



REPORT

Alpine Space Transnational Governance of Active and Healthy Ageing

NIJZ International Conference and 3rd TGB meeting
online, 2nd December 2020

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in cooperation with Friuli Venezia Giulia Region (FVG)
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*NIJZ – National Institute of Public Health in Slovenia



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1. BACKGROUND

The Alpine Space Transnational Governance of Active and Healthy Ageing (ASTAHG) project is co-financed by the European Regional Development Fund through the Interreg Alpine Space programme launched in 2018 (<https://www.alpine-space.eu/projects/astahg>).

The overall objective is **the innovation of Public Authority policies dedicated to the population's active ageing** in the Alpine Space, by improving the Public Authority capacity to **coordinate efforts from different sectors and at different levels**, so as to respond through tailored initiatives to Alpine territorial needs. This requires systematic transnational cooperation both on the **horizontal level** (policymakers in health, social care, transport, culture, tourism) and on the **vertical level** (regions, provinces, municipalities) with the involvement of the public and the private sectors (R&I, local communities, social enterprises) in order to trigger innovation focused on active ageing, through actions tailored for the specific context but able to capitalize on the strengths available in the entire Alpine Space.

The National Institute of Public Health in Slovenia (NIJZ), as one of nine project partners in the ASTAHG project, **organized the second NIJZ international conference**, bringing together key stakeholders to share knowledge and discuss the challenges and solutions to improve the quality of life of older people in remote areas.

The conference was entitled **SUPPORTING OLDER PEOPLE IN REMOTE AREAS IN THE TIME OF COVID-19** and took place online on Wednesday 2nd December 2020. With the proportion of older adults increasing, active and healthy ageing (AHA) policies are being promoted in several Alpine Space (AS) regions. Authorities from different sectors should coordinate their efforts and work with private organizations, local authorities and researchers to address the topic as effectively as possible. The ASTAHG event provided information on the challenges of designing, implementing and evaluating public policies in remote areas. Furthermore, older people have been greatly impacted by the COVID-19 emergency. Even though they have witnessed various drastic changes during their lifetime, the current epidemic has created unprecedented and unexpected hardships. The aim of the conference was to present experiences and good practices already promoted in the past months to address this health crisis.

The ASTAHG event included also the 3rd meeting of the Transnational Governance Board (TGB), at which the focus was on innovative solutions for AHA in response to COVID-19. During the conference various challenges were highlighted and illustrated with the help of experts from different fields for improving the quality of life of older people in remote areas.

The conference was very well attended, with 92 participants from different countries. Participants were mainly from the health and academic sectors and other sectors such as municipalities, non-governmental organizations, regional development agency, companies and so forth.

As an organizer NIJZ also applied for licence points at the Nurses and Midwives Association of Slovenia and Medical Chamber of Slovenia.

The organizers' thoughts on the event were "Together we can do more, no one can win this challenge alone and no one must be left behind".

2. AGENDA OF THE CONFERENCE

Title: Supporting older people in remote areas in the time of COVID-19

| | |
|--|--|
| 08.50-9.00 | Arrival |
| Introduction and welcome <i>Moderated by Andreja Mezinec, NIJZ</i> | |
| 9:00-9:30 | Ministry of Health National Institute of Public Health Leader of the ASTAHG project - <i>Gian Matteo Apuzzo, FVG</i> |
| Session 1: Informing Active Ageing policies through research – Experiences from the ASTAHG-project <i>Moderated by Monika Robnik Levart, NIJZ</i> | |
| 9:30-10:00 | <ul style="list-style-type: none"> - Multidimensional governance for active ageing – a model to facilitate shared decision-making <i>Dr. Christian E.H. Boehler, European Centre for Social Welfare Policy and Research</i> - Indices to quantify progress in active ageing – state of the art and challenges <i>Annemarie Müllauer, University of Salzburg – Centre for Ethics and Poverty Research</i> - Multicriteria decision analysis to support cross-sectoral decision-making in AHA <i>Dr. Christian E.H. Boehler, European Centre for Social Welfare Policy and Research</i> |
| 10:00 – 10:10 | Discussion |
| 10:10 – 10:20 | Break |
| Session 2: Transnational Governance Board Session – part 1 Round table with NIJZ ASTAHG stakeholders <i>Moderated by Dr. Mojca Gabrijelčič Blenkuš, NIJZ</i> | |
| 10:20-10:35 | The National Institute of Public Health (NIJZ) contribution to the ASTAHG project (stakeholder survey) <i>Dr. Mojca Gabrijelčič Blenkuš, Andreja Mezinec, Monika Robnik Levart (all NIJZ)</i> |
| 10:35-11:50 | Round table with NIJZ ASTAHG stakeholders <ul style="list-style-type: none"> - Anita Bregar, CSD Jesenice - Uroš Brežan, Municipality of Tolmin - Eva Pejić, Health Centre, Tolmin - Simon Škvor, Soča Valley Development Centre Reflection by: <i>Dr. Luka Kronegger, Faculty of Social Sciences - University of Ljubljana</i> |
| 11:50 – 12:00 | Break |

Session 3: Transnational Governance Board Session – part 2

Innovation for Active and Healthy Ageing in response to COVID-19

Moderated by Gian Matteo Apuzzo, FVG and Mojca Gabrijelčič Blenkuš, NIJZ

| | |
|---|--|
| 12:00-13:10 | <p>Initiatives in Europe for AHA in response to COVID-19: roundtable and discussion</p> <p>Introduction – Gian Matteo Apuzzo</p> <ul style="list-style-type: none"> - NET4AGE-FRIENDLY COST Action; <i>Carina Dantas, CARITAS COIMBRA</i> - Accurate and fast services for prevention of loss of autonomy: experimentation of a dedicated smartphone application and organization; <i>Fahrudin Bajric, PSPPACA</i> - TreCovid19 app; <i>Riccardo Farina, PROVINCIA AUTONOMA DI TRENTO</i> - Initiatives for the elderly during the COVID-19 health emergency: examples from the Alpine Space; <i>Elda Osmenaj, AREA SCIENCE PARK</i> - The TAAFE project and innovative solutions in Treviso; <i>Luana Rotari, COMUNE DI TREVISO and Oscar Zanutto, I.S.R.A.A.</i> - Social innovation and ageing in response to COVID-19; <i>Julia Wadoux, AGE PLATFORM</i> |
| 13:10-14:10 | <i>Lunch break</i> |
| <p>Session 4: COVID -19 impact on Active Ageing in rural areas around the world</p> <p><i>Moderated by Ria Jagodic, NIJZ</i></p> | |
| 14:10 - 14:25 | <p>Geriatric Care in the Post-COVID-19 Era in India</p> <p><i>Dr. Arvind Mathur, Asian Centre for Medical Education, India</i></p> |
| 14:25 - 14:40 | <p>Keeping well at home: Greater Manchester's collaborative response to enable older people and those shielding to remain active, healthy and well during COVID-19 national lockdown measures</p> <p><i>Jane McDermott, University of Manchester</i></p> |
| 14:40 - 14:55 | <p>Tackling ageism during a global health crisis</p> <p><i>Dr. Christian E.H. Boehler, European Centre for Social Welfare Policy and Research</i></p> |
| 14:55 - 15:10 | <p>Mental health support during COVID-19: using existing services to address new needs</p> <p><i>Matej Vinko, NIJZ</i></p> |
| 15:10 - 15:25 | <p>Challenge and opportunity in the post-COVID-19 era: for a new design of active and healthy aging</p> <p><i>Dr. Astrid Stuckelberger, GINA</i></p> |
| 15:25 - 15:35 | <i>Discussion</i> |
| 15:35- 15:45 | Wrap up and closing of all-day event |

The official language was English.

3. OPENING

Andreja Mezinec (NIJZ) as the ASTAHG project coordinator for Slovenia's ASTAHG team, first welcomed the attendees. She noted that in the past years of the ASTAHG project the NIJZ had pointed out that there was an urgent need to respond to the situation in Alpine Space remote areas regarding ageing. The NIJZ team noted that this is necessary to ensure that rural areas and communities remain attractive places to live and work. This could be ensured by improving access to services and prospects for the people who live in these areas. This goes hand in hand with the overall ASTAHG objective – *the innovation of Public Authority policies dedicated to the population's active ageing in the Alpine Space, by improving the Public Authority capacity to coordinate efforts from different sectors and at different levels, so as to respond through tailored initiatives to Alpine territorial needs.*

National Institute of Public Health (representative), Mojca Gabrijelčič Blenkuš – Head of the Centre for Analyses and Development of Health

First, due to the absence of a representative of the Ministry of Health (MoH), Mojca Gabrijelčič Blenkuš addressed their proposal.

The Ministry of Health (MoH) has recognised active and healthy ageing as a fundamental priority, especially in recent years. To comprehensively address these challenges, in 2017 the Slovenian Government adopted the Active Ageing Strategy, which represents the substantive framework for implementation of the necessary change. The document includes starting points for development, key highlights of the new paradigm, the vision and objectives, and proposals for guidelines. Underpinning the Active Ageing Strategy is the concept of active ageing, which emphasises activity and creativity in all periods of life, concern for health, and intergenerational cooperation and solidarity. The Ministry of Health contributed to the strategy based on the AHA.SI project. The project entitled Active and Healthy Ageing in Slovenia lasted from 2013 till 2016.

Slovenia will be holding the presidency of the Council of the EU next year, highlighting the importance of innovation in public health. The topic of ageing has had crucial importance. Furthermore, other priorities of the Slovenian presidency related to the ageing issue will be innovation and collaboration for sustainable and resilient health systems, digitalization and cancer. This last priority is especially relevant as cancer occurs more often in the older population, especially in remote areas.

The Ministry of Health is following activities regarding active and healthy ageing globally. They also support WHO developments. The WHO declared this year the Decade of Healthy Ageing. They support various organizations with the main goal of supporting and raising the level of AHA.

Slovenia is one of the fastest-ageing country in Europe. A tough challenge?

The National Institute of Public Health (NIJZ) supports all the above-mentioned activities in different ways, with one Central Unit and nine Regional Units. The ASTAHG project involved the participation of the Nova Gorica and Kranj units. With the AHA.SI project, a methodology for working with stakeholders had already been developed, and this was enhanced with the ASTAHG project and shared with colleagues from all nine units. Cooperation and networking of institutions was done as a way of linking stakeholders together.

In Slovenia, we can work well and strongly in the field of AHA. We have learned a lot over the years, and we are also happy to have been able to organize such an event.

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

Friuli Venezia Giulia (FVG) Region is leading partner of the ASTAHG project. FVG has worked on age-friendly activities a lot in recent years. They planned a regional strategy for the promotion of healthy ageing that became known as the “Regional Law”. FVG developed innovative strategies that have been recognized by the European Commission through the conferring of the title and reference site, in the scope of the European Innovation Partnership on Active and Healthy Aging (EIP on AHA), and are also part of a network Age-friendly Cities and Communities, WHO.

The ASTAHG has the overall objective of improving the governance capacities of regional Active and Healthy Ageing (AHA) policies and easing the transfer of innovation and initiatives within the Alpine Space. ASTAHG project output will support cross-sectoral regional authorities (multidimensional governance approach) by sharing good practices initiatives and innovation (framework of the ongoing stock of best practices), and building a network of the AHA - Transnational Governance Board (TGB) in the Alpine Space.

4. SESSION 1 INFORMING ACTIVE AGEING POLICIES THROUGH RESEARCH – EXPERIENCES FROM THE ASTAHG-PROJECT

The first session was moderated by Monika Robnik Levart (NIJZ). The main objective of this session was to present ASTAHG experiences in informing Active Ageing policies through research. In this session there were three presentations.

In the first presentation entitled *Multidimensional governance for active ageing – a model to facilitate shared decision making*, C. Boehler (European Centre for Social Welfare Policy and Research, Vienna, Austria) described a model for the governance of AHA in the AS. The aim of the model is to strengthen coordination, to support innovation in active ageing and to improve the overall effectiveness and efficiency of AHA governance in the AS. The governance model should further raise awareness of the necessity and potential of intersectoral, interregional and transnational synergies achieved through cooperation in AHA governance. The proposed model includes three levels of governance which interact across seven governance activities and a theoretically unlimited range of policy areas. The model further specifies how AHA governance activities should be distributed horizontally and vertically within a governance structure, and the presentation also outlined how the described activities may be assigned across the Transnational Governance Board (TGB), the Thematic Working Groups (TWGs) and local and regional public authorities and stakeholders aligned with the ASTAHG project.

