

ACTIVE AND HEALTHY AGEING LOGISTICS: SABUGAL'S CASE

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Abstract

Active and healthy ageing logistics aims to improve the quality of life of ageing population through a platform that will promote efficient health and social care to the customer. Indeed, this platform will anticipate customer wants and optimize the service producing a network to fulfil customer needs. Active and healthy ageing will focus on the living process undergone by a citizen during his lifetime. This can be influenced by various factors such as the living environment, as well as the genetic and psychological factors that contribute to the health status of the elderly. The research is descriptive, explanatory and unique. It is based on literature review of the normative and legal framework applied to entities addressing prevention, healthcare and social support. It will also try to emphasize the societal changes as the outcome of new legislation compared to previous regulations. An exhaustive factual analysis of the content of the disclosure provided in the Annual Reports published by entities from the Council of Sabugal will be presented. The empirical analysis is supported on the 25 entities classified as SME, which are the object of this research from the Council of Sabugal. These entities address the social response offer to the society and the activities especially indicated to active and elderly people that suffer from common pathologies in ageing and rehabilitation paths.

Keywords: Logistics, Elderly, Active and healthy ageing Sabugal, Portugal

JEL Classification: L21 Business Objectives of the Firm

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Abstract

Logistica invecchiamento attivo e in buona salute mira a migliorare la qualità della vita di invecchiamento della popolazione attraverso que piattaforma promuoverà sanitario efficiente e assistenza sociale al cliente. In effetti, questo plataform anticiperà cliente vuole e ottimizzare il servizio che produce la rete per soddisfare le esigenze dei clienti. L'invecchiamento attivo e in buona salute si concentrerà sul processo vivente subito dal cittadino Durante la sua vita. Questo può essere influenzato da vari fattori come l'ambiente di vita, nonché i fattori genetici e psicologici que contribuire alla stato di salute degli anziani. La ricerca è descrittiva, esplicativa e unico. Si fonda sull'analisi del quadro normativo e legale applicata a soggetti in materia di prevenzione, assistenza sanitaria e sostegno sociale. Si cercherà di evidenziare i cambiamenti sociali anche l'esito della nuova legislazione, rispetto alle norme precedenti. Un'analisi esaustiva del contenuto fattuale dell'informativa fornita nelle relazioni annuali pubblicate da entità da parte del Consiglio di Sabugal saranno presentati. L'analisi empirica è supportato dai 25 enti classificate le PMI, che sono oggetto di questa ricerca da parte del Consiglio di Sabugal. Questa entità affrontano la risposta sociale alla società offerta e le attività particolarmente indicato per consentire anziani e persone que soffrono di patologie comuni nei percorsi di invecchiamento e di riabilitazione.

Parole chiave: Logistica, Anziani, Attivo e Sano Invecchiamento Sabugal , Portogallo

Classificazione JEL : L21 commerciali Obiettivi dello Studio

Abstract

Active and healthy ageing logistics aims to improve the quality of life of ageing population through a platform that will promote efficient health and social care to the customer. Indeed, this plataform will anticipate customer wants and optimize the service producing a network to fulfil customer needs. Active and healthy ageing will focus on the living process undergone by a citizen during his lifetime. This can be influenced by various factors such as the living environment, as well as the genetic and psychological factors that contribute to the health status of the elderly. The research is descriptive, explanatory and unique. It is based on literature review of the normative and legal framework applied to entities addressing prevention, healthcare and social support. It will also try to emphasize the societal changes as the outcome of new legislation compared to previous regulations. An exhaustive factual analysis of the content of the disclosure provided in the Annual Reports published by entities from the Council of Sabugal will be presented. The empirical analysis is supported on the 25 entities classified as SME, which are the object of this research from the Council of Sabugal. This entities address the social response offer to the society and the activities especially indicated to active and elderly people that suffer from common pathologies in ageing and rehabilitation paths.

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Introduction

The objective of this article is to contribute for the debate of the active and healthful aging, through the search of social assistance for the elderly and helps to find a platform of services that optimizes the access to the SME and that of the support to the social requirements, economic, culture and ambient of an important layer of the Portuguese population. The inquiry methodology is supported in the revision of literature of diverse complementary areas between itself: cares of health, social, recent social changes and logistic support.

The concept of logistics is already quite old, with references from the Roman Empire, that was a long time directed to the military. Today it is a fairly usual term generally associated with the transport of goods and with supply chain management. As defined by the Council of Supply Chain Management Professionals (CSCMP, 2013), logistics is responsible for planning, implementation and monitoring of the efficiency of direct and reverse flows, storage of goods, services and related information between the point of origin and the point of consumption, seeking to meet customer requirements. In fact logistics is associated with two streams, the direct and the reverse. While the flow direction is done from producer – to final consumer the reverse flow is in the opposite direction, which means from the end consumer to the producer or one of the other players in the same stream.

