

GOOD PRACTICE BRIEF

SENIOR FRIENDLY COMMUNITIES IN THE MEUSE-RHINE EUROREGION: Improving the lives of people with dementia and old-age depression

Brigitte van der Zanden¹, Marja Veenstra², Sara Reekmans³, Mignon Schichel⁴, Frans Verhey⁵, Karl-Heinz Feldhoff⁶

Summary

The Meuse-Rhine Euroregion⁷ has embarked on strengthening the role of local municipal authorities to support active and healthy ageing in senior friendly communities paying special attention to dementia and old-age depression. The Senior Friendly Communities Project has included training of local policy-makers in strategy development, local public health interventions, intersectoral action and cross-border collaboration, new roles for community personnel, people-centred approaches to care and well-being, and implementing information technology solutions. The Project can be tailored to the needs of communities and has inspired local authorities to provide more interventions for dementia and old-age depression.

Improving the well-being of people with dementia and old-age depression

As elsewhere in the WHO European Region, the Meuse-Rhine Euroregion grapples with an aging population and increasing prevalence of dementia and old-age depression. The prevalence of dementia and depression is nearly 2% and 25% respectively in a population of about four million people in the Meuse-Rhine Euroregion (1). While these conditions are typically first identified through the health system, improving the lives of older people with dementia and depression requires integrated approaches combining health, social and other municipal services contextualized to the specific needs of communities (2). A wide range of interventions

Key Messages

- Local-level multidisciplinary intersectoral action is needed to support healthy ageing, particularly for those with dementia and old-age depression.
- Local authorities and communities have a key role to play in developing and implementing evidence-based interventions to improve the well-being of people with dementia and old-age depression, and their informal caregivers.
- Strategic planning is an important instrument of successful intersectoral action at local level.
- Contextualized action is essential, taking into account the needs, existing knowledge and strengths of municipalities and communities.
- Planning for sustainability is necessary to safeguard the long-term commitments of municipalities.

¹ Director, euPrevent | EMR Foundation, Heerlen, the Netherlands

² Researcher and Regional Coordinator, Maastricht University and Huis voor de Zorg, Maastricht, the Netherlands

³ Coordinator, Logo Limburg, Hasselt, Belgium

⁴ Researcher, Maastricht University, Maastricht, the Netherlands

⁵ Lead partner and Professor of Neuropsychiatry and Old Age Psychiatry, Maastricht University, Maastricht, the Netherlands

⁶ Chair of the Board of euPrevent | EMR Foundation, Heinsberg, Germany

⁷ The Meuse-Rhine Euroregion is a cross-border area of Belgium, Germany and the Netherlands.

and services are available to maintain function in people with dementia and/or depression for as long as possible, regaining lost function when there is the potential to do so, and adapting to lost function that cannot be regained (3). This brief provides a good example of how the uptake of such interventions can be implemented in an adaptable manner.

Senior Friendly Communities Project

The Senior Friendly Communities Project started in 2016 and builds on the WHO Active Ageing Framework (2002) (4). The three pillars of this Framework (participation, health and security) provide the conceptual basis for this Project. The euPrevent | EMR Foundation, the implementing agency, supports cross-border cooperation between professionals and organizations engaged in maintaining, promoting and improving public health for residents in the Euregion Meuse-Rhine. The support package for municipalities comprises four consecutive steps.

Step 1. Assess capacity. An online (baseline) capacity assessment (available in Dutch, English, French and German) is carried out in each participating municipality, complemented by in-depth interviews conducted by regional coordinators. From the results of the assessment, municipalities gain insight into their performance in supporting people with dementia and/or old-age depression, and family caregivers which serves as a starting point for further action. The assessment enables contextualizing support.

Step 2. Choose activities. Municipalities receive a fixed budget they can use to select a number of activities, reflecting local preferences and needs. Every municipality appoints a local coordinator who oversees the planning and manages activities. This local coordinator is in turn supported by regional Project coordinators. Key activities municipalities can choose from include the following, with examples presented in Table 1:

- multiple **strategy workshops** for local policy-makers on how to develop a strategic plan focusing on local public health campaigns, intersectoral action and cross-border collaboration that contribute to the well-being of people with dementia and old-age depression;
- **training of well-being coaches** who closely work together with primary care physicians;
- **outreach** activities offered by trained volunteers to socially isolated older people;
- **educational sessions** on ageing, positive health, communicating with people with dementia and on empowering family caregivers;
- creation of **local social networks** of older people;
- **education in primary schools** on dementia and depression;
- **cultural activities** that include the themes of dementia and depression; and
- **online support tools** for informal caregivers.

Step 3. Implement activities. The Project provides support and guidance to municipalities to implement the activities chosen.

Step 4. Ensure sustainability. After the initial implementation process, a second assessment is performed in all municipalities who are advised on how to make the activities sustainable and to develop a five-year sustainability plan.

Table 1. Example activities developed by municipalities in Belgium, Germany and the Netherlands

As, Belgium (8 000 inhabitants)

Municipalities are supported to develop **neighbourhood groups and networks of older people** to improve their social inclusion. Local residents can identify and present topics – such as civil society action, lifelong learning and sports – to their community to initiate these groups and networks.

Municipalities are supported to implement an **online platform to support caregivers of people with dementia**. Developed with the aim to improve collaboration between professional and informal caregivers, this password-secured website allows for the exchange of information and personal messages, and serves as an important care planning tool.

