

Aging in Switzerland: Progress and Inequalities

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Paper distributed at the 10th European
Sociological Association Conference

RN 1 Ageing in Europe, session 5A "Diversity,
Inequality, and Equity in Ageing Societies"

Geneva, September 9, 2011

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Abstract

In this paper, we present the rationale and the design of " Vivre / Leben / Vivere " (VLV), a large interdisciplinary survey addressing the life and health conditions of individuals aged 65 and above living in Switzerland. This ongoing survey can be seen as the second replication of a study conducted in 1979 in the canton of Geneva and in the Central Valais, two French-speaking areas, which was renewed in 1994/5. In 2011, VLV extends the original design to the German and Italian-speaking areas of Switzerland. As a whole, the survey targets a representative sample of 4'200 individuals, stratified by age and sex. Quantitative data are collected by means of one questionnaire and one interview addressing multiple spheres of the individuals' life, including social relations, participation and values, as well as physical and psychological health, all considered as interacting resources available to manage and deal with life constraints and maintain well-being. A life history calendar is also used to grasp major past life events and provide hints about how resources have been constructed across life course trajectories. The objectives of VLV are twofold: first it aims at providing an updated view of life and health conditions of the population aged 65 and above in Switzerland, with a major concern in addressing diversity and inequalities. Second, VLV aims at comparing these actual conditions to those reported in 1979 and 1994/5, hence proving means to address the sustainability of the positive trends reported previously. In the face of the fast changing times and growing demography of the aged population, VLV is a rare opportunity in Europe to acquire exhaustive and cardinal knowledge on the heterogeneity of the life conditions of the aged and their changes over the past 30 years.

Introduction

During the last century, the global population has aged at an accelerated rate. Long-term trends toward lower fertility and improved longevity have generated a growing number of older individuals throughout most of the world. Switzerland, as other Western countries, has witnessed an increase in life expectancy at birth by over 30 years, a threefold increase in the proportion of people aged 65 and older, and an eightfold increase in the percentage of persons aged 80 years and older (Oris & Lerch, 2009). In the upcoming years, these trends are expected to accelerate with the “baby boom” generation reaching the age of retirement.

These drastic demographic changes have been accompanied by tremendous technological advances, significant improvements in medical care, health and sanitary conditions, and education. Along, economy, job markets, family structures and lifestyles evolved at a very fast pace. Together, these demographic and socio-cultural transformations have continuously placed – and will continue to place – new challenges on aging individuals who need to adapt in front of fast evolving contexts (P. B. Baltes & Baltes, 1990). In addition, the changes observed in the last decades have carried along important issues about the opportunities of the aging process, that is, the possibilities for political participation, productivity, and social integration of aging adults. In these circumstances, it becomes obvious that for societies needing to cope with an increasingly old population, an updated description of the life conditions of aging individuals becomes necessary, not only to understand its evolution in the past, but also to estimate its trends for the future. Those are indeed crucial issues for societies interested in maintaining the health, autonomy, and well-being of aging adults.

Progresses and heterogeneity of life conditions in the aged population

From the 1930s until at least the 1970s, the growing proportion of old people has been perceived as a social threat, and aging was envisioned very negatively as a one-way road toward frailty, senility and loss of autonomy (Bourdelaïs, 1997). In more recent years, from

