



ASTAHG ALPINE SPACE TRANSNATIONAL  
GOVERNANCE ON ACTIVE AND HEALTHY  
AGEING

WP T2

REPORT ON THE CLASSIFICATION  
OF AHA STAKEHOLDERS

D.T2.1.1

Vienna, January 2020



REGIONE AUTONOMA  
FRIULI VENEZIA GIULIA



PROVINCIA  
AUTONOMA  
DI TRENTO

REGIONE DEL VENETO



ULSS 1  
DOLOMITI



EUROPEAN CENTRE FOR  
SOCIAL WELFARE POLICY  
AND RESEARCH

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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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## LIST OF ACRONYMS

AAI	Active Ageing Index
AHA	active and healthy ageing
AS	Alpine Space
ASTAHG	Alpine Space Transnational Governance of Active and Healthy Ageing
EUSALP	EU Strategy for the Alpine Region
GDPR	General Data Protection Regulation
MAFEIP	Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing
MCDA	Multicriteria Decision Analysis
NUTS	Nomenclature of territorial units for statistics
PSG	Project Steering Group
TGB	Transnational Governance Board
WP	Work package



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## 1 INTRODUCTION

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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.

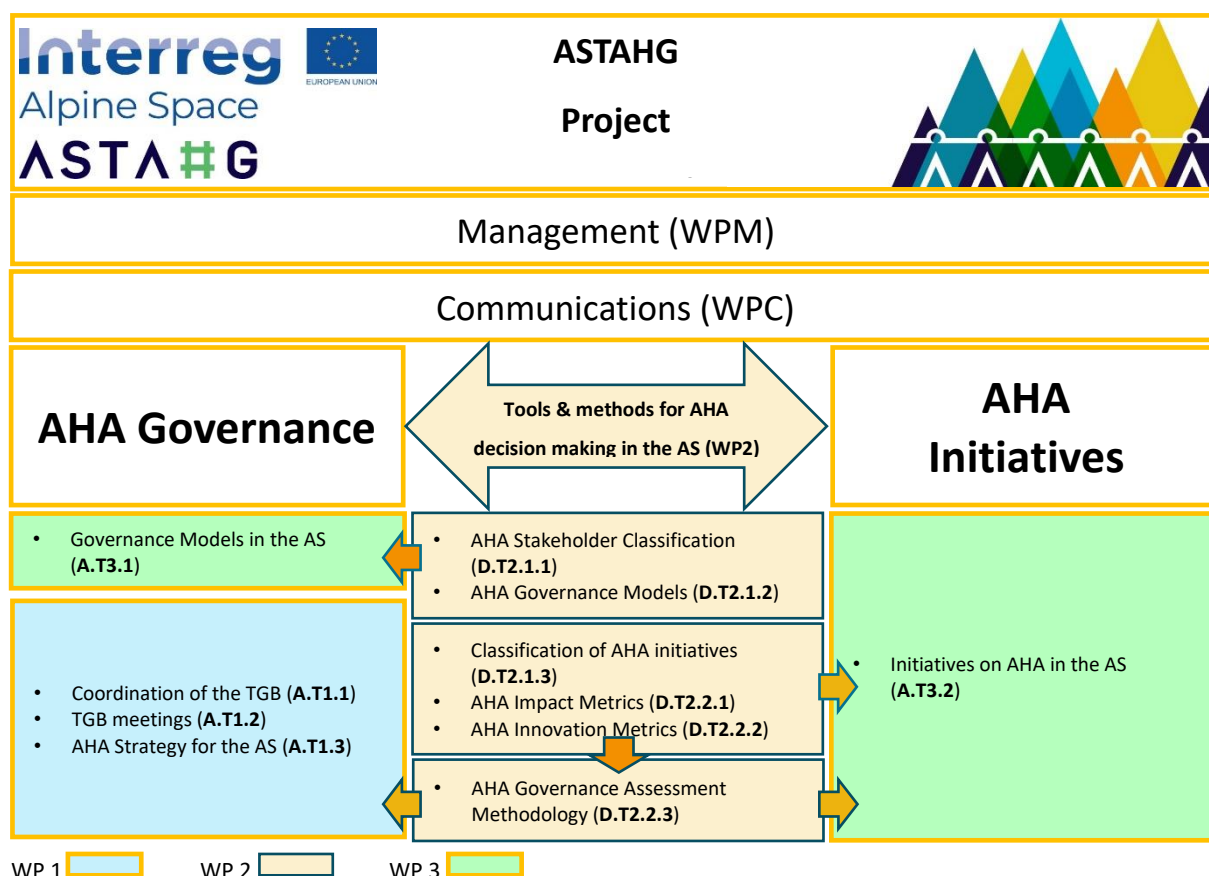
WPs 1 to 3 are concerned with project implementation. In this context, WP1 aims to establish and manage the TGB that will be composed of public and private actors, pertaining to different levels (regional/local) and sectors as well as representing AS territorial characteristics (ASTAHG, 2018). The TGB 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, this report), a model for AHA governance in the AS (D.T2.1.2), a classification of AHA initiatives (D.T2.1.3), 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).

