

## FUTURAGE National Consultation

### FINLAND

#### Summary by the Academy of Finland

For further information, please contact:

Anu Nuutinen, Science Adviser

Mikael Fogelholm, Director

firstname.lastname@aka.fi

#### List of respondents

Anttonen	Anneli
Erkinjuntti	Timo
Hervonen	Antti
Ilmarinen	Juhani
Jylhä	Marja
Jyrkämä	Jyrki
Kivelä	Sirkka-Liisa
Kröger	Teppo
Martikainen	Pekka
Pitkälä	Kaisu
Rahkonen	Ossi
Rantanen	Taina
Rissanen	Sari
Roos	J.P.
Saarenheimo	Marja
Sarvimäki	Anneli
Sipilä	Sarianna
Strandberg	Timo
Vaarama	Marja
Vaskilampi	Tuula
Viitanen	Matti
Voutilainen	Päivi

## How was the consultation carried out in Finland?

Email questionnaire including one reminder.

Number of experts responding: 22 out of 39 (response rate 56%)

The research priorities presented here are not in any priority order as the respondents were not asked to rank the priorities they identified. The final report will describe the priorities more in detail and also describe the variation in priority setting more broadly.

## Consultation questions

### Consultation question 1:

Within each of the following key themes what are the three main research priorities for the next 10 years?

#### A. Biogerontology

- Genetic and epigenetic studies; linkage as well as candidate gene studies, including large sample sizes, are needed.
  - o The study of gene-environment interactions in the context of population ageing is a real possibility to incorporate biological and social science insight in a synergistic way.
  - o Genetic determinants of Alzheimer's disease
  - o Genetic determinants of healthy ageing
  - o Genetics and epigenetics of complex traits, longevity, integrative physiology
- Biology of Healthy Aging; understanding biological mechanisms and pathways leading to healthy aging.

#### B. Social & Economic Resources

- Elderly care (informal, formal)
- Services (resources, organisation)
- Ageism
- Social consequences of ageing populations:  
The changes of Baby Boomers' lifestyles when they exit work. In Finland baby boomers consist of a large number of people who were born within few years in about 1945-50. The ageing of the population is often seen as change in its age structure only. However, also many social characteristics of the 65+ population are changing rapidly; e.g. education, wealth, family, living arrangements and health. These changes may sometimes have unexpected consequences that are partly and poorly known.

#### C. Environments of Ageing

- Urban planning and housing:  
How are our cities, villages, transportation etc accommodating the increasing number of slower and disabled people? Innovative housing solutions: there is a need for relevant alternatives to traditional institutions and service houses. How to develop home and home based care, when home becomes a hospital (when very heavy care is given at home)?
- Technology in daily life:  
Different applications of technology in everyday life need to be critically studied in regard to their effectiveness, usability and costs, and to develop user-friendly solutions.

## D. Healthy Ageing

- Health behavior and health promotion in old age:  
Especially alcohol, physical activity and obesity – potentially increasing risks for healthy ageing. The concept of health in old age, what is experienced as promoting health, when is health good enough? Different and creative methods for promoting health in old age should be explored.
- Functioning:  
How people could have a proper functional ability?
- Alzheimer's disease (pathogenesis and treatment), dementia (ageing well with dementia), mild cognitive impairment, prevention of cognitive decline
- Social patterning of health among ageing population:  
Wide socio-economic differences in health among working age population, how these differences could be narrowed when people age?

### Consultation question 2:

Are there any major research priorities outside of these themes? If so, what are they?

- Life course approach
- Ageing as a social and cultural phenomenon
- Work and working life

### Consultation question 3:

Which priorities, in your view, require European collaboration?

All. European collaboration is useful for both (1) comparative research that enables to assess the experience of various countries and settings of the causes and consequences of ageing populations, and (2) the exchange of substantive and methodological insight and data that does not exist in any one place. In biological research collaboration and work distribution make great sense.

More priorities to be added.

### Consultation question 4:

What infrastructures are necessary to deliver these priorities at a European level?

- Research networks
- Funding:
  - o to promote professional careers in research, especially post doctoral training
  - o to promote international mobility among post doctoral as well as senior scientists
  - o programs for infrastructure consortiums
- A European Institute for Ageing Research would help to co-ordinate the research, and to collate multi-disciplinary knowledge for large-scale studies. It also could host a European databank on data and measures of aging research, as well as collect and host longitudinal databases. Sharing already existing data and measures should be easier than it is today, therefore access to common datasets should be improved.