

Nordic Gerontological Federation

GeroNord

News on research, developmental work and education within the
ageing area in the Nordic Countries

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In this newsletter:

- Words from the President
- 28NKG in Jyväskylä, Finland, 2027
- Nordic Master's specialisation in gerontology (NordMaG)
- Recent doctoral dissertations
- Other news from the Nordic countries
- The Executive committee and NGF representatives



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Words from the President

Dear colleagues,

To ensure equitable welfare and meet the needs of an ageing population, we must create sustainable societies where people of all ages can have a good living situation. This vision requires not only interdisciplinary research, international collaboration, and a dialogue between research, policy, and civic society organizations, it also requires education.

It is with great satisfaction that I acknowledge the re-launch of the Nordic Master's specialisation in Gerontology (NordMaG), an initiative spearheaded by five esteemed universities across the Nordic nations. This educational initiative brings together common challenges that the ageing population have on various areas of the society, including health and social care, pensions, work-life, housing, and consumption. This educational program is also a good example of an essential international and interdisciplinary collaboration, expanding beyond the traditional fields of gerontology and geriatrics to provide a holistic approach to ageing. I wish the organisers good luck with the programme.

Best regards,



Carin Lennartsson

President of the Nordic Gerontological Federation

Read more about the NordMag programme on page 4.



We invite you to the 28th Nordic Congress of Gerontology in Jyväskylä, Finland, June 16-18, 2027

On behalf of the Faculty of Sport and Health Sciences and Gerontology Research Center at the University of Jyväskylä, Societas Gerontologica Fennica, the Finnish Geriatricians Society, the Finnish Society for Growth and Ageing Research, and the Nordic Gerontological Federation we invite you to join the 28th Nordic Congress of Gerontology (NKG) to share your thoughts and latest research findings on ageing.

The theme of the conference is **"Ageing in the Current Light"**. We welcome multidisciplinary contributions reflecting the pillars of the NGF's scientific orientations: behavioural and social sciences; biological, health and medical sciences; humanities; social research, policy, and practice. There will also be an enjoyable social programme.

The congress will take place at [the University of Jyväskylä, located in the heart of the city](#). Our beautiful and sustainable campus is a key element of the University's appeal. It offers a unique blend of cultural heritage and natural beauty, reflecting over a century of Finnish architectural history. The campus is internationally renowned for its numerous buildings designed by Alvar Aalto.

We look forward to welcoming you to Jyväskylä in 2027!

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From the Organising Committee:

Mikaela von Bonsdorff | Congress President

Katja Kokko | Secretary General

Johanna Eronen | Congress Coordinator

Linda Enroth | The Finnish Society for Growth and Ageing Research

Jouko Laurila | Finnish Geriatricians

Esa Jämsen | Societas Gerontologica Fennica

Nordic Master's specialisation in gerontology (NordMaG)

The world is changing at an unprecedented pace, presenting contemporary societies with significant challenges such as population ageing, digitalisation, and climate change. Additionally, geopolitical instability and conflicts further complicate these issues.

Consequently, there is a growing need for evidence-based knowledge to enhance our understanding of the complex and multidimensional impacts of these changes on the health and well-being of older adults and the sustainability of welfare states. This challenge not only involves researchers but also underscores the crucial need for higher education in gerontology.

Population ageing impacts all areas of society, including health and social care, pensions, work-life, housing, and consumption. Addressing the challenges of an ageing population requires innovative, evidence-based design processes that not only help society adapt but also consider individuals' perspectives and priorities arising from ageing and its opportunities and uncertainties. Educating future professionals on various aspects of ageing, who will be able to advance the field, is imperative to tackle societal challenges and have positive long-term effects on policy and industry.

A report from 2012 mapped higher education in gerontology and geriatrics across Nordic countries. It concluded that although there are only a few master's programs specifically in gerontology, courses and modules with ageing-related content are widely available throughout the Nordic countries (Hietanen et al., 2012).

