WP T2

ASTAHG ALPINE SPACE TRANSNATIONAL

GOVERNANCE ON ACTIVE AND HEALTHY

AGEING

REPORT ON THE CLASSIFICATION OF AHA

INITIATIVES

D.T2.1.3

Vienna, January 2020

PARTNERS

Responsible partner for Work Package 2:
ECV | European Centre for Social Welfare Policy and Research (Austria)

Authors of this report:
Christian E.H. Boehler (ECV), Leonard Geyer (ECV), Annemarie Müllauer (PLUS), Elisabeth Kapferer (PLUS), Andreas Koch (PLUS)

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ASTAHG I Project Partners
FVG | Autonomous Region Friuli Venezia Giulia (Italy, Lead Partner)

AREA | Area Science Park (Italy)

PAT | Autonomous Province of Trento (Italy)

AULSS1 | Local Health Authority n.1 Dolomiti (Italy)

PLUS | Centre for Ethics and Poverty Research at University of Salzburg (Austria)

ECV | European Centre for Social Welfare Policy and Research (Austria)

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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ACRONYMS

AHA	Active and Healthy Ageing
AS	Alpine Space
ASTAHG	Alpine Space Transnational Governance of Active and Healthy Ageing
EIP on AHA	European Innovation Partnership on Active and Healthy Ageing
ERRIN	European Regions Research and Innovation Network
EU	European Union
EUSALP	European Strategy for the Alpine Region
GDPR	General Data Protection Regulation
MCDA	Multicriteria Decision Analysis
MOU	Memorandum of Understanding
NUTS	Nomenclature of territorial units for statistics
RSCN	Reference Site Collaborative Network
TGB	Transnational Governance Board
WP	Work package

1. INTRODUCTION

Demographic change constitutes a major societal challenge in most industrialised countries that requires combined efforts from different stakeholders, including public authorities, industry, academia and civil society across policy areas to support Active and Healthy Ageing (AHA) (e.g. Rechel et. al., 2013; WHO, 2002; 2013). This challenge is amplified in the Alpine Space (AS) region by its distinctive characteristics, including considerable regional variation both in demographic change and population growth projections, ultimately calling for tailored interventions to foster Active and Healthy Ageing (AHA). In addition to that, the AS area is composed of regions that belong to different countries which, thus far, has limited the scope for trans-regional and transnational cooperation to tackle the ageing challenge. Further, AHA policies are often restricted to a few areas of public service provision, such as healthcare and welfare authorities. Potential synergies from cooperation across sectors, for instance, cultural, economic or housing policies, are thus often neglected (WHO, 2012; 2013; 2017; OECD, 2015).

1.1 The ASTAHG-Project at a glance

The Alpine Space Transnational Governance of Active and Healthy Ageing (ASTAHG) project aims to tackle this challenge by following a *multisectoral, transnational, and multilevel* approach to improve AHA in the AS. It is *multisectoral* as it aims to facilitate innovation across sectors, such as social care, healthcare, long term care, independent living, mobility and transport, as well as culture and tourism; and it follows a *transnational* approach as it brings together stakeholders from different regions of the AS to exchange experiences, ideas and innovations, streamline strategies to address

the ageing challenge and to share knowledge and best practices across geographically and/or politically defined contexts. The project's *multilevel* approach aims at cooperation between stakeholders on local, regional, and national level to identify, implement, evaluate and improve upon successful AHA policies and to harvest potential synergies through efficient cooperation along all stages of the policy cycle.

The overall objective of the project is to improve capacities and coordinating efforts in support of AHA between sectors and different levels, and to respond with tailored initiatives to AS territorial needs. It aspires to enhance governance capacities related to regional AHA policies, foster the transfer of innovation for AHA in the AS, and to develop a social innovation framework for generating and adopting innovative solutions for AHA involving both public and private actors (ASTAHG, 2018). To achieve these objectives, ASTAHG will establish a *Transnational Governance Board* (TGB) for AHA to bring policy makers and other stakeholders in the AS together, to develop a network, and to foster the exchange of successful AHA policies, initiatives and innovations. The TGB is defined as "*an open network and the participation of members is free of charge and voluntarily*" (MoU, 2019). Whilst all ASTAHG partners are founding members of the TGB (Managing Committee), other interested organisations and stakeholders may apply to join at any time. (MoU, 2019). The TGBs main objective is "*to promote an 'age-friendly' Alpine Space Area creating synergies between interested stakeholders and governance levels and helping the Alpine Space local, regional and national authorities and other stakeholders to collaborate in promoting innovative solutions that address the needs of the ageing population*" (MoU, 2019).

To this end, ASTAHG will also develop a portfolio of good practices in AHA governance and establish an AHA innovation observatory which classifies AHA initiatives and solutions with context and efficiency indicators (ASTAHG, 2018). A framework for AHA innovation based on the Quadruple Helix model (Carayannis & Campbell, 2009) will foster collaboration between different actors from local, regional and national

governance, industry, as well as academia and civil society (ASTAHG, 2018). ASTAHG will also align its efforts and results with the EU Strategy for the Alpine Region (EUSALP) so to further enhance the level of transnational governance throughout the AS.

The ASTAHG project has been designed in several Work Packages (WPs), each of which contributes towards the common aim and objectives (Figure 1). Horizontal activities are concentrated in WPM (Management) and WPC (Communication). Whilst WPM is concerned with overall project management and ensures sound and smooth project implementation, internal communication between partners and with the funding organisation, WPC is dedicated to the development and execution of an efficient communication strategy, engagement with Quadruple-Helix actors in the TGB; exchange with other AHA initiatives, in particular EUSALP; dissemination of project outcomes as well as engagement with AHA stakeholders and a wider public audience.

WPs 1 to 3 are concerned with project implementation. In this context, WP1 aims to establish and manage the TGB that will be composed of public and private actors, pertaining to different levels (regional/local) and sectors as well as representing AS territorial characteristics (ASTAHG, 2018). The TGB is organised in different thematic groups and meets regularly in order to share experiences, knowledge and expertise and to develop a sustainable AHA strategy for the AS based on intersectoral, transnational and multilevel cooperation. The activities in WP1 range from the coordination of the TGB (A.T1.1) to the organisation of regular TGB meetings (A.T1.2) and to develop an AHA strategy for the AS (A.T1.3).

WP2 develops and provides tools and methods for the project, in particular a classification of AHA stakeholders (D.T2.1.1), a model for AHA governance in the AS (D.T2.1.2), a classification of AHA initiatives (D.T2.1.3, this report), as well as AHA impact evaluation metrics (D.T2.2.1), AHA innovation evaluation metrics (D.T2.2.2) and an AHA governance assessment methodology (D.T2.2.3). WP3 is concerned with the

application and use of tools and methods developed in WP2: data gathering and analysis of AHA governance models (A.T3.1) and the identification and monitoring of innovation in AHA in the AS (A.T3.2).

Figure 1: Components of the ASTAHG project and WP2 in context
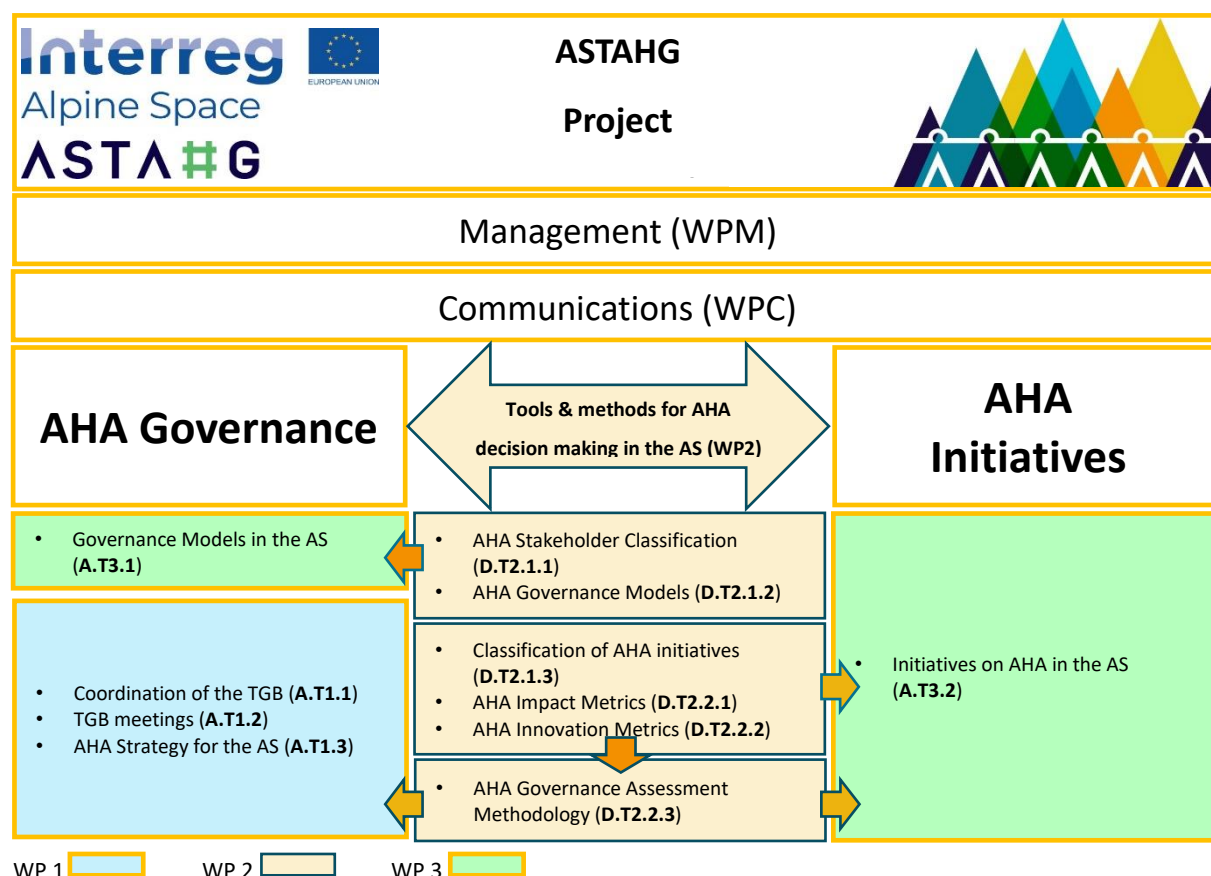
Source: Own drawing based on ASTAHG (2018).

