



D.C.2.3 State of the art on Active and Healthy Aging initiatives and governance in the Alpine Space





PARTNERS



2021

Centre for Ethics and Poverty Research















STATE OF THE ART - INTRODUCTION

Introduction

Population ageing is a global challenge recognized as one of the demographic "mega-trends" that affect and are effected by the implementation of the *Programme of Action and the 2030 Agenda for Sustainable Development* (Commission on Population and Development, 2019). The World Health Organization argues that countries can afford to get old if governments, international organizations and civil society enact "active ageing" policies and programmes that enhance the health, participation and security of older citizens (WHO, 2002). Due to these challenges, there is a need to increase multilevel and transnational governance as well as the capacity of stakeholders to better integrate the transnational dimension in their work in order to put in place the most suitable and appropriate policies and interventions.

Acting on policy implementation stage, ASTAHG project aims at helping local, regional and national governments in implementing a scaling up AHA strategy across regions and countries of the AS, bringing together key stakeholders and policy makers. In addition to that, by supporting a successful uptake of innovations, ASTAHG provide important insights for the EUSALP and EIP on AHA mission.

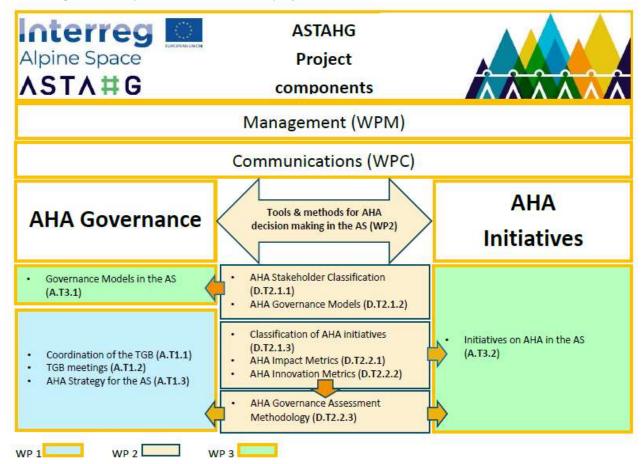
Within this framework, ASTAHG:

- Provides tools and methods to bridge the gap between AHA governance and AHA innovations and to enable efficient AHA decision making in the Alpine Space (AS);
- Supports the networking at transnational level through the Transnational Governance Board;
- Gathers data on governance models for AHA in AS area;
- Identifies and assesses the innovation for AHA.

The structure and process adopted to reach the results above mentioned are related to the content of the two main operational workpackages of ASTAHG project: WP2-AHA cooperation framework and WP3-AHA mapping in the Alpine Space.

WP T2 - AHA COOPERATION FRAMEWORK

→ Figure 1: Components of the ASTAHG project and WP2 in context

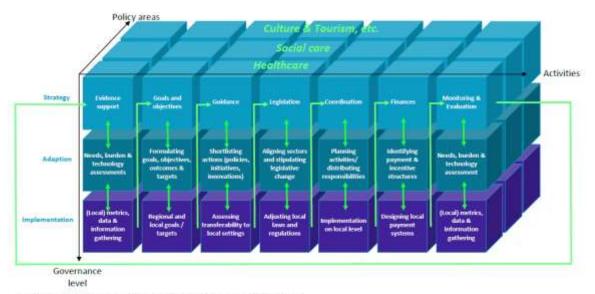


Source: Own drawing based on ASTAHG (2018).

Through the collection of data in terms of actors, territorial features, and AHA innovations as well methods to evaluate AHA governance and inter-sector interventions for AHA and how to configure innovation assessment to reflect AS-specific territorial needs, ASTAHG developed and provided tools and methods for a classification of AHA stakeholders, a model for AHA governance in the AS, a classification of AHA initiatives, as well as AHA impact evaluation metrics, an AHA innovation evaluation metrics and an AHA governance assessment methodology.

The AHA stakeholder classification and the AHA governance models play a particular important role in the conceptualisation, design, and composition of the TGB by contributing both theoretical models and structuring the space of relevant stakeholders in accordance with the Quadruple Helix Model (Carayannis & Campbell, 2009), and also provide tools for collecting context specific data on relevant AHA actors and governance models prevalent in the AS region.