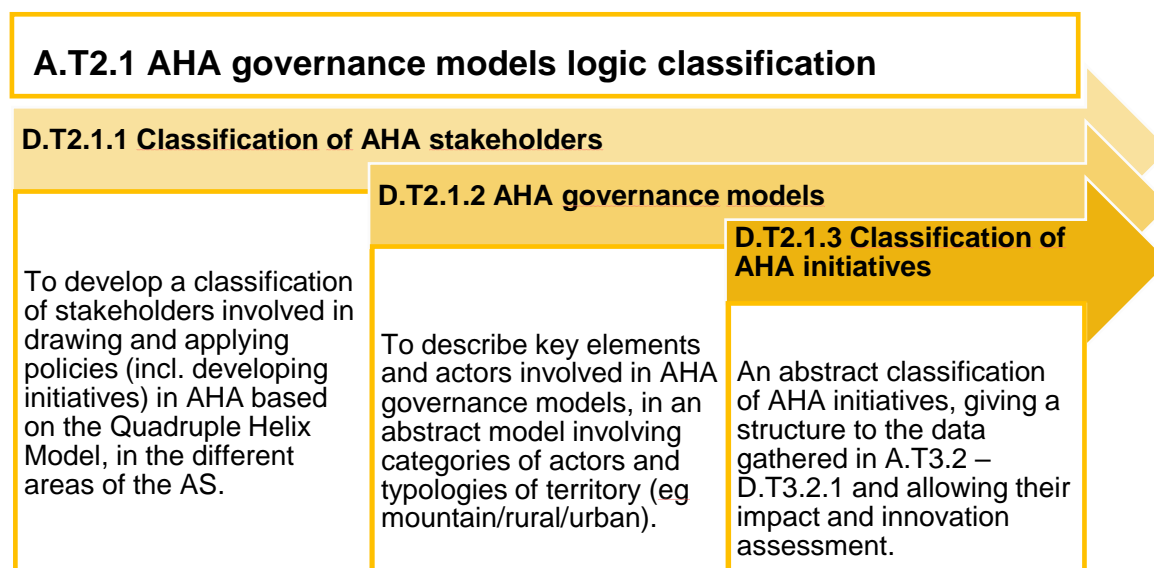


## 1.2 CONTRIBUTION OF WORK PACKAGE 2

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**

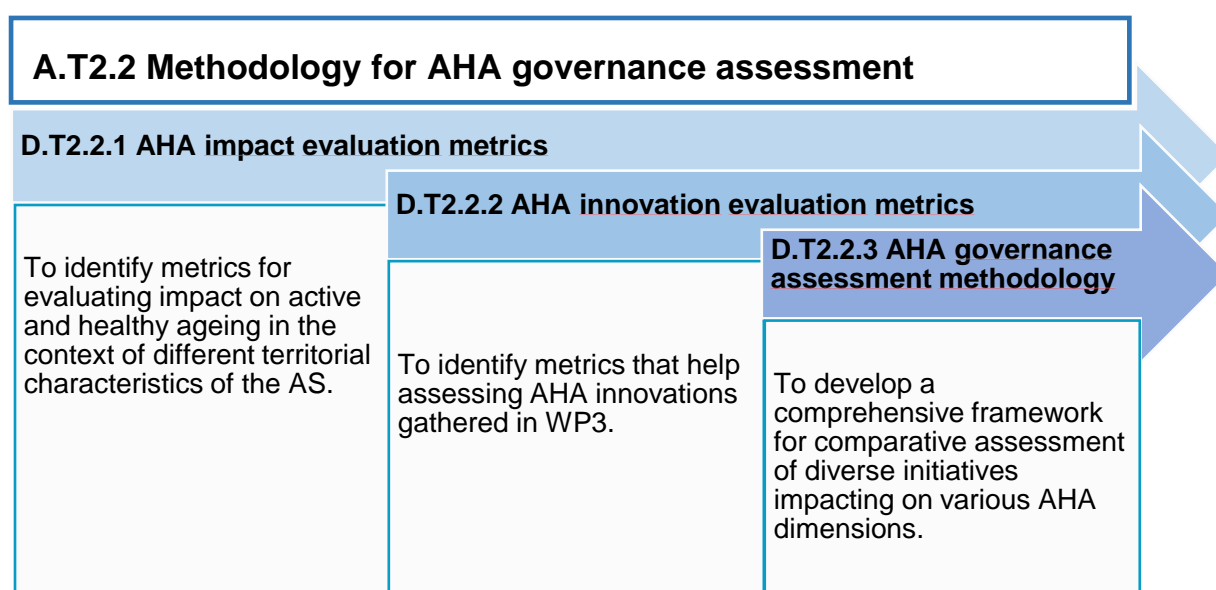


Source: Own drawing based on ASTAHG (2018).

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**



Source: Own drawing based on ASTAHG (2018).

## 1.3 AIM AND STRUCTURE OF THIS REPORT

This report (D.T2.1.1) summarizes the work carried out to classify AHA stakeholders and to develop a tool for the identification of actors involved in creating and applying policies as well as in developing initiatives and innovations for AHA in the AS project regions.

The stakeholder classification, which is inherently based on the Quadruple Helix approach (Carayannis & Campbell, 2009; ASTAHG, 2018), is also a prerequisite for WPs 1 and 3 to identify and engage with actors:

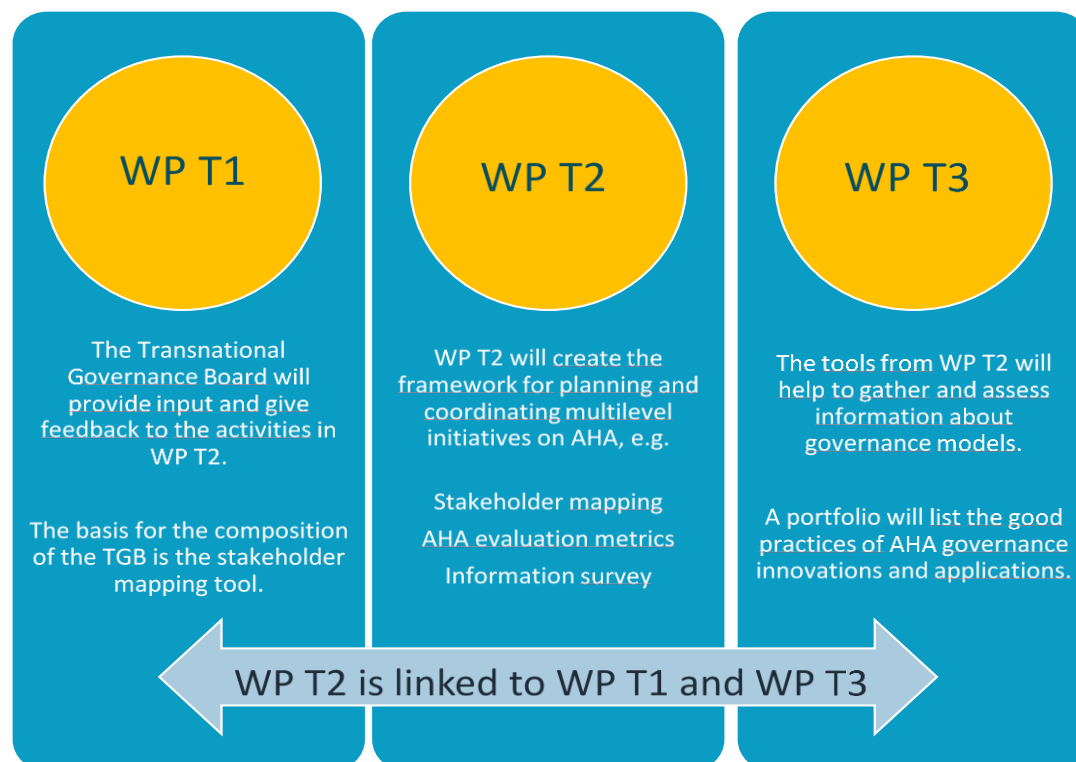


- across various sectors involved in AHA policies (such as health, long term care, social services, transport and mobility or culture and tourism),
- on different levels of decision making, both vertically (local, regional, national), and horizontally (e.g. planning, implementation, monitoring & evaluation),
- in different project regions, and
- representing not just public authorities, but also academia, industry and civil society in a balanced fashion.

This stakeholder classification serves various purposes within the project. Besides mapping the field of relevant actors in respective project regions, it will help identifying suitable TGB members and determining an appropriate composition of the TGB. The stakeholder classification will provide links to potential partners for interviews and data collection in other project activities, as well as potential participants of local ASTAHG events; and not least, it will help ASTAHG to engage with a wider AHA audience in the AS.

This report describes the development and design of the classification tool and its pilot testing before wider roll-out. The tool will ultimately be used for the stakeholder mapping exercise in WP3. The TGB will provide feedback and input on the mapping exercise. Final results of this exercise will be reported in D.T3.1.1 (governance models in the AS). The relationship between WPs 1-3 with respect to the AHA stakeholder classification is depicted in Figure 4.

**Figure 4: Links between work packages in terms of stakeholder classification**



Source: Own drawing based on ASTAHG (2018).

The following section reports on the methods used to develop the stakeholder classification tool, including a pragmatic desk review and methods for stakeholder identification and stakeholder analysis. The tool is then described in further detail in the subsequent chapter, before we report on pilot results and two case studies to illustrate how partners performed stakeholder identification and classification exercises in their respective settings.

The final chapter concludes the report and provides recommendations for the use of the stakeholder mapping tool and its further development in the context of the ASTAHG project and the future work of the TGB.



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## 2 METHODS

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### 2.1 TOOL DEVELOPMENT

The AHA stakeholder classification was developed in two steps. First, we conducted a pragmatic literature research on stakeholders, stakeholder identification, stakeholder classification and the Quadruple Helix approach. Secondly, based on the review results and discussion with ASTAHG partners, we developed a data collection tool for the identification and analysis of relevant AHA stakeholders in the AS regions. The challenge was to develop a tool that allows for comparable data across regions and, at the same time, is easy to use and can be adapted to the regional and structural requirements of AHA policy and decision-makers in the participating AS regions.

The pragmatic literature search provided various options for identifying and classifying AHA stakeholders. At the same time, the practical implementation of the AHA stakeholder identification and classification within the project revealed that it was not straightforward to define a common single strategy to capture the most relevant AHA stakeholders in the Alpine Space, so that ASTAHG-Partners developed approaches based on previous experiences to identify, classify and engage with AHA stakeholders. We report on two regional strategies of AHA stakeholder identification and classification in Chapters 3.4.1 and 3.4.2.

Conceptually, there are several reasons why we deemed it necessary, even favourable, to allow for regional variation in AHA stakeholder identification and classification, such as: variation in the networks in which the project partners are embedded due to their natural institutional purpose; variation in existing knowledge, experiences and





capacities; and, perhaps most importantly, variation in governmental structures in the various Alpine Space regions.

