



# A COMPILATION OF GOOD PRACTICES

- First Edition -

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING

## Innovation for Age-Friendly Buildings Cities and Environments



Action Group D4



## A COMPILATION OF GOOD PRACTICES

### Action Group on Innovation for Age-friendly buildings, cities and environments

*This publication was prepared by the European Commission, DG SANCO and DG CONNECT and Funka Nu based on the material sent by members of the Action Group D4 in September-October 2013. The main contributors were from Funka NU, José Angel Martinez Usero, Frida Westholm, Louise Tengstrand and Eibhilin Manning, Jorge Pinto Antunes, Espen Kristoffersen and Horst Kraemer under the supervision of Maria Iglesia Gomez, Head of Unit Innovation for Health and Consumer and Ilias Iakovidis, Head of Unit for Digital Social Platforms.*

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# INTRODUCTION

## INTRODUCTION

This is a collection of Good Practices within the frame of the **Action Group working on Innovation for age-friendly buildings, cities and environments** of the European Innovation Partnership on Active and Healthy Ageing, an exercise which ran from July to October 2013. The collection of the Good Practices reflects a snapshot of innovative age-friendly practices across the EU in 2013.

The "Innovation for Age-friendly buildings, cities and environments" Action Group has been working to implement innovative solutions to develop environments that are more age-friendly and promote active and healthy living. The multi-disciplinary group is working at a regional and local level, as well as in an EU context, to analyse integrated approaches to urban design, housing, services and businesses and explore new ways to promote active and healthy ageing. The Action Group brings together regional and local authorities from across the EU, European NGOs, technology providers, universities, research centres, SMEs and other stakeholders.

62 Good Practices from the Action Group partners working on age-friendly environments form this collection; they reflect their contributions on behalf of their commitments

to the Action Plan<sup>1</sup> adopted by the group in year 2012 which sets priority areas of collaborative work. The collection reflects a good sample of the work being carried out by stakeholders working in this area. The Good Practices span across 32 regions in 12 Member States (Belgium, Czech Republic, France, Germany, Ireland, Italy, Poland, Portugal, Spain, Sweden, the Netherlands & United Kingdom) and Norway.

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<sup>1</sup> [http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/d4\\_action\\_plan.pdf](http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/d4_action_plan.pdf)

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For the purposes of this collection, the Good Practices have been clustered in four thematic areas. The four clusters are:

- Cluster 1 Living environments. Under Cluster 1 there are 31 Good Practices, which include three sub-clusters respectively on Ambient Assisted Living, Housing and Urban Environment. The Good Practices range from living labs, to responding to climate change, to incorporating intergenerational communication, rehabilitation and urban planning,
- Cluster 2 Active Ageing in the Community. This cluster brings together 16 Good Practices, the three sub-clusters are Age-Friendly Businesses and services, Transportation and Voice of the Older Person. The thematic coverage of the practices includes accessibility services,

lifelong learning, mobility in the community, online portals & tools, social interaction and social engagement and empowering older people.

- Cluster 3 Active & Healthy Lifestyles has 10 Good Practices comprises of two subclusters, Physical Activity and Tourism, which includes practices on social platforms, tourism plans, and wellbeing activities.
- Cluster 4 focuses on Dementia Supportive Environments and has 5 Good Practices including community support and solutions.

The Good Practices exercise reinforces the targets set out in the European Innovation Partnership on Active and Healthy Ageing Action Plan on Age-friendly environments, and builds an evidence base of practices in the EU.

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While our knowledge of the links between urban planning and public and social health continues to improve, there is an increasing urgency to address the barriers to rapid and sustained take-up of age-friendly environment implementation throughout Europe. The Good Practices go in some part towards identifying and addressing some of the barriers outlined in the European Innovation Partnership on Active and Healthy Ageing Age-friendly environments Action Plan:

- the complexity, variability, layering and fragmentation of governance structures throughout the EU to coordinate integrated implementation plans;
- the challenge of achieving and empowering the active participation of older people in the change processes;
- the lack of sufficient, replicable, evidence-informed practices and guidelines to accelerate the scalability and transfer of successful innovations;
- the lack of age-friendly environment implementation expertise to translate strategies and policies into better 'quality of life' outcomes for older people.

This Good Practices collection also provides a good illustration of heuristic areas for future work:

- The collection gives several examples of ways to innovate living environments, services and activities whilst promoting older people's active part in the community, namely through accessibility along design for all guidelines; by ensuring older people are involved in the development of new products and services, for example by linking their knowledge and experience with

researchers and business in the ageing field and through the use of ICT solutions that increase social interaction of older people with their families for example, improving intergenerational solidarity whilst also promoting the wellbeing of older people.

- Overall the Good Practices show the vast experience the partners of the Action Group have in empowering older people, ensuring their voice is heard in the planning and development of services and support. This collection also emphasises the importance of housing to extend the amount of time older people can remain at home but at the same time through ICT solutions improving communication between older people and their circle of support, and ultimately reinforcing social participation.
- The Good Practice also show how the planning and design of urban environments is a key to promote active & healthy lifestyles for older people but that age-friendly environments also contribute to the wellbeing of all citizens, visible pilot projects in the urban environment, are designed in close participation with all citizens, and local initiatives such as Walking Groups targeted at all citizens. The rationale of this Good Practices exercise is to build a bank of information, which can be used as a starting point for mapping innovative age-friendly environment practices across Europe. It is the intention to try to align this good practice collection work with the recently launched Age-friendly Environments in Europe (AFEE) WHO/European and European Commission project. For that reason, it is specified whether the good practice refers to any of the eight domains



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of the WHO framework "Global age-friendly cities: a guide."<sup>2</sup>

In parallel, the EC-funded thematic network on 'Innovation for age-friendly buildings, cities and environments' shall also continue the work of this Good Practices collection and develop a repository for age-friendly environment practices. Strong synergies with this work will be made with the future repository of the European Innovation Partnership on Active and Healthy Ageing which will host an interactive "map" of all Good Practices across Action Groups so that they can be easily updated, searched and shared. It is expected that this collection will be the first building block towards a unified repository that serves the long-term goal of maintaining a stable and updated repository of active and healthy ageing practices across the EU.