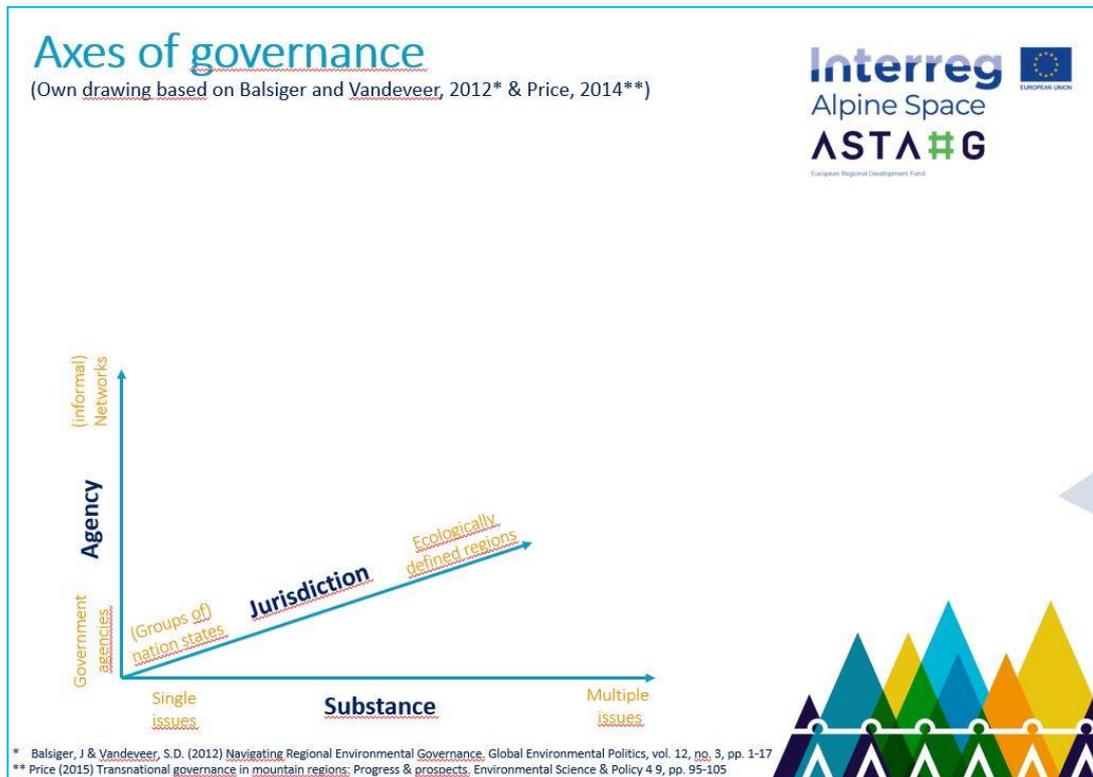


Figure 1: Axes of governance

A. Müllauer (University of Salzburg, Centre for Ethics and Poverty Research) presented *Indices to quantify progress in active ageing – state of the art and challenges*. She presented the ASTAHG Core Indicator Set that operationalizes active and healthy ageing with different AHA domains, indicators and variables. Developed out of seven international AHA tools and frameworks, the ASTAHG Core Indicator Set allows us to identify fields of actions for AHA and to quantify the progress of AHA in rural

areas. Besides introducing the ASTAHG Core Indicator Set, essential procedures for, as well as challenges and possibilities of, the practical application of the ASTAHG Core Indicator Set were discussed.

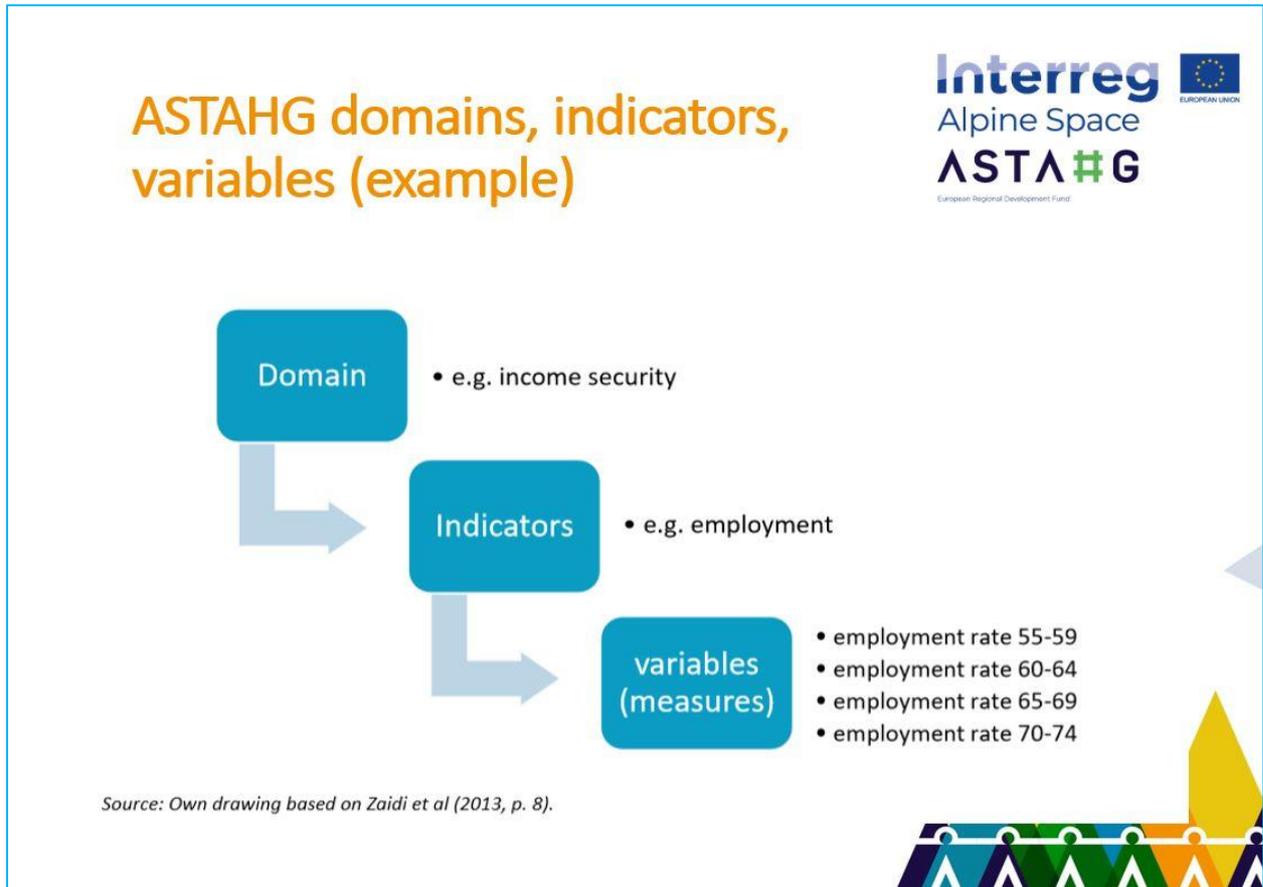
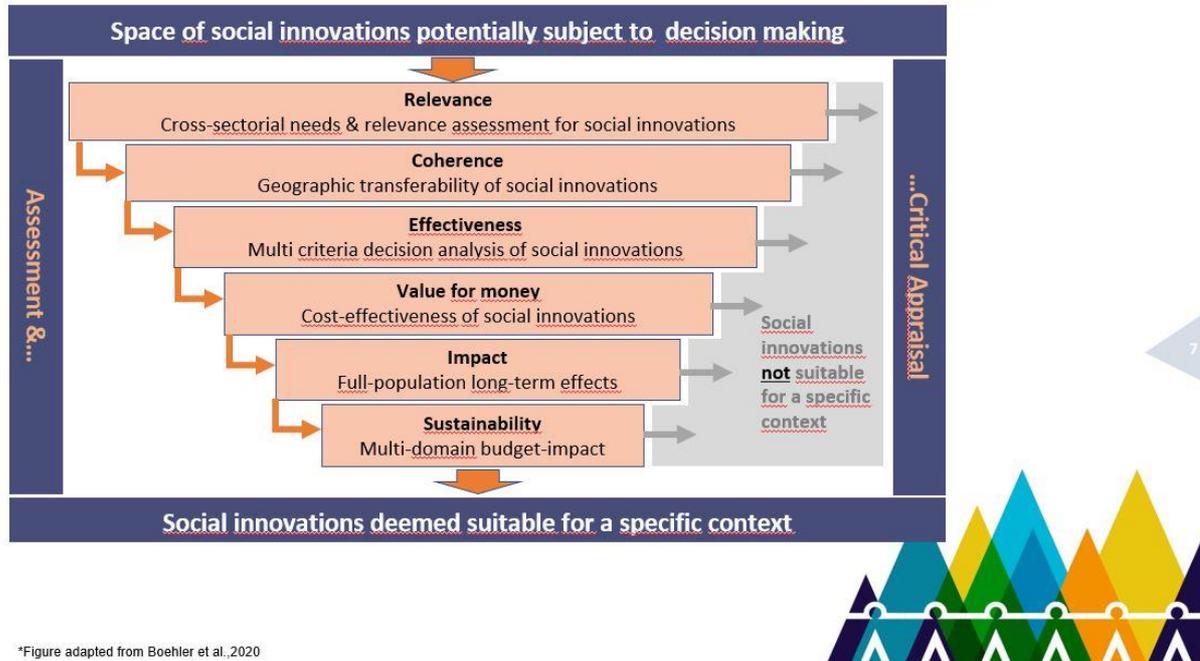


Figure 2: ASTAHG domains, indicators and variables (example)

The last presentation in this session by C. Boehler focused on *Multicriteria decision analysis to support cross-sectorial decision making in AHA*. This presentation dealt with the governance assessment process developed within the ASTAHG project. The process is based on a combination of AHA impact evaluation metrics and innovation assessment criteria. It attempts to provide a structured methodology to prioritise AHA innovations in a transparent manner, starting with an assessment of their relevance in a particular setting, and followed by an assessment of geographic transferability, effectiveness, cost-effectiveness, impact and sustainability. At the beginning of this process, the decision problem should be defined, which includes identification of relevant stakeholders and potential AHA innovations, and respective innovations should then funnel through the governance assessment process, whilst each step functions as a filter for innovations that are not suitable for a specific context. Hence, at the end of the process, only the most beneficial innovations suitable for a specific context should remain in the basket, and decision-makers can prioritise activities based on the evidence collected and critically appraised along the way.

ASTAHG governance assessment framework



*Figure adapted from Boehler et al. 2020

Figure 3: ASTAHG governance assessment framework

5. SESSION 2 TRANSNATIONAL GOVERNANCE BOARD SESSION – PART 1- ROUND TABLE WITH NIJZ ASTAHG STAKEHOLDERS

5.1. National Institute of Public Health (NIJZ) contribution to ASTAHG project (stakeholder survey)

The presentation was made by Dr. Mojca Gabrijelčič Blenkuš, Andreja Mezinec and Monika Robnik Levart, all from NIJZ. Ria Jagodic (NIJZ) and Dr. Luka Kronegger (FSS) were also part of the Slovenian team, and they also contributed to the presentation.

First, Andreja Mezinec briefly presented an overview of the work done by the Slovenian team in the ASTAHG project. She also presented the situation in Slovenia regarding the ageing population in rural areas, particularly in the Slovenian Alps. In addition, she explained that the Slovenian team had involved and identified stakeholders through an ASTAHG Questionnaire and local event (held on 15th October 2019 - <https://www.alpine-space.eu/project-news-details/en/6404>).

Then Dr. Mojca Gabrijelčič Blenkuš presented the main findings from the questionnaire (survey of stakeholders' opinions). She focused mainly on social network mapping, which was prepared in collaboration with FSS. Before she handed over the floor to the next speaker, she emphasised that *employment rates in rural areas are decreasing*.

