

Interreg

Alpine Space

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European Regional Development Fund



REPORT

EUROPEAN CONFERENCE INITIATIVES AND PUBLIC POLICIES FOR THE ACTIVE AND HEALTHY AGEING IN THE ALPINE SPACE

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OPENING OF THE CONFERENCE

Friuli Venezia Giulia Region (project manager), *Gian Matteo APUZZO – Senior Expert*

The ASTAHG project aims to develop a transnational and multi-level model of innovation governance for active ageing in the Alpine Space, with partners from Italy, Slovenia, Austria, Switzerland and France.

The project is part of a systematic approach of horizontal collaboration with several stakeholders. The objective of the ASTAHG project is to support regional authorities by sharing good practices in the Alpine space and to build a network in this field.

Today the conference is the intermediary event of the project with an overview of good practices among different countries. Among the other objectives of the project, we will develop an inclusive network, create an observatory of innovations in the field of active ageing in order to arrive at a macro-regional strategy.

The project partners have different profiles: state authorities, local authorities, universities, private actors ... The project also includes observers.

Pôle Services à la Personne, *Fahrudin BAJRIC – Director*

Presentation of the rates of the population aged 65 and over and 80 and over for each country in the Alpine region in 2016. Italy has the highest rates for the two age groups considered. The ranking is almost similar from one age group to another. For the population aged 65 and over, Italy and Germany are above the European average, while France, Austria, Slovenia, Switzerland and Liechtenstein are below. The same phenomenon can be observed for the population aged 80 and over, except for France, which is this time above the European average.

The loss of autonomy implement several consequences. It can reinforce the appearance of chronic diseases, accelerate the decline of functional capacities, cause psychological shock... All this will lead to care and support needs. Another direct consequence of ageing is the increase in expenditure on care for the elderly. **These expenses cover care allowance, accommodation, and assistance in carrying out daily tasks.**

A life course perspective on ageing recognizes that older people are not an homogeneous group and that individual diversity tends to increase with age.

Interventions that create supportive environment and foster healthy choices are important at all stages of life.

The objectives of the midtermconference are to:

- Disseminate the results of the project (so far attained)
- Present different models, initiatives, what is being done in each partner's country (international conference).

PUBLIC POLICIES FOR ACTIVE AGEING: WHICH FRAMEWORK AND AREAS FOR ACTION?

South Region, Bertrand Fribourg - Department of Business Development and Financing: Operation of Regional Interest “Silver Economy” (France)

The South Region has identified 8 strategic sectors for economic development. The silver economy is considered as a sector to be developed and stimulated. The objective is to concentrate the financial means and to organize it in a specific way with the partners of the sector: other public financiers, institutions, private companies. The Region is looking for structuring projects in order to create an original and unprecedented offer of services and solutions to date. To achieve this, it has developed two innovative tools:

- A funders' committee during which projects are presented to public and private funders. The committee meets every 6 months to discuss about 3 to 4 structuring projects. The public-private financing of projects is systematic to complete the financing plans.
- A Task Force which brings together between 30 and 40 companies every 3 months to exchange ideas, business opportunities and projects.

Veneto Region, Stefano Gris – Project Manager: regional Law on “Active and Healthy Ageing” (Italy)

Stefano Gris from Azienda ULSS1 Dolomiti presented on the regional law on Active and Healthy Ageing in the Veneto region in Italy. After setting the geographic context of the Veneto region, which is 1 of 21 regions in Italy with about 5 million inhabitants clustered in 7 provinces and accounting for 9.4% of Italy's GDP, he presented statistics on the demographic challenge in the region. According to that, 22.6% of the region's population are currently 65 years or older (3.4% are 85 years or older), and these numbers will increase to 27.5% and 4.7% in 2030 and 33.4% and 9.9% in 2060 respectively. As a response to this demographic challenge, the region implemented the regional law on active and healthy ageing. It was approved by the regional parliament in 2017 and it recognises the role of older people in the society and their human and social heritage by integrating various policies aimed at reducing social exclusion, with a special emphasis on the needs of the female ageing population.

The law promotes social activities such as surveillance in public spaces, protection of the environment and culture, providing support for frail people, promoting social housing and culture and it fosters intergenerational experience exchange. This is being achieved through an integrated and coordinated approach covering fields such as health and security, training, participation, culture and tourism, volunteering and housing policy. At the regional level, the active ageing strategy is manifested through a 3-year plan, which integrates activities and resources from different policies at regional and local level. The plan is defined by the regional healthy ageing council, which consists of 12 members nominated for 3 years who play an active role in the plan definition and also serve as a monitoring instance. The council is composed, among others, of members from the regional administration and municipalities, nursing homes volunteers and social cooperatives as well as the retired peoples' trade union.