In addition to country-specific higher education in gerontology, a joint Nordic Master Programme in Gerontology (NordMaG) was initiated by the University of Iceland, Lund University, and the University of Jyväskylä in 2006. Over the years, the consortium of universities has shifted with Jönköping University becoming the coordinating university since 2017. However, the program came to an end in its current form in 2021.

In 2026 there will be a **re-launch of NordMaG - Nordic Master's** specialisation in Gerontology (NordMaG), led by University of Iceland, University of Southern Denmark, Tampere University, Jönköping University, and Oslo Metropolitan University. The consortium universities have signed an agreement, and NordMaG will commence in autumn 2026, with student intake beginning in spring 2026.

The new NordMaG will be a multidisciplinary specialisation in gerontology, equivalent to 30 ECTS of elective courses within existing master's programs offered by the consortium universities. NordMaG focuses on issues relevant to ageing societies and combines the gerontology expertise and traditions of Denmark, Finland, Iceland, Norway, and Sweden. It is distinctly multidisciplinary, with foundations in health sciences, social sciences, and behavioral sciences. The main objectives of NordMaG are to educate professionals who can exploit, disseminate, and generate gerontological knowledge with relevance to ageing in society, and to provide research-based knowledge for the future development of this field.

The certificate for Nordic Master's specialisation in Gerontology requires:

1. Completion of a minimum of 30 ECTS from two or more partner universities.
2. Completion of a master's thesis (minimum of 30 ECTS) relevant to the field of ageing.

NordMaG board

Charlotta Nilsen | Jönköping University, Sweden

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Paolo Caserotti | University of Southern Denmark, Denmark

Annemari Svendsen | University of Southern Denmark, Denmark

Hietanen, H., Lyyra, T. M., Parkatti, T., & Heikkinen, E. (2012). The current state and developments in higher education in gerontology in the Nordic countries. Gerontology & Geriatrics Education, 33(2), 218-231.

Older adults with no partner or family contact face higher risk of early death

A large Norwegian study shows that social isolation and loneliness can significantly increase the risk of early death among older adults.

Loneliness and social isolation among older adults can have serious health consequences, according to a new study based on data from the extensive NorLAG survey (norlag.nsd.no) conducted at OsloMet.

The study followed nearly 10,000 Norwegians over a 20-year period and found that increased social isolation – defined as living without a partner or having infrequent contact with family and friends – raises the risk of early death by approximately 15 percent.

The research accounted for a range of factors, including age, income, education, and physical and mental health, ensuring robust conclusions. The study identifies lack of a partner or infrequent contact with children as the primary drivers of increased mortality risk, with similar effects observed in both men and women.

[Read more](#)

Needs and costs in the last year of life

There is insufficient coordination between health and social care providers in Sweden, and little insight into the relationship between municipal care costs and regional health care costs.

A study by Megan Doheny, post doc researcher at the Aging Research Center, Karolinska institutet, Sweden, aims to identify patterns of health and social care expenditure among people aged 70 and over in their final years of life and examine the impact of socio-demographic factors.

The findings provide insights into the complex patterns of health and social care expenditure among older adults at the end of life. Furthermore, they will contribute to future research aimed at supporting care planning, and in view of upcoming demographic changes, lay the foundation for a sustainable health and care system.

[Read more](#)

Can exergaming help older adults?

CAHA, Center for Active and Healthy Ageing, University of Southern Denmark
Department of Sports Science and Clinical Biomechanics, Center for Active and Healthy Ageing, University of Southern Denmark.

We're excited to share an update on the SenAte project (Seniors Active at Home), coordinated by CAHA and co-financed by the European Union. This initiative is almost at the end and brings together partners from other five countries—e-Seniors (France), EUNIK (Netherlands), Cuicui (Spain), IPMAIA University and SEA (Portugal), and Università G. d'Annunzio (Italy)—with a shared goal: to support older adults in staying active, engaged, and safe at home.

At the heart of SenAte is a digital tool in form of an app designed for movement-based play, or exergaming. Exergaming—defined as “a combination of exertion and video games including strength training, balance, aerobic endurance and flexibility activities” (Oh Y, 2010)—has been studied in terms of benefits and feasibility in older populations (Hai L. et al, 2022; Rytterström, P, 2024). SenAte builds on this research, offering an enjoyable tool that can increase the chances of meeting the movement goals suggested by the WHO.