The concept detailed by Uelze (2004) for military logistics gives way to the new idea of the logistics in business, which is developed to survive the current needs in a global market, paying great attention to efficiency models. In the words of Ballou (1993 :24), logistics:

"comes to all handling and storage activities which facilitate the flow of products from the point of acquisition of raw materials up to the point of final consumption, as well as information flows which put in motion products, for the purpose of provide appropriate service levels to customers at a reasonable cost. "

According to Carvalho (1993), logistics encompasses the physical distribution (operating field) or similarly covers a tactical plan. Logistics is a subsystem within a more complex system of higher education, and this system is called the global management system. Moreover Tixier et al. (1983) explain that securing the subsystem (logistics) can also be considered a system on itself. Bloomberg et al. (2002) say that ILogistics is responsible for the journey of the raw material until it reaches the producer, but is also the path of the finished products to the end customer, meaning logistics covers all aspects that allow the raw material to reach the final consumer .

In the perspective of the Council of Logistics Management, Gopal & Cahill (1992) logistics is a competitive tool that plans, inserts and checks whether the route is effective and profitable when it comes to storage of raw materials, stock processing, finished products and information from the beginning of the chain to the customer.

According to Waters (2003), logistics is a single service, that consists of several tasks related to each other, which are typically addressed separately, and accumulate a charge in the final product. Thus it becomes an expensive service, where an organization can make greater revenue collection, for logistics is considered a costly task. Carvalho (2012: 24) states that

"logistics is and will be strategic to the company as well as Logistics is and will be increasingly focused on mindest achieved by human capital in companies."

Ballou (1985) e Langley et al. (2009) define several points, where logistics can fit in such as the logistics of inventory; customer logistics, service logistics.

- **Inventory Logistics and inventory management** resolve issues of materials management (finished, and semi-finished products, raw materials). This perspective also offers logistics management of physical flows and information, whether the flow is active or inactive, stationary or moving.
- **Customer Logistics** aims to meet the seven rights(the right product, the right customer, the right amount, the right conditions, the right place at the right time at the right cost). These principles come from the concept of origin, but are still present; thus demonstrating the adjacent difficulties. Sometimes the greatest service is achieved faster at a higher cost.
- **Logistics services** occurs in the provision of management, physical flows (people) and information, linked to the ability to install the system, the ability to have a service in the right time and is designed to provided customers with the amount indicated, with entries of the service system, indicated time and at a lower cost.

For Carvalho (2012) logistics is a mix of activities available and provided to customers, to perform any service. The service requires specific skills of employees, and sufficient capacity to satisfy the customer with quality and various tangible resources. Along the same activities there may be sequences, materials selection, storage, and transport; for the product to be in the right place at the right time and in the right amount. The provision of services is based on the customer's waiting time, the time when the resources are gathered for delivery to the customer and the cost associated with the provision and delivery.

Finally, it is argued to answer to the research question, in the measure where the ageing has had the support of the SME, that in its total are 20, all offering services, that in its majority are in the limits of its capacities. These give to a social reply for all the society, in general, and for aged, in particular. Beyond that they answer the valences that they comparatively offer and to the more vacant availability of existing aged face to the number of and its distribution in the SME of county of the Sabugal with the number of existing inhabitants, for what if they can open to a world each more global time.

2. Methodology

The research is descriptive, explanatory and unique, because it focus on each SME as a case study following the approach proposed by Yin (2012). It is based on literature review of the normative and legal framework applied to entities addressing prevention, healthcare and social support. It will also try to emphasize the societal changes as the outcome of new legislation compared to previous regulations. An exhaustive factual analysis of the content of the disclosure provided in the Annual Reports published by entities from the Council of Sabugal, in the district of Guarda, will be presented as well as a quantitative analysis of the population (all SME) with a sample (Sabugal council)

Active and healthy ageing logistics aims to improve the quality of life of ageing population through a platform that will promote efficient health and social care to the customer. Indeed, this platform will anticipate customer wants and optimize the service producing a network to fulfil customer needs. Indeed, active and healthy ageing will focus on the living process undergone by a citizen during his lifetime. This can be influenced by various factors such as the living environment, as well as, the genetic and psychological factors that contribute to the health status of the elderly. So the research question is:

"Can logistics influence active and healthy aging?"

3. Ageing Society

3.1. Aging

As the elderly population is increasing day after day, Lima-Costa & Veras (2003) argue that not only in developed countries but also in developing countries, society is obliged to reflect on the new social paradigm, Population aging brings vogue new concepts such as human aging, normal aging, healthy aging, active aging. The Portuguese Ministry of Health (MS, 2004: 3) argues that elderly is the largest demographic group, numerous concepts related to human aging can be presented

"as the gradual process of changing biological structure, psychological and social development of individuals, starting even before birth, develops lifelong".

Following Rocha (2004) aging is the result of diseases which modify the individual, leading to an increasing inability to a healthy and active life. Garcia (1989) states that aging depends not only on a biological and psychological system but is determined by the decrease of the capacity to integrate the environment and the life hazards. Sequeira (2010) argues that aging is connected to an amount of biological, psychological and social changes that take place throughout life it is difficult to determine from what age a person becomes old. The same author argues that aging, is a gradual process; no one ages from one day to the other; it is only physical and mental changes of individuals who give evidence of aging. As Quaresma (2008:18) state about the old age is a challenge that begins earlier, so the family must work on

"it is a process that builds lifelong."

