

The Active Ageing Index at the local level (Berlin, 14-15 April 2016)

Comments Paper – European Social Network¹

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The European Social Network (ESN) is the independent network for local public social services in Europe. ESN brings together people who plan, finance, research, manage, regulate and deliver local public social services, including health, social welfare, employment, education and housing. Senior public managers from ESN are relevant actors who plan, finance, research, manage, regulate and deliver local public social services.

Social services play a key role in enabling and providing programmes and activities that promote active ageing at the local level. Hence, many of the AAI's indicators are crucial to local authorities, municipalities and local social services, indicating that applying the AAI to the local level would be appropriate and could be beneficial for both local and national policy-makers. We therefore welcome the opportunity to engage with colleagues in this Peer Review to elaborate on the potential benefits and challenges, and the practicalities of applying the AAI at the local level.

This paper has been produced to contribute to the Peer Review on the Active Ageing Index at the local level hosted by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth in April 2016. It addresses three main questions with the aim to present our view on the use of the Active Ageing Index at the local level in different European countries. This comment paper draws on the output of the ESN Working Group on Ageing and Care's meeting on active ageing to which members and partners of the European Social Network from eight countries, **Austria (AT), Belgium (BE), Iceland (IC), Germany (DE), Latvia (LV), Spain (ES), Sweden (SE) and the United Kingdom (UK)**, contributed.

ESN has been running the Working Group on Ageing and Care since the beginning of 2014. The Working Group's third meeting in September 2015 focused on active ageing. In advance of the meeting, the Working Group members provided 18 practice examples of initiatives that foster active ageing in their municipalities. The practice examples described initiatives in five areas of active ageing: **volunteering**, including local programmes fostering volunteers visits to older people with care needs, supporting older people who are socially isolated with daily tasks and social interaction; **specialist dementia care**, including support services using music and art to allow dementia sufferers to express themselves, as well as awareness raising activities in the community; **citizen advice bureaus** that provide advice and support for older people including IT training and legal advice;

¹ Prepared for the Peer Review in Social Protection and Social Inclusion programme coordinated by ÖSB Consulting, the Institute for Employment Studies (IES) and Applica, and funded by the European Commission.

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wider prevention activities, including home assistance, support for informal carers, physical exercise programmes, increased awareness and uptake of social services and local resources, increased participation in social activities and volunteering; and **rehabilitation**, particularly initiatives supporting older people's 'self-care' at home. These examples were presented and discussed at the meeting, complemented by an analysis of active ageing policies in the respective countries and a synthesis of the local examples provided.

This paper draws on the analyses and examples from this meeting and on the comments of the Working Group members, who were invited to comment on this paper before it was finalised.

Examples from our member organisations of measuring active ageing at the local level

The importance of assessing and understanding prevention for the promotion of active ageing activities was described by our members as essential to implementing active ageing policies and activities. Developing good prevention strategies at the local level relies on data evaluation that is comprehensive enough to provide an evidence base. All of our Working Group members stressed the difficulty to measure the impact of preventative measures.

Analysis of local active ageing initiatives and programmes, which our members have shared with us, consist mainly of qualitative data. Surveys and interviews with service users, their families and carers, and the professionals involved, are common. However, these feedback methods are often used only to assess the effectiveness of the respective project for internal use. Therefore, the collected data is often not generalisable or comparable due to small sample size, the qualitative nature of the data and the specific focus on a particular project. Nevertheless, their experiences and lessons learnt are very valuable feedback for anyone seeking to implement active ageing initiatives themselves.

Measuring specific aspects of active ageing

Data collected is in some examples more specific than the active ageing indicators. For instance, the 'Active Lifestyles'² programme in **Sefton Metropolitan Borough Council (UK)**, for instance, collects data on weight loss as a result of the activities of the programme. The key outcome measures here are kilos lost and cost per kilo lost. The latter indicator is used to compare the programme to other weight loss programmes aimed at older people with, or at risk of, health conditions, such as diabetes or cardio-vascular diseases.