1.2 Contribution of Work Package 2

As depicted in Figure 1 above, the overall aim of WP2 is to provide tools and methods for the ASTAHG project to bridge the gap between AHA governance and AHA initiatives and to enable efficient AHA decision making in the AS. WP2 thereby aims at supporting activities both in the context of implementing a Transnational Governance Board (WP1) as well as activities in WP3, which will gather data and information on AHA initiatives and governance models in the AS. Whilst deliverables D.T2.1.1 (AHA stakeholder classification) and D.T2.1.2 (AHA governance models) play a particular important role in the conceptualisation, design, and composition of the TGB by contributing both theoretical models and structuring the space of relevant stakeholders in accordance with the Quadruple Helix Model (Carayannis & Campbell, 2009), they also provide tools for WP3 to collect context specific data on relevant AHA actors and governance models prevalent in the AS region. Deliverable D.T2.1.3 (classification of AHA initiatives), on the other hand, is more concerned with developing a tool to gather information on policies, initiatives and innovations which aims at improving Active and Healthy Ageing in the AS. This tool will, in turn, provide a framework for WP3 to collect and analyse relevant information from each project region, and help structuring the evidence on cross-sectorial AHA policies, initiatives, and innovations which may have the potential to:

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

Figure 2: Deliverables in Activity T2.1 - AHA governance logic classification

A.T2.1 AHA governance models logic classification

D.T2.1.1 Classification of AHA stakeholders

D.T2.1.2 AHA governance models

D.T2.1.3 Classification of AHA initiatives

To develop a classification of stakeholders involved in drawing and applying policies (incl. developing initiatives) in AHA based on the Quadruple Helix Model, in the different areas of the AS.

To describe key elements and actors involved in AHA governance models, in an abstract model involving categories of actors and typologies of territory (eg mountain/rural/urban).

An abstract classification of AHA initiatives, giving a structure to the data gathered in A.T3.2 – D.T3.2.1 and allowing their impact and innovation assessment.

Source: Own drawing based on ASTAHG (2018).

Activities in A.T2.2 (Methodology for AHA governance assessment, Figure 3), are concerned with developing tools and methods for efficient cross-sectorial AHA decision making in the AS. In this context, Deliverable D.T2.2.1 (AHA impact evaluation metrics) gathers indicators that may help quantifying the impact of AHA policies, initiatives and innovations on various dimensions of AHA with the aim to support decision makers identifying promising AHA interventions in their respective contexts. To better understand the innovative character of AHA policies, initiatives and innovations, deliverable D.T2.2.2 further proposes innovation evaluation metrics, whilst both deliverables ultimately feed into the development of an AHA governance assessment methodology (deliverable D.T2.2.3). The latter is based on the concept of multicriteria decision analysis (MCDA) and will help decision makers in prioritising amongst policy alternatives that may all lead to various favourable effects across relevant sectors but generally compete for limited resources. All three deliverables also form the basis for data collection and analysis in WP3, with the ultimate aim to

identify and monitor innovation in AHA in the AS through the development of an AHA innovation observatory.

Figure 3: Deliverables in Activity T2.2 - Methodology for AHA governance assessment

A.T2.2 Methodology for AHA governance assessment

D.T2.2.1 AHA impact evaluation metrics

To identify metrics for evaluating impact on active and healthy ageing in the context of different territorial characteristics of the AS.

D.T2.2.2 AHA innovation evaluation metrics

To identify metrics that help assessing AHA innovations gathered in WP3.

D.T2.2.3 AHA governance assessment methodology

To develop a comprehensive framework for comparative assessment of diverse initiatives impacting on various AHA dimensions.

Source: Own drawing based on ASTAHG (2018).

1.3 Aim and structure of this report

This report (D.T2.1.3) summarizes the work carried out to classify AHA policies, initiatives and innovations in order to

- *help AS regional governments in implementing and monitoring their AHA policies,*

- help *'local governments in identifying the most suitable initiatives for their territorial context'*, and

- support *'establishing an AHA innovation observatory, classifying initiatives and solutions with context and efficacy indicators'* (ASTAHG, 2018, p.1)

The aim of D.T2.1.3 is to develop a tool, the *AHA information survey*, which will help identifying and describing available and promising AHA policies, initiatives and innovations, and to gather and analyse available information, including (but not limited to)

- the problem(s) that the policy, initiative or innovation aims to address;
- the (potential) target group(s);
- the geographic context in which it has been implemented;
- information on costs and outcomes (intended and unintended); as well as
- recommendations to enhance implementation of AHA policies, initiatives and innovations elsewhere (ASTAHG, 2018, p.24)

In addition to the above, the AHA information survey will also be used to collect complementary information on AHA stakeholders, AHA governance models, innovation and impact evaluation metrics, as well as ties to reported initiatives to international networks concerned with AHA.

The AHA information survey will be used in the context of WP3, in particular Deliverables D.T3.2.1 (Initiatives on AHA in the AS) and D.T3.2.2 (Assessment of innovation for AHA in the AS) and to develop an AHA innovation observatory which aims to '*support transferring initiatives and help public/private actors understand the feasibility of initiatives in their own territory.*' (ASTAHG, 2018, p.24)

Hence, this deliverable reports on the development and design of the AHA information survey and its pilot testing before wider roll-out. Data collection on AHA policies, initiatives and innovations forms part of WP3. The following chapter describes the methods used to develop the AHA information survey as well as survey methodology;

the results section describes the survey in more detail and reports on its test-run. The final chapter concludes the report and provides recommendations for the use of the AHA information survey in the wider context of the ASTAHG project.

2. METHODS

This chapter describes the methods used to develop the AHA information survey, starting off with a summary of the workflow and time schedule of D.T2.1.3 (Figure 4), and followed by a brief description of the respective tasks involved in this exercise. The survey methodology is also reported here, including criteria for the pre-selection of AHA policies, initiatives and innovations; survey rollout and respondents; as well as methods for survey data analysis.

2.1   Workflow and time schedule

The development of the AHA information survey started off with gathering information from project partners as well as a pragmatic desk review of published sources, such as the European Innovation Partnership for Active and Healthy Ageing (EIP on AHA) repository of innovative practices (European Commission, n.d.) to collect dimensions and categories of information that would help facilitating informed and efficient decision making on AHA initiatives within the ASTAHG TGB. The resulting long list of potential dimensions and categories was subsequently further refined and consolidated in a single table. This table formed the basis for developing survey questions within an iterative process to ensure that:

- survey questions would be understandable to respondents;
- they would focus on the relevant issues, and that
- duplication and redundancies in the data to be collected would be avoided.

The resulting draft version of the AHA information survey, which was implemented in MS Excel, was then tested and re-tested by WP2 team members, which led to several modifications before it was rolled out to other project partners within a pilot study (Figure 4). Survey roll-out was accompanied by a detailed set of instructions for respondents (Appendix 1), as well as a table that describes, in more detail, all survey questions and question categories for closed questions (Appendix 2).

Figure 4: Workflow and timeline for D.T2.1.3

Activity	Due date
Development of 1st draft AHA information survey	April 2019
Survey roll-out wave 1 (pilot)	April 2019
Survey data analysis wave 1 (pilot)	May 2019
Presentation of pilot results	May 2019
Collection of Partners' feedback	June 2019
Revision of AHA information survey	July 2019
Final report	January 2020

Source: Own drawing.

2.2   Pilot-survey roll-out

The pilot survey was rolled out to ASTAHG-partners in April 2019. The aim was to test whether the survey was useful to collect the required data on AHA policies, initiatives and innovations, whether survey questions would be understandable to respondents, and whether the effort to complete the survey would not pose too much of a burden

in terms of time resources. In addition to that, the pilot was used to obtain some initial information on promising AHA policies, initiatives and innovations in the ASTAHG project regions.

In this pilot-run, we asked only ASTAHG partners to respond to the survey, but for future roll-out, it may also be advisable to extend data collection to ASTAHG observers and/or external project stakeholders so to gradually expand the AHA innovation observatory of innovative practices.