Ending the session, Monika Robnik Levart presented their article that was published in the EuroHealthNet newsletter (available here: <http://eurohealthnet-magazine.eu/supporting-older-people-in-remote-areas-in-a-post-covid-19-time/>) in the first wave of the COVID-19 pandemic. She focused mainly on these questions: 1) Does COVID-19 affect all older people equally? 2) What is the situation in remote areas? and 3) What is the future of the older population in remote areas in relation to COVID-19? She finished with the quote: *“Supporting and protecting older people living independently in the community is everyone’s responsibility. Good health starts in the community. In the long term, we must consider how our health systems are structured, their sustainability, and their ability to protect all in times of crisis.”*

5.2. Round table with NIJZ ASTAHG stakeholders

The roundtable with NIJZ ASTAHG stakeholders was moderated by Mojca Gabrijelčič Blenkuš. In this session stakeholders represented different spheres of the social network. Before the roundtable started, all participants were asked to answer which organization they represented. The result (Figure 4) was presented in a social network diagram (based on the ASTAHG stakeholder survey, presented in section 4.1).

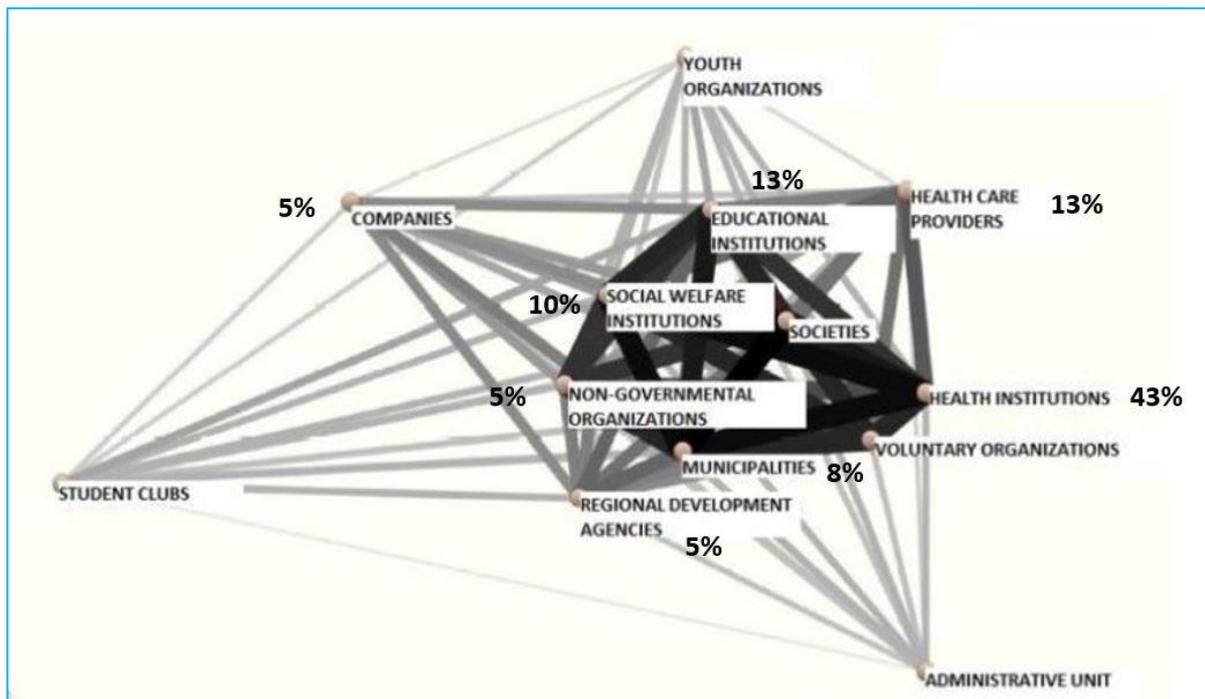


Figure 4: Please indicate in which type of organization you mainly operate

Stakeholders in the roundtable:

- Anita Bregar, CSD Jesenice, represented a social welfare institution
- Uroš Brežan, Municipality of Tolmin, represented municipalities in AS rural areas
- Eva Pejić, Tolmin Health Centre, represented youth organizations in the rural area of Bovec
- Simon Škvor, Soča Valley Development Centre, represented regional development agencies

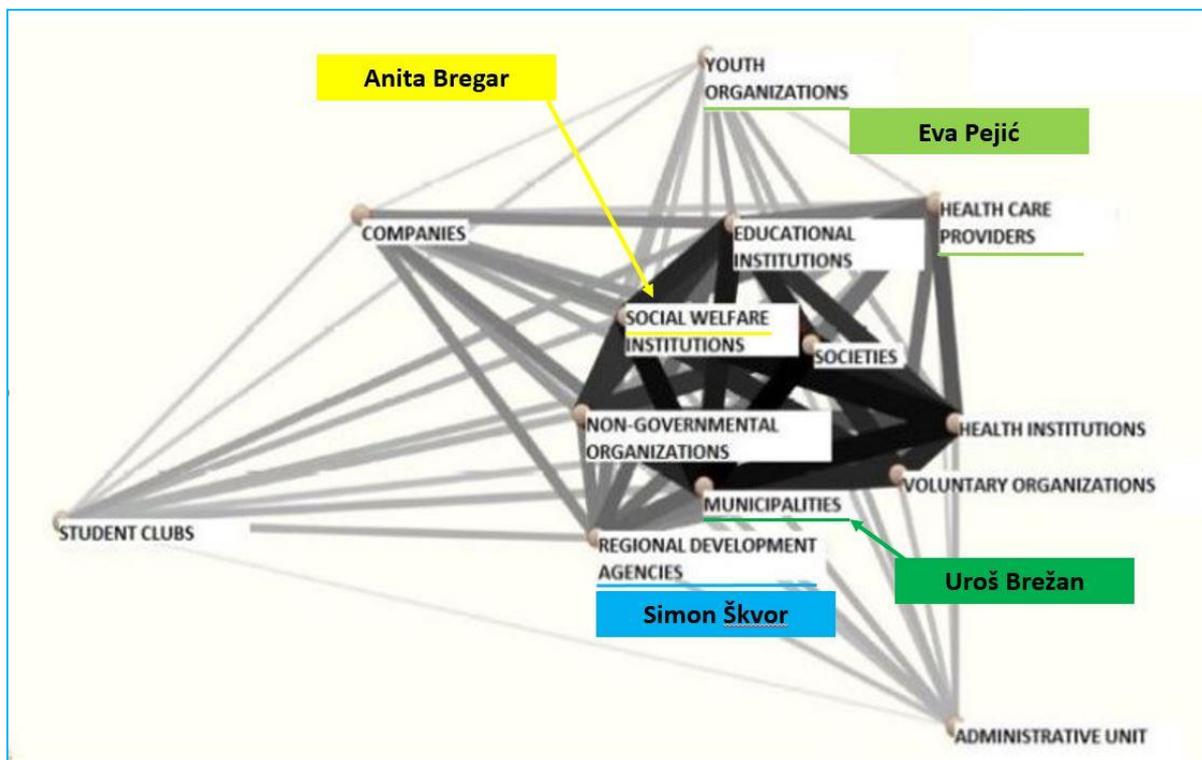


Figure 5: Round table participants

In Figure 5 personal names are given as the names relate to active participants from the round table.

The content of the roundtable focused on four sets of questions proposed regarding healthcare, social care, retention of workforce and sustainability plan. Annex 1 of the report presented the concept of the roundtable.

a. Healthcare

The roundtable started with the first question *“If we increase multi sector cooperation due to COVID-19 then will this remain the norm in tackling other health challenges?”*. The question was posed for all participants at the conference. With answers in the Figure below, participants noted:

- Multi-sectoral cooperation due to COVID-19 has increased.
- S. Škvor agreed with the results of the questions. He expressed his hope that some of the initiatives or some good practices will remain. In municipalities not all services could be economically driven, and policymakers should understand this fact. Multi-sectoral cooperation in rural areas strongly involves municipalities. During COVID-19 it was time to start a systematic approach for permanent solutions in multi-sectoral cooperation.
- U. Brežan agreed that the municipality is positioned where different interests and aspirations of institutions come together. During COVID-19 it has been very difficult to be able to manage them. In the first wave of the pandemic they established cooperation with the Civil Protection service and with different sectors, people and institutions. Communications and information exchange between different sectors in this critical situation were really good, especially regarding common problem-solving issues. They strived to cooperate with different sectors that will be and will remain important in the future.
- E. Pejić argued that young people acted together during COVID-19 and they cooperated with local people. Volunteers helped and wanted to be part of the Civil Protection, since the Civil Protection started to be more active at that time. Students were home when the pandemic was declared, so they could participate and there was an opportunity for future cooperation.

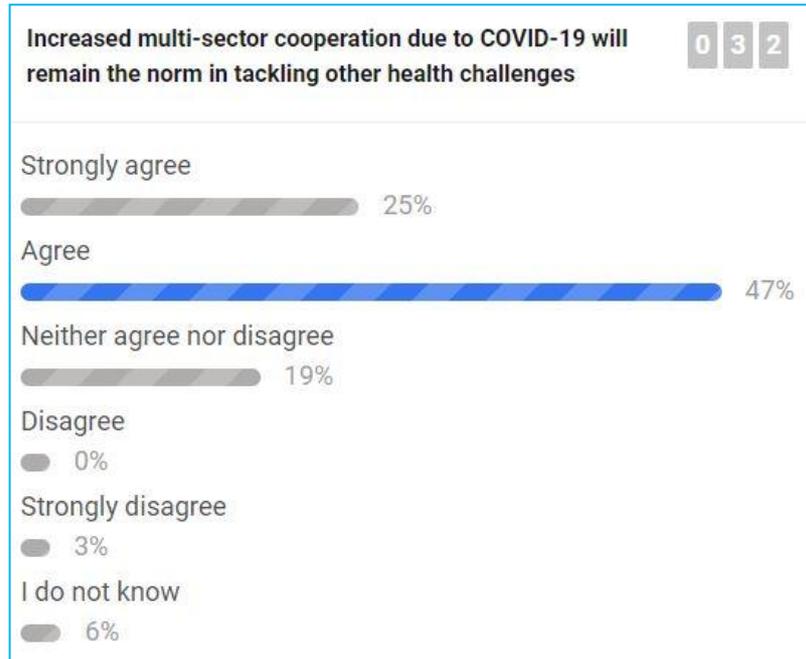


Figure 6: Results from first question in the round table

Question for A. Bregar: *“What was the cooperation between social care and healthcare units during COVID-19, so what was changing and challenging regarding the health system and how did the social protection offices provide help here?”*

A. Bregar answered that many services can be offered and implemented remotely. In most contexts we can be efficient only to a limited extent and for a short period of time. In the long run, genuine encounters of presence and simple touch can't be replaced. The reaction of society in the first wave of COVID-19 was different from that in the second wave. In the first wave, programmes in social institutions had been stopped, although users needed help. The local Civil Protection connected with social welfare institutions and helped with services: transport, care assistance, psychosocial help, hot meals for the most vulnerable.

b. Social care

Question for U. Brežan: *“How can the local community here help with the higher social inclusion of those who are the most social deprived who really are most vulnerable? What was your reaction to older people in remote villages in your local community?”*

U. Brežan answered that in first wave of COVID-19 healthcare centres, social care centres, non-governmental organizations (NGOs) and the Municipality of Tolmin connected and worked together. They found those who really needed help, went to them and provided the necessary services. NGOs and civil protection also provided food delivery in first wave of COVID-19.

Question for E. Pejić: *“So how do you see the importance of this intergenerational context of how they can improve social inclusion? Are there any innovative approaches which you see, and what else would you propose?”*

E. Pejić answered that older people in remote areas often didn't have the equipment and access needed for computers and the internet to stay in contact with others. They used to call a number providing support for older people during COVID-19 for conversations and psychological support. Many people were lonely in remote areas, due to the great distance between friends and neighbours. Young people thus often helped older people to communicate with their close friends and relatives by using technology.