the accumulation of research in geriatrics, psychology and social sciences (e.g., Binstock et al., 2001; Birren & Schaie, 2006), these perceptions slowly vanished and a subtler picture emerged, mainly carried within the “successful aging” paradigm (P. B. Baltes & Baltes, 1990; P. B. Baltes & Smith, 2003; Rowe & Kahn, 1987, 1998). More precisely, parallel to the increase of the life expectancy at birth, the last decade witnessed an growing gap between the “young-old” and the “old-old” (Neugarten, 1974) or “oldest-old” (Suzman, Willis, & Manton, 1992), with the negative aspects of aging being postponed from the so-called “third” to the “fourth age”. Indeed, while the life conditions and well-being of “young-old” have undoubtedly improved, the “old-old” tend to demonstrate higher prevalence rates of diseases and comorbidities (e.g., Robine & Michel, 2004), declines in functional physical health (e.g., Lalive d'Epinay & Spini, 2008), cognitive (e.g., P. B. Baltes & Mayer, 1999; Schaie, 1996) and psychological (e.g., Freund & Smith, 1999) functions, often accompanied by a pruning of social networks (e.g., Lang & Carstensen, 1994) and a reduction in social participation (e.g., Bukov, Maas, & Lampert, 2002). In addition to the systematic observations of increasing discrepancies between the “young-old” and the “oldest-old” is the compression morbidity (Robine & Michel, 2004) and the massive growth of frailty concomitant to very old age (Lalive d'Epinay & Spini, 2008; Spini & Widmer, 2009). In this conditions, needless to say that aging studies have to place at their agenda a better understanding of the factors that may account for the improvement of life conditions in the aging population, but also, a resulting redefinition of the “last chapters of life” (Marshall, 1980). Still, above and beyond the well documented distinction between “young-old” and “oldest-old”, it is important to point out that the relevance of an effective and sharp distinction between the “third” and “fourth age” is highly debated, especially in the face of the diversity of life conditions and individual experiences (Lalive d'Epinay & Spini, 2008).

Hence, advancing age is not the only factor accounting for differences in life conditions, functional health and well-being among aging older adults. Indeed data show that some categories of aging individuals appear more fragile

and vulnerable than others, among them women (Annandale & Hunt, 2000; Arber & Cooper, 1999), immigrants (Bolzman, Poncioni-Derigo, Vial, & Fibbi, 2004), and individuals belonging to lower socio-economical classes (Schöllgen, Huxhold, & Tesch-Römer, 2010). It is worth noting that among these vulnerable populations, the case of aging immigrants calls upon specific interest because of the newness of the phenomenon and the variety of migratory trajectories. Indeed, mobility across countries has drastically increased over the last decades yielding different waves and conditions of migrations. At present, too few is known about the conditions in which individuals grow older abroad, outside of their country of origin.

So far, both the increasing gap between the “young old” and the “old-old”, as well as the heterogeneity in aging conditions have been mainly attributed to socio-structural factors – e.g. better medical and educational systems, better labor conditions, enhanced socio-professional structures or technological advances – which are meant as efficient resources that individuals can make use of to compensate for losses inherent to the aging process (P. B. Baltes & Smith, 2003). However, questions remain open regarding the differential access opportunities and differential use (practice) of these resources, as well as the impact of life trajectories in the constitutions of available resources. Finally, it is currently unclear whether the average positive trends reported so far will continue or not. Indeed, recent report challenge the sustainability of the increase of life expectancy at birth and continuous progress in life conditions of the aging population (e.g., Olshansky et al., 2005).

The value of adopting a developmental perspective

From both the developmental life course (Elder, 1995, 1998) and lifespan perspectives (P. B. Baltes, Reese, & Lipsitt, 1980; P. B. Baltes & Smith, 2004), the diversity of individual situations and the heterogeneity in life and health conditions find an account in past life trajectories and past experiences. At the sociological level, differential aging has been assumed to be associated with the social structures through lifelong processes of

accumulation of (dis)advantages that reach their apex in old age (Dannefer, 2003), and with an increase in the variety of life trajectories (Cavalli, 2007). Similarly, at the psychological level, individual capacities build-up through a lifelong process of a dynamic interplay between social and biological factors (Ludwig & Chicherio, 2009; Staudinger, Marsiske, & Baltes, 1993) which is assumed to account for the age-related increase in interindividual variability (Li, 2002).

Finally, it may be important to pinpoint that while the life course and the lifespan perspectives are still debating major issues (Mayer, 2003; Oris, Ludwig, de Ribaupierre, Joye, & Spini, 2009; Settersten, 2009), both agree on the general claim that development consist in continuously achieving the most efficient balance between gains and losses in a variety of interplaying “resources” – be they structural, social, physical, psychological, etc.

Current challenges in the research on aging

The numerous demographic socio-cultural transformations that are reported in the last decades yield a “democratization of aging”, that is an increased access to longevity for human beings. Still, heterogeneity in aging conditions has also increased, and there are populations that remain at higher risks of frailty, poverty, social isolation, physical and psychological burden, hence threatening these individuals’ autonomy, well-being, and social opportunities. In addition to a possible sustained trend in the increasing proportion of very old population, the fact that cohorts with newly defined characteristics reach old age calls upon the necessity to redefine the last chapters of life (Marshall, 1980). It also calls upon the need to consider historical matters, insisting on the examination of cohort differences in terms of life experiences (Settersten & Martin, 2002). In front of these evolutions, challenges are important both for individuals and the society as a whole.

