

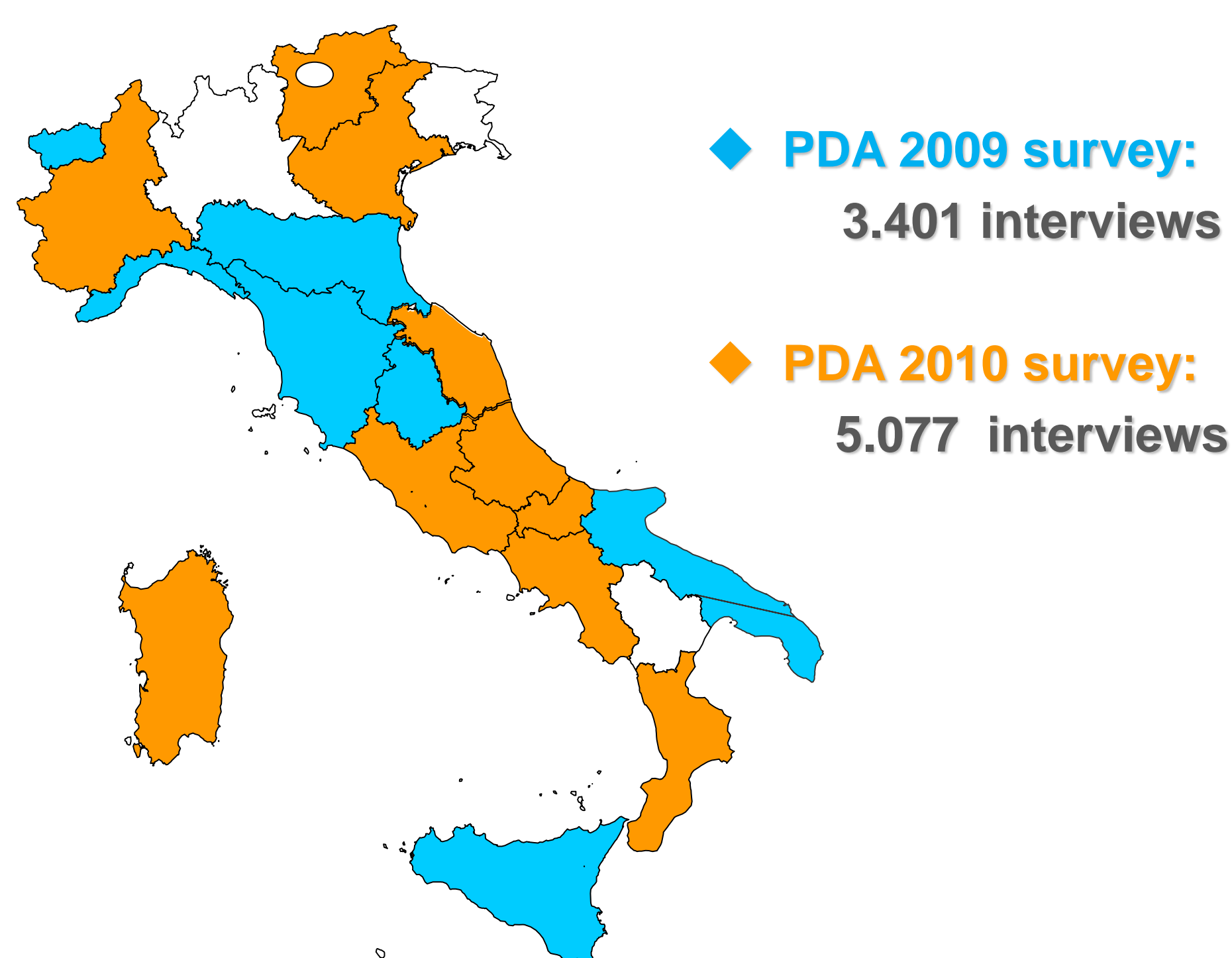
PASSI D'ARGENTO (SILVERY STEPS): A NATIONWIDE SURVEILLANCE SYSTEM FOR ACTIVE AGEING, ITALY 2012.

