



Evidence-based Guidelines on Health
Promotion for Older People:

Social Determinants, Inequality and
Sustainability

Second interim technical implementation report

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1 Introduction

The overall aim of the "healthPRO-elderly" project is to further develop health promotion for elderly through producing evidence based guidelines with recommendations for potential actors in this field (on EU, national and local level). Health promotion projects for older people which show evidence of sustainability are being identified. Furthermore there is a focus on different target groups of elderly and their specific needs, taking into consideration the vulnerability and the inequalities that the target groups are faced with.

Within the EU Member States, various projects that aim to promote health for the elderly already exist. Most of these projects are of local and national character and do not take the EU wide context into account. This project is gathering information from the partner countries and identifying good practices in the field of health promotion for elderly. There is a focus on those models that have a sustainable approach and which regard socio-economic, environmental and life-style related determinants. Strategically the project focuses on (I) models that have shown to be successful in the implementation, (II) model projects that are to be integrated in the long-term programming and (III) models that target vulnerable groups (taking into consideration socio-economic, environmental and lifestyle related determinants) and address.

The specific objectives of the "healthPRO-elderly" project will together contribute to achieve the overall aim of this project, which is to identify criteria and develop guidelines with recommendations for the sustainable implementation of health promotion projects for elderly people that are applicable in the EU countries. Specific objectives of significant importance for achieving the aim of the project are the creation of a Europe-wide network, enhancement of partnerships and the information awareness rising amongst the relevant stakeholders.

The specific objectives of the projects are:

- To summarise the findings of the literature review concerning the determinants of health for elderly people.
- To develop a common vocabulary and a glossary in order to create a terminology and understanding for health promotion projects.
- To develop a set of criteria for the selection of successful models of best practices. These criteria should take into consideration sustainability and social determinants, which have a serious impact on the health situation of elderly people.
- To identify models for health promotion and translate them into a standard scheme, easy understandable to everyone. These models will be available on a website, which will be accessible to the general public.
- To develop a strategic approach to communicate and disseminate the findings of the project and the identified models of best practice for health promotion.
- To inform and raise the awareness amongst experts and authorities throughout the EU about the issue of ageing and the impact of the demographic change on our society.

- To build a network with sustainable partnerships, consisting of Public Health institutes, several universities and their faculties and institutes, NGO's, geriatric institutes and the WHO, at EU and Member State level.
- To develop guidelines with recommendations based on the identified criteria. These guidelines will build around a matrix, which should be used by: health authorities, such as the EU, national and regional governments, institutions and organisations which provide health promotion programmes and projects, social and health professionals, and universities and research departments.

This second interim technical implementation report will mainly report on the project work from April 2007 to March 2008. However, some reference will be made to project work carried out between 1. April 2008 and May 19, 2008. First there will be an account of the work achieved according to the objectives of the respective work packages. The structure that will be followed is that of the proposed work plan outlined in the Annex I of the Grant Agreement of the project. This will be followed by an overview of the future work plan. Finally, the conclusions of the report will include an explanation of the financial statement, reflection of the strengths and weaknesses of the project work until this stage and a short summary.

Main work steps described in text, main products in the annex, internal documents like minutes of project meetings or presentations in project meetings can be downloaded under . www.healthproelderly.com, partner log-in user name: hpep1, password: test

2 Report of the work in the second project year

2.1 Work package n° 1: Coordination of the project

Objectives

- The project management has been set up using several tools, specified in the 1st interim technical implementation report.
- Information is regularly disseminated by emails, in project meetings and by telephone (when deemed necessary).
- The website has been established (www.healthproelderly.com).
- Administrative support was provided to partners organizing meetings.
- Guidelines/outlines on tasks for each project phase and time planning are provided to partners (see below).

Milestones

<i>Date</i>	<i>Milestone</i>
Month 2	1st Partner meeting - kick-off – (April 2006)
Month 12+2	1. Interim technical implementation report and financial statement (May 2007)
Month 23+2	2. Interim technical implementation report and financial statement (May 2008)
Month 32	6 th Partner meeting (October 1-3, 2008 – Month 31) in Vienna 8 (planned)

Description of work done

The coordinator is continually assuring the flow of communication between the project partners. Also, the coordinator is in regular email and telephone contact with all partners. As well as providing all partners with relevant information on issues concerning the content of the project, as well as administrative and financial issues.

In the second phase - compiling the database -, the coordinator had the task to facilitate communication between participants and, in particular, to support the WP leader (Slovenia) in developing the database (criteria, comparability). Furthermore, the coordinator was a go-between the partners and the web-designers who were responsible for the technical implementation of the online database. In the third project phase, due to the well structured proceedings and guidelines provided by the WP leaders, the coordinator was able to

concentrate on the facilitation of communication between participants which was appreciated by all partners.

According to the two progress reports by the evaluator of the healthPROelderly-project, partners were satisfied with the quantity and quality of communication with the coordinator. Participants expressed their general satisfaction with the project coordinator and the management of the project, in particular the following features should be carried on:

- “Communication with the single partners.”
- “Clear and timely to do's and information flow.”
- “Good advice, quick response on questions, good coordination of the partner meetings.”
- “Responsive and clear communication, appropriate delegation, good use of partner skills, decisive management tactics.”
- “Strong leadership, good flow of communication, group discussions”
- “There is nothing that could be done [to improve management and coordination]. The only problems is where individual partners do not contribute as effectively as they might, although there is not so much that can be done about this...”

Challenges encountered and steps (to be) taken

The challenges concerning the project coordination stated in the first technical interim report have roughly remained the same. These are communication problems (language and other) with some partners, not meeting deadlines by some partners as well as the amount of time and energy spent on financial and administrative issues.

In Phase 3 the work package leaders led the work very well and independently so that the coordinator has had a very marginal role in this. This can also be said for the work on the guidelines (Phase 5). The organisation of the conference on the other hand did involve quite a lot of the coordinators' time.

Deliverables

- Five project meetings have been carried out in Vienna, Prague, Maribor, Rome and Berlin.
- The last meeting is planned on 2 and 3 October, 2008 in Vienna.
- Guidelines have been established for each project phase as well as time planning sheets.

