



ASTAHG ALPINE SPACE TRANSNATIONAL  
GOVERNANCE ON ACTIVE AND HEALTHY  
AGEING

REPORT ON INITIATIVES ON AHA  
IN THE AS

D.T 3.2.1

Trieste, December 2020

WP T3



**PARTNERS**



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[AREA](#) | Area Science Park (Italy)

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[PSP PACA](#) | Professional network of home care service providers in Provence-Alpes-Côte-d'Azur (France)

[NIJZ](#) | National Institute of Public Health (Slovenia)

[GINA](#) | Geneva International Network on Ageing (Switzerland)

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## *Executive summary*

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Population ageing is a global challenge recognized as one of the demographic “mega-trends” together with population growth, international migration and urbanization, that affect and are affected 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 (responsible for regional and national strategies and action plans) 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 will provide important insights for the EUSALP and EIP on AHA mission.

This deliverable gives a comprehensive description of the activities of WP3 including 1) data gathering and analysis of AHA governance models and 2) identification and monitoring of the innovation in the AHA field. In detail, the macro -activity concerning “Identification and monitoring of the innovation in the AHA field” can be broken in 2 following categories: one related to collection of initiatives on AHA and the other with the assessment of their innovation. As part of this framework, the present deliverable concerns the collection of information on the initiatives for AHA in the Alpine Space area.



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## 1 INTRODUCTION

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### 1.1 Project concept

#### 1.1.1 Project objectives

The ASTAHG project is part of the Priority 4 “*Well-Governed Alpine Space*” of the Alpine Space programme that has as specific objective: increasing the application of multilevel and transnational governance in the Alpine Space.

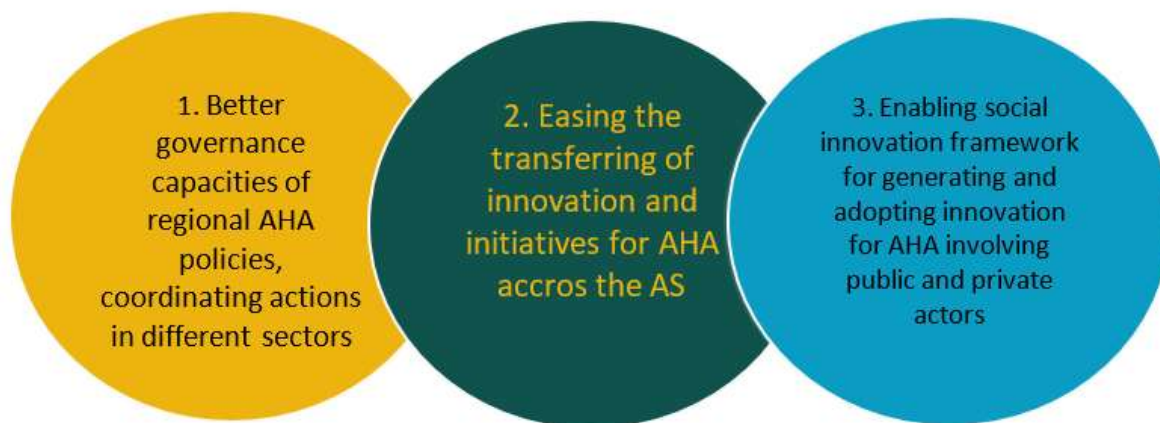
The overall objective of the ASTAHG Project is to foster innovations in public administration and relevant public authorities which tackle the challenges arising from population ageing in the Alpine Space:

- by improving the public authorities’ capacity to coordinate efforts from different sectors and at different levels;
- by responding with tailored initiatives to alpine territorial needs;
- by developing common strategies, a portfolio of good practices and an observatory of innovations to tackle the challenge of population ageing through setting up a working group of Alpine Space policymakers and stakeholders; and ultimately
- by enhancing transnational, cross-sectorial and multilevel cooperation with the involvement of organisations from the public and private sector (*ASTAHG MoU, 2019*).

The specific objectives of the project, as reported on the ASTAHG application form, deal with:

- better governance capacities,
- cross-fertilization of initiatives and innovations,
- enabling social innovation framework for generating and adopting innovation by involving the most relevant public and private players (Figure 1).

**Figure 1. Project specific objectives**



*Source: Own drawing based on ASTAHG AF (2018).*

### 1.1.2 Project outputs

To reach these specific objectives the project will produce 4 concrete outputs as listed in the scheme below (Figure 2). A Transnational governance board will be established (OT1.1) engaging multisector 4Helix actors to share regional perspectives and define a platform of common policies on AHA. The board will strategically engage with AS Regions, EUSALP and international AHA networks for the efficacy, impact and sustainability of governance approaches and AHA policies. There will be developed a framework for AHA innovation (OT2.1) based on the 4Helix model that will help engaging public actors with R&I, social business actors and citizens for the co-creation of innovation making the best use of new available technologies and services for the elderly. Within the WP3 will be developed two outputs, Analysis of AHA governance applications and good practices portfolio (OT3.1) and an Observatory of innovation for AHA (OT3.2) that will be populated with the most innovative AHA initiatives and technologies in the AS.

**Figure 2. Project outputs**



*Source: Own drawing based on ASTAHG AF (2018).*

### 1.1.3 Work package structure

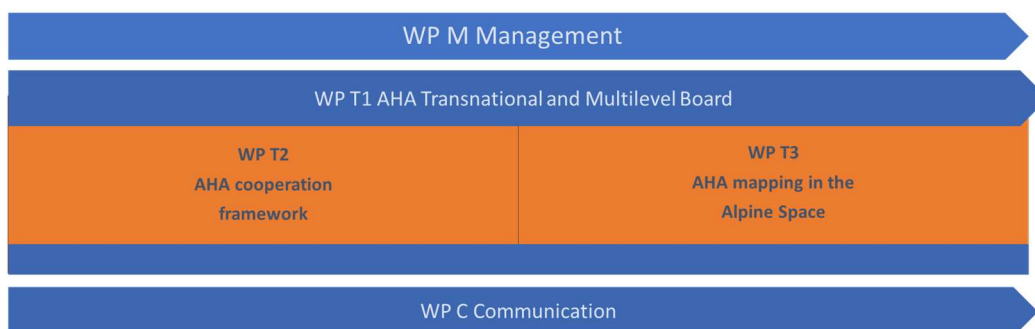
The overall structure of the project will run for 36 months and consists of 5 work packages (see Figure 3). Each work package has a WP Leader (responsible partner), respective budget and a planned start and end date. In the preparation phase of the project, WP P was included as a separate WP. The structure of project work packages is shown in the scheme below. WP M is responsible of project planning, controlling and coordination of the partnership and internal communication, as well as evaluation of project results and contribution to the AS programme and EUSALP strategy. WP1 is concerned with the creation and coordination of a Transnational Governance Board involving multilevel policymakers and stakeholders of different regions and European networks and initiatives giving a contribute on the activities of WP3 (AT3.1; AT3.2). The main activities of WP2 deal with “AHA governance models logic classification” and “Methodology for AHA governance assessment”. These activities are related with the activities of WP3 that concern on “Data gathering and analysis of AHA governance models” as well as “Identification and monitoring of the innovation in the AHA field”. All the activities related to communication, are horizontal to all WPs, involve all project partners and the responsible of those activities is WP C.

*This project is co-financed by the European Regional Development Fund through the Interreg Alpine Space programme.*





**Figure 3. Overall project structure**



Source: Own drawing.

### 1.1.4 Project target groups

The direct target groups of the project are AHA policymakers such as local, regional, and national public authorities of different sectors from healthcare, welfare, mobility and transport, R&I, industry and culture as well as organizations promoting the silver economy. All the interest groups will be engaged during the transnational governance board meetings bringing their perspective, expertise, and experience in the AHA field (Figure 4).

**Figure 4. ASTAHG target groups**



Source: Own drawing based on ASTAHG AF (2018).

## 1.2 Contribution of WP3

The aim of WP3 “AHA mapping in the Alpine Space” is to understand how the AS regions deal with the population ageing challenge and which are the governance models that have an

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outstanding impact on AHA. There are two macro-groups of activities within the WP3 that consist of “Data Gathering and analysis of AHA governance models” (Activity A.T3.1) and “Identification and monitoring of the innovation in the AHA field” (Activity A.T3.2). Both of activities must deal with data collection and analysis. The Activity A.T3.1 is concerned with “AHA Governance models”. It aims to gather information on AHA governance models in the AS from relevant actors at different territorial levels and sectors. Regional and transnational (public/private) actors are joined to work together within the transnational governance board. The ideas and recommendations coming from the board thematic group meetings and local events will be part of the final versions of WP3 deliverables, as well as contribution and input from relevant stakeholders and observers of the project. In the context of A.T3.1, the deliverable D.T3.1.1 “Governance models in the AS”, is concerned with data collection of governance models, whilst the deliverable D.T3.1.2, with the assessment of governance models for AHA in the AS. The tool for information collection (ASTAHG survey), an agreed template for data collection developed based on the classifications in A.T2.1, will be provided by WP2. The aim is to gather relevant information on AHA policies, initiatives and innovations on the AHA field. The assessment of the governance models collected will be done using the methodological framework provided by AT 2.2 (DT2.2.1, DT2.2.3). By following the multisectoral and multilevel approach of the project, the governance models will be assessed in all sectors and at different levels. Based upon the analysis of the models collected, will be proposed a portfolio of approaches in order to coordinate efforts on AHA strategies in different sectors involving all territorial stakeholders in a multilevel cooperation (O.T3.1 AHA governance good practice portfolio).

The activity A.T3.2 “Identification and monitoring of the innovation in the AHA field” is concerned with data collection and analysis of initiatives and innovations of AHA in the AS. In specific, the deliverable D.T3.2.1 “Initiatives on AHA in the AS” will gather all the initiatives and innovations collected by different actors (partners, stakeholders, observers, governance board members, EUSALP members) on the respective territory. The information collected will be structured in a framework and the most promising AHA innovative initiatives will be part of a transnational observatory (O.T3.2 AHA innovation observatory). The aim is to facilitate



the transferring of innovation and initiatives across the AS helping public/private actors and policy makers to understand the feasibility of initiatives in their territory. Inputs and feedback for the observatory will then be provided during local events and thematic group meetings of the transnational governance board.

### 1.3 Deliverable description

The scope of the deliverable D.T3.2.1 is to give a picture of the AHA good practices collected by project partners in the AS. In specific, this deliverable focuses on AHA initiatives and innovations and their first analysis.