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[http://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf). The eight Age-friendly City domains are housing, transportation, civic participation and employment, outdoor spaces and buildings, respect and social inclusion, community support and health services, social participation, and information and communication

## LIST OF GOOD PRACTICES

Organization	Title	Country	Region	Geographical scope	Clusters	Page
<b>ACCEPLAN</b>	Improving Accessibility in the Urban Scene of Barrio de la Estacion	Spain	España. Madrid Coslada	Residential neighborhood of 3.154 inhabitants, located in an industrial area.	Cluster 1. Living Environments	<a href="#">85</a>
<b>CILIOPEE Group and different partners : PACT de Lot-et-Garonne</b>	Technical and financial engineering for adapting housing	France	Department of Lot-et-Garonne, Region of Aquitaine, FRANCE	Department	Cluster 1. Living Environments	<a href="#">58</a>
<b>CILIOPEE Group and the city of Boé</b>	A housing for people with reduced mobility	France	City of Boé – Department of Lot-et-Garonne, Region of Aquitaine, FRANCE	Department	Cluster 1. Living Environments	<a href="#">60</a>
<b>CIRA – Italian Aerospace Research Center</b>	Informative Geographical System to support climatic data collection and analysis	Italy	Italy	Metropolitan areas of Naples and Turin (Italy)	Cluster 1. Living Environments	<a href="#">88</a>
<b>European Property Institute</b>	Housing Options for Seniors	Poland	Poland, Krakow	National	Cluster 1. Living Environments	<a href="#">62</a>
<b>Flanders' care</b>	Flanders' care-Improving the quality of care through innovation	Belgium	Flanders	Regional	Cluster 1. Living Environments	<a href="#">25</a>
<b>FONDAZIONE IRCCS – ISTITUTO NEUROLOGICO 'CARLO BESTA', MILAN, ITALY</b>	Monitoring Ageing in Europe – MONAGE PROJECT	Italy	ITALY, LOMBARDY, MILAN	MULTINATIONAL LEVEL	Cluster 1. Living Environments	<a href="#">91</a>



Organization	Title	Country	Region	Geographical scope	Clusters	Page
Fundació izCAT	FEARLESS: Fear Elimination As Resolution for Loosing Elderly's Substantial Sorrows	Spain	Spain, Catalonia, Barcelona	European initiative	Cluster 1. Living Environments	<a href="#">21</a>
Hamburg ministry for Health and Consumer Protection	Hamburg 2030 - Strengthening the participation of the older people in decision making & developing an integrated strategy to face the demographic challenge	Germany	Germany/Federal State of Hamburg	Germany / Federal State of Hamburg	Cluster 1. Living Environments	<a href="#">27</a>
Hamburg Ministry for Health and Consumer Protection (BGV)	Ambient Assisted Living for older citizens in Hamburg	Germany	Germany/Metropolitan region of Hamburg	Germany/Metropolitan region of Hamburg	Cluster 1. Living Environments	<a href="#">94</a>
Het Akkoord van Groningen (The Groningen Agreement): Municipality of Groningen, The University Medical Centre Groningen, the University of Groningen and Hanze University	Healthy Cities - Our urban environment as medicine: challenging environments in order to stimulate people to a healthier way of living	The Netherlands	The Netherlands, Region of Groningen, Municipality of Groningen	Netherlands	Cluster 1. Living environments	<a href="#">96</a>
IK4-IKERLAN (belonging to IK4 research Alliance)	mPowerSalud - A range of services that enable older people with a disease or chronic condition to control their implied risks and improve their health condition	Spain	Spain	Regional (Basque Country)	Cluster 1. Living Environments	<a href="#">28</a>
IK4-Vicomtech (belonging to the IK4 Research Alliance)	OpenURC Alliance (URC / UCH Ecosystem Technologies)- Technological solutions to provide independency and health of older people	Spain	Alliance member countries include: Spain, Germany, Portugal, Czech Republic and the U.S.A	International	Cluster 1. Living Environments	<a href="#">32</a>

Organization	Title	Country	Region	Geographical scope	Clusters	Page
<b>Instituto de Ciências Sociais – University of Lisbon and Câmara Municipal de Odivelas</b>	Odivelas, Concelho Amigo das Pessoas Idosas – e dos Peões (Odivelas – Age-friendly and walkable municipality)	Portugal	Portugal, Lisboa (Region), Lisbon and Odivelas	Portugal, Lisboa (Region), Odivelas (Municipality)	Cluster 1. Living Environments	<a href="#">99</a>
<b>Istituto Auxologico Italiano</b>	Nostalgia Bits Project	Italy	Lombardy Region, Milan	European	Cluster 1. Living Environments	<a href="#">34</a>
<b>Life Supporting Technologies- Universidad Politécnica de Madrid</b>	REMOTE project- ICT based solutions for Prevention and Management of Chronic Conditions of Elderly People	Spain	Spain, Madrid	European	Cluster 1. Living Environments	<a href="#">37</a>
<b>Lola Domènech- Architect</b>	Boulevard Passeig St Joan- Barcelona urban intervention	Spain	Spain- Catalunya- Barcelona	BARCELONA- CATALUNYA	Cluster 1. Living Environments	<a href="#">103</a>
<b>Municipality of Trieste</b>	PRESTO A CASA Project – SOON AT HOME Project: innovative types of temporary homes for persons with sub-acute physical and sensorial disabilities	Italy	Italy, Autonomous Region of Friuli Venezia Giulia, Trieste	Province of Trieste	Cluster 1. Living Environments	<a href="#">66</a>
<b>Pôle Autonomie Santé (PAS) de Lattes Pole Autonomie en Santé (Centre of Health Autonomy)</b>	L'ETAPE: municipal public service dedicated to supporting the population in the choice and testing of technical and technological aids'	France	France – Région Languedoc Roussillon – Département de l'Hérault (34) - Ville de Lattes	Département de l'Hérault	Cluster 1. Living Environments	<a href="#">40</a>