Cabral & Ferreira (2013) Argues that aging is a positive portent for people, as an individual or as a group as it allows observing the progress of humanity, on a social economic and biomedical level. Aging in voice Vieira (1996) is a stage of life, such as childhood, adolescence and maturity, which are undergoing bio-psycho-social changes, related to each stage of life. The voice of DGS (2000, 36) aging is fragmented into two fronts, in which:

"(...) The man has always been concerned with aging, a situation that is approached from various angles. For some it is described as a general reduction in capacity; for others it is considered a period of increased vulnerability and increasing dependence. Still others revere old age as the highest point of view of wisdom, common sense and serenity. Each of these actions corresponds to a truth."

Nunes (2005: 65) claims that ageing is an art, because old age is not a sign of decline. The old age is a messenger of the culture and life experience:

"growing old is not an involution that isolates but rather a development socializing. Aging is taking self-awareness, is to meet is the moderation of the ego, is to know the limitations of the body."

Moniz (2003) considers that an elderly must be seen as a source of wisdom and experience, not as a young man aged and depersonalized. The ageing criterion in Freitas et al (2002) is an internal gradual and universal process, which can identify physical and physiological aspects. Also, Costa (1999: 50) states that

"accept aging, take it in its greatness and misery, live with it, is probably the biggest task facing man."

With the new average life expectancy, WHO (2001) defines what is normal ageing is the universal biological changes which occur with age and are not affected by the disease, and environmental influences. Having the above concepts in mind we can consider aging a gift, taking into account the way of life that we will reach day after day, the progress that the individual has, as it comes from everything that surrounds it, running to an end without demarcations in time. Fatigue, diseases that the body can demonstrate is the passage of time that happens in a gradual manner; the individual's departure from the social environment can demonstrate that he is getting old.

In the opinion of Yates (1993), ageing is perceived by the decay of organs or tissue or by the association between functions that create volubility. This concept connects with the fact that aging manifests through a decrease of energy, established genetically and conditioned by the environment. In human aging, we must separate what is the result of the process, and what is being caused by the condition, a lot of times it is difficult to separate the two strands, thus giving less attention to the diagnosis, which leads to the delay of treatment.

For McArdle et al. (1998) and Sequeira (2010), there are three aspects of aging (biological, psychological, social) which always go hand in hand, one being the consequence of the other, as the biological aging and the reduction of energy exchange and the reduction of the regenerative capacity of cells in the body. The body changes caused by the biological process, can have psychological repercussions, which may be visible in the well being. The psychological process is a complex system as it is derived from various pathological, genetic, environmental and socio-cultural parameters that control life. Personal satisfaction, emotions, feelings and desires of each person, are subjective, but are embedded in the characteristics that may influence aging (OMS, 2002). When it comes to healthy aging we can not rule out the definitions of what is health in general because it is a state of complete physical, mental and social well-being. As OMS (2002: 12) defends with the evolution of the number of elderly the system had to adapt. Thus, new concepts emerging linking health with aging such as:

"optimizing health opportunities, participation and security in order to enhance the quality of life during old age"

Ramos et al. (1993) opposed the idea of OMS with regard to what is the health of the elderly, it argues that they are the elderly who have the privilege of not having a chronic disease; the author supports the idea saying that even elderly with various chronic diseases can be considered once the disease is controlled. Costa et al. (1999) suggests that aging is not a disease, but rather a decrease of the organic and functional system which derives the passage of time. The Portuguese Ministry of Health (MS, 2004: 3) argues that healthy aging:

"respect to multiple sectors, involving namely health, education, social security and labor, economic aspects, justice, planning and rural and urban development, housing, transport, tourism, new technologies, the culture and the values that each society holds that every citizen has as his."

Sequeira (2010) states that diseases that occur throughout life, with the highest incidence in the elderly stems from multiple individual determinants biological, genetic and psychological. The decline in cognitive function is also associated with external behavioral, environmental and social factors. Birren & Bengatton (1988) focus on various aspects related to health in the aging process, that are being referred to in active aging lifestyle, such as culture, gender, health promotion and disease prevention, mental health, psychological factors, health habits, genetics, the environment, social support, education, economic and labor factors. Sequeira (2010) claims that the active ageing is a

"process of optimizing opportunities for health, participation and security, to improve life expectancy and quality of life as they age, in solidarity between generations".

This notion of health has been proposed by Portuguese Ministry of Health (MS, 2004: 6) and according with it:

"feature of everyday life and not just a goal to be achieved; a positive concept that values social and individual resources as well as physical capacities."

Meireles (2008) active aging must be programmed either individually or as a group as the individual active aging depends on the junction of several behaviors and dynamics, deceiving the aging obstacles. The author also says that changes in aging, physical and intellectual level derived from the habits and genetics of each person. And for Fernandes & Botelho (2007) aging is seen only from the perspective of the disease, it seems difficult to integrate the sick and handicapped in a prevention plan.