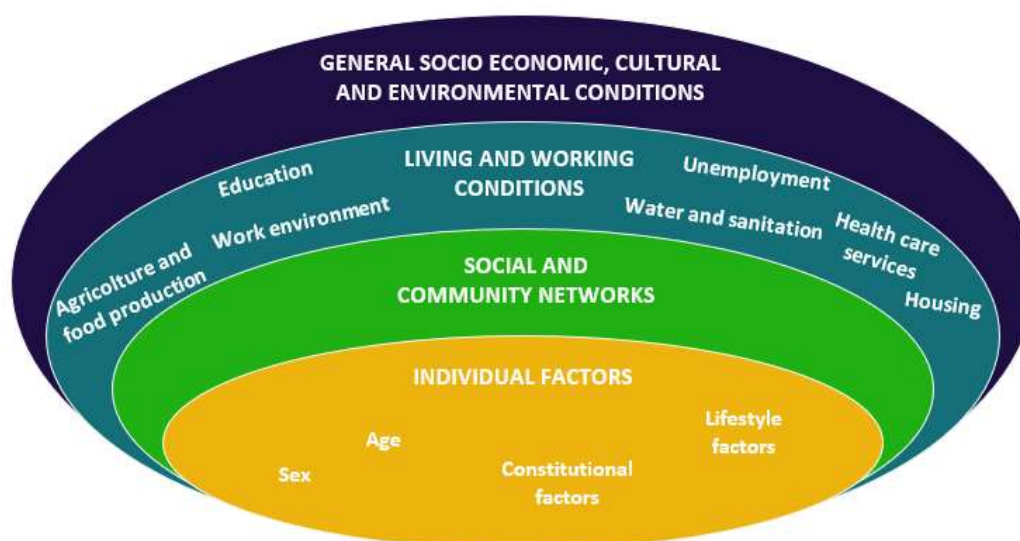
This report is structured in five main sections. The first section is an introduction to the project along with an overview of WP3 objectives, activities, and outputs, while the second one addresses the AHA as a demographic change and a political challenge. The third section provides an overview of the data collection methodology, describing the ASTAHG information survey used to gather AHA good practices in the AS as well as the different stages of data collection. Section 4 reports the results of the analysis of good practices collected, focusing on AHA initiatives and innovations.

The deliverable report, therefore, concludes with a summary of the main points emerging from the analysis, contextualising and linking them within the whole WP3 activities of ASTAHG project. The current deliverable also includes an annex with additional and supportive material created during the project, referred to the collection of good practices specifically designed and implemented to respond to Covid-19 pandemic.

## 2 A MULTIDIMENSIONAL PERSPECTIVE ON ACTIVE AND HEALTHY AGEING

The World Health Organization (WHO) has defined health as «*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*» (WHO, 1948). In line with this definition, health is a multi-dimensional concept in which environmental, social, physiological and psychological factors come into play, interacting and overlapping with each other, to produce health, as well as capturing how people feel and function both individually and in society (Bousquet et al., 2015). Consequently, many determinants of health are found in sectors other than health itself (see Figure 5).

**Figure 5. An overview of health determinants in line with the ASTAHG project approach**



Source: Own drawing based on Dahlgren & Whitehead (2006).

In the field of health, in the 1990s, the WHO developed the broad concept of Active and Healthy Ageing (AHA) as «*the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age*», with a focus on the link between activity and health (Malva & Bousquet, 2016; WHO, 1994). This definition is worthwhile for both individuals and population groups and involves environmental and social determinants. In this context, the word «*active*» means «*continuing participation in social, economic,*



*cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force» (WHO, 2012, p.12).*

It follows that, the adoption of an AHA approach dismantles the traditional concept that associates the oldest phase of life with inactivity (Boudiny & Mortelmans, 2011) as well as elderly with dependency and passivity. Rather, AHA perspective encourages the participation of older people in society and the improvement of their autonomy, considering them a resource for the entire community and emphasizing the knowledge and experience they have accumulated over time. From this point of view, retirement from work is not equivalent to withdrawal from all forms of activity and the ageing of population and, on the contrary, population ageing must be perceived as a social advancement. In line with the complexity of health concept, an AHA approach requires to consider aging in a more holistic and life course-oriented perspective focusing on different aspects of quality of life, such as physical and mental well-being, social connectiveness, participation and activities, maintaining autonomy, independence and mobility, general life satisfaction (Foster & Walker, 2013; Walker, 2002).

In a broader sense, understanding the factors involved in the trajectories of AHA across life course is crucial to achieve the following key goals in the health, economic and social fields (see Bousquet et al., 2015):

- developing effective prevention strategies, programmes or interventions;
- developing new strategies, programmes or interventions taking into account socio-demographic changes and gender-related characteristics or differences associated to a specific geographic and socio-cultural context;
- implementing strategies, programmes or interventions for reducing individual and societal costs of an ageing population;
- reducing health and societal inequities.

## 2.1 Global demographic change: challenges and opportunities

Population ageing, consisting in the process leading to increases in the representation of older people in the total population, was a substantial trend in Europe in twentieth century, and



will rise over the course of the current century. Data show that the numbers and proportions of older people increased significantly between 1950 and 2000 and are projected to grow further by 2050, in which it is estimated that more than a quarter of the European population will be aged 65 and over (Grundy & Murphy, 2017). Furthermore, by 2050, it is estimated that elderly aged 80 and over will represent at least one in ten of the general population in almost all major European countries (Eurostat, 2014).

Going beyond its definition, population ageing is configured as a multidimensional process involving various aspects and lending itself to different readings. At a more general level, the growing presence of the elderly in Europe may be viewed as the self-evident outcome of ongoing demographic changes, such as increased life expectancy or low fertility, which have resulted in sweeping shifts in the age composition of population, labour force and general population ageing. A more thorough analysis of this process suggests that population ageing may be considered as a successful outcome of improved health and living conditions and effective policies in the social and health field. Accordingly, the ageing of population may be viewed as 1) a demographic process requiring institutional, social, economic and policy actions, interventions and adaptations, that will affect the lives of citizens of all ages and 2) a developmental process that people go through when they grow up and associated with an active way of life (Avramov & Maskova, 2003).

Moreover, the rise in the numbers of European elderly has direct relevant implications at different social, economic and individual levels, and, at the same time, has to face several ongoing modifications in socio-demographic structures:

- a reducing working-age population: a contraction in labour force increases pressures in the workplace and may pose a threat to the maintenance of a good work–life balance in the coming years. The upset of this balance may change contributions of men and women to the family management as well as undermine fertility levels and further encourage population ageing (Bloom et al., 2010);
- increasing number of consumers relative to the effective number of producers, as a consequence of the growth of the population in non-productive ages;



- changing proportions between different generations (i.e., children, young people, adults, elderly);
- modifications of family structure and organization: families are becoming smaller (with less siblings) and increasingly de-institutionalised (more non-marital unions) or non-co-resident;
- Modifications of kinship networks (increasingly “tall and lean”) (Sareceno, 2008)

Overall, the abovementioned changing patterns in the socio-demographic context contribute to making relational dynamics in the family, in kinship and, in general, in the community more diversified, fluid and complex (Chłoń-Domińczak, 2014).

## 2.2 Active and healthy ageing as a political challenge

Considering all the described aspects related to population ageing in Europe, it is evident that this multidimensional process leads to a radically changed demographic, economic and socio-cultural context and to a new policy framework in the upcoming decades, with widespread implications for current and future policies across countries. From this perspective, desirable AHA governance models could be distinguished by the implementation of some strategic aspects:

- to develop and exploit opportunities stemming from demographic change occurring in Europe;
- to be life-course oriented, with a focus on multiple generations and their life histories as well as on maintaining a balance between and within generations at different times in life;
- to be addressed to multiple sectors, beyond the purely health one (e.g., work, welfare, care): it is crucial to adopt a wide and comprehensive perspective to promote quality of life and well-being of the elderly;
- to cover changes at different levels (e.g., local, regional, national, international);
- to involve different social actors (e.g., public institutions, policy makers, social and health professionals, industry, academia, citizens);



- to affect both sides of the labour market: supply and demand.

The above-mentioned aspects may be considered as a pre-condition for reaching the goal of an inclusive, smart, cohesive and sustainable growth in Europe, over the long term and with the new demographic context (for an in-depth examination see Boudiny, 2013; Foster & Walker, 2015).

Considering the general framework outlined up to this point, AHA represents the main policy response to demographic changes emerging over the past ten years. Therefore, a supportive policy framework is needed to pursue actions and adopt multisectoral strategies, enabling older people to realize their potential, continuing to be a resource for their families, communities, and economies. Since AHA focus on individual as well as on social involvement and responsibility, it should configure not only as an end but also as a mean to enable different countries to successfully meet the challenges posed by population ageing.





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### 3 DATA COLLECTION METHODOLOGY

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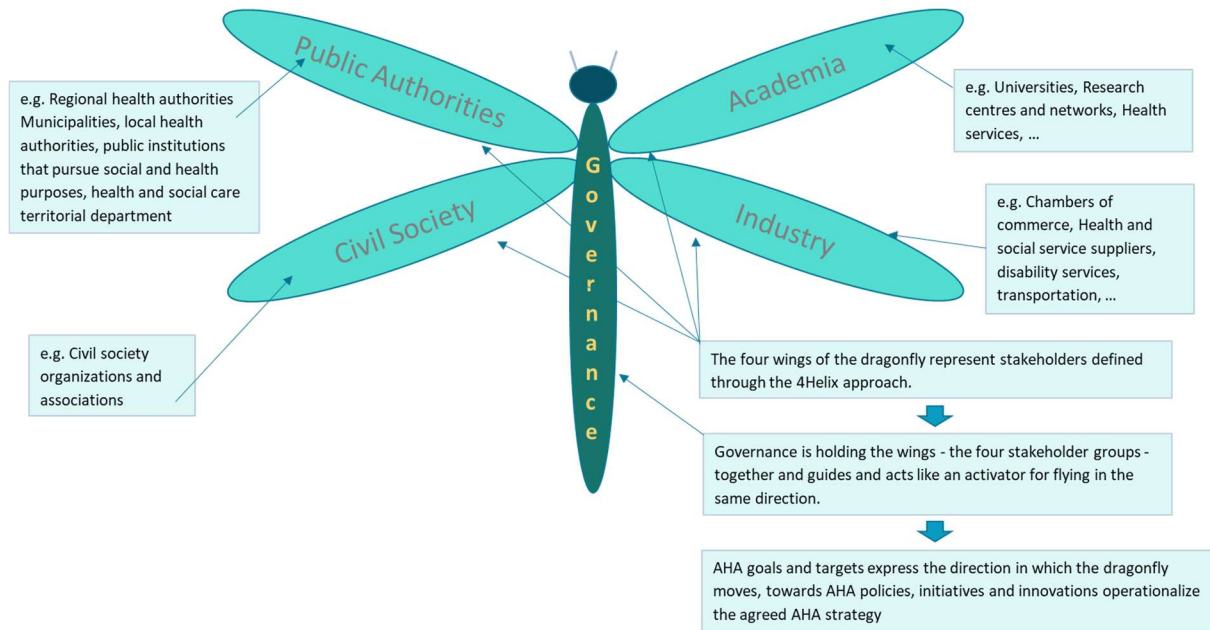
The good practices were gathered from the project partners that collected information from stakeholders on their respective territory (observers, governance board members, EUSALP members, and other stakeholders) grouped in Public Authorities (e.g. Regional health authorities, Municipalities, local health authorities, public institutions that pursue social and health purposes, health and social care territorial department), Academia (e.g. Universities, Research centers and networks, Health services, ...), Civil Society ( e.g. Civil society organizations and associations) and Industry (e.g. Chambers of commerce, Health and social service suppliers, disability services, transportation, ...), as in the Quadruple Helix approach.

As ASTAHG is essentially concerned with the spread of AHA innovation the AS, the Quadruple-Helix model also ensures that, at least in principle, all relevant stakeholders within the AS are targeted. We therefore discussed the use and application of the Quadruple Helix model for the purposes of the project and developed a project specific adaptation of the model that was proposed to all project partners during the 2° PSG meeting of the project in Vienna (11-12 December, 2018). The model was then adapted after the feedback of project partners (Figure 6).

The model is represented by a dragonfly, where governance is the body that holds the wings represented by the stakeholder groups and guide as an activator for flying in the same direction. 103 relevant stakeholders were identified and classified as follows (see Figure 7).

