

age, income, and other sociodemographic variables. The instruments used in COURAGE are adequate to measure well-being in large population surveys. Therefore, strategies to improve health would also improve the well-being of ageing populations.

Monitoring well being

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The Gallup is conducting a daily assessment of U.S. residents' health and well-being, and a yearly assessment in over 150 countries around the globe. By interviewing very large population samples, the resulting data on Well-Being provides measurement and insights needed to improve health, increase productivity, and lower healthcare costs. Public and private sector leaders use data on life evaluation, physical health, emotional health, healthy behavior, work environment, and basic access to develop and prioritize strategies to help their communities thrive and grow. Journalists, academics, and medical experts benefit from this unprecedented resource of health statistics and behavioral economic data to inform their research and reporting. Robert Manchin will share methodology and examples of how comparative analysis of wellbeing can be performed and give examples of how the same measurement can be applied in organisations. Research results point to the rich interactions between individual level well-being with group and organisational level interventions.

Challenges to match policies, monitoring and research – a systematic review on measurement of well being

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Background

The concept of subjective well-being is intended to imply a positive, thriving life and is linked to aspects of health. The attempt to measure well-being is relatively recent. Aims: The aim of this review is to give an account of measurement scales with potential use in individuals aged >15 and to evaluate practical (e.g. number of items, time to complete) and psychometric components (e.g. validity, reliability).

Methods

Systematic literature searches to identify, map and evaluate instruments according to predefined criteria relating to practical components (number of items, administration time), content components (domains) and psychometric components (validity, reliability, responsiveness, and sensitivity).

Results

427 papers relating to 60 measurement scales met the inclusion criteria. Measurement scales were either multidimensional (n=33) or unidimensional (n=14). Domains assessed were: overall life evaluation, and psychological- social-,behavioral, spiritual, physical, medical and environment evaluation. Practical components varied with 1-100 items; time to complete varied between appr. 1 to appr. 60 minutes. Domains varied between 1 and 12, psychometric components assessed validity but lacked cultural and gender sensitivity assessment. No concurrent evaluation of measures has been done yet.

Conclusions

A wide variety of measures for well-being are available for monitoring and research. We found no instrument which fulfilled all quality criteria. The concurrent evaluation of at least three available SWB instruments is recommended as this has not been done, including testing for cultural and gender sensitivity and for the minimum change which is critical to monitor well-being in diverse populations.

0.3. Workshop: Pampers or pamper? Should we celebrate an ageing population or fear it?

Organised by: EUPHA

Contact: office@eupha.org

Chairpersons: Walter Ricciardi, EUPHA and Iveta Nagyova-Rajnicova, Slovakia

Average life expectancy at age 65 has increased by about a third in western Europe since 1970. At the same time, people do not always live longer in good health. Combining this with the current economic crisis, the question we will try to answer in this workshop is whether we should celebrate an ageing population or fear it.

The first presentation (Robine) is setting the scene by presenting the demographic and epidemiological data on ageing in Europe. The next presentation shows the increased burden on health systems (De Jong). The following two presentations are linked to the European Innovation Partnership: Active Healthy Ageing and look at early prevention to keep the ageing population healthier (Stock and Lund). The last presentation (Maeckelberghe) is addressing the ethical considerations in dealing with an ageing population. Active input from the audience will be channeled through the two chairs of the workshop.

Key messages

- The ageing population poses challenges to the welfare state.
- Healthy and active ageing should be the basis for the future.

The demographic challenge in Europe

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The demographic challenge that Europe faces in the 21st century is complex. Not only is the European population ageing, with an increase in the proportion of older people, but falling birth rates in some Member States is also leading to a shrinking of the size of the working age population and thus the population contributing to the pension funds. Also the continuous increase in life expectancy at age 65 that we are experiencing is inducing a shift of the entire distribution of individual lifespans towards ever higher ages. The most dramatic increases in sub-populations relate to the oldest-old (octogenarians, nonagenarians and centenarians) whose numbers are increasing the fastest. This great longevity, desired and often celebrated, now raises many questions ranging from economic equilibrium of our social systems (pensions, dependence insurance), the quality of years lived by the oldest-old (frailty, dependence, loss of autonomy), through the medical cost of the accumulation of chronic diseases and complex clinical situations (multiple diseases being the norm for the oldest old) and the social cost of dependence and loss of autonomy. Faced with these developments new indicators were developed such as health expectancies, combining survival,

functional ability and / or quality of years lived. They are now at the heart of the common concerns and serve both to form the embryo of a European health information system and to set the goals for the European Innovation Partnership: Active Healthy Ageing, as a two-year increase in Healthy Life Years (HLY) from now to 2020. This presentation will illustrate the complexity of the demographic challenges faced by Europe through the presentation of demographic and epidemiological data collected by the Joint Action EHLEIS (European Health and Life Expectancy Information System) which provides a central facility for the co-ordinated analysis, interpretation and dissemination of life and health expectancies to add the quality dimension to the quantity of life lived by the European populations.

