



ASTAHG ALPINE SPACE TRANSNATIONAL  
GOVERNANCE ON ACTIVE AND HEALTHY  
AGEING

AHA GOVERNANCE  
GOOD PRACTICE PORTFOLIO

WP T3

O.T3.1

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PARTNERS



REGIONE AUTONOMA  
FRIULI VENEZIA GIULIA



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**Responsible partner for work package 3:**

Area Science Park (Italy)

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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)

[European Centre](#) | 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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**More information on the project:**

<https://www.alpine-space.eu/projects/astahg>



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## AIM OF THIS REPORT

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This output provides the AHA governance good practice portfolio that lists the good practices of AHA governance application (i.e., policies as expression of governance) in the AS, classified based on OT2.1 (Framework for collaboration on AHA initiatives). The portfolio, based upon the analysis of current AHA governance models in the AS, is mainly aimed at supporting AHA governance:

- by encouraging knowledge diffusion and transfer in the AS through *transnational* collaboration;
- by providing strategic elements aiming at the increase of the application of *multilevel*, *multisectoral* and *transnational* AHA governance models;
- by identifying institutional bottlenecks of current AHA governance models and indicating possible pathways to mainstreaming good practices.

The portfolio will therefore be a useful tool for coordinating the strategies of different regional AHA governance models through adoption of a *multisectoral* and *multilevel* approach.

The AHA governance good practice portfolio is one of the elements (the others are OT2.1 “Framework for collaboration on AHA initiatives” and OT3.2 “AHA innovation observatory”) at the base of the strategic actions for AHA in the AS that will be set by Committee members representing the thematic groups in ASTAHG project, in order to support transnational governance of the AHA at the macroregional level and to keep alive the intersectoral and multilevel cooperation beyond the project end.

It should be noted that we decided to include in the portfolio all AHA policies collected by project partners through the ASTAHG survey. The selection of governance models was in fact already done a priori by the partners, since good practices (in this case policies) had to be met the following requirements:

- be effective (i.e. achieve their objectives)



- have impact (i.e. achieve changes in the respective target population)  
be cost-effective (i.e. are 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)
- be multisectoral (e.g. healthcare + social care + mobility or culture and tourism + social care, etc.).

In the light of this pre-selection process, all the collected AHA policies were considered as promising and included in the AHA governance good practice portfolio.

Please note that the portfolio, as structured in the present output, reports only some of the policy information collected by ASTAHG project-partners. For further details on all AHA information survey items (listed in DT2.1.3), the database has been uploaded in the project website and, consequently, can be accessed and consulted. In such way, the Transnational Governance Board will have access to all relevant information (e.g., the geographic context, the initial problem, target, costs, impacts and recommendations) in order to evaluate the feasibility and the transferability of policies in their own territory.



**AHA governance good practice portfolio**

Name	Short description of the AHA policy reported	Maturity level	Country	Region	Priority sector	Other sectors involved
Active and Healthy Ageing in Slovenia  (AHA.SI)	<p>The project started with the analysis of the present situation to define the specific national challenges in the area of AHA; it had proceeded with the identification of the models, best practices and regulatory solutions, provided by international organizations (OECD, WHO, and others) and Member States (Austria, Poland, and others) and analysis of their potential applicability to promote active ageing in Slovenia. Based on this analysis, measures had been proposed that can contribute to improve the conditions for active ageing in Slovenia. Proposed measures had also been checked for feasibility of their implementation and institutionalized solutions had been favoured with the aim of assuring sustainability.</p> <p>This project leads to (1) a sustainable network of relevant sectors and stakeholders in the area of AHA; (2) a higher level of awareness amongst the general public as well as amongst specific target groups of the urgent need to adopt an AHA strategy; (3) an analysis of the situation and specific challenges, and an overview and comparative analysis of possible solutions (best practices, models, legislative measures, etc., with the involvement of selected Member States and international organizations as OECD and WHO).</p> <p>The project also resulted in an agreed set of measures and reforms with recommendations, together with a proposed set of Active Ageing Index harmonized indicators for an AHA strategy for Slovenia. These measures, recommendations and indicators were based on work undertaken in the following three areas: 1) promotion of senior's</p>	Pilot stage	Slovenia	Slovenia	Health care	Social care