→ Figure 2: ASTAHG AHA-Governance model



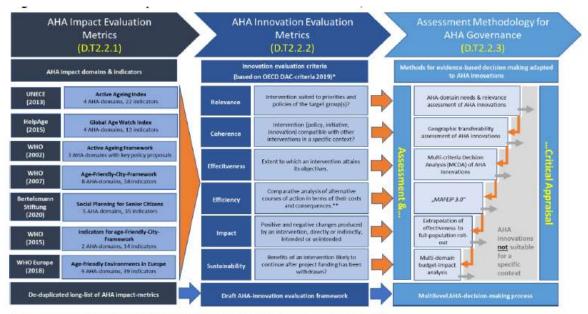
Source: Own drawing based on synthesis of AHA governance models desk review (Deliverable D.T2.1.2)

The classification of AHA initiatives is more concerned with developing a tool to gather information on policies, initiatives and innovations which aim at improving AHA in the AS. This tool, in turn, provides a framework to collect and analyse relevant information from each project region, and helps structuring the evidence on cross-sectorial AHA policies, initiatives, and innovations which may have the potential to:

- Support AHA of the population in the respective project regions;
- Improve the sustainability of social, health and care systems, as well as other areas of public service provision, and;
- Contribute towards the competitiveness of local economies by encouraging innovation for AHA in the AS.

The AHA impact evaluation metrics reports on indicators that may help quantifying the impact of AHA policies, initiatives and innovations on various dimensions of AHA with the aim to support decision makers identifying promising AHA interventions in their respective contexts. To better understand the innovative character of AHA policies, initiatives and innovations, the AHA innovation evaluation metrics further proposes how to identify innovation evaluation metrics from the long list of indicators gathered in the AHA impact evaluation metrics and the AHA innovation evaluation metrics fed into the development of an AHA governance assessment methodology.

→ Figure 3: ASTAHG AHA Governance Assessment Framework



Sources: Own drawing based on OECD 2002 & OECD 2019. **Drummond et al., 2005.

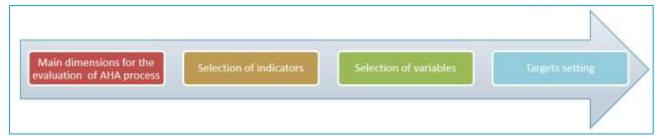
The **ASTAHG** governance assessment methodology is based on the concept of multicriteria decision analysis (MCDA) and helps decision makers in prioritising amongst policy alternatives that may all lead to various favourable effects across relevant sectors but generally compete for limited resources.

The three deliverables also form the basis for data collection and analysis in WP3, with the ultimate aim to identify and monitor innovation in AHA in the AS through the development of an AHA innovation observatory.

WP T3 AHA MAPPING IN THE ALPINE SPACE

The assessment model of AHA governance models and innovation was based on the theoretical and methodological guidelines and framework provided in the project.

→ Figure 4: The four steps of ASTAHG assessment model



a. Identification of dimensions

Regarding the **identification of dimensions**, the six Evaluation Criteria provided by the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development, i.e. Relevance, Coherence, Effectiveness, Efficacy, Impact and Sustainability, were chosen.

Two main principles guide the use and the application of these six Evaluation Criteria (OECD, 2019). The criteria need:

- 1. To be applied through a process of **contextualisation**, considering "the context of each individual evaluation, the intervention being evaluated, and the stakeholders involved";
- 2. To consider the aims and objectives of the evaluation as well as stakeholder needs. Issues such as data availability, timing, methodological aspects, drivers, and opportunities as well as barriers and constraints may also influence the extent to which each criterion is met.

This framework is a stepwise process where each step acts as a filter for potential AHA innovations to funnel through. In this sense, all six dimensions should be considered connected to each other.

b. Selection of indicators

Regarding the **second step** of the model, for each dimension, indicators were selected according to the assessment objectives, the object of evaluation and the specific characteristics, needs and preferences of each territorial area/context.

In the selection of indicators, the dimensions should be considered interlinked within an evaluation process aimed at selecting only the most beneficial and valuable innovations for a particular context.

c. Selection of variables and targets setting

Regarding the **third step** of the model, for each indicator within each dimension, variables were selected. The selection of variables is the process of quantification of indicators. For each variable, weights and measures were established to highlight the most relevant aspects according to the assessment object and objectives as well as the specific characteristics, needs and preferences of each territorial area/context.

Concerning the **targets setting**, for each variable, the targets to be reached were set according to the assessment objectives, the characteristics of the object to be evaluated, the specific characteristics, needs and preferences of each territorial area/context and also the characteristics of target population. Therefore, this final step aims at creating a flexible and adaptable model that could be used and applied in different contexts and settings.

APPLICATION OF THE ASSESSMENT MODEL IN ASTAHG

The assessment model was tested on:

- **1. Governance models** for AHA in the AS, by evaluating the 7 policies collected by project partners through the ASTAHG survey (policies were considered as expressions of governance models);
- **2. Innovation** for AHA in the AS, by evaluating a subset of 14 initiatives and innovations defined as 'good practices', collected by project partners through the ASTAHG survey.

