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## INTRODUCTION

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In June 2020, due to the worldwide health emergency correlated to Covid-19 pandemic, Area Science Park proposed to develop a survey whose aim was to collect AHA-related initiatives created to respond to the epidemic condition. This proposal was presented and accepted by all project partners during the 5° ASTAHG Project Steering Group meeting (16<sup>th</sup> June 2020, online meeting).

The idea was that the absolutely unexpected sanitary emergency, associated to territorial restrictions and/or changes on people movement, service accesses and so on, could put in evidence new challenges in managing as well as conducting a normal healthy life in all population but especially in elderly.

Consequently, the emergency could have created new needs and/or could have change life-related priorities, requiring then the creation and implementation of new types of interventions, products and services.

To evaluate the above mentioned changes, we promote the collection of initiatives born due to Covid-19 emergency in the AS to provide a picture of what has been carried out in terms of initiatives for elderly people.

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## MATERIALS AND METHODS

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To collect initiatives born and developed during and due to the pandemic, we firstly drafted a survey named “Initiatives on the response to Covid-19 in the Alpine Space”, subsequently referred to as “Covid-19 survey”.

This survey was constructed starting from the ASTAHG Survey: some questions of the ASTAHG Survey have been simplified and some new issues, directly related to the pandemic condition, have been inserted.

The survey has been developed using the Google Form support, to be easily disseminated and potentially easily filled in, autonomously, by interested people.

Project partner PAT, with the support of ProMIS (Progamma Mattone Internazionale Salute) and INAPP (National Institute for the Analysis of Public Policies), played an important role in the adaptation of the ASTAHG survey template into the Covid-19 survey one.

This survey was shared and agreed with project partners.



The Covid-19 survey (Table 1) is composed by 34 questions, partly descriptive and partly of multiple choice type. Some fields have been made mandatory in the online form; related issues have been marked in the following text with the asterisk symbol.

**Table 1. Covid-19 survey**

N(*)	QUESTIONS	ANSWERS
1*	Name and acronym of the initiative	--- Open ---
2	Initiative website / web page / social media /other information (if available)	--- Open ---
3*	Responsible stakeholder/departments	<input type="radio"/> Civil society (e.g., voluntary associations, professional services, ...) <input type="radio"/> Governance <input type="radio"/> Industry <input type="radio"/> Academia
4	Stakeholder information (website / web page / social media /other information (if available))	--- Open ---
5	Organizational form of the responsible stakeholder/departments	<input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> A mix of both
6*	Country	--- Open ---
7*	Region	--- Open ---
8*	Locality	--- Open ---
9*	Level of extension	<input type="radio"/> National <input type="radio"/> Regional <input type="radio"/> Provincial <input type="radio"/> Local
10*	Geographic context	<i>(multiple choice allowed)</i> <input type="radio"/> Mountain areas <input type="radio"/> Rural areas <input type="radio"/> Urban areas
11*	Indicate the category to which the initiative belongs	<input type="radio"/> Services related to primary needs/ordinary activities (e.g., grocery home delivery, pension retirement, purchasing medicines, home delivery medicines, paying bills, ...) <input type="radio"/> Health-related or medical services (e.g., analyses, medications, ...) <input type="radio"/> Psychological support services <input type="radio"/> Product development <input type="radio"/> Other _____
12	The aims and objectives of the initiative and the detected needs associated with it	--- Open --- <i>(max 500 characters for aims and objectives)</i> <i>(max 250 characters for detected needs)</i>

