

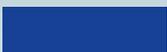


European
Commission

European **Innovation** Partnership
on Active and Healthy **Ageing**

Action Groups

2014 Achievements



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Introduction

The European Innovation Partnership on Active and Healthy Ageing is a cooperation of EU, regions, industry, research institutions and healthcare professionals, to improve the quality of life of older people. Working together in six thematic Action Groups, these partners implement, share and scale up innovative solutions that meet the needs of our ageing population. The ultimate aim is to increase the average healthy lifespan of EU citizens by 2 years by 2020.

The Partnership is like a ship. Lots of energy and preparation are needed to get going: setting course, building up engine power, gaining speed, steering around the obstacles close to the harbour. Everybody on board knows it and is inspired by the conviction that the reward for all efforts will be a successful voyage to an important destination.

Three years after the launch of the Partnership, the sense of moving in the right direction is there. The Action Groups are under steam, and are gaining speed and momentum. This booklet gives an overview of their activities and the progress they made since they presented their work plans in 2012. It sums up what problems and issues they aim to tackle, how they want to achieve their goals, and what they have done concretely to get there.

Do you want to get in touch? Send a message to ec-eip-aha@ec.europa.eu, specifying what you can offer or are interested in, and we will connect you to the right people.

We hope the reading will inspire you to contribute yourselves to the challenges ahead. Because in the end, we are all part of active and healthy ageing in Europe.



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Better prescription and adherence to medical plans for older patients (Action Group A1)

Safe and effective treatments for a range of health issues are widely available in Europe. However, too many patients do not or cannot follow the medical plans prescribed by their doctors. This can seriously undermine the patients' health as well as the effectiveness of therapy, and it has significant implications for the costs of healthcare systems. For the elderly, the impact is usually even higher, as the simultaneous occurrence of multiple chronic conditions – *multimorbidity* – and the consequent use of multiple medications – *polypharmacy* – are common for them.

Why people do not always adhere in full to their medical plans? Because of a variety of factors such as age, physical limitations, unstable living conditions or the presence of coexisting depression or dementia, personal beliefs and insufficient or lack of health-literacy, to name a few.

Tackling this issue requires a comprehensive approach aimed at improving prescription and adherence in older age-cohorts. A multi-step strategy can help: from the mapping of the available evidence to the implementation of intervention programs and measurement of the impact of new strategies on major clinical and epidemiological outcomes.

Our objectives

The overarching objective of this Action Group is to *improve the quality of life and health outcomes of older people living with chronic conditions in at least 30 EU regions*, through a holistic approach, including enhanced self-care, personalized care, better adequacy of treatment and increased adherence to safe and effective care plans. Specific objectives include:

- 1. Improve patient adherence to medical plans** through, for instance, IT solutions monitoring the regular intake of drugs.
- 2. Empower the patients and care givers** to take care of their health and to be independent by, for example, improving patients' ability to understand their health status.
- 3. Deliver improvements in the health care systems**, developing, among others things, new organisational models aimed at enhancing the competences and the connexion between health professionals.
- 4. Improve existing data evidence** on ageing and adherence, for instance by investigating how databases can help evaluate the effect of prescriptions on citizens' health.
- 5. Help to better communicate** with different actors in the healing and caring process.

Our current achievements

Since the Group was established, partners have engaged in awareness-building of the importance of tackling poor adherence to medical plans and medication. Their common aim – **to improve adherence through a multidisciplinary approach** has resulted in a comprehensive picture on the priorities around this topic. These results are illustrated by the first outcomes of both their individual commitments and the work undertaken collectively.

The joint effort of partners has delivered the following results, grouped by objectives in the action plan:

1. Improve patient adherence to medical plans through patient oriented solutions

Electronic devices and alerting systems (apps for mobile devices, reminders on TV screen) that remind patients to take their medicines and **older friendly drugs packaging** or patient-tailored Personalized Dosage Systems (PDS) have been developed by partners in order to tackle patients' forgetfulness and their complex medication regimes.

6 deliverables in this category will be finalised by 2014.

2. Empower patients and caregivers

Regarding patients, partners have focused their efforts on their empowerment, so they can become active members in the decision-making process of their condition. This has been possible through **health literacy interventions and tools** on medication, lifestyle interventions, physical activity or nutrition which improve quality of life and management of their disease. For caregivers, partners have implemented **training programmes and interventions** on adherence management. A collaborative effort has also been undertaken within the Group to highlight the most successful interventions in this field.

