psychological, social and environmental factors that influence the onset of critical frailty?
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FORUM Priority Recommendations – Top 5

- Use recommendations to plan FP7.
- Establish a European Institute on Ageing.
- Work together to develop European and interdisciplinary collaboration.
- Commitment to user involvement.
- Attract and support new researchers.

Partner Countries: Austria, Finland, France, Luxembourg, Netherlands, Norway, Romania, Sweden, UK (coordinator).

Associate Partner Countries: Germany, Israel, Italy, Latvia, Spain.

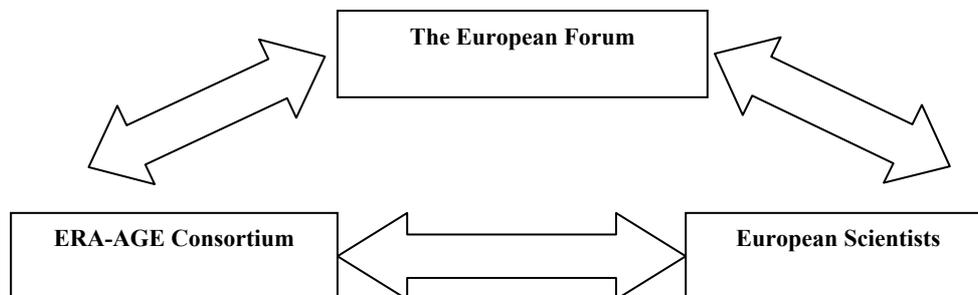
Partner Countries: Austria, Finland, France, Germany, Israel, Italy, Luxembourg, Netherlands, Norway, Romania, Sweden, UK (coordinator).

Associate Partner Countries: Latvia, Spain.

Objectives:

- To facilitate coordination of existing ageing research programmes.
- To promote interdisciplinary research activities between countries.
- To share good practice in coordination and management of ageing programmes.
- To support the production of European priorities for ageing research programmes.
- To help break down the barriers between ageing research programmes and policy and practice.

Key Elements:



The Strategic Role of the European Forum

- Potential synergies between national programmes.
- Share information.
- Identify knowledge gaps.
- Disseminate information.
- A strategic focus for ageing research?
- Prioritise and coordinate ageing research?
- Represent ageing research in Europe and beyond?

—————> An European Research Area ON Ageing

Collaboration: Making a Start

Potential small-scale initiatives:

- Support for young researchers and others new to the field.
- European databases.
- Developing a virtual European institute.
- Developing comparative instruments.

Progress towards a joint call for applications

- ERA-AGE Working Group.
- Good practice workshop on building collaboration:
 - organisational framework;
 - financial framework;
 - legal and administrative barriers;
 - management procedures.
- Programme exchanges.

The European Research Area in Ageing (ERA-AGE)

- Ensuring a key role for scientists.

Workshops on quality of life; health and social care; and demography, longevity, and genetics.

Recommendations from the Quality of Life Workshop

Fundamental Priorities for European Collaboration:

- Strategic coordination of ageing research activities.
- Developing firm structures to facilitate cross-national research, training and capacity-building for future generations of researchers.
 - Developing strategies for interdisciplinary career development of young scholars.
 - Establishing a virtual European institute or a database facility to coordinate ageing research at the European level.
 - Establishing National Forums of Ageing Research across Europe.

Research Priorities

- New comparative studies within the old and new Member States.
- New methodological approaches for longitudinal surveys.
- Intergenerational research.
- Individual and societal changes in the second half of the lifecourse.
- Involvement of older people in research.
- Policy and practice orientated research.
- Interdisciplinary approaches to all research topics.

After ERA-AGE?

- ERA-NET Plus.
- Article 169

ERA-NET Scheme Under FP7

- Continuity of ERA-NET as the scheme providing a framework for the coordination of public research programmes (new topics).
- Broadening and deepening the scope of existing ERA-NETs (to broaden the partnership and scope of the ERA-NETs and deepen the activities towards mutual opening of programmes).
- Introduction of the ERA-NET PLUS module.

ERA-NET Plus Objective

“New” the EU financial support to “top up” a joint call.

Provide an incentive to organise joint calls for proposals between national/regional research Programmes, whereby:

- The joint call shall pool the resources between the participating programmes.
- The Community shall provide a financial top up topping up at the appropriate level (e.g. 33%).
(Applicable only in a limited number of cases).