13	Brief description of the initiative	<p>--- Open ---</p> <p>(max 1500 characters)</p>
14*	Topic (s)/sector(s)	<p>(multiple choice allowed)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Social care</li> <li><input type="radio"/> Health care</li> <li><input type="radio"/> Long term care</li> <li><input type="radio"/> Civic engagement and social participation</li> <li><input type="radio"/> Independent living</li> <li><input type="radio"/> Physical wellbeing</li> <li><input type="radio"/> Psychological wellbeing</li> <li><input type="radio"/> Communication, information, &amp; ICT (Information and Communication Technologies)</li> <li><input type="radio"/> Housing, outdoor spaces &amp; enabling environment</li> <li><input type="radio"/> Culture and tourism</li> <li><input type="radio"/> Mobility &amp; transport</li> <li><input type="radio"/> Security &amp; safety</li> </ul>
15	Is the initiative completely new or is based on a pre-existing one?	<ul style="list-style-type: none"> <li><input type="radio"/> New</li> <li><input type="radio"/> A modification/ strengthening of an existing one</li> <li><input type="radio"/> Other _____</li> </ul>
16	If the initiative is a modification/ strengthening of an existing one, it consists of:	<ul style="list-style-type: none"> <li><input type="radio"/> Prolongation / renewal</li> <li><input type="radio"/> Extension (territorial or of the beneficiaries' audience)</li> <li><input type="radio"/> Intensification of the service (timetable, days / week, number of operators, etc.)</li> <li><input type="radio"/> Other _____</li> </ul>
17*	Requirements to benefit from the initiative:	<p>(multiple choice allowed)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Health status</li> <li><input type="radio"/> Income</li> <li><input type="radio"/> Age</li> <li><input type="radio"/> None</li> <li><input type="radio"/> Other _____</li> </ul>
18	Drivers and opportunities for implementing the initiatives and transferability aspects (potential or already foreseen)	<p>--- Open ---</p>
19*	Primary users (indicate the users to which the initiative is primarily being targeted)	<p>(multiple choice allowed)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Family caregiver</li> <li><input type="radio"/> General population</li> <li><input type="radio"/> Elderly</li> <li><input type="radio"/> Disabled people</li> <li><input type="radio"/> Ill people</li> <li><input type="radio"/> Frail people</li> <li><input type="radio"/> Adult population</li> </ul>



		<input type="radio"/> Childhood <input type="radio"/> Scholar population <input type="radio"/> Other _____
20	If the initiative is primarily being targeted to specific class/subclass of people/workers (e.g., general practitioners, medical specialists, nurses or technicians, ...), please specify which one is:	--- Open ---
21*	Specify in which phase of the pandemic period the initiative was/is operative	<input type="radio"/> Phase 1 (Full emergency and lockdown period) <input type="radio"/> Phase 2 (Start containment and semi-freedom in ordinary life) <input type="radio"/> Phase 3 (Resuming normality with precautions)
22	Starting date of the initiative	dd/mm/yyyy
23	End date of the initiative (if the initiative is still in progress, tick "ongoing")	<input type="radio"/> dd/mm/yyyy <input type="radio"/> ongoing
24	Only for initiatives still in progress. Is the end date already known or is it planned to keep it active even after the emergency is over? If so, under which conditions?	--- Open ---
25	Budget	--- Open ---
26	Who is funding the initiative	--- Open ---
27	How do you plan to financially support the initiative over time?	<input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> A mix of both <input type="radio"/> None
28	What communication channels have been used to disclose the initiative?	(multiple choice allowed) <input type="radio"/> TV <input type="radio"/> Radio <input type="radio"/> Newspapers <input type="radio"/> E-mail <input type="radio"/> Videos <input type="radio"/> Posters <input type="radio"/> Posts on social networks (e.g., Facebook, Instagram, Twitter) <input type="radio"/> Websites <input type="radio"/> Reports <input type="radio"/> Other _____
29	If you have used social networks or websites to disclose the initiative, please specify which ones are:	--- Open ---
30	How many people have been involved in the implementing phase of the	--- Open ---

	initiative (e.g., volunteers, structured socio-sanitary personnel, ...) (approx.)?	
31	How many people have been reached by the present initiative (approx. the number of target population)?	--- Open ---
32	Feedback from the people involved (operators and users) (if available)	--- Open ---
33*	Who is filling the survey	<ul style="list-style-type: none"> <li>○ ASTAHG project partner</li> <li>○ Responsible stakeholder</li> <li>○ Other _____</li> </ul>
34*	If you are an ASTAHG project partner, specify who you are:	<ul style="list-style-type: none"> <li>○ Autonomous Region Friuli Venezia Giulia</li> <li>○ Area Science Park</li> <li>○ Autonomous Province of Trento</li> <li>○ European Centre for Social Welfare Policy and Research</li> <li>○ Pôle Services à la Personne, Provence-Alpes-Côte-d'Azur</li> <li>○ National Institute of Public Health</li> <li>○ Local Health Authority n.1 Dolomiti</li> <li>○ Geneva International Network on Ageing</li> <li>○ University of Salzburg</li> </ul>

The “Covid-19 survey” was then launched at the beginning of July thanks to the effort of all partners through their own communication channels, as well as press releases, newspapers, web sites and direct contacts with stakeholders.