Developed by Cuicui Studios, the SenAte app encourages users to move in ways that are fun and enjoyable, rather than focusing strictly on exercise. The movements target lower body strength, core stability, and balance, all of which are key to fall prevention.

While using a digital tool like SenAte may still create a barrier for many, the majority of the older adults have now enough digital literacy. Among the 400+ European older adults who participated in our pilot study, only about 20% reported rarely or never using digital tools. The rest were already using digital technologies in their daily lives—for communication, leisure, health monitoring, and more.

Over 1,000 people have downloaded the app, and the feedback has been rather positive. Participants described the experience as fun and engaging, and many appreciated the opportunity to try something new. A special mention goes to the nursing homes in Portugal and Spain, where even residents unfamiliar with digital tools could join in. With one person setting up and managing the app, many residents were able to enjoy a shared, interactive activity that supported their physical well-being.

Scientific contributions ahead

The SenAte project is not only making strides in the field but also contributing to academic research on active ageing and digital health. We are pleased to announce three scientific studies that are underway as part of the project's legacy:

- 1) A scoping review on the barriers and facilitators of digital interventions aimed at increasing physical activity in older adults. This study is already registered on the Open Science Framework (OSF) and will soon be submitted for peer review.
- 2) A qualitative study exploring the feasibility of the SenAte intervention, based on insights from eight focus groups held across five European countries represented in the consortium.
- 3) A quantitative study assessing the preliminary efficacy of the SenAte app, with a focus on its impact on physical function and quality of life in older adults.

These studies reflect the project's strong research foundation and its ongoing efforts to generate evidence-based solutions that promote healthy and active ageing.

We're proud of what SenAte has achieved so far and look forward to an improved SenAte.2 version thanks to all the feedback collected.

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Recent PhD dissertations



Intergenerational estrangement in later life – mental health, sentiments, and coping for older parents

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Aarhus BSS, Aarhus University Department of Psychology and Behavioural Sciences / Fonden Ensomme Gamles Værn

Background. As one of the most loving and enduring social bonds, the relationship between parents and children is celebrated. But sometimes parents and children become estranged in adulthood due to conflict or dissent. Little is known about this occurrence, especially how estrangement from children affects parents in older age. **Aim.** The overall purpose of this dissertation was to explore intergenerational estrangement from the perspective of older parents: To examine if living with estrangement was associated with the mental health of older parents, to understand the sentiments that older parents hold towards estrangement, and to explore what older parents do and think to cope with being estranged.

Methods. The main body is comprised of three studies. **Study I** used cross-sectional data to compare 75+-year-old estranged older parents with a comparison group of non-estranged older parents on mental health measures for well-being, sense of purpose, depression, and loneliness. **Study II** exclusively used the cross-sectional dataset of estranged older parents to examine their sentiments towards estrangement categorized as sorrowful, ambivalent, or relieved, and to explore associations between sentiments and factors regarding the parents and the estrangements. **Study III** used qualitative interviews with a selected group of estranged parents from the cross-sectional studies. Thematic analysis was carried out to identify and describe how older parents coped with estrangement. All participants were recruited, and all data was collected for this project exclusively, via a purposive sampling design developed in the project.

Results. **Study I** found significant associations between being estranged and poorer mental health scores on all four measurements, well-being, sense of purpose, depression, and loneliness. Well-being demonstrated the strongest association, followed by depression, then loneliness, and lastly sense of purpose. **Study II** found sentiments of sorrow and ambivalence, but not relief, to be prominent among older estranged parents. Sentiment of sorrow was found to be significantly associated with gender, with mothers being more prone to sorrow, with adult children having initiated the estrangement, and with higher numbers of estranged children. Sorrow was found to be negatively associated with estrangement from all children.