For Almeida (2008) active aging is a combination of behaviors and activities that are promoted par guard and delay complications that aging brings. Active aging should be promoted throughout the life cycle, from an individual point of view, and from the collective point of view, a preventive and health promoting attitude, so it does not become a painful age and dependent on others (Sequeira, 2010). Cabral & Ferreira (2013: 24) state that:

"active and healthy aging depends largely on past trajectories, while inevitable constraints not only the current state of health as cognitive provisions in relation to health."

With the decrease of active people, various authors such as Walker (2002) state that in active aging, the most repressed aspect is financial, because with the aging population there is an imbalance in the social security system. Because there are more inactive than active people there is a social and economic imbalance. Fernandes & Botelho (2007) argue that active aging needs to reduce the negative aspects, and these are based on disease prevention and health promotion in all the cycles of life. Indeed, Cabral & Ferreira (2013: 17):

"active aging invites to reshape the relationship between the activity and reform, between work and health, between participation and exclusion. Anyway, asks that they walk towards a society without discrimination around the age. "

Based on the concepts presented above one may conclude that healthy active aging not only focuses on the favorable disease status at this age, but the whole environment surrounding the elderly has to present a good quality of life. Indeed, Fernandes & Botelho (2007) disagree that in order for the society to have an active and healthy aging it is essential that families include the elderly in their and social environment.

According to OMS (1999), the quality of life is an individual perception of the cultural context and the values on which individuals live, and are related to their goals, expectations, principles and concerns including physical and psychological state of mind, the level of independence, social connections, personal beliefs and the relationship with environment they live in. Ribeiro (1994) argues that the quality of life stems from several factors, such as family, economic resources, labor, and health.

With the evolution of the times and bustle of families, the elderly are increasingly isolated and lonely, hosted mostly by institutions such as community centers, day centers, night centers, nursing home, to spend the day and the night having an occupation and socialization, most often provided by the institutions themselves. Caldas de Almeida (2015) is alert to the new paradigm that references the changes that such institutions have to do to meet elderly needs, because contrary to what was happening nursing homes are no longer a hotel response (used by independent people) to be a place with health services because there are more dependents without complete control of life their lives.

Seniors fear becoming dependent at some point of their lives. This is one of the causes of greater psychological pressure that affects their quality of life (Lemos & Medeiros, 2002). The Conselho of Europa (1998) says that addiction is visible when the individual needs a third person to help make everyday tasks because the individual finds himself with loss of physical, psychological or intellectual autonomy. Paschoal (2002) dependence has the possibility to develop with advancing age and become final or not. Santos (2002) and Lemos & Medeiros (2002) argue that the dependence can be explained as a disability of an individual that cannot move without assistance. Indeed, the individual has an inability to perform tasks without the help of a third person. He will therefore be physically, psychologically and socially dependent. So, for the Portuguese Ministry of Health (MS, 2006) characterize dependence as

"a situation that is the person for lack or loss of physical autonomy, mental or intellectual, resulting or recorded by chronic disease, organic dementia, post-traumatic sequelae, disabilities, severe diseases and / or incurable in advanced do, absence or lack of family support or otherwise, can not by itself carry out the activities of daily living."

Based on the above concepts dependence occurs with the disability of a person that can't meet their his/her needs, in that it can not perform activities without assistance. There can be no changes at cognitive and emotional level, but the individual must take the most convenient decision for him. So Sequeira (2010) says that if the individual has only a physical dependence, the person who is doing the care should not confuse the two.

As previously described active aging can be seen as an individual and as a collective process. Every individual will understand, his/her physical, mental and social capabilities in the life cycle, with his/her skills, desires, in order to be integrated in society, even in need of security, protection and care whenever necessary . This assures a greater chance of the elderly to have a better quality of life.

The age of individuals who retire, those who have an illness or have some deficiency in particular, can continue their lives in the society. Active aging is waiting for a life with quality and healthy for every individual, even for those who are the most vulnerable, disabled and in need of care. The term active not only makes reference to labor force or be physically active, but it also focus on the presence of the individual in social, economic, cultural, spiritual and civil aspects.

Active aging in a good physical condition and health is fundamental, but these are as relevant as social connections and mental health of the individual. For the concept advocated by the World Health Organization (WHO) emerges in the physical, mental and social well-being. An elementary factor in the aging of each individual is to maintain autonomy and independence. Given that aging occurs in an environment where the third part are present, such as: family, friends, neighbors, co-workers where it should encourage solidarity between generations is an important element in active aging. At last the WHO (2002) argues that the quality of life of an elderly is subject to how the links between generations are held and will mutually help themselves not ruling out the opportunities and risks they may later have in life.

4. Sustainable Development of SME Entity

The Council of Sabugal holds an important cultural diversity and identity to the extent that the Central Region. It includes a network of 24 villages distributed across 14 municipalities of the council that are the founding objectives to improve the quality of life and the preservation of culture and environment. Besides the above, it has several historic villages, cultural property, several museums, archaeological sites, the home of Almeidas, the home of Brito, the wealthy house, the house of Cameiros and river beaches (see table 1). Also, it has a well appreciated mountain, Serra da Malcata, as a massive extended area between Penamacor and Sabugal, being set in a preserved area of nature reserve. Its extension covers of 21,000 h in length and 1.078 m of altitude.