The survey concluded in mid-October and we totally collected 13 initiatives related to Covid-19 emergency, that are described in Table 2.



**Table 2. Covid-19 initiatives collected thanks to the “Covid-19 survey”**

Name of the initiative	Country	Aims	Objectives
Lockdown at home! collecting testimonials of and home services providers	France	In June, the PSP PACA met 8 people: fragile people benefiting from services (elderly people, people with disabilities, chronic diseases....) and personal assistance professionals (among the only ones authorized to visit them during the lockdown).	To open a window and explore the lockdown from its primary site (home). To focus on what happened, what has concretely changed or not (at home or professionally), and the importance of the social relationship, solidarity, aid and personal services.
Sonia Graciela Jovenich	Italia		
Chat Coronavirus	Italy	Provide an official and easily accessible tool to quickly and independently assess the possibility of having contracted Covid-19 infection.	Respond to the anxiety related to the possibility of infection the chatbot is always available and easy to access.
TreC_Televisita	Italy	Taking charge and remote management of patients, directly from home.	The Covid-19 emergency accelerated the development of an integrated telemedicine solution to allow remote management of patients directly at their home.
TreCovid19	Italy	Provide a unique and certified source of information on all the aspects related to Covid-19 outbreak; taking charge and monitoring of patients affected by Covid19.	Relate useful numbers to contact in case of need, tutorials on behaviour to be followed, video communication from provincial governance and provincial healthcare trust (APSS), orders and decrees in force and updates relating to contagion.
Vicino@TE	Italy	Allow relatives of patients hospitalized because of Covid-19 to receive news	Help relatives of patients hospitalized in isolation and who are not autonomous in



		and information on the clinical evolution of their relative; respond to the need of patients hospitalized because of Covid-19 to feel the closeness of their family.	communicating, to have access to medical bulletins, to request information from their health professionals, to send support and affection to be shown to the patient.
Home motor education programmes	Italy	Counteract loneliness and immobilisation syndrome, due to excessive inactivity, in non-self-sufficient elderly people at home.	
Emergency response project for quick home delivery of aids or other materials	Italy	Counteract loneliness and improve the quality of life at home.	
E-learning platform dedicated to caregivers	Italy	Counteract the loneliness and stress of the caregiver.	
Smartphone app	Italy	Counteract the loneliness and stress of the caregiver.	
Gr	Italy		
VGC Goriške - svetla stran življenja (VGC Zgornjega Posočja)	Slovenia	Improving the quality of live and prevention of slip of social exclusion and poverty.	Care for integration of vulnerable target groups.
The Government coronavirus call centre	Slovenia	To provide the public with reliable and up-to-date information on the new coronavirus.	





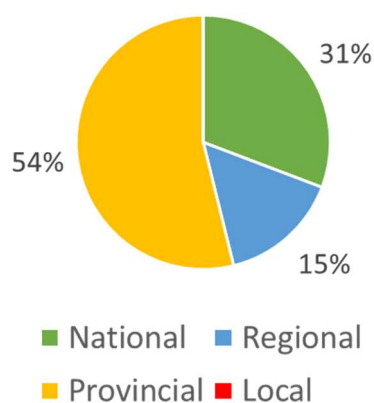
## ANALYSIS RESULTS

Covid-19 initiatives have been collected in France (n= 1), Slovenia (n= 2) and, primarily, in Italy (n= 10).

More than half of Covid-19 initiatives are implemented at small territorial unit level (i.e., provincial level) and just under a third at national level (Fig. 1).