Study III identified two main coping orientations 1) reconciliation-oriented coping (ROC), aimed at reestablishing contact with children, and 2) acceptance-oriented coping (AOC), aimed at coming to terms with estrangement. ROC responses were identified as: Exploring the past, repeated contact attempts, and seeking information about children. AOC-responses were identified as: Pride, projecting responsibility, financial retribution, and coming to terms with estrangement. Avoidance was identified as an additional third coping orientation. Avoidant coping responses were characterized by refraining from thinking about the estrangement and what had caused it.

Conclusion. Findings from these three studies show that intergenerational estrangement is associated with adverse mental health for older parents, that sentiments of sorrow represent how some parents feel towards estrangement, but that ambivalence and mixed feelings are also prevalent, and that factors about parents and their estrangement can function as predictors for their sentiments. Furthermore, it is shown that older parents use coping responses that can promote reconciliation or function to accept the estrangement. Overall, this dissertation concludes that estrangement from adult children is associated with negative outcomes for older parents, that intergenerational estrangement in later life is an important avenue of further exploration, and that there is a need for the development of interventions that can help estranged families.

The PhD was funded by the EGV Foundation – Social inclusion of Older Adults and Innovation Fund Denmark (Fonden Ensomme Gamles Værn).

- [Read more](#)
 - [Read the dissertation \(opens as PDF\)](#)
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Care needs in home care: Predictors of nursing home transition and caregiver distress

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The global population is aging, and policymakers emphasize the importance of enabling older people to continue living in their private homes for as long as possible, even as they experience health decline and physical or cognitive impairment. While most older individuals prefer to live independently, many require assistance from formal care systems and family caregivers. By mapping the health, physical, and cognitive abilities of home care clients over time, their care needs as well as the needs of their caregivers for support can be identified. Such analysis facilitates the establishment of strategies for the development and improvement of home care services. This doctoral research project draws on a study conducted in six European countries— Belgium, Finland, Germany, Iceland, Italy, and the Netherlands—between 2014 and 2016. The study—named as Identifying Best Practices for Care-dependent Elderly by Benchmarking Costs and Outcomes of Community Care (IBenC)—focused on individuals aged 65 years and older who lived independently and received assistance from formal home care services as well as support from family caregivers. The sample included 2,884 older home care clients, who were assessed using the comprehensive interRAI-Home Care (HC) assessment tool, at three timepoints during twelve-months follow-up. The project included three studies.

The first study examined the changes in health and functional profile of home care clients and the services provided between 2001 and 2014 in five European countries. The study compared the findings of two studies using the same data collection method, the Aged in Home Care (AdHOC) study from 2001 and the IBenC study from 2014. Results revealed a significant decline in home care clients' physical and cognitive abilities between 2001 and 2014, with an increase in formal care services provided during the same period. Cross-tabulations and chi-square tests were used for the comparison. These findings suggest that government policies aiming at enabling older people to remain at home, even with advanced impairment, have been partially realized. Moreover, data from the IBenC study were analysed to examine the distribution of home care services, specifically to investigate whether individuals with the highest care needs received substantial assistance from the formal care system. The findings revealed that, approximately half of home care clients with the highest care needs received the most minutes of assistance. However, this distribution varied significantly between countries. In Germany, nearly 90% of home care clients with severe care needs received the highest level of

assistance, whereas in Italy, only 10% of home care clients in similar situation received substantial home care.

The second study focused on caregiver distress among home care caregivers, as more older people rely on family or informal caregivers for support to continue to live at home. Descriptive statistics and logistic regression models were used to identify predictive variables for caregiver distress. This cross-sectional study across six countries revealed that caregiver distress was markedly higher in Iceland (34%) than in other countries (9%–22%). Key predictors of caregiver distress included the care recipient's depression, bladder incontinence, recent hospitalizations, risk of significant health decline or those with increased care needs. These findings emphasize the importance of monitoring caregiver well-being and addressing factors that contribute to their burden.

