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# Study for the creation of a monitoring and evaluation system of innovation to promote active and healthy ageing and combat loneliness in the Friuli-Venezia Giulia Region

A CURA DI

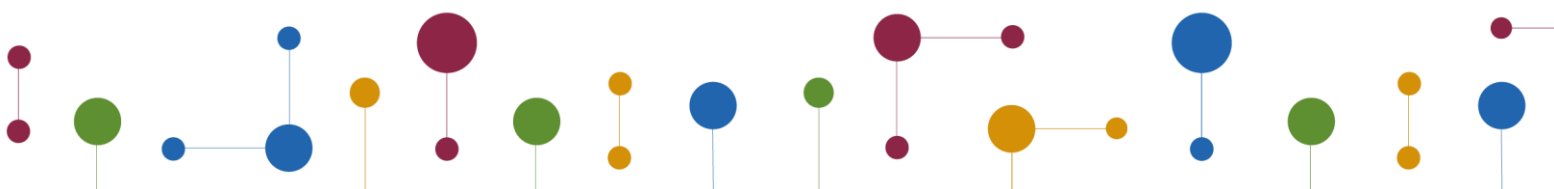**Chiara De Vita, Sara Zanchiello**

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# Introduction

This report summarises the findings of a study for the creation of a monitoring and evaluation system of innovation in the field of promoting Active and Healthy Ageing (AHA) and combating loneliness in the Friuli-Venezia Giulia (FVG) Region. The study, carried out in the context of the action plan of the project "*ACcelerating SmE innovation capacities with a Living Lab approach*" (ACSELL), is an integral part of a regional governance implementation pathway and is oriented to support the definition, monitoring and evaluation of policies and interventions for AHA and combating loneliness with a view to equity, transferability, and sustainability.

The work was carried out through the implementation of two specific actions: 1) a desk analysis of the main regional policy documents and some updated national reports on active ageing; 2) by conducting targeted technical interviews with a group of local stakeholders, identified as "privileged witnesses" in terms of their role, skills, experiences, and perceptions, in the vast and complex field of promoting active ageing and combating loneliness. The articulation and contents of these actions are described in detail in sections 1 and 2 of this report, respectively.

# 1. Desk analysis

In the desk analysis phase, which accompanied the entire process of conceptualization and development of the study, several regional and national documents referring to policies to promote active ageing and combat loneliness were examined, to draw as complete a picture as possible of both the strategic and programmatic plans and implementation intentions that characterize the current landscape in this area.

Specifically, as far as the regional level is concerned, the following documents were analysed:

- Programma Triennale (2022-2024) degli interventi di attuazione della Legge Regionale 22/2014 "Contrasto alla solitudine e promozione dell'invecchiamento attivo"
- Programma annuale 2020 Legge Regionale 22/2014 "Contrasto alla solitudine e promozione dell'invecchiamento attivo" (annual implementation plan in application of the related three-year Programme)
- Programma annuale 2021 Legge Regionale 22/2014 "Contrasto alla solitudine e promozione dell'invecchiamento attivo" (annual implementation plan in application of the related three-year Programme)
- Programma annuale 2022 Legge Regionale 22/2014 "Contrasto alla solitudine e promozione dell'invecchiamento attivo" (annual implementation plan in application of the related three-year Programme)
- Recent regulation concerning criteria and modalities for granting contributions for the implementation of interventions to combat loneliness and promote active ageing
- Report "La silver economy nella Regione Friuli Venezia Giulia. Direttrici, implicazioni e strategie di accompagnamento" (Dipartimento di Scienze economiche e statistiche - Università degli Studi di Udine, 2020)

As far as the national level is concerned, the following documents were examined:

- Volume "Invecchiamento attivo e condizioni di vita degli anziani in Italia" (Istat, 2020)
- Report presenting the results of the project "National multilevel co-managed coordination of active ageing policies in Italy", governed by an agreement between the Department for Family Policies of the Presidency of the Council of Ministers (DIPOFAM) and the Istituto Nazionale di Riposo e Cura per Anziani - IRCCS INRCA in Ancona, in which the FVG Region collaborated by participating in the collection and analysis of information.
  The following works were analysed with specific reference to the above-mentioned project:
  - "Le politiche per l'invecchiamento attivo in Italia. Rapporto sullo stato dell'arte" (Barbabella *et al.*, 2020)
  - "Le politiche per l'invecchiamento attivo nella Regione Friuli Venezia Giulia" (Di Matteo, 2020)

- "Politiche per l'invecchiamento attivo nella Regione Friuli-Venezia Giulia: quali possibili obiettivi? I risultati di una consultazione con i referenti dell'amministrazione e con gli stakeholders della società civile" (Lucantoni, 2021)
- "Building the Active Ageing Index with Italian sources. Technical report" (Principi *et al.*, 2020)

# 2. Technical interviews

Regarding the second action implemented as part of this study, targeted technical interviews were conducted with some **stakeholders** considered **strategic**, i.e., **"privileged witnesses"** - in terms of role, knowledge, competence, and experience - in the field of promoting AHA and combating loneliness in the context of the FVG Region, as specified in Table 1.

*Table 1. Stakeholders interviewed for the purposes of the study.*

| Interviewed stakeholder | Interview date | Interview type | Mode of administration |
|---|---|---|---|
| **Central Health Directorate, Social Policies and Disabilities (DCS) – Friuli Venezia Giulia Region** | | | |
| **Promozione della salute, funzione in** *staff* **alla Direzione Centrale (DCS FVG Region)** | 4 aprile 2022 | semi-structured | hybrid mode (live and virtual mode) |
| **Servizio politiche per il terzo settore (DCS FVG Region)** | 5 aprile 2022 | semi-structured | virtual mode |
| **Servizio prevenzione, sicurezza alimentare e sanità pubblica veterinaria (DCS FVG Region)** | 14 aprile 2022 | semi-structured | virtual mode |
| **Servizio tecnologie ed investimenti (DCS FVG Region)** | 26 aprile 2022 | semi-structured | virtual mode |
| **Servizio sistemi informativi e** *privacy* **(DCS FVG Region)** | 5 maggio 2022 | semi-structured | virtual mode |
| **Servizio assistenza distrettuale e ospedaliera (DCS FVG Region)** | 19 maggio 2022 | semi-structured | virtual mode |
| **Directorates of Social and Health Services of Health Authorities – Friuli Venezia Giulia Region** | | | |
| **Direzione dei Servizi Sociosanitari dell'Azienda Sanitaria Friuli Occidentale (AS FO)** | 7 giugno 2022 | semi-structured | virtual mode |
| **Direzione dei Servizi Sociosanitari dell'Azienda Sanitaria Universitaria Friuli Centrale (ASU FC)** | 10 giugno 2022 | semi-structured | virtual mode |
| **Direzione dei Servizi Sociosanitari dell'Azienda Sanitaria Universitaria Giuliano Isontina (ASU GI)** | 28 giugno 2022 | semi-structured | live |
| **Territorial ambits for the associated management of the social Service of municipalities** | | | |

| | | | |
|---|---|---|---|
| **Federsanità A.N.C.I. Friuli Venezia Giulia** | 16 maggio 2022 | semi-structured | virtual mode |
| **Third Sector Entities (TSEs)** | | | |
| **4 Social Promotion Associations (APS), 1 Voluntary Organization (OdV) e 1 public Personal Services Company (ASP)[1]** | 1 giugno 2022 | *focus group* | virtual mode |
| **1 APS e 3 OdV** | 7 giugno 2022 | *focus group* | virtual mode |
| **Social Cooperative** | 21 giugno 2022 | semi-structured | virtual mode |
| **Social Cooperative** | 29 giugno 2022 | semi-structured | virtual mode |
| **Association representing cooperatives societies** | 29 giugno 2022 | semi-structured | virtual mode |

All outlines of interviews conducted as part of the present study can be found in Appendix 1 of this report.

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[1] Although ASPs are not included among TSEs, since only one ASP was interviewed in this study, the latter was for simplicity's sake involved in one of the two TSEs focus groups.

# 3. Strategic and operational indications

Based on the desk analysis and technical interviews conducted as part of the study, some strategic and operational indications were elaborated for the creation of monitoring and evaluation methods for interventions to promote AHA and to combat loneliness. These methodologies are functional to the development of policies that are increasingly "close" and responsive to the actual needs of the territory. The indications provided in the present report are to be understood as the result of the work of gathering, analysing and processing information arising from the application of a two-pronged approach, top-down and bottom-up, which has seen the convergence of multiple perspectives, skills and experience at different levels.

## 3.1 Adopt a systemic approach to promote AHA

Active and Healthy Ageing (AHA) and combating loneliness is a **transversal** and **multidimensional** theme which, involving different levels, contexts, and stakeholders, requires on the one hand a centralised coordination and management action, and on the other hand a synergic process of co-design and sharing of interventions fuelled by the many local actors active in this field.

### 3.1.1 Coordinating interventions to promote AHA to overcome their fragmentation and unevenness

Considering the fragmented and non-homogeneous nature of the interventions implemented to support active ageing, an **action of coordination** of the various existing initiatives and projects, promoted by a regional **steering committee**, is an effective strategy to bring together the individual interventions in an **overall systemic vision**, i.e., in a **unitary** and **organic regional design**. In this regard, the centrality and role of **governance** in the territory is crucial. The definition of a clear organisational process, as well as a direct mode of intervention aimed at the formulation of specific proposals by governance, allows for the development of a regional guideline able to steer them in the directions considered priorities at a given time, providing precise indications and responses.

Such an overview would make it possible to **overcome the fragmentation and micro-visions** of the different realities promoting local activities and initiatives, which are particularistic, of limited duration as they are tied to specific and finite funding, uncoordinated and disconnected from each other that may lead, on the one hand, to a **dispersion of resources and energies** in terms, for instance, of duplication of activities or redundancy of related actions, on the other hand, to an over-investment in certain territorial areas, to the detriment of contexts that risk being neglected or excluded. The collaboration and direct involvement of governance in the implementation of interventions and good practices can also foster their appropriateness with respect to the actual needs of the territory and the "readiness" of the context to receive them, as well as their effectiveness, sustainability, and transferability.

