

International Handbooks of Quality-of-Life  
Series Editor: Graciela Tonon

Fermina Rojo-Pérez  
Gloria Fernández-Mayoralas *Editors*

# Handbook of Active Ageing and Quality of Life

From Concepts to Applications

 Springer

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# **International Handbooks of Quality-of-Life**

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Gloria Fernández-Mayoralas  
Editors

# Handbook of Active Ageing and Quality of Life

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 Springer

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*Throughout our research career, we have been fortunate to be accompanied by academics and researchers specialising in ageing, active ageing and quality of life. We would like to dedicate this book to them.*

*First, we wish to mention Antonio Abellán García and Vicente Rodríguez-Rodríguez, the friends and colleagues with whom we co-founded the Research Group on Ageing (GIE-CSIC) in 1988 at the Institute of Economics, Geography and Demography, Spanish National Research Council (IEGD, CSIC). Additionally and as members of the Spanish Research Group on Quality of Life and Ageing, we also wish to dedicate a mention here to Pablo Martínez Martín, recently retired from the National Centre of Epidemiology, Carlos III Institute of Health (CNE, ISCIII). They have all performed immense scientific work in their respective fields, and we have shared knowledge, research time and fine professional moments with them, for which we feel grateful.*

*In the context of the International Society for Quality of Life Studies (ISQOLS), we recall our first participation in the ISQOLS conferences. This was at the seventh such conference, held in July 2006 at Rhodes University, Grahamstown, South Africa, and organised by Valerie Møller and Denis Huschka. It is a source of pride to be a part of this association, sharing our interest in quality of life studies with members from all parts of the world.*

*In a special way, we thank Valerie for dedicating her expertise to drafting the preface that crowns this book. Our profound thanks also to Graciela Tonon, editor of the Springer book series on International Handbooks of Quality-of-Life, for inviting and encouraging us to coordinate this edited book. Our utmost gratitude extends to all the authors of the different chapters of the book; they are responsible for its quality, thanks to their preparedness to selflessly transmit their knowledge.*

*It is an honour for us, the editors, to collaborate in the dissemination of knowledge in the field of active ageing and quality of life. We hope to be able to contribute to improving the lives of the ageing population.*

*To all those older adults who think that we are writing about them: yes, we are writing both about you and for you.*

*—Fermina Rojo-Pérez and Gloria Fernández-Mayoralas*

*I also dedicate this book to my parents, Vita (†) and María, who worked assiduously with love and by way of example to secure the education and well-being of their children from their humble rural origins. To José Manuel, with whom I share my life, and to my brothers and sisters, for their love, support and understanding of my work.*

*—Fermina Rojo-Pérez*

*To my mother (Josefina (†)), who in spite of leaving us so soon, has been my role model for becoming the woman I wish to be. To my father (Ángel (†)), who spoke of me with pride. To Lorenzo, my partner of 40 years, with whom I can also discuss research and science. And to my child, Gloria, for whom I too aspire to serve as a role model.*

*—Gloria Fernández-Mayoralas*

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## Foreword

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### **A Place and a Time for a Handbook on Active Ageing and Quality of Life**

There will always be a place and a time for novel ways of thinking and doing things. The *Handbook on Active Ageing and Quality of Life* represents such a new initiative. It will introduce fresh ideas and inject new energy into the study of ageing and applied gerontology in the twenty-first century.

The preface title, referring to ‘a place and a time’, is borrowed from one that featured in the editorial of a new regional journal of gerontology in 1993. The editors considered the time had arrived when scholars, practitioners and policymakers in the southern African region could learn from gerontologists in other parts of the world. They hoped that the new journal would provide access to knowledge and practical and policy lessons learnt, which might find new regional applications (Møller and Ferreira 1993).

Three decades later, this *Handbook on Active Ageing and Quality of Life* has a similar role to play, but its mission is a more urgent one. The handbook will be addressing a global readership looking for information to equip them to face the new challenge of the demographic revolution. For the first time in history, the twenty-first century will see the proportion of people aged 60 years and over growing faster than any other age group worldwide.