The **Vienna Social Fund** shared with us the example of the 'seniors' office' in Vienna that reaches out to all residents over the age of 65 and aims to provide information and advice on a number of issues including care, voluntary and leisure activities, training and educational opportunities, events and housing. Part of its work are contact visits aimed to support those most at risk of being isolated and those having difficulties to live independently. The visits are made by volunteers who are themselves older people.

Besides advice and support, a key purpose of the contact visits is the collection of socio-demographic data of the target group, such as age, gender, number of people in the household, and how the person is participating in social activities, for social planning purposes. Clearly, there is potential here to extend this data collection to include indicators of the AAI such as 2.2. care to children and/or grandchildren,

² Active Lifestyles Sefton, <http://www.activelifestyles-sefton.co.uk/> (accessed 30 March 2016).



2.3. care to older adults, 2.4. political participation, 3.1. physical exercise, 3.3. independent living arrangements, 3.7. physical safety, 3.8. life-long learning, 4.4. use of ICT, 4.5. social connectedness, and 4.6. educational attainment.

Case study: The SNAC study in Sweden – regional individual-based data collection

Our member the **municipality of Östersund (Sweden)** brought to our attention the Swedish National Study on Ageing and Care (SNAC)³ which is an individual-based data collection across different sectors including indicators for ageing, health and social care needs, medical and psychological well-being, and on care services the individual receives from local social service providers. Whilst the study was initiated and is funded by the national government, the selection of sites, planning and implementation of the study has been the responsibility of regional research institutes in collaboration with municipalities.

Unlike the AAI which assesses the situation of the current older population at this point in time, the SNAC study collects individual-based data on a number of indicators over 30 years in a longitudinal database. This allows the study to track individual interventions and care provision in the participating regions and municipalities, analyse how health and social care needs evolve, how well they are covered in different municipalities, and the impact of new (holistic) approaches.

Data is collected through a questionnaire, interviews with services users, tests and medical examinations. Participation is voluntary and requires participants to consent to their data being shared and analysed in the study⁴.

Between 2001 and 2012, 10,588 people over 60 participated in the study. The SNAC study in Kungsholmen⁵, a district of Stockholm, looked specifically at the prevalence of disability among 80 to 90-year-olds over a 20-year period and investigates how vascular risk factors affect the rate of cognitive decline in older age. They collected data on whether a person aged 80 to 90 was able to perform basic daily activities, such as bathing, getting dressed, eating, moving from bed to chair and going to the toilet, without assistance. It showed the importance of supporting people to maintain or regain the ability to perform these activities for rehabilitative and care services.

Although SNAC collects and analyses data on a wide range of health and care aspects, a number of these concern active ageing and collect data relevant to this area.

Case study: Application of the AAI at the county level in Biscay

In 2013, the Provincial Council of Biscay in Spain introduced the AAI for their 2014-2016 programme in the context of the local Biscay Elderly People Plan as a tool for assessing and monitoring active ageing in Biscay. Recognising that most of the policies and competences relevant to the AAI are at the local and regional level, Biscay started to develop the AAI at the county level in cooperation with the

³ The Swedish National Study on Ageing and Care, <https://snacsweden.wordpress.com/> (accessed 30 March 2016).

⁴ The Swedish National Study on Ageing and Care, *Population Part*, <https://snacsweden.files.wordpress.com/2016/02/populationpart2.pdf> (accessed 30 March 2016).

⁵ The Swedish National Study on Ageing and Care Kungsholmen, <http://www.snac-k.se/> (accessed 30 March 2016).



Department of Sociology at the University of the Basque Country. This was expected to enable Biscay to identify areas of active ageing where the region was performing well and those where it needed to improve. Specifically, it was supposed to help Biscay to reach its target of increasing by two years the active and healthy life expectancy of its residents by 2020. It was intended to enable the monitoring of the effects public services for older people have had, and the Index functions as a channel for cross-border learning of good practice.