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Introduction

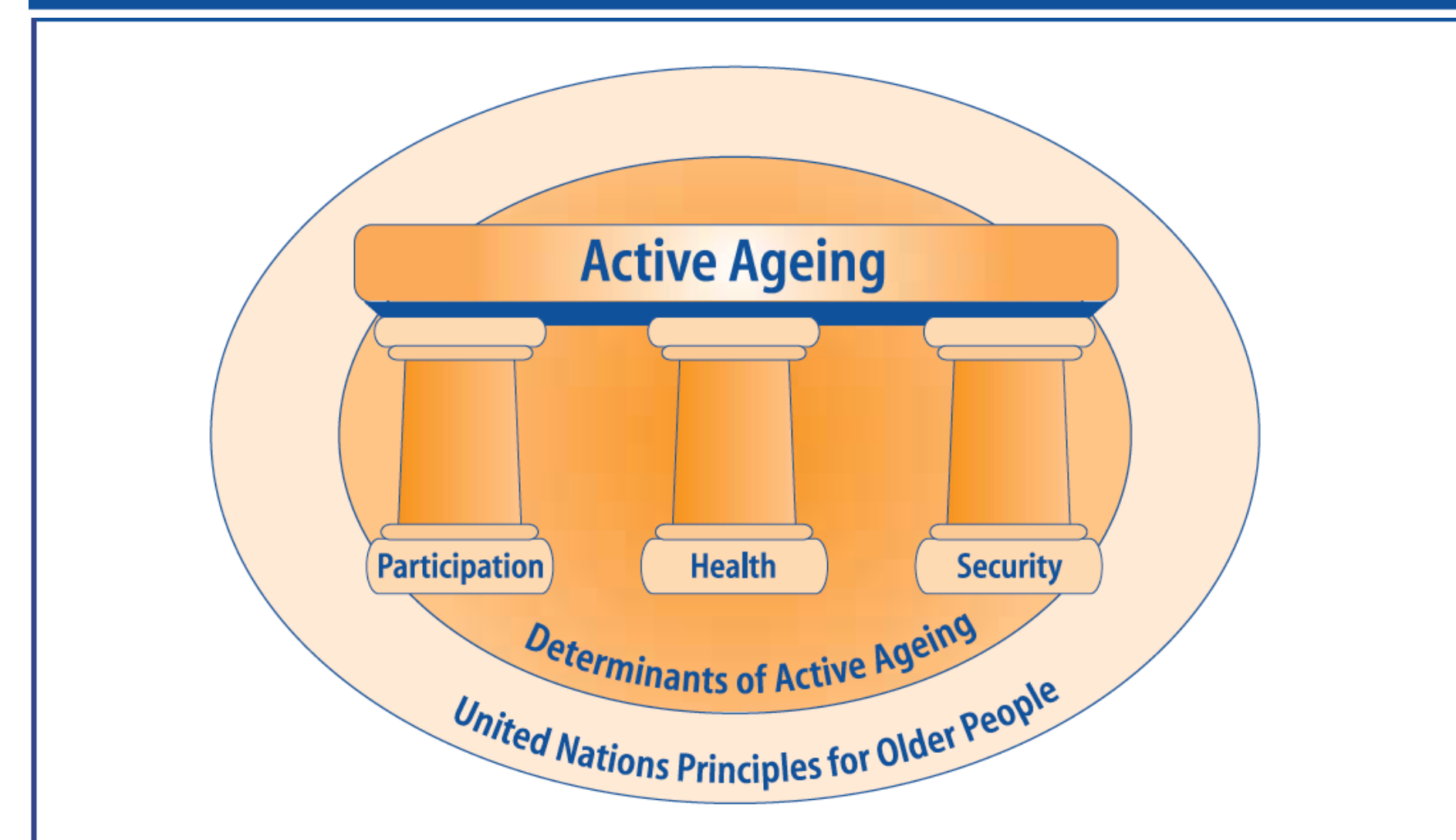
People over 64 are 21% of the Italian population, will be 34% in 2025 and are consistently increasing in Europe. Against the raising prevalence of non communicable diseases, socio-economic and many behavioral risk factors increase the risk of poor health of elderly, while conversely an ageing population in good health limits pressure on health systems and families, increasing the contribution to society by elders. Since monitoring the health status and needs of over 64 population is becoming as important as all the measures aimed to reducing their "ill health", the Italian Government supported an active ageing policy with *Passi d'Argento* (PDA), a nationwide surveillance system. After 2-year experimentation (2009 – 2010) in 16 Regions, under the technical and scientific coordination of the National Institute of Health of Italy, PDA is now included into the National Prevention Plan (2010-2014).



Description

PDA followed the CDC Behavioural Risk Factor Surveillance System approach and previous Italian population surveillances experiences. It adopted the WHO Healthy Ageing strategy, that foresees three main pillars of a policy for Active Ageing: Participation, Health and Security. Surveillance was carried out on a sample of population aged over 64, stratified by sex and age classes, randomly selected from the Local Health Units' list of resident. Specifically trained personnel from social and health services carried out mainly phone interviews with a standardised and validated questionnaire on socio-demographic characteristics, health status perception, "healthy days", life styles, depression symptoms, social isolation signs, participation to social life, access to health care, availability of adequate income and instrumental/activity daily living (ADL and IADL). Uni- and multivariate analysis of data collected is carried out by means of the software Epi Info™ 3.5.3 and STATA/IC 11.0. In order to ensure high quality of data, social and health professionals involved in the surveillance have to follow a continuous training and to participate to a web-based Community of Practice (Moodle) to share experience and best practices. Epidemiologist of the Italian National Institute of Health and professionals of the Regional health and social systems composed a team (*Gruppo Tecnico Operativo*) in charge of ensuring the organisational, technical and scientific aspects of the surveillance system.