If dispersion and fragmentation generate interpretative confusion and unfairness, the development of an **overall**, **organic**, **and coherent vision** supports choices and assessments made in the light, on the one hand of specific needs and, on the other, of the complexity of the "whole", according to a principle of **equity** and with a view to **homogeneity**. Overall, a **centralised management and organisational process** would facilitate an **unambiguous reading** and **interpretation of Regional Law (R.L.) 22/2014** throughout the entire regional territory, preventing it from being transposed differently by the various territorial ambits and, therefore, by individual municipalities, and favouring its "grounding" through **lines of action that are as homogeneous and consistent as possible** throughout the regional territory.

A clear and coordinated vision and management by governance could also help to **define the spheres of competence and intervention** - and the respective limits - of the different stakeholders active in the socio-health sector, with specific reference to promoting active ageing and, in a broader sense, health: In this regard, in the social field, health authorities sometimes assume a subsidiary role to that of local authorities. In this sense, a definition of the different institutional missions (e.g. of municipalities, TSEs, health and social-health facilities) - with an indication of both the possible areas of

contact or potential "overlap" and the specific differentiations - would be functional for the construction of **transparent**, **stable** and **compact "health ecosystems"**, characterised by the attribution of clear and universally shared and recognised responsibilities as well as effective, as a whole, in promoting health.

The presence of a coordinating action as a **programmatic framework** would favour the structuring and **systematisation** of the "ideas in motion" as well as the project proposals that characterise the different realities of the territory. Such a course would also favour, for example, **homogeneity** among the Region's three health authorities in terms of adopting **methods of implementing interventions and creating services consistent with the regulatory references** on combating loneliness and promoting active ageing (R.L. 22/2014 in the context of FVG), thus promoting their proactive capacity and project orientation and counteracting a hetero-directed structuring and sometimes rigid operating and organisational methods (see also section 3.3.2.1).

### 3.1.2 Supporting multi-sectoriality and synergy among different stakeholders

Given the multidimensional nature of AHA, the promotion of **dialogue** and **synergy** among different areas of competence (and multiple stakeholders with different expertise), as well as the **multi-sectoriality** of interventions, is believed to foster the effectiveness of interventions. The design of the latter requires **working from a systemic perspective**, necessitating the involvement and participation of various levels and stakeholders, such as the Region and its Directorates, local authorities, municipalities, health authorities, districts, ASPs and nursing homes, the University, the Ufficio Scolastico Regionale and schools, and TSEs (e.g., OdV, APSs, Social Cooperatives, Foundations).

Only if inscribed in such a framework, characterised by joint, synergetic, and collaborative work aimed at meeting the needs of the territory, innovation takes on an effective role as a tool to support AHA and combat loneliness. In this respect, the **regional inter-directional table** on Active Ageing, coordinated by the DCS, represents an **innovative way of transversal**, **inter-institutional**, **inter-disciplinary and intersectoral comparison and collaboration**, which has fostered the activation of multiannual projects, thus having a longer time span, characterised by the convergence of different perspectives and competences.

In this sense, **awareness-raising**, **training**, and **motivation-building activities** are fundamental to bring together the different systems (e.g., municipal administrations, health authorities, Associations, schools) towards the pursuit of the same medium- and long-term objectives, beyond the specific projects promoted by the individual realities. **Engagement** and the **construction of a network of complicity and reciprocity** in the actions make it possible to translate transversal strategic objectives (e.g., intergenerationality, digitalisation, gender equality) into concrete practices and promote the sustainability of the interventions. In this, the coordination and management of regional governance is essential (see section 3.1.1), through the involvement in the designing and implementation of public policies of the various levels and interlocutors that characterise the broad and articulated socio-health sphere and, more specifically, the promotion of AHA and combating loneliness.

### 3.1.2.1 Supporting and coordinating collaboration with and among TSEs to promote AHA

With reference to the interlocution with different stakeholders, the partnership with the Third Sector and the promotion of synergies and collaborations among different entities can allow the generation of interesting opportunities for the designing and implementation of public policies. Also from this perspective, regional action to coordinate and **promote relations**, **comparison**, and **systematic collaboration** - not occasional or casual – among TSEs through the **creation of moments** - defined, coordinated, and guided - **for networking** is crucial. These occasions can represent a **"space" for**

**generating shared interventions** and **initiatives**, particularly among entities with similar or complementary missions, areas of intervention or projects.

These operating methods respond to a principle of **equity** by creating the conditions for which more "uncovered" realities or areas can know and, sometimes, benefit - with the necessary adaptations - from initiatives tested in other territories or contexts of the Region. In this sense, the support of the public administrations of the municipalities and a coordination, accompaniment and "nurturing care" by the Region could facilitate the activation and maintenance of collaboration processes both among TSEs (e.g., Associations) and among TSEs and institutions as well as the **definition of spaces for implementing** project proposals, a process which, considering the heterogeneity inherent in the Third Sector (e.g., Cooperatives and Social Enterprises vs OdV and APSs, more closely connected and in relationship with the community) and that of the FVG Region, is particularly complex.

In a complementary way, the autonomous creation by the TSEs of **informal networks**, in which to share and deploy their different skills and experiences, could be an effective - albeit not very "structured" - way of supporting governance in its activity of initiating, coordinating, and maintaining over time of synergistic actions with and among the TSEs.

### 3.1.3 Accompanying public administration in embracing digital innovation for the promotion of AHA

For an intervention to be effective, the relative context of application must be favorable, or "ready" to accept the change that the intervention in question brings with it. Starting from this premise and with specific reference to the application of digital technologies as one of the tools to promote active aging and combat loneliness, there emerges a need for a **paradigm shift** at public administration level with respect to the way technological innovation services and innovative project proposals "land" within organisations. The latter are often characterised by strong rigidity and slowness in changing their own powerful and "granitic" organisational structure and form as well as their own internal processes. In view of this, there emerges the need to **rethink the processes**, **organisation and the provision of services and information** by the public administration (e.g., healthcare) through an **"evolved" implementation design** that will allow for effective technological innovation in the near future, adapted to the many opportunities that digitisation offers.

This **cultural and functional rethinking** requires a **"nurturing care" process** in which the public administration can be accompanied towards embracing **digital innovation** and the changes that at various levels result from it, maintaining an **attitude of openness** and **trust** towards them. All this implies the acquisition of an **ability to work together differently**, **to provide "new rules of the game" at the organisational level** to structure solid processes to provide effective services.

In this process, the **activation of the involvement of operators** cannot be disregarded: the achievement of the objectives passes, in fact, through the active involvement of those who are engaged in their pursuit. An involved collaborator is a collaborator who "thinks", developing and sharing ideas and proposals, in a **proactive and constructive perspective**. In this sense, it is useful to organize and carry out **awareness raising** activities aimed at **"preparing" organizations to welcome innovative interventions**, questioning ordinary organizational methods, and focusing attention on new potential opportunities associated with the proposed change.

Another crucial element functional to involvement is the **activation of training courses** that favor the adoption of an **"innovative" working approach** as well as the acquisition of **new skills**, which provide guidance on the use of new tools and new organizational methods or modes for providing services (see also section 3.5.1). In fact, training increases the "readiness" and capacity of systems and organizations to embrace and integrate innovation, such as digital, which is now increasingly pervasive. In this complex process, the **"professional challenge"** consists in selecting, based on the characteristics and needs of the target population, the innovative tools currently available that are most suitable for each

reality and in "placing them" in the context of application through **continuous development and implementation process** aimed at making them as usable as possible, in a constantly evolving landscape.

A further possible way of involving operators and collaborators of the public administration in digital innovation consists in the adoption of **participatory methods** and in the realization, therefore, of **co-construction paths** applicable, for example, in the case of the definition of the contents of a training course - which could be identified according to the needs and wishes of the direct recipients and users of the course itself - or in the case of the identification of the processes or services that lend themselves most, or as a priority, to a "digitalization ". In this regard, in fact, the opinion of the operators directly involved in the execution of processes or in the provision of services is associated with a "privileged perspective" useful to consider if one intends to foster an innovation that is also effective and efficient.

Overall, for it to "take root" properly, this complex process of integrating innovation into the standard methods of delivering services and of understanding and exploiting its potential by the public administration requires to be supported and **"governed"** by **clear and structured principles and ways of working**, attributable to the governance coordination and management action described in section 3.1.1.

### 3.1.4 Promoting AHA throughout the life cycle and in different settings

Active aging is a theme whose relevance can be extended to the **entire life cycle**: aging is, in fact, a path that begins at birth and that would therefore need to be understood, built, and accompanied right away. With this in mind, promoting AHA and combating loneliness requires a **strategic life-course approach** and, consequently, a process of **"lifelong learning"**, or lifelong orientation, guidance, and education.

This vision implies an **"updating" of the concept of the elderly person**, shifting attention from the over-65s - typically associated with seniority - to individuals of all age groups, and encourages the activation of interventions and initiatives to promote health, and therefore AHA, in different settings, such as the **community**, **school** or **work environment**, with a view to **prevention** and with the aim of **"teaching how to age well"**. Within this framework, for example, we find the interventions undertaken in the school setting which, having the aim of educating children to adopt healthy lifestyles, actually contribute to the training of future adults and, therefore, of the elderly as healthy and self-sufficient as possible.

In the context of health promotion, **working by setting** if, on the one hand, allows to focus attention on specific contexts, characterized by specific needs, resources and criticalities as well as by a "common language", shared by all the respective members, on the other hand it is fully functional only if followed by an action aimed at **networking the different settings**, activating processes and practices of sharing, co-design and co-creation involving them. In this sense, **intergenerationality** is configured as a valuable resource implying, by definition, the relationship between the "worlds" - and the respective reference settings - of different generations.

## 3.2 Define priority objectives to be pursued to promote AHA

Considering the complexity, multidimensionality, multi-sectorality and transversality of the area of active ageing, there emerges the need to define **general and specific priority objectives** as a reference and guide for the planning of interventions to implement the R.L. 22/2014. In this sense, some strategic and programmatic documents could be **"rethought"** with a view, on the one hand, to **better circumscribe the objectives**, on the other hand to **provide for a more systematic and stringent process of monitoring and evaluating** their achievement.

In this regard, the three-year program of interventions to implement the R.L. 22/2014 - which provides for the definition of areas of intervention and related operational lines, strategic missions, and transversal objectives - could be configured as a global reference framework that assumes some **macro-objectives** to be pursued, in connection with the purposes of

the R.L. 22/2014, according to a clear and defined **order of priority** according to the areas of intervention and the needs perceived as having more "weight", or more relevant, salient and stringent at the time the document is drawn up. The macro-objectives indicated could, therefore, be **graded** and proposed in an order that proceeds from the highest priority to the lowest priority.