21 deliverables in this category will be finalised by 2014.

3. Deliver improvements in health care systems

Partners have worked on several initiatives in order to achieve a more efficient use of resources and enhancement of effectiveness of healthcare interventions. Deliverables to improve adherence including **decision support tools for appropriateness of prescription** (e.g. guidelines, dispensing protocols); **systems for electronic prescription** and dispensation; **adherence monitoring systems**; initiatives on **medication review and reconciliation**; **collaborative digital platforms** between healthcare professionals; and initiatives on **electronic health records**. At collective level, partners are devoted to sharing their experiences in order to assess how to better develop tools to assess polypharmacy and guidelines for medication review and how to identify effective services offered at community pharmacy level.

28 deliverables in this category will be finalised by 2014.

4. Research and methodology on adherence

Partners are contributing to build an evidence base of adherence related issues and successful interventions through the development of **indicators/algorithms** on appropriateness of prescription, adherence measurement and polypharmacy; **scientific studies and evidence** on issues related to adherence; **cost-effectiveness analyses**; **data repositories** and **risk stratification tools**. Collaboratively, partners are contributing to the production of a set of indicators to assess adherence in older population.

16 deliverables in this category will be finalised by 2014.

Personalized health management, starting with a Falls Prevention Initiative (Action Group A2)

Most injuries suffered in old age are due to falls: every year one in three adults aged 65+ experiences a fall. Falls often lead to long-term physical disability, severe dependency or fatal injuries. Placement in a care home is often the result of a fall and the associated costs of treatment and rehabilitation are high for both health and social care. Yet, falls are preventable.

The fall- problem is ideally addressed through an integrated approach with timely and targeted *prevention, screening, intervention* and *monitoring*. This requires a multi-disciplinary, multi-agency and multi-level approach. ICTs also play a key role, supporting efficient information sharing and decision making as well as training and education.

In line with the integrated approach, the Action Group aims to reduce falls by ensuring that new technologies to monitor falls enter markets faster, connecting research to innovation and strengthening procurement processes. The Group also supports the set-up of regional programmes for early diagnosis and the prevention of falls.

Our objectives

Our specific goals are the following:

1. Implement an integrated and person-centred service pathway for fall prevention and management, including:

- a repository of falls prevention/management programmes and care pathways.
- a toolkit for implementing tools and technologies for monitoring, screening and assessment, and for decision making support, protocols and workflows.
- an overview of ICT solutions, devices and technologies for different settings and discovery report on the future falls prevention technologies.

2. Data and evidence, including:

- a report on current approaches to collect data on falls, outlining best practices and recommendations.
- the specification of a minimum falls dataset.

3. Awareness, information and education, including:

- a dedicated website, an awareness campaign across the EU and a network of research and educational organisations dedicated to falls prevention and management.
- an inventory of successful public health and social marketing strategies and evidence based training models and tools.
- an education package to support the training of the workforce.

4. Governance: innovation, sustainability and scaling-up, including:

- assessment models for governance.
- an innovation platform and market place for fall prevention services and products.



