

Quality of Life, healthy ageing and loneliness - *what can be done?*

NORTHERN DIMENSION FUTURE FORUM ON HEALTH

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Outline

- The multi-dimensional concept of Quality of Life (QoL)
- QoL and loneliness among older Finns
- The PROMEQ-study (STN #303615)
- Participatory intervention with Older People in PROMEQ
- Conclusion

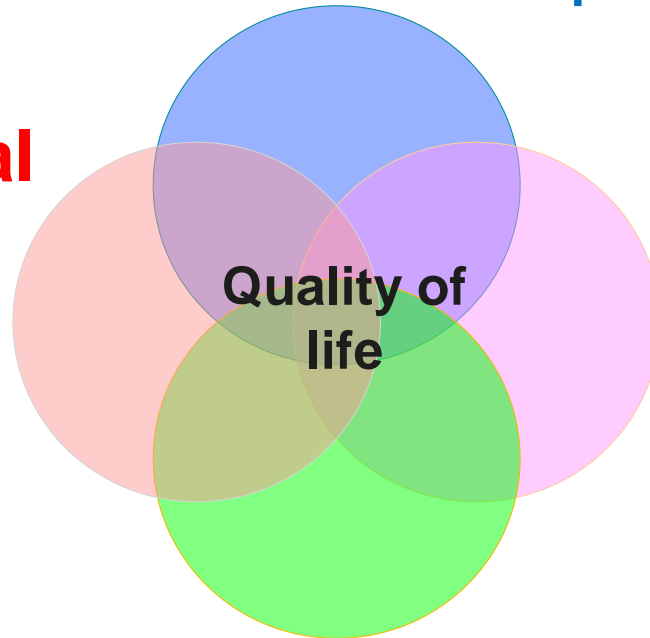
The multi-dimensional concept of Quality of Life

Physical

Health and Functional Competence

Psychological

Psychological
well-being,
resilience



Quality of
life

Social

Social networks
loneliness

(modified
from
Lawton and
WHO)