Depending on the primary macro-objectives identified in the three-year program, one could proceed from year to year - in accordance with current practice - to draw up an annual implementation program whose areas of intervention and objectives are consistent with the priorities identified and reflect them in terms of planned operational actions, respecting the defined priority order. In this sense, the three annual programs - in application of the related three-year program - could focus on a smaller number of objectives and be designed in such a way that the actions referring to the areas of intervention pertaining to the program of the second year would only and exclusively start if the results of the actions envisaged for the first year are achieved. In other words, the achievement of the results referring to the first annuity would become an essential prerequisite for launching the lines of action planned for the following annuity. Following this **gradual "cascade" workflow**, the outputs of the actions implemented in the first year would be configured as inputs for the implementation of the actions of the second year, with a view to **consequentiality** and **logical consistency**. Such a modus operandi, even if it involves a greater effort in the phase of discriminating objectives in terms of relative priority, could favor the confluence and **optimization of the resources** needed to achieve them, staggering and **rationalizing investments** and **avoiding fragmenting**, and therefore branching out in multiple directions, **objectives**, **reflection**, **commitment**, and **operations**.

In the process of selecting and defining priority objectives, reference to both the **commitments of the Madrid International Plan of Action on Ageing (MIPAA)** and the **Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development** is essential (Figure 1). These two frameworks were also used as a reference within the project - mentioned in section 1 of this report - of national multi-level co-managed coordination of active ageing policies regulated by a three-year collaboration agreement between the DIPOFAM of the Presidency of the Council of Ministers and the IRCCS INRCA in Ancona and launched by the Italian Government in 2019.
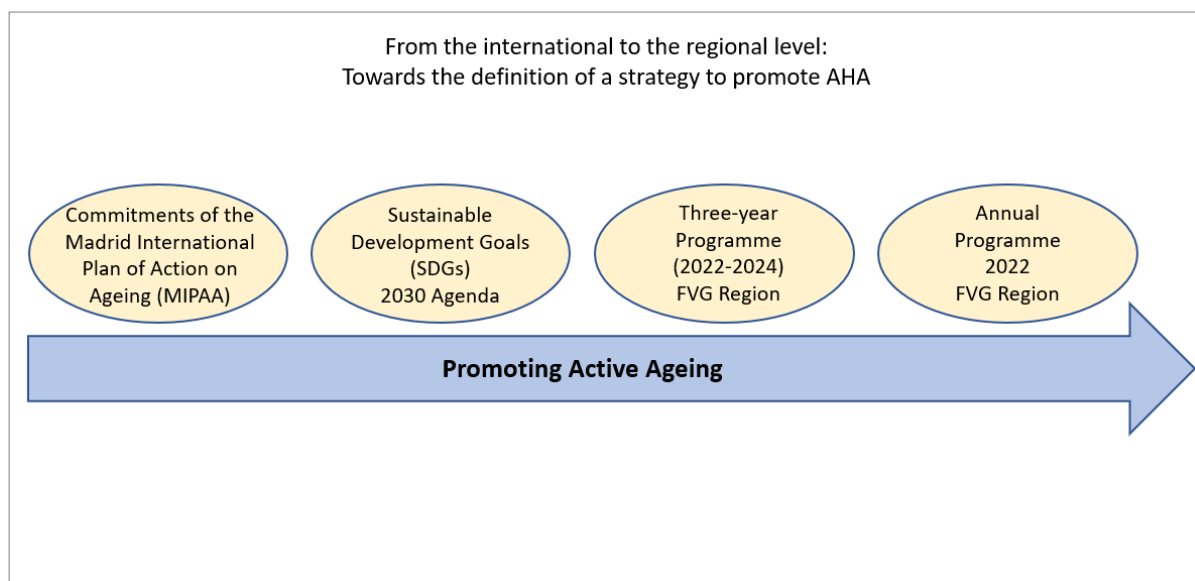


*Figure 1. Defining a strategy for promoting Active Ageing (Source: own representation).*

In the context of the above project, an analysis was carried out that led to the development of a framework, structured into 11 themes, which represents an **integrated synthesis** of the 10 commitments of the MIPAA and the 9 SDGs of the Agenda 2030 related to active ageing, achieved through their combination by conceptual areas (Barbabella et al., 2020). This reference framework - which accounts for the breadth and complexity of the dimensions pertaining to active ageing - can represent a basis for starting a reasoning with respect to the definition firstly of the macro-objectives of the three-year programme of interventions to implement R.L. 22/2014 and, secondly, the more specific objectives of the individual annual programmes.

To facilitate an operational translation of what has been explained above, Figure 2 proposes a representation of the areas of intervention, missions and transversal objectives contemplated in the 2022-2024 three-year program and in the relative 2022 annual program of the interventions to implement R.L. 22/2014 in relation to the commitments of the MIPAA and the SDGs of 2030 Agenda. What emerges is that both the strategic lines of the three-year program and the operational lines of the annual one are multiple and diversified, showing a distribution in the various dimensions of active ageing summarized by the MIPAA commitments and the SDGs. In addition to these lines, there are also areas of intervention and transversal objectives that contribute to making the overall picture even more complex.

Such a wealth of objectives, requiring a **distribution of strategic and programmatic thinking** as well as resources, makes it difficult to effectively achieve them completely. In view of this, going back to what has already been hypothesized above, from triennium to triennium, and consequently from year to year, the **definition of an order of priorities** and a **progressive focus** on them could be functional to the **achievement of concrete objectives that respond to the needs of greater significance and meaningfulness for the regional territory** at a given historical moment.

| Impegni del MIPAA | Obiettivi di sviluppo sostenibile (SDGs) | Programma triennale 2022-2024 (aree di intervento, missioni e obiettivi trasversali) | Obiettivi strategici trasversali alle missioni: Digitalizzazione Intergenerazionalità | Programma annuale 2022 (aree di intervento, missioni e obiettivi trasversali) | 1. Favorire la partecipazione dei soggetti del sistema Regione alle iniziative europee collegate alle azioni del Piano Annuale 2022 — Obiettivo strategico e trasversale: Valorizzare l' approccio intergenerazionale |
|---|---|---|---|---|---|
| 1. Tema dell'invecchiamento in tutte le politiche pubbliche | | 1. Politiche familiari | | 1.1 Promuovere l'invecchiamento attivo lungo tutto l'arco della vita (MISSIONE 1) | |
| 2. Integrazione e partecipazione degli anziani nella società | 17. Partnership | 3. Impegno civile; 4. Cultura e turismo sociale; 9. Contrasto alla solitudine MISSIONE 3: AMBIENTE, CULTURA E SOCIALITÀ | | 3.2 Promuovere percorsi di socialità e di partecipazione attiva per progettare e validare prodotti, servizi e modelli d'intervento adeguati ai bisogni (living lab) (MISSIONE 3) 3.4 Contrastare la solitudine e l'isolamento sociale con percorsi inclusivi (MISSIONE 3) | |
| 3. Crescita economica equa e sostenibile | 1. Povertà; 10. Disuguaglianze | | | 2.4 Promuovere la silver economy (MISSIONE 2) | |
| 4. Adattare i sistemi di protezione sociale | | | | | |
| 5. Preparare il mercato del lavoro | 8. Lavoro | 8. Completamento dell'attività lavorativa MISSIONE 2: FORMAZIONE E LAVORO | | | |
| 6. Apprendimento lungo tutto l'arco della vita | 4. Istruzione | 2. Formazione MISSIONE 2: FORMAZIONE E LAVORO | | 2.1 Contrastare l'incapacità di comprendere, valutare e usare le informazioni nell'attuale società (MISSIONE 2) | |
| 7. Qualità della vita e vita indipendente | 3. Salute e benessere | 5. Trasporti sociali; 6. Salute e benessere; 7. Accessibilità all'informazione, ai servizi e alle nuove tecnologie MISSIONE 1: SALUTE E PROSSIMITÀ MISSIONE 3: AMBIENTE, CULTURA E SOCIALITÀ | | 1.2 Ripensare servizi e contesti ambientali accoglienti per garantire l'autonomia, l'indipendenza e i diritti sociali degli anziani (MISSIONE 1) 1.3 Potenziare e diffondere interventi di prevenzione e stili di vita sani (MISSIONE 1) 1.4 Rafforzare il ruolo dei servizi territoriali (sanitari e sociali) come strumento di resilienza, attraverso modelli personalizzati, di qualità e accessibili anche in aree periferiche (MISSIONE 1) 1.5 Promuovere e preservare la salute con l'accesso a informazioni e tecnologie (Health e digital literacy) (MISSIONE 1) 3.1 Promuovere l'accessibilità ai servizi e alla mobilità in tutti i contesti territoriali (aree interne) (MISSIONE 3) | |
| 8. Approccio di genere | 5. Genere | OBIETTIVO STRATEGICO TRASVERSALE: Parità di genere | | OBIETTIVO STRATEGICO TRASVERSALE: Valorizzare l'approccio di genere in tutte le dimensioni dei percorsi d'invecchiamento | |
| 9. Sostegno ed assistenza informale agli anziani e solidarietà | 16. Pace, giustizia, istituzioni | MISSIONE 3: AMBIENTE, CULTURA E SOCIALITÀ | | 3.3 Promuovere e valorizzare le risorse solidali del territorio (MISSIONE 3) | |
| / | 11. Città sostenibili | | | | |
| 10. Realizzare la Strategia Regionale MIPAA | / | | | | |

*Figure 2. Synthetic representation of the contents of the three-year (2022-2024) and annual (2022) programmes of interventions to implement R.L. 22/2014 in relation to the commitments of the MIPAA and the SDGs (Source: own representation adapted from Barbabella et al., 2020).*

## 3.3 Foster "demand-driven" innovation to promote AHA

### 3.3.1 Analysing the needs of stakeholders in each specific territorial context

In the context of promoting AHA, the **detection**, **analysis**, and **assessment** of the **needs** of citizens, in this case the elderly, emerge as pressing necessity as well as indispensable processes for strategic planning and programming activities. The adoption of an **approach aimed at responding to the needs of users** – placing at the center and focusing on **demand** rather than supply - responds to the **principle of equity**, favoring the implementation of **interventions for the allocation of resources calibrated** according to the real needs of the territory. An accurate survey, analysis and assessment of needs allows, in fact, to offer tools and services according to the gaps detected, intervening more in situations and contexts characterised by the presence of inequalities which – negatively affecting the state of wellbeing of the individual and the community as a whole - need to be countered. In this sense, it is useful to adopt a **proximity and integrated approach** that requires synergistic action and **networking**, functional to understanding the best ways to address the different needs in each specific context.