All these policies and good practices were pre-selected by the partners and met the requirements of:

- Effectiveness;
- Having impact;
- Being cost-effective;
- Being deemed transferrable to other AS regions;
- Being multisectoral.

In the light of this pre-selection process, the **AHA governance good practice portfolio** and the **AHA innovation observatory**), include all policies and initiatives/innovations – respectively, selected and indicated by project partners.

→ Identification of indicators and variables: sources and method

Starting from the six dimensions borrowed from OECD DAC Evaluation Criteria, it was identified a first set of indicators and variables, using as sources:

- ASTAHG Core and Supplementary Indicators sets;
- ASTAHG survey items;
- Stakeholder consultation: the textual analysis of the open-ended answers to the ASTAHG survey items.

However, considering the ASTAHG survey items and the type of information collected through the questions, it was not possible to identify indicators and variables for all six dimensions. Specifically, the efficiency dimension was not explored due to insufficient available data.

The aim of textual analysis was twofold:

- 1. To **select the most appropriate** and suitable **indicators** for the application of the model among ASTAHG Core Indicators;
- 2. To **define new indicators** that are more relevant and pertinent with respect to the AS area, based on recurrent aspects identified in the analysed interventions.
- → Main steps in the application of the model for assessing AHA governance models and innovation
- The data analysed were those related to the 7 policies (for AHA governance models) and 14 good practices (for AHA innovation) gathered by project partners through the ASTAHG survey.
- The set of indicators and variables and the related targets to be reached were identified.
- For each policy/good practice it was verified whether the targets for the different variables were met.
- To graphically represent the results, it was created a matrix with the dimensions, indicators and variables in row and the different policies/good practices analysed in column.
- The cells were coloured green if the targets were attained, red if not, grey if the data is not available.

ightarrow Table 1: The application model for assessing AHA innovation: graphic representation

| Dimension | Indicator | Variable | GOOD PRACTICES | | | | | | | | | | | | | |
|----------------|---|---|----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| Relevance | Integrated and transversal approach | Presence of different sectors involved | | | | | | | | | | | | | | |
| | Current population according to age | Target population 60 years old and more | | | | | | | | | | | | | | |
| | Civic engagement | Engagement civil society as primar target | y | | | | | | | | | | | | | |
| | | Engagement civil society as secondary target | | | | | | | | | | | | | | |
| Coherence | Maturity level | Maturity level stage | | | | | | | | | | | | | | |
| | Adaptability level | Adaptability level stage | | | | | | | | | | | | | | |
| Effectivness | Effectiveness evaluation implementation | Presence of effectiveness evaluation | | | | | | | | | | | | | | |
| | | Presence of counterfactual analysis for effectiveness evaluation | | | | | | | | | | | | | | |
| | | Presence of effectiveness evaluation set indicators | | | | | | | | | | | | | | |
| Efficiency | | | | | | | | | | | | | | | | |
| Impact | Impact evaluation implementation | Presence of impact evaluation | | | | | | | | | | | | | | |
| | | Presence of impact set indicators | | | | | | | | | | | | | | |
| sustainability | Multistakeholder approach | Composition of responsible stakeholder | | | | | | | | | | | | | | |
| | Quadruple Helix approach | Composition of design process | | | | | | | | | | | | | | |
| | | Composition of decision-making process | | | | | | | | | | | | | | |
| | | Composition of operational proces | 5 | | | | | | | | | | | | | |
| | Budget | Composition of budget | | | | | | | | | | | | | | |

→ Aims of assessment model: a strategic and transversal practical tool

It is crucial to emphasise the aims of the assessment activity developed. The first aim is supporting governance in self-monitoring and self-evaluation processes by:

- Identifying rooms for improvement and challenges;
- Providing policy makers with an example model adaptable to the profile of each specific territorial area/context;
- Providing a framework for the development of further practical tools through the involvement of specific expertise in the field of monitoring and evaluation.

It is therefore evident that the assessment is not aimed at establishing a ranking.

In brief, the assessment model lends itself to a double reading:

- A horizontal reading (among policies/good practices), since it allows a comparative analysis of different interventions by identifying their common elements and differences;
- A **vertical reading** (within each policy/good practice), since it allows the identification of strengths and rooms for improvement of each intervention.

Moreover, providing multiple indicators and variables that can vary according to the specific country/territory/organization/setting/context, the model represents a very flexible, adaptable, and **transversal tool** potentially applicable in a wide range of territorial, political, and socio-cultural contexts.