2.2 Work package n°2: Dissemination of the results

Objectives

- The aim of this WP is to inform and to promote the project and its content, findings and outcomes to all relevant stakeholders and decision makers.
- The project leaflet was printed in German, English and Polish and is also available in Greek and Italian.
- The website was launched.
- Partners have already presented the project on many occasions, articles have been written and further publications are being planned.

Description of work

The European dissemination is mainly the responsibility of the European Coordinator, however most partners have also actively contributed to international dissemination to date. Partners are responsible for the dissemination of the project in their respective country and are actively doing so.

One pillar of dissemination within the countries are the **national expert panels (“national boards”)** that have been established at the beginning of the project. The participants of the boards as well as the amount and type of contact with them varies quite greatly between the countries. In some countries, like Austria and Slovenia, there have been several actual meetings with the national board, consisting of a variety of stakeholders within the field of health promotion for older people, the last one in April 2008 to present the database as well as the evaluation of the three best practise examples in Austria. In Slovenia there have been four formal meetings within the project and additionally informal meetings with individual members of the national board. In other countries, such as UK, Slovak Republic, Germany and Poland the national boards are used for providing feedback on written work and for regular E-mail exchange (e.g. UK, Slovak Republic, Germany, Poland). In Greece and Italy, the National Boards have the function of an augmented project team and meet regularly between weekly and once a month to discuss relevant issues concerning the project. Some members of national boards have also participated in the projects’ international conference in Warsaw (e.g. Austria: Rainer Christ, Birgit Meinhard-Schiebel; Netherlands: Gerard van den Zanden; Slovakia: Kvetoslava Repkova; Greece: Vassiliki Roka)

The coordinator and partners have been and will be **representing the healthPROelderly-project on European level:**

The “HealthPROelderly” project was represented at following meetings:

- Healthy Ageing Project Concluding Conference, on 26 June 2007 (Represented by partner EFN – Paul de Raeve)

- Ageing, Health Status and Determinants of Health Expenditure Project (AHEAD) Final Conference, on 28-29 June 2007 (Represented by partner EFN – Paul de Raeve)
- Helsinki, October 11-13, 2007, 15th EUPHA European Conference on Public Health, Workshop - Section on Chronic Diseases, about 30 participants, oral presentation: Evidence based guidelines on health promotion for older people: preliminary outcomes of the “healthPROelderly” project in Slovakia (Presented by partner SAVEZ – Zuzana Katreniakova)
- Preparatory meeting for high-level conference on mental health, (Group: Older people) 28 February, Luxembourg (Represented by partner University of Kent – Jenny Billings)
- “Protecting the dignity of older persons – the prevention of elder abuse” held on 17 March 2008, in Brussels. (http://ec.europa.eu/employment_social/spsi/elder_abuse_en.htm) (Represented by coordinator, ARC – Charlotte Strümpel)
- High level conference on mental health, 13. June in Brussels (Will be represented by partners, University of Kent – Jenny Billings and Research Institute of Austrian Red Cross – Katharina Resch)

Examples for **presentations at conferences on the national level** are:

Czech team:

- December 2007 – Faculty’s Internal Conference
- 4.3.2008 Health promotion in an European context - Project HealthProElderly, training course on health promotion in elderly, Institute of Postgraduate Medical Education, Prague (20 participants)

The Italian team presented the project in three national conferences in between June 2007 and May 2008 as well as amongst students of the university

The German team presented the project at a Seminar of the German Society for Gerontology and Geriatrics and at the German Conference for Prevention:

- Kuhlmann, A., Sporket, B. & Reichert, M. (2007). Kommunale Gesundheitsförderung für ältere Menschen - Ergebnisse aus dem europäischen Projekt "HealthPROelderly". Fachtagung der Deutschen Gesellschaft für Gerontologie und Geriatrie, Sektion III Sozial- und verhaltenswissenschaftliche Gerontologie und Sektion IV Soziale Gerontologie und Altenarbeit zum Thema „Altern in der Kommune“, Hannover, 27./28.09.2007.
- Kuhlmann, A., Sporket, B. & Cosack, A. (2007). HealthPROelderly – Evidenzbasierte Leitlinien zur Gesundheitsförderung für ältere Menschen: soziale Determinanten, Ungleichheit und Nachhaltigkeit. Posterpräsentation. Fachtagung des Forschungsverbundes Public Health Sachsen und Sachsen-Anhalt (FVPHS/SA) „6. Deutscher Kongress für Versorgungsforschung und 2. Nationaler Präventionskongress in Deutschland“, Dresden, 25./26.11.2007.

The Greek team presented the project at three occasions during this project period and is planning a further presentation:

- Trikala, Friday 5-10-2007, One day Seminar. Title: "Nursing Community from Theory to Practice". (approx. 300 participants).
- Athens, 7-9/2/2008, 10th Hellenic Congress of Gerontology and Geriatrics. Abstract Book p. 57. (approx. 700 participants)
- Athens, 7th Hellenic Congress of Public Health and Health Services; Abstract Book p. 77 (approx. 1000 participants)
- 13th congress of Balkan Military Medical Committee, Turkey, 1-5 June, Oral presentation of healthPROelderly, has been admitted and will be presented in English.

Slovak team

- Bratislava, March 31, 2008, Ministry of Healthcare of the SR - National Information Day on Public Health Programme 2008-2013, about 50 participants, invitational oral presentation: Slovak Public Health Association

The Slovenian team used four occasions to present the project:

- Alpe Adria conference (September 2007)
- Slovenian Academy for art and science (October 2007)
- Institut Antona Trstenjaka (February 2008)
- Slovenian parliament (March 2008)

The Polish team presented the project in the context of two international conferences that were hosted by the Jagiellonian University:

- Auditorium Maximum & Collegium Maius, Jagiellonian University, Krakow, 14 September 2007, conference of The European InterProfessional Education Network (200 participants)
- Jagiellonian University Medical College, 25-27 October 2007, conference: 17th European Symposium of Somatotherapy and the Psychosomatic Education (40 participants)

Following **articles** of different types and dimensions were published:

- UK: Article about the project in the faculty newsletter which is distributed nationally; another article based on the national report is planned.
- Lang, G., & Resch, K. (2008). Gesundheitsförderung im Alter - Europaweite Online-Datenbank mit Projekten gestartet. NPO-Newsletter 2008.