Table 1 – Distribution of cultural spaces on the Sabugal Council

Cultural spaces	villages mediavais	Castle, Walls and pillory	<i>Aldeia velha de Alfaíates</i>
			<i>Sabugal</i>
			<i>Sortelha</i>
			<i>Vila do Touro</i>
			<i>Vila Maior</i>
	Religious Architecture	Churches and chapels	<i>Medievais</i>
			<i>Século XVI e XVII</i>
			<i>Século XVIII</i>
			<i>Século XIX</i>
			<i>Século XX</i>
	Housing	Solar and wealthy houses	<i>Casa dos Cameiros</i>
			<i>Solares dos Camejos</i>
			<i>Casa de José</i>
			<i>Casa abastada</i>
			<i>Casa solarenga</i>
		<i>Solar</i>	
		<i>Casa dos Almeidas</i>	
		<i>Casa dos Britos</i>	

		<i>Solar de N. S. da Conceição</i>	
		<i>Casa de Santo António</i>	
		<i>Casa de S. Gens</i>	
		<i>Casa Solarenga</i>	
		<i>Casa dos Condes de Tavarede</i>	
	Museums		<i>Sabugal</i>
			<i>Vilar maior</i>
			<i>Aldeia da ponte</i>
	Spa Cró		
Old archaeological Sabugal station			

Source: Adaptation of CMS (2015)

Tourism is directly linked to heritage and may be natural, built or even archaeological, considering the following, the Castles, the Pillory, the chapels, the churches, the shrines, the windmills, the emblazoned houses, the solar, the bridges, the fountains, the rivers, the natural reserves and the river beaches. The level of restoration in addition there are several restaurants in the city of Sabugal, in the very council there is a wide range of restaurants scattered throughout the various town halls. Some of the regional products are olive oil, sweets, jams, sausages, honey, cheeses and wines.

In particular, the attention has been given to the strategic plan carried out by the Câmara Municipal do Sabugal noted that there was a drop in the number of visitors (CMS, 2013). Therefore, the craft industry is an attractive sector in this region, as well as, the agriculture products that can be found, such as: handmade soaps, bracejo basketry, wood, pottery, weaving, wrought iron, clay, stone, embroidery and leather. This generate true and fair relationships with local providers.

Culture is an important aspect in the attractiveness of tourists in the council are held cultural and recreational events established on specific dates. Religious festivals are held in all parishes of the council with varied size, the celebrations are held at St. John Nakara, the Capeia Arraiana and held in Soito or in Aldeia da Ponte, the Lumberjack is a custom performed in some parishes in approach christmas. Table 2 with regard to radical and sports activities, the Sabugal council also has groups dedicated to this type of entertainment not only directed to the younger population but for all ages.

Table 2 – Distribution of sports groups and adventure on the Sabugal Council

Sporting targeted groups to Sports activities and adventure	Municipal pools of Sabugal
	Municipal pavilion Sabugal
	Gym Sabugal
	Municipal stadium / athletic Lane sabugal
	Youth Center, Culture and Leisure Soito
	Swimming pools and river beaches (Aldeia de Bispo, Fóios, Vale de Éguas, Quadrazais).
	Bullring
	Horse Center

Source: Adaptation of CMS (2015)

With regard to sightseeing and tourist itineraries, the Sabugal council enhancing the four routes in the natural tourism, such as: Five Castles Route, Historical Villages Route, Jewish Quarters and Rota. Built in tourism, this routes oblige the visitor to look for accommodation, which has been possible, due to the farm transformation in hotels and rural tourist houses or accommodation units (Table 3).

Table 3 – Distribution by type of accommodation on the Sabugal Council

Typology	Trade name
Hotels	Albergaria St° Isabel Mrs. hostel. From Grace Residential "Sun River" Residential "The Pelican"
Rural Tourism Houses	Casa Torga Quinta do Alexandre House of Loom House Lagariça Casa da Calçada

	Around the house Villa house Casa do Páteo Belfry 1 home
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Source: Adaptation of CMS (2015)

According to the results of social research project entitled - Social Sabugal Pre-diagnosis - developed by the Câmara Municipal do Sabugal (CMS, 2005: 217):

"the Sabugal board has great potential and resources, including archaeological and natural, which could motivate the attraction and promote the development of tourism. However, many of these existing potentials and resources are not fully utilized and properly causing the tourism still can not be considered very developed and implemented."

Then tourism represents a very important industry, which promotes the SME entities activities, because they adopt a responsible behaviour with tourists and residents involving them in promotion of local growth that respects culture, sports, heritage and environment and then it implies a greater awareness of evolution of actual tourism that promotes the well-being of communities.

5. Results: Empirical Framework

For one side and without doubt that as Drucker (1984: 62) argues that business turns a social problem into economic opportunity and economic benefit, into productive capacity, into human competence, into well-paid jobs, and into wealth. In this sense, the promotion of active and healthy ageing activities aims to improve the quality of life of ageing population as tourists or residents.

