

Care Living Labs Flanders: Did Active Ageing find his way into care innovation?

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INTRODUCTION

Active ageing (AA) constitutes an important concept within gerontology. It aims to enhance the quality of life of older people by optimizing opportunities for health, participation and security (WHO, 2007). Six determinants and underlying items influence AA (Figure 1 & Table 1). To date, **six Care Living Labs (CLL)** were selected, comprising a variety of **23 projects**. The aim of this study is to see if and how AA is embedded in the plans of the CLL and their projects.

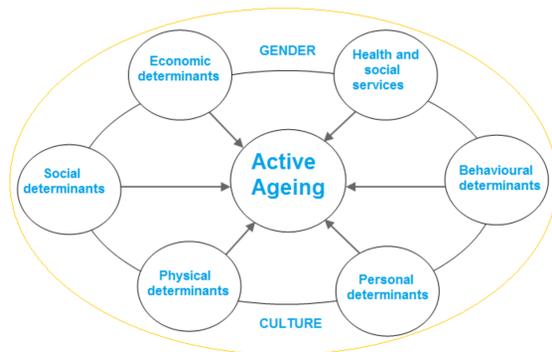


Figure 1. Active ageing determinants.

Table 1. Overview of the active ageing determinants and underlying items.

AA determinants	Items
Health and social services	Health promotion and disease prevention, curative services, long-term care and mental health services.
Behavioral factors	Tobacco use, physical activity, healthy eating, oral health, alcohol, medications and adherence.
Personal factors	Biology and genetics and psychological factors.
Physical environment	Physical environments, safe housing, falls, clean water, clean air and safe foods.
Social factors	Social support, violence and abuse, education and literacy.
Economics	Social protection, income and work.

METHODS

First, an inductive analysis was conducted of the submitted CLL and project proposals, to explore the views of the individual CLL and projects on ageing. Additional semi-structured interviews with the CLL and project coordinators were completed. Thereafter an deductive analysis was performed to explore the presence of the AA determinants within the CLL and the project plans. An AA-determinant is explicitly present when one or more items are described in the proposal or indicated during the interview. Implicitly present means that one or more items can be derived from the proposal or interview. Absent indicates that one or more items or not present at all.

RESULTS

No CLL explicitly indicated the AA model. Within one project the AA model is present. However, within all CLL and projects, AA-determinants are present. The number of AA-determinants present ranged from 2 to 6 for the CLL as well as for the projects, with only one project (number 11) covering all 6 determinants (Table 2). Some determinants were more present than others: 20 projects implicitly mentioned the economic determinant, with a special focus on society and less attention for individuals. This determinant is followed by the health and social services determinant (19 explicit), the behavioral determinant (9 explicit and 1 implicit), the determinant physical environment (8 explicit and 2 implicit), the personal determinant (8 explicit and 1 implicit) and the social determinant (6 explicit and 2 implicit).

Table 2. Overview of the CLL and the CLL projects mentioned AA-determinants.

Active Aging determinant	Care Living Labs						Care Living Labs projects																						
	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Health and social services	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Behavioural determinants	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Personal determinants	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Physical environment	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Social determinants	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Economic determinants	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Legend: ≥1 item is explicitly present ■; ≥1 item is implicitly present ■; items are absent ■.

CONCLUSIONS

The main focus for the CLL concerns health and social services and social determinants. For the projects, the main focus, as explicitly aimed, is health and social services and less attention is paid to the social determinant. Taking CLL and CLL projects together, all AA determinants are covered, however no CLL or project addresses them all explicitly. Results suggest that the innovations are not targeting an all-encompassing intervention.

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