During the initial funding phase, a call for proposals was published for innovations in active and healthy ageing, which was funded with 2 million € in 2018 and 1 million € for 2019. 122 proposals were received, of which 80 initiatives were funded. One of the proposals selected is the “*palestre delle salute*” which is

a private Gym providing facilities and services to cover the special needs for people 65 years and older. The initiative was certified by the region. With respect to this initiative, a member of the audience raised the questions of whether:

- There are specific standards defined to assess these private Gyms targeted to the needs of the older population;
- How their activities are funded, and
- Whether this service is provided free of charge for the target population.

In response to that, Mr. Gris clarified that the regions' certification and an accreditation is needed, which includes the necessity to attend courses, passing a test and having inspections by the local authority. The people who attend the Gym still have to pay their membership, so there is no funding or co-funding to cover or reduce these costs for the target group, but the accreditation should serve as an incentive for older people to sign up with the Gym. The regions certification is, in this context, perceived as a very strong selling point to boost Gym membership of older people.

Departmental Council of Bouches-du-Rhône, *Corinne TICHIT - Assistant to the Head of the Help plan Department*: individual aids (France)

For the start, the latest framework law in France on the care of the elderly (the Law for the Adaptation of Society to Ageing (ASV)) was presented.

Since 1975, in France, an evolution was made from the minimum social benefits that were set up to individual and collective support. The particularity of this law voted in 2015 is the opening up to carers and the personalization of the assistance that is deployed directly by the Department. Each person will have an allowance related to his or her problem.

The ASV law provides a national framework and then each department identifies the particularities of its territory through departmental schemes, which define orientations and actions for 5 years. The Bouches-du-Rhône Departmental Council's plan can be consulted on the department's website.

The sociological characteristics of the elderly in the Bouches-du-Rhône department are notably:

- Predominance of women
- Proportion of people aged 60 to 70 years old has increased over the last 5 years
- High social inequalities
- Unequal caregiver role.

Previously, the Personalized Autonomy Allowance (APA) was for older people. Today, the people who come to ask for help are "younger" with different needs: working carers, social and economic rights that are sometimes difficult, problems of over-indebtedness. People do not have the capacity to pay for access to additional services.

In the Bouches-du-Rhône: 21.3% of the population is over 60 years old; among them the $\frac{3}{4}$ live at home; 25,978 people are beneficiaries of the APA, i.e. 6.9% are over 60 years old.

For the public authority this represents:

- 582 new applications per month,
- 81% of these applications are recognised as beneficiaries of this allowance,
- 116 million, i.e. an average of 373 €/month per person (in 2019).

APAs is an universal right. The public authority's financial contribution is in proportion to people's resources. Access to this allowance depends on the age (60 years minimum) and the degree of autonomy of the person, assessed according to the AGGIR grid, which identifies 6 levels of dependency. Category 6 is the least dependent and category 1 the most dependent.

Departmental Council of Vaucluse, Marion LE CORRE - In charge of the project engineering mission: conference of funders for the prevention of loss of autonomy (France)

The conference of funders for the prevention of loss of autonomy was set up following the ASV law of 2015. It is a body that brings together funders and whose objective is to finance prevention actions for the elderly in a territory. There is one conference in every department in France.

It has a triple governance:

- The CNSA, which manages all the funders' conferences and pays out the funding,
- The Departmental Councils, which are responsible for animation, chairmanship and reversal,
- The Regional Health Agencies which are the Vice-Presidents.

The fact that there are no dividing lines between schemes for dependent and less dependent people means that there is a need for collaborative work with all the funders. Each conference of funders receives support from the State.

This body continues to evolve at the national level with, for example, the opening around inclusive housing: grouping of small housing units. The body will continue to expand and work on new themes.

In the Vaucluse department (560,000 inhabitants), urban and rural, the 5th poorest department in France, there is support for concrete actions through a coordinated programme.

Here are some of the areas of intervention of the institution:

- Diversifying the departmental prevention offer
- Work on technical aids and housing adaptation
- Offer of support to caregivers
- How to reach the most fragile audiences?
- Improving the prevention of ageing in local policies.

In 2018, the department supported 291 actions carried out by 83 operators. One third of the cities in the Department hosted prevention actions, 8,852 people were affected by the actions, 75% of whom were women, for a budget of €1.6 million.

The positive aspects of the conference, after the first phase assessment:

- The structure is fairly light, so it is a quick and efficient body to set up as there are only 10 people to bring together.
- A substantial budget.
- Taking into account the ageing process well in advance.
- A large number of diversified actors.