Kerkrade, the Netherlands (46 000 inhabitants)

Family physicians identify patients who are in need of social support, and prescribe services provided by so-called **well-being coaches**. These coaches are volunteers who are trained to **support people at risk of old-age depression**. Interventions include developing a well-being plan, providing social support and helping the patient find supporting networks. The well-being coach reports back to the family physician on progress made by the patient.

A social worker coordinates a team of **volunteers** who are trained to **provide telephone support to socially isolated people**. A social worker identifies people at risk of isolation who are contacted every three days or every week to follow-up on their needs, and to prevent social isolation.

Euskirchen, Germany (56 000 inhabitants)

Different target groups (community personnel, police officers, public transport personnel, fire fighters, shop owners, etc.) are trained on how to **communicate with people who have early dementia**. Three-hour theoretical courses are complemented by role-playing and audio-visual aids.

Children age 12 receive two **educational sessions in schools on dementia and depression**. They visit a nursing home, and participate in activities with residents with the aim to better understand these illnesses and to help develop intergenerational relationships and to promote an inclusive society.

Impact

The Project assisted local coordinators of 32 municipalities in implementing interventions for people with dementia (80 activities) and depression (90 activities). Participating municipalities reported that they expanded their service offerings for people with dementia (Fig. 1) and old-age depression (Fig. 2) since the start of the Project.

Fig. 1. Number of municipalities involved in activities related to dementia before and after the Senior Friendly Communities Project, according to the three pillars of the WHO Active Aging Framework

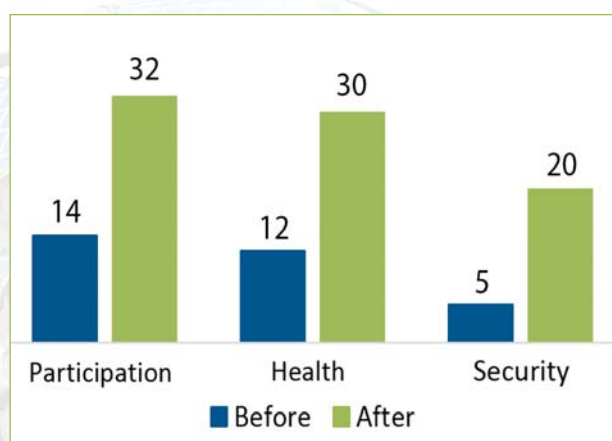
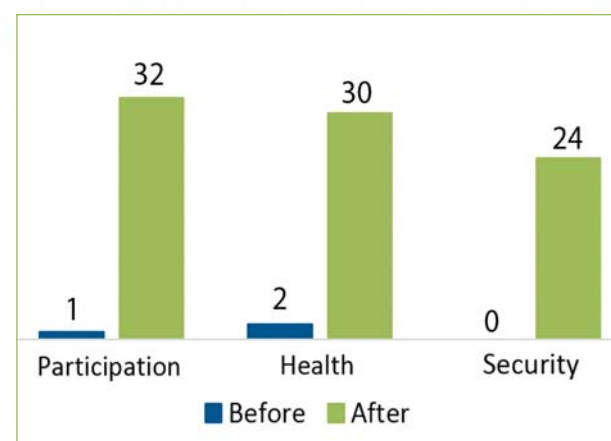


Fig. 2. Number of municipalities involved in activities related to old-age depression before and after the Senior Friendly Communities Project, according to the three pillars of the WHO Active Aging Framework



Lessons learned

- **Local-level multidisciplinary intersectoral action is needed to support healthy ageing**, particularly for those with dementia and old-age depression. While most of these conditions are identified in primary care, maintaining, restoring and replacing declining cognitive functions requires a partnership between various health, social and other municipal services.
- **Local authorities and communities have a key role to play** in developing and implementing evidence-based interventions to improve the well-being of people with dementia and old-age depression, and their informal caregivers.
- **Strategic planning is an important instrument of successful intersectoral action at local level.** Senior friendly communities can only be developed if each municipality has a clear and individualized strategy, taking into account local history, context and partners.
- **Contextualized action is essential**, taking into account the needs, existing knowledge and strengths of municipalities and communities.
- **Planning for sustainability is necessary** to safeguard the long-term commitments of municipalities in addressing the challenges related to dementia and old-age depression.

References

- (1) Assessment Bericht Euregio Meuse-Rhine (EMR) [Assessment report Meuse-Rhine Euroregion (EMR)]. Heerlen: euPrevent | EMR Foundation and the Senior Friendly Communities Project; 2017 <https://www.euprevent.eu/wp-content/uploads/2018/04/FINAL-EMR-Report-EN-2018.pdf>, accessed 7 June 2018).
- (2) Van Eenoo L, Declercq A, Onder G, Finne-Soveri, H, Garms-Homolová V, Jónsson PV et al. (2016). Substantial between-country differences in organising community care for older people in Europe – a review. *Eur J Public Health*. 26(2):213–9. doi:10.1093/eurpub/ckv152.
- (3) Huber M, van Vliet M, Giezenberg M, Winkens B, Heerkens Y, Dagnelie PC et al. Towards a 'patient-centred' operationalisation of the new dynamic concept of health: a mixed methods study. *BMJ Open* 2016;5:e010091. doi:10.1136/bmjopen-2015-010091.
- (4) Active Ageing. A Policy Framework. A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain. Geneva: World Health Organization; 2002 (WHO/NMH/NPH/02.8; http://www.who.int/ageing/publications/active_ageing/en/, accessed 7 June 2018).

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