Organization	Title	Country	Region	Geographical scope	Clusters	Page
<b>Polibienestar Research Institute – University of Valencia</b>	Project HOST: Smart technologies for self-service to seniors in social housing	Spain	Spain, Valencia Region	European level; the experimentation is specifically focussed in France, Italy and United Kingdom	Cluster 1. Living Environments	<a href="#">43</a>
<b>SINTEF Building and Infrastructure</b>	Welfare Technology and Housing Solutions for the Future of Older people: studies and solutions for older people housing and nursing homes.	Norway	Norway, South Trøndelag (Sør-Trøndelag), Trondheim	National and Nordic	Cluster 1. Living Environments	<a href="#">68</a>
<b>Tecnia Research &amp; Innovation</b>	Design Guide for Adapted Housing for the Older People	Spain	Azpeitia-Gipuzkoa (Spain)	Spain-Europe	Cluster 1. Living Environments	<a href="#">72</a>
<b>Tecnia Research &amp; Innovation</b>	Map of aging of the Basque country: adaptation of the building types and the built environments to promote the autonomy of older people, and the inclusion of support technologies	Spain	Derio-Bizkaia (Spain)	Spain-Europe	Cluster 1. Living Environments	<a href="#">75</a>
<b>Tecnia Research &amp; Innovation</b>	Deckubik-experimental facility for R&D aimed at developing new concepts, products and Services that promote the autonomy of older people in the household	Spain	Azpeitia - Gipuzkoa (Spain)	Spain	Cluster 1. Living Environments	<a href="#">77</a>

Organization	Title	Country	Region	Geographical scope	Clusters	Page
<b>Tecnalia Research &amp; Innovation, Gismero Decoraciones Metalica, SL, TESA</b>	Emergency exit door adapted to the needs of people with reduced mobility	Spain	Gipuzkoa (Spain)	Europe	Cluster 1. Living Environments	<a href="#">81</a>
<b>TNO, Netherlands Organisation for Applied Scientific Research</b>	Assisted Living Areas Rotterdam-areas where all citizens can live independently for longer and quality of life can be enhanced.	The Netherlands	Municipality of Rotterdam	16 neighbourhoods in the City of Rotterdam	Cluster 1. Living Environments	<a href="#">106</a>
<b>Udine City Council – Municipality of Udine</b>	RE-FREEDOM (Functional Network for Research and Experimentation of Innovative Home Care Services)	Italy	Italy, Autonomous Region of Friuli Venezia Giulia, Province of Udine, Udine	Province of Udine, Italy	Cluster 1. Living Environments	<a href="#">49</a>
<b>University of Porto CITTA/FLUP Research Centre for Territory, Transports and Environment CITTA Faculty of Arts of the University of Porto</b>	Socioeconomic determinants of ageing and susceptibility to cold extremes	Portugal	Portugal, Porto Metropolitan Area	Porto Metropolitan Area	Cluster 1. Living Environments	<a href="#">111</a>
<b>University of Porto – Portugal DEMSSO/FEUP - Doctoral Program in Occupational Safety and Health FEUP - Faculty of Engineering of the University of Porto</b>	Age-Friendly City Performance Index [AgeCPI]	Portugal	Portugal, North of Portugal, Porto	Trofa Municipality	Cluster 1. Living Environments	<a href="#">109</a>
<b>UPM</b>	Smart House Living Lab	Spain	Spain, Madrid Region/Madrid/Madrid	Local and European	Cluster 1. Living Environments	<a href="#">53</a>
<b>ZIVOT 90</b>	ZIVOT 90	Czech	Czech Republic, Prague	Czech Republic	Cluster 1. Living Environments	<a href="#">55</a>

Organization	Title	Country	Region	Geographical scope	Clusters	Page
<b>City Council of Rome</b>	General Rehabilitation Plan for Acquired Properties: remodelling of a former mansion house into a jazz music venue	Italy	Italy, Rome, Municipality of Rome	Regional	Cluster 2. Active Ageing in the Community	<a href="#">117</a>
<b>Fundació izCAT</b>	LIFE 2.0: Geographical positioning services to support independent living and social interaction of elderly people.	Spain	Spain, Catalonia, Barcelona	Europe	Cluster 2. Active Ageing in the Community	<a href="#">120</a>
<b>Fundació izCAT</b>	COM'ON: Confident motion – Addressing orientation/navigation challenges of older persons	Spain	Spain, Catalonia, Barcelona	European initiative	Cluster 2. Active Ageing in the Community	<a href="#">153</a>
<b>Ingeniería y soluciones informáticas, S.L.</b>	ElderIIN- Enabling older people to independently and universally get access to services related to health	Spain	Spain/Andalusia/Seville	European	Cluster 2. Active Ageing in the Community	<a href="#">123</a>
<b>Instituto Pedro Nunes - IPN (Coimbra University)</b>	Move- Overcoming mobility limitations of patients using the non-pollutant, electric, autonomous car "Move"	Portugal	Coimbra, Portugal	Rovisco Pais Hospital, Quinta da Fonte Quente, Tocha - Portugal	Cluster 2. Active Ageing in the Community	<a href="#">156</a>
<b>Instituto Pedro Nunes - IPN (Coimbra University)</b>	Pantufinhas- Using the electric car "Pantufinhas" to connect primary services of benefit to older people in the Coimbra region	Portugal	Coimbra, Portugal	City of Coimbra	Cluster 2. Active Ageing in the Community	<a href="#">159</a>

Organization	Title	Country	Region	Geographical scope	Clusters	Page
<b>Ireland's Age Friendly Cities &amp; Counties Programme</b>	Age Friendly Business project-development and implementation of an Age Friendly Business Recognition Scheme across counties in Ireland	Ireland	IRELAND	National	Cluster 2. Active Ageing in the Community	<a href="#">125</a>
<b>Newcastle Science City Company Ltd</b>	VOICE North-Valuing Our Intellectual Capital and Experience – supporting age-friendly projects	UK	North East of England	Local	Cluster 2. Active Ageing in the Community	<a href="#">161</a>
<b>Region Skåne</b>	Culture in Care (for older people): networking in order for culture to become an obvious part of older people care.	Sweden	Sweden, Region Skåne	Skåne	Cluster 2. Active Ageing in the Community	<a href="#">128</a>
<b>Suffolk County Council</b>	Progress Towards Healthy Ageing in Europe: access to a free online workplace health tool	UK	UK, Suffolk, Ipswich	Regional work in Suffolk, UK and transnational work in	Cluster 2. Active Ageing in the Community	<a href="#">131</a>
<b>The Health and Social Care Alliance Scotland (The ALLIANCE)</b>	Engaging and Empowering Older People in Scotland	UK	Scotland	Scotland wide	Cluster 2. Active Ageing in the Community	<a href="#">165</a>
<b>UniCredit S.p.A.</b>	Subito Banca Via Internet-Banking accessibility solutions for older people	ITALY	ITALY	ITALY	Cluster 2. Active Ageing in the Community	<a href="#">134</a>
<b>University of Deusto</b>	Deusto OcioBide Escuela de Ciudadanía (School of Citizenship) - developed initiatives and programs to present lifelong learning as a leisure experience, capable of	Spain	Spain, Basque Country, Biscay, Bilbao	Region of Biscay (Bizkaia)	Cluster 2. Active Ageing in the Community	<a href="#">137</a>