With reference to the analysis of needs, a crucial aspect to take into consideration is their **changeability**: the needs of the individual change, in fact, as their existential horizon and the conditions of their context change. In view of this, there

emerges the need to detect and **monitor over time**, with a certain continuity, the needs of citizens and users in order to understand, at a given moment, the any new needs emerging in a territory and to favor the design of **services capable of adapting** to them, responding to them effectively. With this in mind, a **punctual** and always **"updated" analysis** of the needs of a territory in the field of active aging could be instrumental on the one hand to the **adaptation** and **reorientation of services** so that they can be "closer" and responsive to the needs of end users, on the other hand to the detection of functional inputs for the drafting of new calls for proposals aimed at responding to the new needs identified.

A model fully in line with the intent of identifying citizens' needs to respond adequately to them is the **Living Lab approach**, which provides for the integration of research and innovation processes as well as **systematic co-creation**, evaluation and experimentation of innovative ideas, keeping the **focus on the user** or, in a broader sense, on the community. In a Living Lab, the needs of the end users of a service or product are **at the center of the innovative process**, through the promotion of collaboration and partnership among public and private actors in a logic of Open Innovation.

Always with the aim of **outlining a profile of social need**, an action to be undertaken in a systematic and capillary way throughout the regional territory could be to **create technical groups** (consisting, for example, of representatives of the social territorial ambits, referents of districts, operators, psychologists, sociologists) who, thanks to the different skills involved, deepen the characteristics and needs of the elderly in a given territorial area as well as the main criticalities they encountered or perceived. In this way, the profile of the need derived from the analysis activity would be associated with a **georeferencing profile**, with the possibility, therefore, of building a m**ap of the location and geographic distribution of needs** on the regional territory. A work of this kind, of **stratification and profiling of the population**, is first preparatory to reflection and, secondly, to the planning and implementation of interventions, diversified in terms of modalities and contents in the various territorial areas, aimed at satisfying the needs that have emerged as priorities in each area. Obviously, the consideration of the profile of needs cannot disregard the analysis of the **"availability profile"** of the Region in terms of resources, i.e., the actual possibility of undertaking paths capable of responding to the identified needs.

In the process of **listening**, **understanding**, and **detecting** the needs of the community, the **territorial "antennas"** (e.g., territorial clubs, community centers that constitute listening and reference points for the elderly) play an important role: representing points of access with the aim of carrying out reception, counselling and/or assistance activities, they act as a **litmus test of need**. Alongside these, the organisation of participatory round tables and the holding of community workshops (e.g., by conducting focus groups) can also contribute to the detection of the actual needs of the population.

A figure that can be crucial in this process is the **community facilitator**, who is able to listen, bring out and **interpret the needs** of citizens to **transform** them, then, correctly **into a question**, addressing the requests to the various interlocutors, and, therefore, **into answers** (e.g., services, products) appropriate to the needs expressed. In this sense, it is fundamental to **educate** the elderly population **to recognize** and, therefore, **to express their needs** and support them in this process: only by correctly identifying and reporting needs can one contribute to the activation of interventions aimed at satisfying them and thus improving the quality of life. Support and accompaniment paths of this kind counteract phenomena such as the denial or underestimation of needs as well as the passive acceptance of the status quo as something unchangeable.

### 3.3.2 Activating and sustaining co-design and co-creation processes over time

An effective coordination action by the governance in the field of AHA and combating loneliness (see section 3.1.1) also involves the activation and maintenance over time of **co-designing and co-creation processes** aimed at promoting health in the broad sense of the elderly which, by definition, actively involve various stakeholders in the development of innovative paths, solutions and interventions adapted to the needs of the territory. In this regard, work on a double front is essential: 1) on the one hand, to adopt methods and tools capable of **involving** and **motivating** stakeholders (e.g., users and citizens, TSEs, municipal administrations), fostering their **engagement** - i.e. commitment and active involvement in participatory construction processes in support of health - and **empowerment**, i.e. the acquisition of awareness and

control with respect to one's own objectives and resources, actions and decisions functional to improving health (one's own and others'); 2) on the other hand, to initiate **awareness-raising** and **training** courses addressed both to governance and its interlocutors, which - by providing knowledge and tools - are aimed at promoting awareness of the importance and usefulness of starting **participatory designing** processes with respect to issues of common and priority interest (e.g., digitization, intergenerationality). The development of participatory methodologies and their embedding in the regional organizational "machine" therefore requires a **"cultural leap"** in terms of new perspectives to be taken and new skills to be acquired which, to be realized, requires a **joint commitment** by all the actors involved, at various levels, in promoting active aging and combating loneliness.

To be effective, this process should be cared for and governed by making use of the application of **structured methodologies** and the use of specific **operational tools**, which imply and promote the effective involvement of various stakeholders, such as a) the establishment of **permanent working and discussion tables** led by the Region that welcome different souls (e.g., political, technical, trade union) and favor a continuous sharing of knowledge, know-how and specific experiences; these tables - targeted and differentiated by areas of intervention that refer to the actions identified in the implementation plans - in order to be as productive and effective as possible, should provide for the definition of clear goals and objectives, the use of precise working methods and a process of constant monitoring of the progress of the work; b) the establishment of **ad hoc commissions** on specific issues of interest, which provide for multi-professional integration and inter-institutional dialogue in order to analyze - through dedicated tables - complex issues in their various facets; c) the organization of **periodic meetings for reflection on emerging issues** and/or **problems**, with the aim of "connecting" ongoing activities with any new needs, by updating and/or adapting them; d) the organization of **workshops**, or **"laboratory" events** - aimed at developing visions, strategies and proposals relating to topics of interest - characterized by collaboration and mutual contamination of the participants; e) the activation of **technical-political working groups** (as anticipated in section 3.3.1) with different expertise according to the areas of intervention considered (through the involvement, for example, of mayors, councilors, representatives of municipal services, referents of health authorities, specific professionals) with the aim of maintaining active discussion and reflection on current issues and periodically drawing up scientifically validated **guidelines** to be made available to citizens to guarantee them constant information and updating; f) the activation of **interlocution/dialogue processes with end users** (specifically, the elderly) **and their caregivers** to converge within specific projects aimed at fostering the development of services and solutions that meet their needs, with a view to co-construction; g) the launch of **operational community projects**, on the one hand characterized by the active and operational involvement of the territory, on the other hand included in a broader process of coordination of territorial initiatives led by the Region.

The leitmotif of all the above-mentioned **participatory methods** is the presence of a **multi-stakeholder approach**, which is rooted in the awareness that only by **bringing together different and complementary perspectives**, **skills** and **experiences** can it possible to design interventions and create solutions that actually meet the needs of citizens and users of the territory. In this framework there is also a further proposal, namely h) the creation of a **permanent observatory** with respect to promoting active ageing and combating loneliness that acts as a **"container"** - which can be consulted and continuously updated - of the policies and interventions on the topic in the regional context, and which provides, for example, a subdivision of the same according to the thematic areas of reference as well as the stakeholders, and respective spheres of competence, involved in their implementation.

For the purposes of the effectiveness of the application of the methodologies described above, a crucial criterion is **temporality**, in terms of the frequency of the meetings organized as part of the defined co-planning and co-creation paths: the changing needs and contexts require, in fact, a **continuous dialogue** as well as an ongoing **tutoring** and **monitoring** process that accompanies the design and implementation of the interventions, avoiding the development of anachronistic reflections or projects, as well as a final verification of the relative outcomes. Such a model would allow on the one hand to "tell" the evolution of projects and activities, on the other hand to receive feedback on this evolution,

with a view to **reciprocity** and **immediacy**, with the possibility of intervening with corrective actions on any emerging criticalities and proceeding in a direction that constantly reflects the actual and current needs of the regional territory.

### 3.3.2.1 Co-design and co-creation processes with health authorities

As anticipated in section 3.1.1, a regional coordination action could also foster homogeneity among the three health authorities of the Region in terms of adopting methods for implementing interventions and creating services consistent with the R.L. 22/2014 on combating loneliness and promoting active aging. In this regard, given the strategic indications defined and provided by the Region, it could be useful to envisage a **central moment for the implementation planning** of the same, involving and guiding the health authorities from the beginning in a **participatory path of understanding**, **interpretation** and, finally, **operational "translation" of the strategic lines** proposed by the central body, characterized by a **process of** ongoing **tutoring and monitoring** as well as final **verification** of the achievement of objectives. A path thus conceived would first favor a **homogeneity in interpretation** and, secondly, a **homogeneity in supply**, promoting - in the three health agencies - the activation of parallel paths aimed at achieving the same objectives through the implementation of services and the development of overlapping processes.

The adoption of a modus operandi of this kind is functional to stimulate the capacity of local health authorities to be **active protagonists** in a process of defining development lines and specific project constructions, configuring itself as an impulse to build the conditions for carving out actions on the needs specifics of the territory as well as adopting an innovative approach, i.e., **recovering leadership to generate innovation**. If, in fact, it is apparently easier to work on projects "dropped from above" or "on demand", it is certainly more **motivating**, **stimulating** and **challenging** to co-construct together with governance the projects to be carried out, with the possibility for each health authority to propose its own "privileged" perspective - sharing its own vision and perception of the internal performance of the agency itself - and to actively intervene in the process of defining project objectives and lines of activity aimed at their pursuit.

### 3.3.2.2 Co-design and co-creation processes with TSEs

In the case of co-design with the TSEs, the activation by the Region of processes in this sense is both an opportunity and a **challenge**: as anticipated in section 3.1.2.1, the TSEs are, in fact, extremely diversified from each other - in terms of size, mission and internal resources - and sometimes it is difficult to establish an effective comparison and collaboration among them. Furthermore, the bureaucratic-administrative apparatus of regional governance on the one hand and the greater "pragmatism" of the TSEs on the other, as well as the different "languages" of the two parties do not always favor the encounter.