Question for S. Škvor: *“The regional development that is promoted in the Development Centre has the possibility to help guide projects and other developments in the area. How can we provide older people with digital health literacy, as well as basic digital literacy? What are the conditions under which they will be able to do things on their own?”*

S. Škvor answered that the related programmes dealing with social inclusion used to organize visits to the Centre, where people could use the equipment. However, during COVID-19 the activities orientated toward lifelong learning and integration which took place in the centre stopped. How could the programmes continue? First, using support from the Ministry for IT an IT teaching room was prepared so it was possible to stay in contact with people in remote places, and second by offering

people who are included in programmes online courses. New work process were also implemented to deal with the new conditions.

c. Retention of workforce

In the continuing of the roundtable, the participants answered another question (Figure 7).

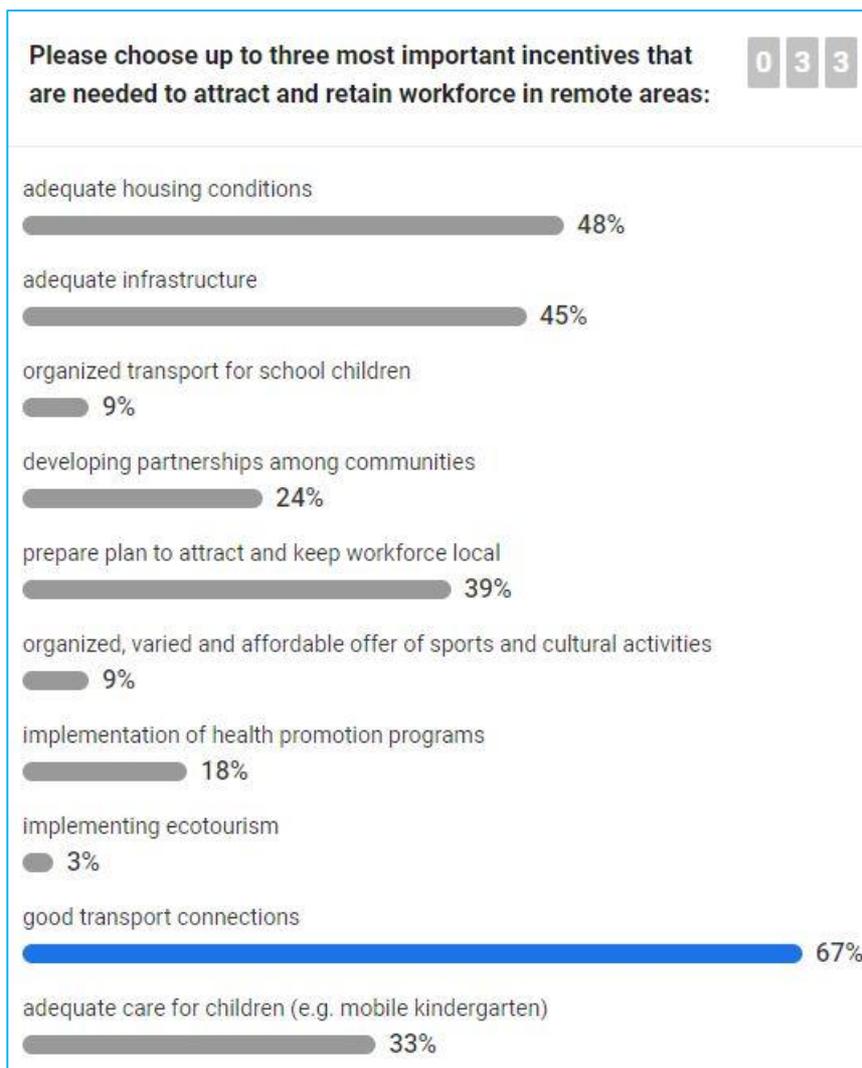


Figure 7 : Please choose up to three most important incentives that are needed to attract and retain workforce in remote areas

First, A. Bregar presented the situation in Gorenjska region. She stated that the population in Gorenjska region is 206,621, and that it is divided into 18 municipalities. The demographic data show that that municipality of Kranjska Gora has the greatest share of the population aged over 65, at 28.1%, while those aged from 20 to 34 years account for only 13.8% of the total, significantly lower than in other regions. In the Municipality of Jesenice the education level of the population is below the Slovenian average, as well as in the Municipality of Žirovnica.

Young people tend to move to urban environments because rural areas offer no career opportunities and thus limited scope for personal development. The only local employment opportunities are in industry and tourism. Present home environments and proper housing conditions are very important

factors that allow more functioning for young generation these days. Living is more demanding now and offer fewer opportunities for apparently lifestyles in the countryside. Meanwhile, as the number of older people is growing there is a greater demand for comprehensive and special care in the home environment, even though the number of sick people who cannot be treated at home is likely to grow, and more healthcare and social care will be more needed to deal with this.

Question for Eva Pejić: *It seems that our participants are also highlighting good transport connections, adequate housing conditions, and infrastructure – what would you say about that? What would really help the area to retain a young workforce? What are the opinions of your colleagues of your generation?*

E. Pejić answered that the main problem in rural areas is jobs, and the second is housing, Eva agreed with A. Bregar that there is currently no government support regarding housing. Transport connections are also not ideal, and she did not agree with the results of SLIDO. Young people now depend on cars to get around.

Question for U. Brežan: *Can the local community help with any strategic approaches for keeping young people in remote areas with regard to offering jobs and better housing conditions, and what can be done in the Municipality of Tolmin?*

U. Brežan answered that the local community has limited resources, and that these need to be used in a proper way to. In time of COVID-19 a lot of people worked from home, and this is an opportunity to consider whether people could live in remote areas and work elsewhere, from home, without having to drive a long distance. Moreover, some municipalities are involving young people in remote areas in a project that provides support for them.

Questions for S. Škvor from Marko Šifrar from the Municipality of Jezersko: *How did they improve access to communication infrastructure technology and applications for older people? Maybe this is something that can also offer jobs?*

S. Škvor answered that a lot of older people had digital knowledge, and those participants with low digital knowledge wanted to learn more, but didn't have an opportunity to do so. We offered IT services to them and they started with simple tasks, then after that the programme continued with more difficult exercises. The project that has been implemented allowed us to buy 12 laptops, and the target users were those people who are not digitally literate.

d. Reflection by L. Kronegger

At the end of second section, Dr. Luka Kronegger from the Faculty of Social Sciences, University of Ljubljana, gave his reflection on it.

He stated that the round table is a pure representation of working together on the topic of healthy aging. Youth organizations are not in core of the engagement in terms of helping older people, but they are part of it. The information presented at the roundtable is in the line with results from research. He also agreed with the representatives of youth organizations about supporting young people to stay in the local community.

Moreover, during COVID-19 we saw how the society works, especially in remote regions. Maintaining connections between each other is very important for survival, and policymakers should learn from good experiences of this. The systems needed to support this should be built from bottom up, not from top down.

At the end of roundtable he also shared video: *Can we improve social support for the elderly during COVID-19?* The video is available at the link <https://www.youtube.com/watch?v=e22gKPjjHz8>.

Additional information: References Cugmas, M., Ferligoj A., Kogavšek, T. and Batagelj, Z. (2020) The social support networks of elderly people in Slovenia during the COVID-19. Available at the following link: <https://osf.io/preprints/socarxiv/uat4e/>.

6. SESSION 3 “TRANSNATIONAL GOVERNANCE BOARD SESSION – PART 2 - “INNOVATION FOR ACTIVE AND HEALTHY AGEING IN RESPONSE TO COVID-19”

Session three was moderated by Gian Matteo Apuzzo, FVG and Mojca Gabrijelčič Blenkuš, NIJZ.

GM. Apuzzo started the meeting informing those present that this event’s session was part of the project’s Transnational Governance Board.

The Board was established in Marseille on December 4, 2019 by all ASTAHG partners and the associated partner Funka. The aim of the TGB – led by the Italian region Friuli Venezia Giulia, the project’s lead partner— is to promote an “Age-friendly” Alpine Space Area by supporting local, regional and national authorities and other stakeholders to develop, implement and evaluate initiatives that address the needs of the ageing population, by promoting networking and knowledge sharing among its members and by building synergies with existing initiatives. He went on to give details about the Board’s activities with regard to involving multilevel policymakers and influencers as new members — following the 4Helix approach. He reported on the Board’s development of a proposal with the objective of identifying strategic actions to support the governance of AHA at the macroregional level, and to keep alive the intersectoral and multilevel cooperation beyond the end of the project.

Concerning the topic of the session, GM. Apuzzo remarked that although all age groups were at risk of contracting COVID-19, older persons were the most affected by the pandemic — with this segment of population suffering additional vulnerabilities, e.g., deficits in digital literacy and access, and different forms of discrimination, like in decisions on medical care. Moreover, older people who were quarantined or locked down with family members or caregivers were at higher risk of violence, abuse, and neglect. Additionally, prolonged periods of isolation could negatively affect their mental health. He went on to consider the particularly difficult situation for older home-based carers, most of them women, who had been providing care for older persons — especially in contexts where health systems and long-term care provision were weak. He then highlighted the urgent need for an extensive analysis of the whole residential care system for the elderly, as long-term care facilities suffered a general delay in receiving recommendations and support in the midst of the emergency. He then drew attention to the context of rural and marginal areas during the COVID-19 pandemic.

He proceeded outlining the sessions’ structure, with the speakers presenting the current framework on an EU level and concrete examples of innovation in response to COVID-19 at a local/regional level.

He then presented the first speaker, C. Dantas: chair of the COST Action NET4Age-Friendly, Coordinator of the Stakeholder Network on SHAFE - Smart Healthy Age-friendly Environments, as well as Senior Innovation and Policy Advisor for Cáritas Coimbra. C. Dantas is also, Vice-President of the European Covenant on Demographic Change, Main Coordinator of group D4 of the EIP-AHA, CEO of SHINE2 Europe, Ethics expert for CEN/CENELEC and the AAL Programme, and evaluator for the European Commission, AAL, Eureka and EIT Digital.

C. Dantas first introduced SHAFE, a thematic network approved by the European Commission aiming to draw attention to the need for aligning health, social care, the built environment and ICT both in policy and funding. The network is comprised of 170 organizations and produced a joint statement providing a shared vision identifying political measures to be implemented via different projects, such as NET4Age-Friendly. The objective of the latter has been to establish an international and

interdisciplinary network of researchers and other stakeholders (following the quadruple helix approach) — it currently has 240 researchers from all sectors — to foster awareness and support the creation and implementation of healthy indoor and outdoor environments for present and future generations. The network has collected good practices to better understand barriers to success and share knowledge among different disciplines to actively contribute to AHA projects and support local and regional stakeholders.

GM. Apuzzo introduced the next speaker, F. Bajric: Director of the Pôle Services à la Personne – an organizational partner of the ASTAHG project – an expert economist and responsible for European policies in industrial sectors.

F. Bajric highlighted that COVID-19 highlighted the fragility of elderly people, creating an urgent need for prevention, identification and rapid treatment in cases of deterioration of health. He noted that any change in older people's living situation must be considered in relation to adapting the health and care process— specifying that around 30% of elderly people were at risk of hospitalization and that admission to a hospital could have serious emotional and physical consequences. He presented a dedicated smartphone application, PRESAGE— a project with support from state health institutions, local authorities and local actors. The app was designed especially for home care workers and family caregivers, and uses a predictive algorithm to evaluate the risk of hospitalization and anticipate geriatric risks. It is aimed at predicting and avoiding hospitalizations and thus to keep elderly people healthy at home. In Marseille, some 200 employees were being trained and involved in the project.

GM Apuzzo asked if the training was intended only for professionals.

F. Bajric answered that even though the training was directed toward professionals, the app was simple and could be used by everyone.

GM. Apuzzo introduced the next speaker, Riccardo Farina: he is an engineer working as a Policy Officer at the Innovation and Research Office of the Department of Health and Social Policies of the Autonomous Province of Trento. He is a member of the Competence Centre for Digital Health TrentinoSalute4.0. He is currently involved as Assistant Manager in five ongoing European projects where the Province of Trento is partner through the Department of Health and Social Policies. He is in the Blueprint working group of the EIPonAHA.

Riccardo Farina introduced the framework of digital health in Trentino — a small province located in the north of Italy with around 540,000 inhabitants and an area of 6,200 Km². He described Trec, a digital platform fully integrated with the provincial healthcare system with around 146,000 users that allows citizens to access to health data from 2007. He stated that the COVID-19 crisis influenced the apps' development with the aim of providing COVID-19 certified information and monitoring and supporting infected or quarantined individuals.