The pilot version of the AHA information survey was accompanied by a detailed set of instructions for respondents (Appendices 1 & 2), which also included information on which innovative policies, initiatives and innovations should be included in the survey. In this context, it is important to bear in mind the ASTAHG principles, namely its:

- multisectoral
- multilevel, and
- transnational

approach to improve Active and Healthy Ageing in the AS. Hence, the survey does not aim to collect information for as many policies, initiatives or innovations as possible. Rather, the AHA information survey intends to collect high quality and comprehensive information on selected AHA activities that align with the ASTAHG principles. For instance, single sector activities, such as those exclusively falling into the realm of either public healthcare, long-term care, or mobility and transport, may not fall within the scope of ASTAHG, as decision making authorities for such tailored activities are already in place and the TGB does neither intend to duplicate nor to replace them (see also DT2.1.2). Accordingly, we developed a set of desired characteristics along which respondents could pre-select promising AHA policies, initiatives and innovations for

inclusion in the survey based on their own judgement. More precisely, AHA policies, initiatives and innovations to be included in the survey should:

- be *multisectoral* in nature, i.e. touch on more than one AHA sector and therefore require multisectoral decision making as envisioned within the TGB.
- be regarded as *effective* (i.e. achieving its objectives)
- demonstrate *impact* (i.e. achieving favourable changes in the respective target population)
- be *cost-effective* (i.e. regarded to provide good value for money, compared to a suitable alternative)
- be deemed *transferrable* to other AS regions represented in the project (or at least there should be no apparent "knock-out-factors" that would hinder the transfer to other contexts)

For the pilot-run of the AHA innovation survey, we requested respondents to report on a limited number of AHA policies, initiatives and innovations that would, based on their own judgement, fulfil the above-named criteria, with a maximum of 3 to 5 high-quality cases per ASTAHG partner.

For the future, it is envisioned to run the survey in regular waves, and perhaps to extend data collection beyond ASTAHG partners as mentioned above (i.e. including responses from ASTAHG observers and/or external stakeholders to the project).

2.3 Pilot-survey data analysis

The AHA information survey generally consists of two types of questions:

- ***categorial questions*** with different pre-defined options from which respondents may choose from, and;

- ***open ended questions*** where respondents should enter free-text information.

Closed questions allow for descriptive quantitative analysis, whilst responses to open questions require a more thorough content-analytic approach. In the context of the survey pilot, we analysed categorical questions in a descriptive quantitative fashion as the focus was on tool-development, while data analysis on AHA policies, initiatives and innovations falls into the realm of WP3. However, we also enquired from respondents if they felt that closed and open questions were meaningful and understandable, and whether the time resources required to fill in the survey would be reasonable and not over-burdening.

2.4 Pilot survey presentation, partners feedback and survey-tool revision

Pilot survey results were presented and discussed at the 3rd ASTAHG partners meeting on May 28th, 2019 in Trento, Italy. The aim was to collect partners' feedback on the survey tool to refine it for future routine use within the ASTAHG project. Partners' feedback was collected during the meeting and up until two weeks thereafter.

The feedback from survey participants was overwhelmingly positive, so that only few changes were made to the AHA-information survey. The final version of the survey was passed on to WP3 for routine data collection in July 2019.

3. RESULTS

In this chapter, we present and discuss the AHA information survey in its final format, and we also provide some descriptive results from the survey pilot.

3.1 The AHA information survey

The AHA information survey consists of two datasheets, each entailing closed and open questions. The first datasheet 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, and

- Respondents' information

The second data sheet focusses on EU- and regional connections, to which the respondents' region may be linked to in one way or the other. Whilst the first sheet provides detailed information required for AHA decision making on the various activities that may be presented to the TGB once operational, the second provides some regional context on the extent to which the respective ASTAHG region is embedded in wider AHA policies and initiatives beyond the national setting.

3.1.1 General characteristics & context

The survey's datasheet on AHA activities has been designed to collect data on several levels. The highest level constitutes that of *AHA policies* that may be implemented in ASTAHG project regions (and potentially beyond). However, the survey also collects information on *AHA initiatives*, which are not formalized as official policies but may serve or relate to a policy in some way. On the third level, the survey collects information on *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.

Besides the level of AHA policies, initiatives or innovations, general survey characteristics also include information on the name and acronym of the intervention; its relationship to other AHA activities; the country, region and NUTS level/code in which it has been tested or implemented; as well as the geographic context within which it operates.

3.1.2 Description of AHA-activity

The description of the AHA activity collects information on the policies', initiatives' or innovations' maturity level (proof of concept/pilot stage/routine use), the sectors to which they primarily relate (i.e. social care, health care, long term care, independent living, wellbeing, culture & tourism; mobility & transport; other); and a brief description of the respective AHA activity. It further asks for the main aims and objectives of the respective intervention, potential drivers and opportunities, which are expected to promote the success of the policy, initiative or innovation, as well as potential barriers to growth and/or implementation.

3.1.3 Innovation level

The innovation level focusses more concretely on the type of innovation reported, such as technological/product innovations, service innovations and/or process innovations. It also specifies primary and/or secondary user groups, such as patients /citizens; healthcare professionals; formal or informal caregivers; associations or companies.

3.1.4 Target population & time frame

Of particular relevance for AHA decision makers in each ASTAHG region is information on the target populations which the respective AHA activity intends to serve. This information is collected in terms of required age-limits to participate in / benefit from an intervention; other access restrictions such as health status, comorbidities, or income etc.; the size of the target population in the respective region; as well as the size of the population actually enrolled / being served by the intervention in the target region.

With respect to time frame, the survey collects information on the year since / until the AHA activity has been operational as well as its duration in months / years.

3.1.5 Stakeholders & governance

The survey dimension on stakeholders and governance serves a dual purpose. It collects important information on the context within which a particular AHA policy, initiative or innovation has been implemented and it provides additional information that may be useful in the light of activity A.T3.1 in WP3, which is concerned with AHA governance models in the AS.

This survey dimension collects information on the stakeholders responsible for roll-out and provision of the respective AHA activity, additional stakeholders involved, as well as horizontal and vertical governance. In this context, we define horizontal governance as the cooperation between bodies on the same level within and across different local or regional contexts. The survey further enquires how their cooperation is organised and how responsibilities are being allocated / shared. Vertical governance, on the other hand, has been defined as the interaction between different levels of governance, such as local, regional and / or national (For more information on AHA governance models we refer to deliverable D.T2.1.2).

3.1.6 Design, decision making & operational process

When it comes to transferring and implementing AHA activities from one context into another, important considerations relate to:

- the *design*, i.e. the process of developing / designing the policy, initiative or innovation,
- *decision-making*, i.e. who takes decisions about issues such as implementation, upscaling or altering the policy, initiative or innovation and how this process is organised, and
- the *operational process* of that activity, i.e. how the policy, initiative or innovation is being delivered to its respective users.

The survey therefore collects information on Quadruple Helix stakeholders involved in these activities as well as a free-text description of respective processes.

3.1.7 Effectiveness evaluation, impact evaluation & budget

A central feature of the AHA information survey are its dimensions on AHA activities' effectiveness, impact and budget. The first two dimensions collect information on whether any form of effectiveness / impact evaluation is currently being carried out or has already been conducted for the respective AHA activity, a description of the evaluation methodology as well as information on whether this evaluation has been designed as a counterfactual analysis; and which indicators are being used to assess interventions effectiveness and / or impact. It further enquires whether evaluation results are already available and, if so, requests a summary of these results together with a link to the original data source (if accessible online).

The budget dimension collects information on the AHA activities total budget in the current year, its average budget per person enrolled, as well as information on the funding source for the policy, initiative or innovation.

3.1.8 Respondent information

The first datasheet concludes with a brief description of the respondent who provided the data input into the survey, further specifying the institution, the relationship to ASTAHG (Partner; observer; other stakeholder), the way in which the information was collected, as well as the date of data entry.

3.1.9 Regional / EU- connections

Finally, the second datasheet of the AHA information survey collects information on how the respondent's region is being embedded in wider EU-policies and initiatives

related to active and healthy ageing. Besides information on any existing formal frameworks for the development of AHA policies in the respective region, this part of the AHA information survey enquires about involvement in various AHA networks, such as the:

- Reference Site Collaborative Network (RSCN)
- European Regions Research and Innovation Network (ERRIN)
- European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)
- EU-Strategy for the Alpine Region (EUSALP)

This section also enquires about the existence of any innovation observatories related to active and healthy ageing in the respective region, and whether this is shared and / or in the public domain.

3.2 Pilot survey analysis

To test the AHA information survey, we conducted a pilot data collection amongst ASTAHG project partners between April and May 2019. The primary aim was to assess the feasibility of data collection from a respondents' perspective, and the quality of the information elicited through the tool.

For this purpose, we sent the survey to all ASTAHG partners, together with a detailed set of instructions, pre-selection criteria for relevant AHA policies, initiatives and innovations, and further explanations for all survey questions. In total, we received responses from 5 project partners until the set deadline, reporting on 3 AHA policies, 7 AHA initiatives, and 3 AHA innovations respectively (Figure 5 and Table 1). Responses from two further partners were received after the survey deadline and will – together with the analysis of open-ended questions - be included in the routine survey analysis

carried out in the context of WP3; they are therefore not reflected in the pilot data analysis presented below.

Table 1 provides a brief overview of the activities reported by partners. Note, however, that this pilot survey was only conducted to test the feasibility of the tool as well as the usefulness of the data collected. The activities reported in Table 1 are, at this point, not endorsed in any way by the TGB but should guide future users of the AHA information survey in reporting suitable activities for the project.

Figure 5: Level of AHA activity reported
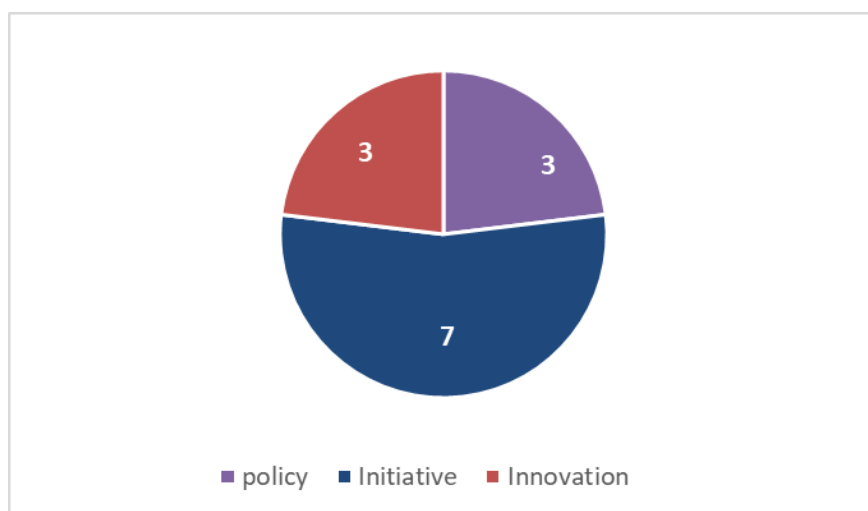
Source: Own drawing based on AHA information survey pilot data.