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	<p>employability and postponed retirement decisions; 2) AHA for active and healthy old age; 3) assisted independent living and long-term care (LTC). All project outputs and outcomes assured sustainable implementation of the AHA strategy.</p> <p>The objective of the project is to support the development of the new comprehensive Slovenian AHA strategy aimed at promoting and improving the conditions for active ageing. The long-term goal of the project is to show better functioning at a healthy age to all residents of Slovenia with various measures that have also been solved through better integration of the health system in the social systems of local communities.</p>					
Free public transport for seniors	<p>This policy, which is part of the Road Transport Act, provides for free public transport for bus and train for seniors older than 65 years, retirees, disabled people, and war veterans from 1 July 2020. The aim is to promote sustainable mobility and enable beneficiaries to use public transport in a simple, transparent, and efficient manner, irrespective of the service provider.</p>	Routine use	Slovenia	Slovenia	Mobility & transport	Independent living, culture & tourism
Regional Law 22/2014 "Promotion of active ageing"	<p>Law 22/2014 contrasts all phenomena of prejudice and discrimination towards the third age, through the planning and implementation of coordinated and integrated interventions in favour of the elderly and their inclusion in the areas of health and safety, participation, lifelong learning, work, culture and social tourism, sport and leisure time, civil commitment, and volunteering.</p> <p>The Law pursues an advanced model of social policy that aims at strengthening the opportunities for the contribution of the elderly to</p>	Routine use	Italy	Friuli-Venezia Giulia Region	Social care	Health care, long term care, independent living, wellbeing, culture & tourism, mobility & transport



	<p>society and incorporates the most recent legislative and planning guidelines of the European Union.</p> <p>The innovative nature of this law is inspired by a "rationale" that, overcoming a focus only on welfare and healthcare, promotes autonomy and independent living through initiatives on education, training, culture and knowledge with the support of research and innovation.</p> <p>The Law enhances the role of citizens, older people and others, in determining a change in the old social policy models, orienting them towards a range of personal care services that guarantee the right to awareness and free choice, the respect for self-realization needs and a response focused on the habitual living places.</p> <p>This regional law is implemented through "three-year programs" and the FVG Region FVG established an inter-directorate technical table promoting an innovative system to create a collaboration amongst seven Directorates and the Liaison Office of FVG Region in Bruxelles on Active Ageing.</p>					
Regional Law 23/2017  "Promotion and enhancement of active aging"	Law 23/2017 concerns the definition of initiatives to promote active ageing, the institution of an active ageing board and the definition of priorities in AHA field. Law aims to enhance AHA, tackle social exclusion of older people and coordinate initiatives in active ageing sector.	Routine use	Italy	Veneto	Wellbeing	Culture & tourism, social care, health care
Conference of financers of the prevention of loss of autonomy	The Conference is a mandatory body that represents one of the key provisions of Act No. 2015-1776 of 28 December 2015 on the Adaptation of the Society to Aging. It is an institutional coordination body whose mission is to define in each department (geographic and	Routine use	France	France	Long term care	Wellbeing, independent living,





(CFPPA)	<p>administrative scale) a coordinated programme for financing individual and collective prevention actions, in addition to legal or regulatory services. In other words, the objective of the conference is to coordinate funding for loss of autonomy prevention around a common strategy.</p> <p>It brings together the actors of the sectors intervening on prevention around shared strategies and actions to build more readable and coherent responses for people. The success of the conference in each departmental territory is the result of the commitment of all the actors concerned in a common strategy to prevent loss of autonomy.</p> <p>The conference of funders is not a funding management body but a governance and strategy development framework.</p> <p>Each conference shall define its own rules of procedure and the members of the conference are different in each territory, but all contribute to the financing of prevention actions.</p>					mobility & transport
Personalized Autonomy Allowance  (APA)	<p>The Personalized Autonomy Allowance is an allowance, paid by the departmental council, for people aged 60 and over who are losing their autonomy, who need help to perform the essential acts of daily life (e.g., getting up, washing, dressing, ...) or whose condition requires regular supervision.</p> <p>APA can be attributed to individuals who live at home (home APA) or in a residential facility for dependent elderly people (institutional/residential APA). In detail, while home APA helps to pay the expenses necessary to stay at home despite the loss of autonomy,</p>	Routine use	France	France	Long term care	





	that are included in an assistance plan, residential APA helps the resident to pay the dependency rate.					
Regional Health Project 2018-2023 - Elderly Path  (PRS)	<p>The Regional Health Project 2018-2023 is part of a logic of planning and programming of means. It defines, in line with the national health strategy and in compliance with the social security financing laws, the agency's five-year objectives and the measures to achieve them.</p> <p>The project comprises: 1) the Strategic Orientation Framework (SOF), which sets out the general objectives and expected results over a 10-year horizon; 2) the regional health plan (SRS) established for 5 years, based on an assessment of health, social and medical-social needs; 3) the regional programme on access to prevention and care for the most deprived persons (PRAPS).</p> <p>The Elderly Path of the regional health strategy contains six objectives: 1) prevent loss of autonomy and anticipate disruptions; 2) strengthen, adapt and secure home care; 3) improve the coordination of professionals and information for seniors and their caregivers on the territory; 4) improve city - hospital interfaces; 5) continue to adapt health care institutions to the specific needs of the elderly; 6) rethink the place of the 'EHPAD' and all the reception, support and accommodation services/arrangements within the pathway.</p>	Routine use	France	Provence-Alpes-Côte d'Azur	Health care	Long term care