In view of this, by leveraging the interest of the Region and TSEs and their shared willingness to proceed with the definition of co-design paths and the construction of methodologically structured tools to promote AHA and combat loneliness, it could be useful to work in the direction of both **"streamlining" certain procedural processes** and **creating more opportunities and occasions for knowledge and confrontation** to "bring closer" the two different worlds, fostering dialogue and mutual understanding.

### 3.3.3 Fostering the continuity and sustainability of interventions to promote AHA

The support and promotion by the governance of a **constant dialogue and comparison** among the various regional interlocutors active, at various levels, on the issue of active aging could favor not only the activation of projects consistent

with existing needs but also their **continuity** and **sustainability** over time, with a view to **proactivity** and adaptation to new emerging needs. The **creation of networks** among the various stakeholders favors, in fact, the sharing of experiences and the comparison on their effectiveness, opening and facilitating the possibility of **repeatability** and **transferability** of the good practices tested as well as the launch of potential new work paths, going in the direction of development of projects with a broader time horizon. In this regard, it is crucial to **keep alive and active the dialogue** among the various actors involved in the interventions to promote active aging at the regional level, beyond their conclusion, through, for example, the organization of **periodic round tables for discussion and reflection** or the establishment of **public-private partnerships**, processes that could be fostered by governance.

More specifically, **sustainability**, one of the criteria established by the Organization for Economic Co-operation and Development (OECD) as the basis for evaluating an intervention, is defined as the extent to which the net benefits of an intervention continue or are likely to continue over time (OECD, 2021). Referring to promoting active aging and combating loneliness, with a view to developing sustainable interventions, the ability to initiate actions capable of **"self-feeding"** in an autonomous way and therefore living "on their own" beyond the conclusion of the specific projects in which they are inserted, or beyond funding limited in time and size or other contingent opportunities, is crucial. Only if they are capable of **"renewing themselves"** and evolving autonomously, by adapting to changes in the context, the good practices tested can become continuous ways of providing services.

In this regard, **multi-year projects**, which can allow the activation of structured **educational** paths for the adoption of certain lifestyles, habits, or good practices, are more likely to produce lasting benefits. In addition, processes of **activation**, **construction**, and **enhancement** of **informal support networks**, based on **trust**, a **sense of belonging**, **caring relationships** and mutual help, can favor - at least for a certain time - the continuity of certain initiatives. The latter, however, need to be assisted on the one hand by more "organized" and structured forms of sociality, coordinated and governed by a control room and converging towards a strategic and implementation plan that favors stability and solidity, on the other by the availability of continuous funding and not of hiccup funds that do not in fact allow the creation of space for the start-up of long-term projects.

### 3.3.4 Accompanying users and citizens in embracing digital innovation to promote AHA

With reference to the **digitization** process, which increasingly involves the daily life of citizens, there emerges the need for a line of intervention coordinated and managed by a **regional director** – over and above the individual projects or initiatives carried out by specific realities - aimed at supporting and promoting the **"acceptance"** of digital technology by the user as well as **accompanying** the latter in the acquisition of knowledge and skills that favor the **understanding** and **expression of its potential** and therefore guarantee the **accessibility** to the various devices as well as their use. In this regard, the activation of **training** and **awareness-raising courses** with respect to the usefulness of digital tools **"suitable for the elderly"**, or specifically designed for them, could be functional. In this context, it is fundamental on the one hand to undermine the concept of technology as an obstacle and cause of isolation, on the other hand to convey the concept of **"friendly technology"**, which supports the individual, streamlining processes and facilitating the performance of activities, in order to **"humanize"** digitization, making it a process that is as **"close"** to the individual and functional to the satisfaction of his or her needs.

With respect to the activation of training courses aimed at the elderly, the contribution of the new generations, in terms of **supporting** the elderly in the process of learning and use of devices (e.g., tablets, virtual assistants), in line with the transversal strategic objective of **intergenerationality**, contemplated by the three-year Program (2022-2024) of the interventions for the implementation of the R.L. 22/2014, can play a crucial role. Intergenerationality, implying by definition a connection between the knowledge, culture and experience of the elderly and the innovative capacity of young people, can, in fact, be configured on the one hand as a **driver of sociality and integration** of the elderly in the community, on the other hand as a process supporting the **digital literacy** of the elderly (or even better of the different possible "profiles" of the elderly) and, therefore, digitalization, resulting overall a useful tool for promoting AHA and

combating loneliness. The strength of intergenerationality therefore stems from the interaction between the recovery of the social value of the narrative and the tradition of the elderly and the generative potential of the young in terms of innovation-related thoughts and actions. However, despite their potential, the interventions developed in the name of intergenerationality are sometimes complex and expensive to maintain over time in the face, for example, of the difficulty in identifying - and then retaining on the territory - young people willing to carry out activities to support and accompany the elderly, especially in certain areas of the Region such as the mountain ones.

### 3.3.5 Differentiating proposals and interventions aimed at promoting AHA according to territorial specificities

Since the FVG Region is a very heterogeneous territory within itself, including a multiplicity of geographical and cultural realities with **peculiar characteristics** and **specific needs** which, to be adequately understood, would require an accurate **anthropological** and **social analysis**, it would be appropriate for the "general" coordination and management action of the interventions in support of active aging **to be declined differently** in the regional territory according to the specificity of each area. The concept of active aging is, in fact, a **"cultural and social system fact"** and, as such, to be adequately promoted, it needs to be inserted into the culture and society of each context, i.e., supported through methods and tools that are consistent and compatible with the values, habits and lifestyles of the target population. From this point of view, **regional "contamination"** is certainly desirable, but this needs to be accompanied by a functional process for **declining** and **adapting** the proposed lines of activity to different contexts, to **apply** them concretely and effectively.

With reference to the heterogeneity of the regional territory, for example the **mountain areas** - although they are also very diversified from each other - are configured as areas characterized by specific criticalities and needs. In these areas, the main problems can be traced back to **demography** - in terms of **depopulation** - and to **loneliness**: in the face of this, there emerges as primary the need to guarantee the elderly residents in mountain areas the minimum levels of service and assistance that define the " right to citizenship", counteracting the perception of a **"denied"** or **"missed" citizenship** that can characterize their **experience of isolation** and rejection by the urban environment.

Given the profound diversification within the regional territory in terms of existing ecosystems, the **adaptability** and **transferability** of an intervention to promote active aging (e.g., a specific project) from a specific area to another in the Region is not taken for granted nor automatic. In fact, it is not said that a good practice that "works" and is effective in a certain context (e.g., urban periphery) of the Region will be equally effective in another context (e.g., mountain territorial organization). Considering the virtuous experiences tested in a given reality as automatically transferable to other realities would mean adopting a simplistic vision that denies the complexity inherent in the FVG territory. In this sense, it is useful to work - in terms of designing and implementing interventions to promote AHA and combat loneliness - in **defined territorial contexts**, keeping in mind, however, the overall regional context and acting in a perspective of sustainability, replicability, and transferability of interventions. In this regard, some municipalities - in terms of both administrators and citizens - are more **sensitive** to certain issues and, therefore, also more motivated - and potentially engaging - to undertake and pursue lines of activities and actions associated with them. Given this greater propensity, these municipalities could act as a "springboard" for certain paths, exerting a potential "drag" effect on other territorial realities and thus favoring the resonance and extension of the initiatives in question at the regional level.

### 3.3.6 Differentiating proposals and interventions aimed at promoting AHA according to the specific characteristics and needs of each elderly person

The terms **"elderly population"** and **"fragile population"** refer respectively to very large and heterogeneous population groups, including elderly people with **substantially different characteristics**, **resources**, and **needs**. If, on the one hand, one can identify individuals with **different levels of autonomy** on the cognitive, motor, and economic level, capable of asking and "reading the territory", on the other hand there are people with frailty and/or chronic diseases that may determine **different degrees of non-self-sufficiency**, with the multiple relapses and implications that these conditions bring with them. In the face of this, it is ambitious - as well as simplistic and reductionist - to identify strategic actions and lines of intervention aimed at promoting active aging appropriate to the needs of each elderly person. In this sense, it might be appropriate to plan and implement policies to promote AHA and combat loneliness, always bearing in mind the complexity and variety of needs associated with the elderly which, being numerous and diverse, require equally multiple and diversified responses.

For example, elderly people who progressively begin to lose their autonomy (e.g., in personal care, in the expression, in the maintenance and satisfaction of their interests and desires) but not yet completely self-sufficient are currently placed in a "gray area", interposed between complete autonomy and non-self-sufficiency, excluded from the territorial network of services. The needs of this segment of the population are, in fact, "discovered" in the regional territory, where there seem to be a lack of information, resources and specific regulations functional to promote the **residual autonomy** of elderly people, slowing down their loss. In light of this, there emerges the need to **rethink** and **reorient some service proposals** (e.g., entertainment services) towards this specific segment of population defined as "fragile", developing interventions that - focusing on **what is still possible to recover** - are aimed **accompanying** and **maintaining the autonomy** of the individual.

Furthermore, beyond the potentially identifiable groups or macro-categories within the elderly population, everyone is **incomparable** and **unrepeatable**: in this sense, any initiative to promote active aging needs to be "dropped" into the reality of each specific user and it must measure itself with the resources, the frailties and the needs of the same. In this perspective, interventions that, in their declination, manage to **"meet"** and **enhance** the **"vital world"** of the elderly person to whom they are addressed are respectful of their dignity, mediating between the driver of "knowledge" in the broad sense and that of the **uniqueness** of the individual. All this highlights the strong need for **cooperation** and **integration** of the various actors who provide services and promote activities for AHA so that these proposals can be effectively supportive to those who benefit from them.

## 3.4 Support the application of monitoring and evaluation procedures in the context of interventions to promote AHA

The development and application of **monitoring** and **evaluation processes**, **methodologies** and **tools** are essential for the planning and implementation of policies to promote AHA and combat loneliness. Monitoring and evaluation make it possible, in fact, to direct the initiatives promoted by the territory and the various emerging possibilities in an ever more precise way, favoring an allocation of available resources that is as fair and responsive to the actual needs of citizens and end users as possible. In this sense, monitoring and evaluation tools can become **programming tools**, functional to a **review** and **updating** of strategic and programmatic documents (e.g., regulations implementing the law on combating loneliness and promoting active aging), in in line with the evolving needs of the reference context.