- Resch, K., Lang, G., & Strümpel, C. (2007). Gesund in die besten Jahre. Magazin Gesundes Österreich, 04/2007, 43.
- Lang, G., & Resch, K. (2008a). Gesundheitsförderung für ältere Menschen in Europa. Zwar vorhanden, aber lückenhaft. In I. Spicker & G. Sprengseis (Eds.), Gesundheitsförderung stärken. Über die kritischen Aspekte in der Gesundheitsförderung und mögliche Lösungsansätze. Wien: Facultas.
- Lang, G., & Resch, K. (2008). Gesundheitsförderung für Ältere in Europa: zwar vorhanden, aber lückenhaft. pp. 157-170. In: I. Spicker & G. Sprengseis (Eds.), Gesundheitsförderung stärken. Kritische Aspekte und Lösungsansätze. Wien: Facultas.
- Barbara Woźniak: Problematyka psychospołecznej aktywności osób starszych w polskich czasopismach popularnych dotyczących zdrowia (Psycho-social education of older people in the Polish magazines focused on health), Gerontologia Polska, Vol. 15, nr 1-2, p. 7-13
- Paul de Raeve, article on 'HealthProElderly' that was published in the "Parliament Magazine - Issue 253 - October 1st"
- Interviews with the European project leader about HealthProElderly and Dutch project leader about the database in the Verwey-Jonker Instituut Newsletter (28, January 2008, p. 4).

Some **additional activities**, that have been initiated through the project's work, are being carried out and/or planned:

- The partners from the **Netherlands** performed an additional activity with a focus on the health strategies of older people themselves. This additional activity – within the regular project budget - was required by the co-financing national organisation (Ministry of Health, Welfare and Sports). In August 2007 the Dutch research team organised two group meetings with elderly with different backgrounds with regard to gender, ethnicity and social economic status, asking them about their current and future health strategies, wishes and needs. The reports of the meetings are in Dutch. A summary of the results will be provided in English shortly. *Follow-up activities*
- Apart from that, the analysis of three models of best practice in phase 3 in the **Netherlands** has led to mutual plans for follow-up activities (long term implementation- and effect studies) with two of the three practices.
- During Phase 3, while interviewing the coordinators of the **Greek** project „Action programme for older people“, the Greek team met the mayor of the municipality of Agios Dimitrios, where this project is being carried out. After interesting discussions, it was decided to organise a conference in October 2008 together. During this conference, the Greek project „Action programme for older people“; and other sustainable projects concerning health promotion for older people, will be described and used as examples for future action (transferability). In addition, during the conference, the results of healthPROelderly, including the guidelines, will be

presented to the participants. The participants will mainly be health professionals who work in health centres for the elderly (KAPIs) and politicians on different levels

- In the **UK**, there are further plans for cooperation between the University of Kent and one of the analysed modes, the Silver Song Club.
- In **Austria**, at the last national board meeting it was decided to present the guidelines at a meeting with about 50 national stakeholders in autumn. Also, plans are being made how to continue the database after the finish of the project on national and possibly international level. Finally, there was also the suggestion to work with the guidelines further, adjusting them to needs of stakeholders on national level.

Challenges encountered

All in all, partners are active concerning the dissemination of the project. However, Some partners have been more active with dissemination and implementing the project within their countries than others.

Many activities have been carried out within the project until now, using up quite a lot of staff resources and generating a host of results. The project has reached a stage, where a priority is to compile and summarize the results and disseminate them systematically.

Some partners have been pressing to disseminate early on a European level and address politicians. The problem encountered here is to have time to compile and represent project results in an easy and accessible manner, while working hard to complete the project work against the set time plan.

A special focus will be placed on summarizing the project results and disseminating them in a systematic fashion on European as well as national levels in the next months.

Milestones

<i>Date</i>	<i>Milestone</i>
Month 3	Launch of website – October 2006
Month 14	Launch of online database – October 2007

Deliverables

The deliverables for this WP are:

- Articles in national health related magazines and journals in the respective partner language
- Power point presentations and abstracts of lectures and workshops at conferences and fairs.
- Further presentations in a wide variety of conferences and meetings planned.

2.3 Work package n°3: Evaluation of the project

Objectives

The aim of this work package is to monitor and evaluate the results obtained by the project's single work packages (work phases), i.e. whether both the process and the objectives defined in the proposal have been implemented and realized.

Description of work

The evaluator took part in the kick-off meeting and introduced the evaluation. He also took part in the Rom-meeting and carried out the SWOT-analysis for the second progress report as group work. Finally, he participated in the international conference in Warsaw and chaired a session on feed-back of the market place, which introduced different programmes on health promotion for older people within the partner countries. Also, an evaluation form was handed out at the Warsaw conference and will be summarized shortly.

Also, after all five project meetings partners were asked to fill in the evaluation form and a summary was provided by the evaluator within a month after each meeting. A comparison of all five meeting evaluations is found in the third report for monitoring work in progress and work packages.

A progress report was prepared after each project phase. The first report for monitoring work in progress and work packages was provided in February, 2007, the second in July 2007 and the third in May, 2008 (see Annex 1). The last progress report will be provided in November 2008 after finishing the guidelines.

Apart from that, an evaluation questionnaire was distributed at the international conference in Warsaw. The report on the participants' evaluation of the conference will be distributed shortly.

Challenges encountered

Most partners filled out evaluation questionnaires in time. In some cases information by some partners was not received and progress reports were completed without their inputs. Since the last evaluation questionnaire included some questions on project results and overarching themes, partners were of the opinion, that it took quite some time to fill it in. Apart from this, the evaluation is seen by the coordination and the partners to be an important pillar of ensuring the successful completion of the healthPROelderly-project.

Main results of evaluation report

Summarizing the evaluation, the view of the project partners and of the evaluator is that the project is basically going well and shows a variety of strengths as well as opportunities. Some problems have been encountered with respect to timing of the work, some issues about meeting deadlines, having in depth discussions on certain themes, not finding enough detailed information and evaluation on health promotion projects in some countries and

agreeing on a theoretical and conceptual background (see evaluation reports for Phase 2 and 3 in Annex 1). Some of the results of the SWOT-analysis from the evaluation reports are represented below in Chapter 4 of this document.