Organization	Title	Country	Region	Geographical scope	Clusters	Page
	promoting personal development and social engagement.					
<b>University of Porto CETAC-MEDIA/FLUP Research Centre in Communication Technologies and Sciences</b> <b>CETAC.MEDIA</b> <b>Faculty of Arts of the University of Porto and University of Aveiro</b>	SEDUCE - Senior Citizen Use of computer mediated Communication and information in web Ecologies	Portugal	Portugal, Aveiro and Porto	North and centre of Portuga	Cluster 2. Active Ageing in the Community	<a href="#">141</a>
<b>University of Porto CETAC-MEDIA/FLUP Research Centre in Communication Technologies and Sciences</b> <b>CETAC.MEDIA</b> <b>Faculty of Arts of the University of Porto and University of Aveiro</b>	iNeighbour TV- An interactive TV application targeted to senior citizens	Portugal	Portugal, Aveiro and Porto	North and centre of Portugal	Cluster 2. Active Ageing in the Community	<a href="#">144</a>
<b>University of Porto CITTA/FLUP Research Centre for Territory, Transports and Environment</b> <b>CITTA Faculty of Arts of the University of Porto</b>	Good practices of the urban policies as an answer to the constraints of ageing - Vitória friend of the elderly	Portugal	Portugal, Metropolitan Area of Porto	Parish of Vitória	Cluster 2. Active Ageing in the Community	<a href="#">148</a>
<b>Ambienta45 (associated with Catalina Hoffmann Holding Group)</b>	Friendly Places for Active Senior Tourism	Spain	Spain, Extremadura , Badajoz	Initially, Extremadura (Spain) and Alentejo (Portugal)	Cluster 3. Active & Healthy Lifestyles	<a href="#">191</a>



Organization	Title	Country	Region	Geographical scope	Clusters	Page
<b>EuroHealthNet</b>	Creating an age-friendly European Union by 2020: promotion of health and health equity between and within European countries	Belgium	Belgium	European	Cluster 3. Active & Healthy Lifestyles	<a href="#">172</a>
<b>EuroHealthNet member: Flemish Institute for Health Promotion and Disease Prevention (VIGeZ)</b>	Still Standing (Dutch: BOEBS: Blijf Op Eigen Benen Staan) – Promoting physical activity among older people	Belgium	Belgium, Brussels	All municipalities in Flanders (308), and the dutch-speaking municipalities in Brussels.	Cluster 3. Active & Healthy Lifestyles	<a href="#">175</a>
<b>NHS Scotland and partners in the Reshaping Care for Older People Programme</b>	PATH to Active and Healthy Ageing	UK	Scotland	Country wide – mix of urban and rural	Cluster 3. Active & Healthy Lifestyles	<a href="#">179</a>
<b>Polibienestar Research Institute and Treelogic S.L.</b>	THOFU (Technologies for the hotel of the future) / Bionutfit – prototype to encourage guests (included profile of older people) to do physical exercise	Spain	Spain	European	Cluster 3. Active & Healthy Lifestyles	<a href="#">194</a>
<b>Polibienestar Research Institute at University of Valencia (Spain)</b>	SOCIALTOURISM platform: understanding the links between older people's well-being and their urban environment.	Spain	Spain, Valencia	Spain	Cluster 3. Active & Healthy Lifestyles	<a href="#">197</a>
<b>Regione Lombardia</b>	Walking Group Programme (WGP): walking together regularly involving people affected by chronic diseases: diabetes, hypertension, psychological/mental diseases.	Italy	Regione Lombardia, Local Health Authority (ASL) of the Province of Bergamo, 115 Municipalities	Local with possible extension at regional level	Cluster 3. Active & Healthy Lifestyles	<a href="#">182</a>

Organization	Title	Country	Region	Geographical scope	Clusters	Page
<b>Regione Lombardia (Italy)</b>	PIEDIBUS – An intergenerational “Walk to school” programme in the promotion of physical activity	Italy	Regione Lombardia, Local Health Authority (ASL) of the Province of Bergamo	Local with possible extension at regional level	Cluster 3. Active & Healthy Lifestyles	<a href="#">185</a>
<b>Tecnalia Research &amp; Innovation</b>	Hotels For All - complete product solution to meet the needs of the older clients in the hotel industry.	Spain	Azpeitia - Gipuzkoa (Spain)	Spain	Cluster 3. Active & Healthy Lifestyles	<a href="#">199</a>
<b>University of Porto ISPUP/FMUP/INEB Institute of Public Health of University of Porto (ISPUP) Biomedical Engineering Institute (INEB) Department of Clinical Epidemiology, Predictive Medicine and Public Health - Faculty of Medicine of the University of Porto (FMUP)</b>	Study of place of residence and the frequency of health related behaviours (such as physical activity)	Portugal	Portugal, Porto, Porto	North of Portugal, Porto	Cluster 3. Active & Healthy Lifestyles	<a href="#">187</a>
<b>EuroHealthNet member Cumbria County Council</b>	Dementia Friendly Environments	UK	CUMBRIA COUNTY, NORTH WEST ENGLAND	COUNTY-WIDE [SUB-REGIONAL]	Cluster 4. Dementia Supportive Environments	<a href="#">205</a>
<b>Research Institute on Social Welfare Policy – POLIBIENESTAR</b>	Implementation of the Social Sustainability Theory for the local job creation with the aim of promote age-friendly environments through training for gaining skills in the social and health care labour market.	Spain	Valencia (Spain)	European Union	Cluster 4. Dementia Supportive Environments	<a href="#">208</a>