M. Gabrijelčič (via chat) inquired about methods that could be used to decrease burden on health services by using the app.

R. Farina (via chat) answered that the app is linked to the @home platform, a service already in use by the primary/home care service of Trentino. The aim of the app is to provide a tool that can help the COVID centre in monitoring an ever-increasing number of patients at home. Through the data collection carried out by the app it was possible for the staff to concentrate via telephone only on unstable cases which required particular interventions, at the same time guaranteeing regular monitoring of all cases.

M. Massimiliano (via chat) commented that developing an instrument for monitoring elderly and fragile people at home is a very important challenge — considering the solution proposed by PAT as a very good beginning.

M. Štanta (via chat) inquired about older people's digital literacy.

F. Bajric (via chat) answered that, at least in their experience, this was a real challenge. He explained that the app in itself has been easy to use; however, both digital literacy and access to equipment are low among elderly people. He noted that the elderly are willing to sign a legal consent for giving "their related data"; nevertheless the social acceptability of using digital tools, even for monitoring healthy, is a challenge and continuing issue.

R. Farina (via chat) stated that such apps can better reduce the digital divide with respect to ICT tools provided via PC, although digital literacy remains as issue.

GM. Apuzzo noted the importance of adapting and innovating existing solutions and instruments for specific needs and objectives in times of crisis. He went on to present the next speaker, Elda Osmenaj, a research fellow at AREA SCIENCE PARK.

E. Osmenaj briefly introduced the presentation's main topic, i.e., innovation practices in response to COVID-19, as collected for the ASTAHG survey— AREA coordinated the collected data together with other organizations. She presented the data collection and analyses timeline, from June 2020 until November. Google Forms was used to develop the questionnaire, which was then shared between partners of the ASTAHG project that disseminated it to other stakeholders. Thirteen initiatives were collected among public and private actors, and most of the initiatives were implemented at the provincial level. Half of the initiatives were newly created — with the rest being already existing initiatives that were strengthened or modified. Healthcare was the main sector involved in this, with the elderly being the primary target beneficiaries. Detected needs were immediate responses, care and assistance as well as providing information and psychological support, the empowerment of target groups and countering loneliness and seclusion.

GM. Apuzzo added that the survey implemented in ASTAHG collected more than 70 practices and innovation initiatives, and that the presentation covered those specific to the COVID-19 emergency. He presented the next two speakers, Luana Rotari and Oscar Zanutto, leaders of the TAAFE project— another Alpine Space Project dealing with Age-friendly Environments – representing the Municipality of Treviso and the ISRAA. Their experience is very important, as they are the representatives of two of the main institutions affected by the pandemic, a municipality and a nursing home. He remarked that TAAFE project has a lot of synergies with the ASTAHG project.

L. Rotari introduced the TAAFE project and its three main aims: enhance the capacity of public authorities to develop age-friendly environments, empower senior citizens and provide concrete recommendations and lessons learned during the project. She stated that TAAFE was based on the WHO age-friendly environment, which was then expanded into a concrete systemic model. She proceeded explaining the main components of the project.

O. Zanutto followed by illustrating the actions taken in 2020 to ensure the implementation of the project's objectives — highlighting how COVID-19 imposed a revision of the methodology. The steps described went from the identification of a trio — composed of a senior representative, an administrator employee and a methodological facilitator — to the creation of a local action group for the adoption of an implementation plan.

GM. Apuzzo remarked on the importance of synergies between TAAFE and ASTAHG — also from a conceptual perspective. He followed this by presenting the last speaker, Julia Wadoux, working for AGE Platform Europe since 2010. She coordinates AGE policy work in the areas of health, new technologies and accessibility. She represents AGE externally in the European Public Health Alliance (EPHA) and to the WHO. She is also involved in the work on Age-Friendly Environments, supporting the European Covenant on Demographic Change, and the related action group in the European Innovation Partnership on Active and Healthy Ageing.

J. Wadoux presented AGE Platform Europe, an organization with the aim of promoting solidarity across generations and countries as the best response. She remarked how human rights are universal and older people should be equally protected. She illustrated some of the richness of the initiatives developed across the EU in response to the crisis. She highlighted the importance of raising awareness about ageism and other age-related issues and challenges during the current health emergency. She provided (via chat) the following link about new technologies and older people:
<https://www.bmfsfj.de/blob/160708/718712aca2e438178bc34cf3993cb15a/background-paper-fra-conference-data.pdf>

GM. Apuzzo highlighted the importance of the presentation for illustrating older people's needs. He followed by highlighting the challenge of digital literacy and asked for further comments on the issue.

C. Dantas answered that digital literacy is an issue, but one that must be considered together with digital access and the digital divide. Moreover, she noted the importance of connecting digital literacy to health and data literacy. Thus, her advice was first to make sure that there is no divide, and that there is access to digital tools, and then to focus on digital literacy.

G. Apuzzo thanked all the speakers and participants. He finished by reminding everyone that this session was organized as part of the TGB to support local authorities and regions in developing and implementing governance models and assessment evaluations. He noted the importance and value of contributions from European and regional/local perspectives.

M. Gabrijelčič thanked everyone and closed the session.

7. SESSION 4 “COVID -19 IMPACT ON ACTIVE AGEING IN RURAL AREAS AROUND THE WORLD”

Lecturer Dr. Arvind Mathur from the Asian Centre for Medical Education from India talked about geriatric care in the post-COVID-19 era in India. He gave the background of the older population in India and how healthcare is delivered there.

India is a country with marked geographical and cultural diversity, although 71% of the population is rural. Most of the population has low literacy, there is strong gender inequality, and people mostly reside with their children, with only a few residing in long-term care facilities. In India there are a wide variation in economic status.

The Indian government launched a national programme for the healthcare of the elderly, where the vision is to promote the concept of active and health ageing.

Dr. Mathur also talked at the conference about the spread of COVID-19 in India. The statistics on day December 2, 2020 were 6,856 infected with COVID-19 per million, and 100 deaths of COVID-19 per million.

The government of India launched a two-pronged approach to curb the spread of infection. The first was containing the spread of the virus through lockdown, screening, quarantine, testing and treatment, and the second was taking a range of welfare measures to alleviate the impact of COVID-19, particularly among vulnerable groups (with older people included in these).

Since few older adults live in long-term care facilities, India did not see the same high mortality in them as the West. The understanding of and compliance with public health and preventative measures are different in older adults.

Changes in clinical practices post-COVID-19 have been seen in the adoption of tele-consultations, mHealth, ePharmacy, the delivery of drugs and care at home, greater use of assistive technology devices and IT-enabled social connectedness.

COVID-19 has exposed limitations of the healthcare system for older people, highlighting the need for care at home and in the community. A new model of geriatric healthcare delivery is being developed with an emphasis on preventive care, remote care, substantial technological dependence and community participation and telemedicine.

Dr. Mathur concluded that home monitoring will stay, although a number of ethical, regulatory and legal issues regarding telemedicine will have to be addressed. In India the introduction of telemedicine has been useful, and the post-COVID-19 healthcare system will need transformation at the individual, societal and government levels.

C. Boehler focussed on “*Tackling ageism during a global health crisis: multilevel, intersectoral and transnational collaboration for active and healthy ageing*”. His presentation was based on a policy brief that has recently been published as part of the European Centre policy brief series (Öylü, G. & Boehler, C.E.H. (2020). *Tackling ageism during a global health crisis: multilevel, intersectoral and transnational collaboration for active and healthy ageing*, Policy Brief 2020/5. Vienna: European Centre.

Ageism refers to negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) older people on the basis of their chronological age, or on the basis of a perception of them as being "old" or "elderly".

COVID-19 has revealed the pervasive character of ageism, as the need to protect exactly those groups at higher risk triggered a new wave of ageist stereotypes and prejudice against older people. Ageism, especially during this devastating global health crisis, thus directly contributes to inequality, poverty and exclusion from society.

The aim of the ASTAHG project is building bridges between AHA stakeholders across regions, governance levels, policy sectors and other actors in society. One of the objectives of ASTAHG is to develop and implement an AHA stakeholder classification, a portfolio of good practices in AHA governance and AHA governance models. ASTAHG also develops tools and methods for evidence-based decision-making in AHA and an AHA innovation observatory. The ASTAHG Transnational Governance Board (TGB) for AHA brings together public policymakers and other AHA stakeholders in the Alpine Space, to develop networks and foster the exchange of successful AHA policies.

C. Boehler concluded that the relevance of projects like ASTAHG was well recognized even before the pandemic, but their importance has risen drastically since it started. Nevertheless, we urgently need more projects like this, as the COVID-19 pandemic only added to the challenges of age-inclusive societies.

Jane McDermott is member of Health Ageing Research Family at Manchester University, and is manager of National Institute for Health Research's Older People and frailty Policy Research Unit. She talked about their response to the COVID crisis, highlighting a *Keeping Well* booklet.

The first edition of the booklet was launched in May 2020, and it was evaluated over the summer. The booklet was made specifically for older people, and a new version was launched on the day of conference, December 2, 2020.

In March 2020 the COVID-19 crisis started in Europe, with infections rising rapidly in the UK. As the lockdown began, questions started about how older people would spend that time mentally as well as physically. Many older people were worried, nervous, and did not understand the national lockdown criteria. They were excluded from digital communication.

A group of scientists from Manchester University thus made a booklet with practical information for older people about how to keep in touch with others, how to do some basic exercises, about eating and drinking right, keeping busy, feeling joy and what to do if you fall.

The booklet was a success, so they produced a national version and people were able to produce their own copies. Greater Manchester made 66,000 printed copies which were then posted to older adults. Local communities made a further 80,000 printed copies and spread them across the country. They even made it to parts of Canada and Australia.

During the summer they made evaluations of the booklet, and received around 5,000 responses to a survey. Only 6% of respondents said they preferred an online version of the booklet. 65% agreed that they would not have had access to this information if they had not received the booklet. 90% of respondents said the booklet would help older people stay healthy and active during lockdown.

During the second wave they produced a second version of the booklet, *Keeping Well This Winter*. This focused on how keeping well this winter was more important than ever – especially for older people who are not online, J. McDermott said. The new booklet included some talking tips for frontline workers, volunteers, family or friends that were developed with older people's groups to help conversations go well.

During the first wave of the COVID-19 epidemic in Slovenia, a need for accessible psychosocial support for the general population was identified. To address this a group from the National Institute of Public Health of Slovenia under the leadership of Dr. Matej Vinko set up and coordinated a network of mental health professionals who offered such support by telephone. There were 70 counsellors and during the first wave they had 1,491 conversations with callers in need of support. They got positive feedback from both providers and users of the service.

The presented case illustrated the importance of a competent workforce and well-managed system of Health Promotion Centres (an organizational unit within primary healthcare centres focused on providing preventative and health promotional services), and the process by which existing infrastructure was quickly adapted to respond to new needs that emerged due to the COVID-19 epidemic.

During the second wave they restarted the initiative and included a free telephone number, which is available for all the population. It operates 24 hours a day and seven days a week. Many psychologists and other competent counsellors are working in their free time and offering their services to people in need who want psychological help.

Dr. Vinko concluded the lecture with the idea that all parts of the healthcare system should contribute to the response to COVID-19. Moreover, all of society must work and contribute to the response to COVID-19.

Dr. Astrid Stuckelberger had a lecture on challenges and opportunities in the post-COVID-19 era for a new design of active and healthy ageing.

Mental health is one of the most neglected areas of public health, and older persons have the highest rate of suicide in the world. However, during the COVID-19 crisis access to quality mental health services was limited. Mental distress during this time was caused by masks, lockdowns, immobility, isolation, unrest, and fear, as well as issues related to personal losses, grief, a lack of basic income, housing, etc, all of which happened within a few months.

Dr. Stuckelberger talked about the public policy impact of COVID-19 on older persons. In the first wave of the pandemic there was no plan for older persons, and just a sense of panic about public health policymaking, without preventive healthy aging measures. There were no active promotional tools, infrastructure and development strategies, but there were conflicts of interest, journal fraud and unethical decisions. There was unethical risk communication, along with fear, discrimination of the elderly, and blame being given to the young and old. Those aged 65+ years old were systematically excluded and discriminated against with the lockdown, social distancing, and masks. The information given was often contradictory and non-scientific.