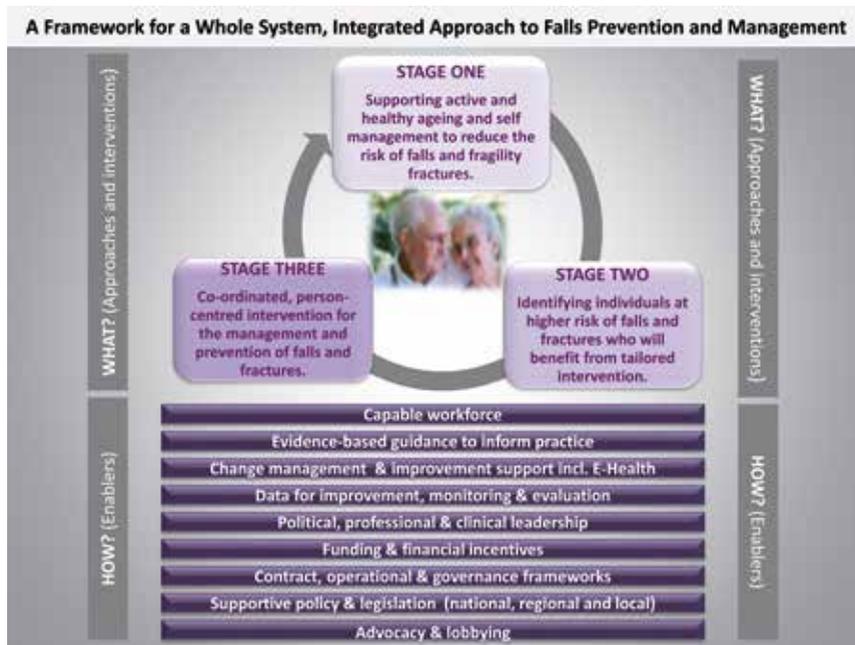
Our current achievements

To reach the key objectives of the Group, the partners have launched a series of initiatives, making their experience available for consultation to other organizations and raising awareness on this topic. They are building blocks for a framework for falls prevention.

The Action Group collected and shared different approaches, expertise and **good practices** that will be disseminated for possible replication throughout Europe, and that constitute the basis of a framework for tailored (local) implementation.

In order to facilitate information sharing and data collection for policy and decision-making on European, national and regional level, a **minimum falls dataset** is in progress, which allows stratifying and predicting the risk of falls. This will support evidence based interventions to prevent the occurrence and management of falls. The Group is also **actively communicating** around the topic (via publications, press statements and **websites**, established by the Thematic Networks E-NO-FALLS (<http://www.e-nofalls.eu/>) and ProFouND (<http://profound.eu.com/>). There is a general EU falls prevention website established as well (<http://www.fallsprevention.eu>)

From the start information on practices with impact were collected. This inventory was made through a framework of implementation and upscaling.



Falls prevention **results on the local level** include:

Country-Region	Number of practices
England	3
France	3
Italy	1
Netherlands	4
Portugal	10
Scotland	5
Spain	5
Sweden	1
wales	1
total	33
Setting to which practices apply	
home settings/communities	12
Primary care	2
care homes/nursing homes	6
inpatient hospital care	6
General (technology) infrastructure	7

Objective to which practices apply	
Stage 1: supporting active and healthy ageing and self-management to reduce the risk of falls and frailty fractures	20
Stage 2: Identifying individuals at a higher risk of falls and fractures who will benefit from personalised intervention	23
Stage 3: Co-ordinated, person-centred intervention for management and prevention of falls and fractures	22
General/other	5
Specific focus of practices on activities of A2 Action Group	
Collection of data and evidence to support the implementation of an integrated and person-centred pathway	13
Awareness, information and education to underpin the implementation of an integrated and person-centred pathway	17
Governance, innovation, sustainability and scaling up	14
Current status of example of practices	
Planning/development	2
Pilot/testing	10
Implementing or implemented	19
Spreading (to larger scale based on success at smaller scale)	10

A total of 33 special practices from 22 regions were collected. These practices reflect the variety of possible solutions for falls prevention and management. The 22 regions in which the activities related to the practices were performed covers over 68 million EU citizens. More than 2 million seniors are reached by activities of our special practices. The practices are categorised along the integrated falls prevention and management service pathway, which consists of 3 stages related to primary prevention, screening and intervention (see diagram below). Also the specific setting to which the practice applies, such as the home, care home or hospital, is important to take in account for effective personalised strategies. In addition, an integrated falls prevention approach only works if all stakeholders are committed and support the actions needed. Therefore is governance to translate policy into work floor actions paramount.

Important lessons learned are that a community based (door-to-door) infrastructure for screening and intervention is crucial to identify those who are at risk and can benefit from exercise programs, dietary support

and social activities over a prolonged period of time. For seniors with a high risk for falling, multidisciplinary assessment and a multi-factorial intervention approach (exercise, medication monitoring, nutritional intervention, vitamin-D, supportive devices) showed to be most effective. Key elements of a sustainable fall prevention approach are 1) adequate financing models in which revenues (through cost savings) are included, 2) adequate implementation of the falls prevention strategy ie enough resources, sufficient time, wide marketing and communication campaign, 3) commitment and collaboration on all levels in the social and medical domain.

There are many more initiatives on falls prevention and management performed across the EU member states which are not mentioned in this collection, but are part of the EIP-AHA A2 Action Group.

To organise a **“falls awareness” campaign** across the EU, thematic network ProFouND created a campaign toolkit for use, including information of successful and evidence based strategies. This was in co-creation with thematic network E-NO-FALLS and A2 partners. The first EU wide awareness campaign was organised on the first of October 2013 and repeated in 2014 with big media exposure. Many organisations were involved and embraced the joint ProFouND, EIP-AHA A2 and E-NO-FALLS initiative. Hence, the Dutch Red Cross launched a dedicated campaign which included a nation-wide primetime television advertisement.