For the other side, Balabanis et al. (1998: 25) defend that in the modern commercial area, companies and their managers are subjected to well publicised pressure to play an increasingly active role in [the welfare of] society. So, this involvement of the twenty SME on Sabugal Council emphasizes the need for ageing population to generate revenue and labour for residents which could emerge youth generation to have an opportunity for the future and this will minimize the negative economic impact.

The SAHA or Sabugal Active and Healthy Ageing platform will promote efficient health and social care to the elderly customer. It will provide greater understanding between residents that work in this twenty SME entities and residents by improving their quality of life. In the Sabugal Council exists, currently, a economic and social justice that respect the quality of life of elderly. In Table 4, it is presented the occupancy of the three social answers: Nursing Home, Day Care and Home Care Services promoted by the SME entities on the Sabugal Council.

Table 4 - Statistics Distribution of Occupancy on the Sabugal Council

Sample	Average	Standard deviation	Maximum	Minimum
Nursing Home	43	16	92	21
Day care	4	4	12	0
Home care service	9	7	30	0

Source: Adaptation of INE (2012)

In the table 4, the statistics distribution of the Sabugal SME Entity show an average of nursing homes occupation with 43 people and a standard deviation of 16 people. The nursing home has the greatest occupation is *Santa Casa da Misericórdia do Soito* that has 92 people and the smallest occupation belongs to the *Casa do Povo da Bendada* with 21 people. The average occupancy of day care is 4 and the standard deviation is 4. The day care with higher occupancy is the *Liga dos Amigos de Santo Estevão* whose maximum occupancy of 12 people. There are some entities that has reach the minimum occupation of 0, because they do not have this social answer neither users. The average occupancy is 9 people to home care service and the standard deviation is 7 people. The maximum occupancy belongs to the *Liga dos Amigos da Aldeia Santo António* with 30 people and the minimum occupancy belongs to the SME entity in which the valence is not running.

Table 5 presents the total availability of SME entities that directed support the elderly and should produce benefits for all stakeholders involved, such as: families, resident population, local partners, tourists and municipalities.

Table 5 - Statistics Distribution of Total Availability on Sabugal Council

Sample	Average	Standard deviation	Maximum	Minimum
Home Care	45	15	95	27
Day care	12	12	34	0
Home care service	19	16	58	0

Source: Adaptation of MS (2015)

Table 5 presents the average of home care with total of 45 personnes and the standard deviation of 15 personnes. The home care with the highest number is the *Santa Casa da Misericórdia do Soito* with 95 personnes, *Liga dos Amigos da Aldeia Santo António* with 27 personnes is the institution that has fewer vacancies. The average of vacancies of day centers is 12 personnes, the standard deviation are 12 personnes. The day care with increased capacity is the *Santa Casa da Misericórdia do Soito* of which has a capacity for 34 personnes and the minimum capacity of 0, belongs to the SME Entity has available valence. Average of vacancies is 19 personnes per home care service, the standard deviation of the same is 16 personnes. The highest number belong to the *Santa Casa da Misericórdia da Biosmula* with 58 personnes and the minimum occupation of 0, that belongs to the SME entity without personnes.

Table 6 publishes the available places of each SME entity on the Sabugal council, which is given by difference of the level of occupying presented on table 4 and the total availability which present the remaining vacancies.

Table 6 - Statistical Distribution of available vacancies on Sabugal Council

Sample	Average	Standard deviation	Maximum	Minimum
Home Care	3	6	22	0
Day care	9	10	29	0
Home care service	10	14	51	0

Source: Adaptation of MS (2015)

As shown to lower than the average of available vacancies of home care with 3 personnes and the standard deviation with 6 personnes. The *Casa do Povo da Bendada* is the one SME entity that it has the highest number of places available in home care with 22 personnes. In the case of vacancies available a minimum of 0 represents that there is no vacancies, then the SME entity is in this service is crowded. The average of the places available in day care is 8 personnes and the standard deviation are 10 personnes. The day care with greater availability is the *Santa Casa da Misericórdia do Soito* that has available capacity for 29 people and the minimum availability 0, belongs SME Entity that its capacity has reached exhaustion. The average of places available is 10 personnes for every home care service and the standard deviation with 13 personnes. The greatest number of available belongs to the *Santa Casa da Misericórdia da Biosmula* with 58 personnes and the minimum occupation with 0, that belongs to the SME entity in which the valence this with the full complement.

Table 7 presents the Sabugal council divided on 40 town hall, with an area of 826,70 km² and a resident population of 12,544 inhabitants. Its geographic and climatic characteristics are very favorable or potato cultivation and cereals, as well as, sheep and goat farming. Alongside these activities to construction, are the main activities of the population.