The objective was therefore to identify and develop a feasible procedure for the stakeholder analysis, which enables comparisons and analyses of different Alpine Space regions while, at the same time, allows partners to adapt and amend this tool to their respective regional settings and individual purposes. Each partner was therefore also required to utilise on existing resources, networks, and structures, and to exploit existing channels of communication in their respective institutional contexts.

The remainder of this report therefore presents the AHA-stakeholder mapping tool as a generic instrument applicable across ASTAHG partner-regions, but also discusses different ways in which stakeholder identification and classification has been performed in various project regions (chapters 3.4.1 and 3.4.2).

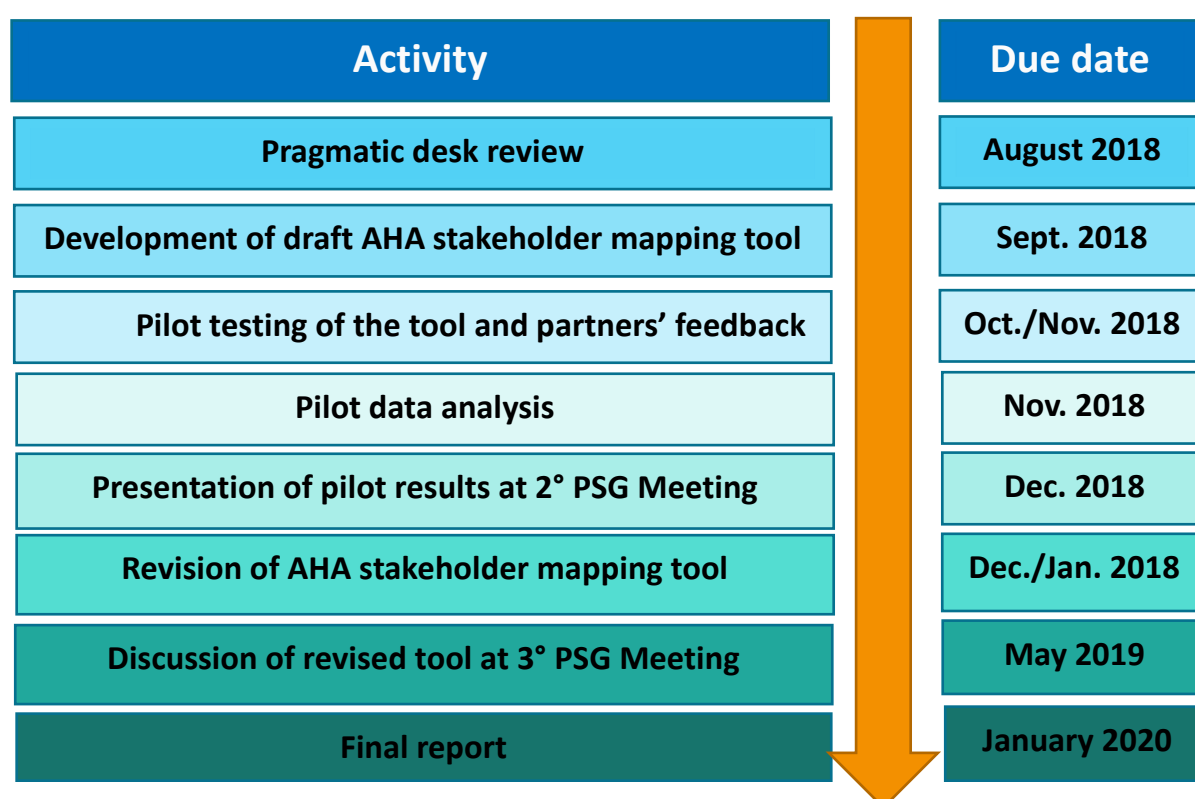
## 2.2 TIME SCHEDULE

The time schedule for developing the AHA stakeholder classification tool is depicted in Figure 5. An initial pragmatic desk review was deemed necessary so to develop common definitions and methods that could be agreed upon, implemented by, and adapted to the regions of participating project partners: including a practicable “stakeholder” definition; an understanding of procedures involved with stakeholder identification and classification; and to provide a common understanding of the Quadruple Helix approach. This review formed the basis for developing the first draft of the AHA stakeholder mapping tool, which was subsequently discussed and pilot tested amongst ASTAHG partners. Pilot results were then presented and discussed

with project partners at the 2<sup>nd</sup> ASTAHG partners meeting in Vienna in December 2018 and the 3<sup>rd</sup> ASTAHG partners meeting in Trento in May 2019.

Partners' feedback was then incorporated into the next version of the AHA stakeholder mapping tool, which has since been passed on to WP3 for routine data collection. The results of routine AHA stakeholder mapping within this project will be reported in project deliverable D.T3.1.1, whilst this report is focussing on the development, use, and pilot testing of the tool.

**Figure 5: Workflow and timeline for D.T2.1.1**



Source: Own drawing.



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## 3 RESULTS

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After reporting results from the pragmatic desk review and how this determined the development of the AHA stakeholder mapping tool, this chapter also reports on the structure of the tool itself, a pilot study to test the tool amongst ASTAHG project partners; and the application of the tool in the context of two case-studies conducted in Slovenia and Switzerland.

### 3.1 PRAGMATIC DESK REVIEW

The aim of the pragmatic desk review was to define the context and to identify approaches that could feed into the development of the AHA stakeholder mapping tool to be adapted to the different AS regions. Hence, the AHA stakeholder mapping tool is based on the outcome of this review, but also on the practical experiences gained from pilot testing and partners feedback. The information gathered through the tool should ultimately facilitate effective stakeholder management within the ASTAHG project.

#### 3.1.1 Stakeholder definition

First approaches in stakeholder management were already developed and published in the early 1930s in the field of corporate governance (Clarkson, 1995). Over the decades, both stakeholder definitions and approaches in the various disciplines and fields have evolved in theory and practice. The interest in stakeholder management in social and health policy has risen sharply since the 1990s (Brugha & Varavasovszky, 2000). Broadly, we may define “*stakeholders*” in the operational context as “... any



*group or individual who can affect or is affected by the achievement of the organization's objectives.” (Freeman, 1984, p.46).*

A look at the current literature – with regard to policy making and public health – provides an even wider and perhaps more suitable definition from Schiller et al (2013, p.1): *“Stakeholders are groups or individuals who can affect or are affected by an issue”*. This definition extends the term beyond the operational context and reaffirms the mutual relationship between stakeholders and the topic in question.

The multisectoral character of ASTAHG, and more generally AHA, indeed warrants a wide stakeholder definition so to reach out to relevant actors across various AHA-related sectors, not only as individuals and society as a whole, but also people in different phases of life and in many different life and working contexts (Stocker, 1998). An emphasis on the societal challenge, which demographic change certainly poses, is incorporated in the stakeholder definition by Ginige et al. (2018, p.1197):

*“Fundamentally, stakeholders in this context are who affect or are affected by a societal challenge and/or its key areas. Stakeholders of a societal challenge in a country can be individuals, groups, organisations or sectors.”*

Besides providing a broad stakeholder definition, this concept emphasises the fact that stakeholders related to a societal challenge may also be located across various sectors, and therefore accords with the ASTAHG principles, namely its multilevel, multisectoral and transnational approach. Indeed, the ASTAHG project proposal already identified key sectors for the project, including social care, health care, long term care, independent living, wellbeing, culture and tourism, and mobility and transport (ASTAHG, 2018).

### 3.1.2 Stakeholder classification

Though a wide definition of AHA stakeholders is warranted for ASTAHG because of its multisectoral, multilevel and transnational approach, this also requires further structuring of the potential space of stakeholders for the project. For instance, Burgha & Varavasovsky (2000) or Schiller et al. (2013) suggest grouping various stakeholders in order to maintain a better overview and to simplify capturing relevant actors, and various concepts have been proposed in order to group and classify stakeholders according to different principles. For instance, AHA stakeholders could be classified on basis of interest and power; impact and power; or power, urgency, and legitimacy, etc. (e.g. Newcombe, 2003).

The power – interest classification, as depicted in Figure 6, proposes grouping ASTAHG stakeholders along two dimensions and to apply different strategies for subsequent stakeholder engagement.