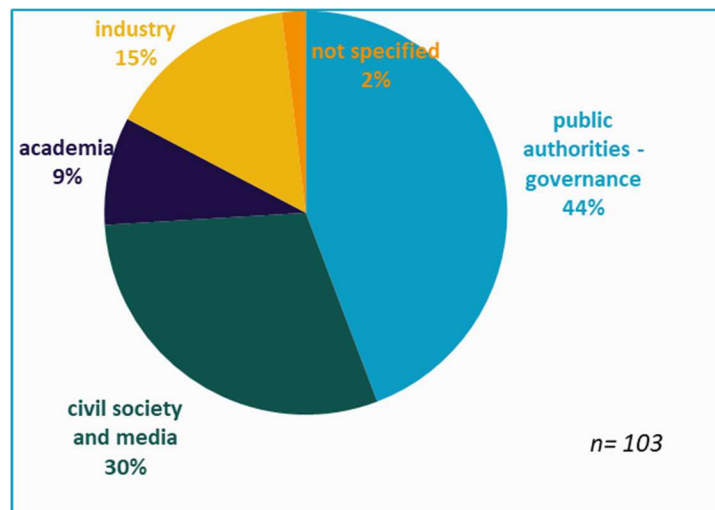


**Figure 6. Quadruple Helix model adaptation**



Source: ASTAHG WP2 DT2.1.1.

**Figure 7. Stakeholder's distribution according to the Quadruple Helix model**



Source: Own drawing.



### 3.1 AHA information survey

The survey template was developed by Area, ECV and PLUS with the contribution of all the project partners in order to identify and describe available and promising AHA policies (expression of governance models), initiatives and innovations, as follows:

1. *AHA policies*, that may be implemented in ASTAHG project regions (and potentially beyond)
2. *AHA initiatives*, which are not formalized as official policies but may serve or relate to a policy in some way
3. *AHA innovations*, which may introduce new technologies / products, services, or processes of some kind and which may be piloted or implemented for routine use in any of the project regions

The survey consists of 73 questions on AHA policies, initiatives and innovations, grouped in the following dimensions:

- *General characteristics & context*
- *Description of AHA activity*
- *Innovation level*
- *Target population & time frame*
- *Stakeholders & governance*
- *Design, decision making & operational process*
- *Evaluation & budget*
- *Respondents' information*

All the project partners were involved in the data gathering and different ways of data collection were recommended:

- literature review
- Transnational Governance Board meetings (AT1.2)
- independent meetings
- local events (C3.2)



The data gathering was organized in four different rounds. Area Science Park sent the indications to all the project partners and performed the analysis of data collected. All the analysis were then shared with the project partners during different PSG meetings.

Pre-selection criteria were agreed with partners to help them during data gathering, selecting good practices that:

- are effective (i.e., achieves its objectives)
- have impact (i.e., achieves changes in the respective target population)
- are cost-effective (i.e., is regarded to provide good value for money, compared to a suitable alternative)
- are transferable to other AS regions participating in the project (or at least there are no critical “knock-out-factors” that would hinder the transfer to another context)
- are multisectoral (e.g., healthcare + social care + mobility or culture and tourism + social care, etc.).

## 3.2 Collection of AHA practices

The collection of policies, innovations and initiatives among ASTAHG project partners has been conducted in 4 phases:

- 1<sup>st</sup> phase: May 2019
- 2<sup>nd</sup> phase: From July to November 2019
- 3<sup>rd</sup> phase: From January to May 2020
- 4<sup>th</sup> phase: From June to July 2020



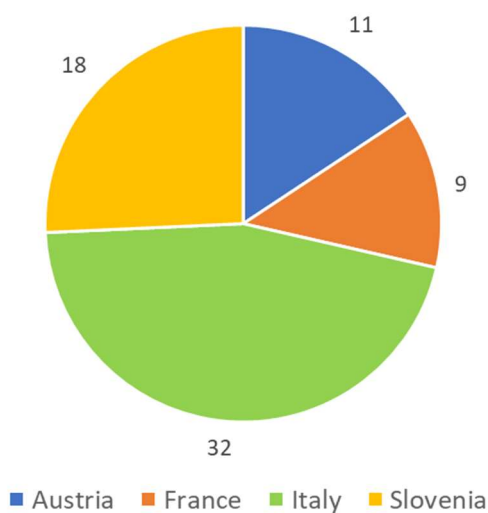

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## 4 DATA ANALYSIS AND RESULTS

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We totally collected 70 relevant AHA good practices by project partners: 27 innovations\*, 36 initiatives and 7 policies. Distribution of collected AHA good practices among AS countries participating in ASTAHG project is reported in Figure 8: 32 were collected in Italy by the four Italian project partners, 18 in Slovenia, 11 in Austria and 9 in the France project region.

**Figure 8. Geographic origin of AHA practices reported (N= 70)**



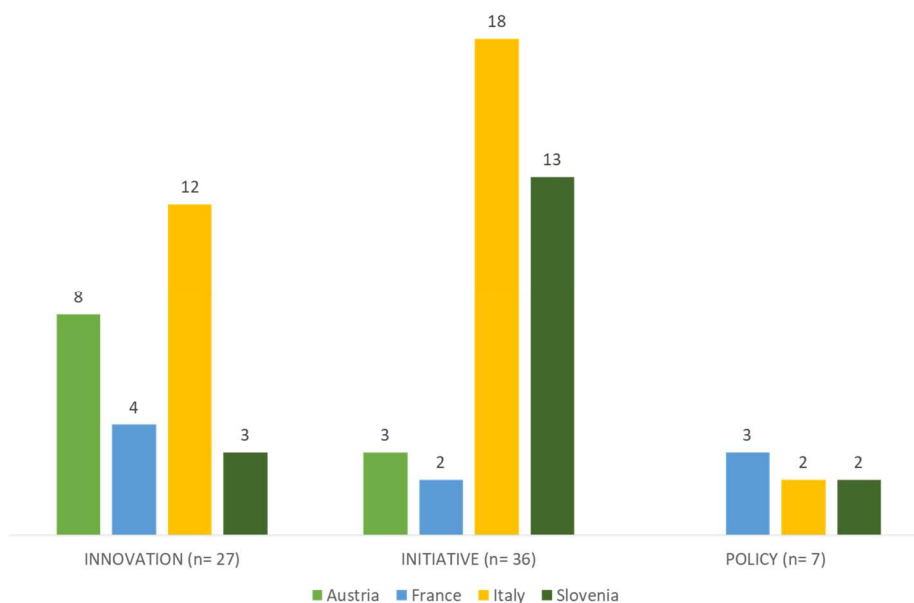
*Source: Own drawing based on AHA information survey.*

Figure 9 describes the distributions of different types of AHA good practices among AS countries. AHA innovations are the prevalent type of AHA good practices reported in Austria (73% of total good practices selected in Austria) whereas AHA initiatives are the more frequent type of AHA good practices described in Slovenia (72% of total AHA good practices reported in Slovenia).

\*one of them was not submitted and implemented by the promotor.



**Figure 9. Level of AHA good practices collected, divided per country**



Source: Own drawing based on AHA information survey.

Table 1 and Table 2 report a brief description of collected AHA innovations and initiatives, respectively. Please note that a detailed descriptions and analysis of collected AHA policies are provided in DT3.1.1, whereas the present one is mainly focused on AHA initiatives and innovations collected during the project. Data related to AHA policies are reported in the present work only for comparative description purposes.

Please also note that in some cases, not all information required in the AHA information survey have been reported; for such reason, the exact number of AHA good practices utilized in the following analysis has been indicated for each figure.



**Table 1 Brief description of collected AHA innovations (N= 27)**

Name	Short description of the AHA innovations reported	Country
"Begegnung durch Bewegung"	It consists in the creation of a meeting zone in the form of a motor and slackline park, in Wagrain, with the aim to promote active and healthy movements for people of different ages and with different needs.	Austria
"Kräuterwissen im Lammertal"	This project aims to guarantee knowledge transfer concerning herbal healing, their applications, effects, and processing from older people to future generations, through the organization of interviews and workshops as well as the publication of a dedicated book.	Austria
"Wissen wohin!"	The creation of a "Social Route Plan for the City of Salzburg", a printed and pdf brochure, that provides basic information about counselling and assistance services offered in the city of Salzburg. The brochure offers basic information about the legal situation and claims in difficult life situations.	Austria
"VergissDEINnicht"	It promotes a simple access to information about dementia, through regular dementia cafes for affected and their relatives, to provide a bundle of measures to enable people to live active and as independent as possible and to grow older in the community in which they live.	Austria

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<p>“DGA App: Digital gesund Altern”</p>	<p>Trainers encourage elder people to make use of electronical devices and app, specifically developed by Donau University Krems, to enable, in a playful manner, access to relevant health information so that individuals may improve their health literacy, lead a healthier lifestyle, ameliorate social contacts, improve activities and autonomy.</p>	<p>Austria</p>
<p>“W3-Shuttle: Leitsystem W3-Shuttle”</p>	<p>To promote the use of shared and accompanied taxi in the remote rural areas of Werfenweng, Werfen, Pfarwerfen, to increase transport possibility in regions in which regular traffic development is difficult to achieve due to the peculiar structure and topography of the environment.</p>	<p>Austria</p>
<p>“Bahn.Standort.Bischofshofen – Seniorenmobilberatung”</p>	<p>The project aims to massively increase the level of awareness of the mobility in the region, to encourage people in the region to take advantage of the offer. Supports for special target groups, such as senior citizens, and for municipalities and tourism organisations in improving the quality of information will also be provided.</p>	<p>Austria</p>
<p>“Generationenpark St. Veit”</p>	<p>Medical generation park for the promotion of active and healthy movements for people of different ages and with different needs. <b>*not submitted and implemented by the promotor</b></p>	<p>Austria</p>
<p>Live differently - Cheval Blanc</p>	<p>The project offers a social housing gathered around a common space, that includes an activity room, a "service house" as well as a regional observatory and the university of the Provençal language, in the Municipality of Cheval Blanc, dedicated to elderly people. The consortium wishes to propose a global offer allowing accessibility to social housing, good</p>	<p>France</p>



	<p>quality of life and social quality while remaining in a qualitative, practical, and adapted housing environment, for older people. Specific attention concerning health security (e.g., prevention of falls) and ICT utilization has been also foreseen.</p>	
<p>IsèreADOM</p>	<p>IsèreADOM is a single project composed by 2 separate activities.</p> <p><u>First part - public website</u>: an innovative device deployed over 24 months to test an integrated organization of human and technical assistance. The first part, intended for the public, is a web and telephone platform (from a toll-free number) for information, guidance and putting Isérois people in touch with home care services. This device will promote to stay at home as long as possible in good condition, anticipating potential difficulties, and improve equity and access to rights and quality information on autonomy.</p> <p><u>Second part - Personalised support</u>: The second component is a personalised support for 4 test panels of users benefiting from human and technical assistance (connected objects installed in the home), and the mobilisation of those involved in care in a "sentinel process".</p> <p>This support will promote to stay at home as long as possible in good condition, anticipating potential difficulties, and improve access to and quality of health care pathways related to loss of autonomy and chronic pathologies</p>	<p>France</p>