Organization	Title	Country	Region	Geographical scope	Clusters	Page
<b>Technische Universität Dresden</b>	Architecture under demographic change (AiDW): evidence-based design guidance on how to implement dementia-friendly design.	Germany	Germany, Saxony, Dresden	No restrictions	Cluster 4. Dementia Supportive Environments	<a href="#">212</a>
<b>UK, Scotland, Joint Improvement Team</b>	Learning Lessons from Dementia Supportive Environments'	UK	UK, Scotland	Scotland	Cluster 4. Dementia Supportive Environments	<a href="#">214</a>
<b>University of Deusto, Neuropsychology Research Team</b>	EHACOP- BRAIN FRIENDLY ICT's- collaboration between research centres and nursing homes to improve patient performance in learning, memory skills, attention, and executive functions.	Spain	SPAIN, BASQUE COUNTRY, BILBAO	BASQUE COUNTRY	Cluster 4. Dementia Supportive Environments	<a href="#">218</a>

# CLUSTER 1.

## LIVING ENVIRONMENTS

### Introduction

This Cluster is grouped together under the theme of Living environments. Under this cluster there are 31 Good Practices, covering the three sub-clusters, Ambient Assisted Living, Housing and Urban environments respectively. The good practices range from living labs to incorporating intergenerational communication, and rehabilitation and urban planning programmes and policies to further develop supportive living environments for older people and all citizens.

In the section on Ambient Assisted Living (AAL), the practices correspond well to the D4 Action Plan area of ICT and smart environments. They also showcase examples on implementing policies and practices for regions, cities and communities. The practices underline the impact of ICT products and services adapted to older peoples' needs through the promotion of a better access to urban services, higher autonomy and home services; some are funded through the Ambient Assisted Living Joint Programme.

In the section on Housing, good practices cover the definition of physical and spatial characteristics of different spaces and equipment of housing based on older peoples' needs, and further practices look at designing guides and requirements of housing. The good practices correspond with several domains of the WHO framework for Age-friendly cities, in particular housing, but also outdoor spaces and buildings, social participation information and communication, and community support and health services.

In the section on Urban environment, all practices are building towards innovative age-friendly environments. Topics addressed by the good practices span from awareness raising, accessibility, mobility, personal autonomy, to urban planning, assessments and tools. This covers simultaneously all the areas of the D4 Action Plan and also all the WHO framework Age-friendly cities dimensions.

## Section on AAL

Organization	Title	Country	Region	Geographical scope
<b>Fundació izCAT</b>	FEARLESS: Fear Elimination As Resolution for Loosing Elderly's Substantial Sorrows	Spain	Spain, Catalonia, Barcelona	European initiative
<b>Government of Flanders/Flanders' Care</b>	Flanders' care	Belgium	<b>Flanders</b>	<b>Regional</b>
<b>Hamburg Ministry for Health and Consumer Protection (BGV)</b>	Ambient Assisted Living for older citizens in Hamburg	Germany	Germany/Metropolitan region of Hamburg	Germany/Metropolitan region of Hamburg
<b>IK4-IKERLAN (belonging to IK4 research Alliance)</b>	mPowerSalud	Spain	Spain	Regional (Basque Country)
<b>IK4-Vicomtech (belonging to the IK4 Research Alliance)</b>	OpenURC Alliance (URC / UCH Ecosystem Technologies)	Spain	Alliance member countries include: Spain, Germany, Portugal, Czech Republic and the U.S.A	International
<b>Istituto Auxologico Italiano</b>	Nostalgia Bits Project - web platform for older people and their families that aims at increasing intergenerational interaction	Italy	Lombardy Region, Milan	European
<b>Life Supporting Technologies- Universidad Politécnica de Madrid</b>	REMOTE project- ICT based solutions for Prevention and Management of Chronic Conditions of Elderly People	Spain	Spain, Madrid	European
<b>Pôle Autonomie Santé (PAS) de LATTESPOLE AUTONOMIE SANTE (Centre of Health Autonomy)</b>	L'ETAPE: municipal public service dedicated to supporting the population in the choice and testing of technical and technological aids	France	France – Région Languedoc Roussillon – Département de l'Hérault (34) - Ville de Lattes	Département de l'Hérault

<b>Polibienestar Research Institute – University of Valencia</b>	Project HOST: Smart technologies for self-service to seniors in social housing	Spain	Spain, Valencia Region	European level; the experimentation is specifically focussed in France, Italy and United Kingdom
<b>Udine City Council – Municipality of Udine</b>	RE-FREEDOM (Functional Network for Research and Experimentation of Innovative Home Care Services)	Italy	Italy, Autonomous Region of Friuli Venezia Giulia, Province of Udine, Udine	Province of Udine, Italy
<b>UPM</b>	Smart House Living Lab: design, development and evaluation of new services and ICT products for social services at home for elderly citizens (security, entertainment, social interaction, communications, information).	Spain	Spain, Madrid Region/Madrid/Madrid	Local and European
<b>ZIVOT 90</b>	ZIVOT 90-Providing high quality service care in the Czech Republic	Czech	Czech Republic, Prague	Czech Republic

## FEARLESS: Fear Elimination as Resolution for Loosing Elderly's Substantial Sorrows

**Organization:** Fundació i2CAT

**Country:** Spain

**Region:** Catalonia, Barcelona

**Geographical scope of the initiative:** European initiative

**Target group size:** Elderly living alone in EU-27: 25.4 million people [2009]

**Target group category:** Older people living at home

**Type of partners involved:** Research centres

**Topics addressed (keywords):** elderly fears, visual and acoustic risk detection, fall detection, elderly assistance

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Outdoor spaces and Buildings

## Description

FEARLESS stands for Fear Elimination As Resolution for Loosing Elderly's Substantial Sorrows, a project designed to detect a wide range of risks with a single sensor unit, enhancing mobility and enabling elderly to take active part in the self-serve society by reducing their fears.