**Figure 6: Stakeholder analysis – ‘power/interest classification’**

<div>High power</div>	<p><b>High power / low interest</b> AHA stakeholders should be <b>satisfied</b> with ASTAHG activities and their position on the chart should be reviewed regularly</p>	<p><b>High power / high interest</b> AHA stakeholders should be <b>managed closely</b> and be involved in ASTAHG decisions (<b>potential governance board candidates?</b>)</p>
	<p><b>Low power / low interest</b> AHA stakeholders should be <b>monitored and updated regularly</b> about ASTAHG</p>	<p><b>Low power / high interest</b> stakeholders should be <b>informed regularly about ASTAHG</b> and perhaps organized in groups to strengthen their influence</p>
	Low interest	High interest

Source: Own drawing based on Newcombe (2003, p.845).



Even though grouping stakeholders according to dimensions such as power and interest could strengthen the focus of stakeholder engagement activities in principle, it was decided that implementing this approach in a unified fashion across ASTAHG project partners may not be feasible. Most importantly, the multidimensional, multisectoral and transnational approach of ASTAHG would make it nearly impossible to group stakeholders in a unified fashion, as some AHA actors may be very powerful and of high interest in one AHA sector, region, country, or level of AHA governance, but play little to no role in several others; also making it impossible to identify clear engagement strategies according to this model. In addition, the abovementioned classification model is based on subjective judgement, and accordingly, broad agreement on such a classification exercise across project partners would have been very difficult to reach.

The decision not to ‘weigh’ stakeholders according to their influence, power, or interest on a project level may further be justified from a more conceptual point of view, as Price (2015, p.102) put it:

*“[...] successful implementation of transnational governance in mountain regions: takes many years; requires the involvement of all – or at least as many as possible – key stakeholders from the outset, especially so that there is a shared vision and the initiative is not, and does not appear to be, primarily driven by the interests of one country, organization, or constitutional level; and should recognize that both the rural and urban parts of mountain regions, and the people who live in them, are inextricably linked to wider communities in a complex set of interactions, benefits, and services.”*

Consequently, ASTAHG project partners abandoned the idea of a stakeholder classification according to principles such as influence, power, or interest on a project



level during the 2° PSG meeting in Vienna in December 2018 and decided that such an exercise may not be useful across project partners. Rather, ASTAHG should enable synergies and therefore be inclusive and reach as widely as possible, and all potential stakeholders should receive the same weight and opportunities to participate in the project. This does not preclude, however, that individual project partners apply classification models as the one depicted above in their respective local or regional settings. This could certainly help them to prioritise engagement with stakeholders in their respective contexts, whilst across project partners and regions, this approach has not deemed feasible.

### 3.1.3 ASTAHG and the Quadruple Helix approach

Not structuring the potential space of AHA stakeholders according to principles such as influence, power, or interest does not mean, however, that we did not identify and implement a framework to further classify potential AHA stakeholders in the AS. Indeed, the Quadruple Helix approach to stakeholder identification is a central element in innovation literature and has already been mentioned as a key classification tool in the projects' proposal (ASTAHG, 2018).

The Quadruple Helix model groups stakeholders necessary to develop and spread innovations. It was originally designed as a triple helix which comprised the target groups 'state', 'academia' and 'industry' and "[...] patterns of 'social structure'" (Carayannis & Campbell, 2009; Etzkowitz & Leydesdorff, 2000, p.319). Carayannis & Campbell (2009, p.218) further emphasize the importance of the public for successful policy-making by stating that: "*[...] knowledge and innovation policies and strategies must acknowledge the important role of the 'public' for a successful achieving of goals*



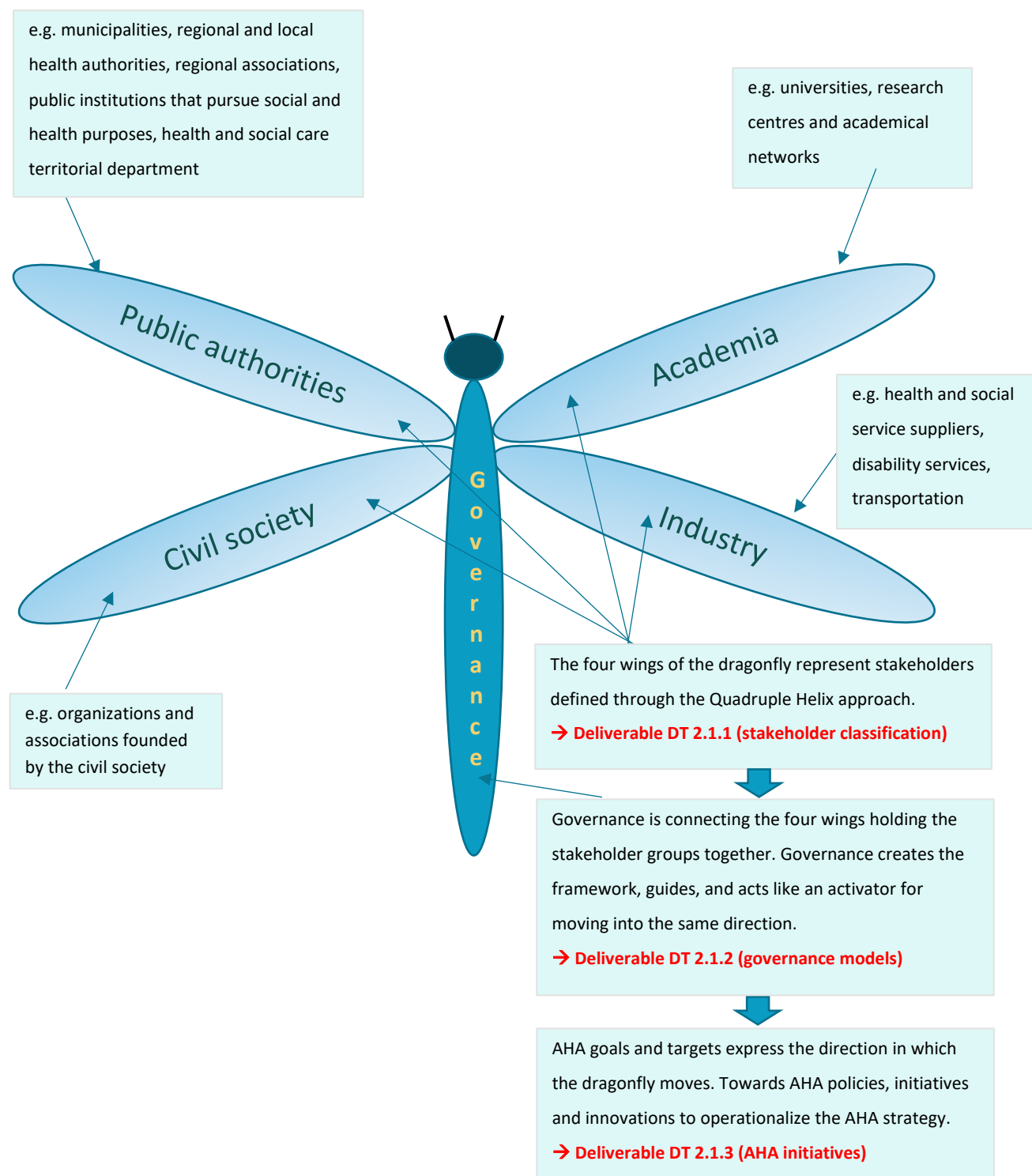


*and objectives.”* and the model was later extended to the Quadruple Helix model by adding “civil society” as the fourth group of stakeholders.

As ASTAHG is essentially concerned with the spread of AHA innovation the AS, the Quadruple Helix model also ensures that, at least in principle, all relevant stakeholders within the AS are targeted. ASTAHG project partners therefore discussed the use and application of the Quadruple Helix model for the purposes of the project and developed a project specific adaptation of the model, which is depicted in Figure 7.