The core capabilities required by international health regulations are the preparation of national legislation, policy and coordination, surveillance capacity, preparedness, response, risk communication, and the laboratory and human resource capacity needed for surveillance and response.

Dr. Stuckelberger also spoke about the challenges and recommendations in this context, such as paying attention to the missing voice of the elderly, noting that scientific data and knowledge about the elderly is insufficient, and that COVID-19 treatments and vaccines have not been tested in the elderly. The conclusion was that we need to do evidence-based policymaking and public health policymaking for older people with no conflicts of interest, with a sense of ethics and a renewed sense of scientific analysis from case zero to the full analysis of the chain reaction of events during the pandemic.

8. WRAP UP AND CLOSING ALL DAY EVENT

The second NIJZ ASTAHG event was aimed at finding answers to the many challenges in the field of AHA, and it was related to "Supporting older people in remote areas in the time of COVID-19".

The conference was very well attended, with 92 participants from different parts of the world, mainly from Slovenia, France, Spain, Austria, India and UK.

The participants had the opportunity to discuss topics and co-create the event, via chat, active participation with raising their hands, using the Sli.do application to answer three questions and ask anonymous questions during the event. We were delighted to have people who are aware of population ageing and were prepared to discuss various topics, to present good practices and to offer the opportunity to continue with participation.

The main goal was to come closer to achieving the aims of the projects, which are: (1) better governance capacities of regional AHA policies, coordinating actions in different sectors with a strong geographic focus; (2) easing the transferring of innovation and initiatives for AHA across the AS; and (3) enabling a social innovation framework for generating and adopting innovation for AHA involving public and private actors.

The most "interactive" part of the conference was a roundtable with NIJZ stakeholders.

Key messages from the conference:

- The importance of building bridges between AHA stakeholders across regions, governance levels, policy sectors and other actors in society.
- The need to share knowledge and discuss the challenges and solutions to improve the quality of life of older people in remote areas.
- The importance of intersectoral approaches, cooperation as well as additional training on AHA.
- The need for a collaborative response to enable older people to live healthier lives.
- The need for evidence based policymaking and public health policymaking for older people with no conflict of interests and with a sense of ethics and a renewed sense of scientific analysis.
- The importance of collective prevention actions for older people.
- The fact that transformation needs to occur at individual, societal and government levels.
- In terms of COVID-19, healthcare should establish and contribute to the response to the pandemic, and all of society must accelerate work and contribute to this.

Other concepts from the conference:

- Sharing good practice/innovations;
- Reducing loneliness and isolation, living independently, assistive technology, health and social care, participating and contributing;
- Engaging older adults with modern technology: internet use and information access require a structured approach to the research into aging and digital technology, in which older adults' use of the internet and other forms of digital technologies is studied through the lenses of cognitive functioning, motivation, and the affordances of new technology. Older people are now embracing modern technology more than ever before;
- Reduce ageism;
- Reduce inequality;
- Improve access to services.

The conference was attended by stakeholders from different fields such as health, research, social services, education, and NGOs, among others.

At the end we agreed that **“no one can meet this challenge alone and no one must be left behind”** and that **“together we can do more”**.

We would like to thank all the participants for helping us to have the opportunity to co-create the conference, but the event would not have been so successful if the technical team of Lucija Benko, Tjaš Prinčič, Petra Kravos, Natalija Rozman and Ingrid Sotlar weren't with us during the event.

More about the conference and ASTAHG project can be find at <http://www.staranje.si/>.

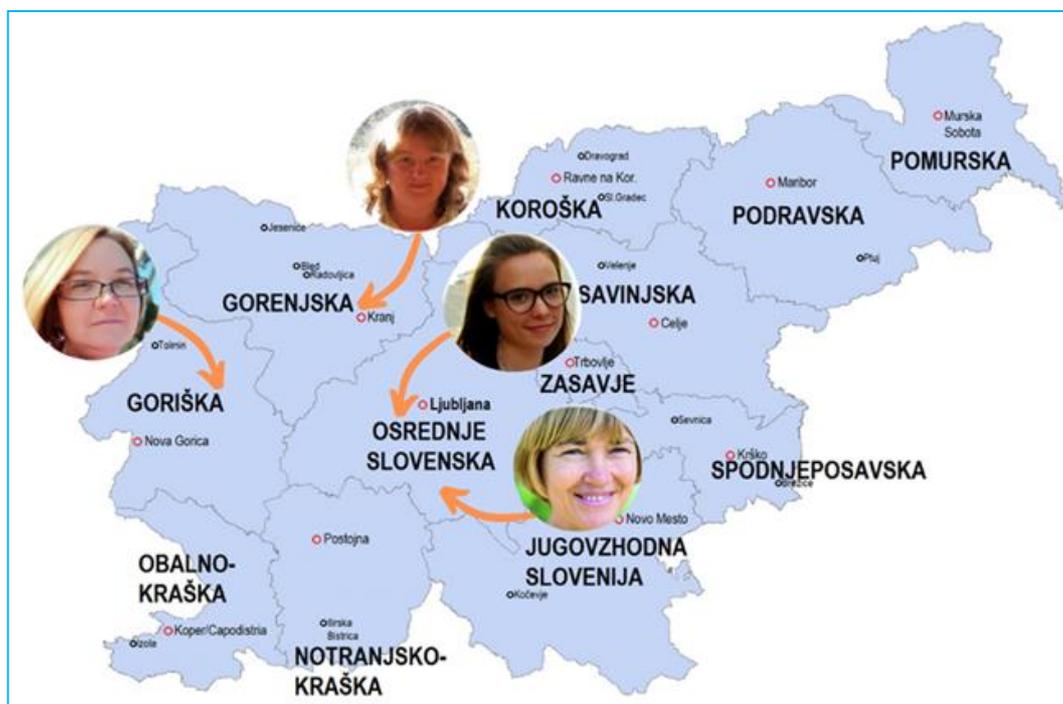


Figure 8: NIJZ ASTAHG team

Background photo source: https://sl.wikipedia.org/wiki/Slika:Regije_Slovenija.png

ANNEXES

Annex 1: Roundtable concept ASTAHG international conference

ASTAHG international conference
ROUNDTABLE CONCEPT NOTE PROPOSAL
2. December 2020 (Session 2, 10:35 – 11:50 CET), virtual

TITLE

Title of the conference: SUPPORTING OLDER PEOPLE IN REMOTE AREAS IN THE TIME OF COVID-19

Sub-title: Roundtable with NIJZ ASTAHG stakeholders

BACKGROUND AND AIM

What is the session aim? What do you want to achieve?

The overall objective is the innovation of public authority policies dedicated to active ageing in the Alpine Space, by improving the public authority capacity to coordinate efforts from different sectors and at different levels, to respond with tailored initiatives to Alpine territorial needs. This requires systematic transnational cooperation both at the horizontal level (policymakers of health, social care, transport, culture, tourism) and vertical level (regions, provinces, municipalities) with the involvement of the public and private sectors (R&I, local communities, social business) in order to trigger innovation focused on active ageing, through actions tailored for the specific context but also able to capitalize on the strengths available in the whole Alpine Space. In order to meet the population needs, ASTAHG identified seven domains (healthcare, long-term care, social care, independent living, wellbeing, tourism, mobility, and transport) that serve as its core focus.

The aim of the roundtable is to meet with NIJZ ASTAHG stakeholders to share knowledge and discuss the challenges and solutions to improve the quality of life of older people in remote areas. Key topics that will be brought into the discussion will be based on the most challenging topics that emerged in a stakeholder survey¹ from last year. Some of the results will also be shared with participants in the introduction of the roundtable. Our primary goal is to understand stakeholders' views on the focal topics. To reach this goal we invited stakeholders (roundtable participants) from different types of institutions to gain better insights.

Based on the discussion on the proposed concepts we would like to come closer to aims of the projects, which are: (1) better governance capacities of regional AHA policies, coordinating actions in different sectors with a strong geographic focus; (2) easing the transferring of innovation and initiatives for AHA across the AS; and (3) enabling a social innovation framework for generating and adopting innovation for AHA involving both public and private actors.

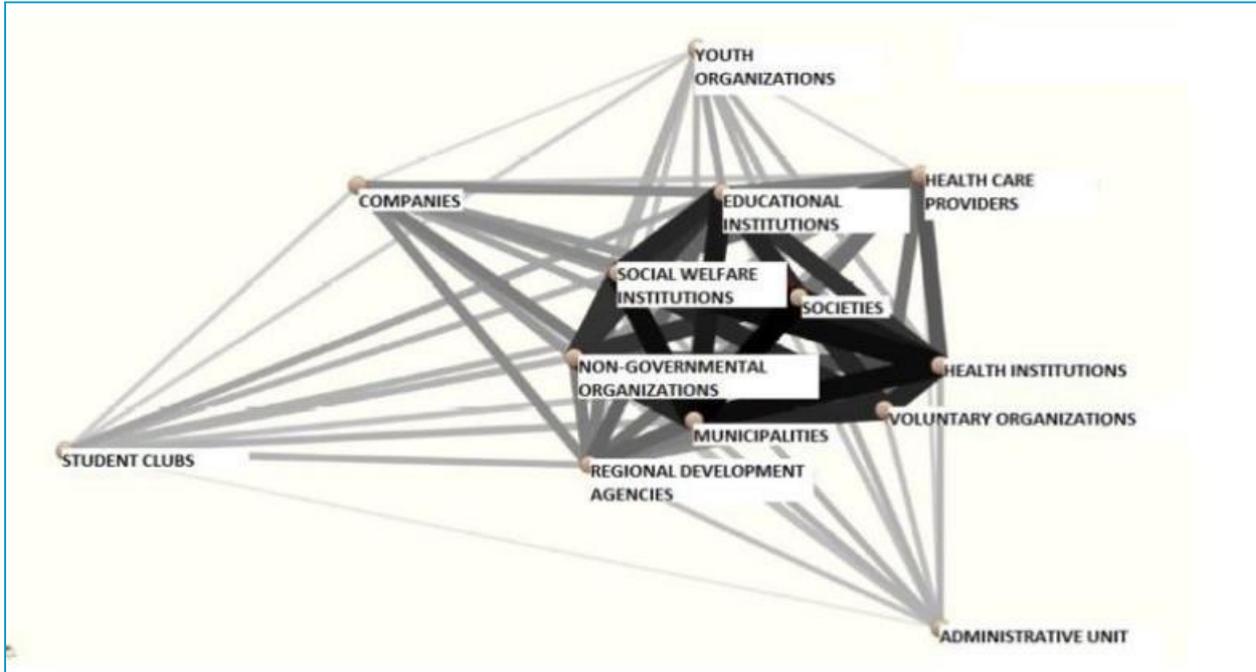
¹ In 2019 NIJZ distributed a nationally developed online survey which was further adapted for the purposes of ASTAHG for use with stakeholders. Stakeholders from the selected municipalities of Gorenjska and Goriška regions were initially invited to participate in the survey. The survey was based on a pre-existing national survey, but was further adapted for the purpose of the ASTAHG project to gain insight into how services to the older population were being provided and connected to each other. The survey entailed a demographic description of stakeholders who participated in the survey, with information on their regional residence, their organizational status according to the "welfare triangle mix" and their involvement in topics connected to AHA. The second part of the survey covered seven contextual topics as well as an additional section on networking of stakeholders.

STAKEHOLDER NETWORK

Stakeholder collaboration...

One of the key activities of ASTAHG is stakeholder coordination and networking. This involves different sectors (from healthcare to transport), which should coordinate their efforts and work with private operators, local authorities and researchers.

Figure: Social network drawings based on the question: *With which organizations do you already work with (in collaboration)?*²



COVID-19 reflection

How could we support older people in remote areas?

Article: "Supporting older people in remote areas in a post-COVID-19 era"

During the pandemic, access to healthcare has been limited and we have been forced to become more isolated. Under these conditions, how can we help older people to live independent lives and play an active role in our communities? The outbreak of COVID-19 has significantly affected all aspects of life across Europe. Besides threatening our health, the pandemic poses serious challenges to our socioeconomic systems. Persisting health inequalities in our societies have also been exposed. This pandemic will have the heaviest impact on the lives of people living in deprivation or facing difficult socioeconomic circumstances. We are especially concerned about how older people in socially and economically challenging situations are affected. We should also not neglect cultural and healthcare factors which help the older population to live independently and to actively be involved in society.