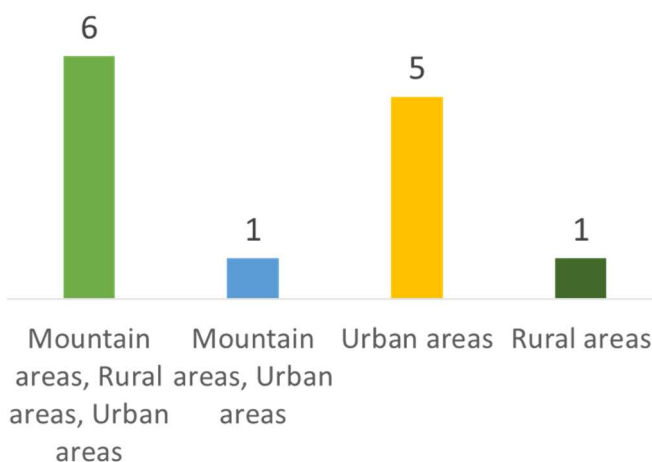
More than 45% of the initiatives were implemented in mixed contexts, without distinction among mountain, rural and urban areas. Nevertheless, the 40% of collected Covid-19 initiatives have been specifically designed to impact urban scenario (Fig. 2), possibly due to the higher population density and, consequently, the higher density of requests for support during the pandemic condition.

**Fig. 1. Territorial level of extension of Covid-19 initiatives (N=13)**



Source: Own drawing based on Covid-19 survey.

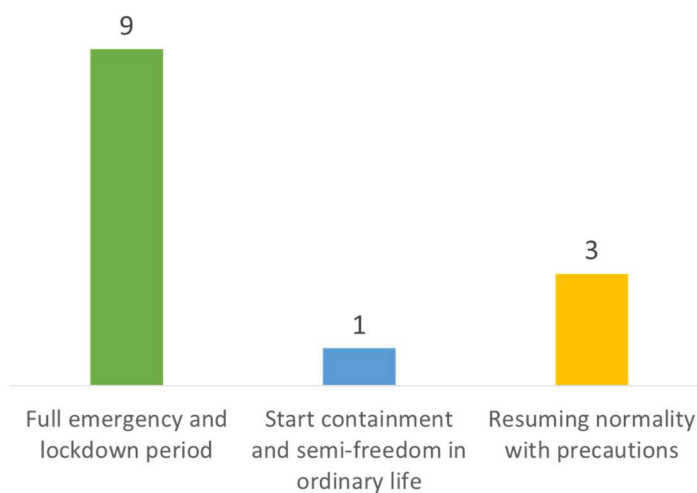
**Fig. 2. Geographic context of Covid-19 initiatives (N=13)**



Source: Own drawing based on Covid-19 survey.

Half of the initiatives have been newly created to respond to the Covid-19 emergency, whereas the remaining ones consist of already existing initiatives which have been strengthened or slightly modified to properly respond to the emerging challenges. Furthermore, almost 70% of Covid-19 initiatives have been implemented during the full emergency periods (Fig. 3).

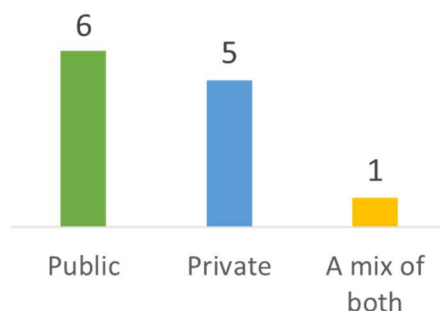
**Fig 3. Phase of the pandemic period in which Covid-19 initiatives are operative (N=13)**



Source: Own drawing based on Covid-19 survey.

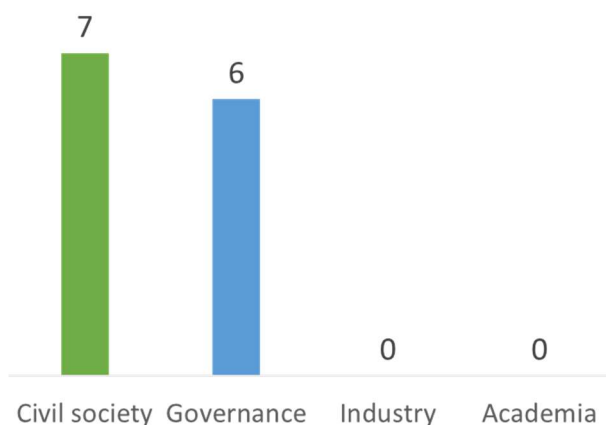
Collected initiatives have been promoted with a comparable effort from both public and private entities (Fig. 4), and, as long as the quadruple helix is concerned, from the categories of governance and civil society (Fig. 5).