Also at the project level, the inclusion of a **structured ongoing monitoring path** in relation to the project objectives, as well as of a final evaluation of the outcomes, is an essential requirement, allowing the eventual planning and subsequent

implementation of **corrective actions**. In fact, it is not possible to verify the effectiveness or replicability of projects with generic, not very concrete, and non-measurable objectives, and which do not include an internal **evaluation process of the outcomes and impacts**. Evaluation allows to "adjust the shot", if necessary, and, at the end of the intervention, to identify effective and high-impact initiatives and projects, creating the conditions for their enhancement through the possible confluence of additional resources as well as their potential extension, adaptability, or replicability in other contexts.

Overall, the prediction and **systematic application** of monitoring and evaluation pathways and methods at different levels (e.g., individual specific projects or the way in which health authorities implement interventions) would favor the acquisition of a certain "mindset", preparing and progressively accustoming the various interlocutors active in the field of active aging to **think in terms of evaluation**. Periodically asking oneself where one is, where one intends to arrive, what is the distance from the goal or what are the reasons for any failure to achieve it is fully part of the logic of evaluation, requiring constant reflection and updating, parallel to the inexorable evolution of individuals and contexts.

In this context, with reference to the multiplicity of interventions implemented at regional level to promote active aging, there emerges the need to provide **structured paths for the collection**, **systematization**, **processing** and **analysis of data** relating to the various regional activities, initiatives and projects linked to the theme, as well as opportunities - equally structured - for **restitution** and **comparison** with the various players in the area involved in promoting active aging, with respect to the type, nature and **"meaning"** of such data. In this regard, it could be useful to start reflecting on which data should actually be collect, on the most appropriate methods and tools to be used for their collection as well as on the analyzes to be carried out in order to take a "picture" as accurate as possible of the state of the art and to obtain as many useful indications as possible to the Region in order, on the one hand, to verify the effectiveness of its own policies for promoting active aging, on the other hand to plan and implement equally effective ones. In this sense, a **"thought out"** and **methodologically rigorous process of data collection and analysis** could, for example, show how interventions to promote active aging coordinated and managed through a structured and consistent approach to governance as well as "impacting" are actually associated with a reduction in the number of emergency room accesses or in the number of hospitalizations of the elderly. The adoption of such an approach could bring together the results of the interventions implemented in the Region towards the demonstration that a **"governed" active aging** - thanks to an action of collection, systematic evaluation and coordination by the governance - can actually have positive effects in terms not only of improving the health of citizens and the lifestyles adopted by individuals and the community but also in terms of reducing costs for the national health system, potentially increasing the attractiveness of certain initiatives and thus favoring their replicability in other contexts. From this point of view, the **data "means"** something, that is, it becomes information, takes on a concrete and "real" meaning, not purely numerical. Only the **understanding of the value of data** in these terms can favor the structuring and systematic application of data collection methods that effectively allow it to be analyzed, interpreted, and valorised in an "intelligent" manner and from a constructive and proactive perspective.

## 3.5 Promote the development and support the maintenance of a "culture of active ageing"

The implementation of policies to promote AHA and combat loneliness is rooted in a **"culture of active aging"** that needs to be built and nurtured through continuous interventions of **"education"** and **training** of the various actors involved, at various levels, in this field, as well as through **information**, **communication** and **dissemination** of the initiatives related to it.

### 3.5.1 Supporting training to raise awareness of the importance of promoting AHA

Promoting a culture of active aging also means promoting **knowledge** - still fragile and lacking to date - of the issues which, by contributing to an impairment of the overall functioning of the individual after a certain age, can be associated with the aging process, with multiple and diverse negative implications. Adequate knowledge of these aspects can, at the level of the citizen, foster the **understanding** of the importance of adopting certain behaviors and lifestyles, at the governance level, stimulate **reflection** on the extent to which the development of effective policies to promote active aging can actually prevent the taking charge of the elderly at the territorial level, with positive repercussions in organizational, economic and social terms.

Furthermore, the promotion of a culture of active aging also passes through the existence of an organizational and operational machine characterized by the presence of **motivated human resources capable of embracing change and "getting involved"** through **refresher and training courses** involving the effort to adopt **new perspectives**, follow **new procedures**, use **new tools**, and develop **new skills**. As anticipated in sections 3.1.3 and 3.3.4, these training processes, to be effective, require **"accompaniment"**, that is, adequate consideration and **management of the groups** of people involved by the organization to which they belong: In fact, the speed of change is sometimes greater than the individual's ability to adapt to it. Only if it is supportive in this sense, can governance represent a fertile ground on which to graft the results of training interventions, so that these are translated into operational methods and trigger a **"contamination" of knowledge in the name of innovation**.

At the regional level, in various contexts there is an **acute perception and awareness of the need for awareness-raising and training** with respect to the issue of promoting AHA and combating loneliness. However, in the absence of centralised coordination and management action in this area (as explained in section 3.1.1), there is no clarity or uniformity with respect to the interventions to be implemented for this purpose. Furthermore, the need for training, being **transversal at several levels**, concerns stakeholders with very different roles and needs, such as regional governance and health authorities, municipal administrations, TSEs involved in active aging, schools, health care professionals, professional caregivers, family assistants and caregivers of users. In view of this, the types of training interventions as well as the methods and tools for providing them (e.g., working tables, focus groups, brief counseling) can only be **conceived** and **calibrated differently** according to the target group and the objective.

Beyond the differences between the contexts of application, training, while always filtered and mediated by the sensitivity of the individual who receives it, allowing the acquisition of new knowledge and skills, can progressively lead to a **change in the system**, or to the definition of a **modus operandi** that, regardless of specific activities or projects, can represent **"lifeblood"** for the implementation of innovative interventions that effectively promote and support a culture of active aging. In this sense, training, by offering different stakeholders the opportunity to confront each other on "common ground" as well as the acquisition of a **shared language** and **transversal skills** functional to the activation of relationships and synergies, can **"bring different worlds closer together"**, fostering communication and **mutual understanding** in order to pursue an objective of common interest.

Moreover, by stimulating reflection and providing cognitive and application tools, training is also functional as much in **counteracting inequalities** as in promoting **equity**, in line, therefore, with some of the inspiring principles underlying the R.L. 22/2014. Considering the extent of the repercussions of the implementation of effective training courses, the proposal of the latter - in terms of modalities, articulation, and contents - cannot be left to extemporaneous and/or particularistic initiatives but needs to be hinged within a **systematic process** supported in an ongoing basis by the governance and calibrated according to the specific priority training needs emerging over time in the different contexts.

### 3.5.2 Promoting information and communication in support of AHA

As regards information and communication processes with respect to the promotion of active aging, there emerges the need to develop **information tools** and **communication modes** that favor the **accessibility** of citizens to the opportunities,

projects and good practices existing in the Region as well as the **usability** of such paths and services by interested users, thus acting as reference point for a fuller understanding of the regional territory's **"offer"** in support of active aging. In this sense, it is a priority to **diversify the channels**, **modes**, and **tools for accessing** information and services. The exclusive use of digital mode (e.g., social media) may, in fact, preclude some elderly users from becoming aware of certain opportunities or initiatives underway at a given time in the area. This critical point is particularly relevant in the case of the elderly's knowledge and exercise of their rights, aspects that need to be guaranteed, with a view to equity and respect for human dignity.

A non-digital way aimed at the **participatory involvement of the territory** with a view to informing and raising awareness on the issue of active aging is represented by the organization, with a certain frequency, of **itinerant conferences to present** in different localities the specific regional projects under way at a given time. By adopting a **participatory** and **multi-stakeholder approach**, these meetings - explaining the objectives and methods of carrying out the activities of each project - could be conceived and organized with the aim of involving - for each territorial area - the various actors active in the field of active ageing, such as the municipal administrations, the referents of the health authorities and districts, the referents of the territorial ambits, representatives of local associations, and citizens. Information and dissemination initiatives of this king can generate a **"drag"** and **flywheel effect**, favoring the organization of similar initiatives in other areas of the Region and, therefore, the activation of a **virtuous circle of knowledge dissemination**. In this process, the "word of mouth" typical of informal networks as well as the contribution of TSEs, with the activation of their own networks of reference contacts, can be a consistent support.

On the other hand, in terms of digital information and communication tools on active aging in the regional context, the **portal for promoting active aging and combating loneliness** emerges, an open window on policies dedicated to this crucial issue. It is configured as a **network tool**, a **"place" for virtual meeting and exchange** that connects different TSEs involved in the field of active aging, encouraging **sharing** and favouring the **dissemination** of the initiatives promoted by each of them, thus creating the conditions for a dissemination of knowledge about the good practices activated with the possibility, if necessary, of replicating them or transferring them - with the necessary adaptations - to other contexts or areas of the territory. In this sense, the portal is a useful tool for both TSEs and individual citizens who, through it, can stay informed and updated on the state of the art of projects and initiatives underway in the Region as well as on the areas of intervention and the related actions that guide the planning and implementation of regional governance in the field of active aging.

### 3.5.2.1 Promoting the interest and participation of the interlocutor through dedicated communication modes

In order to favor the accessibility and usability of information on the topic of active aging as much as possible, in the process of conception and development of information systems, it could be useful to foresee and adopt **approaches and methodologies** that allow to **attract attention and interest of the user** in order both to favor a greater dissemination of the information conveyed and to maximize their effectiveness in terms of citizens' **adherence** to the proposed initiatives.

In this sense, the **collection of some user profile data** could guarantee - from time to time - a **profiling of the service** offered, which would then be conceived and developed according to a **push logic** according to the specific characteristics of the individual who is using it. Thanks, therefore, to a real **co-design process** aimed at satisfying the needs of the specific user of the tool (target audience), to different "users" (e.g., self-sufficient elderly vs elderly with a certain degree of "fragility") **different information proposals** and **possibilities of use** could correspond, with a view to making the opportunities of the regional territory (or the "answers") most appropriate to the needs of each elderly person accessible and usable. With specific reference to the Friuli Venezia Giulia Region, this approach could be applied to the case of the

portal for promoting active aging and combating loneliness, with the aim of making it as much as possible a **push** and **profiled information system** with respect to the **information needs** of those who consult it.