There are nevertheless some difficulties:

- Actions are reserved for the over-60s, but some actions come a little late and there are no possible derogations on age. It would be more relevant to target the public according to needs rather than age,
- Difficulties in coordinating with other funders,
- Difficulties in giving continuity to the actions as the appropriations are annual,
- On the technical level: difficulties in mobilizing the most fragile because they are not well known,
- Difficulties for the operators to go in a project logic: from the diagnosis to the evaluation of the impact of their actions because it is necessary to accompany the operators on the evaluation part.

HOW INNOVATION STIMULATES PREVENTIVE ACTIONS FOR HEALTHY AGEING?

Friuli Venezia Giulia Region, *Gian Matteo Apuzzo – Expert senior: “PRISMA” project - Tool to guide seniors towards services and activities that meet their needs (Italy)*

The presentation explains an ongoing experiment in the Friuli Venezia Giulia region to detect frailty in the elderly, in the framework of the regional law on ageing well.

In Friuli Venezia Giulia 26% of the population is over 65 years old and in Trieste 25% of the population is over 65 years old.

The project PRISMA 7 aims to improve knowledge of the frailty of the elderly and to identify the needs which arise and which are not taken into account. The aim is to support the development of policies adapted to the real needs of ageing populations, with the ultimate goal of older people living at home for as long as possible.

PRISMA 7 stands for Research Programme on Integrated services for Keeping the Autonomy. It is a methodology mapping frailty in order to support policies on real needs. It consists of a seven questions questionnaire funded by the Canadian Health Services Research Foundation together with the "Fonds de la Recherche en Santé du Québec" and the Ministry for Health of Quebec, and develops in two phases: 1) screening, 2) if the score is >3 taking-over by the health system.

The Region is the promoter and coordinator of the activity through the Department of Health and Social Policy. The Regional Council has approved the management lines and the activity has been entrusted to the local health authorities. The project is included among their tasks in the annual plan of the local health authorities, which carry out the activity through the health districts.

The activities of PRISMA 7 involved 4 Health Districts in Friuli Venezia Giulia and it is included in the Annual Plan of Local Authority. A communication campaign was launched in the whole region involving pharmacies, general practices, health districts, public relations offices of the local Health Authorities. In 2018 the number of older people in the region was 23.000 and were involved in the screening 12.000. In 2019 in the whole region there were about 46.000 older people over 75. From 30.090 persons interviewed 8.628 were at risk of frailty (about 29%).

National Institute of Public Health, *Andreja MEZINEC and Monika ROBNIK - Regional Health Manager and Health Engineer: “Elderly for elderly” project - Volunteering towards isolated elderly people (Slovenia)*

Andreja Meziniec started the presentation talking about the Slovenian Alps and population aging in Slovenia going through the situation of different municipalities. The average age in the Alpine regions is very high. In 2018, in Slovenia 22% of the population was over 65 years of age.

In the framework of the Astahg project, the National Institute of Public Health collected information on active ageing policies through two methods:

- A questionnaire

- A local event organized in Gozd Martuljek on 15th of October 2019 with national actors in the field of ageing well.

In the second part Monika Robnik talked about one of the best practices identified: 'Elderly for higher Quality of life at home Social engagement in the delivery of services (Elderly for elderly). 'Elderly for elderly' was financed by the Ministry of Work, Family, Social Affairs and equal opportunities, financing foundations of Organizations for Disabled, Humanitarian Organizations and donations.

The Elderly for higher Quality of life at home Social engagement in the delivery of services programme, with acronym "Elderly for elderly", aims to identify elderly people (69+) living at home and find out about their needs through home visits by volunteers and a questionnaire. There were more than 900,000 visits between 2014 and 2016. Sourcing is done by the volunteers themselves. Needs are either taken care of by the volunteers or by the services of the National Institute of Public Health. Needs are identified at the individual level.

The project aims to identify the needs of the elderly living at home, establishing a permanent contact with public service providers and NGOs, providing them the information about the needs of the elderly, informing the local community about the quality of life and needs of older people living at home, enabling civil society to monitor provision at home. Volunteers visit people over the age of 69 in their area, ask them about how they live, and try to arrange for help if they need it. Most of the people enrolled were between 75 and 90 years old.

The programme is managed by a professional and a retired person. They recruit regional coordinators who manage the network in their region. The coordinators are in contact with and support the volunteers.

The funding is ministerial to respond to the willingness of people to live in their homes. The programme responds to another wish, that of remaining active and feeling useful in their local community. Volunteers often then become users.