The four wings of the dragonfly represent the four groups of stakeholders defined through the Quadruple Helix approach: public authorities, academia, industry and civil society. Head and body of the dragonfly represent governance, where the wings converge. This provides the framework for common strategies and multi-sectoral decision-making. Whilst all four wings of the dragonfly have, in principle, the ability to move independently from one another, its body (governance) provides a common strategy and thereby sets the course and coordinates activities respectively (deliverable DT2.1.2 provides further insights on the ASTAHG governance model).

**Figure 7: The ASTAHG-Dragonfly Model**



Source: Own drawing based on an original proposal by Area Science Park, Italy (2018).



### 3.1.4 Stakeholder identification

The great importance of participative approaches in policy development and innovation processes has repeatedly been emphasized in theory and practice. Stakeholders should not only provide practical views and new insights into the respective topic, but should also contribute to a critical exchange among the participants across sectors, regions and/or levels of policy making. This is intended to promote motivation, sustainable change and create commitment (Carayannis & Campbell, 2009; Price, 2015). The European Observatory on Health Systems and Policies (2012, p.27) also underlines that: *“While stakeholder engagement offers the opportunity for cross-sectoral policy-making, the topics selected for discussion are often of regional and local significance.”*

In order to identify potential stakeholders for a project, Brinkerhoff & Crosby (2002) and Schiller et al (2013) mention various options to identify and gather relevant information, such as:

- Desk research
- Focus groups, where a small number of participants brainstorm a list of stakeholders
- Semi-structured interviews where key actors recommend other stakeholders
- Snowballing, where initially identified stakeholders identify new stakeholders
- Informal conversations, where key actors identify important stakeholders in conversations, for instance during conferences and network meetings

It is important to emphasize that, whilst the stakeholder mapping tool provides a common framework to gather and structure information on potential ASTAHG stakeholders in each respective project region, it does not dictate the methods with



which project partners identify stakeholders in their respective settings. Accordingly, some project partners may have applied desk research to gather relevant information, whilst others used different methods or even combinations thereof, which are also described in Chapters 3.4.1 and 3.4.2.

## 3.2 THE AHA STAKEHOLDER MAPPING TOOL

The AHA stakeholder mapping tool, that was developed based on the results from the pragmatic literature search and several discussions with ASTAHG project partners, is an excel worksheet that allows data collection along four dimensions: (1) general information about the identified stakeholders, (2) geographic and sectorial clustering, (3) AHA domain clustering, and (4) data source and contact details.

The excel worksheet consists of 26 columns. The response options are either open or closed. Open fields have no restrictions in size or format, whilst closed questions may be answered using a pre-defined drop-down menu. In the excel worksheet, all categories are queried in one row, and each row allows entering information about one potential ASTAHG stakeholder. Each column in the excel worksheet provides further information and guidance through comment boxes which open automatically when scrolling over the respective column.

### 3.2.1 General information

Data block one enables the collection of general information about AHA stakeholders. The individual data records are numbered consecutively. The full name of organization/institution, the country and the address are entered here. The field



“country” is created as a drop-down menu, which allows broad geographical clustering by countries in the AS.

### 3.2.2 Geographic and sectoral clustering

Geographic and sectoral clustering allows entering the postal code, geographic scope/mandate area of the prospective stakeholder, as well as the Quadruple Helix categories in order to classify stakeholders respectively. Postal codes may further be used to determine the stakeholders’ NUTS classification (Nomenclature of territorial units for statistics) so to determine a stakeholders’ location according to regional spatial units using a commonly agreed format. (European Communities, 2007, pp.9).

The selection of the geographic scope/mandate area provides information on whether a stakeholder performs AHA related activities at a local, regional, national or international level. In this context, local level means that the stakeholder acts within a municipality or a couple of municipalities. The regional level refers to stakeholders which operate across a geographic and politically defined region. The national level refers to stakeholders operating on a national level, whilst internationally active stakeholders operate across national borders. (ASTAHG, 2018).

A drop-down menu allows clustering stakeholders according to the previously discussed Quadruple Helix model, by indicating whether an actor belongs to civil society, governance, industry or academia.



### 3.2.3 AHA domain clustering

In order to specify a stakeholders' potential relevance for ASTAHG, the AHA stakeholder mapping tool allows users entering free-text information on an actors mission, which is followed by a set of closed questions where respondents can specify the AHA domains to which the stakeholders activities pertain. More precisely, stakeholders may be grouped according to their focus on:

- Social care
- Healthcare
- Long term care
- Independent living
- Culture & tourism and/or
- Mobility and transport.

One aim of ASTAHG is to foster networking of actors from different AHA related fields and to promote innovations that focus not only on one area, but to connect several areas and to exploit synergies from cross-sectoral cooperation. As stakeholders may also be active in several AHA-domains, respondents have the additional option to categorize an actor as a “multidomain stakeholder” and to specify the respective domains within which the stakeholder operates. Each drop-down list is followed by a free-text-column which allows respondents to further specify a stakeholders' activities in each respective AHA-domain.



### 3.2.4 Data source and contact details

The AHA information survey concludes with columns that allow entering information on the data sources used to identify the respective stakeholder, and to provide contact details for further stakeholder engagement activities. To comply with General Data Protection Regulations (GDPR), no personal contact details (only institutional information) should be entered here unless there is explicit written consent from an individual to have his/her data entered into the tool and shared with other project partners. The survey instructions, which were shared with project partners when conducting the pilot, also raised awareness to comply with GDPR regulations (Annex 1).

## 3.3 PILOT SURVEY ANALYSIS

The first version of the AHA stakeholder mapping was rolled out to ASTAHG project partners in November 2018. Project partners received an e-mail with the AHA stakeholder mapping tool, together with a set of instructions (Annex 1). The aim was to test if the mapping tool was useful and feasible for partners to collect information on potentially relevant AHA key actors in their respective regions and to collected data for an initial descriptive stakeholder analysis. Pilot testing and partner feedback served as basis to revise the tool, which was subsequently passed on to WP3 for roll-out and routine use within the project.

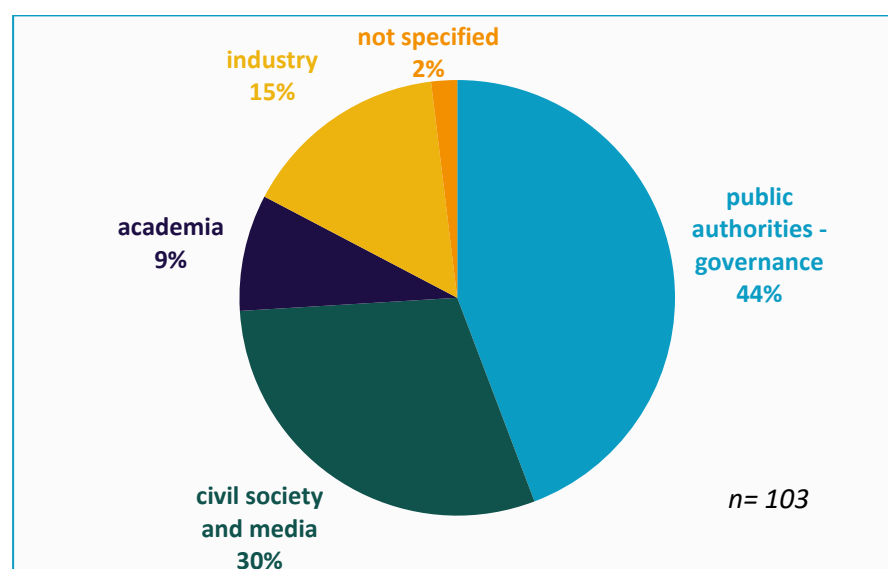
The following charts depict, in an exemplary fashion, some results of the AHA stakeholder mapping pilot study. These results were, together with the tool, presented



and discussed with project partners during the 2<sup>nd</sup> PSG Meeting in December 2018 in Vienna, Austria, and the 3<sup>rd</sup> PSG meeting in May 2019 in Trento, Italy.

In total, we identified 103 potential stakeholders within the pilot roll-out of the mapping tool. The respective Quadruple Helix categories within which these stakeholders were classified are depicted in Figure 8.