Table 1: AHA activities reported in AHA information-survey pilot study

| Activity cluster	Short description of the AHA activity reported	Maturity level	Country	Region	Priority Sector	Other sectors involved
Initiative	Screening to identify older persons with functional decline to map potential frailty within the region and to target activities based on population needs; to prevent further functional decline in those affected, and to improve physical and social well-being.	Pilot stage	Italy	Friuli Venezia Giulia Region	Independent living	Social care, health care, wellbeing
Policy	Regional law implemented through "three-year programs" and an "Interdirectorate Technical Table" promoting an innovative system to create collaboration on Active Ageing amongst seven Directorates and the Liaison Office of Friuli Venezia Giulia Region in Bruxelles. The Region pursues the aims of this law through planning coordinated and integrated interventions in favour of the elderly with regards to health and safety, participation, lifelong learning, work, culture and social tourism, sport and leisure time, civil commitment and volunteering.	Routine use	Italy	Friuli Venezia Giulia Region	Social care	Health care, long term care, independent living, wellbeing, culture & tourism, mobility & transport.
Initiative	Care pathways for older persons with complex needs. Using ICT, the pathways facilitate person-centred care for individuals in need as well as their carers, and promote integration between health and social care systems, better communication between different actors involved, and reduced duplication of efforts.	Pilot stage	Italy	Friuli Venezia Giulia Region	Health care	Social care, long term care
Initiative	Funding of collaborative projects developed by private companies, Universities and public research bodies based in the FVG region to promote an innovation friendly environment that leads to new products, processes and innovative services for AHA, and to create sustainable public-private collaboration to strengthen the regions competitiveness and economic growth.	Routine use	Italy	Friuli Venezia Giulia Region	Wellbeing	Health care, long term care, independent living
Initiative	An initiative that brings together volunteers and older citizens within their respective neighbourhoods. Trained volunteers help identifying the needs of older people, and direct them towards relevant information and assistive services. The project also targets older people with little or no social participation.	Routine use	Slovenia	Slovenia	Independent living	Social care
Initiative	Health promotion initiative to improve the involvement of older people by addressing individual needs and restrictions and among older residents of the Upper Carniola region.	Pilot stage	Slovenia	Upper Carniola region	Health care	Independent living, health promotion

Policy	To establish an institutional coordination body ("conference of funders") to define a coordinated programme for financing individual and collective prevention actions for loss of autonomy, in addition to legal or regulatory services. The conference of funders is not a funding management body but a governance and strategy development framework with the aim to coordinate funding actions and to develop a common strategy to tackle the loss of autonomy of older people.	Routine use	France	France	Long term care	Independent living, mobility & transports
Initiative	An initiative to bring together economic and institutional development actors and to develop a roadmap and a shared action plan for establishing the region Provence-Alpes-Côte d'Azur as a European reference site in the "silver economy" by creating favourable conditions for the development of regional companies and all territories through a network of economic actors.	Pilot stage	France	Provence-Alpes-Côte d'Azur	Wellbeing	Independent living, culture & tourism, mobility & transport
Innovation	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 needs assessment.	Routine use	France	Provence-Alpes-Côte d'Azur and Corse	Wellbeing	Long term care, culture & tourism, social care, independent living
Policy	An allowance for people aged 60 and over who are losing their autonomy, who need help to perform the essential acts of daily life, or whose condition requires regular supervision. This allowance can be attributed to individuals living at home or in residential care.	Routine use	France	France	Long term care	
Initiative	Information platform about services for elderly people in the Pinzgau region	Routine use	Austria	Pinzgau	Independent living	Long term care, health care, social care, mobility & transport
Innovation	Improving the use of electronic devices amongst elderly people through an online application which enables, in a playful manner, the access to relevant health information so that individuals may improve their health literacy, lead a healthier lifestyle, improve social participation, as well as activities and autonomy.	Pilot stage	Austria	Waldviertel	Independent living	Wellbeing
Innovation	To simplify access to information about dementia through regular dementia cafes for affected and their relatives, including 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	Routine use	Austria	Pinzgau, Pongau, Lungau	Independent living	Social care, health care

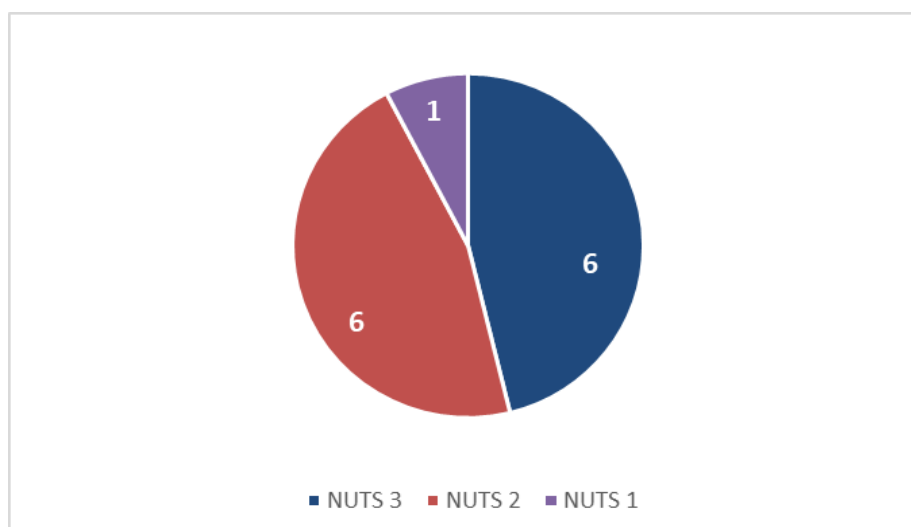Source: AHA-information survey pilot study, May 2019.

Of the 13 activities reported, 3 referred to an Austrian context, 2 were implemented in Slovenia, 4 in Italy and another 4 in the French project region (Figure 6). Whilst one activity was implemented on the National level (NUTS1), 6 activities referred to either NUTS2 or NUTS3-level respectively (Figure 7).

Figure 6: Geographic origin of AHA activity reported
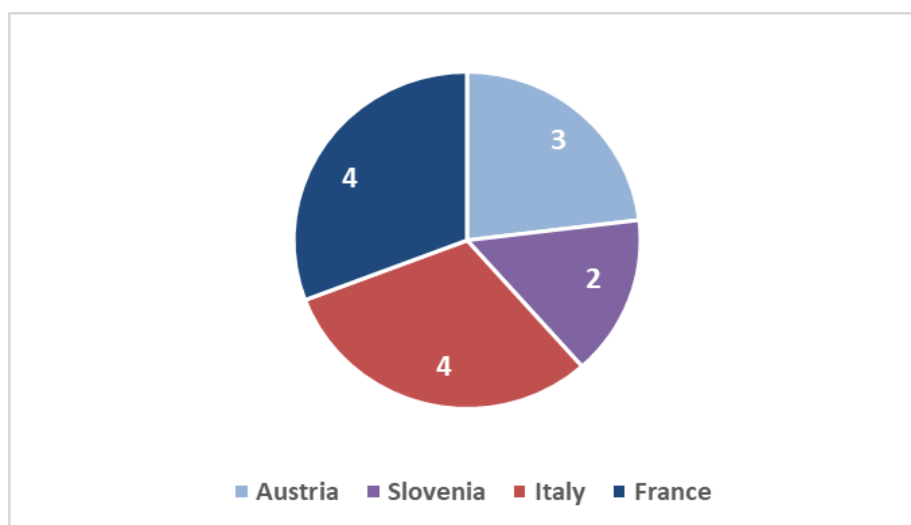
Source: Own drawing based on AHA information survey pilot data.

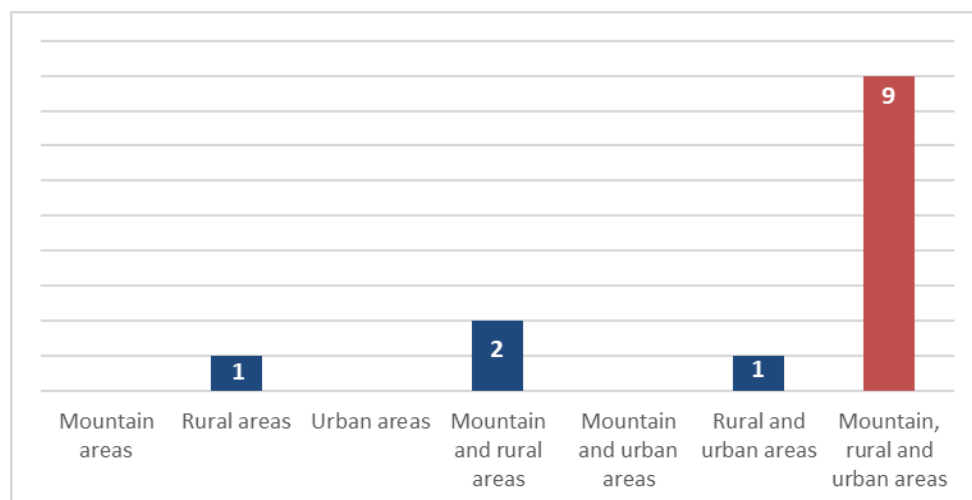**Figure 7: NUTS-level of AHA activity reported**

Source: Own drawing based on AHA information survey pilot data.