Departmental Council of Isère, France LAMOTTE – Autonomy director: "ISERADOM" project - Bouquet of services for people with loss of autonomy (France)

IsèreADOM, is a project implementing an innovative device at the service of active aging at home. IsèreADOM is a regional platform created to develop prevention and home support for people with loss of autonomy living at home. It started in Isère by the Departmental Council of Isère. IsèreADOM aims to set up tools and organizations, pooled between different local authorities, in different Departments, with an approach of supply efficiency.

The project targets two challenges:

- Connecting the medico-social with the health system
- Pooling the system and public investments between the department and private financiers.

There are 2 parts of the system:

- Personalised support: how to coordinate the players?
- How to give all the information in one place on the field of dependency?

The project offers a complete and effective approach to provide information and guidance for vulnerable groups or people losing their autonomy (web tools and toll-free number): identification of solutions participating in home support, telephone reception, orientation to adapted services, referral

to places of physical reception, etc. Individual support with "sentinel" follow-up: personalized support as closely as possible to the evolution of needs, in a global and open-ended approach to the various services (human assistance in face-to-face, "tele-services" at a distance). The designation of a "situation lead", when there is a help plan, makes it possible to systematize a monitoring of the sliding factors and to adapt the help or care plans "at the right time". This referent goes to the beneficiary's home and follows him regularly. It is a professional already present in the health system. The referent analyzes the situation and identifies a problem, then informs the professional who will take over (doctor, medico-social referent, etc.).

The project developed a software to manage the information and use a digital connection notebook interfaced with remote operators (remote alarm, telephone monitoring, medical remote monitoring, etc.), accessible on computer, tablet, smartphone. Telephonic platform is also available six days to seven.

The digital link book is a software interfaced with that of hospitals and town doctors. Caregivers therefore have all the information concerning a patient leaving the hospital, for example, via secure messaging. The notebook makes it possible to follow the evolution of situations day after day, is used by the department to revise assistance plans and makes it possible to avoid always having to travel to do so. There is no medical data in the digital logbook. Hospitals can see medical-social information but not the other way around. There is also secure messaging between health and medico-social services.

Today there are 10 departments that are interested in deploying the scheme on their territory.

IsèreADOM is 2 years old and is being evaluated until March 2020. It is a system that has been acclaimed by home services, because it is considered as:

- A prevention tool (very rapid remote monitoring)
- A coordination tool
- A tool for tracing information.

There are nevertheless some difficulties and points of vigilance of the system:

- Be careful to really train the home services teams in order to be able to use the system
- Articulating the information system with business tools
- Involve the town's GPs to a greater extent.

HOW CAN WE DEAL WITH AGEING CONSIDERED GLOBALLY, TAKING INTO ACCOUNT SPECIFIC TERRITORIAL CHARACTERISTICS?

Province of Trento, *Olivia Balagna* – Project Manager: “Salute +” project - Health promotion application that links the territory's social innovations (Italy)

The Autonomous Province of Trento has developed the "Trentino Salute +" application project with the health services within the framework of the health plan. The health department developed an app to support healthy lifestyle: TrentinoSalute + which is a synergy between The Autonomous Province of Trento, the Trentino Health Trust and the Research Foundation: Bruno Kessler Foundation. The project is part of the first thematic objectives of the macro “Trentino Health Plan 2015-2025”.

The aim of the project is to promote health and to encourage healthy lifestyle favoring active involvement of people. The application is based on a dialogue with a virtual assistant, able to calibrate personal habits to improve individual lifestyle.

When the application is downloaded (with the health card number for security reasons) there is a virtual coach “Salbot” asks some questions about your life habits (nutrition, physical activity, alcohol, smoking and degree of social inclusion). It will help with different tasks in order to eat better, do sports, etc. It looks a bit like a person from the Red Cross or a hospital. The goal is to climb a mountain, a wink to the alpine space, by connecting with his health card. The application is reserved for the inhabitants of Trento. Some information is entered and the application gives a score between 1 and 1000 to assess the level of health.

Depending on the score, the application offers some daily tips to change habits and offers challenges that last one month and challenges to win points. It is an incentive system, there is a social part and a personal part. Points are for social or personal use. As there are partnerships with food stores for example, when you have a lot of points you can use these points with partners to buy (food, swimming pools, etc.) and you can also give the points to associations. Points can be given to voluntary associations for particular initiatives – when a social initiative reaches the expected points it obtains the financial resources required by the association.

In addition to donating, the citizen receives discounts and concessions for the purchase of health-related products or services, e.g. subscription for the gym, healthy food or sports equipment. In the pilot study 10 commercial enterprises are involved.