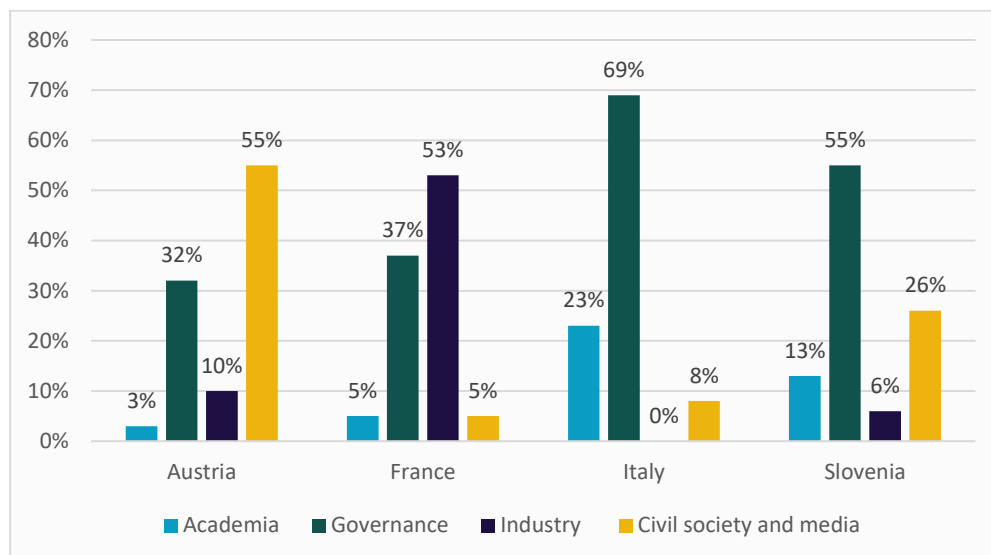
**Figure 8: Stakeholders according to the Quadruple Helix model**



Source: Own drawing based on AHA stakeholder mapping tool pilot data analysis.

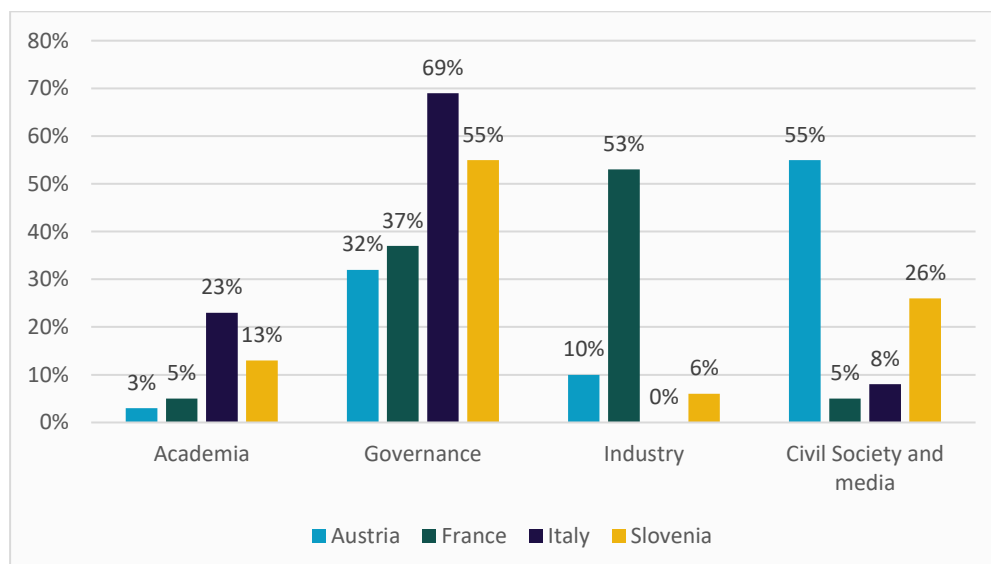
Figure 8 shows that public authorities account for 44 % of the stakeholders reported, followed by civil society with 30 %. 15 % of actors belong to industry, 9 % to academia and 2 % have not been further specified.

**Figure 9: Stakeholders across partner countries**



Source: Own drawing based on AHA stakeholder mapping tool pilot data analysis.

**Figure 10: Stakeholders in Quadruple Helix categories and countries**



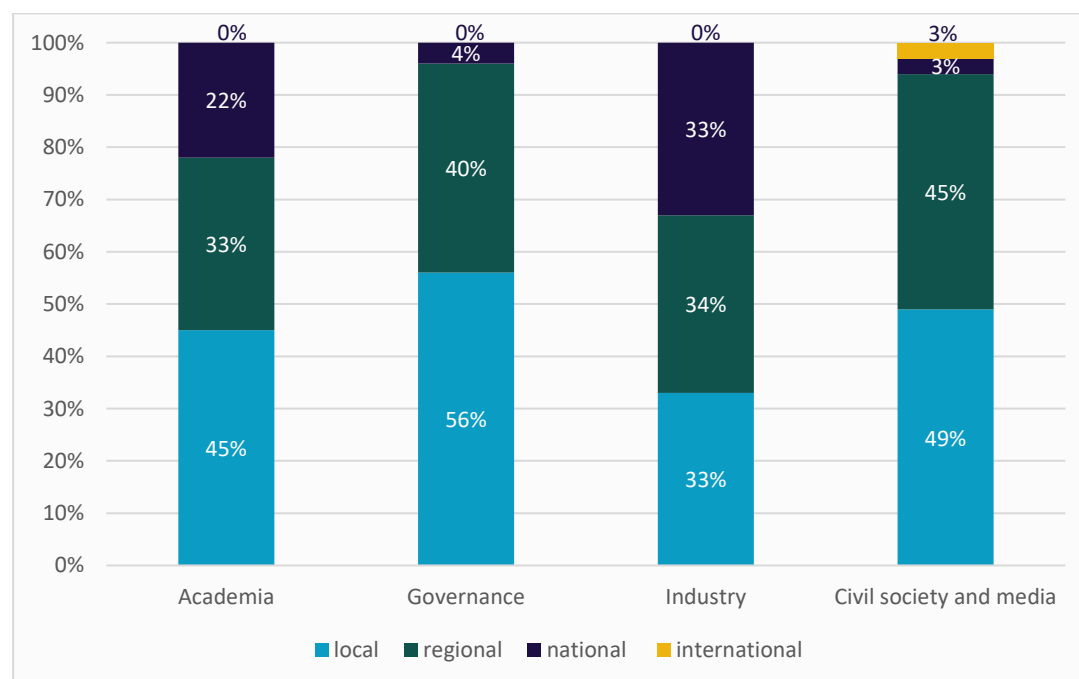
Source: Own drawing based on AHA stakeholder mapping tool pilot data analysis.

Figure 9 and 10 show the Quadruple Helix distribution of the identified stakeholders within partner regions grouped by categories of stakeholders and by countries respectively. Interestingly, in Austria more than 50% of the stakeholders reported belong to civil society, while in France industry accounts for the largest share of

reported stakeholders. In Italy and Slovenia, more than 50 % of the identified stakeholders are public authorities. No stakeholders from the industry sector have been reported within the pilot study for Italy, providing important information for further routine use of the tool within the project.

Figure 11 shows the geographic scope of stakeholders. Most of the stakeholders reported are active at the local or regional level respectively. Only a small percentage of stakeholders operates in the field of national governance and only 3 % civil society and media stakeholders are active internationally. Industry stakeholders show a very balanced distribution across the local, regional and national level respectively.