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### **New Agendas**

Since the 1990s, there has been a new way of thinking about what some contributors to this handbook refer to as ‘positive’ ageing and ‘positive’ well-being in the twenty-first century. The handbook takes as starting point the new agendas set by the 2002 Madrid Plan of Action on Ageing and the World Health Organization’s 2002 Policy Framework on Active Ageing. The agendas represent a major turning point in finding solutions to meeting the challenges of population ageing:



The Madrid Plan of Action<sup>1</sup> adopted at the Second World Assembly on Ageing in April 2002 offers a bold new agenda for society to focus on the priority areas of older people and development, advancing health and well-being into old age and ensuring enabling and supportive environments. Noteworthy is that the agenda links questions of ageing to other frameworks for social and economic development and human rights. Global ageing is a success story according to the World Health Organization (WHO). The WHO Policy Framework on Active Ageing declares global ageing as ‘a triumph and a challenge’ (WHO 2002, p. 6). Active ageing aims to optimise opportunities for health, participation and security in order to enhance quality of life as people age, so that people can realise their full potential for well-being throughout the life course. Importantly, active ageing applies to both individuals and population groups. The agenda for the twenty-first century’s pursuit of happiness has also undergone revision. The commission set up by French President Nicolas Sarkozy in 2008 produced the Stiglitz et al.’s (2009) report that recommended consideration of other than economic measures, such as GDP, to assess social progress. The report spurred the Beyond GDP movement that assesses social progress with comprehensive measures of prosperity and well-being such as happiness metrics.

Taken together, the Madrid Plan of Action, the WHO Active Ageing Framework and the Beyond GDP movement have provided a blueprint for achieving greater quality of life for all in the twenty-first century—a plan that envisages a new, more inclusive social contract that enhances well-being across the generations.

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## Active Ageing and Quality of Life in the Twenty-First Century

Active ageing might be seen as a **new hashtag** for ageing in the twenty-first century. Contributors to *the Handbook on Ageing and Quality of Life* share with their readers the many ways in which caring societies and older people themselves, as active members of society, are responding to the challenges of the demographic revolution.

The handbook invites readers to appreciate the many advances in gerontological scholarship, research and practice. Richly nuanced descriptors of active ageing, such as ‘healthy’, ‘productive’, ‘successful’ and ‘positive’ ageing, feature in the handbook. Authors speak of ‘enhanced’ well-being and ‘positive’ quality of life. Their scholarly discussions examine the history of these two key concepts and the linkage between them: Are active ageing and quality of life identical or fraternal twins? Is this distinction important or not?

**The scope of the handbook** is broad and addresses a readership made up of scholars, practitioners and policymakers as well as the interested public.

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<sup>1</sup> <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>

Divided into four sections, the handbook firstly covers advances in theoretical knowledge in the field of gerontology and the tools of the trade—how we can measure active ageing and quality of life among older people in various settings. Further sections of the handbook present outcomes of projects and policies that make it possible for older people to age in place, to develop agency and to live in dignified and secure environments. Authors share their experience of the many lessons learnt from the application of a wide range of practical projects and new policies.

**Buen Vivir.** A number of chapters in the handbook showcase the Latin American experience of applying active ageing to enhance the well-being of older people in society. This may not be fortuitous. Latin American countries are known as leaders in promoting quality of life for their people. Buen Vivir (Spanish for ‘living well’) is a leitmotiv for achieving collective well-being in society. The exceptionally high levels of happiness among Latin American people, compared to their more modest standards of living, have been attributed to the priority given to family life: ‘Latin Americans value human relations, and they can count on family and friendship networks to live a fulfilling life’ (Rojas 2017, p. 239).

**A golden thread** running through the handbook is the importance of social networks, family support and social integration in community life. Lifelong learning, meaningful occupations and volunteering can be synonymous with or recipes for active ageing. Different chapters elaborate on how health, participation and security – the pillars of active ageing – can be achieved in many different settings, ones that provide age-friendly and enabling environments and ones that cater for independent living as well as assisted living and in care homes. We learn social support is essential for active ageing and the empowerment of the older generation.

**A sense of urgency** is detected when the authors share with readers tips on best practice that will enhance not only the lived experience of older members of society but also the lives of their families and caregivers. Drawing on research and practice from different world regions, the handbook provides guidelines for promoting active ageing and enhanced well-being in diverse domains of life. Noteworthy is that the pillars of active ageing – health, participation, security and lifelong learning – are also compatible with the Sustainable Development Goals for the twenty-first century.