In the face of the challenges, studies on aging need first to question the future trends of the transformations reported so far. Indeed, it remains under debate whether the trends reported so far will continue or not. A comparison with the data collected in previous surveys and an account taken on different cohort characteristics, will be of great interest in pursuing this

aim. Second, studies need to address the question of the heterogeneity of aging, by identifying the conditions and factors contributing to these variations. An interdisciplinary approach, calling upon the concept of interplaying resources should provide a mean to grasp the variability reported in aging conditions. Finally, it appears of cardinal concern to have hints on how current resources are constituted, and how they are actually used. To address these issues, a developmental perspective has to be adopted, that is to consider the current life conditions as the result of lifelong dynamics of processes in work during the past life trajectories.

“Vivre / Leben / Vivere”

“ Vivre / Leben / Vivere ” (VLV) is a large interdisciplinary survey launched in 2011 which goal is addressing the actual life and health conditions of individuals aged 65 and above living in Switzerland. VLV places itself in the continuity of a long tradition of studies anchored at the Center of Interdisciplinary Gerontology at the University of Geneva, Switzerland (see Figure 1).

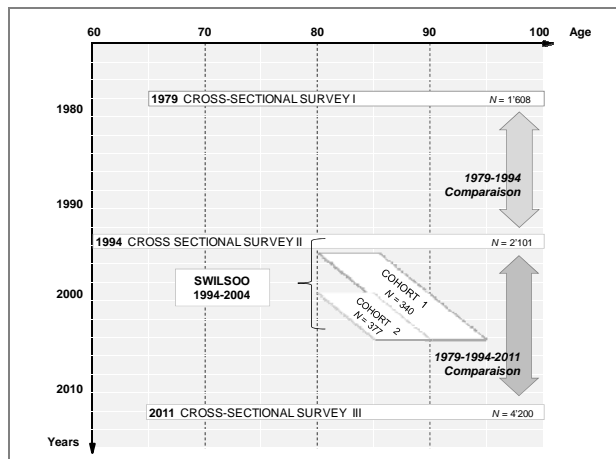


Figure 1. Timetable of the surveys conducted by the CIG

More specifically, VLV constitutes the second replication of a broad transversal survey on the aging population conducted in Switzerland initially carried out in 1979 (Lalive d'Epina et al., 1983) with the aim of describing and understanding aging as a psychosomatic and socio-cultural process. Thirty years ago, the main finding of the survey challenged the idea of an average aging process by showing that aging was

best described by the diversity and multiplicity of life conditions and situations. Old age was not one, but many.

The initial 1979 survey was replicated fifteen years later, in 1994/5 (Bétemps, Bickel, Brunner, & Hummel, 1997; Lalive d'Epina, Bickel, Maystre, & Vollenwyder, 2000). Both studies had similar designs and followed the same methodological and practical rules; they were based on random samples, stratified by gender, five-year age groups and regions, also reproduced in VLV. The surveys were run in two regions of the western French-speaking part of Switzerland, Canton Geneva and the central area of Canton Valais, in order to make possible comparisons of metropolitan and semi-rural areas.

A comparative analysis of the data collected in 1979 and 1994/5 revealed a profound but quiet transformation of the life conditions of aging individuals. At equal age, older individuals demonstrated better health and better life conditions in 1994/5 than in 1979. Expressed well-being drastically increased, as did the density of the family and relational life. Aging individuals in 1994/5 were more active and willing to benefit from the modern world than their peers in 1979.