<p>Training to identify the frailty of people at risk of loss of autonomy for the personnel of home care and assistance services</p>	<p>The project consists in action-training courses to identify the frailty of people in loss of autonomy. These training courses are aimed at professionals working at home to help and care for the elderly. The primary aims consist in the improvement and consolidations of the skills of those involved in the early detection of signs of frailty in the elderly, to identify and share with local territorial actors a coherent network around the elderly person, able to constantly adapt responses to emerging needs.</p>	<p>France</p>
<p>Ageing well in retirement</p>	<p>This initiative supports insured retired persons who are weakened by a health problem or loss of autonomy, through prevention and support actions adapted to the needs of insured persons according to their age and level of fragility. Focused on preserving autonomy, these actions take the form of information and advice on living well in retirement; collective prevention sessions on aging well (fall prevention, nutrition, memory, etc.); or enhanced support after a global need's assessment.</p>	<p>France</p>
<p>E.CA.R.E.: Elderly Home Care Residential Engagement</p>	<p>ECARE promotes the adoption of healthy lifestyles and the creation of social relationship among older adults to foster independent living and ageing at home.</p>	<p>Italy</p>
<p>HEALTHNET</p>	<p>HealthNet promotes the creation of cooperation in the field of integrated primary and secondary care supported by ICT solutions.</p>	<p>Italy</p>
<p>CAT: "Centenari a Trieste"</p>	<p>CaT is a population-based study designed to investigate the clinical, cognitive, biological, and social characteristics of centenarians living in the province of Trieste (Italy). CaT will provide</p>	<p>Italy</p>



	new information on extreme longevity to improve health and social needs, that will be collected in a database of centenarians living in Trieste and, in the future a centenarian register.	
“AALxAAL: Abilitazione a largabanda di AAL” (Broadband enabling of AAL)	The project uses Light Fidelity technology to deliver punctual and geo-localized information to users within the hospitalization structure without using any form of radio frequency transmission. This technology can distribute notifications not only of a general nature (broadcast) but also directly to the user via LiBeacon.	Italy
“Grigio Brillante”	The project wants to consolidate the value of elderly people in the society thanks to the promotion of inter-generational experiences.	Italy
PollicioT: Localization platform for people with cognitive impairment and dementia	PollicioT offers a comprehensive solution dedicated to the care of Alzheimer's patients: through to a Web platform, the caregiver can locate the patient or receive alarm notifications in the event of fall or exit, thanks to a Wearable device equipped with GPS sensors, and combined with a Web platform, that identify the position and the movements of the patient, thus ensuring timely and adequate intervention.	Italy
Salute+: Trentino Salute +: an App for the promotion of healthy lifestyles	Trentino Salute +" is a free app characterised by a virtual Coach that, directly interacting with the user, proposes "health challenges". The aim is to support the change from unhealthy behaviours towards long-lasting healthy lifestyles.	Italy

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“CrossCare: Approccio Integrato Transfrontaliera nella cura dell’Anziano”	Enhance the cooperation in frail elder people care section through the development of new service models.	Italy
IC-Health: Improving the digital health literacy of European citizens	IC-Health develops several Massive Open Online Courses (MOOCS), in eight different languages, to help improve the digital health literacy and thus to reduce health inequalities of European citizens, in line with the EU strategic guidelines on eHealth development.	Italy
AGEDESIGN	The project aims to develop a wearable device that can help people in handling ageing, monitoring their hydration status, heart rate and loss of balance.	Italy
“Ginnastica del benessere”	It promotes physical activities in elderly people to support physical and psychological improvements.	Italy
T.A.A.F.E.: Towards an alpine age friendly environment	The project will promote the development of an age friendly environment in the alpine space, thanks to a co-creation process involving citizens/stakeholders/policy makers. A mixed bottom- up and top-down approach will be adopted in order to match community needs/idea/resources with policy makers strategies.	Italy
StarVital: Joint Actions for the Vital Aging of Older Workers	The STAR-VITAL promotes the setting up of safe and healthy workplaces in SMEs to extend working activity of older workers in Slovenia.	Slovenia
“Prostofer, Zlata mreža živeti z nasmehom : Zlata mreža”	The project addresses the problem of independent mobility in elderly people, especially outside the city centre where there is no bus network. The more remote are often unable	Slovenia

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	<p>to get out of their jobs when they wish, but to adjust to the opportunities or times when family or friends can help them. Some people use a taxi, but that costs extra, which for many is an overstock.</p> <p>The project promotes a free-of-charge transfers for seniors to increase mobility, social inclusion, interconnection, mutual assistance, thus ameliorating the quality of life and promoting independent living at home as long as possible.</p>	
“INTESI: Celostne prostorske strategije za zagotavljanje storitev splošnega pomena”	INTESI promotes and spreads the delivery of SGI (service of general interest) via integrated territorial strategies and policies.	Slovenia

**Table 2 Brief description of collected AHA initiatives (N= 36)**

<b>Name</b>	<b>Short description of the AHA initiatives reported</b>	<b>Country</b>
“Generationenbauernhof”	“Generational farm” is a farm in which high-quality food is produced and sold. The farm is intended to create awareness of high-quality produced food. Senior citizens can spend time on the farm and introduce children to farm activities.	Austria

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<p>“Seniorenplattform Pinzgau”</p>	<p>Information platform about services for elderly people in the Region Pinzgau.</p>	<p>Austria</p>
<p>GEMED: Multiprofessional geriatric medication management in stationary geriatric facilities</p>	<p>Multiprofessional geriatric medication management in stationary geriatric facilities, aimed to minimise drug-related problems and thus considerably improve the quality of life of the senior citizens.</p>	<p>Austria</p>
<p>“Begegnung durch Bewegung”</p>	<p>"Encounter through movement" promotes the interaction of different people and generations.</p>	<p>Austria</p>
<p>“OIR Silver économie”: Operations of regional interest (ORI - OIR) Silver economy</p>	<p>“OIR Silver économie” aims to transform the Provence-Alpes-Côte d'Azur region in a European reference site in the Silver economy, through the creation of favourable conditions for the development of regional companies thanks to a network of economic and institutional actors.</p>	<p>France</p>
<p>To age well in the Sud region and Corsica</p>	<p><a href="http://www.bienvieillir-sudpaca-corse.fr">www.bienvieillir-sudpaca-corse.fr</a> is a new website that aims to facilitate the access for older people to relevant preventive actions and activities at their disposal, according with their age and level of frailty.</p> <p>Older people will have access to forums (focused on rights and health, screening, balance, living well in retirement, etc.), conferences (referred as an example to sleep, memory, healthy cooking), thematic workshops as well as plays, coffee-debate.</p>	<p>France</p>





<p>EDEN55plusNW: Developing the network of tourism products for seniors – building a cooperation along the tourism value chain for EDEN destinations in partner countries for more competitive and sustainable growth</p>	<p>Project EDEN55plusNW with slogan “Slow down to feel the life in EDEN destinations” addresses the development of tourism products for senior’s network.</p> <p>The aims are to design suitable cross-border tourism products in pilot EDEN destinations for seniors 55+ to increase tourism flows in low/medium seasons in these EDEN areas, to facilitate the internationalization of tourism businesses and to increase the awareness about natural and cultural heritage in each EDEN destination.</p>	<p>Italy</p>
<p>SmartCare: SmartCare Project-Joining up ICT and service processes for quality integrated care in Europe</p>	<p>SmartCare focused on designing, developing and delivering care pathways for older persons who have complex needs, thanks to the deployment of information and communication technologies to facilitate: (i) person-centred, co-ordinated care for individuals and their cares, (ii) greater levels of self-care and self-management, (iii) a unified approach of the health and social care system, (iv) effective and efficient communication between all parties, (v) a better use of resources, less duplication and more streamlined care.</p>	<p>Italy</p>
<p>Impronte: geocaching for active ageing</p>	<p>“Impronte” (“Footprints”) is aimed to promote active and healthy ageing of people through geocaching maps to follow in the open air, monitored by pedometers. The initiative is intended to enhance physical, mental, and social potential of the elderly people. Furthermore, geocaching allows to share and strengthen the interest in the historical and artistic heritage of the city.</p>	<p>Italy</p>



<p>PANGeA: Physical Activity &amp; Nutrition for Quality Ageing</p>	<p>PANGeA aims to set up healthy ageing criteria portfolio, based on interconnected interdisciplinary knowledge and specific experimental measurements on the elderly, thus creating the basis for constructing a permanent network of institutions to offer health care and rehabilitation services.</p>	<p>Italy</p>
<p>NutriAct: Personalized paths for physical and dietary re-education for the prevention and treatment of sarcopenia</p>	<p>This project aims to define a specific personalised programme, based on specific physical exercises and personalised diet supplementation, to counteract and slow down the sarcopenia associated with aging. The development of dedicated applications allows the user to monitor and manage training and diet programmes.</p>	<p>Italy</p>
<p>PRISMA 7: Research Programme concerning the Integration Services for Autonomy Maintenance</p>	<p>A screening protocol for the identification of older persons with significant functional decline. It aims to construct a regional map of the potential frailty in order to (i) to orient the services and activities of the Region towards the real needs of the population, (ii) to prevent a worsening of the state of frailty, thus favouring an aging in physical and social well-being.</p>	<p>Italy</p>
<p>CoHousing</p>	<p>Cohousing is a way of collaborative living which produces advantages for both the individual and collective sphere, producing positive impacts on the society and the territory in which it is created. The goal of Cohousing is to carry out collaborative living projects (in Cohousing, Coliving and Ecovillages) in all the municipalities of Trentino Alto Adige.</p>	<p>Italy</p>



<p>“Smart card pensionati”: Free Bus card for the over 70 (smart card)</p>	<p>A new measure, introducing the free circulation on public transport vehicles, for all residents in Trentino who are over 70 years old, in order to foster elderly mobility and independency.</p>	<p>Italy</p>
<p>“MuoverSi”</p>	<p>Muoversi is a customised one-man transport and accompaniment service that foster the mobility and, consequently, the autonomy of disabled people. It aims to increase social inclusion and to promote equal opportunities for disabled people.</p>	<p>Italy</p>
<p>“Spazio d'argento”</p>	<p>“Spazio Argento” is a new service system dedicated to the elderly in the Trentino valleys. It primarily aims to promote elderly welfare and to contribute to the definition of future territorial social / health planning dedicated to the elderly.</p>	<p>Italy</p>
<p>“I giochi dimenticati”</p>	<p>The initiative “forgotten games” aims to enforce the intergenerational exchange and to strengthen the experiences between young and elderly, thanks to the collaborations between non-profit elderly associations, volunteers, and schools (especially kindergartens and primary schools).</p>	<p>Italy</p>
<p>“Pronto P.I.A.: Progetto P.I.A. - Persone Insieme per gli Anziani”</p>	<p>Pronto Pia (“together for the Elderly”) was born from the experience of the "Emergency First Aid for the Elderly". The initiative consists in the creation of a toll-free number (800 29.21.21) as reference point for elderly needs. The toll-free number is intended to be a tool made available to the elderly to find out who is available to help them in their neighbourhood (associations as well as various subjects active in volunteering).</p>	<p>Italy</p>