The app was developed 2 years ago. 2.432 users downloaded the app, 2032 answered the questionnaire and 901 worked at least for one month in one or more challenges. The developers will improve this. There exists also a promo video for the app. In future the app shall be linked with a platform and be connected with hospitals in Trentino region. The challenge today is to go further in the territory to disseminate the application and improve its rate of use. Subsequently, it will be a question of making the link with health data.

Provence Alpes Agglomération, Renaud Rouquette - Head of the Economic Development Department: project to coordinate stakeholders around a tourism offer for seniors (France)

Provence Alpes Agglomération has been in discussion since 2017 with its counterparts in the Auvergne region who have healthy spas. Behind the term "full health" there is a common denominator which is the well-being of people. The objective of the project led by the agglomeration is to capitalize on the assets of the city of Digne-les-bains. The challenge is to structure and validate the approach, notably thanks to the support of the Region.

The first objective consists of structuring investment, and construction of a SPA that will be delivered in June 2020. It will integrate:

- 1 thermal establishment
- 1 Thermal SPA
- 1 lodging establishment.

The second objective aims to animate and develop the eco system of prevention – health on the territory. It will consist of:

- Working on the coordination of the care pathway for the elderly person
- Developing the range of preventive health care services
- Develop a living lab in the Digne nursing home.

From a complicated situation and a need for society, the agglomeration was able to turn it into an asset for the territory. The problem of ageing is approached from the point of view of economic development because the conurbation, followings its legal competences, is not responsible for the care of the elderly. The conurbation is a driving force for territorial development. In addition, European funding (Provence alpes Agglo is a partner of two PITEM ALCOTRA) makes it possible to have one person specifically in charge of animation and another person dedicated to the animation of the living lab.

In next 2 years the project will experiment on the following themes:

- Coordination of the care pathway for the elderly person (City - Hospital link)
- Development of the health prevention offer and in particular of stays dedicated to well-being.

Pôle Services à la Personne, Jeanne Piedallu – Project Manager: collective and connected social housing project (France)

In 2014, a study conducted by Kedge Business School runs the analysis over the state of intermediate housing with a section on the place of home services in these homes. The various observations reveal that the offer is heterogeneous on the territory and that it does not always meet the needs of users. There is a risk of users turning in on themselves, and a reticence on the collective part.

The study's recommendations relate to the development of the offer on the territory so that it is articulated around 4 use values:

- The freedom to choose whether to go to these dwellings or not,
- The link between comfort and safety,
- Conviviality and social bonding
- Continuity in the world.
- Housing must be economically accessible.

Collective and Connected Habitat workshops with potential users and professionals were held with the idea of building a specification for Collective and Connected Habitat. Further, a study was then funded by the Provence-Alpes-Côte d'Azur Region and AG2R La Mondiale to see how technologies can be included in concrete projects.

The ADMR is a national network of associations that offers medico-social services to all types of public. The ADMR of Vaucluse is at the origin of the construction project in the commune of Cheval-Blanc, which was facilitated on two levels:

- A national ADMR approach "Habiter autrement" (Living differently) which aims to develop an inclusive and intermediate housing, which is an alternative between the home and the establishment (EHPAD); Small-sized accommodation grouped together to have a collective space and collective activities but that households can maintain their living habits.
- Legislative levers that give legal recognition and financial opportunities to this type of housing.

The project is led by a consortium: lessor, ADMR de Vaucluse and the municipality of Cheval-Blanc. It concerns 23 individual dwellings in T2 or T3, around a common room, the ADMR services house ("Maison de Services ADMR"). There is also common outdoor areas such as shared and private gardens, individual parking spaces and the possibility of using car-sharing vehicles. It will offer an efficient inclusive housing at low rent (PLU / PLAI agreement). A connection between the habitat and its inhabitants is done to their environment (pedestrian path to the village centre / direct proximity to the regional observatory of the Provençal language and the University of the Provençal language). There is a guarantee of a low environmental impact: project will be labelled in high environmental quality (HEQ).

The housing is innovative for several reasons:

- Socially inclusive housing and therefore accessible for low-income households
- Connected to its environment, pedestrian crossing planned from the housing units to the town centre
- In connection with the observatory of the Provençal language
- Offers services integrated à la carte: either by local associations or by the ADMR.
- Low environmental impact because it complies with the HQE environmental label.

The last aspect that shows innovation is the integration of new technologies in the habitats, following the study conducted by FRamatec and financed by the Region and AG2R La Mondiale. The study provides an entry by function: protection/comfort/prevention/maintenance, etc. The innovation is that there is an application to manage and connect all these tools.