Milestones

<i>Date</i>	<i>Milestone</i>
February 2007	First report of work in progress
July 2007	Second report of work in progress
May 2008	Third report of work in progress

Deliverables

- Second and third report of work in progress in relation to the development of the network, partnership (see Annex 1)
- Questionnaire and summaries of evaluation for all five project meetings
- Evaluator's participation in the first and fourth project meeting as well as in the international conference is completed, the evaluator's participation in the final project meeting is planned
- Evaluation report on the international conference Rom is in planning

2.4 Work package n° 4 (Phase 1): Literature review – “set of criteria”

Objectives

The objectives of this phase as agreed on in the first project meeting were to:

- give an overview on the state of the art of health promotion for older people in the different countries
- give an overview of policy issues and research on health determinants with a focus on older people
- develop a common vocabulary and glossary in order to create a common terminology and understanding.
- develop a set of criteria for the selection and collection of models of best practice for work package 5 (Phase 2).

Description of work and challenges encountered

The tasks carried out in this phase turned out to be more elaborate than originally planned. While the main planned deliverables of the project in the project proposal were a summary of the main trends of the literature overview, a glossary and criteria for choosing best practice models, in the course of the project's work, some more deliverables were agreed on:

- An excel database with quantitative details on searched literature in each country
- An aggregated database of all countries
- National reports, summarising the main findings of literature in each country
- A European report summarising the main findings of the above mentioned deliverables, including a chapter on the analysis of the aggregated data
- Glossary
- Criteria for choosing the models of good practice in Phase 2

The work in this phase and the challenges encountered was described in detail in the First Technical Interim Report of May 2007.

The work on the summary report of phase 1 was delayed due to the number of different project partners working on it and the overlapping with other phases of the project. The summary report is now available (see Annex) and will be put on-line shortly.

Milestones

<i>Date</i>	<i>Milestone</i>
September 2006	2nd Partner meeting in Prag
February 2007	Glossary Criteria for choosing models for database
March 2007	Database with results of literature search
April 2007	Completed National reports of Phase 1
May 2008	Completed European report

Deliverables

The deliverables are:

- Guideline for literature search
- Excel-database with collected data
- National Reports with the summary of the main finding of the literature review in each country (see www.healthproelderly.com)
- Glossary with common language terminology and definitions
- Set of criteria for the selection of models of best practice
- European report with the summary of national reports and final version of overview of literature search

2.5 Work package n°5 (Phase 2): Collecting and compiling models of best practice

Objectives

This work package aimed to collect and compile good practices from the different partner countries. These models are available in a database on the project website, available to the general public.

Description of work¹

The **criteria** for including models of good practice into the database agreed on in the third project meeting were further elaborated and formulated concretely by the work package leader, University of Maribor and again sent around to all partners. Feed-back and discussion ensued by email.

Also, on the basis of agreements on the **format for the database entries** made at the third project meeting in Maribor, a suggestion was sent around to all partners for comments. At a later stage, the prototype for the on-line template was sent around to all partners and feed-back was sent to the web designers.

While the criteria, the database format and the on-line database were being developed, partners already started researching and compiling possible models for the database. This ensued on the basis of the literature search, with the help of national boards and other experts as well as with available databases in each country. The work package leader prepared an excel sheet for all partners as an aid for choosing which models to include in the database. Also, all partners received guidelines explaining the exclusion and inclusion criteria for the projects. Partners typed in the name of each model they found into the excel sheet and ranked it from 0 to 5 on each of the inclusion criteria. These were then weighted. The excel sheet is an aid to ensure that relevant models were chosen for the database. Partners were also reminded to ensure that a models with a mix of themes and a mix of inclusion criteria are included in the database.

The back-end of the database was available in the middle of May 2007. After that all partners started entering the models that they had located into the database. The 4th project meeting in Rome meeting served to discuss models that had been chosen and entered into the database. The idea was to make sure there was a common understanding of what types of model the database should contain. In the framework of individual models presented by each

¹ This section is based on the report by the Slovenian team on the second phase of the project (see Annex 3).

country, Slovenia presented three models which were included in the final database and some others partners presented models to discuss their validity.

The phase of entering models (± 20 per partner country, if available) into the database took place from the middle of July until the middle of August 2007. In this period all team leaders in the participating countries had the responsibility to check the language and the content of the entered models.

In addition to this, four members of the project team (Charlotte Strümpel, Majda Šljajmer-Japelj, Helena Blažun and Ciril Klajnšek) acted as a “quality assurance team” for the database and reviewed all the entered projects to ensure that the entries were complete and in accordance to the agreements made. Patrick Brown from the University of Kent undertook the language editing of a large part of the database entries. At the end of September all partners completed the database and the database of health promotion models was launched in October 2007.

In June 2007 the Faculty of Health Sciences prepared a short questionnaire about the phase 2 (annex) and sent it around to all partners. The questionnaire was prepared primarily to collect useful information about how partners searched for the models, and how they felt about the information given on the second project phase. In general all partners were very satisfied with the prepared information they were given about selecting models, etc..

138 projects were included in the database and described according to relevant administrative criteria, like duration, organisation, and contact details, but also according to content criteria (16 inclusion criteria), like sustainability, gender, theoretical background, transferability etc. Per country, 8 to 37 entries were placed. This varied strongly between countries. Where available, partners were asked to enter at least 20 models.

Challenges encountered

The main challenge encountered in this phase, concerned the selection of the models for the database as well as the definition, whether these models fulfil the defined inclusion criteria or not.

The number of health promotion activities and the extent to which they fulfil any of the defined criteria, was very different between the countries. In those countries with many, quite well developed programmes in this area, those models were selected which fulfilled a number of criteria, in others projects were selected that just fulfilled a few of these criteria. A difficult step – next to defining the criteria precisely – proved to be how to decide whether a model fulfils certain criteria and how to choose the models for the database. While some countries had difficulty finding any models at all that fulfilled some of the defined criteria, other countries found many models that fulfilled almost all the criteria.

It became clear that differences in search and selection procedures between countries did exist, depending on the type of information available. While there were several efforts to reduce inconsistencies in selection between different countries, certain variations are inevitable. The credibility of chosen models was in most samples confirmed by comparison during the Rom meeting, by consultations within national research teams and/or national board meetings, by personal visits to sites of practice and by contacts with leaders of

activities. Also, the review process of the “quality assurance team” served to reduce inconsistencies between countries. While there was an excel table with the criteria and some guidance given, how to choose, models, the actual choice was made differently in different countries. In some countries, such as Germany, the chosen models have received or have been proposed for a national award. This was seen as a good choice of models because they fulfilled the most inclusion criteria.