FEARLESS will utilize the flexibility of vision based sensors and combine it with acoustic event detection. This combination will significantly enhance the reliability of the overall system. The potential dangers which can be detected with FEARLESS include smoke/fire, flooding, falls or sudden changes in daily life caused by a deterioration of the health condition. The overall aim of this project is the reduction of barriers (i.e. fears and concerns), which impedes the mobility of elderly people, often suffering from dementia or light loss of cognitive activities.

The users are involved throughout the entire project, as their needs and wishes are examined in regular feedback intervals -as well as their feasible concerns about their privacy. End users participation during the project consists of the following steps:

User requirement analysis: the needs and fears of end users will be assessed by theoretical derivations from existing psychological models and theories and semi-structured interviews.

System specification: according to the assessed user requirements, an initially defined system specification will be continuously evaluated by end users and redefined through regular feedback loops.

1st prototype (pilot phase A): the results of semi-structured interviews will act as input during feedback loops for prototype enhancements on a regular basis.

Improved prototype (pilot phase B): end user participation follows the same principle as in phase A, but on a larger scale.

FEARLESS is developed with end-user centered design and the participation of users (elderly, care-taker organizations, relatives...) is crucial. Thus, the consortium partners are chosen to ensure high user participation from the very beginning throughout the whole project to ensure continuous user evaluation and feedback loops.

The end-users to participate in pilot studies are selected with the following recruitment criteria:

- Living alone.
- Elderly more than 65 years old
- Restriction for activities of daily living
- With small cognitive loss
- At risk



Fearless is an AAL project coordinated by CogVis Software und Consulting GmbH in partnership with Vienna University of Technology (AT), Samariterbund Wien (AT), Medical University of Vienna (AT) TeSAN (IT), University of Bamberg (DE), Fraunhofer IPK (DE), InfoKom GmbH (DE), Fundació izCAT (ES) and Linkcare Health Services (ES).

## **Innovation**

The FEARLESS system uses vision sensors and microphones, allowing for the combined visual and acoustic detection of risks. This type of sensor offers a flexible and extendable solution, able to detect different kinds of events simultaneously by applying powerful computer vision and audio processing algorithms without intervention into elderly daily life activities.

## **Impact and outcome**

Include evidence on the impact and outcomes (e.g. what outcomes are expected, coverage, applications, publications, end users, potential impact on society, how older people have benefited from your initiative)

It's expected that FEARLESS will provide elderly end users with a non-invasive home technology. This will also allow elderly with help immediately without any intervention. At the same time, it stays in the background, not interfering with activities of daily living (ADL) when no emergency is present. Thus will not be perceived as surveillance system, but as emergency aid that enables an elderly to keep (or re-gain) self-confidence when it comes to dealing with every day challenges. If elderly feel safe in their homes, they have a higher self-efficacy resulting in more active participation in life. This increases the independency of elderly and thus enables them, to take active part in the self-serve society.

## **Evaluation**

The project is periodically formally evaluated by AAL programme reviewers.

## **Success Criteria**

Success criteria considered in FEARLESS are:

- Higher end users acceptance rate of assisting AAL technology: By utilizing quantitative and qualitative measures, a change in attitudes (cognitive and emotional level) as well as in every day behavior will signal a higher acceptance of AAL. Relatives as well as ambulant care professionals will also be asked, as the decision in favor (or against) AAL will in most cases be made by the whole family, influenced by expert's opinion.

- Higher self-efficacy thus leading to increased mobility: Elderly people, especially with age-related diseases, run the risk of a notably decline in cognitive and physical functions during the test period. This possible decline will be massively confounded with FEARLESS effects, resulting in huge statistical variance of the target measure. Any standard pre-post-comparison will be bound to fail. Therefore, we propose an evaluation drawing on (methodologically founded) personal interviews (again, with end users, relatives and care professionals) to distinguish the influence of FEARLESS; and to validate any findings by communication.

Positive support from suppliers: at least  $\frac{3}{4}$  of electricians involved will support this project

System error rate (no false alarms): due to the combination of visual and acoustical information, the system will be very stable

Optimization of communication between primary and secondary end users as well as action forces in case of emergency: In the long term, the end users, the service centre, public institution and insurances can obtain all real advantages:

End users will reduce expenses for a more accurate and efficient service that simplify their interaction with the service centre in case of alarm.

Service centre will reduce the costs for the service provided by increasing the quality of the activity done that is concentrated only on the alarms

Public institutions will benefit of reduced costs for provide nursing homes services or hospital services

Insurances are able to reduce the end users care costs

Transferability to other organisations/regions

FEARLESS will assure transferability of the project results with different strategies:

- The involvement of a network of electricians and electric shops into the consortium will assure an alignment of project objectives with real market actors' needs and concerns.
- On a methodological level, implementation of a user-centred approach will guarantee that their feedback is correctly managed and considered into the technical development in order to adapt it to elderly end user needs.
- The technical implementation of FEARLESS system is developed on a modular basis of its components aiming to provide a fast adaptation of the system to third party environments.

## Funding

Ambient Assisted Living Joint Programme.

## Further information

More information available at

<http://www.fearless-project.eu>  
<http://www.izcat.net/en/projecte/fearless>

Contact info:

Andrea Cervera ([Andrea.cervera@izcat.net](mailto:Andrea.cervera@izcat.net))

## Flanders' care

**Organization:** Government of Flanders/ Flanders' Care

**Country:** Belgium

**Region:** Flanders

**Geographical scope of the initiative:** Regional

**Target group size:**

**Target group category:** People receiving care at home, older persons with disabilities

**Type of partners involved:** Primary care centres, General practitioners, Hospitals

Pharmacists, Home care centres, Nursing homes, Informal caregivers,

Small-sized industry, Research centres, Advocacy organisations patients/users

**Topics addressed (keywords):** Roll-out of technologies/processes, home-care, smarter working in care, evidence-based, co-creation, ecosystem

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multi-stakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Community support and health services, Information and Communication

### Description

Flanders' Care is a programme of the Government of Flanders that strives to improve the quality of care through innovation and to promote accountable entrepreneurship in the care economy.

Flanders' Care promotes innovation by ensuring cross-fertilization between care facilities, care providers, care users, knowledge centres and the business community. For, the better that these actors know one another, the faster we can provide innovative solutions for the care and welfare sector, and in this way promote responsible entrepreneurship.