Always with a view to developing tools capable of attracting the user, engaging him/her and motivating him/her to use them frequently, it could be useful to resort to the **gamification** or **playfulness approach**, referring to the use of elements, dynamics and mechanics typical of games (e.g., levels to be reached or points to be accumulated) in a non-playful context, such as, for example, an information platform on the topic of AHA. Gamification, in fact, by stimulating the **active involvement** of the user, is configured as an effective tool in activating in the individual behaviors **aimed at achieving** specific personal or community **goals**, such as, for example, pursuing healthy aging.

The provision of (not economic) **"rewards"** to be obtained is also related to the application of gamification. In this regard, the provision, for example, of a **"fidelity card"** for senior citizens who are more assiduous in joining initiatives or events on active aging promoted by the Region or for TSEs engaged in the development of at least *n* projects in support of combating loneliness in the regional context could **incentivize** - at both the individual and the community level - the initiation of actions in this area and greater participation in activities. Based on the same principle, one could also envisage the assignment of a **"bagde"**, which uniquely identifies each user and allows him/her to "collect points" according to his/her level of activity in terms of, for example, registration/participation in initiatives or viewing news on the regional portal mentioned above.

Always in an attempt to encourage the involvement of senior citizens in the promotion of active aging, the use of **participatory methods** - such as the organization of events that require an active contribution in terms, for example, of the presentation and sharing of one's own "product" (e.g., photographs) or one's own experience - can, on the one hand, make people perceive the "closeness" and "sensitivity" of the Region with respect to active aging, a transversal theme of collective interest, on the other, allow each individual to **identify** with something and thus **feel part of a "whole"**, relying on the **need to belong** and stimulating the development of a **sense of community**.

Overall, in view of what is reported in this section, information, communication, and dissemination activities in relation to the initiatives to promote active aging in the regional context - if properly coordinated and managed as well as supported by suitable tools - end up being a real **"health promotion machine"** for the elderly and, in a broader sense, for the entire community.

## 3.6 Foster sociality to promote AHA and combat loneliness

As evidenced by the amendments to the R.L. 22/2014 concerning the introduction of new provisions aimed at promoting and supporting interventions to **combat loneliness**, **sociality** represents a crucial sphere for the health and well-being of the individual, which needs to be protected and fostered through dedicated lines of action. In view of this, a particular sensitivity of the Region emerges with respect to the activation and enhancement of projects, experiences and interventions aimed at **understanding the causes** underlying the phenomenon of loneliness and **preventing its emergence**, with particular attention to the people most at risk of exclusion, including those over 65.

All the interventions aimed at promoting the **social inclusion** and **integration** of the elderly in the community are part of this framework through initiatives aimed at activating **community resources** and **proximity actions** for elderly people as well as creating opportunities for **socializing**. In this sense, there are a variety of initiatives active at regional level (examples include theater and drama activities, creative reading, organization of trips and excursions that also become tools for cultural and tourist promotion) and in many of them, on the one hand, the process of **intergenerationality** comes into play, as a driving force for interpersonal relations and sharing of knowledge and experiences, and on the other hand, **digitalization** emerges as a 'bridge' and an opportunity for bringing generations together.

The interventions to combat loneliness include experiments in the field of **"abitare possibile"** and **"domiciliarità innovativa"** (innovative homecare), referring to experimental housing solutions for the elderly, including those who are not self-sufficient, managed through forms of **enhancement of the community context** within the broader framework of **inclusive living**. Specifically, "abitare possibile" translates into residential or daytime solutions integrated with the territorial socio-welfare and social-health services, as an alternative to residential facilities for the elderly. Innovative homecare refers, on the other hand, to solutions in residential accommodation that can potentially be shared with the spouse and/or other people and can be **customized** with furnishings and accessories, with the possibility of also providing centralized services (e.g., cleaning, remote assistance, concierge/reception), according to the **specific residual capacities** of each user. Innovative homecare moves, therefore, in the direction of both encouraging the socialization and maintenance of the elderly person's autonomy and of **"accomodating" the needs** and personal **preferences** of the individual through the definition of **solutions designed ad hoc** for him and as closely as possible to his needs.

Due to the Covid-19 pandemic, recent years have seen an **exacerbation of the phenomenon of loneliness** as well as a progressive **breakdown of networks and the possibility of aggregation**. In the face of this, also considering the difficulty in "starting again" that afflicts many realities, as well as the **fear** especially of individuals over 65 and/or frail and of their respective caregivers in "reopening" to the world and to social relations, there emerges the contingent need to promote actions aimed at **intercepting loneliness** and at the **recovery and reactivation of spaces for socializing and aggregation** to combat loneliness, first of all at the local level. Indeed, it is crucial that socialization and aggregation activities return to be perceived and experienced as opportunities to improve one's quality of life (and not as occasions for gathering to be reduced as they are associated with an increased risk of contagion).

At the same time, promoting sociality requires parallel work on other fronts. With reference to the latter, there emerges the need to manage and "overcome" the **mobility difficulties** that characterize certain areas of the Region, such as the mountain and foothill ones, which can considerably affect the effective possibility for people to aggregate, hindering or complicating the process of combating loneliness. Closely associated with the issue of mobility is the theme of **accessibility**, which can be declined in terms of accessibility to spaces, tools, information, and which is very often configured as an essential prerequisite for the creation of social opportunities and, therefore, for the prevention or avoidance of social isolation. With respect to the importance of outlining and undertaking lines of action aimed at combating loneliness, the so-called **Community Social Planning**, functional to the programming of social policies in the various territories, represent useful tools for trying to respond to the needs of the reference population, proceeding according to an order of priority defined according to the needs perceived as priorities.

# 4. A proposal of domains and indicators to evaluate interventions to promote AHA and combat loneliness

The final step is a proposal about domains and indicators to evaluate interventions to promote AHA and combat loneliness. Using as a reference the strategic and operational indications reported in the previous sections of this report, some conceptual domains (or dimensions) have been identified that could be useful to consider in the evaluation process of interventions to promote AHA and combat loneliness in the regional context. Furthermore, for each domain, possible indicators have been identified and proposed to "measure" how much and how an intervention "responds" to the identified dimensions (Table 2).

The domains and related indicators, the result of the study and processing of information acquired through the desk analysis and the technical interviews conducted, are configured as a functional starting point for the activation of further reflections and proposals that can contribute to the construction of a tool for monitoring and evaluating interventions to promote AHA and combat loneliness in the specific regional context.

*Table 2. Proposed domains and indicators for the evaluation of interventions to promote active aging.*

| Domains/dimensions | Indicators |
|---|---|
| **Integrated and multi-sectoral approach** | • Involvement in the intervention of at least *n* different sectors (e.g., health care + well-being + mobility and transport; sociality + culture and tourism) by carrying out diversified activities (in turn mono-sectoral or multi-sectoral)<br>• Activation of processes for integrating the results of specific initiatives with existing data relating to the regional territory, to relate and capitalize on available information referring to the same or different sectors of intervention |
| **Multistakeholder approach** | • Involvement in the design, decision-making and operational processes of at least two actors contemplated by the Quadruple Helix model (e.g., governance + TSEs)<br>• Presence of a public-private partnership |
| **Life-course approach** | • Involvement of different targets (not only and not necessarily over 65)<br>• Involvement of different settings (e.g., community, school, work environment) |
| **User-centred approach** | • Presence of a process for identifying the needs of recipients/users<br>• Application of methodologies and/or tools that provide participatory processes of co-design |

| | and/or co-creation (e.g., collection of certain user profile data to make the portal a push information system, profiled with respect to the information needs of each user)<br>• Application of methodologies and/or tools (e.g., platforms, apps) that allow interaction and exchange with recipients/users |
|---|---|
| **Coherence[2]** | • Definition of a maximum of $n$ objectives (between general and specific)<br>• Definition of an order of priority for achieving the objectives<br>• Consistency of the objectives with respect to the areas of intervention, the missions and the transversal objectives contemplated by the three-year Programme of interventions for the implementation of R.L. 22/2014 and the related annual implementation plans<br>• Consistency of objectives with the commitments of the MIPAA and the SDGs of the 2030 Agenda<br>• Consistency of the objectives with respect to the specific characteristics and needs of the territorial context of reference (e.g., values, lifestyles, and habits of the population) |
| **Continuity and sustainability** | • Presence of a public-private partnership (potentially associated with greater continuity of the intervention)<br>• Type of financing (e.g., intermittent vs continuous; only public vs only private vs mixed)<br>• Presence (and contribution) of informal support networks<br>• Possibility of "profiling" the intervention, declining it according to the characteristics (e.g., resources and fragility) and the specific needs of different |

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[2] Coherence, which represents another of the criteria established by the OECD as a basis for evaluating an intervention, is defined as the compatibility of the intervention being evaluated with other interventions (especially policies) in the same country, sector or institution, or the extent to which they support or hinder each other. More specifically, internal coherence concerns the synergies and interconnections among the intervention being assessed and the other interventions attributable to the same governance institution, as well as the consistency of the intervention in question with the international norms and standards to which this governance/institution adheres. External coherence, on the other hand, refers to the consistency of the intervention evaluated with the interventions of other actors in the same context, or their complementarity and harmonization and their coordination (OECD, 2021).

| | |
|---|---|
| | types of users (so as to facilitate its possible replicability and/or transferability) <br> • Presence of "educational" moments/training courses as part of the intervention <br> • Forecast of opportunities for information/communication/dissemination on territory with respect to the contents, objectives, and lines of activity of the intervention <br> • Forecast of moments of restitution with respect to the state of progress of the intervention (through the involvement, for example, of governance, citizenship, TSEs) <br> • Forecast of moments of restitution of the final results achieved at the end of the intervention (e.g., in different locations) |
| **Monitoring and assessment** | • Definition of a set of indicators to measure the satisfaction of needs (identified through a dedicated detection method) <br> • Presence of an ongoing monitoring path of the progress of the intervention (e.g., through dedicated data collection processes) <br> • Forecast of an evaluation process of the outcomes/results of the intervention <br> • Definition of a set of outcome/result indicators to be used for the relative evaluation (i.e., to measure the achievement of objectives) <br> • Forecast of an evaluation process of the impact of the intervention <br> • Definition of a set of impact indicators to be used for the relative evaluation |

# Conclusion

Based on the information collected by analyzing the main regional programmatic documents and conducting technical interviews aimed at a group - heterogeneous in terms of roles and skills - of stakeholders in the territory, this report proposes some strategic and operational indications functional to the conceptualization and the development of a system for monitoring and evaluating interventions to promote AHA and combat loneliness in the regional context. The work is therefore configured as a potential tool to support governance in the process of planning and implementing policies that are as consistent as possible with the actual needs of citizens and thus effective in promoting active aging. In order to summarize what has been extensively discussed in the sections of this report, Table 3 contains the main "take home messages" summarized in a sort of vademecum which, in addition to condensing the key concepts that emerged from the work carried out, also highlights their applicative value.