Rooted in the findings of the 1979 and 1994/5 surveys, a research program was subsequently launched to address in a finer manner the diversity in aging, and most particularly in very old age. The Swiss Interdisciplinary Longitudinal Study on the Oldest Old (SWILSOO, Guillet, Métral, & Spini, 2003) followed two successive birth cohorts of octogenarians, one formed between 1910 and 1914 and monitored over a period of 10 years (1994-2004), and the other formed between 1915 and 1920 and monitored over a period of five years (1999-2004). The core assumption – and goal – of SWILSOO was to demonstrate that while very old individuals greatly vary in their life and health conditions, they nonetheless share the prospect of a gradual fall of these conditions in the forthcoming years. Hence, the very old population seems best qualified by a latent state of frailty, than by diseases and/or dependency. Results revealed that frailty is the dominant health status in very old populations; it affects individuals to various degrees in a continuum between autonomy and dependence (Lalive

d'Epainay & Spini, 2008). Together, the findings from the surveys conducted at the Centre of interdisciplinary gerontology support the general report of an enhancement of the life conditions of the aged in the last decades, along with an increasing heterogeneity among individuals. Again, the rationale underlying VLV is to address the sustainability of the trends observed so far, relying on the comparison with the data collected 1979 and in 1994/5. Also, VLV aims at investigating the heterogeneity in life conditions, their evolution over the years, in order to identify sources of differential well-being and vulnerability.

The conceptual approach used in VLV

The conceptual approach used in VLV relies on an overarching model revolving around the notion of “resources” (see Figure 2). As it is adopted by many disciplines - including geriatrics, psychiatric geriatrics, psychology, sociology, socioeconomics, social policy research and demography - this notion provides a common interdisciplinary ground and a common conceptual object of study.

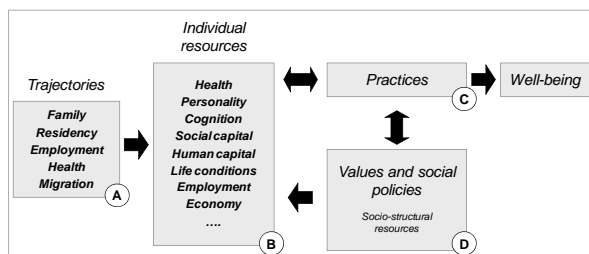


Figure 2. Schematic representation of the conceptual approach used in VLV

From propositions made by the life course and the lifespan perspectives, it is assumed that the pool of resources available to each individual at any time of its development is rooted in the prior dynamic interplay between individual and socio-structural factors. In adopting this assumption, the approach in VLV integrates past life trajectories and targets five major life dimensions that are: family, occupancy, residency, health, and if relevant, migration (see Figure 2, box A). Both states (e.g. periods of depression, professional inactivity, etc.) and events (e.g. loss of a partner, residential change, etc.) are meant to constitute a lifelong process of accumulation of (dis)advantage (Dannefer, 2003) which accounts for individual differences

in available resources at the time of the survey. Conceptually, such developmental dynamics can be related to a process of constitution of a “reserve” (Richards & Deary, 2005; Stern, 2007) or a “capital” (Bourdieu, 1980, 1985) which can be called upon to manage constant developmental adaptation, including dealing with critical life events and conditions.

In the model used in VLV, resources – as trajectories – are multidimensional, as represented in box B. They include physical health (e.g. presence of physical diseases, affections, comorbidities, etc.), psychological health (e.g. presence of mental health diseases, cognitive abilities, personality, coping strategies, etc.), social and human relations (e.g. family network, relations to kin, friends, etc.), life conditions (e.g. type of housing, household, etc.), occupation (e.g. labor, activity, retirement, etc.) and economy (e.g. income, assets, financial wealth, etc.). It also worthy to note that, above and beyond the notion of resources itself is the assumption that all resources interact and constitute a dynamic system that define individual situations or states at any given moment of life (Lalivie d'Epainay, et al., 1983). Fundamentally, the system of resources defines individual states of autonomy, frailty, or dependency (Spini, Ghisletta, Guilley, & Lalivie d'Epainay, 2007).

Further, the proposed model assumes that not only the pool of resources available accounts for differential development, but also, the ability of each individual to use these resources, which is referred to as “practice” and represented in box C. Practice is envisioned as the ability one has to be, to do, and to act (Sen, 1999). In this view, autonomy can be seen as a practice requiring the capacity to judge (discernment), to decide (will), and to act (physical independency) upon society and upon one’s life (Lalivie d'Epainay, et al., 2000).