<p>“Saluta il tuo vicino” (Greet your neighbour)</p>	<p>The “greet your neighbour” initiative aims at taking care of oldest-old (+85) citizens, in the Municipality of Casarsa della Delizia, and of their needs. The Initiative strengthens the response to the specific needs of the elderly at greater risk of social exclusion, to those situations characterised by weak primary network, conditions of progressive disengagement and loss of economic and relational role.</p>	<p>Italy</p>
<p>“FVG in movimento” (FVG on the move)</p>	<p>The initiative will create stable pathways (10 thousand steps each) in different municipalities of the FVG Region to promote physical activity and aggregation of the population. The main objectives are: (i) to encourage aggregation and socialization among people, through the creation and support of walking groups; (ii) to counteract loneliness; (iii) to encourage movement and physical activity; (iv) to promote healthy lifestyles and the well-being; (v) to prevent non-communicable chronic diseases.</p>	<p>Italy</p>
<p>POR FESR 1.3b 2014-2020 “Support to Standard and Strategic R&amp;D projects to be developed by public and private partnership in the field of Maritime Technology and Smart Health”</p>	<p>The funds collaborative projects developed by private companies based in FVG region universities and public research bodies to enforce the productive environment by means of the realization of new products, processes and innovative services in the smart health market.</p>	<p>Italy</p>
<p>“Due passi in salute con le Acli”</p>	<p>The project aims to promote active aging and healthy lifestyles through the utilization of new technologies. Within this initiative a series of naturalistic and cultural outings will be organized on the territory. Participants will get the opportunity to receive advice and</p>	<p>Italy</p>

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	information on good practices to maintain a correct lifestyle, also thanks to the utilization of the "Two steps" app.	
eZdravje: The National E-health Project combines a range of electronic solutions for safer and more efficient health services	The National eHealth project aims to bring greater safety and quality to the implementation of health services. The aim of the eHealth is to introduce modern and multilateral useful information solutions in the operation of the Slovenian health system and the connection of local information systems to the functional National health information system. Such a link to the local information systems provides citizens and healthcare professionals with the bridging of several obstacles to the search for information relevant to the health care process and allows managers to better monitor their business.	Slovenia
I help: "Prvi posredovalec" (The first intermediary)	"The first intermediary" is an individual who, as a rule, does not have a health education and responds to the call of the dispatching service of health and comes to the place of the event with a view to implementing measures to preserve life before the arrival of the NMP service and is included in the system T. I. Silent, the activation of forces for protection and rescue. The primary objective of the project, which introduces new forms of tackling social and other issues, is raising the quality of life of citizens. The core area on which the project grows, is the area of social protection directly linked to the field of health in synergy with the field of sport, culture, education, employment, and others. It is an innovative project of networking, problem detection and rapid response for solving the problem.	Slovenia



3FIT: Fit and healthy towards old age	The project aims to promote health among older residents of Upper Carniola region, using a holistic approach and focusing on individual specific needs as well as restrictions.	Slovenia
Elderly for elderly: Elderly for higher quality of life at home	This initiative brings together volunteers and older citizens within their respective neighbourhoods. Volunteers, properly trained, help identifying the needs of elderly people and direct them towards relevant information and assistance services. The project promotes social inclusion and integration since it specifically targets older people with little or no social participation.	Slovenia
housing community	The Davca Housekeeping Community is a housing community that brings together six seniors, able to take care of themselves in primary care, living in style and peace on the hill of Mr Prezelj's estate. This initiative allows the elderly to live in a residential community and remain independent into old age.	Slovenia
"Srebrna nit - združenje za dostojno starost" (Silver thread, association for a decent age)	The Srebrna nit, a voluntary, independent, non-profit association, aims to help solving professional and social-humanitarian problems and developments in the field of care for the older population, towards a multilevel approach that involves older people and their relatives, institution, nursing homes as well as governmental and non-governmental organizations that protect the elderly people.	Slovenia



<p>“Spominčica - alzheimer Slovenia”</p>	<p>Alzheimer Slovenia (Spominčica), a voluntary, independent, non-profit, interdisciplinary professional association, primarily aims to provide professional and effective assistance to people with dementia, their relatives and caregivers.</p>	<p>Slovenia</p>
<p>“Simbioza Genesis”</p>	<p>The initiative connects older and young people across Slovenia in a computer and internet literacy campaign. Once a year, they connect with each other for whole week with sporting event in many locations around Slovenia. The aims are (i) to educate seniors in the field of digital technology and (ii) to connect generations through sports.</p>	<p>Slovenia</p>
<p>ZDUS: Slovene Federation of Pensioners’ Associations</p>	<p>ZDUS, a non-governmental, non-profit, and self-help organization for seniors, successfully implements many national and international projects in different areas, such as lifelong learning, active aging, combating discrimination against the older people, etc.</p>	<p>Slovenia</p>
<p>MC: “Medgeneracijski centri” (intergenerational centers)</p>	<p>MC is an intergenerational centre promoting socialization and integration especially in vulnerable target groups to empower fragile groups and to prevent social exclusion. MC also strengthens the collaboration between public institutions, non-governmental organizations, social enterprises, municipalities.</p>	<p>Slovenia</p>
<p>Silver Smes: Identification and Implementation of Regional Policies to take advantage of the SILVER Economy derived</p>	<p>Silver SMEs will identify and improve policy measures for the promotion of the Silver Economy. Thanks to this programme, regional authorities will acknowledge the opportunities linked to the Silver Economy and develop tools for the business environment linked to ageing society.</p>	<p>Slovenia</p>

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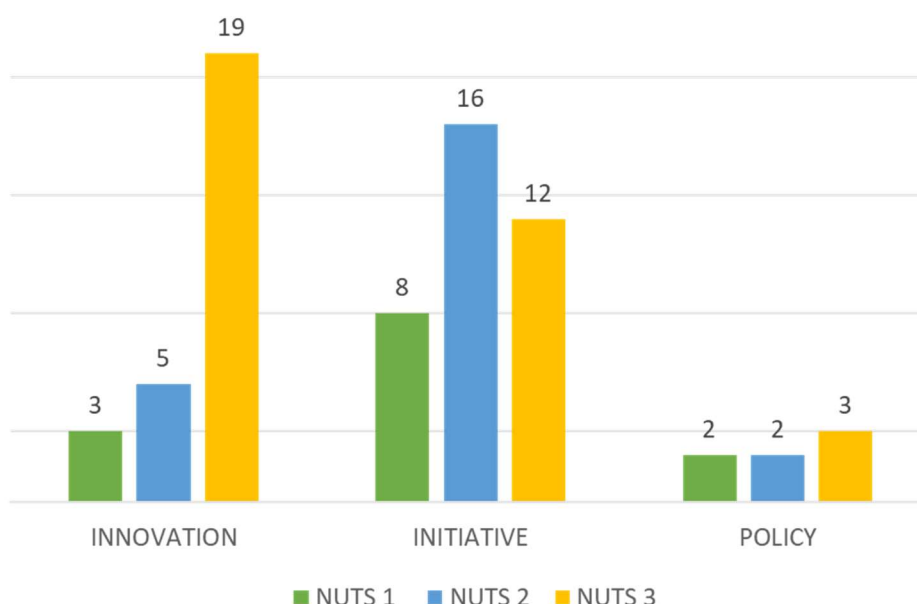


opportunities to engage SMEs in growth and entrepreneurship spirit"		
"Socialnovarstveni program za starejše: Aktivna starost – sožitje generacij"	The programme contributes to improving the quality of life of older people in the local environment and its aims are to prevent the social exclusion of older people, to raise awareness of existing forms of assistance, to contribute to ameliorate the quality of their lives, to enable active and healthy ageing and quality leisure.	Slovenia
«Mobilni socialni servis(pilotni projekt Občine Bohinj)»	"Mobile social service" is a pilot project developing in the Municipality of Bohinj. It aims to create a network of volunteers across all settlements in the municipality, to rapidly identify not only potential social and health-related issues emerging in the territory but also the possible solution or social/health service to activate.	Slovenia

Around half (49%) of the total AHA good practices are implemented at NUTS-3 level, the smaller territorial unit, whereas one third is implemented at NUTS-2 level and only the 19% at national level.

The 70% of AHA innovations are designed to be focused on NUT-3 territorial level whereas AHA initiatives are mainly implemented at NUTS-2 level (44%), as shown in Figure 10.

**Figure 10. NUTS-level of AHA good practices collected (N= 70)**



*Source: Own drawing based on AHA information survey.*

As expected, AHA policies are not set in a specific geographic context, but they display effects at mountain, rural as well as urban areas (Figure 11). Nevertheless, more than 40% of collected AHA innovations and initiatives show the same lack of geographical specificity. Additionally, none AHA initiative is dedicated to a specific geographic context (mountain or rural or urban context) and none AHA good practice is specifically designed for mountain-only areas.

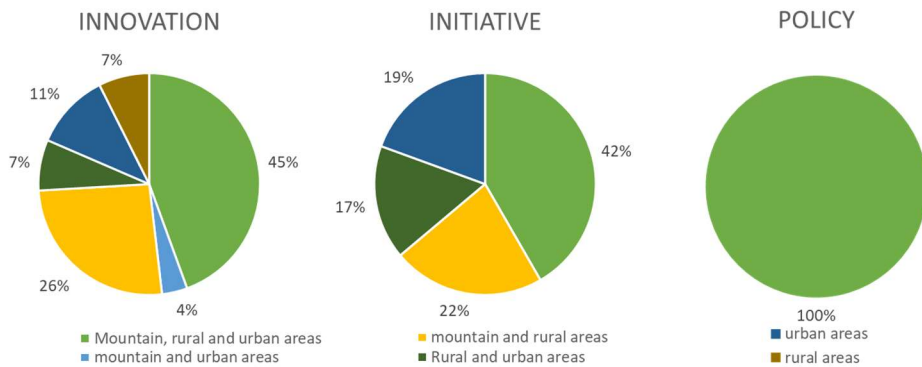
“Service” is the most represented category of innovation in the collected AHA good practices (as total) as well as in AHA innovations and AHA initiatives (Figure 12).



The second most represented category of innovation is “process innovation” in AHA initiatives and “technology/product” in AHA innovations.

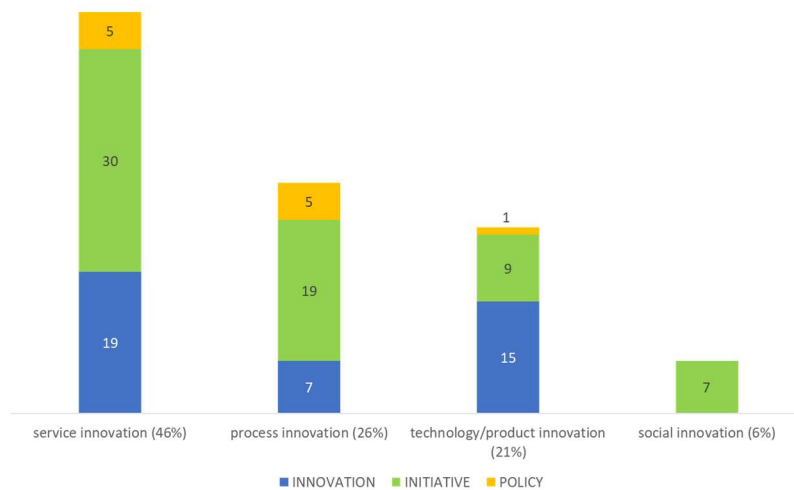
Notably, none of collected AHA policies nor AHA innovation falls into the category of social innovation.

**Figure 11. Geographic context of AHA good practices (N= 70)**



Source: Own drawing based on AHA information survey.

**Figure 12. Type of innovation of AHA good practices (N= 70)**



Source: Own drawing based on AHA information survey.