WHEN “HEALTHY AGEING” IS IMPLEMENTED THROUGH ACTIVITIES OF ORGANIZATIONS: DIVERSITY OF GOVERNANCE, COMPLEMENTARITY OF SKILLS.

University of Salzburg, Centre for Ethics and Poverty Research, *Annemarie MÜLLAUER – Associate Researcher: “Active ageing in a mountain region” (Austria)*

Presentation of the project "Living Well for Older People" - Salzburg

Annemarie Müllauer presented the active ageing activities in Austria, particularly the so-called initiative “living well in old age in Oberpinzgau”. The Oberpinzgau region is made up of 19.7% of people aged 60 and over. It is a mountainous region with valleys.

The study conducted in 2012 focused on the existing service offer for the elderly. The methodological framework is composed of 4 phases (qualitative survey, quantitative survey, communication and implementation) and the results of the analysis phase. The study, furthermore, identified five fields of action:

- Information and networking
- Building and living without hindrance
- Local supply and mobility. Lack of public transport connections
- Civic engagement and social interaction: meaning to their lives, social contacts and interactions
- Innovative, preventive and affordable offers.

Among respondent data :

- 28% have a net income of less than 800 euros
- 83% of people live in a house, 15% in an apartment and only 2% in other types of housing.

There are several advantages of the scientific approach:

- Reliable results
- Raising Public Awareness on Aging Well
- Organize network meetings for service providers.

The second project example, Pinzgau Platform (2015), concerns the entire Pinzgau region. The role of the regional authority is to manage the website and support offers for the elderly. The aim of the website is to clearly present the offers available for older people in the region.

CARSAT SUD EST, *Valérie Merlin and Valérie ARQUIER – Social Action Experts: “pension insurance fund that provides support for its vulnerable members” (France)*

The French model of social protection system exists since the end of the Second World War. It is a system divided into 3 entities:

- Social security system
- Unemployment/social assistance scheme
- Supplementary pension schemes

The weight of social protection in France is more than 30% of French GDP.

The Social Security protects people living in France against all the risks that can arise in their lives. The general social security system covers 90% of the French population. Social security contributions are collected via URSSAF.

CARSAT is mainly known for the retirement aspect but also for the branch of prevention of professional risks and social actions with retired people, autonomous elderly people.

CARSAT's social action policy in favour of seniors is based on 3 levels of prevention:

- 1) general information
- 2) group workshops (sleep, diet, physical activity, etc.) to promote information and support behavioural changes in favour of ageing well
- 3) individualised support for pensioners, individual assistance plan.

This stratified vision must evolve towards greater integration. All 3 levels of prevention must be found in all the offers proposed to the elderly:

- Actions on the environment of the retired person in proximity
- Trainings
- Support for project holders (PAA)
- Digital
- Innovation.

CARSAT is launching a call for flagship projects, via the Viva Lab scheme, which brings together the main partners involved in working with the elderly. The aim is to support the emergence of technical or organisational innovations in the service of ageing well and autonomy.

This call for projects should make it possible to source innovative projects that can change the way elderly people are cared for in the future. The project leaders will be supported financially or by structuring the project.

The budget is 2 million euros per year for 6 target subjects:

- Adaptation of housing
- Life project for collective living spaces
- Home Support
- Support for caregivers
- Accompanying caregivers
- Fighting social isolation and the digital age

Example: Exostim project: application to work on the cognitive aspect.

AG2R La Mondiale, Romain GANNEAU - Head of Social Initiatives: "Public / private cooperation: to be (or support) the assembler in the territories, unite the partners of territories" (France)

AG2R La Mondiale is an insurer with 5 million retired customers and acts on:

- Helping caregivers
- Habitat
- Prevention
- Employment.

There are several types of cooperation to implement public policies for active ageing in the territories:

- Thematic
- Generalists
- Verticals
- Horizontal
- Articulation among public policies.

There are two key success factors for the decompartmentalization of actors to work:

- Common understanding among actors: the willingness to cooperate often comes up against a lack of understanding of the modes of action of the other actors. What are the expectations of each of the actors?
- Appropriate timing.

An illustration of the logic of cooperation is done with the "Pénates et Cité" project: an association created in the Hauts de France region around the theme of housing. In Pémayes&Cité are integrated different policies is coordinated and enhanced the integration. This initiative is supported by no profit organization involving 20 people from different organizations on social innovation. It is:

- Social innovation accelerator
- Support for local authorities
- Service offer and application advising local authorities on accommodation service offers, with the aim of equipping local authorities with knowledge on suitable housing to guide them in developing offers on their territory.