**Figure 11: Geographic scope of stakeholders**

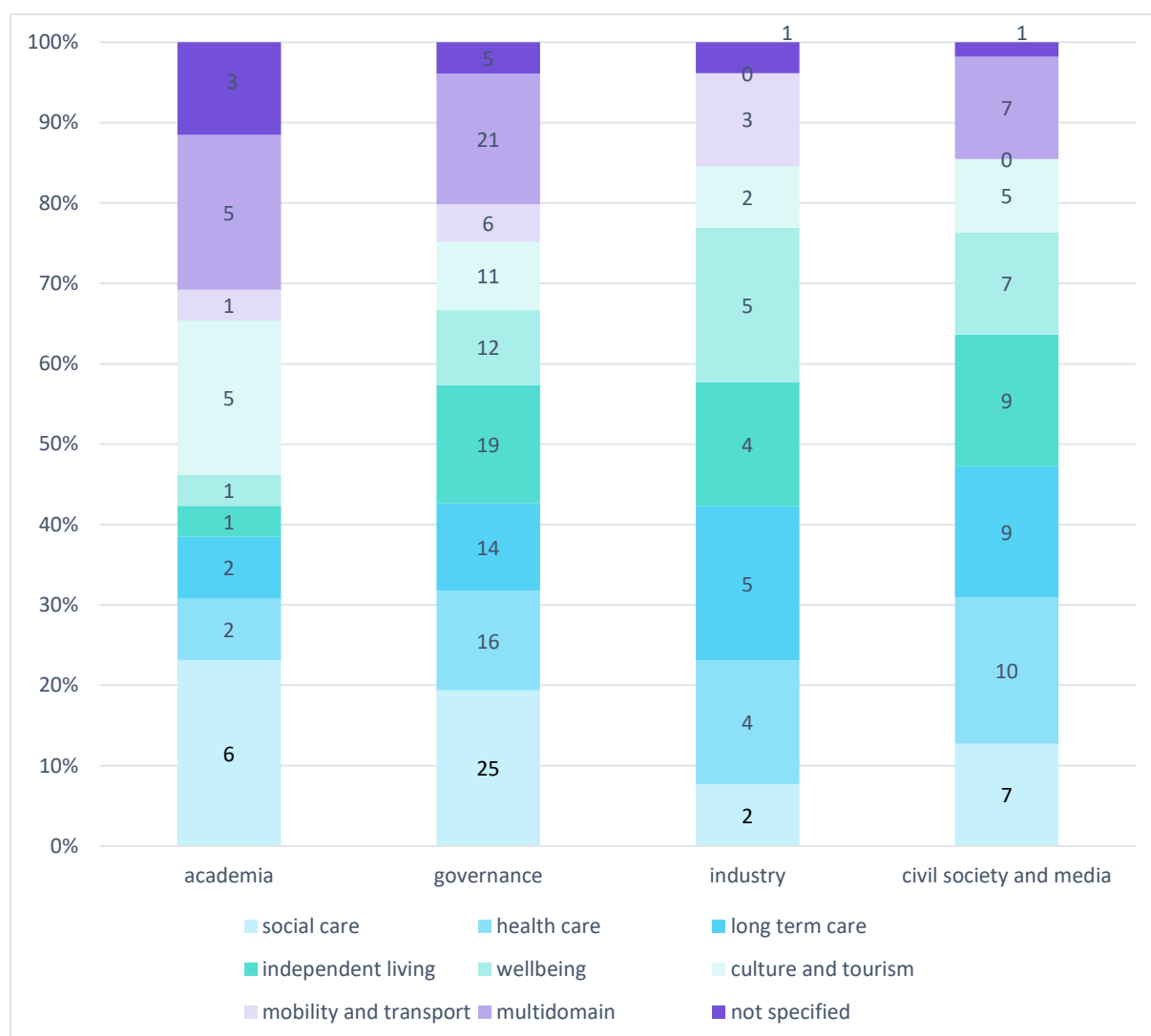


Source: Own drawing based on AHA stakeholder mapping tool pilot data analysis.

Finally, Figure 12 depicts 102 identified stakeholders sorted by their respective four-helix categories and AHA domains. Multiple answers and not specified sectors are taken into account here.



**Figure 12: Sectors in which stakeholder categories operate**



Source: Own drawing based on AHA stakeholder mapping tool pilot data analysis.



### 3.4 APPLICATION OF THE TOOL

The pilot studies' purpose was to test both the usefulness and feasibility of the tool and to obtain first data on key stakeholders of the ASTAHG project regions. Partners' feedback was used to revise the tool before routine roll-out. The results of the key AHA actors mapping will form part of project report D.T3.1.1.

Whilst the tool, however, provides a general framework for collecting data on AHA key stakeholders across project regions, the way of identifying stakeholders and obtaining stakeholder data is open to individual partners so that each partner can and should apply a procedure that is well applicable to their respective regional contexts. Indeed, most partners already have access to a large pool of key AHA actors in their respective AS regions and previously developed methods and procedures for stakeholder identification and engagement, so that the aim was to utilise this knowledge rather than to impose a certain procedure of stakeholder identification.

However, in order to guide future ASTAHG actors in identifying and analysing AHA stakeholders in their respective regions, this chapter reports on two case studies which detail on different methods of stakeholder identification and analysis in two ASTAHG project regions, Slovenia and Switzerland. Hence, the case studies reported here provide an insight into different approaches of stakeholder identification and analysis and hopefully provide guidance on how key stakeholder mapping could be performed in practice.



### 3.4.1 Case study Slovenia

The National Institute of Public Health (NIJZ) is a central national establishment with the main purpose to educate, protect and enhance the health of the population of the Republic of Slovenia by means of raising awareness and other preventive measures.

The main activities of NIJZ are:

- monitoring and evaluation of the healthcare system and the health of the population;
- recognizing health threats and developing measures to control them;
- managing health and healthcare services databases; and
- health promotion and developing professional bases for adopting health-friendly policies, programmes and measures for disease prevention.

Besides working in the abovementioned fields, NIJZ contributes to new solutions by participating in numerous international public health projects, such as ASTAHG. The ASTAHG project in Slovenia includes the two regions Goriška and Gorenjska with ten municipalities. Three from the Northern Primorska region - Goriška (Bovec, Tolmin and Kobarid) and seven from Gorenjska (Kranjska Gora, Jesenice, Bohinj, Bled, Tržič, Cerklje na Gorenjskem and Jezersko).

In order to identify potentially relevant stakeholders in their respective project regions, NIJZ used the so-called '*Welfare Mix Triangle*' approach. (Kobal Tomc, 2014). Based on seven domains defined by public/private, profit/non-profit and formal/non-formal stakeholder characteristics, the Welfare Mix Triangle takes further the Quadruple Helix model by adding three additional non-formal domains. The welfare mix approach was developed to enable the identification of differences among groups within welfare states (Esping-Andersen, 1990). Since then, it has been used and developed further so



to understand different spheres of society in different contexts. In the case of the AHA.SI project <sup>1</sup>, for instance, it has been adapted to identify project stakeholders operating in social spheres within different areas of active and healthy ageing in Slovenia (Kobal Tomc, 2014), in particular aiming at a better understanding of different non-formal social spheres. The approach was tested previously and has shown to be useful for the identification of potentially relevant stakeholders in the region, including informal stakeholders who are often being overlooked (Gabrijelčič et al, 2016). In order to revise and update previously gathered information through the Welfare Mix Triangle, the ASTAHG stakeholders mapping tool was also used.

Following stakeholder identification, NIJZ distributed a nationally developed online survey which was further adapted for the purposes of ASTAHG to stakeholders, entitled "*Your contribution to active and healthy ageing in the Alpine space*" in cooperation with the Faculty of Social Sciences, University of Ljubljana. 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 then covered seven contextual topics as well as an additional section on networking of stakeholders.

This method allowed drawing a "stakeholder network" and to find out, for instance, how the two Slovenian project regions differ from one another. For instance, stakeholders connect more with youth organizations and student clubs in the Gorenjska region than in the Goriška region. Furthermore, stakeholders in both regions perceive the most potential for AHA in (1) promoting healthy lifestyles for the older

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<sup>1</sup> For more information to the AHA.SI project consult: [www.staranje.si](http://www.staranje.si).





population, (2) good accessibility of health services, and (3) in life support services and services in remote areas. On the other hand, stakeholders recognized the least potential for AHA in their respective regions in fields of culture and tourism.