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## **Active Ageing and the New Generational Contract**

**‘Becoming modern’.** On a personal note, this writer came across a work written by a social scientist in the 1980s, who argued the price society must pay for ‘becoming modern’ was that older people’s knowledge and wisdom would necessarily become obsolete and be devalued. This notion came as a shock and gave an incentive to turn to gerontology to learn whether social progress would inevitably lead to older people being sidelined. In future, would the generational contract based on mutual respect and support be overturned? Would younger generations, who had been nurtured by and learnt

from their elders, no longer feel any obligation to listen to and care for their ageing parents?

**The ‘grandmother hypothesis’ and longevity.** It may be true that, in the past, many roles in society were defined by age. According to the ‘grandmother hypothesis’, the earliest grandmothers lived to an age beyond their reproductive years, so they could look after their grandchildren, which gave their daughters the freedom to forage for food for their offspring. Providing support and sustenance to their offspring could extend to the wider community and thereby benefit a larger group (Hawkes 2004; Wikipedia 2020). In short, grandmothership is critical for longevity and for the survival of grandchildren who will become future active agers. Contemporary grandmothers will continue to look after and spend time with their grandchildren, if not in person then at a distance, including as ‘Skype’ or now ‘Zoom’ grandmothers.

**Overlooked active agers.** There will always have been some active agers, who were ahead of their times, even before the label was coined. The twenty-first century offers new options for older people to achieve a better quality of life for themselves and their families and communities, given the greater support for active ageing and recognition for active agers. The past century witnessed some of the most dramatic advances in public health, sciences and technology. The cohorts who lived in the past century experienced the most rapid change that the world has ever seen. Many of our parents and grandparents not only witnessed but also participated in these developments. However, many of their contributions to society and social progress, particularly those by women, are being recognised only now.

**Sharing between the generations.** In contemporary society, there is greater leeway for defining the terms of mutual support and respect between generations compared to the dictates of filial piety. It may be true that some roles in society have been reversed in the process of ‘becoming modern’. The digital natives of the twenty-first century, the ‘Thumbelinas’ (Howles 2015; Serres 2015), who nimbly call up information on their mobile phones rather than store knowledge in their heads, are often the ones to pass on knowledge to the older generation. However, many active agers have welcomed the opportunity to learn from their grandchildren of the benefits of the digital age, which is likely to dominate our lives in future. Noteworthy is that the coronavirus, which took the world by surprise in early 2020, appears to have prompted millennials to consult the history of their grandparents and great-grandparents to learn how they coped with crises in the past century, such as the 1918 influenza and the two World Wars. Thus, there may be continuation of mutual exchange of expertise and experience between the generations in the years to come.

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## **Active Ageing and Quality of Life: Outlook for the Future**

The Covid-19 global public health pandemic that swept across the globe in 2020 has put older people most at risk. The ancient adage that societies will be

judged by how they care for and cherish the older people in their midst became relevant once more. The International Longevity Centre Global Alliance (ILC-GA), an organisation with a focus on the self-actualisation and well-being of older people, expressed its concern for the impact of the pandemic on older people, their families and communities. The Global Alliance's Position Statement on COVID-19 (ILC-GA 2020), among others, denounced ageism and stressed the importance of dignity for older people in the time of the coronavirus, while acknowledging the contribution of older people to family and community. The statement also advocates that measures taken to manage the health crisis should be relevant to and respectful of older people's lived experience. Importantly, the alliance notes that the pandemic has brought to the fore the many social inequalities in society: 'the world must stand united' to pool knowledge and resources equitably in the concerted fight against COVID-19.

It is common knowledge that the pandemic will pass. However, life may never be the same again in the post-COVID-19 era. As alluded to in the Global Alliance statement, the most positive scenarios for the future see the new era as both a challenge and an opportunity to do things differently on a grander scale. There are hopes that the public health crisis has focused our minds on building a more co-operative and compassionate global order for tomorrow. A world that will succeed in achieving equal opportunities and well-being for people of all ages and social backgrounds. Surely, now must be the right time to produce a *Handbook on Active Ageing and Quality of Life* that can serve as a guide on how to achieve the world we should all like to live in.