The second example is related horizontal cooperation in which 4 stakeholders are working together with its specific expertise on activities and accommodation for elderly people.

The last network presented is related to vertical integration. The initiative started from surveys and innovation validation involving more than 400 start-up and more than 20 products. This network is based on local expertise collection supported by a opensource information sharing: 3 operational deployments, 3 labs to share in open source the results of all experiments:

- In retirement homes EHPAD (Ehpad Lab)
- Silver Lab: autonomous retirees to test innovations for start-ups. Confronting innovation with its audience at a very early stage. This tool is now requested by local authorities for testing services
- Co-Lab: co-construction of AG2R La Mondiale offer (B2B & B2C).

Gérontopôle South, Olivier RIT – Director: “regional centre of competence and animation for actors in gerontology” (France)

In the PACA Region a new initiative on ageing called Gérontopôle Sud is launched. It is a Regional competence centre for actors in the field of ageing well. **The region** counts more than a 1/3 of people aged 65+ of the France thanks to the characteristics of the region itself. Data shows that the PACA is an attractive region for retired people.

It was created on the initiative of the Regional Council and the Regional Health Authority in 2019. It is made up of local authorities, teaching and research bodies, professional unions, associations, funds and mutual insurance companies and a scientific council.

Its missions are to:

- Federate regional partners
- Valuing initiatives
- Innovate and support experimentation.

The Gérontopôle adopts a global approach that allows for a cross-fertilization of points of view and actors. Now a day the members of this no profit increased. The activities carried within the network are expertise mapping, territory mapping, best practice collection, contacts with stakeholder and more over a healthcare regional observatory has been established. A website is available at gerontopolesud.fr.

CONDUCTING A PUBLIC POLICY ON ACTIVE AGEING: WHICH TOOLS AND METHODS?

AREA Science Park, *Elda OSMENAJ – Research Assistant*: study on “the centenarians of Trieste”(Italy)

In the north-eastern region of Italy there is a peculiarity: there is a high proportion of centenarians. On the 1st January 2019, there was 14 456 people 100-year-old, mostly women. This number is expected to increase to 30,000 centenarians in 2065. Centenarians citizens are also increasing in Italy.

A study was done in the Trieste area. It was coordinated by two professors: a neurologist and an epidemiologist and involving other professionals aiming to describe the health status and health services used by centenarians in Trieste. It aimed also to identify the main deficits & plan future health and social resources. The centenarians were chosen because their numbers are bound to grow in the coming decades, particularly in Trieste where they are numerous and of diverse ethnic origins. The project was designed in 2013 to investigate the clinical, biological and social characteristics of the centenarians. 102 centenarians participated in the program between 2014 and 2017.

There are 3 groups of centenarians:

- Survivors, those who become ill before the age of 80 but still reach the age of 100
- Late-comers, those who become ill after 80 and reach 100 years of age
- Survivors reach 100 years without being sick.

The study followed the method:

- Clinical and neurological evaluation with different types of questionnaires. The questionnaires considered family history, lifestyle habits, drugs habits, check the mood and quality of life, activities of daily living ...
- With a special focus on cognitive diagnosis.

The study faced some limitations:

- Difficulty in recruiting centenarians
- No confirmation of age
- Lack of clinical trials
- Very low response rate
- Little funding.

However, among the main results of the first wave of the survey :

- Most of the centenarians were women
- Most often live in institutions
- Hospitalization and at least one prescription for medication
- Dominant polytherapies
- Only 5% were completely independent.

Thanks to the data collected it is possible to evaluate the health services: access to the emergency room, etc. These figures show that centenarians use more expensive services.

To conclude, in 2017 a new wave of centenarians has been recruited. It is hoped that recruitment will expand further in the coming years and different aspects are analysed.

**Geneva International Network on Ageing (GINA), Astrid Stuckelberger – President:
“Methodology, first results and reflections in the Alpine Space” (Switzerland)**

In Switzerland a study was conducted as a part of the ASTAHG project on the District of Entremont, a very rich region with the ski resort of Verbier included. It is an example of implementation of AHA 4 Helix Methodology; 4 groups were included in the research; they are the actors of the 4 propellers:

- Panel 1: Policy- Makers priorities and Opinion
- Panel 2: Citizens panel
- Panel 3: Business and enterprises
- Panel 4: Research panel

Among results:

- For the policy panel, the issues at stake are: mobility and transport / general access to infrastructure / public space / space planning / distribution of health and care services / coordination between municipalities / intergenerational relations.
- For the citizen panel, the issues at stake are mobility, planning and safety.