More about this can be found at the following link: <https://eurohealthnet-magazine.eu/supporting-older-people-in-remote-areas-in-a-post-covid-19-time/>

CONTENT OF THE ROUNDTABLE

Which topics will you address in your session?

The debates will take into consideration all keywords of the event (COVID-19, older people, remote areas) and will touch to the contents of the respective topics. Furthermore, we will focus on the proposed sets of questions (I. – III.):

I Healthcare (one of the AHA domains)

Introduction: in the questionnaire we had the item: *In the optimal adjustment of healthcare, the needs of the older adults can be contributed by...* followed by a selection of statements. The respondents classified the statements according to their relevance. The most common choices were “*Strengthening the field service of social and/or health professionals*” and “*Alternative care options for the older adults without access to healthcare*”.

As we would like to focus on looking for some opportunities, and taking the current situation into consideration, the roundtable participants **should be asked:** *How do you see healthcare in the current situation regarding the stakeholder network? Do you think that the stakeholder network has changed because of COVID-19? Which lessons has COVID-19 given us regarding healthcare? Do you think that remote assistance (tele-care,..) took some pressure of medical teams in healthcare units during COVID-19? What (in your opinion) has changed regarding access to health system in remote areas during the pandemic? Do you think there is an opportunity to invest in the modernization of infrastructure and to empower older people so that they could engage more effectively in maintaining their health? With tele-care (during the pandemic) some social contacts decreased (low physical contact with, for example, medical doctors at the primary level) – do you think that is future of the health sector?*

II Social care (one of the AHA domains)

Introduction: In the questionnaire, respondents classified the statements according to their relevance with regard to the presented topics. On the topic of *social inclusion*, the most common choice was as “*Early detection of the older adults who are socially endangered*” at 23.66%, and at 14% was “*Implementation of lifelong learning programmes*”. In the second place (in the second column) the statement “*Design of inter-generational programmes and activities*” was most common. The statement “*Establishment of social networks suitable for the older adults*” was the fifth choice, at just 3%.

As we would like to focus on looking for some opportunities, and taking the current situation into consideration, in the context of the focal topics the roundtable participants **should be asked:** *How could we empower older people so that they could adapt to the “new situation” regarding social contacts? Could lifelong learning programmes help with that (e.g. teaching older people how to use smart devices to communicate) – is this the future? Would that kind of measure increase social inclusion (e.g. talking online with their peers via alternative ways of socializing) – who are most (socially) deprived? How can an organization increase the social cohesion of older people in remote areas? What activities would reduce the social exclusion of older people in remote areas? Would increasing digital literacy contribute to that?*

III Retention of workforce

Introduction: Young people are increasingly moving from rural to urban areas, and services such as post offices and banks are closing. Consequently employment rates in rural areas are decreasing. However, the COVID-19 epidemic has shown that it is possible to use technology to work from home, and this presents a new opportunity to retain young people in remote areas.

With regard to the above, the **roundtable participants** should be asked: *What activities could contribute to retaining a younger workforce in remote areas? What can we offer young people to stay in their hometown after the COVID-19 epidemic? Who or which sectors would be responsible for offering these things?*

Annex 2: Evaluation questionnaire

1. Conference organization and proceedings

| Where 1 is unsatisfactory and 5 is very good, and X is no opinion | | | | | | | Valid | Units | Average | Std. deviation |
|---|--------|--------|--------|----------|----------|-----------|-------|-------|---------|----------------|
| The general organization of the conference | 1 | 2 | 3 | 4 | 5 | Valid | 39 | 39 | 4,7 | 0,5 |
| | 0 (0%) | 0 (0%) | 0 (0%) | 11 (28%) | 28 (72%) | 39 (100%) | | | | |

Comments:

- The conference was very well organized and easy to follow. The organization team was very efficient and nice. Well done!
- Perfect coordination and time arrangements.
- The conference has been nicely organized, but unfortunately I could not hear the lecture in first session. It might be due to a connectivity problem with the audio system of my device. I saw all the PowerPoint slides very clearly, which were readable and understandable in very simple language.
- Well scheduled and organized.
- Excellent organization from the beginning to the end! Thank you NIJZ - very professional :-)

| Where 1 is unsatisfactory and 5 is very good, and X is no opinion | | | | | | | Valid | Units | Average | Std. deviation |
|---|--------|--------|--------|----------|----------|-----------|-------|-------|---------|----------------|
| The relevance of the presentation of the ASTAHG project | 1 | 2 | 3 | 4 | 5 | Valid | 39 | 39 | 4,6 | 0,5 |
| | 0 (0%) | 0 (0%) | 1 (3%) | 14 (36%) | 24 (62%) | 39 (100%) | | | | |

Comments:

- The ASTAHG project was well presented during this conference.
- As a matter fact, due to reason given above, I tried my level best to study the contents of the project with the problems explained.

| Where 1 is unsatisfactory and 5 is very good, and X is no opinion | | | | | | | Valid | Units | Average | Std. deviation |
|---|--------|--------|--------|----------|----------|-----------|-------|-------|---------|----------------|
| The relevance of the session 1: "Informing Active Ageing policies through research – Experiences from the ASTAHG-project" | 1 | 2 | 3 | 4 | 5 | Valid | 36 | 39 | 4,5 | 0,6 |
| | 0 (0%) | 0 (0%) | 2 (6%) | 15 (42%) | 19 (53%) | 36 (100%) | | | | |
| The relevance of the session 2: Transnational Governance Board Session – part 1 Roundtable with NIJZ ASTAHG stakeholders | 0 (0%) | 1 (3%) | 2 (6%) | 11 (31%) | 21 (60%) | 35 (100%) | 35 | 39 | 4,5 | 0,7 |
| The relevance of the session 3: Transnational | 0 (0%) | 0 (0%) | 2 (6%) | 15 (42%) | 19 (53%) | 36 (100%) | 36 | 39 | 4,5 | 0,6 |

| | | | | | | | | | | |
|---|--------|--------|--------|---------|----------|-----------|----|----|-----|-----|
| Governance Board Session – part 2 “Innovation for Active and Healthy Ageing in response to COVID-19” | | | | | | | | | | |
| The relevance of the session 4: “COVID - 19 impact on Active Ageing in rural areas around the world” | 0 (0%) | 0 (0%) | 1 (3%) | 7 (21%) | 25 (76%) | 33 (100%) | 33 | 39 | 4,7 | 0,5 |

Comments:

- The 3rd part was maybe too related to more urban areas, rather than Alpine ones.
- Very interesting insights.

| Where 1 is unsatisfactory and 5 is very good, and X is no opinion | | | | | | | Valid | Units | Average | Std. deviation |
|---|--------|--------|---------|----------|----------|-----------|-------|-------|---------|----------------|
| The time allocated to the discussions | 1 | 2 | 3 | 4 | 5 | Valid | 35 | 39 | 4,1 | 0,9 |
| | 0 (0%) | 1 (3%) | 8 (23%) | 12 (34%) | 14 (40%) | 35 (100%) | | | | |

Comments:

- The time was also well managed by the organizational team - it was one of the best on-line conference I attended.
- Enough time.
- More time [was needed] for that.
- It was all smooth, so enough time was allocated for discussion.

| Where 1 is unsatisfactory and 5 is very good, and X is no opinion | | | | | | | Valid | Units | Average | Std. deviation |
|---|--------|--------|--------|---------|----------|-----------|-------|-------|---------|----------------|
| The online organization | 1 | 2 | 3 | 4 | 5 | Valid | 37 | 39 | 4,8 | 0,4 |
| | 0 (0%) | 0 (0%) | 1 (3%) | 4 (11%) | 32 (86%) | 37 (100%) | | | | |

Comments:

- Congratulations!
- Very good for an online event - you did really your best!

2. Relevance to your work

| Where 1 is unsatisfactory and 5 is very good, and X is no opinion | | | | | | | Valid | Units | Average | Std. deviation |
|--|--------|--------|----------|----------|----------|-----------|-------|-------|---------|----------------|
| Relevance to your current work/activities | 1 | 2 | 3 | 4 | 5 | Valid | 37 | 39 | 4,2 | 0,8 |
| | 0 (0%) | 0 (0%) | 7 (19%) | 15 (41%) | 15 (41%) | 37 (100%) | | | | |
| Usefulness of the information on ASTAHG project for your future work | 0 (0%) | 1 (3%) | 10 (29%) | 9 (26%) | 14 (41%) | 34 (100%) | 34 | 39 | 4,1 | 0,9 |
| Overall usefulness of the ASTAHG conference | 0 (0%) | 0 (0%) | 6 (16%) | 14 (37%) | 18 (47%) | 38 (100%) | 38 | 39 | 4,3 | 0,7 |

Comments:

- Hope to have this again soon!
- It was very informative, but mostly for the "insiders".

What have you found most useful / least useful at the conference? (Any comments and suggestions you may have are welcomed.):

- Very useful: Keeping well at home, Greater Manchester's collaborative response to enable older people to stay healthy.
- Very useful the presentations of project and the other initiatives in session 3. Also very useful were the presentations of Jane McDermott and Astrid Stuckelberger and all the other participants in session 4. For me, less useful were some more academic and less practical presentations that did not really give any answers to the issue of older people in remote areas.
- To hear other opinions.
- Different points of view.
- Digital communication with old people in the COVID-19 lockdown.
- The contents of the conference where in line with the current situation, and so interesting in order to share information and to spread knowledge.
- Useful information about healthy aging and the importance of awareness of COVID in older populations.
- A leaflet by Jane McDermott – a simple and efficient way to inform people to take care of themselves and those around them.
- I found it really useful to have a broader (than the Alpine Space) view of common issues that each of us is tackling in their own territory. Thank you very much to NIJZ fir its strong effort in organizing a great and inspiring conference.
- Different input from all over the world.
- Innovative good practices, interesting cases of digital health platforms on the one hand and the effectiveness of "analogue" practices on the other(Manchester project).

What would you like to discuss with the ASTAHG partners at the future conferences?

- Practical things, good practices from other countries.
- Application of work done.
- Success/failure of the initiatives/practices discussed.
- Usefulness of digital literacy among the elderly, which I am working on in India.
- Collective prevention actions for older people.
- Introducing some specific complex and sustainable projects (if there are any) which would include aspects related to healthcare, social care, transportation, and education.

| How would you best define your organization? | | |
|--|-----------|------------|
| | Frequency | Valid |
| (Public) | 32 | 89% |
| (Private) | 3 | 8% |
| (Public-private) | 1 | 3% |
| (Formal) | 35 | 95% |
| (Informal) | 2 | 5% |
| (For profit) | 3 | 8% |
| (Non-profit) | 33 | 92% |

Please indicate in which sector your organization operates in:

| | Answers | | | | Valid | Units | Average | Std. deviation |
|-------------------------------|----------|----------|----------|-----------|-------|-------|---------|----------------|
| | 1 | 2 | 3 | Valid | | | | |
| Research | 5 (25%) | 10 (50%) | 5 (25%) | 20 (100%) | 20 | 39 | 2,0 | 0,7 |
| Health | 20 (71%) | 6 (21%) | 2 (7%) | 28 (100%) | 28 | 39 | 1,4 | 0,6 |
| Education | 0 (0%) | 5 (42%) | 7 (58%) | 12 (100%) | 12 | 39 | 2,6 | 0,5 |
| Agri-food chain | 0 (0%) | 0 (0%) | 0 (0%) | 0 (100%) | | 39 | 0,0 | 0,0 |
| Social affairs | 6 (46%) | 5 (38%) | 2 (15%) | 13 (100%) | 13 | 39 | 1,7 | 0,8 |
| Environment | 1 (20%) | 2 (40%) | 2 (40%) | 5 (100%) | 5 | 39 | 2,2 | 0,8 |
| Transport | 0 (0%) | 0 (0%) | 1 (100%) | 1 (100%) | 1 | 39 | 3,0 | 0,0 |
| Built environment | 0 (0%) | 0 (0%) | 0 (0%) | 0 (100%) | | 39 | 0,0 | 0,0 |
| Physical activity and sports | 0 (0%) | 0 (0%) | 2 (100%) | 2 (100%) | 2 | 39 | 3,0 | 0,0 |
| Finance or banking investment | 0 (0%) | 0 (0%) | 0 (0%) | 0 (100%) | | 39 | 0,0 | 0,0 |
| Labour | 0 (0%) | 0 (0%) | 0 (0%) | 0 (100%) | | 39 | 0,0 | 0,0 |
| Other | 2 (40%) | 1 (20%) | 2 (40%) | 5 (100%) | 5 | 39 | 2,0 | 1,0 |

Annex 3: Disseminating via Twitter



ASTAHG project @astahg · 10 Nov

Organised by @NIJZ_pr to share knowledge and discuss the challenges and solutions to improve the quality of life of older people in remote areas, especially in times of health crisis.