Despite the set aim of ASTAHG to reflect geographic specificities of the AS region, 9 of 13 AHA activities did not discriminate between mountain, rural or urban areas (Figure 8). Two activities were designed for mountain and rural areas, one for rural and urban areas, and another reported activity for rural areas only. Most AHA activities reported fall primarily into the category of service innovation, followed by technology/ product and process innovations respectively (Figure 9). All activities reported are either in a pilot stage (5) or in routine use (8), whilst none of the activities was at proof of concept stage (Figure 10). The duration of implementation was predominantly below 24 months (9 activities), whilst 2 activities are implemented below and above 36 months respectively (Figure 11).
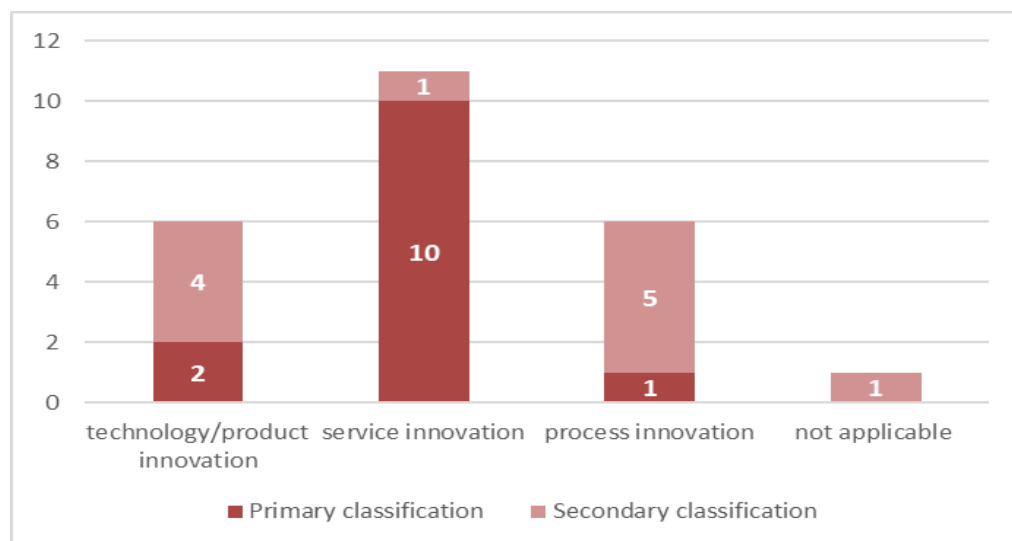
Figure 8: Geographic context of AHA activity reported

Source: Own drawing based on AHA information survey pilot data.
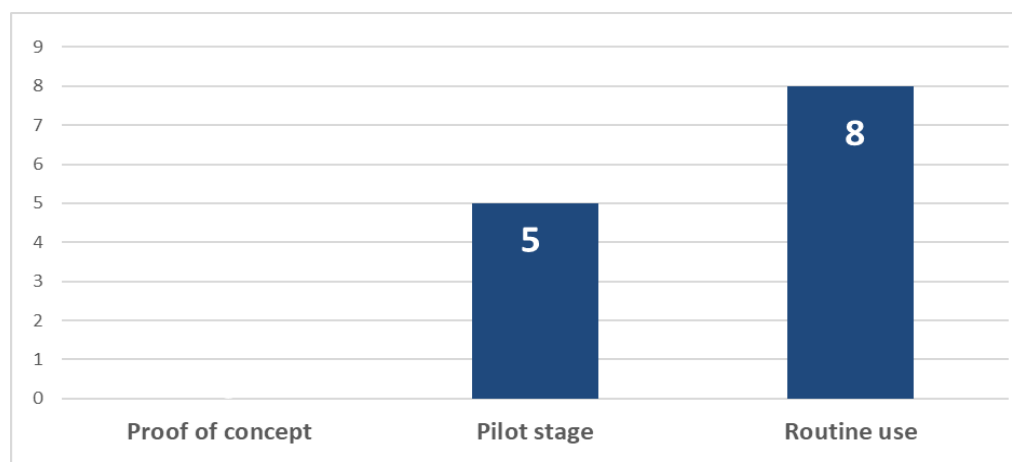
Figure 9: Type of innovation of AHA activity reported

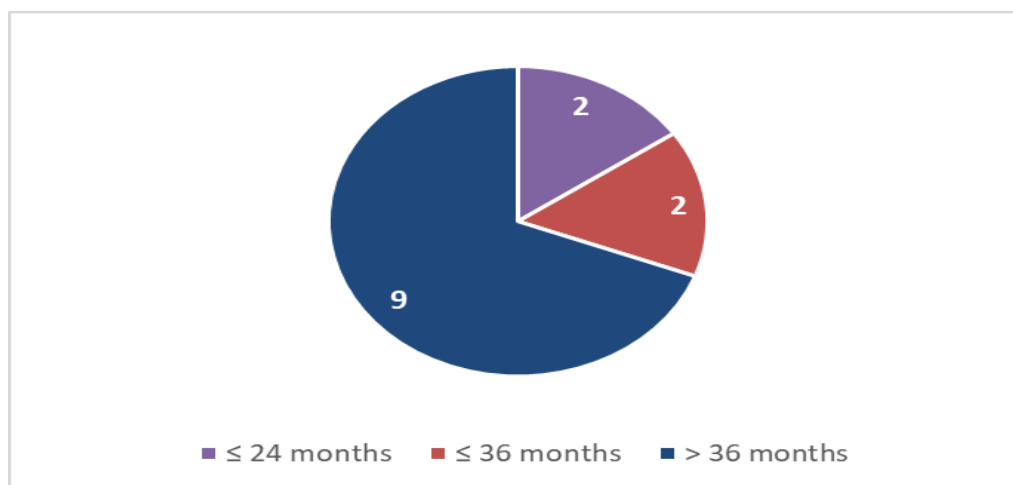Source: Own drawing based on AHA information survey pilot data.

Figure 10: Maturity level of AHA activity reported

Source: Own drawing based on AHA information survey pilot data.

Figure 11: Duration of AHA activity reported

Source: Own drawing based on AHA information survey pilot data.

Both in terms of primary and secondary sectors involved in the delivery of the respective AHA activity, most fall into the domain of independent living, followed by social care, health care, wellbeing and long-term care (Figure 12). Culture & Tourism as well as Mobility & Transport were only reported as secondary AHA sectors. Overall, 11 of the 13 activities reported in the pilot touch on at least 3 AHA sectors, which is well in line with the multisectoral approach of the project (Figure13).

Figure 12: AHA-sectors involved in AHA activity reported
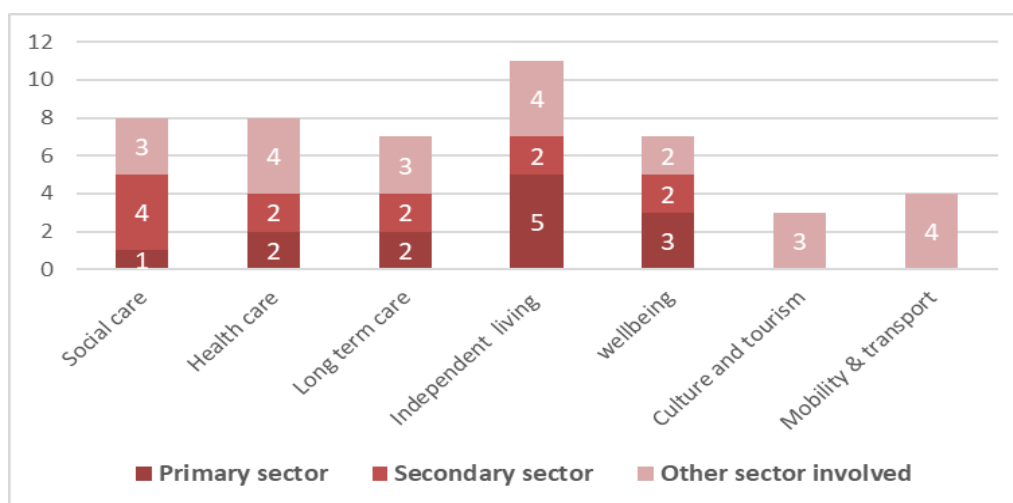
Source: Own drawing based on AHA information survey pilot data.

Figure 13: Number of AHA-sectors involved in AHA activity reported
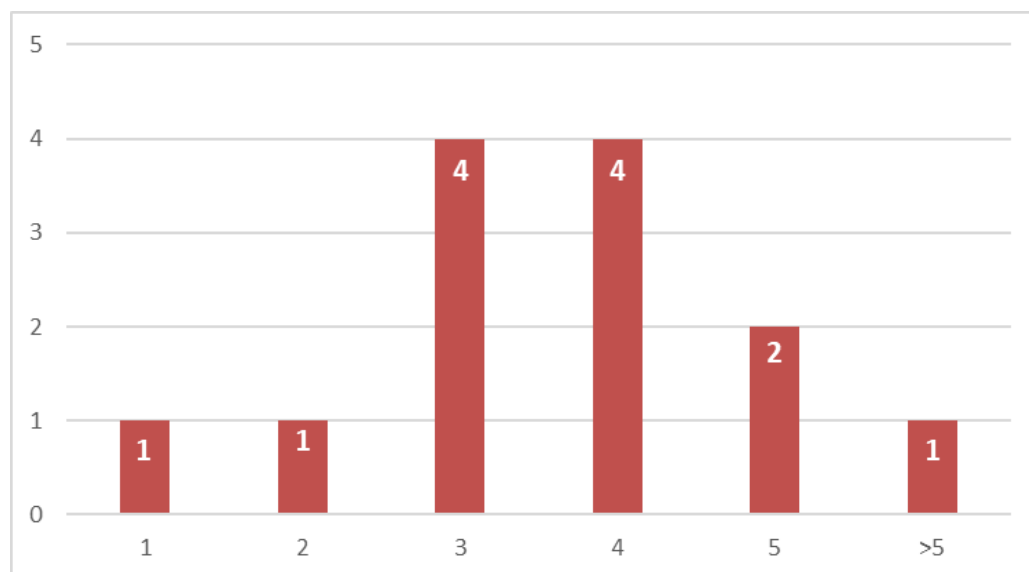
Source: Own drawing based on AHA information survey pilot data.