Biscay is one of Spain's 59 NUTS 3 provinces and is situated in the Basque Country. Like the other autonomous regions of Spain, the Basque Country has the competences to develop different public policies relevant to all areas indicated in the AAI except area 1 given that the same employment regulations apply to the whole of Spain⁶. Overall, the Basque Country's AAI results are better than those of Spain, with an overall score of 36.0 in 2014 compared to 32.8 for Spain, putting the Basque Country just behind the Nordic countries, the Netherlands, The United Kingdom and Ireland⁷. The positive result was particularly due to the Basque Country's high score in area 4 (Capacity for Active and Healthy Ageing) where it ranked in second position after Sweden. The data for the AAI came from the National Institute of Statistics of the Basque Country (Eustat) and the Department of Employment and Social Policy (DESP). Data for indicators 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.6, 3.7, 3.8, 4.3, 4.5 and 4.6 was derived from the Living Conditions Survey 55+ conducted in 2014. Randomly selected households and individuals in proportion to age group and territory were surveyed on socio-demographic data, household composition, family networks and informal care giving, housing, environment and perceived friendliness, activities and active ageing, health and dependency, retirement, well-being and social resources⁸.

Most of the data used for the AAI for Biscay stems from Eustat and DESP surveys. Statistics on indicators 1.1. – 1.4. (employment rates for age group 55-59, for age group 60-64, for age group 65-69, and for age group 70-74) have been obtained from the Active Population Survey, generated by the National Statistical Institute (INE). According to this, the activity rate for those aged 55+ was 23.96% in the Basque Country in the last quarter of 2015; 28.94% for men and 19.87% for women in that age group⁹. It was therefore slightly lower than the national rate of 24.76% (30.12% for men and 20.24% for women in that age group). Data on the remaining categories is derived from the following resources from Eustat:

- Labour Force Survey;
- Social Capital Survey;
- Demographic Survey;
- Survey of Poverty and Social Inequalities;
- Information Society Survey;
- Mortality Statistics;
- Basque Health Survey.

A more detailed overview on which surveys were used for each indicator can be found in Annex I.

⁶ Questionnaire – Spain, Peer Review on Active Ageing Index, Poland 2014.

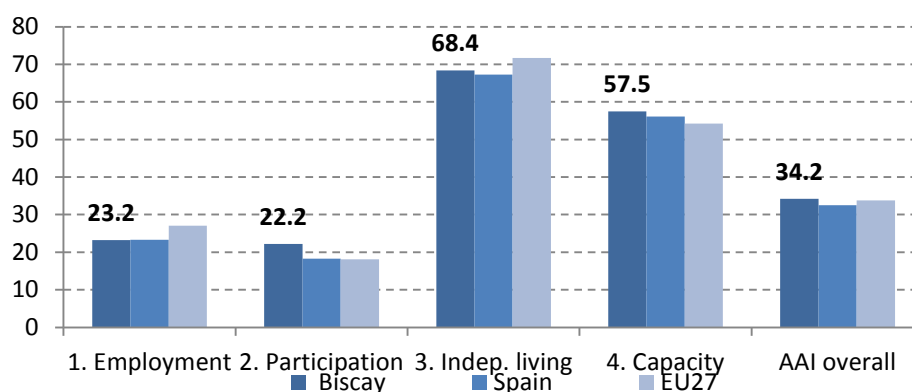
⁷ Matia Instituto Gerontologico (2014) 'Measuring the AAI in the Basque Country (Spain)' http://www1.unece.org/stat/platform/download/attachments/100303133/Poster_AAI_v2.pdf?version=1&modificationDate=1433409882293&api=v2 (accessed 30 March 2016)

⁸ Ibid.