The selection of models as well as entering the information into the database depended on the type, the quality and the amount of information available. This also differed greatly among countries. In some cases, interesting models had to be left out, because not enough information was found and/or no contact persons were defined.

Another issue was that the whole process of compiling the database took longer than expected. On one hand, this was due to technical difficulties with the back-end of the database and the server that were encountered repeatedly. On the other hand the process of reviewing database entries within teams and by the “quality assurance team” as well as the English editing also proved to be much more time-consuming than originally anticipated.

Milestones

<i>Date</i>	<i>Milestone</i>
January 2007	3rd Partner meeting in Maribor
October 2007	Launch of the on-line database

Deliverables

- “Guidelines” for partners including revised inclusion and exclusion criteria with explanations
- Format for database (“back end” to type into; “front end” for users)
- Database with collected and compiled models presented online on the website

2.6 Work package n° 6 (Phase 3): Evaluating the models of best practice

Objectives

The objectives of this WP are to:

- define set of methods to use when evaluating and identifying the models of best practice,
- identify three relevant and successful models of best practice in each country and evaluate them,
- describe and present the findings of the evaluation.

Description of work²

On the basis of the good practice examples collected in Phase 2, each partner chose three health promotion projects per country (=33 health promotion cases) that were then analysed in detail.

The basic idea of the evaluation of health promotion projects for older people here was to find out *why* the selected project examples were successful cases of health promotion, which outcomes were achieved, how they were reached and in which way the framework conditions contributed to the success of these projects. Furthermore, the question was *which* of the quality criteria were the most important and *how* they were implemented into practice?

In addition, the evaluation framework consisted of structure, process and outcome evaluation. In terms of a (health promotion) project (a) the *structure* relates to the development and the planning phase of a project, the (b) *process* evaluation relates to the implementation of a project into practice and (c) the *outcome* evaluation relates to the achieved results and sustainability (e.g. documented by the evaluation) of the project³.

Accordingly, the overall aim of Evaluation Phase is not to show that an effect has been achieved (this was seen as a prerequisite for choosing models), but to find out, **how** the effect has been achieved (e.g. strategy, project design, target group) and why it was successful (e.g. success stories, interviews, numeric data).

To reach the goals of the evaluation phase a step-by-step working process was decided on. In the healthPROelderly consortium it was agreed to define the evaluation criteria and project

² This section is taken from parts of the European overview report on the evaluation phase by Gert Lang and Katharina Resch, Research Institute of the Viennese Red Cross.

selection procedure in a *first step*. *Secondly* the specific evaluation research questions were defined and in the *third step* the necessary evaluation methods and tools (toolbox) were developed. The *fourth step* was the data collection and analysis of the evaluation data which were presented in eleven National Evaluation Reports.

The evaluation literature states that both quantitative and qualitative methods should be used in evaluation research. In the course of the evaluation of health promotion initiatives for older people it was important to stay close to the contextual world of the people in the actual projects, therefore qualitative methods were chosen as more important in this working phase.

The following instruments were selected for evaluation purposes (See Annex 4 for tools)

- **Document Analysis:** The tool followed a reduction process in three steps. Texts from original documents (e.g. evaluation reports, final reports, website texts) were reduced to a minimum – extracting the most important contents. The template for this tool was an excel sheet. It was used in the national language of the respective project (in order to stay close to the contextual world and *actual words* of the project's reports).
- **Qualitative Interviews:** After having completing the document analysis, all partners carried out qualitative interviews with key persons from the health promotion projects (e.g. key researcher, manager, older people) for older people. For this purpose a semi-structured interview guide was developed containing the research questions. Also included is a protocol (date, time frame of the interview etc.) and basic instructions for interviewers. All interviews were carried out in the national language of the interviewees. The interview guide was structured according to the research questions: structure, process and outcome evaluation questions. All interviews were taped and transcribed afterwards. 2-3 interviews per case were mandatory per healthPROelderly partner.
- **Cost-effectiveness Analysis:** Where possible a cost-effectiveness analysis was carried out in 7 steps. Data was drawn from documents and also from interviews. A large number of documents and reports did not include concrete numbers about the project's cost-effectiveness. The analysis follows the cost-effectiveness analysis of McKenzie et al. (2005).
- **SWOT-analysis:** The SWOT-analysis was used as a summarizing tool at the end of the data collection phase. With the help of the 4 items (strengths, weaknesses, opportunities and threats) the results of the three case studies were integrated in a brief 2 by 2 table. All partners used this tool which was provided in a word format.

Data collection took place from October 2007 until January 2008. Each participating country had to choose three health promotion initiatives and evaluate them according to the healthPROelderly evaluation outline and research questions. All results were summarized in National Evaluation Report. These eleven reports serve as the basis for the European Evaluation Report which will be available shortly.

All reports have the same structure and are arranged in national selection procedure, short presentation of the three cases, and structure, process and outcome evaluation results. Also, all reports include specific recommendations for health promotion for older people in the end of the report. All National Evaluation Reports are available online at the project's website: www.healthproelderly.com and are included in Annex 5.

Selection of the three best practice projects

Health promotion cases were selected on the basis of the Online Database of good practice health promotion projects developed in 2007 (www.healthproelderly.com/database). Each country chose three of their national project entries from the database for further evaluation (= 33 best practice initiatives). Therefore a ranking system was applied: Points were assigned to each project. In the course of the evaluation five countries stated that they chose those initiatives with a large number of points – those that scored high in the national selection procedure. Also, three countries chose initiatives which fulfilled the most inclusion criteria, e.g. the Netherlands only selected initiatives with at least 10 out of 16 inclusion criteria. Most countries selected their best practices with the help of the scoring system but also in a second step with regard to themes. In the Czech Republic diversity was a crucial issue, in Austria gender was the main criterion to include the third project (the first two were chosen by high score), and in the UK projects were picked because of their focus on socio-economic and ethnic inequalities. Two countries deliberated about their choice of projects with the experts of their National Board (Germany and the Netherlands).