Figure 14 depicts primary user groups of the AHA activities reported. In terms of primary users, most AHA activities reported focus on patients/ citizens, followed by informal caregivers, associations and healthcare professionals. As for secondary user groups of an AHA activity, most focus on healthcare professionals, followed by patients/ citizens and informal carers (Figure 15). Hence, most AHA activities reported target multiple user groups.

Figure 14: Primary user groups targeted with AHA activity reported
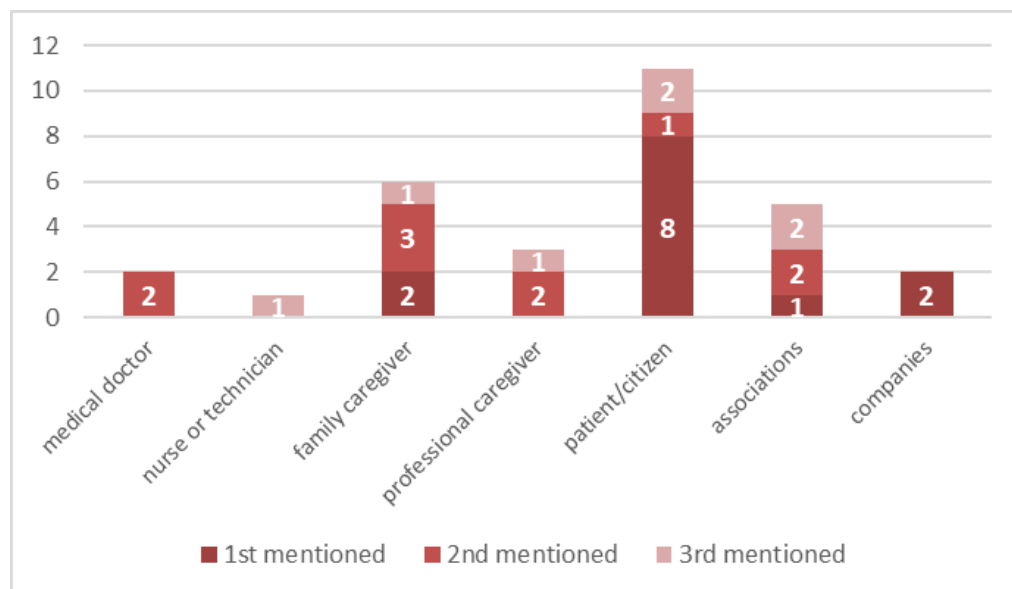
Source: Own drawing based on AHA information survey pilot data.

Figure 15: Secondary user groups targeted with AHA activity reported
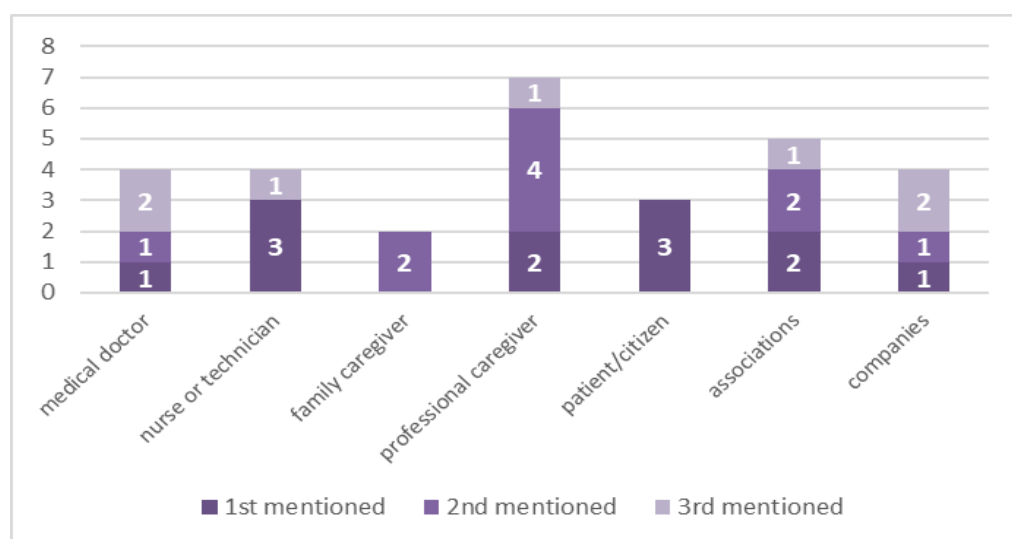
Source: Own drawing based on AHA information survey pilot data.

As for the design process (Figure 16), decision-making process (Figure 17) and operational process (Figure 18), we may conclude that public authorities are the dominant group of Quadruple Helix actors for the AHA activities reported. Whilst this

is followed by academia for the design process, other actors are less frequently mentioned when it comes to decision-making. Stakeholders from civil society play a more substantial role in the operational process of reported AHA activities.

Figure 16: Quadruple Helix actors involved in the design process
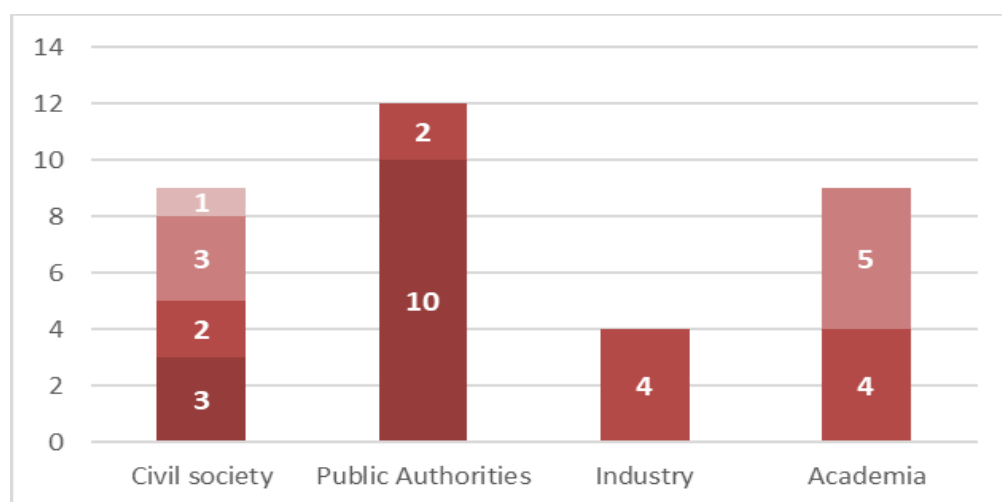
Source: Own drawing based on AHA information survey pilot data.

Figure 17: Quadruple Helix actors involved in the decision-making process
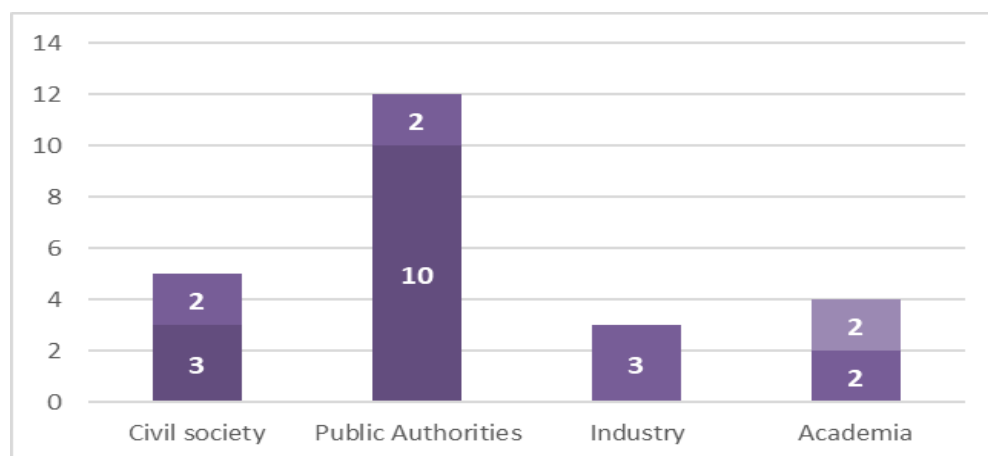
Source: Own drawing based on AHA information survey pilot data.