**Fig. 4. Organizational form of the responsible stakeholders (N= 12)**



Source: Own drawing based on Covid-19 survey.

**Fig. 5. Category of the quadruple helix to which the responsible stakeholders belong (N=13)**



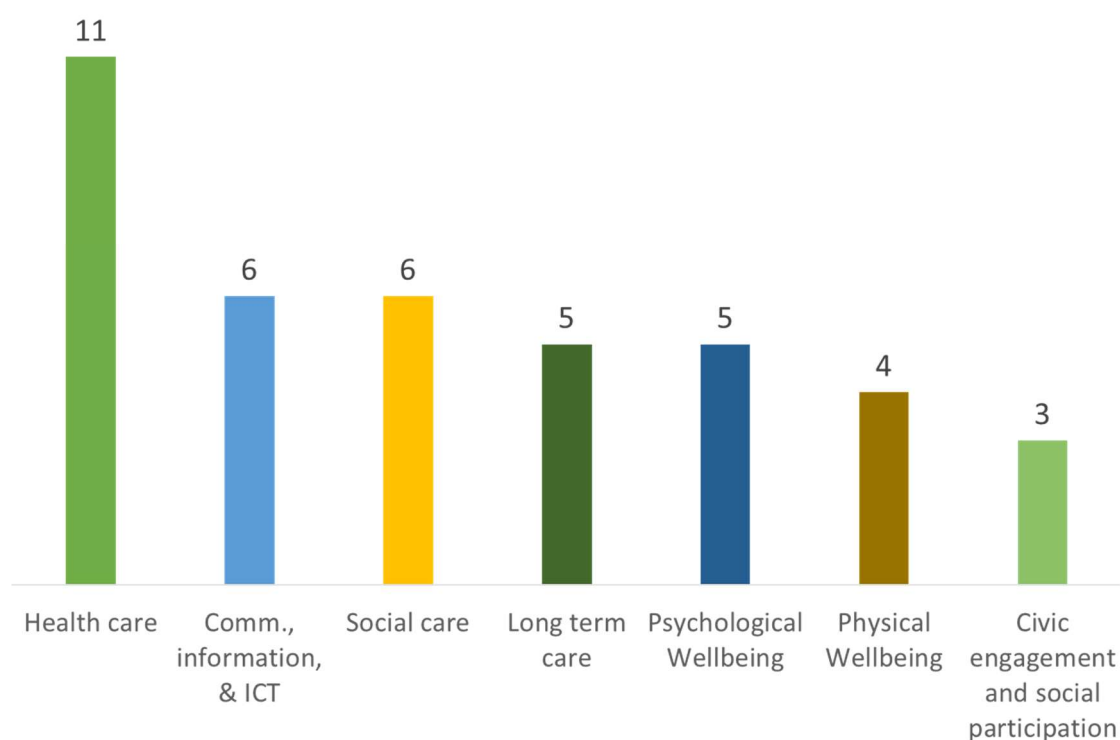
Source: Own drawing based on Covid-19 survey.

Interestingly, despite the emergency condition, collected Covid-19 initiatives are characterised by a multisectoral approach. As expected, the main sectors of intervention include those directly related to the health area (health care, long term care, wellbeing) (Fig. 6). However, the analysis of the reported main sectors of intervention highlights three additional elements that need attention and which could offer interesting starting points for

reflection. First, despite the limited number of collected Covid-19 initiatives, the psychological wellbeing has been recognised as crucial sector of intervention in the emergency phase by 5 Covid-19 initiatives. The second element is that the sector of communication, information and ICT (Information and Communication Technologies) has also played an important role to face the challenges induced by Covid-19 pandemic.