ERA-NET Plus Criteria

- One joint call to be implemented per proposal.
- Participating of at least five MS or AS in the joint call.
- Minimum financial volume of the joint call: 5 million.
- Joint evaluation of proposals, based on peer review.
- Only transnational projects can be financed out of the joint call for proposals.

Article 169 of the Treaty Objective

An instrument which goes beyond coordination of national research programmes, through:

- An integration of entire (or parts of) existing national research programmes, rather than integrating activities of individual performers of research.
- An active participation of the Community in those programmes, rather than simply supporting the coordination.
- A strategic long term cooperation, rather than an operational strategy for cooperation.

Article 169 of the Treaty – Identification Charts of Potential Initiatives

Criteria	Comments
Relevance to EU objectives.	The field of the potential topic should be of major interest for the Community as a whole (e.g. by contributing to European competitiveness, solving problems of direct relevance across the European Union, addressing major issues, relating to the implementation of Community policies), and should have a high political visibility and relevance.
Framework Programme relevance.	<u>As regards “objective”</u> : Demonstration that an Article 169 initiative in that topic shall allow the Community to reach one of its objectives: enhance coordination of national programmes. <u>As regards “content”</u> : The field of the potential topic shall be covered by the Framework Programme both in terms of scientific content and of budget allocation.
Pre-existing basis.	National research programmes on the topic concerned should exist or be envisaged. In addition to this, preparatory activities related to inter-programme coordination should be ongoing, for example in the context of the ERA-NET scheme.
European added value.	The field of the potential topic should have a clear European added value (i.e., no Member State can reach the goal by itself, facilitate the access to, or the dissemination of the “national RTD programmes” results).
Critical mass.	The proposed topic should involve enough Member States to obtain a significant impact as regards the envisaged integration (i.e., reach a critical mass of resources). The national research programmes concerned shall be of a significant size, in terms of efforts deployed (both in terms of budget as of manpower).
Instrument relevance.	Demonstration that Article 169 is the most appropriate instrument to allow the achievement of the Framework Programme goals in the field concerned (i.e: integration, avoiding fragmentation, etc). Demonstration that implementing an Article 169 in that field is more appropriate than an implementation through the FP7 funding schemes or at a national level.

Article 169 of the Treaty – Potential Initiatives of the “first train”

Four potential initiatives identified in the Commission proposal for FP 7 specific programmes:

Potential “Article 169” initiatives
EMRP – European Metrology Research Programme
AAL – Ambient assisted living
BONUS-169 – Joint Baltic Sea Research Programme
EUROSTARS – Research performing SMEs

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WORKING GROUP THEMES AND RECOMMENDATIONS

1. Working Group Themes.

Groups were organised and themed as follows;

Group 1

Effective Interventions in Health

Chair: Professor Clemens Tesch-Roemer – (DZFA, Germany).

Note taker: Professor Sirkka-Liisa Kivela – (Turku University, Finland).

Group 2

Health and Social Care Services

Chair: Dr Teresa di Fiandra – (Ministry of Health, Italy).

Note taker: Dr. Hanneli Dohner – (University Hospital, Germany).

Group 3

Population Studies on Health and Well-being

Chair: Dr. Emanuele Scafato – (Istituto Superiore Di Sanita, Italy).

Note taker: Elizabeth Breeze – (University College London, UK).

Group 4

Socioeconomic and Cultural Factors Shaping Care Needs and the Organisation of Services

Chair: Professor Ariela Lowenstein – (University of Haifa, Israel).

Note taker: Dr. Giovanni Lamura – (I.N.R.CA, Italy).

2. Working Group Questions.

1) What priorities should a multidisciplinary research programme on ageing address in the field of health and social care for older people?

a. What should be the main priority topics? Please list five topics maximum.

b. Are there any of these research topics that should be addressed by a single disciplinary perspective?

c. From a scientific perspective, what are the key priorities, in terms of research infrastructure and cooperation at European level?

2) Can you identify any examples of good practice in interdisciplinary and European collaboration that can be useful models from which to use and learn?

3) What kind of support should a European programme provide to facilitate both interdisciplinary and European collaboration?

Working groups included a range of policy makers, funders, non-governmental organisation (NGO) representatives, practitioners and/or researchers from 18 European countries. Interesting discussions took place resulting in the following recommendations which will help to facilitate future collaborative development between European research programmes on ageing.