An **ICT repository** has been create by thematic network E-NO FALLS in order to provide a common website where anyone interested in the **ICT systems for fall prevention and detection** could find the most significant developments in the area coming either from research projects or already available on the market. The interactivity of the site must allow a user-friendly comparisons, analysis and recommendations of the technology in relation to the intended user, setting and purpose. Thematic network E-NO FALLS will host a common ICT forum on the ENO-FALLS website (linked to fallprevention.eu)

Prevention and early diagnosis of frailty and functional decline, both physical and cognitive, in older people (Action Group A3)

Frailty, functional and cognitive decline are highly prevalent in old age and contribute to a growing health problem for the aging population of Europe. Frail individuals are vulnerable and are at high risk of a range of adverse health outcomes. Frailty limits regular physical activity and its many health benefits, including the prevention of cognitive decline. Frailty can be avoided by detecting and treating vulnerable individuals at an early stage and preventing the decline of patients' health conditions.

Understanding frailty is a particular challenge from a clinical, research and public health perspective. For this reason this Action Group's core activities focus on *understanding the underlying factors of frailty, exploring the association between frailty and adverse health outcomes in older people and better preventing and managing the frailty syndrome and its consequences.*

Our objectives

The Action Group partners produced an action plan dealing with specific issues: the need for a better methodology for the screening and identification of pre-frail status in older patients; prevention of malnutrition or lack of physical activity that impact the frailty syndrome; evidence-based interventions through appropriate pathways of care to avoid incident frailty, its progression to disability and its consequences; development of basic research on different aspects of frailty, cognitive decline, malnutrition and the quality of life of frail elderly and their carers.

The main strands of work the Group pursues are:

- 1. management of frailty and functional decline:** interventions to improve the well-being of elderly through the physical exercise programs, nutrition plans, information and awareness activities, for elderly and their carers.
- 2. enhancement of participation and independence of elderly:** detecting social isolation, connecting them with their local community, promoting the involvement of the voluntary sector and providing peer support.
- 3. systematic screening** to detect frailty at an early stage.
- 4. integrate pathways** to improve the effectiveness and reliability of coordinated interventions between health and social cares, and spreading integrated delivery models across regions.
- 5. further develop research and methodology** to understand frailty and to support innovative approaches to organisation of services and develop new solutions.
- 6. support the sustainability of health and social care services** by improving their effectiveness, accessibility, cost-effectiveness and user-friendliness.
- 7. cooperation** at European level and among different actors to strengthen the knowledge and the interdisciplinary approach to frailty.

Our current achievements

Since July 2012, the date of the first Prevention of Frailty Action Group (AG) meeting, a great deal of progress has been made. A clearly agreed structure laying out five domains related to frailty in older people – frailty in general and functional decline, cognitive decline, nutrition, caregivers and dependency, and physical activity – allowed partners to create deliverables meeting both **common** and **individual goals in line with the EIP Prevention of Frailty Action Plan**.

The group's vision raises a novel, integrated approach with a strong focus on primary prevention in tackling frailty in older people. By translating knowledge on mechanisms of the ageing process into strategies and comprehensive guidelines to prevent, assess and treat frailty in older people, the group has made strong headway towards improving the chain of care and reducing dependency.

The group has produced ambitious, inclusive, coordinated and feasible projects that truly reflect current challenges, and therefore provide key answers and approaches that public health authorities can build on.

Each of their deliverables provides an original input towards the achievement of the EIP on AHA's main goals. The individual partners' contributions have been grouped under seven broad categories:

- Scientific publications
- IT tools
- Academic courses
- Training
- Screening tools
- Functional foods
- Guidelines

The **collaborative activities** that partners are undertaking within the five domains have a more recent history, only starting in mid-2013. Nevertheless, among the various agreed deliverables, the following have been already realised:

- **Frailty in General and functional decline sub-group**
 - Guidelines for the management of older people according to their functional status and setting of care.
 - Tools for screening and diagnosis of frailty and functional decline.
- **Cognitive Decline sub-group**
 - State of art document concerning monitoring of the main forms of cognitive decline.
 - Analyses of datasets from ongoing longitudinal studies: an initiative for progressing in analyses and modelling collaboration.