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Rhodes University, Grahamstown, South Africa

Valerie Møller

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# Introduction: Methodological and Empirical Advances in Active Ageing and Quality of Life

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Special Focuses of the Book

Gloria Fernández-Mayoralas and Fermina Rojo-Pérez

## 1.1 Introduction

Demographic ageing is a widespread process affecting all societies and territories. The United Nations (2019) estimates that there are currently over one billion people worldwide aged 60 years and above, representing almost 14% of the global population, and the rapid growth of this age group means that by 2050 at least one quarter of the population of every region other than Africa will be members of this age group. Women make up a large part of older people, with a worldwide ratio of 85 men to each 100 women aged 60 or over and a more pronounced gender gap in the figures for developed countries.

Population ageing, which in other times was considered a matter for the developed economies of Europe and North America, is today a global phenomenon that is reaching Latin America and is subject to only one notable exception, the region of Sub-Saharan Africa, which remains

relatively youthful in demographic terms. As a result, the demographic story of the twentieth and twenty-first centuries has been and continues to be one of ageing, at the level of both individual and population (Leeson 2017).

Together with falling fertility rates, the evolution of society has also entailed a reduction in mortality at advanced ages, giving rise to increased longevity among the population. In this sense, demographic ageing is an achievement and a mark of success for humanity; never before have whole generations been able to enjoy such high life expectancy and expect to live a longer old age, with the result of more generations coexisting at the same time. We are entering an era of longevity on a planet-wide scale, meaning that the twenty-first century is destined to be a century of centenarians (Leeson 2018).

Considering the current situation, and the fact that population projections indicate a growing trend, ageing represents a challenge both for societies as a whole and for individuals. At the beginning of the century, the United Nations held its Second World Assembly on Ageing in Madrid, Spain, at which the term active ageing (AA) was used for the first time in the Madrid International Plan of Action on Ageing (MIPAA) (UN 2002). As a contribution to the Assembly on Ageing and its Political Declaration, the World Health Organization (WHO) adopted AA as a target for action and its seminal document “Active Ageing: A Policy Framework” (WHO 2002) started an agenda of policies and activities

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that were developed across many countries with the aim of promoting a new image of ageing and of older people. Other international institutions subsequently supported the study of this socio-demographic phenomenon based on this new and positive paradigm, including the European Commission (EUROSTAT/European Commission 2012), which labelled 2012 the European Year for Active Ageing and Solidarity between Generations. AA continues to provide a coherent and comprehensive framework for strategies on an individual, local, national and global scale in response to the longevity revolution (ILC-BR 2015).

The WHO defined AA as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO 2002, p. 12), and later added the pillar of lifelong learning (ILC-BR 2015). In addition to these four pillars for action, the WHO framework includes six AA determinants: behavioural determinants, personal factors, physical environment, social environment, economic determinants, and health and social services determinants; it also incorporates two cross-cutting determinants, in gender and culture. The model is completed by the human rights perspective, underpinned by the United Nations Principles for Older Persons adopted by General Assembly resolution in 1991 (comprising independence, participation, care, self-fulfilment and dignity).

In this multi-dimensional framework for action and promotion of AA, quality of life (QoL) appears as an outcome variable (Van Malderen et al. 2013), which can in turn be considered globally or measured as an outcome of each one or several of the AA domains. The QoL concept hence adjusts well to changes in living conditions that come about during the process of optimization of opportunities for positive ageing.

Following the positive ageing paradigm, the WHO more recently presented its “World Report on Ageing and Health” (WHO 2015), which called attention to the existence of ageist stereotypes in policies and behaviours, making it necessary to fight age discrimination. Additionally and in line with the key principles and values providing a basis for the Sustainable

Development Goals, the WHO (2020a) has announced plans for a Decade of Healthy Ageing (2020–2030), involving an action plan with ten priorities focused on innovation, planning, up-to-date data, promotion of research, organisation of health systems and support and care systems, integrated care in old age, combating ageism, designing sustainable, fair and efficient solutions, and adapting cities and communities for older people. The 73rd World Health Assembly (held from 17 to 21 May 2020) reviewed progress made on actions for the Decade of Healthy Ageing (2020–2030), focusing on four actions intended to help to optimize levels and distribution of healthy ageing within and across countries: changing how we think, feel and act towards age and ageing; developing communities in ways that foster the abilities of older people; delivering person-centred, integrated care and primary health services responsive to older people; and providing access to long-term care to older people who need it (WHO May 2020b).