3. A summary working group recommendations.

3.1. Research priorities for a multidisciplinary research programme.

Participants identified a range of research topics to prioritise, including:

- Effects of living conditions on health in a rural and urban context and across different cultures: Research should focus, if possible, on three common living conditions across age groups 50-59, 70-79 and the oldest age group 80+. The provision of services and usage is important to the topic area

- Physical condition (frailty) and mental health, in order to increase our understanding of pathology versus cultural and other factors. The research may bring together clinical, sociological, epidemiological and environmental disciplines to assess the roles of clinical, social and environment factors that impact upon the decline to frailty.

- Abuse of older people, encompassing all forms of abuse. Research should be linked into practice by using existing information on who is abused, who abuses and issues that impact upon the development of preventative services. In Romania, for example, evidence taken from court cases has helped to generate an understanding about prevalence though it does not reveal risk factors for, and effects of abuse. Literature searching is required to identify existing research in this field.

- Pharmacy and drug use: Polypharmacy (taking of numerous drugs) is a problem for older people. Although older people may become recipients of approved tested drugs, Randomised Controlled Trials (RCTs) often exclude them due to perceived high risks. More research is required to discover the benefits and harm of major drugs to older people.

- Non-pharmacological responses – the effect of psychological, psychosocial or nutritional interventions and rehabilitation should be studied.

- Social Security as a guarantee to a minimum standard of living and access to health.

- The development of minimum standards of care which incorporates the perspectives of older clients and their formal and informal caregivers.

- Social care research of older people should have parity with health care research.

- Research on older people from socially excluded groups (such as ethnic minorities). Improving the understanding of the care needs and care responses of specific risk groups of older people.

- Socioeconomic determinants of health and social care use.

- The effects of new and end-of-life technologies (both positive and negative) on the quality of life of older people and their families.

- Specific tools / comparable measures of a variety of characteristics relevant to older people are required. These characteristics include age, living at home, numbers receiving home care and numbers in institutions. The development and validation of tools is important.

- Differences in health, and physical and cognitive status across different age groups.

- Interventions should aim to assist the role of caregivers. Therefore the effect of interventions on caregivers should be studied with necessary long-term follow-ups.

- Strategies to develop a good care workforce (including migrant care workers and informal carers).

- Health promotion strategies as a mean of prevention, including socioeconomic obstacles to appropriate preventative care.

- Development, implementation and evaluation of appropriate social care interventions. Key issues include how to reach such specific target groups, and how to teach them new life strategies to improve their living conditions.

- The implementation of good practices in Europe should be developed in published work and critical reviews.

- Promoting research on diversity in the ageing process.

3.2. Single disciplinary research priorities.

This question was largely ignored by the different working groups. Groups generally agreed that an interdisciplinary approach should be applied to identified key research topics, with the exception of one group who claimed that some research could benefit from a single disciplinary approach.

3.3. Key priorities for infrastructure and cooperation on a European level

A range of key priorities were identified by participants, including:

- Local municipalities often have service responsibilities. There is a need to develop a simple system to build a data bank that municipalities may adopt.

- It is important to make data widely available and link different sources to provide a comprehensive view. Sweden makes data on older people widely available in this way. Comprehensive data are gathered within defined geographical areas which are updated every six years. Survey and administration data (such as information on care homes) is brought together by links.

- Funding is required for the secondary analysis of, and the development of documentation and facilities for existing data, to ensure the efficient use. Comparability of data sets is limited due to this caveat.

- Key transnational indicators for the older population need to be established. An EU common standard in Health Monitoring is currently being developed by a collaboration involving Eurostat, WHO, OECD and EU Member states (see the International Compendium on Health Indicators website (www.healthindicators.org)). On a national level, the Dutch National Institute for Public Health and the Environment (RIVM) has a scheme 'Nationaal Kompas Volksgezondheid (Compas) which brings together many indicators for Netherlands (www.rivm.nl/vtv/object_document/o3743n16906.html).

- The usefulness of existing projects should be determined to assist Europe in addressing ageing population issues.

- A European Institute on Ageing is needed. The work of the institute should include: coordination and conduction of research, scientific training and implementation of best models of prevention, care and rehabilitation.

- An interdisciplinary graduate school on ageing is required at a European level. This would encourage newly established researchers to engage in ageing interdisciplinary research.