- Validation and functional assessment of a serious game.
- State of art concerning cognitive decline evaluation and strategies to reduce it.
- **Nutrition sub-group**
 - A consensus document on nutrition with a strong focus on primary prevention of malnutrition.
 - State of art document on Innovative Biomarkers.
- **Care Givers & Dependency sub-group**
 - An internationally validated Risk Instrument for Screening in the Community Predicting Adverse Outcomes in Older Adults (validated in Ireland, Portugal, Italy, Spain).
 - State of art evaluation of existing systems and comparison of different screening strategies used
 - Training of nurses for the use of the risk screening tool.
 - Clinical Interventions in community settings.
 - Data collection & analysis
 - Group enlargement
- **Physical Activity sub-group**
 - A white paper to disseminate up to date information to professionals (such as clinicians and researchers), with the group's understanding of physical activity; the instruments to operationalise and measure it; the current research priorities; and the ongoing interventions.
 - Monitoring in the community: physical activity behaviour as a measure for functional decline, frailty and pre-frailty.
 - Management of frailty through physical activity.

Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level (Action Group B3)

The increased complexity of health problems and the specificity of chronic conditions require overcoming the fragmentations of today's system, where different providers deliver separately social care and healthcare services.

“Integrated care” models move the system a step further, by harmonizing and coordinating the management, organization and delivery of social and health care services along the whole health promotion and care chain. This delivers benefits like the reduction in unnecessary hospitalizations, the potential to better handle chronic care needs, and efficiency gains. Putting the needs of the patients in the centre implies the development of integrated care models that are multidisciplinary, well-coordinated and accessible, as well as anchored in community and home care settings.

The Action Group aims to *reduce the avoidable/unnecessary hospitalisation* of older people with chronic conditions, through the effective implementation of *integrated care programmes* and *chronic disease management*. The Group builds on services that are currently operational and on on-going activities in pilot initiatives, programmes and standards, and aims for the further deployment of services in a significant number of regions.

Our objectives

The main targets of the Group are:

- by 2015 making programmes available for the case management of chronic conditions (including remote management and monitoring) serving older people in at least 50 regions, and available to at least 10% of the target population (patients with chronic diseases).

- the scale-up and replication of integrated care programmes serving older people, supported by innovative tools and services, in at least 20 regions in 15 Member States based on validated, evidence-based cases (2015-2020).
- knowledge sharing about the delivery of services for chronic conditions management in an integrated way and about incentive schemes in this field across Europe.
- shared understanding of the workforce development task at the European level.

The detailed Action Plan is structured into 9 working areas: *organisational models; change management; workforce development; risk stratification; care pathways; patient empowerment; electronic care records/ICT/Teleservices; finance and funding; and communication and dissemination.*



Our current achievements

The expertise of the Group is reflected in a rich collection of over 100 good practices as well as a set of resources, collected throughout 2013–2014.

Local implementation is both the foundation and aspiration of the work of the Action Group. The members are implementing chronic disease management programmes in 44 regions; they are now beginning to focus on the scaling up and **replication** of their practices to reach the target of 50 regions, and cover 10% of the target population.

The members are working together to develop **practical tools** that support local service delivery:

- **Maturity models** have been developed focusing on three key areas: organisational models, change management and the development and adoption of eHealth programmes and teleservices to support integrated care and service innovation. The aim is to converge these into a wider model, which covers a broad range of areas relevant for implementing integrated care and functions as a self-assessment tool/toolkit that provides objective measurement and guides regions how to improve their capacity to deploy services. A set of interviews has already been conducted in 6 regions, and a further set of 6 interviews will follow in early 2015 to validate the model.
- **Validated medical guidelines** in respiratory diseases have been developed, through collaboration of hundreds of health professionals, public authorities and patient organisations, into an **integrated care pathway for respiratory diseases**, with the goal of **replicating** it in their own countries.
- Experts have collected and started to analyse **tools for the risk stratification** of the population for optimised and targeted care, and make these available for organisations that are planning to develop or improve their systems.
- The **ICT Service Matrix**, a reference document that characterises the different types of services in an integrated health and care information infrastructure.

A powerful driver of the Group is the shared vision of integrated health and social care services that centres around the patients and their community: the work on citizen empowerment has helped develop a common understanding as a basis for on-going work with non-member experts. Action Group members have organised and presented at a series of conferences and workshops and participated in professional exchanges to promote integrated care on the health agenda.

The Action Group is keen to work laterally and collaboratively. Examples of this approach are the joint work on innovative procurement and interoperability together with the Action Group on Interoperable Independent Living Solutions; as well as the initiative to find synergies across the six Action Groups on patient empowerment.