Table 7- Distribution by Town Hall of Population on Sabugal Council, 2011

Town hall	2011		Town hall	2011	
	N	(%)		N	(%)
Águas Belas	175	1,4%	Pena Lobo	141	1,1%
Aldeia de Bispo	286	2,3%	Pousafoles do Bispo	277	2,2%
Aldeia da ponte	317	2,5%	Quadrázais	457	3,6%
Aldeia da Ribeira	131	1,0%	Quinta de São Bartolomeu	180	1,4%
Aldeia de Santo António	798	6,4%	Rapoula do Côa	195	1,6%
Aldeia velha	431	3,4%	Rebolosa	222	1,8%
Alfaiates	331	2,6%	Rendo	278	2,2%
Badamalos	96	0,8%	Ruivós	70	0,6%
Baraçal	190	1,5%	Ruvina	112	0,9%
Bendada	580	4,6%	Sabugal	1 943	15,5%

Bismula	193	1,5%	Santo Estêvão	310	2,5%
Casteleiro	365	2,9%	Seixo do Côa	171	1,4%
Cerdeira	229	1,8%	Sortelha	444	3,5%
Fóios	362	2,9%	Souto	1 224	9,8%
Forcalhos	88	0,7%	Vale das Éguas	39	0,3%
Lajeosa	201	1,6%	Vale de Espinho	393	3,1%
Lomba	57	0,5%	Vale longo	47	0,4%
Malcata	332	2,6%	Vila Boa	243	1,9%
Moita	103	0,8%	Vila do Touro	183	1,5%
Nave	230	1,8%	Vila Maior	120	1,0%
			Total	12 544	100,0%

Source: Adapted do INE (2012)

It is evidente that this different SME entity and social answers on the Council of Sabugal is bordered to the north by the municipality Almeida and Spain, south of Penamacor, southwest of Fundão, west by Belmonte and northwest by the Guard. This council is located in the southern part of the territory of Riba Coa, it is crossed from south to north by the River Coa. The council is organized geographically in the Central Region, in the sub-region of Beira Interior, in the far north of Guarda district, integrating it wide geographical unit high Coa, which is located in the upper water line of the said river.

As can be seen in Table 7, a town hall parish that has more inhabitants is the Sabugal city with 1943 inhabitants and 62,2 km² of area. The town hall with fewer inhabitants is the *Vale das Éguas* with 39 inhabitants which is situated 14 km² from the Sabugal city and 4.03 km² of area. It is found that the resident of the council population had a fairly significant drop resident population from 2001 to 2011 at least 2327 habitantes which led to the decrease in the number of families, and hence the number of dwellings decreased by 499 but the number buildings increased by 571 thus concluding that the continuous Sabugal council in desertification which makes the dimensional increase of the region. In 2013 the number of town hall of Sabugal council was reduced to 30, due to the administrative reorganization of the same.

Table 8 – Evolution of demographic indicators on Sabugal Council, 2001 e 2011

Sabugal	2001	2011	Var. 2001-2011
Resident Population	14 871	12 544	-2327
N.º for Families	6 152	5 323	-802
N.º Rents	14 831	15 330	-499
N.º of Buildings	14 528	15 099	571

Source: Adaptation of INE (2002, 2012)

Desertification spreads up to a significant part of the territory, contrasting with the increase in population density observed in some regions. The imbalance has worsened in population distribution by territory. Municipalities coastal register higher indicators of population density than those inland, definitive census data (2011).

Table 9 – Evolution of population indicators on Sabugal Council, 2009-2013

Sabugal	2009	2010	2011	2012	2013
Population Density (N.º/ km ²)	15,8	15,5	15,0	14,8	14,5
Birth rate (%)	4,6	4,9	3,9	5,1	4,3
Mortality rate (%)	24,8	24,2	23,7	22,8	25,0

Source: Adaptation of INE (2010, 2011, 2012, 2013, 2014)

In Table 9, the Sabugal Council observes a gradual decrease in population density and a decrease of population per km² since the year 2009 until the year 2013. This fact with aging population phenomenon, point that the change of birth and this instability is due to the modernization of the society and several opportunities for social mobility. The mortality rate based on statistical data, then decrease the lack of development.

In recent years there has been various migration, births and deaths at the level of the various parishes of the council, made from them were those that grew in terms of resident population and which fell territorial distribution of the resident population in the council Sabugal reveals therefore a desertification of a large number of villages. Registering Thus human desertification general level in the council Sabugal verified over the years,

caused by migration to large urban centers and mainly abroad reaching the most active young population. These migratory movements are effects of lack of work in the local area and also due to factors such as education.

The population aging phenomenon, characterized by the increasing elderly population and the reduction of the young population remains well creased the results of Census 2011. For 12 years, in 2001, the highest number of population belonged to the age group (25-64 years). In 2011, Portugal has a population number in the younger age group lower.

According to the final data of the 2011 census (INE, 2012), it is apparent that the population distribution by gender maintaining a similar pattern to the last decade. In table 10 is compared the younger age groups and women predominate. In the group of 25-64 years of age, the percentage of men is little more than and women. In the age groups with higher age this trend reverses itself and come to predominate women in relation to men. Also in the age group of 65 and over is found greater numbers of women.