- There is a need to establish an Interdisciplinary European Journal on Ageing.

- Opportunities for policy makers and researchers to develop a common language to facilitate practical implementation of research results should be encouraged. Guidelines are also required in every European language.

- Improvements are required in gerontological methodology and philosophy.

- It is essential to facilitate ways to examine and promote good practices, at national and European level.

- It is necessary to promote systematic follow-up evaluation and feedback once EU funded projects are finished, to assess their impact and further potential development.

3.4. Good Practice in interdisciplinary and European collaboration.

The groups discussed various examples of good interdisciplinary and European collaborative practice. It is important to:

- Identify common tasks that can be achieved only by working together.

Accepting that working group members may meet occasionally, a good virtual communication strategy should be established, in order to support working group members.

- Put considerable effort into developing a communication strategy and encourage end-users to identify difficulties and how to make improvements.

- Identify and/or develop strong leadership and establish working groups which focus on specific topics and organise meetings on at least an annual basis. SHARE and HRS provide good examples.

- Develop good coordination and working relationships. One member had been part of a network for 30 years. This was self-funded but members had prepared joint proposals and exchanged knowledge and experience. *What is this network?*

- Bring together service providers across professions to learn from each other. In Hamburg, Germany for example, 'quality circle' meetings are attended by a wide range of service providers with a focus on the care of older people.

- The assessment of older people should occur at the district level and provide a single entry point for service access. This has been an Italian mandate since 1999.

- Develop an inventory of good practice examples (based on agreed criteria) should be established in the health and social care of older people.

- Approach cross-cultural older people and service providers for their response to examples of good practice.

- Consider the success of previous schemes. The EU financially supported an interdisciplinary group of researchers during the period 2003–2006. The topic was

prevention of falls in the aged. Several countries participated in “PROFANE” and the group has published material, set up a website, established a data set for analyzing the effects of prevention programs in the aged, found examples of good measures of balance and muscle power and prepared manuscripts for critical review.

- Examine/consult a series of recently completed EU-funded research projects which were listed as particularly worthwhile included SHARE, CLESA, CARMEN, OASIS and EUROFAMCARE.

- On the issue of basic or applied research, participants agreed that projects are more likely to be funded if they have the potential to favourably impact on society.

3.5. Support to facilitate interdisciplinary and European collaboration.

Working groups considered important and necessary support to facilitate interdisciplinary European Collaboration:

- Administrative and technical support is necessary.
- Adequate, constant and targeted funding for ageing research (neglected by the EU in the 7th Framework Programme) is required.
- Equipment and funding to build multidisciplinary teams is necessary as is financial support for meetings, workshops and seminars, including videoconferences.
- Funding is required to support the work of interdisciplinary European research which may take longer than single discipline research.
- Training in skills which promote communication.
- Plain language ought to be used to facilitate people’s understanding of how EU system works and how to exploit opportunities for ageing research at the EU level. It is important that funding application criteria is transparent.
- Development of common terminology to enhance interdisciplinary research is necessary.
- Free access to standardised scales for the assessment of older peoples’ functional status and the development of linguistically validated scales is required.
- Resources are required to encourage new researchers in the field of ageing research and to introduce them to conferences which may be assisted by an interdisciplinary graduate school on ageing.
- Interactive and user-friendly European wide websites should be developed and maintained to facilitate dissemination of EU project findings, for example. Statistics uploaded to the European wide websites may be utilised by researchers, policy makers, health and social professionals and citizens, in order to advocate policy on ageing.
- There is a need to exploit existing data.
- Capacity building and cooperation across countries will particularly assist those countries with meagre resources.
- Countries require support in identifying research priorities.

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- Attract political support through advancing the case for the economic impact of population ageing.
 - Increase the status of the ERA-AGE group to lobby appropriate institutions, in regard to identified priority issues.
 - A European database of researchers on ageing is required – this will help researchers find potential collaborators and contacts.
 - Interdisciplinarity partnership should be an explicit criteria for granting EU based research funding.
 - Promote smaller projects to develop in-depth analyses of topics to be later operationalised on a broader basis.
 - Make systematic use of anthropological and epistemological partners or experts to act as facilitators to enhance appropriate interaction between different disciplines and optimal exploitation of cross-national studies.
 - Careful consideration of ethical issues is required, particularly in reference to interventions.