The Action Group has been working in close collaboration with a number of EU funded projects, to provide input and to support the dissemination of the deliverables. There is a continuous channel of communication with the EU Joint Action on Chronic Diseases and promoting healthy ageing across the life-cycle.

In addition, by **providing evidence and inspiration for policy making**, the Group has contributed to ensuring that integrated care is on the European agenda as one of the most promising solutions to assure the sustainability of the systems for health and social care.

Development of interoperable independent living solutions, including guidelines for business models (Action Group C2)

Information and Communication Technologies (ICTs) can help older people to live independently for longer. They also offer enormous potential for helping them participate in society, and reduce the rates of depression and isolation they often experience. ICTs can support carers in their work, make overall care provision more sustainable, and save money (e.g. by avoiding and reducing hospital stays). Current solutions for telemonitoring, telecare or social interaction are usually based on a single provider design. They cannot easily be adapted to multiple and changing user and organizational needs.

The objective of this Action Group is to *develop interoperable independent living solutions*, including guidelines for business models. This should boost the deployment of open and personalized solutions for active and independent living that are supported by global standards and evidence on the return of investment. The Action Group aims to provide essential input to the creation of a *new market for cost-effective products and services for older people* that helps them to live a more active and independent life. This reinforces on-going activities in Europe (and elsewhere) in the area of research and innovation, supported through public-private partnerships.

Our objectives

In order to reach its goals, the Group has defined the following objectives and deliverables:

1. **support for implementing innovative procurement** by facilitating the exchange of practices among policy makers, the private sector and public procurers at regional and European level.

2. **operational guidelines for interoperability** and recommendations for standardisation.
3. a set of **good practice documents** for the implementation of independent living solutions.
4. a **toolkit for user empowerment** incorporating co-creation, awareness raising and technology confidence building.
5. a report identifying the **social and economic return on investment (ROI)** and a repository of information on ROI including existing tools and processes for measurement.
6. a **co-operation platform** and a repository of information.

Our current achievements

The Action Group has been working towards enhanced **interregional networking** and **building partnerships** between European regions. This has led to mutually beneficial discussions and sharing of good practices.

The Group joined forces with other EU communities and networks and planned a series of workshops in the Autumn of 2013 in shared areas of action in the assisted living agenda. Some specific topics were subject of mutual exchange and learning: *innovative procurement* (held in Puglia – Italy – in conjunction with the Action Group on Integrated Care and the ENGAGED Project); *scaling up integrated and person centred care through innovative uses of ICT / eHealth* (held in Norrköping – Sweden – in cooperation with the Action Group on Integrated Care and eHealth Innovation Project); *user empowerment* (held in Eindhoven – The Netherlands – together with the ENGAGED Project). Further meetings have taken place in Brussels, Berlin, Athens, and again in Eindhoven building upon the foundations laid in the first year.

The Group also started **coordination with national initiatives**, including:

- The ‘*French Forum for Autonomy and Health*’, based on 15 Living Labs (partly ENoLL labelled) in the Health & Autonomy sector, and bringing together enterprises, labs, health professionals, patient associations and agencies. The Forum sees the benefit of organising the French contributions on interoperability using a common European interoperability framework.
- ‘*IP based Social Alarms*’, being deployed in Sweden. Swedish stakeholders see a benefit in integrating this initiative into a common European interoperability framework facilitating market development.

The Action Group further broadened **liaison and coordination between relevant initiatives** (AAL JP, Braid, AAlliance, Antilope, ReAAL, Dallas, Continua, Antilope etc) in order to reach a common understanding of needs in terms of interoperability. The Group consequently specified **an interoperability framework** consisting of a methodology associated with a repository. The **methodology** is user centric, case-based and adapted to the specific needs of independent living. It takes into account the contribution of research and living labs by allowing interoperability specifications to mature from research versions to industry versions. The **repository** includes interoperability specifications and an associated list of conforming products or services. It provides evidence of interoperability and maturity, and has been based – where possible – on existing practices and tools like IHE and Continua.

A collection of good practices from EIP members in Interoperability, procurement and empowerment has been published at the EIP-AHA website and a repository for sharing best practice in public procurement, which is based on a template workflow for Innovative Procurement that you can visualise and navigate through an interactive map, is now available at <http://livinglabs.regione.puglia.it/en/web/blog/innovative-public-procurement-process>.