The third study examined the changes in health, physical and cognitive abilities, and circumstances among home care clients over a 12 month period. The results showed a general decline in health and abilities, as measured by the outcome scales from the interRAI-HC assessment tool, e.g. cognitive scale, a scale that assess activities of daily living, a scale that measures symptoms of depression and another assesses changes in health status and diseases. Additionally, the findings revealed that the formal care increased slightly over the one year study period. The results from four of the participating countries also showed that 12% of clients moved to nursing homes over the study period. Home care clients who moved to nursing homes were, on average, older and showed more significant declines in health and overall ability, than those still living at home. An investigation of the predictors of transition to nursing homes among home care clients showed that the factors influencing this transition varied significantly by country. In Iceland, caregiver distress emerged as the strongest predictor, whereas in Finland, physical ability was the primary determinant. In Belgium and Germany, the strongest predictor was the client's or caregiver's belief that the older individual would be better off living elsewhere.

The findings of this thesis highlight the increasing complexity of home care services and the critical role of caregivers in supporting older people to age in place. The findings underscore the need for tailored care strategies that address the care recipient's health and functional needs, alleviate caregiver distress, and consider the diverse predictors of nursing home transition across countries. By understanding these challenges, healthcare systems can develop targeted interventions to effectively enhance home care services and support aging populations.

[Read more](#)



Are older adults truly as inactive as we think they are?

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Emerging evidence indicates that older adults may exhibit higher levels of physical activity than previously assumed, particularly when intensity of activity are evaluated using age-adjusted measurement algorithms.

Traditionally, there is a widespread perception that increasing age is associated with a progressive decline in physical activity, leading to the assumption that older adults are predominantly inactive and that only a smaller percentage meet the current World Health Organization (WHO) physical activity recommendations. However, this assumption may, in part, stem from methodological limitations in how physical activity is quantified in the older population.

However, biological ageing is often overlooked in current methods used to assess physical activity. Most assessment tools are not adjusted to account for the physiological changes that occur with age, such as reduced aerobic capacity and lower resting metabolic rate. As a result, these tools can significantly underestimate how active older adults, especially the oldest-old, actually are, because they fail to reflect the true effort involved in everyday activities for this age group.

Data for this PhD project derives from the ENGAGE study (ENerGetics in older AGE) which was carried out at the Department of Sports Science and Clinical Biomechanics, Center for Active and Healthy Ageing at University of Southern Denmark.

The overarching aim of the ENGAGE study was to evaluate how age-related physiological changes influence both volume and intensity of physical activity in very old adults.

We conducted a cross-sectional study involving around 100 adults aged 75 years and older, with data collected in both controlled laboratory settings and free-living conditions.

Participants wore several accelerometers (wearable devices that objectively measure multi-directional movements) on multiple anatomical sites including the wrist, hip, thigh, and lower back to continuously monitor daily physical activity over a 14-day period.

In the laboratory setting, participants' energy expenditure was measured under controlled conditions while performing routine physical activity tasks (e.g., washing windows, walking,

preparing meals) and during maximum effort using precise physiological methods such as indirect calorimetry (i.e., measurement of oxygen uptake). In free-living conditions, the gold-standard doubly labelled water method was used to assess total energy expenditure with high accuracy, providing a comprehensive profile of participants' physical activity behavior in their everyday environments.

What the study found was striking: when physical activity intensity was adjusted to reflect age-related physiological changes, many older adults were found to engage in more moderate and vigorous physical activity than previously assumed. This suggests that physical activity levels in older populations are often underestimated, primarily because traditional measurement tools do not accurately reflect the true effort older adults experience.

A major reason for this underestimation is that intensity classifications for physical activity such as moderate or vigorous, are usually based on "fixed thresholds" that apply the same cut-points (or standards) across all age groups (e.g., adults).

Using fixed cut-points to classify physical activity intensity fails to account for key age-related physiological declines, particularly in resting metabolic rate and maximal aerobic capacity, which is the highest amount of oxygen the body can utilize during high-intensity exercise. As people age, both resting metabolic rate and maximal aerobic capacity max decline markedly.

Consequently, physical activities classified as "light" based on absolute thresholds for younger adults may represent a much higher relative intensity for older individuals. Ignoring these physiological differences can lead to a systematic underestimation of physical activity intensity in older populations.

In other words, this suggests that while older adults may experience certain activities as moderate or even vigorous, these same activities are often classified as light intensity by standard measurement methods. This mismatch occurs because traditional classification methods do not account for the increased relative effort required by older individuals due to age-related physiological changes.