⁹ Instituto Nacional de Estadística, *Activity rates by different age groups, sex and Autonomous Community*, <http://www.ine.es/jaxiT3/Datos.htm?t=4206> (accessed 30 March 2016).



Biscay's overall AAI score for 2012-13 was 34.2, almost two points higher than Spain's (32.5) and 0.4 higher than the EU-27 average (33.8). When comparing the EU average, Spain and Biscay in each domain, one can see that Biscay's results are lower than the EU in employment and independent living and higher in participation and capacity and enabling environment. Compared to Spain, Biscay's score was similar in the employment domain, and higher in the other domains. Compared to the EU-27, Biscay scored lower on employment and independent living, but higher in the capacity and participation domains.



Biscay's experiences with data collection will be elaborated below.

Why are the indicators of the Active Ageing Index (not) used to measure active ageing at the local level?

The only member organisation of ESN that uses the AAI to our knowledge is the Government of Biscay. Their main reasons for adopting the AAI at the regional level was its comparability with the national and European level, thereby having the potential to become a very useful benchmarking tool for the regional government.

Local organisations look at more specific aspects

Most other local organisations and municipalities whose active ageing initiatives we have analysed, focused on specific aspects of active ageing, such as voluntary activities for older people. Some focus on intermediate steps necessary to achieve some of the outcomes measured in the AAI. Prevention of long-term conditions and poor health, for instance, is a major focus of many municipalities, and clearly key to both 4.1 (Remaining life expectancy at age 55, as a share of the target of 50 years) and 4.2 (Share of healthy life years in the remaining life expectancy at age 55).

The breadth of the AAI – opportunity and challenge

On the one hand, the breadth of the AAI is a clear advantage as it provides a comprehensive picture of the diverse elements that are important for active ageing at the local, regional and national level. It could, for instance, provide comprehensive enough information to enable an evidence-based discussion about how the 'social protection floor' should look like for older people in different parts of Europe.

On the other hand, from the perspective of resource-poor municipalities this breadth of data could also be a big challenge. From the experience of Biscay, we can say that for municipalities in most countries, less than half of the required data



is readily available at the local level, whilst the remaining indicators require additional data collection.

Different national frameworks

Moreover, the national or regional frameworks and policies that local authorities have to implement, may differ from the AAI. For instance, the Spanish 'White Book for Active Ageing'10 established in its second part factors for active ageing: economy, health, physical activity, education, diversity and participation, image and media, rights of older people, resources of social programmes and services, and housing. Whilst these overlap with the AAI, there are differences that would need to be addressed if the two were to be combined.

What are the key challenges/benefits of using the AAI at the local level?

Benefits:

Using the AAI at the regional or local level could potentially have many benefits, particularly given that many activities that are important for active ageing take place at the local level and many are organised or provided by local authorities.

Comparison of active ageing activities and outcomes

The application of the AAI at sub-national level allows policy-makers and researchers to compare different regions or municipalities within as well as between countries. This would, for instance, allow to compare active ageing activities and policies in big cities with those in rural areas. At the same time, using the same indicators as the AAI that compares countries' progress on active ageing, enables a comparison of regions or municipalities with the national or European average. Hence, it has the potential to be an effective benchmarking tool that could provide important evidence for policy makers and implementers about critical areas that need intervention as well as identifying good practice at the local or regional level.

Using the AAI and comparing Biscay's results to those of Spain and the European average enabled the Provincial Council of Biscay to identify areas of strength and weakness in its active ageing activities. For instance, it showed that older people in Biscay participate more in political protests, are active members of organisations or participate in other ways than in Spain and the EU27 on average. Therefore, Biscay could be an example for other countries and regions in this area.

Biscay's low median income of people aged 65+ compared to the rest of the country and the European average, indicated for the Provincial Council of Biscay that the national state pension translates into a lower status for older people in Biscay given that the median income of the working population is higher than the Spanish average.