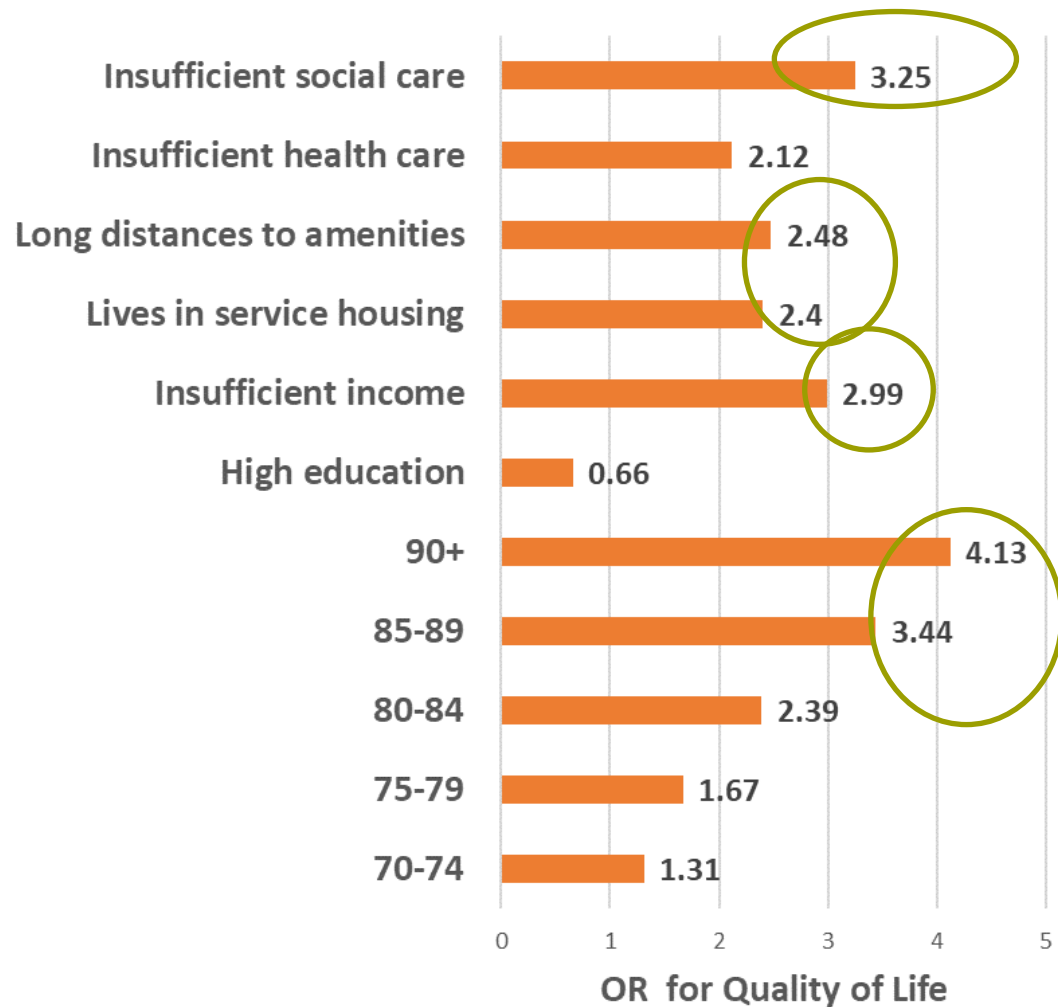
Environmental

Living conditions and access to care

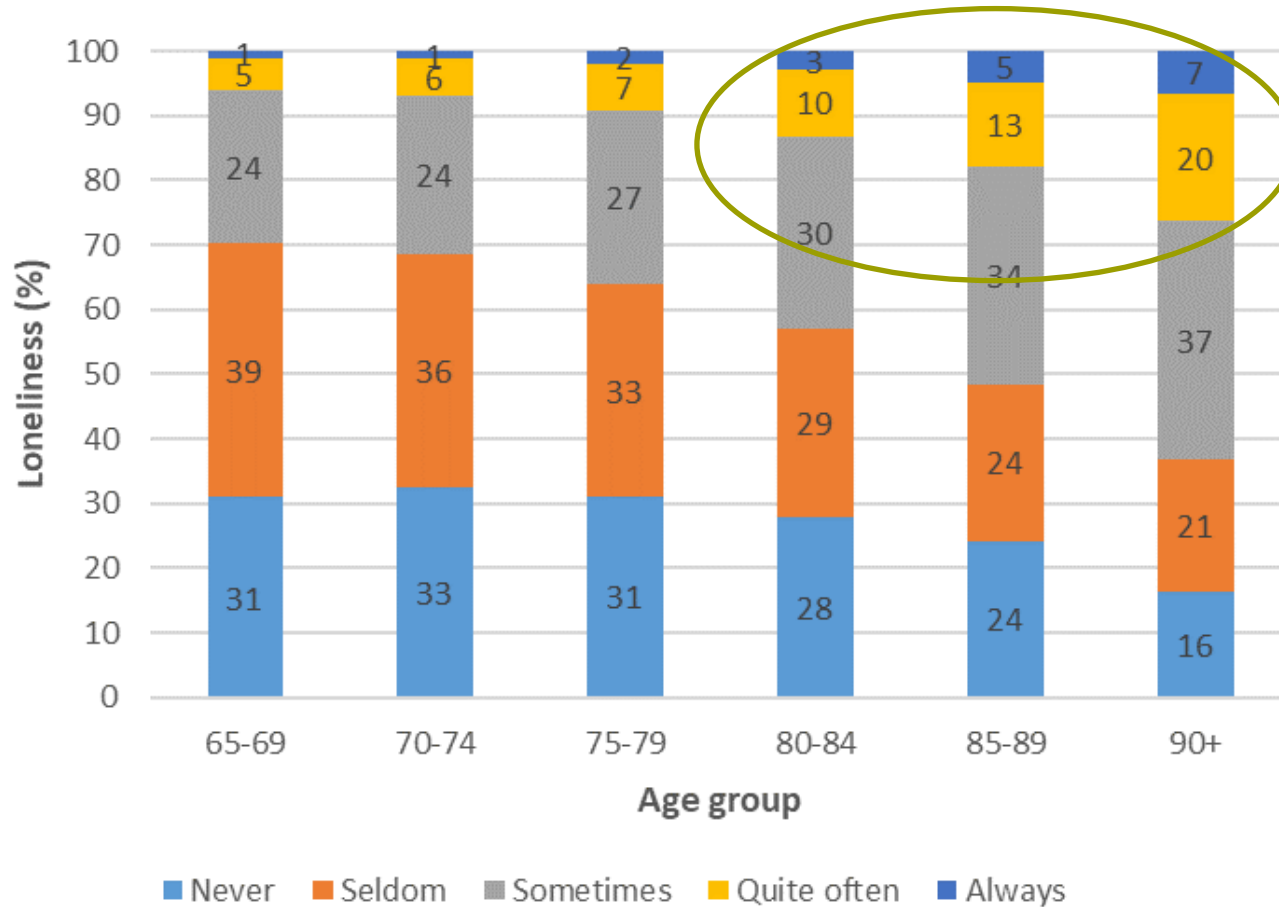
Age and social factors as risks for poor QoL among older Finns in 2013-2016