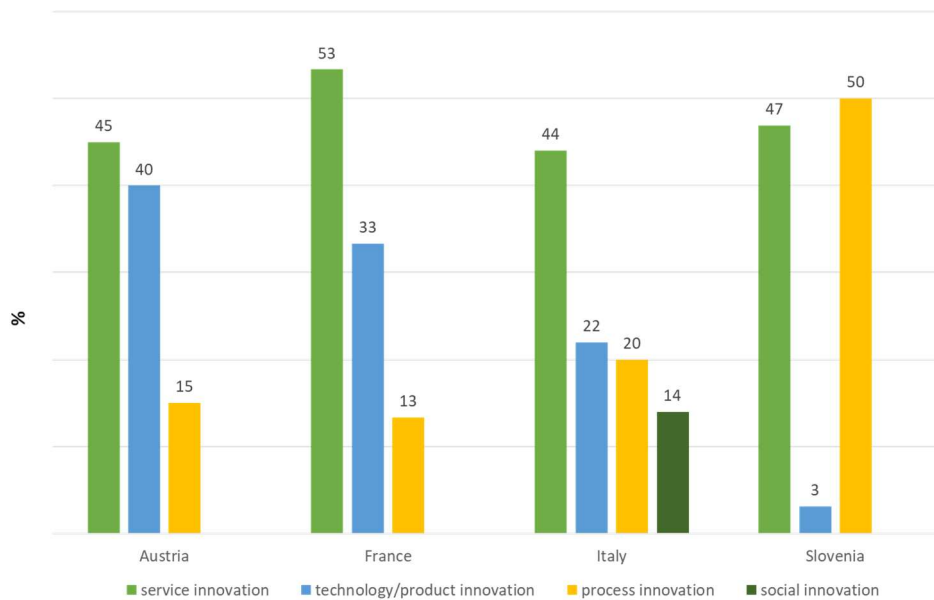
The analysis of the AHA innovation categories and related contributing country (Figure 13) displays that the top 3 categories of innovation in which AHA good practices fall are service



innovation (first), technological innovation (second) and process innovation (third) in Austria, France and Italy, with the unique exception of Slovenia. In fact, Slovenia AHA good practices fall primarily in the field of process innovation, followed by service innovation.

Interestingly, only AHA good practices collected in Italy are related to the field of social innovation.

**Figure 13. Type of innovation of AHA good practices (per country, as percentage of total good practices presented per country) (N= 70)**



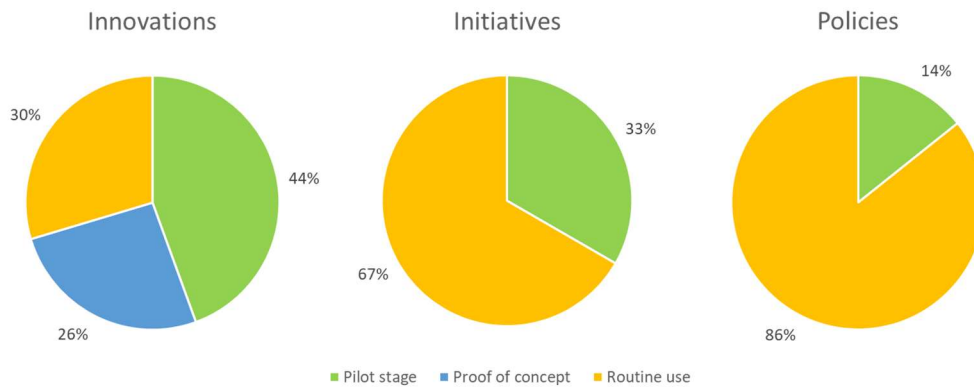
Source: Own drawing based on AHA information survey.

The maturity level of AHA good practices collected is described in Figure 14.

As expected, the majority of AHA innovations are in a pilot stage, and the remaining are almost equally distributed between the maturity level of proof of concept and routine use. It is also interestingly to note that, the increasing in the complexity referred to the field of application of AHA good practices (i.e., “innovations” concern a single process or product “initiatives” concern services and projects “policies” developed in a territory) is associated to an increase in the maturity level (i.e., “pilot stage” minor than “proof of concept” minor then “routine use”) as well as to an increase in the duration of the good practice itself (Figure 15).



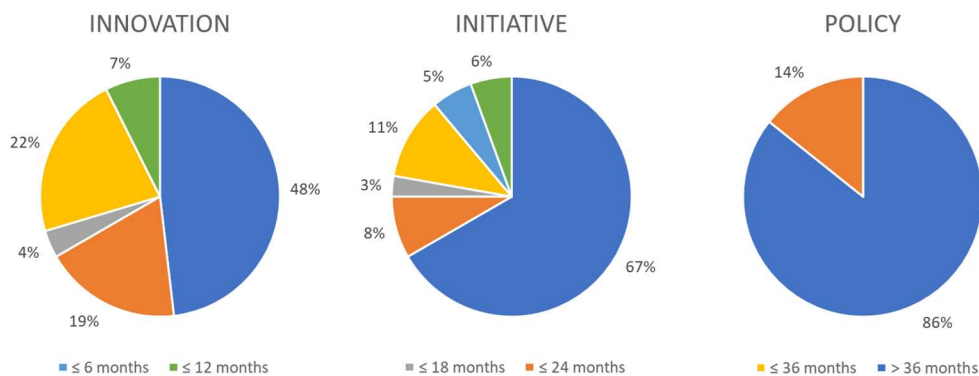
**Figure 14. Maturity level of AHA good practices (N= 70)**



Source: Own drawing based on AHA information survey.

In fact, almost the 50% of AHA innovation, two-third of AHA initiatives and 6 over 7 AHA policies are designed to last more than 36 months.

**Figure 15. Duration of AHA good practices (N= 70)**

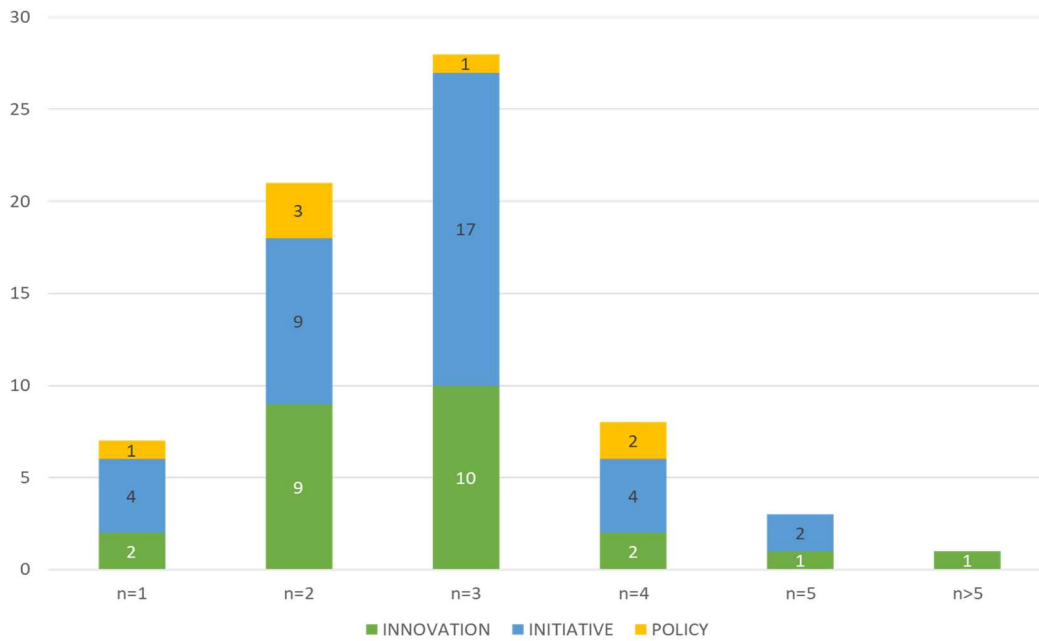


Source: Own drawing based on AHA information survey.

The 90% of collected AHA good practices are characterised by a multisectoral approach (Figure 16), in fact only 1 policy, 4 initiatives and 2 innovations strictly fall in a single sector domain. The majority of AHA good practices would impact 2 or 3 sectors.



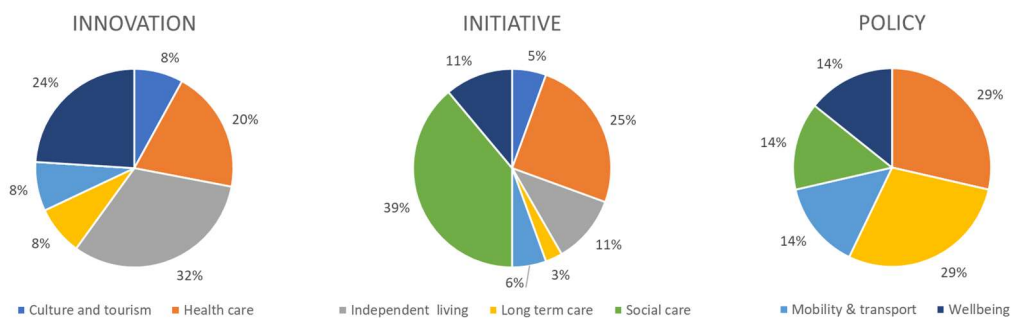
**Figure 16. Number of AHA-sectors involved in AHA good practices (N= 68)**



Source: Own drawing based on AHA information survey.

The type of the primary sector associated to the different AHA good practices is quite heterogenous and all sector domains identified in the survey – even if at with different contributions - have been represented. Nevertheless, around the 25% of both innovations, initiatives as well as policies fall in the health care sector (Figure 17). AHA innovations primarily contribute to the domain of independent living whereas AHA initiatives, that as stated above (Figure 12) are the only ones producing social innovation, predominantly contribute to the social care sector.

**Figure 17. Priority AHA sectors involved in AHA good practices (N= 68)**



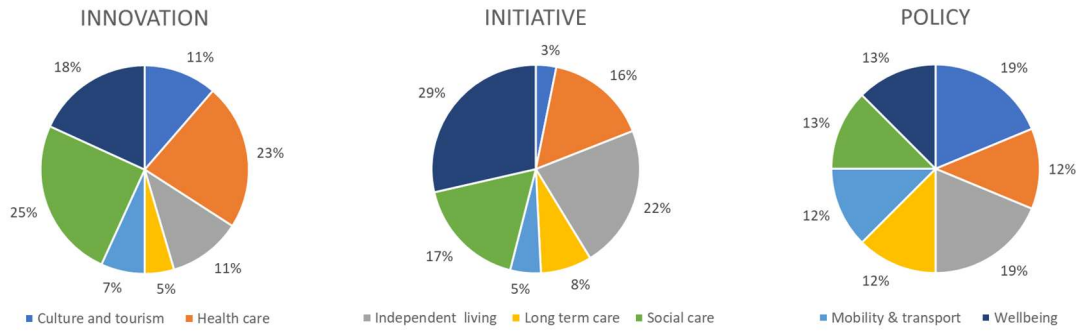
Source: Own drawing based on AHA information survey.

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As long as the secondary AHA sectors are considered (Figure 18), all AHA sectors (identified in ASTAHG survey) are represented in all types of reported good practices, even if, as expected, with different contributions.

**Figure 18. Secondary AHA-topics and sectors involved in AHA practices (N= 60)**



Source: Own drawing based on AHA information survey.