Further advantages of this method were that it not only provided an overview on stakeholders of the AS area in Slovenia, but also:

- that it is based on a multi-stakeholder consultation;
- can cover a wide area and reflect geographic dispersion;
- allowed identification of potential TGB-board members based on pre-defined rational criteria;
- provided an overview of currently existing AHA policies, good practices, initiatives and innovations;
- enabled mapping how stakeholders interact with one another and how they are interconnected, and
- provided the basis for developing a comprehensive database that also complies with GDPR standards.

In future, this method may also be used to implement the ASTAHG approach in other Slovenian regions, in particular in remote areas currently not covered by the project.

### 3.4.2 Case study Switzerland

GINA is an open network of International organisations as well as local and international NGOs and experts specialised in ageing. By bringing together interdisciplinary leadership and expertise in the various fields of ageing, GINA addresses the challenges and opportunities presented by an ageing society in an integrated fashion. It aims to promote physically, mentally and socially active and



healthy ageing throughout the life course. GINA's goal is to provide a platform for information exchange and networking among policymakers, activists, researchers, service providers and educators, as well as among regional and international senior associations. Within ASTAHG, GINA collaborates with the district of Entremont, Switzerland (ASTAHG, 2018).

In order to identify, analyse and engage with relevant stakeholders, GINA also adapted the Quadruple Helix model to their local setting. More precisely, GINA clustered stakeholders in five groups (panels) and developed specific strategies for each panel to identify stakeholders, retrieve relevant information, and intensify engagement.

#### **Panel A: Politicians:**

Presidents and their representatives from the six municipalities involved in the study were invited to join a meeting of approximately one hour. Two different potential dates were scheduled to ensure their participation to at least one of them. The objective was to question the politicians involved/co-financing the project about their opinion on three issues:

- 1) Priority themes that they think ASTAHG should address
- 2) Priority needs of the ageing population
- 3) Existing resources and events to be conducted within the project

GINA also enquired from politicians whether it would be possible to contact the population through their respective administrative systems, eventually with their signature or official support, for which approval was obtained.

#### **Panel B: Citizens - Population and associations:**



The citizen panel was further divided in three sub-panels, the general population of permanent residents (B1), the non-resident tourist population (B2), and civil organisations which represent older people (B3):

- **B1: Permanent residents:** GINA plans to prepare a household panel questionnaire and send it through the official registry of the municipality/district with questions targeted to older persons, to enquire about intergenerational/social cohesion, and to address, for instance, what residents perceive as priorities, needs, and best practices.
- **B2: Tourists, non-residents:** During the touristic seasons, GINA will organize events where ideas, opinions, expression of needs, personal requests to improve the tourism resort, etc. can be articulated by the touristic population but also by panel C. The director of the tourist office met with GINA and supports this initiative with actions, such as putting a box of ideas in their premises as well as questionnaires or leaflets. GINA also had contact with the director of the association of chalet/apartment owners and would organize further collaboration to engage them and improve the area, which will reinforce the willingness to remain in the mountain area with their economic assets.
- **B3: Associative organisations and networks related to retirees and older persons:** Associations have organized different meetings and workshops to evaluate the needs of older persons, which GINA was associated with and hence could benefit from their data. Further collaboration and participation is envisioned with groups and events.

### **Panel C: Private Sector → Business and Enterprises**

First contact and steps have already been taken to engage with enterprises and their associations such as hotels, shop owners, transport, ski-lift director, architects, etc. but also with health professionals such as pharmacies and physiotherapists. All have



welcomed the project and are ready to give their input and participate and to provide recommendations.

The GINA-team conducted an intervention in April 2019 during the general assembly of the development association of the ski resort (SDV Verbier), to which the whole regions population is invited to listen to the reports of each of the activities included in panel A to D. GINA has the full support to take Verbier as a model case ski/summer resort in the Alpine area from the president of this association and his committee (SDV: Société de développement de Verbier).

#### **Panel D: Public Sector: science, education, health, technology, innovation and tourism**

Data and best practices were collected through desk research, including sources such as the scientific literature, statistical offices and authoritative reports, plus:

- Formal/informal data from associative networks
- Data and information collected from the local alpine areas on old age activities, programmes, services, touristic activities etc.

Overall, the project has received warm welcome and support from all partners (panels) in the project so far. The objective to engage with partners is therefore regarded a success and GINA is very positive as to the next steps such as to be able to collect reliable data and information based on practical and specific local needs.



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## 4 CONCLUSION AND RECOMMENDATIONS

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The aim of deliverable DT2.1.1 was to develop a classification for AHA stakeholders in the AS, and to support the ASTAHG project with tools and methods for stakeholder identification and analysis. The purpose for that is not only to engage with relevant AHA stakeholders in the respective project regions, but also to identify potential new members of the AHA transnational governance board, to make ties to local, regional, national and perhaps international actors in the field, to identify potential participants for future data collection efforts, and not least, to support dissemination activities of the project in WPC.

Following a pragmatic literature search which helped defining key terms and identified potential methods of stakeholder classification and analysis, we developed a generic tool for collecting information on AHA key stakeholders in ASTAHG project regions. This tool also classifies stakeholders with respect to geographic scope, Quadruple Helix categories, and AHA domains within which stakeholders operate. Whilst the tool is a generic instrument for data collection that is aimed to be applicable across ASTAHG project regions, we also allowed regional variation in the application of the method, which allowed ASTAHG partners to utilise their existing networks using methods that are best suited in their respective contexts. These methods have been followed up and reported in the context of two case studies, one in Switzerland and one in Slovenia.

The exercise showed that, whilst it is important to provide guidance and uniformly agreed methods for data collection across ASTAHG project partners, it is at least equally important to allow partners developing their own methods to identify potentially relevant stakeholders in their respective regions. For the future, stakeholder identification should continue within the project, especially if



new members are to be recruited for the AHA transnational governance board and/or ASTAHG even expands to new project regions within the AS.

The classification system developed should thereby allow identification of stakeholders in a balanced fashion according to Quadruple Helix sectors, AHA domains and geographic specificities.



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## 6 ANNEXES

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### 6.1 ANNEX 1: INSTRUCTIONS FOR STAKEHOLDER MAPPING TOOL

E-Mail from 2<sup>nd</sup> November 2018 to all partners

Dear All,

please find attached to this e-mail the AHA key stakeholders mapping tool (Excel worksheet). This tool will facilitate a mapping of AHA stakeholder's in each partner region, and thereby contribute to the classification exercise of AHA Stakeholders (part of WP2, Activity A. T2.1.).

The key stakeholder mapping is an internal exercise and the attached Excel file should be filled in by each partner him/herself (please quote the source for the information provided e.g. website as reference). If necessary, partners may contact their respective observers to help with completing the mapping. The goal of the stakeholder mapping exercise is to have a better understanding about the main AHA actors in each region, what are their areas of intervention and main activities. This will also help us, for instance, to clarify the scope of our project and to identify informants for future activities, etc.

The Excel tool consists of 5 blocks and collects:

- 1) general information on each stakeholder;
- 2) geographic scope/mandate area;
- 3) mission and main activities as per the pre-defined domains;
- 4) data source; and
- 5) contact details.



Further information and guidance is provided for each column through comment boxes which will open automatically when scrolling over the respective column name, and several variables have pre-selected response options.

**Stakeholder general information:** please provide the full name of the organization/institution, select the country, insert the complete address and specify the postal code (postal code should be inserted in a separate cell, the information will be used for geographical clustering).

**Geographic scope/mandate area:** please select the geographic scope/mandate area (local, regional, national or international): The mandate area is the area for which the stakeholder performs AHA related activities. Select the type of organization/institution with respect to the Quadruple Helix category (*governance, civil society and media, academia, and industry*).

**AHA Domains:** please provide a short description of stakeholder's mission and activity domains. One stakeholder could cover more than one domain. An additional option is provided for stakeholders with the explicit aim to work across AHA domains (*multidomain stakeholder*).

**Data source:** please enter the data sources for the information provided.

Please provide the stakeholder's **contact details** for future references (contact information of individuals should be in the public domain and / or shared only with explicit permission of the respective individual).

The deadline for filling in the mapping tool is **Wednesday, 21<sup>st</sup> November 2018.**