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## 1.2 Methodological and Empirical Advancements in Active Ageing and Quality of Life

In this context of promotion of active and healthy ageing, understanding old age and ageing is key to the facilitation of demographic sustainability and to being able to face the social and economic challenges of the twenty-first century. As such, research into ageing must be approached from an interdisciplinary and multidisciplinary perspective, and understood as a challenge with social, economic and environmental implications, but also as an area that offers opportunities for the development of society as a whole (Dimitriadis 2019).

The consequences of all facets of population ageing require scientific knowledge and the transmission of that knowledge to society, in order to properly implement the social policies that will promote and facilitate the living conditions and QoL of older people in their living settings. The challenge of AA places the emphasis on conditions acquired over the course of a lifetime that influence QoL in old age. Longitudinal

approaches are hence required, together with perspectives that take into account both quantitative evidence and the depth and richness of qualitative methodology that takes into consideration people's opinions and assessments. This complementarity helps to achieve an understanding of phenomena and to explain processes, as well as encouraging citizen participation in research. All of this is not to omit systematized reviews, with or without meta-analysis, examining the various aspects related to sociodemographic processes in order to identify what knowledge has been acquired.

In relation to health, it is paramount to study the prevalence of chronic disorders leading to processes of fragility, disability and dependence, and particularly cognitive impairment and dementia. But it is also crucial to study the periodic eruption of health emergencies and crises such as COVID-19, with acute consequences for the health of the population in general and that of older people in particular (Shahid et al. 2020). Knowledge regarding social inequalities in health is also fundamental to provide a basis for the public provision of social and healthcare services. Conducting research into social participation includes having more and better knowledge about: (1) workplace integration of people aged 50 years and above, in suitable working conditions, as well as the retention and promotion of senior talent; (2) the development of new models for activity involving social, political, association-based, educational, cultural and knowledge-building activities; and (3) changes to family structures, informal care, solitude as opposed to loneliness, and new forms of co-living in collaborative environments emulating ageing in place. Security is another pillar for action; it also has a multidimensional and complex nature, incorporating aspects that define QoL related to health security (health coverage and dependence), financial resources (pension system), support networks (family and social), friendly residential settings that contribute to the security of residents, particularly the more vulnerable, and social protection in general (to guarantee a minimum level of social coverage so as to eliminate poverty and reduce inequality).

The perspective of older people's rights also opens up a key field of research, including elements that play a central role in the fight against age-based discrimination or ageism: choice as to retirement age, autonomy and control over decision-making, fair access to healthcare and dependence, prevention of and protection against violence and mistreatment (particularly in relation to the multiple discrimination suffered by older women), sexual orientation and sexuality in old age, and ethics in key areas such as living wills and euthanasia.

The impacts of ageing therefore cover personal experience, the social image of old age, age-friendly and inclusive environments for all ages, the sustainability of the pension system, health and social services policies, long-term care, formal or informal care, the social and cultural context of ageing, and the digital gap and technological development. There is a need to evaluate the effects of sustainability policies in the context of an increasingly aged society, which must be more efficient in productive and reproductive terms. As a global phenomenon, ageing will generate—and is already generating—one of the most dynamic sectors of the economy over coming decades, based on the so-called grey economy, on the adaptation of the services sector for a more active and healthy older population, and on development policies for rural sustainability.

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### 1.3 Special Focuses of the Book

This book is part of the International Handbooks of Quality-of-Life collection. The series editor Graciela Tonon invited and encouraged us to act as editors. The seeds for this book were sown at the symposium of the same name that took place during the 15th Annual Conference of the International Society for Quality of Life Studies, "Quality of Life: Towards a Better Society", held in Innsbruck, Austria (September 28–30, 2017). The president of the ISQOLS at the time was professor Mariano Rojas, and the chair of the local organizing committee was professor Stefan Höfer. The aim of the symposium was to

demonstrate the wide-ranging and multidimensional research landscape relating to ageing and to disseminate knowledge from a theoretical and empirical perspective, as well as practical experiences of ageing well and QoL in old age across the world, with the intention of meeting the challenges of an aged and ageing population. The structure of the book underlines the commitment to engage in a more in-depth examination of theoretical and applied research, methods, domains and indicators and their interactions, in order to identify, analyse and investigate matters including which factors better explain how AA enhances QoL, the conceptualization of AA and its connection with other similar concepts (healthy, productive or successful ageing), which methods and indicators better fit existing knowledge of AA and QoL, analyses of essential components of AA and their relationships with QoL, and AA profiles and associated factors for better QoL.