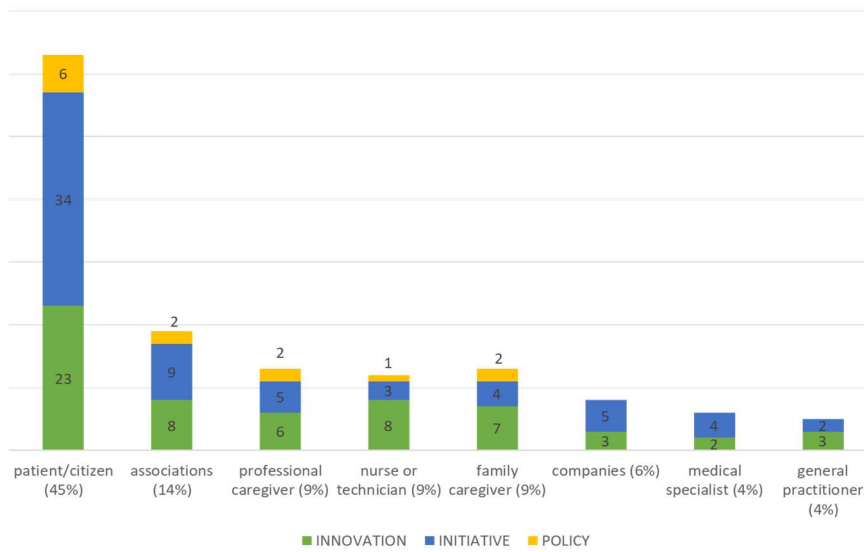
The analysis of primary users specifically targeted by collected AHA good practices (Figure 19 and Figure 20) clearly demonstrated that the main represented group of users is the group of patient/citizen, for all type of AHA good practices as well as in each contributing country.

The identification of associations as primary target users is also important, especially in Austria where one quarter of collected AHA good practices are specifically designed for this category.

As compared to the other countries, France develops the higher percentage of AHA good practices directly targeted to professional caregivers.

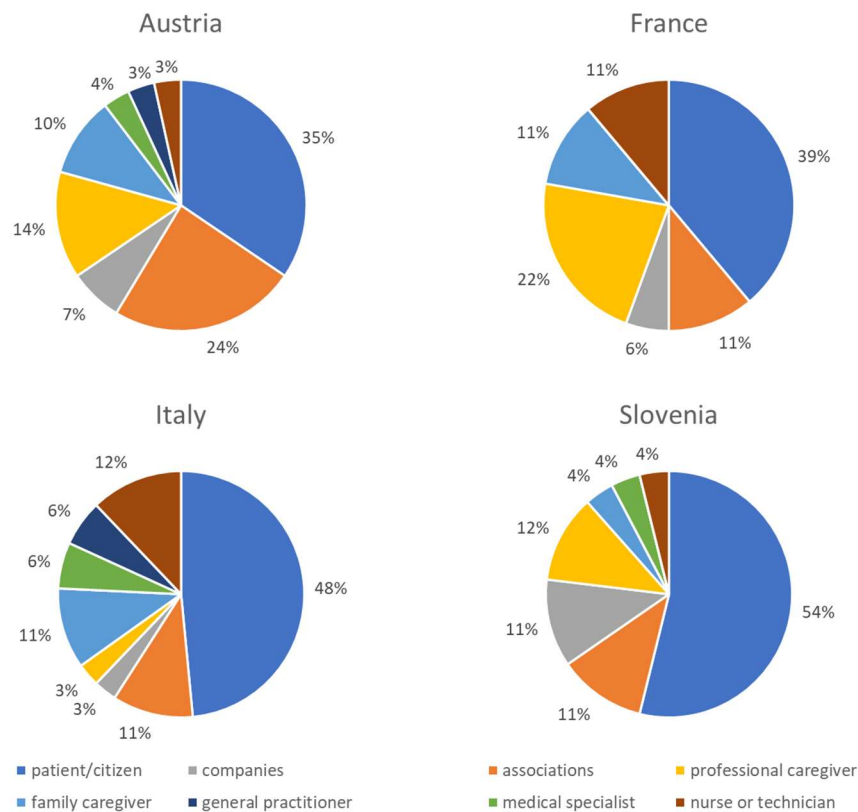


**Figure 19. Primary user groups targeted in AHA good practices (N= 68)**



Source: Own drawing based on AHA information survey.

**Figure 20. Primary user groups targeted in AHA good practices, per country (as %) (N= 68)**



Source: Own drawing based on AHA information survey.

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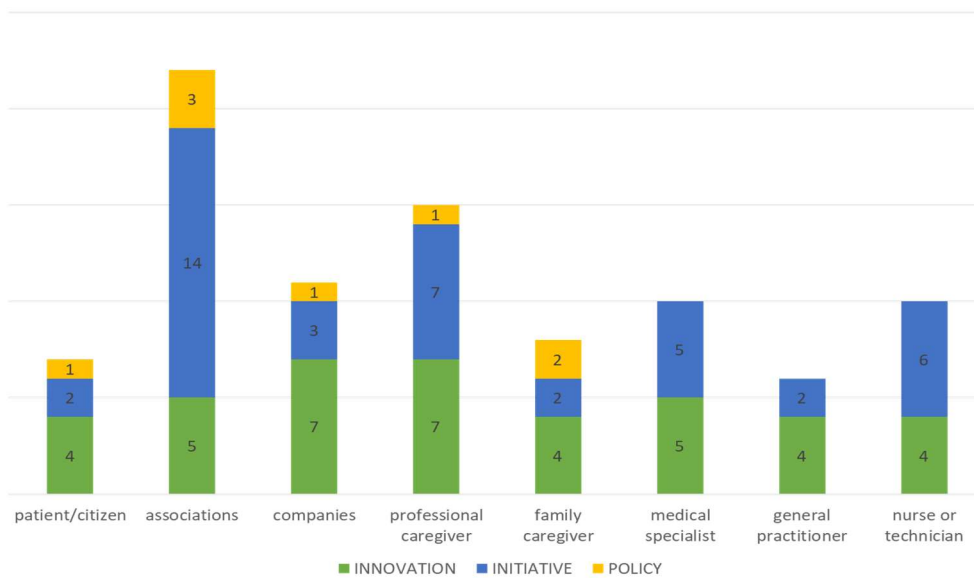




The importance of “Associations” as target of AHA good practices is furthermore highlighted if we consider the category of secondary target users (Figure 21).

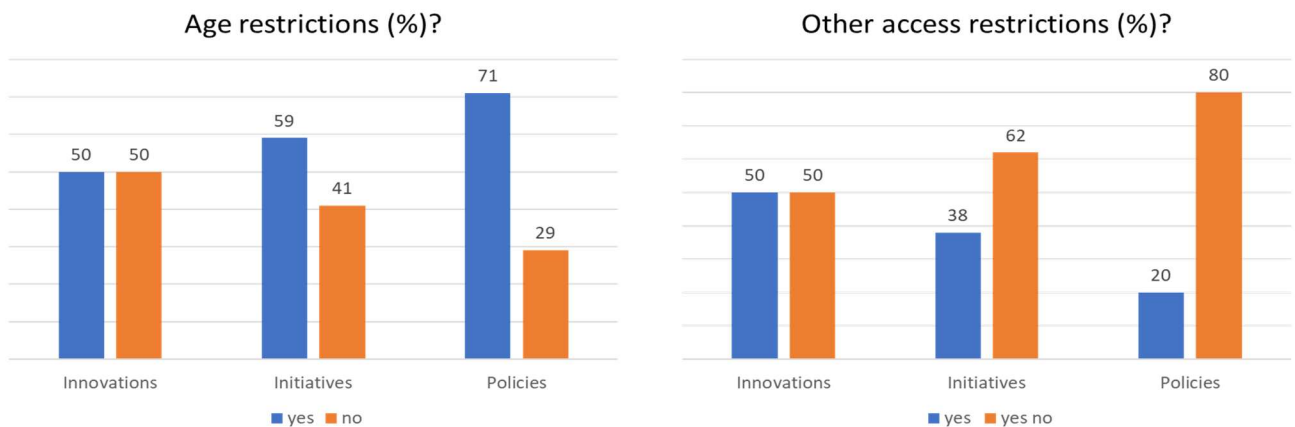
Overall, the 65% (45 over 69) of collected AHA good practices foresee some type/s of restriction: among these, the 80% are designed with a specific age-related access restriction and the 58% with another type/s of access restriction (Figure 22).

**Figure 21. Secondary user groups targeted in AHA good practices (N= 47)**



Source: Own drawing based on AHA information survey.

**Figure 22. Access restrictions in AHA good practices reported (N=69)**



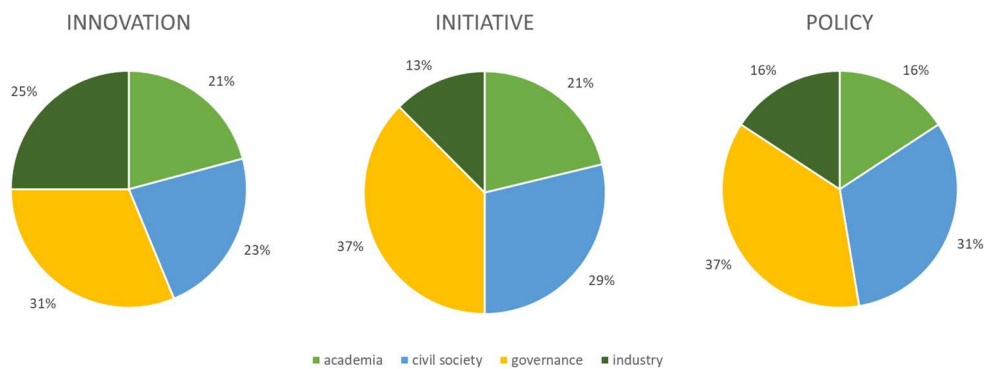
Source: Own drawing based on AHA information survey.

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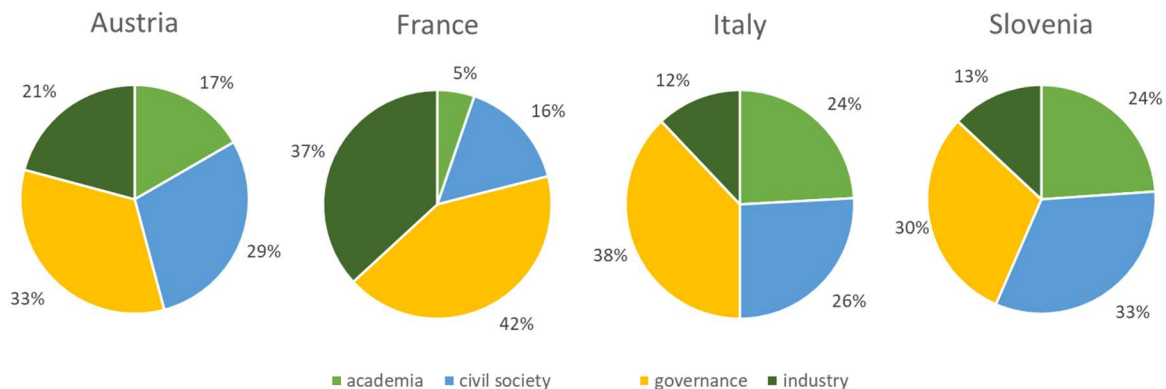
As long as the involvement of the Quadruple Helix actors in the design, decision making and operational processes of AHA good practices is concerned, it is evident that public authorities play the key role in all processes related to the implementation of AHA good practices (Figures 23, 25 and 27) and in all countries (Figures 24, 26 and 28) with only one exception. Interestingly in fact, in Slovenia, the civil society is the dominant group of the Quadruple Helix actors involved in all AHA good practice processes, followed by public authorities. Nevertheless, the civil society is well represented in all processes and in all countries, immediately after the governance, except in France. France in fact reports an interesting and constant involvement of industries at all stages of AHA good practice implementation whereas the role of the civil society is marginal.