To address this issue, we proposed **new age-adjusted intensity thresholds** based on **VO₂ reserve**, a method that accounts for the age-related declines in resting metabolic rate and maximum aerobic capacity. VO₂reserve-based thresholds provide a more accurate estimation of relative physical activity intensity, thereby offering a clearer picture of the actual effort older adults experience during daily activities. This approach may more appropriately reflect the true physiological demand placed on the ageing body.

The study also found that the anatomical placement of the accelerometer and how the data is processed significantly impact measurement accuracy. For example, a wrist-worn device might capture different movement patterns than one placed on the hip – and each may be more or less accurate depending on the type of activity.

Another key result was that accelerometers alone cannot accurately estimate energy expenditure. To truly understand how much energy older adults are using, researchers and clinicians need to consider a combination of data – including personal factors like age, sex and body composition (e.g. muscle mass).

So, what does this all mean?

These findings highlight the need to rethink how we assess physical activity in older adults. By using more refined measurement tools and interpreting data in ways that reflect age-related physiological changes, we can obtain a more accurate picture of how active older individuals truly are.

Improved understanding of older adults' activity patterns and energy expenditure can inform more individualized physical activity recommendations, support better health outcomes, and contribute to a more positive and realistic narrative about ageing. It may not be that older adults are as sedentary as previously believed, rather, we may simply have been measuring their activity through the wrong lens!

[Read more](#)

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Investigating the interplay between frailty and healthcare utilization in older adults

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Photo: Lorenz Weber.

This thesis investigates the relationship between frailty and healthcare utilization in older adults. The main aims were to better understand if there has been an expansion of time spent frail over time, and to investigate whether healthcare utilization and the occurrence of acute clinical events differ by frailty status and trajectories.

The results showed that, over time, older adults have been living longer with frailty. Furthermore, the findings suggest a correlation between higher levels of frailty after the age of 60 and the occurrence of more acute clinical events, including myocardial infarctions, lower respiratory tract infections, and injurious falls.

The study revealed that individuals afflicted with frailty or prefrailty experience an elevated risk of avoidable hospitalizations following the age of 60. Furthermore, it was observed that those who exhibited prolonged frailty or rapid progression to frailty within the final fifteen years of their life experienced lower rates of inpatient and outpatient care in their last year of life. However, this did not translate into protection against avoidable hospitalizations in their final year prior to death. A higher incidence of avoidable hospitalizations after the age of 60 and at the end of life was observed among relatively younger adults, and women, with frailty. In contrast, a lower rate of such hospitalizations was observed among individuals receiving formal social care, and at the end of life, informal care.

The identification and continuous monitoring of trends in frailty can inform the allocation of resources and the timely prevention of adverse outcomes. Furthermore, the findings of this study indicate that both the progression of frailty and the occurrence of acute clinical events should be prevented and managed appropriately in order to delay further health deterioration and death.

In view of the findings pertaining to frailty and healthcare utilization, a more thorough investigation into the optimisation of care for individuals with frailty is warranted. Furthermore, it is imperative to closely monitor women and the oldest old living with frailty. Additionally, there is a need to explore the potential for formal social and informal care to reduce excessive healthcare utilization and enhance the care of those with frailty.

[Read more](#)



Lars Bäckman awarded prestigious EFPA Aristotle Prize

The European Federation of Psychologists' Associations (EFPA) has announced Professor Lars Bäckman, Karolinska Institutet, as the recipient of the Aristotle Prize 2025.

Photo: Stefan Zimmerman.

This distinguished award recognises individuals who have made a substantial and original contributions to psychology, particularly in the field of cognitive ageing.

The Aristotle Prize, first established in 1995 by the Association of Greek Psychologists and the Hellenic Psychological Society, is awarded in conjunction with the EFPA European Congress of Psychology. It is presented to a European psychologist whose work aligns with the Congress theme—in 2025, "Transforming Psychological Science: the 2030 Agenda."