The AAI as a connection point between sectors and policies

The Government of Biscay described the AAI as the connecting point between the Strategic Plan for Older People, older people's associations, the Council of Older People, the Observatory of Older People, the Age-friendly Basque Country initiative and good local practice examples. Where all of the agents had contributed in important ways individually to different aspects of the active ageing agenda, the

¹⁰ Santacreu Ivars, M. (2011) 'Active Ageing in Spain: The Spanish White Book of Active Ageing' http://www.beobachtungsstelle-gesellschaftspolitik.de/fileadmin/user_upload/Dateien/Bulletin_Europaeische_Seniorenpolitik/Gastkommentar_Bulletin_2_2011.pdf (accessed 30 March 2016)



AAI provided a common focal point to bring these together, and to establish a common database for them that allowed a comparison to the national AAI for Spain. The AAI helped Biscay to measure and focus on outcomes, establish cross-sector goals, make active ageing an element of all policies, establish accountability by the observatory, connect associations and municipalities, and have a comprehensive benchmarking tool.

Differentiating between the different groups of older people

The benefits of the AAI or elements of it are that it enables municipalities or social service providers to differentiate between different groups of older people. Especially important for evidence-based policy-making is data that differentiates between men and women, between groups of different socio-economic status, between citizens and foreign nationals, and between older people in other vulnerable situations such as people suffering from dementia or Alzheimer's disease, people with learning difficulties and older people with mental health problems.

Challenges:

Availability of data varies

As Ms Perek-Białas explained in her discussion paper for this Peer Review¹¹, a key challenge for those wishing to use the AAI at the local level are the differences between national data and regional or local data. Sometimes, the data is not collected at all at the local or regional level. For instance, Biscay had no data on 2.2. (the percentage of the population aged 55+ providing care to their children and/or grandchildren). Sometimes the questions in surveys or phrasing of indicators differs from those in national data sets.

Out of the 22 indicators, the Government of Biscay was able to develop data for 10 of them from official national statistics and use their own data for another 12. Biscay found that employment rates for the four age groups listed in the AAI's indicators was easy as these were being collected at the regional and local level.

In the second domain, however only 75% of the indicators were comparable. The phrasing of the questions that assessed 2.1. (Voluntary activities) in Biscay was wider than the definition used in the AAI, therefore it is likely that the results for Biscay are higher than they would have been if the AAI definition had been used. In order to address the lack of available data for 2.2., Biscay attributed the national percentage of the population aged 55+ providing care for their children and/or grandchildren and changed the weighting of this indicator as other countries have done before.

Four out of the eight indicators of the third domain were largely comparable although relevant questions in local surveys were phrased slightly differently than the AAI indicator. For instance, there was no separate question about unmet dental care needs to assess indicator 3.2. as this was assumed to be included in unmet medical needs.

The least comparable domain was 4 (capacity and enabling environment for active and healthy ageing) with only 67% of the indicators directly or indirectly comparable. There was also no data available to calculate results for indicators 4.2. (share of healthy life years in the remaining life expectancy at age 55) and 4.3

¹¹ Perek-Białas, J. (2016) 'Active Ageing Index at the local level as a tool for better designed age-related policies – Discussion paper, Peer Review Active Ageing Index at the local level (Berlin, 14-15 April 2016)'.



(Mental well-being - using the WHO's ICD-10 measurement), therefore Biscay again used the national average and weighted this indicator differently.

Still, despite these challenges, Biscay was able to reach direct or indirect comparability for 86% of the 22 indicators of the AAI. A survey was designed specifically to collect data for the AAI where the information was not available from other data sources. In addition, 1,362 interviews were conducted over the phone.

Sample size may exclude the use of data

Furthermore, a small sample size can be a problem. Especially when broken down by gender, ethnic background, socio-economic background or other characteristics, the number of people in certain categories can be very small and may therefore not be regarded as representative.

The Provincial Council of Biscay is planning to expand the use of telephone surveys using the original questions of the AAI methodology to gather more data for smaller sub-groups of the older population, in particular different socio-economic groups and those living in more remote areas of the county.