**Figure 23. Quadruple Helix actors involved in the design process (N= 66)**



Source: Own drawing based on AHA information survey.

**Figure 24. Quadruple Helix actors involved in the design process per country (N= 66)**

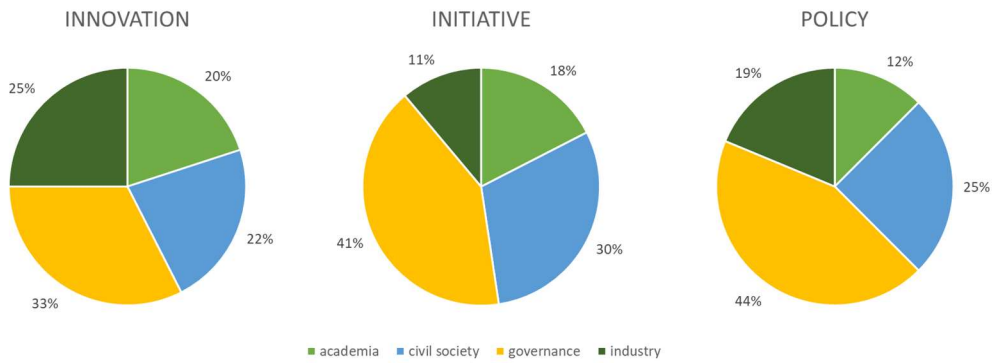


Source: Own drawing based on AHA information survey.

This project is co-financed by the European Regional Development Fund through the Interreg Alpine Space programme.

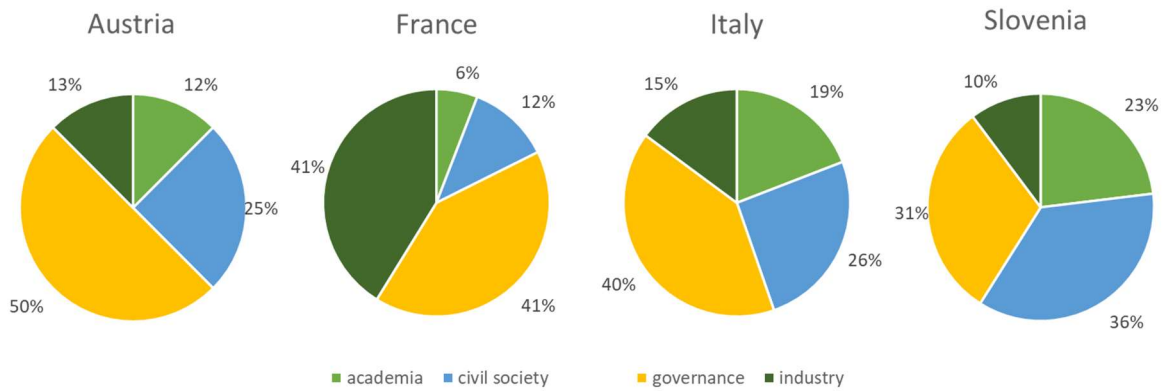


**Figure 25. Quadruple Helix actors involved in the decision-making process (N= 63)**



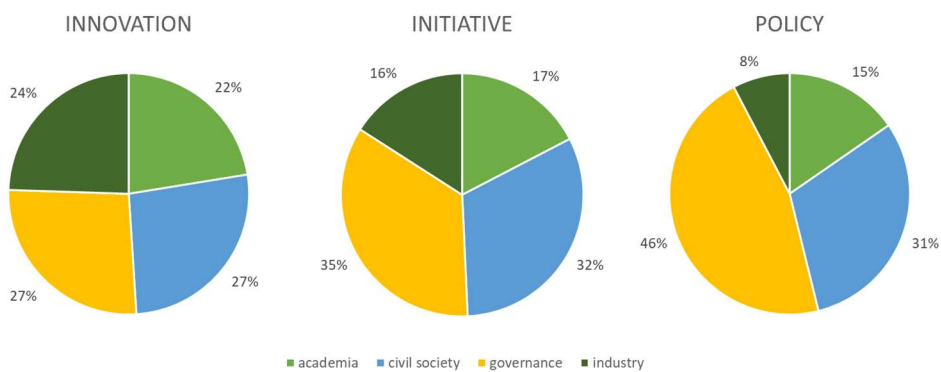
Source: Own drawing based on AHA information survey.

**Figure 26. Quadruple Helix actors involved in the decision-making process per country (N= 63)**



Source: Own drawing based on AHA information survey.

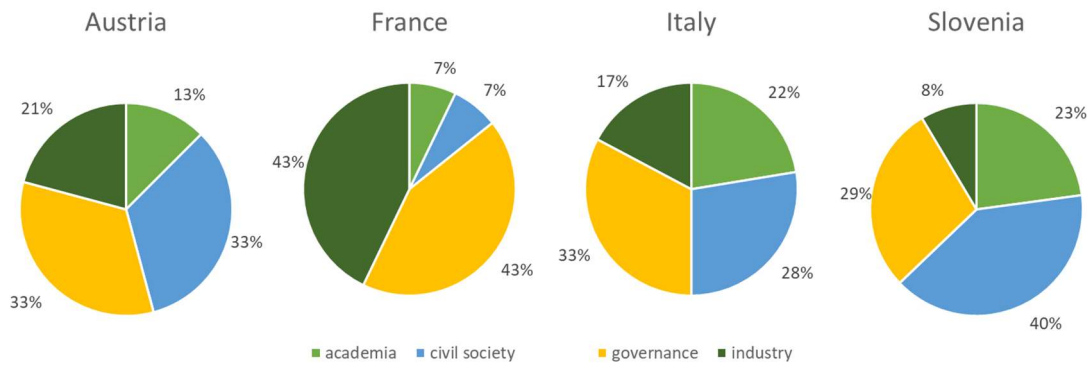
**Figure 27. Quadruple Helix actors involved in the operational process (N= 64)**



Source: Own drawing based on AHA information survey.



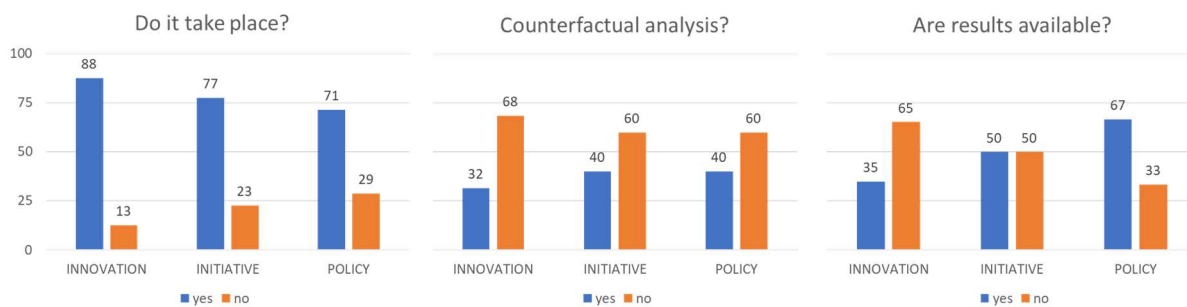
**Figure 28. Quadruple Helix actors involved in the operational process per country (N= 64)**



Source: Own drawing based on AHA information survey.

The evaluation of effectiveness of AHA good practices is foreseen in around 3 over 4 collected good practices even if less than half of these AHA good practices schedules to apply a counterfactual approach (Figure 29). Overall, results are presently available in the 46% of collected AHA good practices.

**Figure 29. Effectiveness Evaluation of AHA good practices reported (as %) (N= 62)**

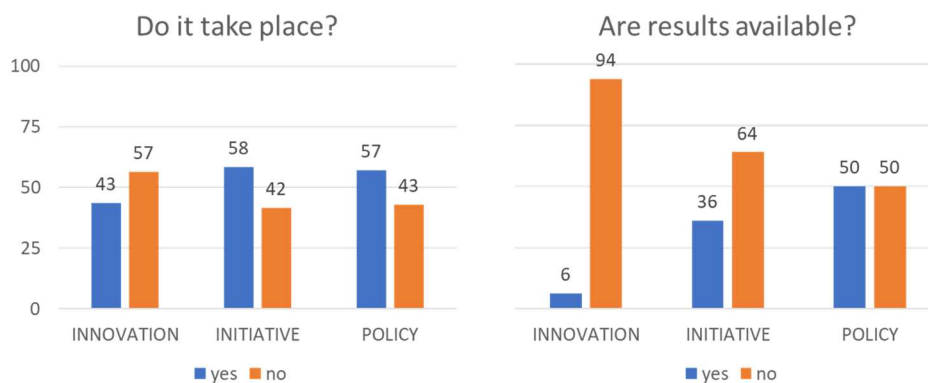


Source: Own drawing based on AHA information survey.

The evaluation of impact is less frequent, as compared to the evaluation of effectiveness, especially in collected AHA innovations (Figure 30).



**Figure 30. Impact Evaluation of AHA good practices reported (as %) (N= 54)**



Source: Own drawing based on AHA information survey.



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## 5 DISCUSSION AND CONCLUSIONS

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Thanks to the involvement of 103 stakeholders referred to the quadruple helix, ASTAHG project totally collected 70 best AHA good practices in the AS territory. Among them, ASTAHG partners identified 27 innovations, 36 initiatives and 7 policies.

The analysis of collected AHA good practices highlighted some potential strengthening as well as critical aspects.

The most important positive aspects emerged by collected AHA good practices are the following:

- the multisectoral approach is largely implemented;
- “citizen/patients” is the predominant target group of primary users for all type of AHA good practices and in all ASTAHG contributing countries; nevertheless, a high attention for “association” is also evident;
- as long as the involvement of the Quadruple Helix actors is concerned, governance plays a key role in all processes related to the implementation of an AHA practice (design, decision making and operational processes), however also the civil society is well represented. Quite interesting for potential further investigation is the considerable involvement of industries that characterised AHA good practices collected in France.

At the same time, some potentially critical aspects can be identified:

- AHA good practices are predominantly applied at the smaller territorial unit and not at the largest one, potentially limiting their impact on the territory;
- this observation is also strengthened considering that AHA good practices lack of geographical specificity and that none AHA good practice is specifically designed for mountain-only areas (even if the programme refers to AS territory);
- with the only exception of Italy, social innovation is a neglected field.



In conclusion, the results of the AHA good practices analysis reported in this deliverable, together with the methodological framework provided by WP2 and the stakeholder consultation, will be used for the development of the assessment model of innovation for AHA in AS, extensively described in DT3.2.2 (Assessment of innovation for AHA in the AS).

Nevertheless, the good practices here collected constitute *per se* good examples of innovation in AHA in the AS. The collection of these good practices represents the first step towards the development of the observatory of innovations foreseen in ASTAHG project, whose main aim is to tackle the challenge of ageing in the AS. The assessment of these good practices in fact will allow the identification of strengths and weakness as well as opportunities and threads. This, in turn, will provide public authorities and other AHA-related stakeholders the necessary information for the definition of future initiatives able the further promote and improve AHA in AS.



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