[Professor Lars Bäckman](#), who works at the [Aging Research Centre \(ARC\)](#), [Department of Neurobiology, Care Sciences and Society](#) was selected for his groundbreaking work in linking cognitive theory with applied practice, reshaping how researchers and practitioners understand and address cognitive ageing. His research has led to significant advancements in identifying risk and protective factors and developing interventions for age-related cognitive decline.

The award will be formally presented during the Closing Ceremony of the 19th European Congress of Psychology in Paphos, Cyprus, on Friday 4 July at 17:00 local time. Lars Bäckman will also deliver the prestigious Aristotle Prize Lecture during the Congress, contributing to the event's focus on the future of psychological science.

Advancing inclusive physical activity for older adults through co-creation and community engagement

The **Join4Joy project**, co-funded by the European Commission under the ERASMUS+ programme, is now approaching its final phase of implementation. The project aimed to address the needs of older adults with limited opportunities by offering a comprehensive, customized Physical Activity (PA) program grounded in principles of accessibility, agency, and behavioral sustainability.

JOIN4JOY was designed as a multidimensional intervention, prioritizing the co-creation of content with participants, systematic identification and resolution of barriers, and the promotion of a sense of ownership among older adults in addition to the physiological benefits of PA. The overarching ambition was to initiate, support, and sustain participation in PA, fostering long-term behavioral change and improving overall well-being. The program was implemented in two primary contexts:

- Community-based settings, engaging community-dwelling older adults (65+).
- Long-term care environments, including assisted living facilities and nursing homes.



Figure 1: J4J foundation principles.

In both set-ups, the intervention emphasized enjoyment and social interaction as essential drivers of motivation, while promoting increased physical activity and a reduction in sedentary behaviors in daily routines.

JOIN4JOY's framework was underpinned by nine foundational principles (see figure 1), which collectively

guide the design and implementation of interventions targeting hard-to-reach older populations. These principles emphasize inclusivity, empowerment, and sustainability, aiming to enhance engagement and facilitate meaningful lifestyle changes.

The recruitment process was inherently collaborative, involving a diverse array of stakeholders, including trainers & facilitators, researchers, family members, healthcare professionals (both public and private), policy makers, NGOs, and, crucially, the older citizens themselves. This multi-stakeholder approach ensured broad support and potentially long-term sustainability. During the co-creation phase, participants were invited to articulate their personal preferences and aspirations, both individually and in a group context. These insights were then integrated into the program's design through structured discussions with trainers, ensuring that the activities proposed during the intervention were not only "evidence-based" but also aligned with participants' experiences and expectations.

In Denmark, the JOIN4JOY intervention was co-developed through the solid collaboration between the Department of Sports Science and Clinical Biomechanics, specifically the Center for Active and Healthy Ageing (CAHA) at the University of Southern Denmark (SDU), the Municipality of Odense, with significant contributions from Jenny Havn, *Head of Forebyggende Besøg & Mental Sundhed*, and her experienced team, and a number of civil society organizations, including *Rødesol Kulturforening* and *Wadajir-Sammenhold*.

The Danish site focused specifically on older adults from ethnic minority backgrounds. To address the unique needs of this population, the interventions were delivered in collaboration with SDU trainers and healthcare professionals from Odense with relevant linguistic and cultural competencies, ensuring both accessibility and cultural sensitivity. This approach successfully mitigated several common barriers to participation in physical activity programs. By fostering a culturally safe and socially supportive environment, the intervention model demonstrated high levels of acceptance and engagement among participants.

Preliminary outcomes indicate that the intervention was well-accepted, with high adherence and had a positive effect on functional ability. The Municipality of Odense in collaboration with SD/CAHA has committed to supporting a second phase of the intervention, which is currently developed for additional ethnic minority communities.

[Read more](#)

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Join4Joy PI, Laura Coll Planas, University of VIC (Spain)



Sustainable eldercare in the Nordic region: Educate, recruit and retain

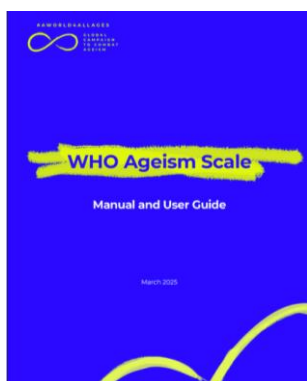
With a rising number of older adults in the Nordics, and a social and health care system already under pressure, how do we ensure a sustainable eldercare with enough staff with the right competences, also in the future?