In order to honour this commitment, as editors of this handbook, we invited contributions from a number of noted international scholars and researchers, from diverse fields of enquiry and representing different countries. The idea was for each to submit a chapter addressing key issues related to multidimensional constructs including ageing, AA and QoL, from different disciplinary and interdisciplinary perspectives. These perspectives included social sciences, politics, geography, health sciences and geriatrics, psychology, economics, and engineering and other technologies. Almost 90s academics eventually collaborated, with representation from every populated continent in the world.

The book is structured in four sections as follows: I. Theoretical and conceptual perspectives (7 chapters); II. Social policy issues and research agenda (7 chapters); III. Methods, measurement instruments-scales, evaluations (5 chapters); IV. Applications (domains, geographical contexts) (19 chapters).

Immediately following this introductory chapter is Section I on theoretical and conceptual perspectives, beginning with an examination by Fernández-Ballesteros et al. in Chap. 2 of the history and definitions of the constructs of AA

and QoL. They ask whether it is possible to distinguish between the two or if they are tautological, since the concepts are multidimensional and appear to have overlapping components, although the WHO includes QoL as an outcome of AA in its definition of the latter concept (something that has not yet been proven). The authors therefore propose longitudinal and experimental studies to systematically evaluate the two concepts and measure the direction of their relationship, as well as conceptualizing their respective singularity. Perhaps part of the answer comes from the purpose that each concept serves: an action framework, in the case of AA, or an outcome variable or measure, in the case of QoL.

In Chap. 3, Kalache and Voelcher explain AA as a concept and a policy tool for coping with the demographic change implied by the so-called longevity revolution, which is being observed on a global scale and is demanding a reconsideration of the traditional understanding of ageing and old age. As director of the WHO's global ageing programme (1995–2008), Kalache is recognised worldwide as the leader of the movement seeking a paradigm shift to a positive view of ageing. This involves going beyond a simple increase in physical activity or extending one's working life to take into account diverse and changing geographical, political and cultural contexts, with an emphasis on continued participation in meaningful engagements (social, economic, cultural, spiritual and civic).

The need to examine the relationship between the concepts of AA and QoL does not appear to have been a central aim of the research into ageing well over recent decades; the fact is that few studies have expressly analysed this relationship, as is clear from the results found in the systematized literature review performed by Rojo-Pérez et al. and reported in Chap. 4. AA and QoL are constructs that are rarely studied together. Their definitions are not made explicit and ad hoc indicators are not therefore used. Moreover, there is a prevalence of cross-sectional methodologies that make it difficult to establish the meaning of any relationship between the constructs. The importance to contemporary societies of developing knowledge of AA and

QoL supports the argument that there is a need to encourage studies with this aim.

In Chap. 5, Oris et al. explore how individual heterogeneity is constructed in the ageing process and in wellbeing during old age, based on perspective of the life course that shows how inequalities in the two paramount components of QoL, health and wealth, can become cumulative disadvantages that hinder AA. This approach uses the individual as a unit of analysis, but considers the macro context (time and space), the meso context (social network and linked lives) and the micro context (past experiences). The authors highlight the need for more longitudinal research, although they recognise the limitation of maintaining a sufficient sample at the most advanced ages.

In Chap. 6, Molina Martínez and Schettini discuss the role of lifelong learning in AA, as well as its contribution to improving QoL as people age. Their perspective recognises lifelong learning as an instrument for improving economic productivity and efficiency at work, but they go further and propose a need to evaluate the effectiveness of programmes based on lifelong learning and to confirm benefits from a personal view, taking into account both participation and improvement of cognitive functioning.

In Chap. 7, Villar and Serrat present the concept of generativity through Erikson's influential developmental theory, associated with middle-age and defined as a concern for caring for and guiding the next generation and for being productive and contributing to the wellbeing and improvement of families, communities and society as a whole. The authors apply this concept to older age groups, providing a conceptual framework that may enrich the concept of 'ageing well', as it is complementary to other similar concepts such as successful and active ageing.