N=26 487
(65y+)

logistic regression,
ORs



Loneliness in older Finns in 2013-2016 in 2013-2015, N=27968



PROMEQ explores the population level influences of social factors on health and QoL, and tests inclusive methods for promotion of health and wellbeing with 4 disadvantaged population groups, service professionals, NGO's and policy makers.

Equity matters!



long-term unemployed



refugees



NEETs



Older people with multiple needs

Intervention: Participatory group based care management

- **Inclusion criteria:** persons aged 65+, living alone at home with multiple needs, using one or more care services, willing to participate
- **Contents:** Group meetings, counselling, knowledge sharing, excursions, social engagement, common lunches & coffees, care managers and researchers as tutors, 24 groups in 6 cities
- **Methods:** RCT, intervention group n=183, control group n=205, N total 388
- **Evaluation of effectiveness**
 - changes in dimensions of QoL, loneliness, capability
 - Baseline study, 3 months and 6 months follow-ups
- **Evaluation of cost-effectiveness**
 - Costs of usage of health care and personal social services
 - Costs of intervention, Bootstrap-simulations for ICER

Summary evaluation of effectiveness and cost-effectiveness of the intervention

(Kannasoja & al 2018, Forma & al. 2018)

- **Effectiveness:** Participatory group based care management with older people **decreased loneliness and improved trust, social engagement, capabilities, and living habits (mobility, diet, sleep).**
- **General QoL improved in those with poor QoL.**
- The intervention was **cost-effective** with 20 % error risk.
- **Limitations:** The sample was small, and long-term effectiveness is not possible to evaluate within the project schedule as it is financed only for 3 years which is a short time for real-life interventions. But indicative effectiveness is evident.

Conclusion

- To support healthy ageing and quality of life in old age, maintaining mobility, reduction of loneliness, and support for healthy diet, meaningful activities and self-efficacy should be included in primary prevention, service counselling, and promotion of health and wellbeing with older people.
- The results have implications also for the development and implementation of social policies and programs to improve the living conditions of older people with less resources, as well as the accessibility and affordability of health care and social services.
- Participative group based care management may be a cost-effective way for promotion of health and Quality of Life in later life.

Thank you!



www.promeq.fi/FI/Briefly-in-English