Most stakeholders are aware of ageing but do not really know it. They do not know that there are 3 generations in retirement for example. There is a lack of coordination, so the proposed observatory makes a lot of sense.

There is a strong recommendation for all 4 propellers which need to be informed/educated. We cannot make policies based on the ignorance of the stakeholders.

**European Centre for Social Welfare Policy and Research, Christian Böhler –
Researcher: “ASTAHG - method and tools for the transnational governance of active
and healthy ageing” (Austria)**

Improving governance capacities related to regional AHA policies in the Alpine Space, coordination of activities across sectors and fostering the transfer of innovation for AHA belong to the strategic objectives of the ASTAHG project. Achieving these goals requires a framework for AHA stakeholders to cooperate within a Transnational Governance Board (TGB) for AHA in the Alpine Space (AS), structured information on AHA innovation including their costs and outcomes, as well as tools and methods for AHA decision making. Developing such tools and methods will hopefully help improving capacities and coordinating efforts between different sectors and levels, and to respond with tailored initiatives to alpine territorial needs.

Thus far, the ASTAHG project has developed a multidimensional governance model for the TGB which acknowledges different axes of AHA governance, including policy areas, level of governance and activities involved with AHA decision making in the AS. This model aims to provide a framework for cooperation of local, regional and national authorities with other stakeholders in the field in order to identify and promote innovative solutions that meet the needs of the ageing population.

Further, ASTAHG has adapted the 4-Helix approach to identify potential stakeholders for the project. Using the analogy of a dragonfly, its wings represent stakeholders from public authorities, academia, civil society and industry. Whilst they can all move independently, effective AHA governance (the body of the dragonfly) coordinates their movements and determines the direction.

The upcoming challenges in the context of tool-and methods development for ASTAHG relate to the identification of outcomes and indicators for assessing the impact of diverse innovations that may fall into different AHA-related policy-sectors; and to develop a methodological framework that allows transparent and evidence based decision making for AHA across such sectors, based on multicriteria decision making methods.

ACTIVE AND HEALTHY AGEING POLICY AND PRACTICE EXCHANGE BETWEEN EUROPEAN REGIONS

FUNKA - Coordinator of the WE4AHA project, providing coordination and support to the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA): *Jon Switters – European Project Manager*

FUNKA is working on e-accessibility. It is an initiative created in the 1990s by groups of people with disabilities in Sweden. The association works on research and innovation and on consultancy initiatives on digital interface accessibility. It is the market leader in accessibility and works closely with people with disabilities. FUNKA is also the co-founder of the International Association of Accessibility Professionals.

Diversity is all around. Diversity is made up of many different forms: cognitive, motor, etc. Aging can be seen as a form of diversity; ageing affects 15% of the population, which represents a lot of people. The law on online accessibility is an obligation. This European directive should strengthen accessibility in Europe. Ageing is one of the challenges for the EU and represents an opportunity for Europe to find its place as a world leader in creating innovative solutions.

EIP-on-AHA (European innovation partnership on active and healthy ageing) allows:

- Create to encourage and faster innovation and digital transformation in the field
- Establish European innovation partnerships to seek innovation in the European Union
- Bring together relevant actors at European, national and local level.

It proposes a triple win for Europe: improving health and quality of life, and support long term sustainability.

The most interesting aspect of the EIP-on-AHA network today are the reference sites, regional organisations that are at the forefront of investing in and supporting innovation for ageing well. In France there is a rather small number of applications. The EIP-on-AHA has two main pillars: action groups and reference sites

The referring sites can replicate the initiatives in other countries. There is existing funding to replicate an initiative identified in one country and put it in another. Considered as a referral site brings to be a driving force in the region, to participate in new projects, collaborations, to influence national policies. Reference sites are thus leading regional organizations committed to investing in innovation for AHA and supporting transfer and scaling up of that innovation across Europe. Among the 77 sites, some have created networks in their own countries (Italy, United Kingdom).

There is a call for projects for twinning in 2020 (more than 1million € for transfer or adopting of good practices), that will be launched beginning 2020. Many partnerships are possible for the transfer of good practices between regions. There are thematic workshops to come with funding to allow regions to exchange on their good practices.

Few examples of results of workshops:

- Blueprint: report on the digital transformation of healthcare for an ageing society. It is a common policy vision of European policy makers, civil society and industry on how innovation can transform health and care.

- Innovation to market initiative: for transnational adoption of digital transferable solutions. To improve the match demand with the supply available on the market (e-health hub platform)
- MAFEIP: online tool to estimate the health and economic characteristics of different social and economic innovations to measure their impact.



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