### Innovation, Impact and Outcomes

Within the program Flanders'Care, different instruments are present. The instrument 'Flanders' Care demonstration projects' tries to close the gap between prototype and market roll-out. In this way the projects have time to prove themselves in terms of the value they bring for the quality of care and in the same time also have the opportunity to

test the business model they have in mind, to see if the solution can be successfully marketed.

### Impact and outcome

The projects are a success, if at the end of the funding period a valid report is delivered that delivers evidence for the quality of care and a realistic business plan is presented.

### Evaluation

An evaluation of the instrument demonstration projects is on-going, this will be done by using depth interviews, the results will be available in march 2014.

### Success Criteria

The demonstration projects are a success, if at the end of the funding period a valid report is delivered that delivers evidence for the quality of care and a realistic business plan is presented.

### Transferability to other organisations/regions

The focus on cooperation between care and industry actors is certainly a big value, the interaction with the projects provides information to policy makers to see where systemic changes are needed in order to increase the likelihood of success for the implementation of new products or services.

### Funding

Competitiveness and Innovation Programme.

### Further information

[www.flanderscare.be](http://www.flanderscare.be)

contact: Katrien Kimpe

## Ambient Assisted Living for older citizens in Hamburg

**Organization:** Hamburg Ministry for Health and Consumer Protection (BGV)

**Country:** Germany

**Region:** Germany/Metropolitan region of Hamburg

**Geographical scope of the initiative:** Germany/Metropolitan region of Hamburg

**Target group size:**

**Target group category:** Senior citizens, housing association, services companies, ICT industry, day care centres, nursing homes, smart home technology provider

**Type of partners involved:** Primary care centres, General practitioners, Pharmacists  
Nursing homes, Day care centres, Housing organisations, Private companies,  
Regional public authorities, Advocacy organisations patients/users, Local public  
authorities, Advocacy organisations physicians, Other: Advisory board for senior citizens

**Topics addressed (keywords):** AAL technology, communication platform, service  
platform, life supporting systems, smart home technology, independent life for senior  
citizens

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of  
ICT products and services adapted to older people needs through the promotion of a  
better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO  
framework:** Housing, Social Participation, Information and Communication,  
Community support and health services

## Description

The activities in the ministry for Health and Consumer Protection cover two areas, first the implementation and evaluation of a new legal provision strengthening the participation of the elderly in decision making, second the development of a strategy of the Hamburg ministries to face the demographic challenges.

a) Starting point of the above mentioned law for participation of senior citizens was that – in spite of existing administrative provisions below the level of a law – participation and representation of the elderly in relevant processes was not satisfactory. The new law has created new representative bodies on the communal and on the level of the Land. First observations are that there is a broader representation of advocacy (e.g. involvement of migrants, broader spectrum of age groups). A formal and comprehensive evaluation of the impact is planned for 2017.

b) In order to face the challenges of demographic change the Hamburg administration is preparing a policy bundling and orientating the existing activities in the different ministries. The demographic outlook can be described as a growing core region with shrinking population in the wider surrounding areas. Starting point for this initiative is a report "Growing old in Hamburg". So far high level workshops have been organized and the inter service consultation defining the expectations, principles and scope of the policy will be finalized in a short time. A survey has been developed aiming at identifying and analyzing more in detail the specific challenges the ministries and departments in administration face.

## Innovation, Impact and Outcomes:

- a) Introduction and implementation of a new legal framework for the participation of elderly citizens
- b) Policy and strategy development for a metropolitan región

## Transferability to other organisations /regions:

The following items could be transferred resp. of interest to regions and organisation, especially metropolitan regions in a similar demographic situation

Experiences and practices in re-orientation of policy, the legislative process and the implementation

Experiences and practices common development of tools for the evaluation

Common development of evaluation tolos

## Funding

EFRE

## Further information

Report "Growing old in Hamburg"

<http://www.hamburg.de/contentblob/3734038/data/bericht-aelter-werden-in-hamburg.pdf>

Law for the participation of elderly citizens

<http://www.landesrecht-hamburg.de/jportal/portal/page/bshaprod.psml?showdoccase=1&doc.id=jlr-SenMitwGHApG1&doc.part=X&doc.origin=bs&st=lr>

## mPowerSalud

**Organization:** IK4-IKERLAN (belonging to IK4 research Alliance)

**Country:** Spain

**Region:** Spain, Basque Country

**Geographical scope of the initiative:** Spain, Basque Country

**Target group size:** 40 primary users

**Target group category:** People living in a municipality/region, people receiving care at home, Formal caregivers, Older People with a specific illness/disease, Specialised physicians, Informal caregivers, Older people living at home, People 50+, Nurses

**Type of partners involved:** Fagor Electrodomésticos, S. COOP., IK4-IKERLAN (Research center), MATIA Gerontology Institute (Research center)

**Topics addressed (keywords):** Healthy lifestyle management, Health monitoring at home, Metabolic syndrome, Type 2 diabetes mellitus and Cardiovascular risk factors

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Community support and health services

## Description

This initiative provides a range of services that enable older people with a disease or chronic condition to control their implied risks and improve their health condition. This initial pilot is focused on older adults with type 2 diabetes mellitus and cardiovascular risk factors

There are two services involved

- **Healthy lifestyle management:** This service provides with weekly plans and professional support to help persons to maintain healthy habits based on diet, physical exercise and activities aimed at controlling stress and improving sleep quality. The service is personalized taking into account the personal profile of the assisted person where his/her health status (diseases, allergies...), eating preferences and other health related behaviours are detailed. Additionally it would provide remote access to designated professionals and experts so they can influence and improve the quality of life of the service user.
- **Health monitoring at home:** Management of chronic diseases such as diabetes, high blood pressure, heart failure disease, etc. allowing patients to realize and control the monitoring of their vital signals at home with nursing ongoing control service that can interact with them and control their protocol and progress.