Innovation for age friendly buildings, cities and environments (Action Group D4)

The physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age. Within *age-friendly environments*, older people can age in better physical and mental health, be more socially included, actively participating in their communities' lives, and maintain a good quality of life. Age-friendly environments also enable older workers to remain at work for longer, lower the pressure on traditional care and boost the economy through demand for innovative solutions.

In order to support longer living and greater societal participation and integration of older people, cities and regions in Europe need to encourage more physically and mentally active lifestyles, and provide places that are safe and accessible, promoting dignity and respect. Innovation must be introduced specifically in public transport, urban planning and services in order to take into consideration specific needs of the older people and enable greater societal participation. However, these goals cannot be met by cities or regions in isolation. Building international networks for innovation, evidence development and common guidelines is crucial. This Action Group contributes to these goals and tackles the challenge of adapting environments to an increasingly ageing European population.

Our objectives

The Action Group works on:

- setting up mechanisms to engage the older people and ensure their participation;
- adapting and developing principles and guidelines on age-friendly environments for the EU context;
- understanding how ICT and Service innovations can help shape supportive environments for older people and how those innovations work in their physical and social context;
- exploring new ways to promote active and healthy ageing with age friendly environments;
- running pilots to analyse integrated approaches to urban design, housing, health and social services, age-friendly workplaces, ICT and smart environments.

These activities cover specifically the following areas:

- 1. implementing policies and practices for regions, cities and communities:** the partners share their local experiences to promote better involvement of the elderly, a multistakeholder approach and new practices.
- 2. networks promoting a European covenant on demographic change:** awareness raising at European level and a repository of good examples to promote effective age-friendly environment across Europe.
- 3. spatial context:** collaboration between research centres and programmes to better understand the links between older people's wellbeing and their urban environment.
- 4. ICT and smart environment:** promotion of ICT products and services adapted to older people's needs, through the promotion of a better access to urban services, higher autonomy and home services.

Our current achievements

In 2014, the group has continued to concentrate on its four action areas of work: and also developed the horizontal groups of dementia supportive environments, tourism & architecture, housing & urban design, as well as contributing to the EIP on AHA synergy group on patient empowerment.

In 2014 emphasis was put on older people's involvement at the heart of service creation: 'to do things *with* older people instead of *for* older people'. Implementation of policies and practices for an ageing friendly environment should rely on robust and shared strategies adopted by regional/local governments involving all stakeholders, crucially including the older people and patients (representatives or carers). The group is also ensuring synergies with a number of other areas of work on active ageing, tourism and accessibility.

Engaging with the voice of the older person

A core achievement of the partners can be found in their continued efforts to identify and engage with the voice of the older person.

- Deliverables here relate to the adoption of policies for increasing the role of older people and their representatives in the public and social life of the city/region.

Network of Age-friendly Regions and Cities

Partners continue to work towards an EU Covenant (network of age-friendly regions and cities- assisted by the two projects AFE Innovnet¹) and the WHO Age-friendly Environments in Europe (AFEE)² with the support from the European Commission that were launched in 2014.

- The AFE Innovnet project has now 170 partners, a third of which are local and regional authorities. AFE Innovnet has developed a

1 www.afeinnovnet.eu

2 www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/activities/age-friendly-environments-in-europe-afee

repository which will display notable practices in ICT and services innovations for age-friendly environments.

- The AFEE project develops templates for municipal action plans on age-friendly environments, investigates monitoring and evaluation of age-friendly cities and showcases the latest evidence on age-friendly cities programmes across the EU. D4 Partners are involved in consulting on the draft deliverables of the project as part of the scientific steering group of the project.

Dementia Supportive Environments

The Dementia Working Group addresses people with dementia with the aim of influencing national/regional strategies and informing future government policies and service provision.

- Deliverables include offering services and platforms for carers such as mapping dementia care local service provision, reference guides for general practitioners, dementia friendly housing and design guidelines and toolkits.
- Special attention was paid to how to achieve social inclusion and participation in society.
- The group supported the AFE Innovnet project in the organisation of a successful workshop on dementia friendly communities.

ICT & Smart Environments

The group has developed understanding of the state of the art in ICT & Smart Environments with a review of best practices, identification of users' needs and detection of gaps in ICT devices. Some conclusions from the report are:

- The projects involve end-users from the beginning of the project in order to adapt the devices to the real needs and requirements.

