

FUTURAGE

**National Consultations Latvia Project Partner:
Latvian Council of Science
(Latvijas Zinātnes padome)**

Total number of checklists distributed: 22

Returned: 19

Answers: 18 (one organisation claimed they have no scientific competence in aging issues)

Prof. I. Ozolanta

FUTURAGE national coordinator

Participants of Latvian consultations:

1. Latvian Ministry of Health, represented by Health Economics centre (HEC). The main 5 departments were asked (**not to disclose publicly!**):
 - I. Health Economics Department
 - II. Data Analysis Department
 - III. Public Health Department
 - IV. Health Statistics Department
 - V. Economic Analysis Department
6. Latvian Ministry of Education and Science
7. Latvian Ministry of Welfare
8. Latvian Ministry of Economics
9. Latvian Ministry of Environment
10. Latvian Ministry of Regional Development and Municipalities
11. State Agency of Social Integration (fused with HEC)
12. State Social Security Agency
13. State Clinical Gerontology Centre
14. Latvian Academy of Sciences
15. University of Latvia
16. Latvian Institute of Organic Synthesis
17. Latvian Biomedicine study and research centre
18. Institute of Philosophy and Sociology, Agency of University of Latvia
19. Latvian University of Agriculture
20. Stradina Clinical University Hospital
21. Riga Eastern Clinical University Hospital
22. Riga Stradins University, Department for Social Work

Did not answer: 6,8,9 (referred to exclusive competence of 1), 10 claimed that they do not have competence

Results of Latvian National Consultation

Consultation question 1		
Biogerontology		
		%
<input type="radio"/> Biology	6	33
<input type="radio"/> Biomedicine	10	56
<input type="radio"/> Genetics	3	17
<input type="radio"/> Cellular senescence	5	28
<input type="radio"/> Stem cells and anti-ageing	6	33
<input type="radio"/> Tobacco use and premature ageing	1	6
Social and economic resources		
<input type="radio"/> Social welfare,pension	11	61
<input type="radio"/> Social support and care systems	5	28
<input type="radio"/> Sociology	3	17
<input type="radio"/> Economics	6	33
<input type="radio"/> Care science	5	28
<input type="radio"/> Philosophy	0	0
<input type="radio"/> Ethics and inequality	10	56
Environments of ageing		
<input type="radio"/> Home environment	5	28
<input type="radio"/> Infrastructure and assisting devices, AAL, e-health, telemedicine	6	33
<input type="radio"/> Transportation	1	6
<input type="radio"/> Social environments and inclusion	5	28
<input type="radio"/> Psychology and „active environment”	3	17
<input type="radio"/> Occupational gerontology and work environments for elderly	8	44
<input type="radio"/> Social geography and topography	5	28
<input type="radio"/> Architecture, urban planning, accessibility	4	22
<input type="radio"/> Health policy	3	17
<input type="radio"/> Social policy	5	28
<input type="radio"/> Technology and engineering	0	0

○ Industrial design	0 (probably not understood by interviewees)	0
Healthy ageing and well-being		
○ Health sciences	6	33
○ Geriatric medicine	13	72
○ Geriatric psychology	5	28
○ Brain ageing, mental health, demence	10	56
○ Medicalisation at old age	11	61
Consultation question 2		
Premature ageing and its diagnosis	4	
Ageing biomarkers	1	
Better tuning of EU open coordination instruments related to ageing research	1	
Jobs for ageing population and chances of elderly on job market	2	
Autonomous functioning	1	
Consultation question 3		
All priorities	8	
Biogerontology – dissemination of results from EU-funded research	3	
Good practice dissemination	1	
Healthcare policy	1	
Consultation question 4		
Experts with special qualifications	5	
Survey technologies, e.g. standardized checklists	1	
Patient groups for medical gerontology	1	
Dedicated financing	4	
Multipurpose infrastructure	1	
Cross-sectional research resources	1	
E-technologies for ageing research	3	
Large cross-border groups	1	