Older people in Europe: under attack from all directions

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Europe's aged population has, so far, been spared the worst of austerity policies, which have impacted most on young people and those of working age. However, this has not gone unnoticed by a number of political pundits who are sowing inter-generational divisions, marshalling often highly selective facts to promote the argument that tomorrow's elderly population, the so-called 'baby boomers', have been living on credit that their children will have to repay. These arguments are falling on fertile soil. A combination of actions and failures to act by the government will mean that many older people will be much poorer than they had expected. This has profound implications for health; it is unsurprising that financial disadvantage in old age is associated with poorer health but less well known is the 'disappointment' paradox whereby those who were protected from adversity earlier in life suffer more when it confronts them in old age. While each problem is, individually, recognised, the gravity of their collective consequences does not yet seem to be appreciated by health professionals who will have to care for the future generation of elderly people, and who in time will join their ranks.

The problem: high burden on the health system?

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Background

Often, ageing of the population is seen as an important cause for rising costs and an increasing burden on European health care systems in terms of workforce and rising expenditures (e.g. due to higher costs in long term care). In this presentation we discuss what is known today about the impact of ageing of the European population on the use of health care, workforce and rising costs.

Methods

A literature study has been performed. Furthermore existing data sources, such as the European Health for All database are used.

Results

In all European countries the percentage of the population aged over 65 is rising. In the literature, it was found that it is not only age that determines health care costs, but that proximity to death is an important predictor. Nevertheless, it can be observed that the years lost to disability, being the years that people depend on the health care system, increase. This

has an effect on the demand for care. The demand for health care is determined by demographics and other factors, like technology. With an aging population the (potential) workforce to deliver this care is decreasing. However, looking at the facts, the number of physicians and nurses per 100.000 population are still increasing. Also, even though the number of hospital visits are increasing, the average length of stay has constantly decreased over the past decades. Costs are rising, not only because of increased demand, but also because of increasing prices.

Conclusions

Whereas the ageing of the population will bring along challenges for health systems, other factors like technological developments and prices may even more so attribute to the increasing costs of care. Health Services Research can contribute to finding solutions of the increasing burden, e.g. by comparing solutions between countries and by strongly monitoring issues around workforce in health care.

The ageing population: What can early intervention offer?

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Some preliminary evidence suggests that improving the prospects of health at older ages does seem possible. The key question is whether the onset of chronic disease associated with old age as well as disability accompanying this can be prevented, slowed down, ameliorated? In other words can health promotion and prevention of disease in old age be both effective and cost efficient?

Starting from the life course approach proposed by WHO we argue for a broader approach oriented towards positive interventions in earlier life with a strong community focus rather than an individual focus. Programmes are needed that take the social, mental, economic, and environmental determinants of health in old age into account. The presentation will address the evidence on effectiveness of such broader approaches to health promotion in old age.

Elderly Safety in Europe. Agenda for action

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Background

Each year approximately 10% of the elderly population (65+) will be treated by a medical doctor for an injury. Falls are the dominant cause of injuries among elderly people, followed by traffic accidents, burns and fires, drowning, and poisoning. Each year approximately 100,000 older people in the EU25 and EEA countries will die due to an injury. About half of these are due to a fall. A lot more will survive. However, a serious injury, and especially a fall can lead to short- or long- term physical disability, anxiety, depression, reduced confidence and social isolation. The loss of life quality might be very high. In addition to the human suffering, to treat and rehabilitate elderly people require a large proportion of health care expenditures.

Methods

Many injuries in elderly people can be prevented. Prevention measures can be divided into three main groups: a) Awareness raising and attitude modification measures such as mass media campaigns, leaflets, film, video; b) Behaviour modification measures such as training and exercise, rewards and incentives; c) Structural modification measures such as environmental changes, regulations. The strongest positive effects are often obtained by a combination of preventive measures from the groups (orchestration).