Initiatives were also chosen with respect to the criteria (1) evidence-based project, (2) innovative project, and (3) project with a broader focus. Three countries explicitly state choosing according to this scheme: The Netherlands picked two evidence-based projects and one innovative as well as Italy, and the Czech Republic selected one projects out of each category.

Challenges encountered

One challenge that was encountered in this phase was that the prerequisite for collecting necessary information was a basic amount of documentation and evaluation. While in some countries, models were well documented and evaluated, this was lacking in others. Some models that were originally chosen had to be replaced by others because of lack of information or lack of contact persons.

Another challenge encountered was the lack of information or willingness to disclose information on budgetary structures. This led to the fact that only a very few cost-effectiveness analyses could be carried out. Due to limited resources within the project, not as many different stakeholders could be interviewed as would have been necessary to gain deeper insight into different perspectives.

According to the third progress report of the healthPROelderly project, the most useful instruments seem to have been the document analysis and the interview scheme. Apart from the most positive rating, these tools also received almost unanimously positive comments. For instance, concerning the document analysis tool:

- *“It followed a clear reduction process, I liked it.”*
- *“Excel spreadsheet was excellently constructed and formed a perfect basis for later analysis and writing up...”*
- *“It structured the necessary work in three concrete steps and it standardised throughout all partners which have many different research backgrounds.”*

Milestones

<i>Date</i>	<i>Milestone</i>
June 2007	4th Partner meeting (concept of evaluation)
September 2007	Resource group meeting to define work of phase 3 precisely
April 2008	Online-presentation of national reports available
June 2008	Online-presentation of European summary and tools available

Deliverables

The deliverables of this WP are the following:

- Set of methods (tools) for evaluation of health promotion projects for elderly
- Online presentation of the evaluation results (national reports and European report)

2.7 Work package n°7 (Phase 4): International Conference

Objectives

The objectives of the International Conference were to:

- Discuss guidelines and recommendations with experts in the field
- Present project results and get feed/back
- Give information on how health promotion projects for older people work
- To network and exchange information on health promotion for older people between different countries

Description of work

The date of the conference was fixed in January 2007, after which the Polish Nurses Association, which was responsible for organizing the conference started looking for a venue. The main issues on possible venues and the contents of the conference in Warsaw were discussed in the fourth project meeting in Rom in June 2007. The conference design and further details were agreed on by the partners in the fifth project meeting in Berlin in January 2007. Key note speakers were agreed on as well as presenters for the individual project phases, chair persons for working groups and panel discussants.

The main pillars of the conference were (see also Agenda in Annex):

- Two key-note speeches
- The presentation of each project phase by work package leaders
- Five working groups on individual parts of the draft guidelines chaired by project partners
- A market place where each partner presented their three best practice projects by using posters. Also further material was provided, such as leaflets, photos, DVDs. Also, the healthPROeldery-projects' database could be accessed during the market place.
- A practical demonstration of the "Sing for your life programme" was introduced by students from Krakow who are working together with the UK-programme.
- Presentations of working group results and ensuing panel discussion.

Partners were asked to invite participants from their countries using the draft agenda they received and a suggestion for an invitation letter. Apart from that the coordinator sent the announcement to potential participants on European level. Partners were asked to invite practitioners in the field of health promotion for older people (preferably at least one representative of the three analysed projects), policy makers on different levels, representatives of older people's organizations as well as experts in the field. A website specifically for the conference was launched by the Polish Nurses Association giving

information on the conference and allowing for registration. This was linked to the project website. 5-6 participants per country were planned.

In the Berlin-meeting partners agreed, that rather than having a written report of the meeting, it would make more sense to send participants a CD-rom and also make this available to other people who are interested. The CD-rom will contain:

- Presentation of key-note speeches
- Presentations of project
- Summary of working group results
- Posters of market place
- Photos of conference
- Summary of panel discussion

Challenges encountered

The date of the conference was fixed quite early on, first efforts to find a venue also started in time as well as first ideas on the conference design. However, due to time constraints on part of the work package leader as well as the project coordinator as well as due to language and communication problems some of the organisational issues took much longer than planned and than is usual when only one organisation is organising a conference.

Also, since some of the project work on the evaluation of three case studies as well as formulating draft guidelines took longer than planned, this also had an effect on the planning of the contents of the conference.

Due to these facts, the announcement was sent out at a relatively late stage. Also, it turned out that many international conferences concerning health were taking place at the same time. Thus, some participants which would have been important for the conference could not attend. Also, not all project partners made the same efforts to contact stakeholders in their countries, which resulted in the fact that some countries were better represented than others (also concerning a mix of stakeholders and including representatives of ministries etc.).

The structure of the projects' conference budget as well as some financial prerequisites made by hotels in Poland (some expected a pre-payment of all expenses several months before the conference) posed a challenge which led to quite a lot of organisational effort.

All in all app 80 participants were planned in all for the conference and app. 70 attended. Participants proved to be an interesting and helpful mix of representatives from different backgrounds. At the end of the day the organisation of the meeting went very well and everything functioned smoothly. Presentations and discussions during the meeting were very interesting and fruitful and an important step could be made in developing the guidelines.

Milestones

<i>Date</i>	<i>Milestone</i>
May 2008	International Conference
August 2008	Documentation of the Conference

Deliverables

The deliverables of this WP are

- Agenda and conference pack
- The International Conference
- Final documentation of the International Conference (CD-rom will be available in August 2008)

2.8 Work package n° 8 (Phase 5): Guidelines with recommendations

Objectives

The specific objectives of this WP are to:

- establish evidence- based guidelines which provide recommendations for the implementation of sustainable health promotion projects and programmes for older people.

Description of work

The work on the guidelines started in June 2007 during the Rom-meeting, where it became clear that the work on evaluating individual cases of best practice had to be carried out with the aims and results of the guidelines in mind. The first ideas on the guidelines were presented in this meeting. Also, it was agreed that the partners representing the FFG (work package leader for the guidelines) would participate in preparing the work of the evaluation phase. In September 2007 input was given by the German team to the small working group dealing with the evaluation phases' procedure. The fifth project meeting in Berlin took place after the main body of work for Phase 3 (Evaluation of models of best practice) had been carried out. A large part of this meeting was dedicated to working groups in which the results of the evaluation phase were formulated in terms of their relevance for guidelines. On the basis of this and the national reports of the evaluation phase a very first draft of the guidelines was sent around to partners with a small questionnaire, asking partners' opinions on structure and basic contents of the guidelines. Quite extensive feed-back was given by partners on this draft. Also, an extra meeting with the work package leaders of Phase 3 and 5 as well as the coordinator took place in Vienna at the beginning of April. This served to agree on the basic structure of the guidelines and on the further procedure for compiling the guidelines. Also, UK partners assisted the German work package leaders substantially concerning the formulation of the guidelines. The results of the national evaluation reports were compared and summarized in the European overview at the same time. The results were available quite shortly before the meeting in Warsaw and they were also incorporated into the draft guidelines. On the basis of these different work steps draft guidelines were made available at the conference in Warsaw (see Annex 6) and were discussed there in working groups.