As a third element, social care, emerged as the most widespread main sector, after health care, underlining how the dimension of sociality, although threatened by the social distancing imposed by the pandemic, retained a priority importance

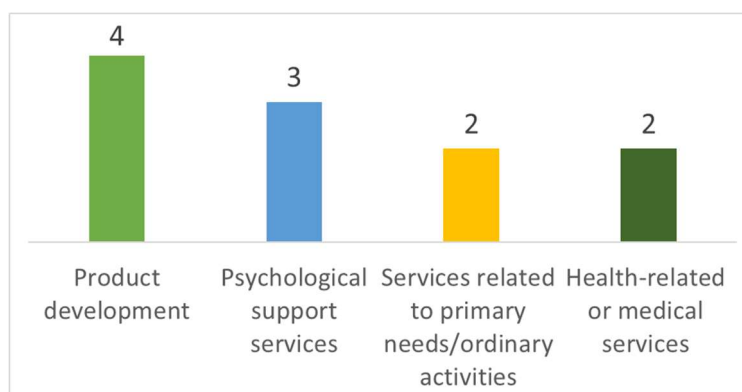
**Fig. 6. Main sectors involved in Covid-19 initiatives (N=13)**



*Source: Own drawing based on Covid-19 survey.*

Over 50% of Covid-19 initiatives consist in the development/implementation of a service whereas the remaining ones foresee the development of a product (Fig. 7). All developed products belong to the ICT category, mainly comprising chatbots, integrated telemedicine solutions, web portal and apps.

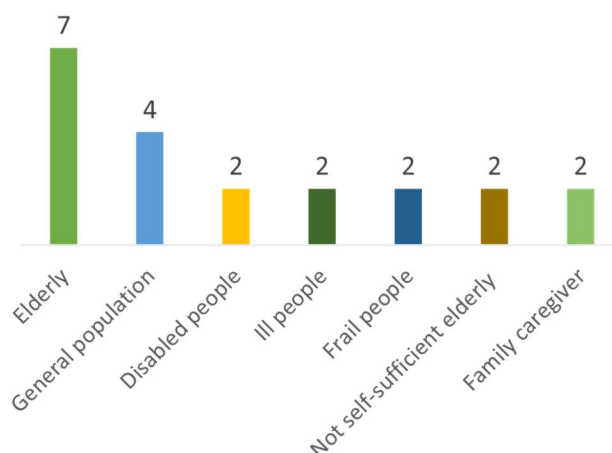
**Fig. 7. Category to which Covid-19 initiatives belong (N=11)**



Source: Own drawing based on Covid-19 survey.

As shown in Figure 8, citizens and/or patients are always the primary users for which Covid-19 initiatives have been implemented. Interestingly, elderly are direct primary users in more than half of the Covid-19 initiatives. Over 60% of initiatives have been addressed to specific categories of people (e.g., disabled, ill, frail and not self-sufficient people), while around 30% have been targeted indiscriminately at the general population. Family caregivers are considered as target users only in 2 initiatives whereas none collected Covid-19 initiative has been specifically designed to respond to the needs of other categories of users (e.g., associations, enterprises, medical practitioners, and so on).

**Fig. 8. Primary users in Covid-19 initiatives (N=13)\***



\*The category of “not self-sufficient elderly” specifically emerged by the answer “other” to the question related to primary users

Source: Own drawing based on Covid-19 survey.