📌 Registration : lnkd.in/d48a3CQ

📄 Agenda : lnkd.in/dqv9axT

Interreg Alpine Space **ASTA#G**

NIJZ National Institute of Public Health

INTERNATIONAL CONFERENCE

SUPPORTING OLDER PEOPLE IN REMOTE AREAS IN THE TIME OF COVID 19

2nd december 2020

5 retweets, 7 likes



ASTAHG project @astahg · 2 Dec

Today we will be hosting an international conference together with the 3rd TGB meeting. With some of the experts, we will be discussing how to support older people in remote areas in the time of #COVID19.

@NIJZ_pr @astahg @regioneFVGi @MinZdravje

#AHA #activeageing #governance

Interreg Alpine Space **ASTA#G**

EUROPEAN UNION

European Regional Development Fund

1 retweet, 5 likes

ASTAHG project @astahg · 2 Dec

Christian E.H. Boehler (@EuroCentre_SWPR) and Annemarie Müllauer (@EthicsPoverty @PLUS_RESEARCH) present the different deliverables produced during the @astahg project to inform #ActiveAgeing policies through research.

1 3 5

ASTAHG project @astahg · 2 Dec

Start of Transnational Governance Board Session – part 1, starting with @NIJZ_pr contribution to ASTAHG project @monikalevart

"Supporting and protecting older people living independently in the community is everyone's responsibility. Moreover, in the current circumstances it has become clear how important interconnection and cooperation on the local, regional, national and international level is."

Monika Robnik Levart on behalf of NIJZ team

3 6

ASTAHG project @astahg · 2 Dec

First round table composed of the @NIJZ_pr @ASTAHG stakeholders will address different aspects of ageing population in the time of #COVID19.

🗨️ 1 ❤️ 5 📤

ASTAHG project @astahg · 2 Dec

Carina DANTAS from @caritascoimbra presents now #NET4AGEFRIENDLY COST Action.
@dantas_carina

🗨️ 7 ❤️ 14 📤

ASTAHG project @astahg · 2 Dec

Fahrudin BAJRIC from @PSPACA presents the experimentation carried out in #Marseille for #prevention of loss of autonomy, using predictive medicine application and algorithms : [Presage.care](#).

interreg
Alpine Space
ASTA#G

NIJZ National Institute of Public Health

SUPPORTING OLDER PEOPLE IN REMOTE AREAS IN THE TIME OF COVID 19

🗨️
↻ 2
❤️ 6
📤

ASTAHG project @astahg · 2 Dec

Riccardo Farina, from @ProvinciaTrento presents #TreCovid19 [treCovid19.apss.tn.it](#) to obtain official, reliable information about #coronavirus in #Trentino.

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NIJZ National Institute of Public Health

SUPPORTING OLDER PEOPLE IN REMOTE AREAS IN THE TIME OF COVID 19

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❤️ 6
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ASTAHG project @astahg · 2 Dec

Elda Osmenaj, from @AreaSciencePark presents the initiatives for the elderly during the #COVID19 health emergency.

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of Public Health

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↻ 2
❤️ 7
📤

ASTAHG project @astahg · 2 Dec

Luana Rotari from @ComuneTreviso and Oscar Zanutto from I.S.R.A.A. present the @TaafeAn project and innovative solutions in Treviso. @rotari_luana

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of Public Health

SUPPORTING OLDER PEOPLE IN REMOTE AREAS IN THE TIME OF COVID 19

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↻ 3
❤️ 7
📤



ASTAHG project @astahg · 2 Dec

Our 3rd Transnational Governance Board hosted by Gian Matteo Apuzzo (@gmapu) from @regioneFVGit and Mojca Gabrijelcic Blenkuš from @NIJZ_pr, gathered 12 speakers divided into two round tables and 73 participants.

➔ Innovation for #ActiveandHealthyAgeing in response to #COVID19

ASTA#G

Transnational Governance Board

🗨️ 3 🍷 9 📤

ASTAHG project @astahg · 2 Dec

Christian E.H. Boehler, from @EuroCentre_SWPR is talking about how tackling ageism during a global health crisis.

SUPPORTING OLDER PEOPLE IN REMOTE AREAS IN THE TIME OF COVID 19

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ASTAHG project @astahg · 2 Dec

Jane McDermott from University of Manchester presents [#Keepingwellathome](#) : Greater Manchester's collaborative response to enable older people and those shielding to remain active, healthy and well during covid-19 national lockdown measures.
@janemcdermott26 @GMAgeingHub

SUPPORTING OLDER PEOPLE IN REMOTE AREAS IN THE TIME OF COVID 19

" Inclusive communication that is co-edited and created with older people is critical during a time of national lockdown. Digital exclusion disproportionately affects older people, it's vital to ensure Government communications and public health advice is produced in a variety of formats, including printed."

Jane McDermott, University of Manchester

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ASTAHG project @astahg · 2 Dec

Matej Vinko, from @NIJZ_pr : "All of health care needs to step up and contribute in responding to the COVID-19 syndemic."
@matejjetam

SUPPORTING OLDER PEOPLE IN REMOTE AREAS IN THE TIME OF COVID 19

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↑

ASTAHG project @astahg · 2 Dec

Dr. Astrid Stuckelberger from GINA presents the challenge and opportunity in the post-Covid19 Era: for a new design of active and healthy aging. @Stuckelberger

**SUPPORTING OLDER PEOPLE IN REMOTE AREAS
IN THE TIME OF COVID 19**

" Policy-makers should guarantee that older persons can enjoy active and healthy sports in the mountain area until the end of their life! "

Dr. Astrid Stuckelberger, GINA

1 retweet, 4 likes

ASTAHG project @astahg · 2 Dec

Thank you to all participants who attended our conference and joined us to discuss ageing issues in rural areas all over the world also with taking COVID19 into consideration. Together we can do more! @NIJZ_pr @astahg

**SUPPORTING OLDER PEOPLE IN REMOTE AREAS
IN THE TIME OF COVID 19**

NIJZ team

2 retweets, 6 likes

Annex 4: Biographies of co-creators of the event

- **Monika Robnik Levart**

Sanitary Engineer at NIJZ, the Slovenian National Institute of Public Health

Monika Robnik studied sanitary engineering at the Faculty of Health Sciences at the University of Ljubljana. In 2017, she received her master's degree. Now she works at the National Institute of Public Health (NIJZ) as a sanitary engineer. She is especially interested in the areas of ageing, inequality and nutrition.

- **Andreja Mezinec**

National Health Promoter at NIJZ, the Slovenian National Institute of Public Health

Andreja Mezinec graduated in management organization and social activities. After 10 years of working in the private sector, she entered the field of public health. Now she is employed at the National Institute of Public Health in OE Nova Gorica as a national health promoter. Over the last five years she has dedicated her work to the field of active and healthy ageing. She was actively involved in the project AHA.SI (active and healthy ageing in Slovenia) and in NIJZ's regional unit for Nova Gorica. Together with colleagues she is taking care of the challenges of the ageing population in the North Primorska region, and she now also manages activities for the ASTAHG project, which she coordinates.

- **Ria Jagodic**

National Health Promoter at NIJZ, the Slovenian National Institute of Public Health

Ria Jagodic graduated from the Faculty of Health Science at the University of Ljubljana and from the Faculty of Organizational Sciences at the University of Maribor. She has been working at NIJZ for 15 years in the fields of preventive health programmes and health promotion. In recent years she has also been working in the field of ageing. In her current position she is a national health promoter at NIJZ's regional unit of Kranj.

- **Dr. Mojca Gabrijelčič Blenkuš**

Senior Adviser at NIJZ, the Slovenian National Institute of Public Health

Dr. Mojca Gabrijelčič Blenkuš is a medical doctor and a specialist in public health. She also has a PhD in social sciences. Her fields of interest and expertise are nutrition, physical activity, and in last few years aging and frailty. She was head of the Health Promotion Centre at the NIPH Slovenia from 2003 to 2010. Today, she is mostly involved in policy and programme development, and in research projects. Her main academic interest is in public policies. She holds an assistant professorship at the Faculty of Health Sciences, where she teaches health promotion theory and health in all policies. She is also the president of the EuroHealthNet Partnership.

- **Dr. Luka Kronegger**

Assistant Professor and Researcher at Faculty of Social Sciences and the University of Ljubljana

Dr. Luka Kronegger is affiliated as an assistant professor and researcher at the Faculty of Social Sciences at University of Ljubljana and as visiting professor at the Centre for Sociological Research at KU Leuven. He works in small, creative and productive teams of highly skilled researchers. His organizational, communication and leading skills were gained and trained through formal and informal training, through work on research projects and taking leading positions in non-governmental organizations.

- **Gian Matteo Apuzzo**

Project coordinator of the ASTAHG Project on Transnational Governance of Active and Healthy Ageing in the Alpine Space area and senior expert for the policy guidelines about integrated care and ICT solutions in the Italy-Austria HEALTHNET Project – Department for Health and Social Policies of FVG Region

- **Christian Ernst Heinrich Boehler, PhD, MSc**

Christian Boehler (PhD, MSc) works as a health economist at the United Nations' affiliated European Centre for Social Welfare Policy and Research in Vienna, Austria. He has years of experience in the economic evaluation of innovative health and care technologies, and his main research interests relate to the economics of eHealth as well as active and healthy ageing. Between 2013 and 2015, he was the principal investigator of the MAFEIP project at the European Commissions' Joint Research Centre (DG-JRC-IPTS) in Seville, where he developed a Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).

- **Annemarie Müllauer (M.A.)**

Annemarie Müllauer works as a research associate at the University of Salzburg, Centre for Ethics and Poverty Research. She has studied non-profit, social and healthcare management at the Management Center Innsbruck (MCI) and services of general interest with focus on healthcare management at the University of Applied Sciences Upper Austria. Besides her scientific background, Annemarie has worked as the head of mobile domestic help and a psychosocial consultant in the quality management of a hospital and different projects in the social and healthcare sector. In the EU Interreg Alpine Space project ASTAHG, she combines her practical experience with her research interests in integrated healthcare and ageing in rural areas.

- **Arvind Mathur**

Prof. Arvind Mathur <https://orcid.org/0000-0001-9520-0571> is an editor of the *Journal of the Indian Academy of Geriatrics*. He is also the director of the Asian Centre for Medical Education, Research & Innovation, Chairperson of the Caregivers Asha Society, and member of the Academic Council, Rajasthan University of Health Sciences

- **Jane McDermott**

Jane McDermott has 25 years of experience of complex programme and project delivery, with game changing work in the fields of active and healthy ageing, widening participation and social inclusion. She is a multi-partnership leader with extensive experience of local, regional, national and international collaboration and co-creation. She is a socio-ecological thinker who is passionate about systems change and delivering impact, as well as an executive and leadership coach with a strong people and transformational development focus, realized through purpose-based leadership and coaching cultures.

- **Matej Vinko**

Matej Vinko is an MD, specialist in public health medicine, head of the expert group on public mental health at the National Institute of Public Health of Slovenia. An active member of the Public Mental Health Section at EUPHA, PhD candidate and assistant lecturer at the Faculty of Medicine, University of Ljubljana.

- **Astrid Stuckelberger**

Dr. Astrid Stuckelberger is an international health scientist conducting and directing research on clinical to epidemiological issues, and working on science for policymakers for 25 years. She is the President of the Geneva International Network on Ageing, funded by the WHO. She is an internationally recognized expert on issues related to evaluating scientific research for policymakers, in particular in health and innovation assessment, pandemic and emergency management training and in optimizing individual and population health and wellbeing.