*Table 3. Take home messages.*

| Take home messages |
|---|
| Launching and maintaining an **action of coordination** and management of interventions - framed within a **unified and organic programmatic** design of regional governance - in order to overcome the micro-visions linked to particularistic local initiatives and the resulting fragmentation, in line with a principle of **equity**, **homogeneity** and **coherence of the offer** throughout the Region. From an operational point of view, it could be useful to create and carry out - with a certain periodicity - **moments of confrontation**, specific for areas of intervention, **within the regional Directorate**, through the involvement of the different "souls" of the different services, functions, and structures in which it is articulated. This **internal alignment process** would be functional to the planning and implementation activity of the inter-directional table, coordinated by the DCS, about active aging in the context of the FVG Region. |
| Promoting **dialogue**, **synergy** and **systematic collaboration** among multiple stakeholders with different expertise through **interinstitutional and interdisciplinary methods of comparison** as well as the development of **multisectoral interventions**, thus favoring networking and the **generation of shared initiatives from a system perspective**. |
| Supporting a **paradigm shift** in public administration through a **cultural and functional rethinking** of processes, organization and provision of services and information in line with the opportunities offered by technological and digital innovation. |
| Promoting AHA and combating loneliness throughout the **entire life cycle** and through a **lifelong learning** process which, on the one hand, implies an **"updating"** of the concept of the elderly person, on the other involves and network **different settings**. |
| Defining the objectives to be pursued according to a **clear order of priority**, providing for **stringent time constraints** and an **ongoing monitoring process** and indicating, for each objective, the stakeholders of the territory to be involved in the pursuit of the same according to the actual missions and skills owned. With this in mind, **reduce the complexity** of programmatic documents such as the three-year program of interventions to implement the R.L. 22/2014 and the related annual programs, defining a **gradual "cascade" workflow** so that the outputs of the actions of each year are configured as inputs for the implementation of the actions of the following year, **avoiding a "dispersion" of strategic and programmatic thinking**, and proceeding in a coherent and sequential manner. |
| Encouraging the activation of **processes** - **systematic**, **continuous,** and **capillary** throughout the Region - for the **detection**, **analysis**, **monitoring,** and **assessment** of the needs of senior citizens, which attributes **centrality to users** and, therefore, to **demand** (instead of offer) of the territory, with a view to designing services capable of adapting to |

the needs identified, adjusting, and reorienting them over time, according to the changing and evolving needs. This work of **stratifying** and **profiling the population** - which could generate a **map of the location and geographical distribution of needs** - requires a parallel path of **educating** the elderly population to **recognize** and, therefore, to **express their needs**: the latter, in fact, only if interpreted correctly they can be transformed into questions and, subsequently, into adequate answers to satisfy them.

Activating and maintaining **co-design and co-creation processes** functional to the development of innovative interventions to promote active aging through the adoption of **participatory methods** that - through **continuous dialogue** - stimulate the **engagement** and **empowerment** of the various stakeholders involved and enable the pooling of **different and complementary perspectives**, **skills**, and **experiences**. The proposal to create a **permanent observatory** on the topic of active aging is also part of this framework which, acting as a **searchable and updatable "container"** of the active interventions in the regional context, indicating the thematic areas of reference and the stakeholders involved in their implementation, is configured as a **concrete tool to support governance** in the processes of planning and implementing policies.

Involving the three regional health authorities, specifically the three Directorates of Social and Health Services, in a **permanent participatory path of understanding, interpretation** and, finally, **operational "translation"** of the regional strategic lines, through a **process of ongoing tutoring and monitoring**, as well as **final verification** of the achievement of the objectives, thus favoring a **homogeneity of the offer**. In this framework, the operational proposal to establish a **permanent discussion table** among the regional governance and the governance of the three health authorities is inserted with respect to the planning and implementation of actions and lines of activity inherent to the broad socio-health sector, with specific reference to promoting AHA and combating loneliness.

Investing in the launch of interventions to promote active aging capable of **"self-feeding"**, that is **sustainable**, beyond the projects - and related funding - limited in the time in which they are inserted. From an operational point of view, this continuity can be favored, for example, by the organization of **periodic moments of dialogue and comparison** among various stakeholders functional to **"networking"** or **establishing partnerships** (e.g., public-private) or by the activation of training courses aimed at **"educating"** the adoption of certain good practices, making the latter capable of "living their own life" and thus freeing them from the reference projects.

Promoting the **acceptance** and **acknowledgement** of digital technology by the citizen/elderly user and the **accompaniment** of the latter in the acquisition of knowledge and skills that favor accessibility to the various devices as well as their use and full understanding of their potential. In this sense, in operational terms, it could be useful to activate **training and awareness-raising courses** regarding the usefulness of digital tools, also developed in the name of **intergenerationality** (one of the transversal strategic objectives contemplated by the three-year Programme 2022-2024).

**Diversifying** the interventions to promote AHA according to the specific **characteristics** and **needs** of each territorial area: active aging is, in fact, a **"cultural and social system fact"** and, as such, needs to be promoted through methods and tools that are consistent and compatible with the values, habits and lifestyles of the target population. The **transferability** of an intervention is therefore not taken for granted: it implies the **declination** and **adaptation** of each good practice to the new reference context and is closely linked to the **"readiness"** of the same in accepting it.

**Diversifying** interventions according to the characteristics, **resources** (e.g., level of autonomy), **frailties** (e.g., degree of non-self-sufficiency) and the specific **needs** of each individual, considering and enhancing their **uniqueness** and **"vital world"**, with the aim of developing proposals and services that are as profiled and effective as possible.

Developing and applying **monitoring an evaluation processes, methodologies, and tools** functional to the planning and implementation of AHA policies. At the level of individual projects, this translates into providing **structured ongoing monitoring paths** in relation to the achievement of the objectives - to undertake any **corrective actions** - as well as **evaluating the outcomes and impacts** to highlight the results obtained in the short term but also the effects that emerged in the medium and long term. The implementation of these evaluation procedures needs to be fed by **"thought out" and methodologically rigorous paths for the collection, systematization, processing, and analysis of data** relating to regional interventions linked to the theme of active aging as well as opportunities - equally structured - for **restitution and confrontation with the different actors** of the territory with respect to the **"meaning"** of such data.

With reference to the need to understand and satisfy the user needs, but also to collect useful data in this sense, developing paths that contribute - through specific analysis processes - to defining a functional model for a **stratification of the elderly population** and a **user profiling**. For example, **through the acquisition, processing and systemization of information and data** collected through **surveys and screening processes** already in place (we cite, for instance, the "PASSI d'Argento" surveillance system and the project - and related questionnaire - "PRISMA-7"). A work of this type - which could allow, for example, the **analysis of the relations** among certain data or the **development of predictive models** - would be functional to **enhance and capitalize the existing information bases** to **"extract value" from the data** to confirm the effectiveness of existing policies and/or to support the development of new policies to promote active aging that are equally effective.

With reference to the importance of applying structured data collection and evaluation procedures, promoting actions that highlight and enhance the **positive effects on health from a clinical-health point of view** (as well as social) of effective policies and interventions to promote aging active. For that purpose, it might be useful:

- a **process of systematization** of the various projects existing on the regional territory (in terms of results achieved and related data and indicators);

- the **systematic application of evaluation and measurement processes of the outcomes**, which provide for a subsequent analysis of potential correlations among the results achieved thanks to the various activities and health indicators more strictly clinical-health (e.g., number of emergency room accesses or number of hospitalizations).

This action presupposes on the one hand the setting up of data of a different nature, on the other hand a study and analysis activity functional to highlight not only to citizens but also to the scientific community the implications that certain initiatives may have in a broad sense on the "living well".

Activating **awareness raising, training, and updating paths** that involve the effort to adopt **new perspectives**, follow **new procedures**, use **new tools,** and develop **new skills**, favoring the progressive adoption and integration of an **"innovative" work approach** and understanding and expression of its potential. These processes, to be effective, require **"accompaniment"**, that is, adequate consideration and **management of the groups** of people involved (e.g., operators, collaborators) by the organization to which they belong as well as being embedded within a **systematic process supported on an ongoing basis** by governance.

Developing **information/communication and dissemination tools and methods** for initiatives related to the field of active aging (e.g., regional **portal**, **itinerant conferences** for the presentation of active regional projects in different locations) which - through a **diversification of the channels used** - favor **accessibility** of citizens to the opportunities,

projects and good practices existing in the Region as well as the **usability** of these paths and services by interested users.

Adopting **approaches and methodologies** that allow **to attract the attention and interest of the user** (e.g., **collection of some user profile data** to allow **profiling of the service** offered, use of the **gamification approach**, use of **participatory methods** that promote a **sense of belonging and community**) with the aim of both promoting greater dissemination of the information conveyed and maximizing their effectiveness in terms of citizens' **adherence** to the proposed initiatives.

Promoting - also through the integration of **intergenerationality** and **digitization** - actions aimed at the **interception of loneliness** and the **revival and reactivation of spaces of sociability and aggregation** to combat loneliness through the **activation of community resources** and **proximity actions** as well as the creation of **socialization opportunities**. In this regard, it could be useful to identify **ways of sharing and joint planning** between the level of regional governance level and that of health authorities - also making use of the operational contribution of TSEs - with respect to experiments in the field of **innovative homecare**.

In a complementary and parallel way to the paths directly aimed at promoting sociality, starting interventions aimed at **managing** and **"overcoming"** the **difficulties of mobility and accessibility** to spaces, tools and information that characterize certain areas of the Region (e.g., mountain and foothills).

## Appendices

Appendix 1: "Tracce interviste tecniche".

## Sources

Sources used for this study are all the documents identified in section 1 of the report along with the following guide prepared by the OECD:

OECD (2021). *Applying Evaluation Criteria Thoughtfully*. OECD Publishing, Paris. https://doi.org/10.1787/543e84ed-en.