The first Section of the book draws to a close with Chap. 8, in which León-Salas et al. explore the impact of dementia in old age and the need to use specific QoL measurement instruments with sufferers, who experience problems related to understanding, communication, insight and interpretation. The authors undertake a narrative review of literature to investigate the concept,

determinants and instruments of QoL according to the severity level of dementia.

Section II contains a series of chapter in which AA and QoL are taken as basic concepts for social policy issues and the research agenda. Based on the theory of developmental social policy, in Chap. 9, Aspalter proposes making proper preparations for the onset of extremely aged societies, by means of supply-side social investment strategies in addition to the development of practical applications of behavioural preventative social policy. This might include using the method of social policy marketing (in particular health policy marketing).

In relation to international health strategy, in Chap. 10, Pérez Díaz and Abellán García recognize the importance of the concept of AA as well as its consolidation as a general framework for national health policies, especially in Europe. However, they emphasise three points in respect of which the concept is facing obstacles: (1) in its definition for purposes of implementation; (2) in its limited adoption outside Europe; and (3) from the WHO itself, which appears to be ceasing to use it.

Horn contributes Chap. 11 from the perspective of globalization and international mobility, noting how this has given rise to an increase in the transnationalization of older people's geographical and social frameworks of reference. This must undoubtedly influence QoL in turn, above all in relation to its pillars of health, including dependence (care obligations do not disappear) and participation (different ways of "doing family", changes in lifestyles and social roles, ICT-based communication). All of this opens up a new line of research for studies on ageing in place and QoL.

From a rights perspective, in Chap. 12 Minoldo and Peláez ask whether the concurrence of social security traditions which arose simultaneously with the first human rights treaties remain valid and suitable for the current period, with treaties produced many decades later. Using a frame of reference that is both international and Inter-American, they apply a qualitative approach involving content analysis of the human rights instruments related to the economic and social

rights of older people. This is a meaningful method used in understanding the lack of current alignment between the human rights approach and the priorities and criteria that guided the design and development of the social security of the past. The authors reflect on what this may mean for the extension of current protection systems.

Also applying a qualitative analysis, to the documents produced by Civil Society Organizations (CSOs) in Latin America, Rodríguez-Rodríguez et al. reflect in Chap. 13 on the role of CSOs in promoting AA and QoL in Latin America and on their influence in the creation of public policies, with a limited impact on the final design of these policies owing to the dominant role played by government. CSOs' documents can be examined to follow the implementation of the MIPAA and the parameters of AA, particularly the health of older people, as an individual right that allows people to live with autonomy (security) and facilitates social participation, as well as establishing social relationships in their living settings, but also financial security and participation in the labour market. In contrast, the authors note that the idea of QoL is not expressed powerfully enough in the CSOs' documents to be able to follow its evolution over the last 20 years.

In Chap. 14, Sánchez-González and Egea-Jiménez present a literature review concerning the role of green outdoor spaces in promoting AA, applying a perspective from environmental gerontology. The authors propose a model for intervention in AA based on the optimum adaptation of the specific characteristics of outdoor green spaces to the capacities and preferences of elderly people, and to encourage the active participation of older persons in the design and planning of friendly cities, in which natural elements can promote lifelong healthy lifestyles.

Walker closes Section II with Chap. 15, which focuses on the essential role of scientific research in the achievement of AA and enhancement of QoL in old age. After outlining the meaning of AA, the chapter examines how it could transform nature and QoL in old age, drawing on major recent European and UK research programmes.

Walker previously directed the European Research Area in Ageing, and in this chapter key research priorities are listed according to the Road Map for European Ageing Research and the MIPAA, with an examination of what policymakers must do in order to make AA a reality.

Section III: Methods, measurement instruments-scales, evaluations is opened by Rodríguez-Blázquez and Forjaz, who use Chap. 16 to review the characteristics of the main generic and specific instruments for assessing QoL in old age, as well as the use of QoL rating scales in AA studies. The authors perform a non-systematic search across two bibliographic databases (PubMed and Web of Science) and describe a significant association between QoL and the usual AA indicators. They note that the relationship between the concepts is probably bidirectional, with other variables acting as mediators or moderators and probably playing an important role in the relationship. Again, further research is needed to determine a causal model, using longitudinal designs and complex statistical models such as structural equation modelling.