Figure 18: Quadruple Helix actors involved in the operational process
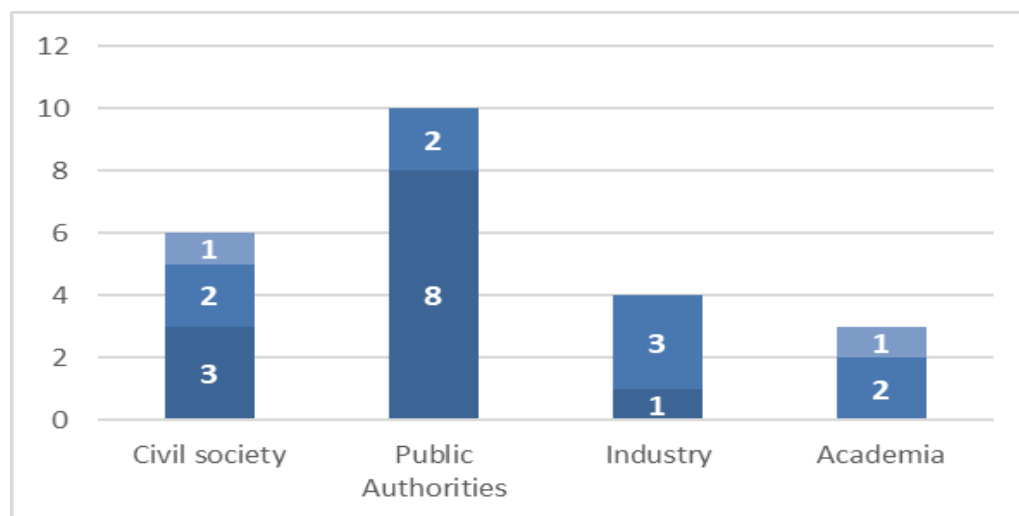
Source: Own drawing based on AHA information survey pilot data.

Finally, in terms of evaluation, for 12 out of 13 AHA activities it has been reported that at least intervention effectiveness has been evaluated, in 4 cases using a counterfactual approach. Results are available for 7 activities. Impact evaluation has only been reported for 5 AHA activities, respectively (Figure 19).

Figure 19: Evaluation of AHA activities reported
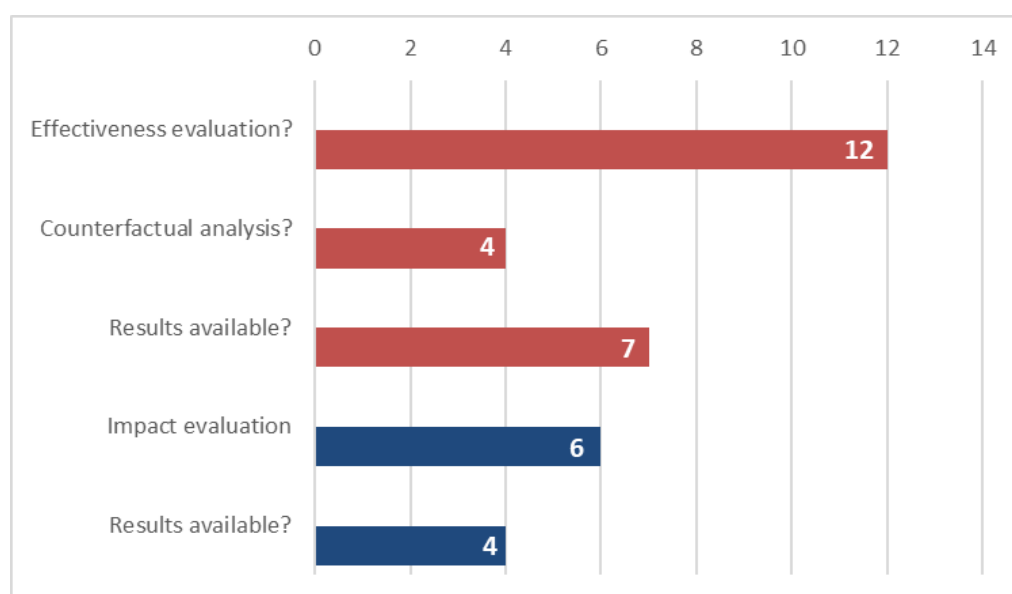
Source: Own drawing based on AHA information survey pilot data.

4. CONCLUSION AND RECOMMENDATIONS

The aim of deliverable DT2.1.3 was to report on the development and pilot testing of the *AHA information survey*, which helps identifying and describing available and promising AHA policies, initiatives and innovations in the Alpine Space, and to gather and analyse available information so to support evidence-based decision making within the ASTAHG Transnational Governance Board for Active and Healthy Ageing.

The AHA information Survey is now being deployed for routine use in the context of WP3, ultimately feeding into the development of an AHA innovation repository. Further to that, the AHA information survey was set up in a way so that it also collects relevant information on AHA stakeholders and AHA governance models in the Alpine Space, and to gather information on innovation and impact evaluation metrics, as well as ties of project regions to international networks concerned with AHA.

The pilot study, which was conducted amongst ASTAHG partners in April / May 2019, showed very high acceptance of the tool so that there were only minor requests for change to be considered before its final version was released in July 2019. Overall, participants mentioned that the time to fill in the survey was feasible and that questions were perceived relevant and understandable. It was also stressed as an advantage to have explicit pre-selection criteria, so that only promising policies, initiatives and innovations would enter the survey. The descriptive analysis of closed questions showed that the AHA activities reported were well in line with the ASTAHG principles, namely its transnational, multisectoral and multilevel character. However, most AHA activities reported were not purposely developed to reflect geographic

specificities of the AS region, so that this principle should be conveyed more clearly during the next wave of data collection.

As for the future, it may be advisable to extend the group of respondents beyond ASTAHG partners by including ASTAHG observers and/or external stakeholders to the project. This would help gradually increase the repository of AHA activities and to ensure that the AHA innovation observatory will be up to date providing timely and relevant information to support AHA decision making in the AS.

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6. ANNEXES

Annex 1: AHA information survey - instructions

We would like to share with you a survey that we developed in WP2 in order to gather information on various essential aspects of the ASTAHG project (in particular AHA policies, initiatives, innovations; stakeholders and AHA governance; metrics, effectiveness and impact assessment as well as the regional context and ties to international networks concerned with AHA).

The survey will provide essential information and we hope you could support us with providing the relevant data so to produce high quality results for the benefit of the entire project.

Some general survey instructions:

Structure of the survey
- The attached Excel file consists of two data sheets, the main survey named "policies, initiatives, innovations" and the accompanying sheet on "regional-EU connections". In the first data sheet, we would like to ask you to use one row for each policy, initiative and innovation you wish to report. The regional-EU connection sheet should only be filled in once for your respective region.
- The third sheet '*survey instructions*' entails guidance to answer individual survey questions.
- The validation sheet should not be changed in any way as it only contains lists for categorical questions in the two data entry sheets.

Question categories:

- There are two types of questions:
    - Categorial questions with different options that you may choose from a pre-defined list
    - Open ended questions where you should enter free text.
- Whilst categorial questions are marked with the term "select", free text questions contain brief instructions in grey font colour.

Which policies / initiatives / innovations should you report?

- It is very important to note that we do not aim for as many policies / initiatives or innovations as possible to be reported by each partner.
- Rather, we want comprehensive and high-quality information on those selected activities in your region that you think have high potential for ASTAHG. This requires a bit of pre-selection on your end based on your own judgement as to whether a policy / initiative / innovation may:
    - be regarded as *effective* (i.e. achieves its objectives)
    - have *impact* (i.e. achieves changes in the respective target population)
    - be *cost-effective* (i.e. is regarded to provide good value for money, compared to a suitable alternative)
    - be deemed *transferrable* to other AS regions represented in the project (or at least there are no critical "knock-out-factors" that would hinder the transfer to another context)
    - In addition, in line with the *multisectoral* approach of ASTAHG, we would prefer the report of cases that touch on more than one AHA sector (e.g. healthcare + social care + mobility or culture and tourism + social care, etc.).

- This initial selection process is therefore based on your own judgement and the factors above should serve you as guidance. However, if in doubt, please feel free to contact us.

How many policies / initiatives / innovations should you report?

- Note that this survey may be conducted in several waves, so that the ASTAHG repository of policies, initiatives and innovations will further increase in the future.
- At this stage, we would like to gather information and analyse it in advance of the forthcoming partners meeting, so we do not ask you to report as many AHA activities that you can
- Rather, we hope for 3 to 5 high quality cases to be reported by each partner, which would give us enough information and time to analyse and prepare results for presentation on 28th May 2019.

Who should fill in / be asked about cases:

- The general idea of the survey is to proceed in a circular fashion by:
    1) asking partners only to gather and fill in the required information
    2) If this does not already result in a sufficient number of cases, interviewing the observers you nominated from your respective regions and
    3) only if necessary, expand the survey to external stakeholders
- At this stage, we only ask Partners to fill in data so that you do not need to expand your search towards external stakeholders

What about GDPR:

- Please note that we do not require you to submit personal data from respondents. Only in item 71, you may enter institutional contact information, if applicable

- You are therefore not required to enter personal data anywhere in the survey, and you should not do so without explicit, informed and written consent of the respondent.

Timeline:

- Our primary objective is to have initial results to present at the forthcoming partners meeting in Trento, which is why we would like to propose the following timeline:

    o **All partners:** collect and enter information on 3 to 5 (max) high quality cases in each region. Send back results to WP2 by **Tuesday, 14th May 2019** (the very latest)

    o **WP2:** we will then analyse and prepare the initial results for presentation during the partners meeting in Trento.

Who should you send the results to:

- Please send the survey results to ECV
- We will then distribute and analyse the data together with other partners contributing to WP2.

Who to ask if you have any further questions:

- Please feel free to contact us or anyone contributing to WP2

Remaining errors and feedback:

- Though we thoroughly checked the attached file, it is always possible that there are remaining errors. If you find one, please let us know so we can improve the file for subsequent data collection activities.