Involving service users

A challenge that some members described was how to involve service users and their families in decision-making and empower them to shape their own care plans. In our view, putting in place care systems that focus on people's abilities, their own goals and preferences is an essential component of active ageing. However, this requires a change in the approach of local care provision. Health and social care professionals need to be trained to develop care plans based on their clients' personal goals and preferences, which requires a shift in attitudes of both professionals and clients. In line with this changing approach, the AAI's indicators and evaluation of the results, especially when used at the local level, should focus on ways to support service users in achieving or maintaining what matters to them.

Many promising initiatives at the local level that aim to promote certain aspects of active ageing often lack evaluation altogether or only evaluate these programmes through 'informal feedback'. Turning this challenge into an opportunity, if applied comprehensively, the AAI could help to facilitate evaluation as it established correlations between the introduction of new policies or schemes and the respective indicator that measures the outcome it was intended to contribute to.

Biscay is planning to incorporate citizens' opinions and feedback more in their application of the AAI at the local level to take into consideration their views on how much the different domains and indicators of the AAI should be weighted. Currently, the AAI places more than half of the weight on paid and unpaid employment – it would be valuable to consider citizens' opinions on whether this weighting reflects what they perceive to be important for their active ageing.



What kind of support is needed at the local, national and EU level to support the development and application of an AAI oriented approach in Member States, particularly at the sub-national level?

At local level, collecting data on the 22 indicators of the AAI requires resources and staff with the skills and capacity to collect, aggregate and evaluate it. Many municipalities, especially in countries where evaluation and collection of data in this area is generally less developed, would struggle to allocate necessary financial and human resources to this in the current situation, hence financial support from national government would be helpful in enabling municipalities to develop local AAI's which would allow them to collect data accordingly.

Partnerships with academic or research institutions, similar to the one presented in the SNAC study, can be a very effective way to facilitate research using local data. In this case, either AAI would have to be a project with dedicated funding split proportionally between the project partners, or the participating municipalities would have to be able to allocate funding to outsource the research. However, it is often difficult to ensure the sustainability and continuation of a long-term project like this when it is implemented as continuous funding is not guaranteed and the frameworks in which they are implemented may change.

The use of AAI at the local or regional level could complement the national AAI in a variety of ways. To use the potential as fully as possible, national, regional and local policy-makers should work together and align their policies to ensure that they form a coherent strategy for improving active ageing practice and the collection of data that contributes to the outcomes policies are intended for. For instance, some areas that require improvement identified from local data may best be addressed at national or regional level.

Cooperation between national, regional and local stakeholders

National statistics offices could play a role in working with local authorities and research institutes to initiate the application of the AAI at the local level and advise and complement data collection and analysis where appropriate. Moreover, existing national surveys could be extended or amended in order to include questions on the AAI's indicators. If these surveys can be broken down by municipality or region, this could be an efficient way of enabling the application of the AAI at the local level and comparison between municipalities/regions.

Local authorities act as the facilitator or coordinator for the creation of inclusive, age-friendly communities. They often 'match' professionals and volunteers willing to support people in their community with those who need help, and are responsible for community activities, training and the provision of facilities and resources. However, our Working Group members emphasised that there is no one-size-fits-all approach as local, regional and national contexts matter. Hence, it is inevitably difficult to introduce a standard set of indicators and collect comparable data while also taking into account these differences.

Fostering cooperation between European and local levels

At European level, there is an opportunity in the framework of the Social Protection Committee (SPC) to monitor the implementation of multi-dimensional policy documents, such as the 2014 **SPC report** on long-term care, which adopts a comprehensive approach to issues around the wellbeing of older people, specifically addressing prevention strategies focused on active ageing.