Both resources and practices are, in Western societies, intimately tied to social policies and values (Kohli, 2007). Indeed social policy arrangements structure individual resources and relevant actions. They do it both through mechanisms of allocation of legal, material, and socio-cultural resources, and through cultural principles and meanings conveyed by the institutionalized rules.

Finally, life trajectories, individual resources, social policies and values, and practices are assumed to create a developmental dynamics determining individual differences in “well-being”, not only conceived as personal efficacy and growth (e.g. M. M. Baltes & Lang, 1997), but broadly viewed as the ability of the individuals “to lead the kind of lives they value – and have reason to value” (Sen, 1999, p. 18).

Objectives

Based on the above described conceptual model, VLV has two major aims. The first is to study the composition of the elderly population, stratified by age and sex, according to the availability and diversity of the resources they own. Using the survey method, VLV intends to assess physical and psychological health, social relations and participation, economical wealth, as well as individual values and opinions of a representative sample of individuals aged 65 and above in Switzerland. Additionally, VLV aims at relating the pool of available resources to past trajectories by means of life history calendars which allow to report past critical life events and transitions, and therefore provides a means to estimate past accumulation of (dis)advantages. Doing so, VLV intends to study the heterogeneity of life conditions in aging, to identify conditions associated with a) more vulnerable and latent state of frailty and b) conditions and resources that might prevent negative outcomes in terms of subjective health and well-being.

The second objective is to compare the data collected in the 2011 survey with the data collected in the previous surveys run in 1979 and in 1994/5. This comparison will allow addressing the issue of the changes in the life conditions of the aged population across the last decades, both in terms of progress and heterogeneity (or inequalities). Further, the 30-years depth comparison makes possible to address the effect of socio-historical contexts on the aging processes and opportunities. Finally, the comparison with previous surveys should provide the means to clarify the trends that could be expected in the upcoming decades regarding the life and conditions of the aging population.

Material and method

Surveyed samples

The survey is conducted in five Swiss cantons: Geneva (GE), Valais (VS, restricted in it the Central Valais area), Bern (BE, restricted to the Mittelland, Oberland, and Seeland areas), Basel (including Basel-Stadt, BS and Basel-Land, BL) and Ticino (TI), as reported in Figure 3. These regions were selected on the basis of a) reproducibility of the 1979 and 1994/5 surveys, b) representativeness of the linguistic and urban/rural areas and c) their potential to capture the effects of different social policy systems regarding the elderly in the complex Swiss federal State.



Figure 3. Map of Switzerland with the cantons surveyed highlighted

The target sample consist of 4'200 respondents, divided into a main sample of 3'600 individuals, a sample of 100 partners (the so-called “linked lives”) and a over-sample of some 500 immigrants who came from Italy, Spain, Portugal and Ex-Yugoslavia. The main sample was randomly selected in the cantonal population records, and stratified by age (65-69; 70-74; 75-79; 80-84; 85-89; 90 and above) and sex, for a total of 720 respondents in each canton, either community dwelling or living in nursing homes. The sample of 500 immigrants was also randomly selected in the cantonal records with the additional criterion of nationality, and with a restricted age range going from 65 to 79; Spanish and Portuguese communities are surveyed in canton Geneva, while the communities from Italy and Ex-Yugoslavia are surveyed in Basel. Like the other migrants, older migrants are indeed concentrated in urban areas like those of Geneva and

Basel. These two areas have a different history of immigration and consequently different national communities. It is worth noting that part of this sub-sample will allow comparison with previous surveys carried in Geneva and Basel in 1994 among older Italians and Spaniards (Bolzman, Fibbi, & Vial, 1999) and in 2002 among older Italians, Spaniards and former Yugoslavians (Bolzman, Poncioni-Derigo, & Vial, 2004). Finally, the sample of 100 partners is recruited on the basis of voluntary participation, only in canton Geneva.

Material

The data are collected using a self-assessed life history calendar, a self-assessed questionnaire, and a questionnaire administered during an interview by a trained interviewer by means of the Computer Assisted Personal Interview (CAPI) method.