The basic issues addressed in the guidelines to date are: target group involvement, diversity, empowerment, evidence-based practice, holistic approaches to health promotion of older people, health strategies and methods used, setting and accessibility, stakeholder involvement, interdisciplinarity, volunteering, management and budgetary structures, evaluation, sustainability, transferability as well as publicity and dissemination.

During the Warsaw conference five working groups took place, each one referring to one or several themes of the draft guidelines. These were then discussed and revised in detail.

The results of this work as well as further results of the European report on Phase 3 which will be available shortly will be incorporated into the guidelines. There will then be another feed-back round with partners. The final version of the guidelines will be agreed on in the final meeting in Vienna on 2-3 October 2008. After this the guidelines will be printed.

Challenges encountered

Challenges encountered in this phase for one concerned time pressure in connection with the Warsaw conference. One difficulty was that the work on Phase 3 was still being carried out and that some important results could not be fed into the draft version of the guidelines until a quite late stage.

Another challenge encountered refers to the exact definition and task of guidelines. There has been an on-going discussion among project partners and during the conference in Warsaw how detailed such guidelines can and should be and whether recommendations at a relatively general level can be called guidelines.

Finally, one main challenge concerns the target group of the guidelines. It has been discussed repeatedly which types of actors the guidelines should be for. The main target group will be practitioners and planners who would like to carry out health promotion programmes for older people. However, it is deemed important also to include information for policy makers. In this context it was agreed to produce a short statement geared specifically at policy makers. Also, the question remains open whether and how the guidelines can and should address older people themselves.

Milestones

<i>Date</i>	<i>Milestone</i>
January 2008	5th Partner Meeting in Berlin
May 2008	Draft guidelines as basis for discussion in Warsaw conference
November 2008	Guidelines with recommendations available

Deliverables

The deliverables in this WP are:

- A brochure with the "Guidelines with recommendations for health promotion for elderly people" which is available in a printed version and on the website as download.

3 Further work plan

Work packages 4,5 (Phase 1: Literature Overview and Phase 2: Database) have both been completed. Work packages 6 and 7 (Phase 3: Evaluation of models and Phase 4: Conference) are in the process of being completed. The European evaluation report of Phase 3 is being completed, the conference in Warsaw has taken place and the conference proceedings are being compiled.

Tasks for Phase 3 (Work package 6) still include:

- Finishing the European report
- Putting the German national report on-line (all others are already on-line)
- Putting tools on-line after changes made according to Third progress report

These documents will be put on-line by the middle of June 2008.

Tasks for Phase 4 (Work package 7) still include:

- Compiling conference proceedings. Partners agreed that it would make more sense to provide a CD-rom with different types of information (e.g. posters) than a printed report.

This will be available by the end of July 2008.

Tasks for Phase 5 (Work package 8) include:

- Revising guidelines according to results of Warsaw-conference
- Finalizing guidelines
- Layout and print of guidelines
- Last project meeting in Vienna, 2-3 October, 2008.

Dissemination:

- Preparing summaries, presentations and articles.
- Exploring possibilities to further develop and implement database as well as guidelines on national and European level.

While there have been some delays in the project work as opposed to the project planning, all in all the project is within the planned time frame. Deliverables which are still being worked on are the guidelines and conference proceedings.

4 healthPROelderly Project - Conclusions

4.1 Comment on financial statement

For the first two years of the project, somewhat under three-quarters of the whole project duration (72%), over two thirds (69%) of the overall budget has been used. Individual partners have spent between 54% and over 80% of their budget.

With respect to staff costs 73% of the total costs budgeted have been incurred until now. Concerning the budget for travel and subsistence costs a little over a half (51%) has been used for five project meetings. One more project meeting is still pending and the travel and subsistence costs for the Warsaw meeting which is not in the accounting period examined here will most probably take up the rest of the travel budget. For the other costs, approximately a half has been spent until now. Most of the other costs concern the International Conference as well as dissemination activities. All in all, it seems that the expenditures incurred until now are in line with the planned budget.

Some partners have incurred costs for translation of reports, that were not budgeted originally.

Partners vary in the amount of **staff costs** they have already used up. While most partners have used between 60% and 80% of their staff costs, the University of Maribor has used up all of their staff costs as has the Polish Nurses Association. This fact has been pointed out to these partners, who have stressed that they are able and willing to carry out their planned project tasks until the end of the project. Also, there have been some changes in staffs' daily rates, either due to actual changes in salary or due to previous miscalculation of staff costs.

Unresolved issues with respect to the budget are the costs for English editing, translation costs and that some partners have carried out additional project tasks and have thus incurred more personnel costs than planned.

4.2 Strengths and problems of the healthPROelderly project

Identified strengths of the project⁴

Participants have identified three main features as strengths of the project: the methodological approach, the commitment of partners and the good cooperation within the partnership, and the great (potential) impact of products and results of the project (see also the first report with emphasis on leadership, products and the international/multi-disciplinary partnership):

- **Methodological approach:** healthPROelderly is conceived a project “to find answers to real world issues” as a “bridge from theory to practice”; the “combination of research and practice” is supported by the “coherence between project phases” and “structured work, based on a rich overview of health promotion”. Furthermore, the project is an “effort to improve transparency and evidence in the evaluation of health promotion projects”.
- **Important (potential) impact:** healthPROelderly is characterised by the “great potential value of the ultimate goals (guidelines, reports)” and will help in “setting the agenda on health promotion at the national level”. The national overviews of activities in the field of health promotion for older people were a “most useful and fruitful experience” and where thus seen as an important impact, in particular in combination with the “comparison of international data” with a view on “different countries and disciplines”.
- **Commitment and cooperation within the partnership:** Participants have spotted an “advanced commitment” of all partners and “increasing cooperation between partners” in a “multi-professional and international mix” that allows for “inter-cultural learning, friendships and further cooperation in an international network”. This can be evidenced by the “involvement (eg. active dissemination, own incentives)” of participants. Furthermore, the “open communication, friendly atmosphere, politeness” within the partnership is seen as an important asset which is emphasized by the readiness for self-reflection (“no tabu”) of all partners.