In Chap. 17, Aigner-Walder et al. focus on active and assisted living (AAL) solutions. They ask questions including the following: are these technologies really leading to reduced costs? Who pays for their development and use? Can AAL solutions contribute to higher quality of living for older adults? Can data security be guaranteed? What are the economic effects of such solutions? Finally, they ask how we can measure the overall impact of AAL solutions. The authors point out the various stakeholder groups involved in an insurance-based health care system, their partly conflicting interests in technical innovations on the market, and the large number of potential indicators in existence to assess the overall effects of AAL technologies and systems.

An econometric perspective on QoL in old age in Europe is presented by Somarriba Arechavala et al. in Chap. 18. Based on the most recent available information from the Survey on Health, Ageing and Retirement in Europe (SHARE), the

authors provide an alternative synthetic indicator of QoL to the CASP12 scale (Börsch-Supan et al. 2005 #16833; Wiggins et al. 2008 #2673) used in the aforementioned survey. This represents an interesting contribution given that the indicator does not assume homogeneity between individuals who have the same overall score but different partial scores. The authors then estimate several econometric models to find and analyse the most decisive factors in explaining QoL across 26 European countries. Results are presented on an individual and a country-based scale.

A further methodological perspective relates to the evaluation of care programmes for older people, involving a qualitative methodology based on the testimonies of caregivers, mainly women, and heads of care programmes. This is the aim of Agulló Tomás et al. in Chap. 19, whose results offer specific proposals for care for the elderly and support programmes for carers in relation to care in the context of the health service, the psychosocial sphere, social and labour policies and transversal demands.

Section III closes with Chap. 20, in which Buz et al. present a framework for preventing intense loneliness from a social intervention perspective. The framework is based on strategies aimed at actions to be implemented before loneliness occurs or during its earlier stages. The authors underline the importance of macro, meso and micro social factors for preventing loneliness and fostering AA, and the efforts of individuals as well as professionals, policymakers and institutions at local and state levels.

Section IV comprises the meat of the book, with 19 contributions organized by geographical context and country. These chapters examine the applications of AA and QoL, or focus on domains of QoL or determinants for AA.

Studies presented from a global perspective come from Cuba, Chile, Colombia, South Africa, Taiwan, Italy and Sweden. In Chap. 23, Alfonso León and García Quiñones address singularities of the ageing process in Cuba, a developing country with a socialist model, a centralized economy, advanced public policies but limited economic resources, where

the population is ageing rapidly with more than 20% of people currently aged 60 years or over. This situation means that the new challenges and gaps have essentially been conditioned by the financial and economic difficulties involved in securing resources such as food, housing and favourable physical environments. This makes it necessary to develop legal instruments to enable older adults to fully exercise their rights and to provide an opportunity to extend the provision of elderly care services.

In stark contrast to the Cuban case are the highly developed Scandinavian countries such as Sweden, for which Finkel and Sundström describe and analyse AA and QoL in Chap. 33. Material living conditions have improved vastly for older Swedish people in recent decades and their social life and family ties have expanded in important ways. Older people are increasingly involved in the labour market and family ties are stronger today than 30 years ago, with many more reporting that they have a partner and children, and more often children who live close.

Also in the European context, in Chap. 36, Di Matteo et al. present the Italian case within the conceptual framework of AA, selecting European and international experiences regarding the construction and implementation of policy strategies inspired by mainstream programmatic documents (e.g. WHO 2002; MIPAA 2002). Recent efforts have been undertaken to develop a concerted national strategy in this field, as well as to define a useful analytical tool to understand the different territorial scenarios. This could help policymaking by promoting realistic change, respecting national and local cultural differences, and recognizing multiple, differentiated ways to achieve the goal of ageing well.

Maharaj and Roberts describe a particular case in Chap. 28 relating to the nature and determinants of QoL among older people in South Africa. The authors use the South African Social Attitudes Survey, which introduces the racial diversity of South African society. They point out that the dominant predictors of wellbeing are socio-economic characteristics (such as education, employment status and self-rated poverty). As a result of inequities