The life history calendar (Belli, 1998; Freedman, Thornton, Camburn, Young-DeMarco, & Alwin, 1988; Glasner & van der Vaart, 2009), is a retrospective method acknowledged to allow gathering reasonably valid information on past trajectories and events. The tool consists in a year-based report (from birth to the time of the survey) of important transitions and events in five dimensions of the individual's life: family, residency, health, activities and, if relevant, migration. The calendar is presented on a large sheet of paper, with age and years in lines, and life dimensions in contiguous columns. Each person in our sample receives an individualized calendar starting at his/her year of birth. Age and years provide cues for replacing events in time, while the contiguity of dimensions serves as cues for recalling contingencies and associations in multiple spheres of life. The calendar is completed during the interview with the respondent being asked to report periods of happiness and vulnerability.

The questionnaires assess a large array of resources available to the individuals. Questions target physical, cognitive and psychological health, social relations and participation, family configurations, activities and employment, material and financial conditions as well as opinions and values. It has been constructed to respond to the conceptual framework adopted for the project (Figure 2) following the aim to

consider various resources and spheres of life as interacting forces (see Figure 4).

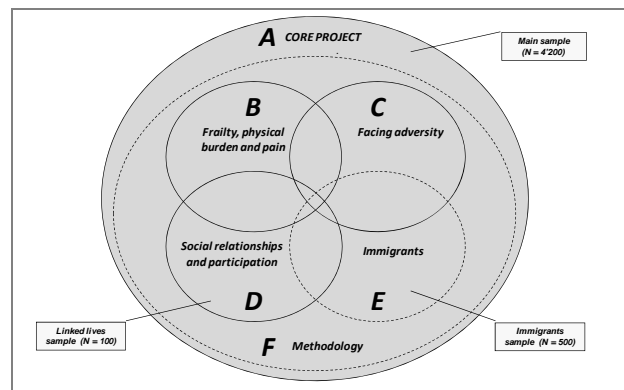


Figure 4. Structural organization of VLV

About one third of the content of the questionnaire entails questions already used in the 1979 and 1994/5 surveys (Tholomier, 2011), in order to allow comparison. The additional content has been constituted to address additional dimensions and/or to assess existing ones in a finer manner (e.g. bereavement and widowhood, immigration, pain ...). It is worthy to point out that a substantial part of the questionnaire entails existing scales and measures gathered from various disciplines. Hence, functional health is assessed using the Activity of Daily Living and Instrumental Activities of Daily Living scales (ADL and IADL, Katz, Downs, Cash, & Grotz, 1970; Lawton & Brody, 1969) and the health-related Quality of Life scale (EuroQol / EQ-5D, EuroQoL Group, 1990). Physical health is assessed with the Brief Pain Inventory (BPI, Cleeland, 1989) which provides a subjective measure of pain, and with the Geriatric Index of Comorbidity (GIC, Rozzini et al., 2002) which assesses concomitant medical affections. Psychological health and resources are estimated using the Self-Assessing Depression Scale (SADS, Wang, Treul, & Alverno, 1975) which measures depressive symptoms, the Big-Five Inventory-10 Items (BFI-10, Rammstedt & John, 2007) which assesses personality types and the Satisfaction With Life Scale (SWLS, Diener, Emmons, Larsen, & Griffin, 1985) which provides a subjective and global estimation of satisfaction with life. Measures of cognitive resources have also been introduced and consist in the Mini Mental Status Evaluation (MMSE, Folstein, Folstein, & McHugh, 1975), a short-version of the Mill Hill vocabulary scale

(Deltour, 1993) and the Trail-Making Test, a measure of executive functions (TMT-A and TMT-B, Reitan, 1958). Finally, social relations are estimated by means of the Family Network Method (FNM, Widmer, Chevalier, & Dumas, 2005) which allows a fine assessment of the social and family relations.

It is worthy to highlight that the elaboration of a multidimensional assessment tool constitute a important challenge in itself (Tholomier, 2011). Indeed, the operationalization of interdisciplinarity implies not only to establish common grounds and languages, and to define shared concepts and model, but also to compose with different disciplinary traditions and requirements in terms of measurement tools, scales and methodologies. The questionnaires used in VLV, while addressing a variety of resources, is also the result of deals, bargains and compromises inherent to interdisciplinarity.