Identified problems of the project

Some of the project’s strengths obviously trigger also challenges that have to be addressed. For instance, there still seem to be some partners with difficulties concerning terms, methods and concepts that may partly be explained by language problems, time constraints and the

⁴ The following section is based on the second and third progress reports written by Kai Leichsenring.

difficult balance between national and international perspectives. In the main part of this report, we will just address the problems, actions to take for each of these problem areas can be found in Annex 1.

Problem #1: Difficulties with methods and concept ...

Some participants have perceived a lack of “consistency (theory/methods)” and of a “clear hypothesis to analyse” which might cause a “risk of missing comparability” as well as a “lack of reflection of these risks due to time shortage and the low ‘value’ given to this issue”. Still, some participants insist that “we have first to clarify and acknowledge the risks of misunderstanding in our communication, because the international diversity as well as the diversity of our backgrounds is really great”.

Problem #2: Lacking evidence-base ...

In practical terms, some participants worry about “finding projects which satisfy all inclusion criteria” and ask themselves under which circumstances “a model is really evidence-based”. Major concerns were also expressed by some respondents concerning the generation of evidence-based guidelines on the basis of evaluated projects. There was a concern whether the evaluation of projects will “prove sufficient for developing guidelines” as not all issues at stake might be addressed by the selected projects, and evidence might be scarce in some cases (see above).

- *“Slovenian models haven't started as research projects but were evaluated later during their lifecycle.”*
- *“Difficulties to get in contact with coordinators of projects that are funded by various agencies.”*
- *“Lack of written evidence of models/projects/programmes.”*
- *“Lack of communication (networks) between people preparing and implementing programs in the field of health promotion.”*

Problem #3: Language and cooperation

The trans-national cooperation is, of course, affected by “communication problems” that are not only due to English as a common language but also to “misunderstandings” or simply “different understanding of some terms” that are linked to interdisciplinary diversity. There is also some concern about the difficulty to cooperate with scientific partners and to share tasks.

Problem #4: Time constraints and other contingencies

Some participants expressed time pressure that, however, could be reduced during phase 2. In some cases, there is even “no time to read e-mails” (which should be considered a personal problem with time management). For the next phase, time-consuming interviews with project administrators were spotted as a potential challenge. There is a natural tension between the national and the European perspective, i.e. the latter is still seen very abstract, while the concrete national level calls for most of the attention and time of the participants.

4.3 Summary of work until now

All in all one can say that the healthPROelderly project is being carried out as planned. Most of the deliverables and milestones have been completed. The first phase and second phase of the project work is completed and the third phase is in the process of being completed (national reports online, tools and European report online shortly) of the project is largely completed. Phase 4, the conference has been carried out, conference proceedings are in the process of being compiled. Concerning Phase 5, the draft guidelines already exist and are being worked on.

The work packages project management and evaluation of healthPROelderly are running as planned. All partner meetings as well as the international conference have been taking place as planned originally. The last meeting will take place in Vienna in October. The cooperative atmosphere and highly qualified project team mentioned in the first interim report is still an important pillar of the projects' work.

While individual dissemination activities have been taking place regularly, stronger and systematic dissemination activities are planned for the last 8 months of the project. A wealth of information has been collected and many reports have been written. The project is now at a stage where summarizing, bringing together and critically assessing the gained information is crucial. This is a prerequisite for effective dissemination which will be an important focus of the work in the next months.

The largest part of work on the healthPROelderly-project has been done as can be seen in the use of staff resources in the partners' budgets. Partners' main tasks now are to contribute to guidelines and to dissemination of project and to explore ways of following-up project in their own countries.

Table of deliverables

<i>Deliverable No</i>	<i>Deliverable title</i>	<i>Status as of 19.5.2008</i>	<i>Nature</i>	<i>Confidentiality level</i>	<i>Dissemination</i>
D 1	Website of project	Completed	Website	Public	Link from all partner websites, link from official website, listings in search engines
D 2	Leaflet on the project	Completed	Other	Public	To associated partners and members of national boards, conferences/fairs etc.
D 3a	European literature database (not originally planned)	Completed	Excel-database	Project partners	Available for partners
D3b	10 National Reports of literature review in English (not originally planned)	Completed	Reports	Scientific community	Downloads on website and possibly book publication (not originally planned)
D 3c	Summary with the main findings of the literature review (including results of statistical analysis of lit. database	Completed	Report	Scientific community	To associated and collaborating partners and members of national boards, scientific community etc.
D 4	Glossary with common terminology and definitions	Completed	Report	Scientific community	To associated partners and members of national boards, scientific community etc.

D 5	Compiled set of criteria for the selection of models of best practice	Completed	Report	Scientific community	To associated partners and members of national boards, scientific community etc.
D 6	1st interim technical implementation report and consolidated financial statement	Completed	Report	Confidentiality	To the EC and all partners
D 7	Database with collected and compiled models presented online	Completed	Database	Public	Available on the website
D 8	Set of methods for evaluation of health promotion projects for elderly	Completed	Guidelines	Restricted	Available on the website
D 10	International conference	Completed	Conference	Public	Invitation/programme leaflet distributed to relevant stakeholders
D 11	2nd interim technical implementation report and consolidated financial statement	Completed	Report	Confidentiality	To the EC and all partners
D 12	Final documentation of International Conference	Month 27 Planned	Report	Public	To associated partners and members of national boards, scientific community etc.
D 13	Guidelines with recommendations for health promotion for elderly	Month 32 Planned (draft available)	Report	Public	To associated partners and members of national boards, scientific community etc.

D 15	Final evaluation report	Month 33	Report	Restricted	To the EC and all partners
D 17	Final technical implementation report and consolidated financial statement	Month 33	Report	Confidentiality	To the EC and all partners