Photo: Nordic Welfare Centre.

On April 3rd 2025, the Nordic Welfare Centre gathered experts from across the Nordic region at a seminar in Nordens hus, Copenhagen and online. Participants represented ministries, health and social authorities, trade unions, municipalities, research and senior citizens across the Nordic region. Building a sustainable eldercare is a pertinent question for the Nordic welfare states, and there is much to learn from looking across borders.

Equal access to social and health care and healthcare services needs to be secured, both across the geographical variations of both urban, rural and sparsely populated areas in the Nordic countries, as well as for older people with different ethnic backgrounds, gender and sexual identities. Collaboration across sectors and digital solutions are central components in this endeavor. The seminar focused on three interconnected themes: education, recruitment, and retention. These themes were reflected in presentations and discussions around skills development, diverse recruitment strategies, and models for self-governing teams.

[Read more](#)



The World Health Organization launches tool to measure ageism

Ageism is defined by the WHO as stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) based on age.

Ageism has severe consequences for the health and wellbeing of the individual person, and it can be a cost to society as well. Evidence suggest that half of all people are ageist towards older people. The WHO is designet to measure individual experiences with ageism as well as people's ageism towards older persons. The tool is aimed at researchers, policymakers and

government officials, civil society organisations, health and care professionals, and anyone else who has interest in addressing ageism.

[Read more](#)

Other news from the Nordic countries

- **Finland:** [The midterm evaluation for the government program](#), "Finland i rörelse 2023–2027", is published. Among other things, the program focuses on reducing the risk of falling and [improving the functional capacity for older people](#)
 - **Sweden:** [The annual progress report on health and social care for older people](#) from the National Board of Health and Welfare.
 - **Norway:** [Advice on fall prevention](#) and [e-learning course](#) from the Norwegian Directorate of Health.
 - **Denmark:** [New national clinical recommendations for people with dementia](#) with behavioural and psychological symptoms. The Danish Health Authority recommend an approach that focuses on the patient's resources rather than the dementia disease.
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Calendar 2025

- **25-27 June, Helsinki, Finland,** [7th Transforming Care Conference](#), Social and Human Rights in Care, University of Helsinki
- **24-26 September, Reykjavik, Iceland,** [EuGMS 21st New landscapes in geriatric medicine](#), European Geriatric Medicine Society
- **23 October, Nyborg, Denmark,** [Er fællesskaber en løsning for alle ældre?](#) Fonden Ensomme Gamles Værn (EGV Foundation - Social inclusion of Older Adults)
- **28 October, Oslo, Norway,** [Sammen for et aldersvennlig Norge 2025](#), Rådet for et aldersvennlig Norge og Senteret for et aldersvennlig Norge
- **16-17 September, Oslo, Norway,** [Aldring og helse dagene. Tjenester i tiden?](#) Aldring og helse. Nasjonalt senter
- **22-24 October, Norrköping, Sweden,** [Aging and Social: Fifteenth Interdisciplinary Conference: Aging, Intergenerational Solidarity and the Polycrisis](#), Linköping University
- **25-26 November 2025, Copenhagen, Denmark,** [Ageing is Living: Building Age-friendly Communities in the Nordic-Baltic Region](#), Nordic Welfare Centre, WHO Regional Office Europe and the Centre for an Age-friendly Norway

2026

- **5-9 July, Amsterdam, The Netherlands, [23rd IAGG world congress of gerontology and geriatrics](#).** Ageing well in a globalized world.

2027

- **16-18 June, University of Jyväskylä, Finland, [28th Nordic Congress of Gerontology](#)**

Would you like to announce an upcoming event in the GeroNord calendar?
Please send an email to contact@ngf-geronord.se

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2. Vice president: Jette Thuesen, Danish Gerontological Society, Denmark

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