Results

Some population-based interventions have reduced fall-related injuries in independent living elderly by 6 to 33%. In a nursing home study in Sweden, a 36-week multifactorial intervention reduced falls by 40% and hip fractures by 75% compared to a control group. Regulation in the traffic area (seat belts, alcohol limit, etc.) and in the fire area (smoke alarms) has reduced fatalities for the entire population, included elderly people. Some driving courses for elderly people showed that those attending the courses had fewer accidents than those not attending courses.

Conclusions

Infrastructures for injury prevention should be established. Few countries in Europe have established concrete targets for prevention of injuries in elderly people and even fewer evaluate whether their targets are met. Most of them are rather vague or non-existent. A list of recommendations will be presented.

The ageing population: ethical challenges for contemporary society

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P.3. Inequalities 2

Prevalence and determinants of prenatal depression symptoms in a Romanian sample of pregnant women: a comparative analysis across socioeconomic groups

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Background

Socioeconomic status is significantly associated with depressive symptoms (DS) during pregnancy. Limited evidence is available on the differentiated psychosocial determinants of DS across the socioeconomic gradient of pregnant women. The current study aims to comparatively assess the prevalence and determinants of prenatal DS across education and income groups of pregnant women, in a Romanian sample.

Methods

Data were collected in 2012–2013, in five clinics in Romania. We report preliminary findings on 546 pregnant women, seeking prenatal care. A self-administered questionnaire assessed DS (through the Edinburgh Perinatal Depression Scale), perceived stress, available social support, parity, income, education, employment status, living arrangements. Univariate statistics were used to describe DS prevalence. Logistic multivariate regression models were employed to explore predictors of positive perinatal depression screens, across education and income groups.

Results

Preliminary results suggest significant differences in DS prevalence among educational ($p = .000$) and income groups ($p = .000$). Women with high-school education or less had a higher prevalence of DS (28%) as compared to university graduates (15.1%). Similarly, participants reporting a low family income had a 29.8% prevalence, whilst the medium and high income groups had a 16.7% respectively 12.1% prevalence rate. When controlling for all other factors, across educational and income groups, stress was a significant determinant of DS ($p < .05$). Having a been diagnosed with a pregnancy health

Background

In 1986 Daniel Callahan wrote in ‘Setting Limits: Medical Goals in An Aging Society’ that “a good society ought to help young people become old people, but is under no obligation to help the old become indefinitely older”. He warned future generations that: “Our society can not, and should not, promise open-ended, progress-driven medical care that is indifferent to costs. In that respect, age does matter, and that reality should not be evaded.”

Setting the debate

More than half a century later, the debate about how society ought to deal with an aging population has not been decided yet. Questions that need to be addressed are: are experiences of decline and increasing dependence compatible with normative ideals of independence and self-care? What is well being and quality of life in the context of an aging body?

Furthermore, the aging population puts pressure on society as a whole. Callahan suggest that we will have to consider “the likely unpleasant solutions to see if we can come up with those that might do the most good and the least harm”. We need to look at this from the perspective of intergenerational solidarity.

Ethical framework

We will present an ethical framework that elaborates the concepts of:

1. vulnerability of the elderly
2. intergenerational solidarity.

problem was a significant determinant in the lower educated group ($p = .010$). Social network extension was significant in the lower educated ($p = .006$) and medium income ($p = .009$) groups. Not having a partner was significant in the lower educated and low income groups ($p = .036$ and $p = .020$). Not working at the time of the interview was a significant determinant in the higher education ($p = .020$) and medium income ($p = .046$) groups.

Conclusions

This study suggests a socioeconomic gradient in the presence or absence of depression symptoms in a large sample of pregnant women in Romania. It brings evidence for developing tailored, prenatal depression prevention programs, to adequately respond to the needs of all pregnant women.

Key message

- Important group differences in the prevalence and determinants of prenatal depression symptoms were measured, emphasizing the need for tailored prevention strategies across the socioeconomic gradient.

Missing women? The health inequalities impact of low control and gender discrimination: a theory-led systematic review of observational studies

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Background

Increasing control and empowerment are considered central to efforts to reduce health inequalities. From our critical review of theory, low control emerged as a potentially fundamental mechanism underlying social inequalities in health. Amartya Sen’s theories of “freedom” and “capabilities” to live a long and healthy life focused attention on the health consequences