General procedure

The survey is anchored in Geneva, but local survey centers are established in each canton and run by bilingual on-site field coordinators. Field work and interviews are conducted by local interviewers who received an extensive training prior to the start of the survey. Respondents are assigned to interviewers by the local field coordinators and interviewers are in charge of contacting and interviewing them.

Respondents are first individually sent a regular mail, which includes a flyer and a short letter presenting the survey and announcing an upcoming phone call by the interviewer. Letters are sent locally by the interviewer in charge of the subsequent interview. The contact mail is followed by a phone contact. Upon acceptance for participation, a paper questionnaire and an individually adapted paper life history calendar are sent. Finally, the interview is conducted by an interviewer, usually at the home of the respondent.

It is worth to highlight that a special care was taken to increase the response rates and the amount of data collected for two types of populations: individuals from foreign communities included in the immigrant sample, and individuals with major cognitive disabilities preventing them to suitably respond to the survey. As concerns immigrants, the original French questionnaires were translated in

Spanish, Portuguese, Serbo-Croatian and Albanian, in addition to Italian and German (i.e. the translations done for the field in the main Swiss linguistic areas). More, bilingual interviewers were recruited in order to offer the opportunity to immigrants to participate and respond to the survey in their mother tongue.

For individuals identified as cognitively not able to be interviewed (e.g. demonstrating important memory deficits, or known to suffer from mild or severe dementia), a proxy procedure was used (Kapp, 1995). It consists in collecting information by means of a short interview of a so-called "proxy" (i.e. a parent, partner, care giver, etc.). Surveying "proxys" allows gathering information about particularly vulnerable populations, often under-studied in gerontological research precisely because individuals with cognitive deficits cannot, themselves, properly respond. All the procedures adopted in VLV aim at increasing both the response rates and the representativeness of the interviewed sample.

Conclusion

The VLV survey intends to provide an updated picture of the life conditions of individuals aged 65 and above in Switzerland. The general approach which is adopted revolves around the interdisciplinary concept of resources, which is integrated into a developmental perspective. The design considers how resources are built through individual lives embedded in family trajectories and socioeconomic, cultural, and political contexts. The survey intends to estimate how health, family, residency, occupational and, if relevant, emigrational lifelong trajectories have constructed the pool of resources available to aged individuals. VLV also aims at assessing the current state of these resources, their diversity, and the way they are managed by individuals to best maintain an active life, high levels of well-being, and autonomy. Further, VLV proposes to address the way individual and socio-structural resources interact. In this aims, the comparison of five political regions (Geneva, Valais, Bern, Basel and Ticino) is indeed of particular interest. In the same vein, the comparison with the data collected in the 1979 and 1994/5 surveys, in Geneva and Valais, constitute a great – and even

unique in Europe – opportunity to assess the effect of the socio-historical context and the evolution of the aged population over the past 30 years. Finally, the resource-based approach and the design used in VLV constitute powerful tools to identify the most relevant predictors of well-being, in the past and the present, as well as the levers on which individual actions and social policies could push to anticipate losses and/or promote successful aging processes. In that, VLV will undoubtedly provide valuable responses to the actual challenges placed on the research of aging.

Acknowledgments

The survey presented in this paper is funded by the Swiss National Science Foundation National Centre of Competence in Research (NCCR) “LIVES – Overcoming vulnerability”, and Sinergia Grant N°CRSII1_129922.

It has also received financial support from Pro Senectute Schweiz, and logistic support from the following cantonal authorities and institutions:

- Département de la solidarité et de l'emploi du Canton de Genève
- Département des affaires régionales, de l'économie et de la santé du Canton de Genève
- Département de la sécurité, des affaires sociales et de l'intégration de l'Etat du Valais
- Département des finances, des institutions et de la santé de l'Etat du Valais
- Dipartimento della sanità e della socialità del Canton Ticino

The study has been approved by the following ethical committees:

- La Commission centrale d'éthique de la recherche du Canton de Genève
- La commission d'éthique facultaire de la Faculté de psychologie et des sciences de l'éducation de l'Université de Genève
- La Commission cantonale valaisanne d'éthique médicale
- Die Ethikkommission der philisophisch- und humanwissenschaftlichen Fakultät der Universität Bern
- Comitato etico cantonale del Canton Ticino
- Ethikkommission beider Basel (EKBB)

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