Table 10 – Distribution by age group of population on Sabugal council, 2001-2011

Sabugal	Total	0 - 14 year	15 - 24 year	25 - 64 year	65 ou more year
	HM	HM	HM	HM	HM
2001	14 871	1 478	1 510	6 293	5 590
2011	12 544	1 004	967	5 419	5 154

Source: Adaptation of INE (2012)

In Table 11, on the year 2011, it presents the largest population group with the 6.609 married and the second most representative with 3.700 as single. The remaining categories of marital status, divorced and widowed, appears with much lower results. The civil status of marriage prevails both in the group of men and women in the group. In the group of singles is the second most important marital status for both genders. Also, there is differences between men and women concerns the divorced marital status, which is dominated by the men and widower where women are majority total population.

Table 11 – Distribution by marital status of population on Sabugal Council, 2011

Total			Single			Married			Divorced			Widower		
HM	H	M	HM	H	M	HM	H	M	HM	H	M	HM	H	M
12 544	5 884	6 660	3700	1986	1714	6609	3306	3303	303	156	147	1932	436	1496

Source: Adaptation of INE (2012)

In addition, the population aging is one of the most worrying demographic phenomena of modern societies of the twenty-first century. This phenomenon has markedly socioeconomic context reflections impacting the design of social and sustainability policies and individual character changes through the adoption of new lifestyles.

Another important subject to promote the sustainability of SME entities on the Sabugal Council is Education. The most important space for the process of education and training is the School in this space the citizen is tailored to all the educational project of the school and in the context of the rules issued by the Ministry of Education. Thus, education can be considered a socialization process being streamlined in many areas of social life, suitability for a citizen to society, the individual to the group or groups to society. According to Câmara Municipal do Sabugal (CMS, 2012: 30):

"Access to education and information is of great importance in defining the social study. Individuals or groups who have had limited educational route are certainly more vulnerable to situations of social exclusion and unemployment. However, it should be noted that education is a fundamental right of all individuals. "

In table 12, there is residing in Sabugal more people with low levels of education than high. Based on data obtained from the 2011 Census can be concluded that most people living in the council held the 1st Basic Education Cycle or lacked none qualification. In 2001, the authors observe the same level of education but with a marked difference in the 1st cycle of basic education where there is a much higher number.

Table 12 – Distribution by level of education of population on Sabugal Council, 2001-2011

Sabugal	Total	None	Basic			Secondary	Post-secondary	Higher
			1° Cycle	2° Cycle	3° Cycle			
Year	HM	HM	HM	HM	HM	HM	HM	HM
2001	14 871	3 454	6 810	1 377	1 064	1 420	65	681

2011	12 544	1 867	5 656	911	1 511	1 401	93	953
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Source: Adaptation of INE (2001, 2012)

According to statistics from the INE (2012), there are more women who have higher education, of which 585 are women. In contrast are the predominance men in secondary education, of which 708 are men. For the 2nd cycle and 3rd cycle, the number of men is higher than women, unlike the level of basic education 1st cycle with 2980 is higher than that of men. According to the results of social research project entitled Social Sabugal Diagnosis developed by CMS (2012: 30):

"The population of Sabugal board has low levels of education, however we highlight the significant decrease in the number of people without any level of education. On the other hand, the last 10 years have witnessed the increasing population with higher levels of education, and in particular secondary schools and Higher."

To support education, the municipality of Sabugal grants the education allowance establishes cooperation agreements with some gardens-for children, particularly, with regard to the provision of meals and extended hours, school transport across the board, with the objective that all children and youth council have access to education. All this drivers are very important to promote the economic, social, cultural, sports and social answers to be spread for all the Sabugal Council that benefit the local population.

Conclusions

The future development will be the SAHA or Sabugal Active and Healthy Ageing platform that it will promote efficient health and social care to the elderly customer. This platform will communicate all the relevant information of the SME entities on the Sabugal Council in several languages making the world know better place for elderly to live and better place for the family and friends to visit them.

The social responsibility of SME entities and their strategy are indisputably recognized as key to economic success, social and environmental development of the society in which they are around the Sagugal council through well-being exchange and their own context. However, forgetting its real purpose, socially responsible practices focus often in strict compliance with legal obligations with both elderly and residents of communities.

Currently, the number of elderly increase and the Sabugal council is the biggest elderly rate all over Portugal. These SME entities must promote their social answers to the society, which is one of the most economic relevant of the council. But, several demographic problems rise, such as: falling of the birth rate, increase of the number of deaths, return of younger population to work abroad or on the litoral of Portugal. This economic depression contributes to increase the poverty and unfair relations on local community.

It is also true that elderly are increasingly more isolated and lonely. So, the best option is SME entities that promote social answers, such as: home care centers, day care and home care service. This social activities are dedicated to spend the day and night of elderly with one occupation and with socialization between them. Most of the time, these SME entities provided several other services by themselves: touristic activities, spa and health-care services, restaurants and agriculture products.

To resume, this research has not been possible without the network between all partners, such as: Guarda Polytechnic Institute, Urbino University, Sabugal Municipality, SME entities and the master student that enable this research project to be transfer to the society. The measurement of the total impacts will be crucial in the future in order to enable elderly to get a better quality of life.

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