- An analysis of the technological gaps and barriers to research on prevention and social and behavioural factors are very important for the area of neurological diseases, while in the area of accessible tourism one of the main points of action would be fostering education and training for personnel.

Tourism

The tourism group promotes older people's participation through campaigns and initiatives in the field of housing, tourism and well-being. The main aim is to elaborate a European collaborative forum in tourism & AHA inside the D4 Action Group.

- There is a clear potential for tourism as a strategy to promote AHA, several studies show the link between tourism and health /wellbeing conveying a wide range of benefits³.
- The group develops pilots for improving ICT solutions in leisure activities for older people, with the use of AAL & ICT.

Architecture, Housing & Urban Design

The main aim is further progress on active ageing based on architecture of housing and urban design, geo-spatial context and dementia friendliness in order to deliver concrete results and indicators.

- Deliverables include further investigation into the built environment.
- A community dashboard with indicators for ageing in place was developed.
- Scientific articles discussed the potential contribution of the construction sector to age-friendly built environments.

³ Europe, the best destination for seniors" "Facilitating cooperation mechanisms to increase senior tourist's travels within Europe and from third countries in the low and medium seasons" - Experts draft report, July 2014 European Commission

Useful sources

European Innovation Partnership on Active and Healthy Ageing

<http://ec.europa.eu/active-healthy-ageing>

<https://webgate.ec.europa.eu/eipaha/>



@ActiveHealthyAgeing



ec-eip-aha@ec.europa.eu

ICT for Ageing Well

<https://ec.europa.eu/digital-agenda/en/ageing-well-ict>

<http://www.aal-europe.eu/>

Health and Consumers

http://ec.europa.eu/dgs/health_consumer/index_en.htm

http://ec.europa.eu/health/ageing/innovation/index_en.htm



@EU_Health

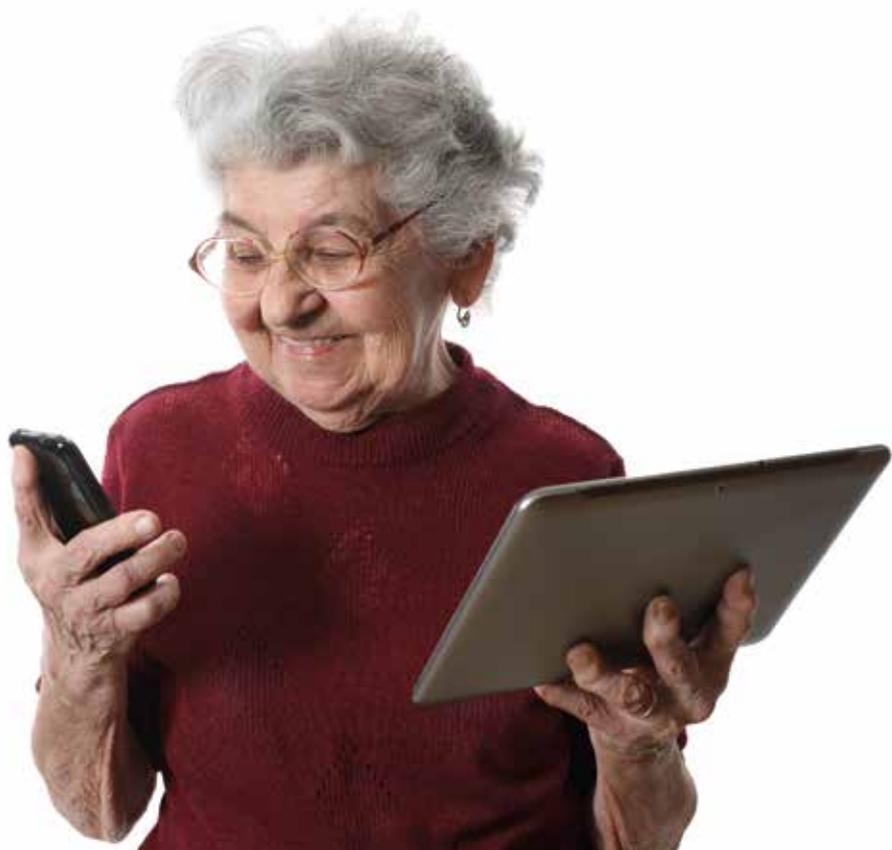
Digital Agenda for Europe

<https://ec.europa.eu/digital-agenda/>

https://www.facebook.com/?ref=tn_tnmn#!/DigitalAgenda



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Action Groups

2014 Achievements