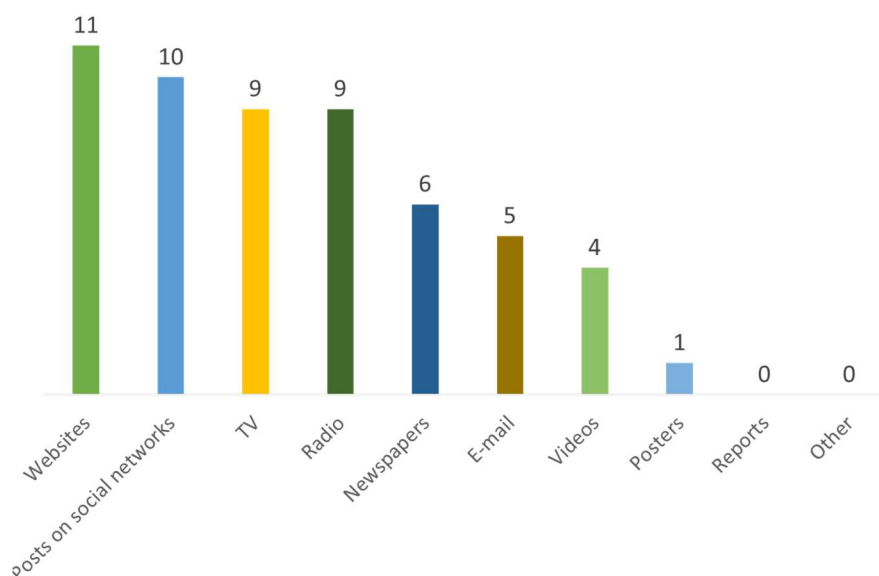
The content analysis of descriptive questions allows to summarize the more represented detected needs and the solutions that have been implemented accordingly, as summarised in Table 3.

**Table 3. Main identified needs and implemented solutions as detected by Covid-19 survey**

DETECTED NEEDS	IMPLEMENTED SOLUTIONS
<b>immediate responses</b>	tool to quickly and independently assess the possibility of having contracted Covid-19 infection
<b>care and assistance</b>	<ul style="list-style-type: none"> <li>• remote management and monitoring of patients</li> <li>• services and personal assistance professionals</li> <li>• counteracting immobilization syndrome in not self-sufficient elderly</li> <li>• improving the quality of life of elderly at home</li> </ul>
<b>information</b>	providing certified and updated source of information
<b>psychological support</b>	receiving news and information on the clinical evolution of own relatives
<b>empowerment of vulnerable target groups</b>	improving quality of life and prevention of social exclusion and poverty
<b>maintaining social contacts, counteracting loneliness of not self-sufficient or ill elderly and caregiver</b>	counteracting loneliness of elderly and stress of the caregiver

At least two communication channels were used to disseminate the initiatives among the interested territory (Fig. 9) and, as expected, the online approach has been the more utilized to promote these initiatives, immediately followed by the more “traditional” communication channels (i.e., TV and radio).

**Fig. 9. Communication channels used to disclose Covid-19 initiatives (N=12)**



*Source: Own drawing based on Covid-19 survey.*

Finally, all collected Covid-19 initiatives are still ongoing (at the collection time, i.e., mid of October) and all received a positive feedback.

Initiatives promoted by public actors are expected to be maintained over time thanks to additional public funds, while there is no clear evidence on whether and, if so, how initiatives promoted by private actors will be further supported. This condition could be associated to the correspondence between the public organizational form and the governance as responsible stakeholder of an initiative as well as between the private organizational form and the civil society as responsible stakeholder, as emerged by Figures 4 and 5.



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## CONCLUSIONS

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In conclusion, despite the limited number of Covid-19 initiatives collected, this preliminary analysis allows the identification of the following key points:

- most of the initiatives have been developed during the first pandemic phase (full emergency), highlighting the readiness and responsiveness of some AS entities to deal with the new situation and the associated emerging challenges and needs;
- an important flexibility / adaptability of public and private organizations able to reinvent themselves and adapt to specific pandemic conditions and contingencies has been demonstrated (half of the initiatives are completely new while the others are based on a pre-existing one);
- even if less explored, first attempts to rebuild a new normality and/or a long-term adaptation to the pandemic fluctuation already exist;
- the crucial role of digitalization as a crucial tool for promoting health and wellbeing has emerged;
- the psychological and social impacts of the pandemic have been clearly recognized;
- the pandemic has highlighted the centrality of the citizen/patient;
- the main needs expressed by the emergency are associated to the creation of services (related to primary needs/ordinary activities, or to health/medical needs and/or for psychological support) as well as to the development of ICT tools (i.e., digitalization).

These elements could be useful as starting point not only to define how to adapt at long term to the pandemic condition and how to return back to normality but also to further ameliorate existing AHA good practices and to create new always better AHA good practices in the AS.