Also, the **Social Investment Package (SIP)**, which was proposed by the European Commission and adopted by Member States in 2013, emphasised the key



role played by prevention strategies for which data and evaluation are key. Therefore, the SIP could be taken as an orientation document for further development of EU recommendations on active ageing.

The **Social Rights Pillar** (currently under development at EU level), which will include specific provisions for long-term care for older people, should also include provisions relevant to the assessment and understanding of prevention, including active ageing.

Finally, Eurostat could work more closely with regional statistics and encourage existing regional statistical institutes to collect and analyse comparable data, as it does with national institutes of statistics.



Annex I

Data sources, years, and sample sizes for each indicator of the AAI in Biscay

Domain	Indicator	Data source	Years	Sample size
1. Employment	1.1. Employment rate for the age group 55-59	Survey on the Population in relation to activity (Labour Force Survey) of the Basque Country	2012-2013	n=531
	1.2. Employment rate for the age group 60 a 64	Survey on the Population in relation to activity (Labour Force Survey) of the Basque Country	2012-2013	n=531
	1.3. Employment rate for the age group 64 a 69	Survey on the Population in relation to activity (Labour Force Survey) of the Basque Country	2012-2013	n=531
	1.4. Employment rate for the age group70 a 74	Survey on the Population in relation to activity (Labour Force Survey) of the Basque Country	2012-2013	n=531
2. Participation in society	2.1. % of older population aged 55+ providing unpaid voluntary work through the organizations	Social Capital Survey of the Basque Country	2012	n=387
	2.2. % of older population aged 55+ providing care to their children, grandchildren (at least once a week)	-	-	-
	2.3. % of older population aged 55+ providing care to elderly or disabled relatives (at least once a week)	Basque Health Survey	2013	n=1801
	2.4. % of older population aged 55+ taking part in the activities of meeting of a trade union, a political party or political action group	Social Capital Survey of the Basque Country	2012	n=387
3. Independent, healthy and secure living	3.1. % of people aged 55 years and older undertaking physical exercise or sport at least 5 times a week	Basque Health Survey	2013	n=1801
	3.2. % of people aged 55 years and older who report no unmet need for medical and dental examination or treatment during the last 12 months	Basque Health Survey	2013	n=1801
	3.3. % of people aged 75 years and older who live in a single household alone or in a couple household	Demographic Survey of the Basque Country	2011	



	3.4. The relative median income ratio is defined as the ratio of the median equivalised disposable income of people aged above 65 to the median equivalised disposable income of those aged below 65	Survey of Poverty and Social Inequalities of the Basque Country	2012	n=616
	3.5. % of people aged => 65 who are not at risk of poverty	Survey of Poverty and Social Inequalities of the Basque Country	2012	n=616
	3.6. % of people aged => 65 who are not severely materially deprived	Survey of Poverty and Social Inequalities of the Basque Country	2012	n=616
	3.7. % of people aged=> 55 who are not worried about becoming a victim of violent crime	Basque Health Survey	2013	n=1801
	3.8. % of people aged 55 to 74 who stated that they received education or training in the four weeks preceding the survey	Survey on the Population in relation to activity (Labour Force Survey) of the Basque Country	2012-2013	n=531
4. Capacity and enabling environment for active ageing	4.1 Remaining life expectancy achievement of 50 years at age 55	Mortality Statistic of the Basque Country	2012	Population register
	4.2. % of healthy life years in the remaining life expectancy at age 55	Basque Health Survey	2013	n=1801
	4.3. Mental well-being in people =>55	-	-	-
	4.4. % of people aged 55-74 using the internet at least once a week.	Survey on the Information Society of the Basque Country	2012-2013	n=1.345
	4.5. % of people aged 55 or more that meet socially with friends, relatives or colleagues several times a week or every day.	Social Capital Survey of the Basque Country	2012	n=387
	4.6. % of people aged 55-74 with upper secondary or tertiary educational attainment.	Survey on the Population in relation to activity (Labour Force Survey) of the Basque Country	2012-2013	n=1.345



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