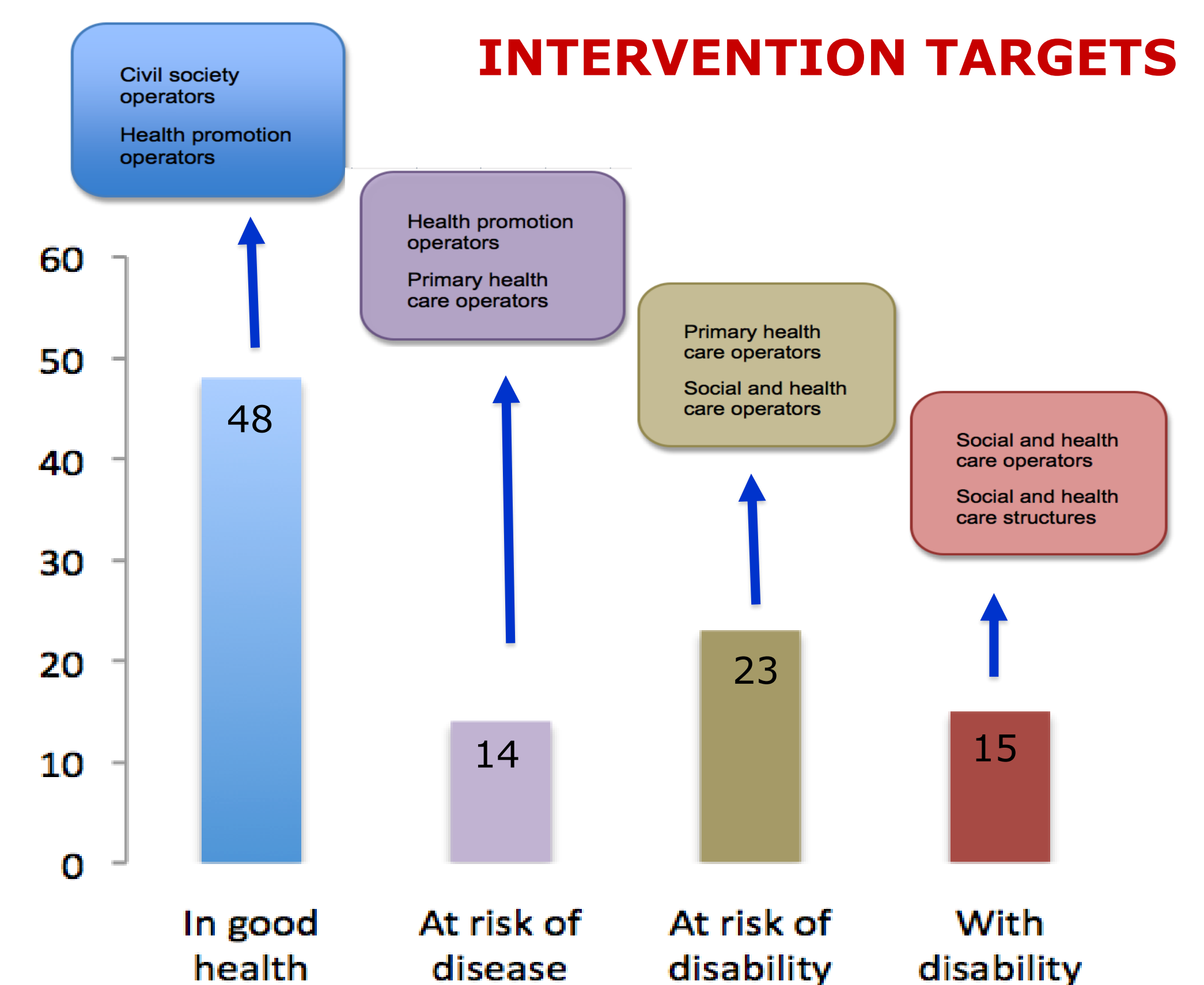
The three pillars of a policy framework for Active Ageing



From: WHO, 2002. Active ageing: a policy framework.

Results

PDA carried out a total of 3401 interviews in 6 Italian Regions (Valle d'Aosta, Liguria, Emilia-Romagna, Toscana, Umbria, Puglia, Sicilia) in 2009 and 5077 interviews in other 9 Regions (Abruzzo, Calabria, Campania, Lazio, Marche, Molise, Piemonte, Sardegna, Veneto), in the period March-June 2010. Response rate was 86%, M/F 42%/57%, age median 75 years (range 65-102). According to ADL and IADL and socio-behavioural risk factors, respondents were grouped into 4 categories, each one of them corresponding to a specific target for health promotion, prevention, social and health care: in good health (48%), at risk of disease (14%), at risk of disability (23%), with disability (15%). Thirty six percent are estimated to be a resource for the society or their families, 9% are at risk of social isolation, 60% refers difficulties in making ends meet.



Lessons

Although not representative of the whole situation (not all the Regions took part into the experimentation and in a few Regions only a few Local Health Units participated), the results of this experimentation represent a first attempt to set up a Region-centred surveillance system on active ageing, able to bring timely and useful info on the health status of the elder population and on health services response to their needs. Monitoring social and health aspects of ageing and adopting a standardised, comparable and sustainable surveillance system, such as PDA, would ensure reliable evidence to inform policy on healthy ageing at local, national international level.