Annex 2: AHA information survey – definition of survey questions

	Column	Description	Categories
1	Policy / Initiative / Innovation	This survey aims at collecting information on several levels. On the highest level, we are interested in AHA policies that may be implemented in your region (or even on national level but extent their direct impact into your region). We are also interested in AHA initiatives that are not formal policy but may relate to a policy in some way. On the third level, we are interested in AHA innovations that may be piloted or implemented for routine use in your respective region.	Please select one of the following: Policy: formalized and agreed upon strategy for AHA in a country or region. Often includes procedures or suggestions for implementation Initiative: An initiative may not have the same level of authority of a policy, or it may be implemented as part of an AHA policy in your respective region, and it may consist of several innovations to improve active and healthy ageing for your respective citizens Innovation: Technology, product, service or social innovation to improve AHA. May be targeted at different stakeholders (such as patients, citizens, practitioners etc.) and implemented as part of a wider initiative or policy.
2	Name of policy / initiative / innovation	Please provide the name of the policy / initiative / innovation	n.a.
3	Acronym	Please provide the acronym of the policy / initiative / innovation, if applicable	n.a.
4	Relationship between innovation / initiative and wider policy	If an innovation is implemented as part of an initiative or policy, or an initiative forms part of a policy, please briefly describe the respective relationship	n.a.
5	Website / information on the internet	If applicable, please provide links to any relevant information on the internet	n.a.
6	Country	In which country is the policy / initiative / innovation implemented	n.a.
7	Region	In which region is the policy / initiative / innovation implemented	n.a.
8	NUTS level	Please specify the NUTS level, in which the policy / initiative / innovation is being tested or implemented	Please select one of the following: NUTS 1 NUTS 2 NUTS 3

9	NUTS code	Please provide the NUTS code of that geographic area	n.a.
10	Geographic context	What is the geographic context within which the policy / initiative / innovation is primarily being tested or implemented?	Please select one of the following: Mountain areas Rural areas Urban areas Mountain and rural areas Mountain and urban areas Rural and urban areas Mountain, rural and urban areas
11	Maturity level	What is the level of maturity of the policy / initiative / innovation	Please select one of the following: Proof of concept Pilot stage Routine use
12	Priority topic / sector	Please select the priority sector within which the policy / initiative / innovation is operational	Please select one of the following: Social care Health care Long term care Independent living wellbeing Culture and tourism Mobility & transport
13	Other priority topic / sector	If applicable, please select a second priority sector within which the policy / initiative / innovation is operational	see above
14	Any other topics / sectors involved	If the policy / initiative / innovation spans more than two priority sectors, please list any of the remaining relevant sectors here	Please write down any of the above listed sectors which are also relevant in the context of this policy / initiative / intervention
15	Brief description of the policy / initiative / innovation	Briefly describe how the policy / initiative / innovation works	n.a.
16	Aim and objectives	Briefly describe the aim and objectives of the policy / initiative / innovation	n.a.

17	Drivers and opportunities	What are the supporting factors that are expected to promote the success of the policy / initiative / innovation	n.a.
18	Barriers to growth / implementation	Which barriers may exist that are expected to hinder the success of the policy / initiative / innovation	n.a.
19	Innovation level – Type of innovation	Specify the type of innovation	Please select one of the following: technology / product innovation Social innovation Service innovation Process innovation Not applicable
20		If a second category may also fit the innovation, please specify here	see above
21		If a third or more, or other category may fit the innovation better, specify here	n.a.
22	Innovation level – Primary Users	Please select the appropriate category of primary users.	Please select one of the following: medical doctor nurse or technician family caregiver professional caregiver patient/citizen associations companies
23		Please select a second category of primary users, if applicable	see above
24		Please select a third category of primary users, if applicable	see above
25		If there are additional primary user groups, please specify here	n.a.
26	Innovation level – Secondary users	Please select the appropriate category of secondary users.	Please select one of the following: medical doctor nurse or technician family caregiver

			professional caregiver patient/citizen associations companies
27		Please select a second category of secondary users, if applicable	see above
28		Please select a third category of secondary users, if applicable	see above
29		If there are additional secondary user groups, please specify here	n.a.
30	Target Population - Required age to participate (from - to)	If applicable, please specify the minimum age or age range of individuals at which the policy / initiative or innovation is aimed at	n.a.
31	Target Population - Access restrictions (e.g. health status / comorbidities / income, etc.)	If applicable, please list any restrictions that have been placed upon the access to the policy / initiative or innovation, such as health, comorbidities, income, etc.	n.a.
32	Target Population - Size of target population in region	What is the potential size of the target polulation in your respective region (i.e. the total number of individuals who may have access to the policy / initiative / innovation)?	n.a.
33	Target Population - Size of population actually enrolled / served in region	What is the actual size of the population enrolled / or being served by the policy / initiative / innovation in your respective region	n.a.
34	Time – Policy operational (since - until)	Please specify since when (and if applicable, until when) the policy / initiative / innovation is (was) implemented	n.a.
35	Time – Duration	Please specify the time interval for which the policy / initiative / innovation is operational	Please select one of the following: ≤ 6 months ≤ 12 months ≤ 18 months ≤ 24 months ≤ 36 months > 36 months
36	Stakeholders & Governance – responsible stakeholder / departments	How and by whom are the activities coordinated?	n.a.

37	Stakeholders & Governance – other stakeholders engaged	Are there other stakeholders involved in the delivery of the policy / initiative / innovation?	n.a.
38	Stakeholders & Governance – Horizontal Governance	Please describe the horizontal governance of the policy / initiative / innovation, i.e. the cooperation between bodies on the same level within and across different local or regional contexts. How is their cooperation organised? Who is responsible for what?	n.a.
39	Stakeholders & Governance – Veritcal Governance	Please describe the vertical governance of the policy / initiative, Innovation, i.e. the interaction between different levels of governance such as local, regional and national.	n.a.
40	Design process – select any category depending on whether they played a role in the design process	Please select any category to indicate who participated in the design process.	Please select one of the following: Civil society Governance Industry Academia
41			
42			
43			
44	Design process – briefly describe the design process	Please describe briefly the design process of the policy / initiative / innovation.	n.a.
45	Decision making process – select any category depending on whether they play a role in the decision-making process	Please select any category to indicate who participates in the decision-making process.	Please select one of the following: Civil society Governance Industry Academia
46			
47			
48			
49	Decision making process – briefly describe the decision-making process	Please describe briefly the decision-making process with respect to the policy / initiative / innovation.	n.a.
50	Operational process - select any category depending on whether they play a role in the operational process	Please select any category to indicate who participates in the operational process.	Please select one of the following: Civil society Governance Industry Academia
51			
52			
53			
54	Operational process - briefly describe the operational process	Please describe briefly the operational process with respect to the policy / initiative / innovation.	n.a.
55	Effectiveness evaluation - takes place?	Please indicate whether the policy / initiative / innovation is being evaluated monitored in terms of its performance / results	Please select one of the following: Yes

			No
56	Effectiveness evaluation – counterfactual analysis?	If applicable, please indicate whether performance / results are being monitored / evaluated through comparison with a control group	Please select one of the following: Yes No
57	Effectiveness evaluation – briefly describe monitoring methodology / process	If applicable, please describe briefly how performance / results are being monitored / evaluated.	n.a.
58	Effectiveness evaluation – indicators used (including time intervals)	If applicable, please list the indicators used for performance / results monitoring and evaluation as well as their respective time intervals for data collection / analysis	n.a.
59	Effectiveness evaluation – results available?	Please indicate, if applicable, whether results from the performance / results monitoring / evaluation are available	Please select one of the following: Yes No
60	Effectiveness evaluation – briefly summarize results if available	If available, please describe briefly the results from performance / results monitoring. Also, if there is freely accessible online information available, please provide respective links.	n.a.
61	Impact evaluation – Takes place?	Please indicate whether the policy / initiative / innovation is being evaluated monitored in terms of its wider impact.	Please select one of the following: Yes No
62	Impact evaluation – briefly describe impact evaluation process / methodology	If applicable, please describe briefly how impact is being evaluated	n.a.
63	Impact evaluation – indicators used (inclduding time intervals)	If applicable, please list the indicators used for impact evaluation as well as their respective time intervals for data collection / analysis	n.a.
64	Impact evaluation – results available?	Please indicate, if applicable, whether results from the impact evaluation are available	Please select one of the following: Yes No
65	Impact evaluation – briefly summarize results if available	If available, please describe briefly impact evaluation results. Also, if there is freely accessible online information available, please provide respective links.	n.a.
66	Budget – total, current year	Please enter the total budget for the policy / initiative / innovation for the current year	n.a.

67	Budget – average, per person enrolled	Please enter the average budget per person enrolled for the current year	n.a.
68	Budget – who is funding the policy / initiative / innovation	Please describe how and by whom the policy / initiative / innovation is being funded.	n.a.
69	Data collection – collected by?	Please indicate who collected this data:	Please select one of the following: Autonomous Region Friuli Venezia Giulia Area Science Park Autonomous Province of Trento European Centre for Social Welfare Policy and Research Pôle Services à la Personne, Provence-Alpes-Côte-d'Azur National Institute of Public Health Local Health Authority n.1 Dolomiti Geneva International Network on Ageing University of Salzburg
70	Data collection – collected from?	Please indicate from whom the data was collected	Please select one of the following: Partner Observer Other stakeholder
71		Please provide an institutional (non-personal) contact. (do not share personal data unless you have explicit, informed and written consent!).	n.a.
72	Data collection –collected during?	Please specify how the data was collected	Please select one of the following: Local event Governance Board meeting Independent meeting Literature review
73	Data collection – date ccollected?	Please specify the date when the data was collected	n.a.