## Innovation, Impact and Outcomes

The innovative elements are:

ICT enabled applications for Healthy lifestyle management and Health monitoring at home designed with a user centric and user experience approach

-

A home platform that permits the integration, interoperability and command of a wide variety of multivendor and multi technology (Power Line, Z-Wave, WIFI, etc.) healthcare and other domotic devices. Many of these devices are wireless. The main component of this platform is the so-called HSB (Home Box Services), which consists of a structured software system, flexible and portable that can run on different hardware platforms support. The HSB includes a software architecture based on a layered structure with an operating system (Linux, Android or Windows) a layer of Java language, an OSGI service layer, and it's different "bundle" of software applications.



- 
- A cloud platform that permits primary and secondary users to access to personalize applications from any computer or mobile devices.
- 
- A service platform that integrates Healthcare and security services provided by specialists centralized and coordinated in a single point of contact
- 
- Tested interoperability among the different platforms

## Impact and outcome

We divided the impact within three perspectives: the service integrator, the service provider and the final user.

From the perspective of FAGOR, this project is a very good opportunity to open new lines of business through the provision of integrated services and products from home, allowing the company access to not yet explored, markets, diversify its portfolio, and therefore increase their global competitiveness by becoming a company not only dedicated to the manufacture and sale of household appliances, but also be able to provide the main services demanded by users from Home.

From the perspective of the health and care organizations, providers of the professional services to the final user, the use of a service integration platform like this reactivates their channels with their customers having the ability to offer more innovative products and transforming to an innovative service delivery ml that allows them to maintain a sustained relationship with their clients.

From the older people perspective, the expected outcomes include:

- To extend the time they can live in their preferred environment
- To promote lifestyles better and healthier for the elderly
- To better support the maintenance of the health of the elderly

## Evaluation

The pilot with final users began in 2012 and ends in 2013. The period of use of the platform by the users ranges from six to 12 months.

The evaluation, to be completed during the second half of 2013, is of three types

- Assessment of adherence, based on the quantitative analysis of the number of use of the various services of the platform, the number and type of consultation with professionals, and the permanence within the pilot plan
- Assessment of the adequacy and perceived value by the user, through surveys about usability and obtained value by each one of the services.
- Evaluation of the improvement of the health condition, based on statistical developments (mean and standard deviation) and comparison of biomedical control data (weight, BMI, blood pressure and basal glucose) during the whole process..

## Success Criteria

The success criteria used during the pilot is based on an adaptation of the purchasing funnel. The purchasing funnel is a model which describes the theoretical customer journey from the moment of first contact with your value proposition to the ultimate goal of a purchase.

Following that, it is considered:

1. the number of potential users that showed interest once they have been contacted by phone and email
2. the number of users committed to participate into the process after the face-to-face presentation
3. the number of users that remain in the project
4. the number of users that are active in the platform
5. the number of users that perceives that their health improves
6. the number of users that would recommend the platform to others
7. the number of users that would pay for the use of the platform

## Transferability to other organisations/regions

Although the scope of the initial project pilot is limited to a region, given the characteristics of the project, its implementation and deployment is not confined to any particular geographical area and it is worth to consider its use in other EU regions.

## Funding

Other funding than EU funding instrument.

## Further information

Contact info:

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Jorge de Antonio ([jdeantonio@fagorelectrodomesticos.com](mailto:jdeantonio@fagorelectrodomesticos.com))

## OpenURC Alliance (URC / UCH Ecosystem Technologies)

**Organization:** IK4-Vicomtech (belonging to the IK4 Research Alliance)

**Country:** Spain

**Region:** Alliance member countries include: Spain, Germany, Portugal, Czech Republic and the U.S.A

**Geographical scope of the initiative:** International

**Target group size:**

**Target group category:** Older people in general population, Older people using public infrastructure ( e.g.. transport, buildings, environments), Older people living at home, People 50+, People living in a municipality /region, Local and regional authorities, Senior centres, People receiving care at home, People in day care centres, People in care homes, People in nursing homes, Older People visiting general practitioners, Older People with a specific illness/disease, Older Persons with disabilities, General practitioners, Specialised physicians, Patients in hospitals, Nurses, Formal caregivers, Informal caregivers

**Type of partners involved:** Research centres

**Topics addressed (keywords):** Intuitive, pervasive, multimodal & inter-operable user interface, Universal Remote Console, openURC standards.

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Community support and health services, Information and Communication

## Description

### Problem

There is a clear need to provide solutions for Ambient Assisted Living in the Independent Living environment. However, there isn't a unique and interoperable solution to connect all the devices and services that eventually. Developers/providers have their own and/or proprietary products and solutions that eventually require to interoperate and – equally important – provide intuitive, personalized and adaptive User Interfaces.

### Solution

The UCH and URC are technological solution to provide independency and health of elderly people. The platform allows the efficiently connection of home devices and services in a simple and scalable way. Our platform improves the elder population's quality of life by providing an efficient way of (inter)connecting devices and services and enhancing the interaction by providing simple, personalized and intuitive User Interfaces.

The mission of the openURC is to promote the Universal Remote Console (URC) and associated standards and its application in products, this way facilitating User Interfaces that are simple and intuitive to use, including current and future technologies such as Task Models, advanced User Profiling and Natural Language and Computer Brain Interaction, among others

## Innovation, Impact and Outcomes

### Innovative Elements:

The Universal Remote Console (URC) framework was published in 2008 as a 5-part international standard (ISO/IEC 24752). (End of 2013 a revision will be published) It

defines a "user interface socket" (UI Socket) as the interaction point between a pluggable user interface and a target device or service. The framework includes "resource servers" as global market places for any kind of user interfaces and resources necessary for interacting with appliances, and services, to be shared amongst the user community.

Furthermore, the Universal Control Hub (UCH) is a gateway-oriented architecture for implementing the Universal Remote Console (URC) framework in the digital home. The UCH connects non-URC compatible controllers and non-URC compatible target devices/services, bridges across multiple targets and target platforms and provides a choice of user interfaces for various controller platforms.

The UCH middleware has been tested used in different EU projects (FP6 izhome, FP6 Vital, FP7 Cloud4All, ...).

## Impact and outcome

End-users: The URC technology leaves a door open to deploy user interfaces for all, therefore especially seniors and people with disabilities can benefit of this technology, to use the controllers & UI that meet their preferences and needs.

Administrators: The Resource externalisation and the Resource Server technology allows for UI (or UI parts) update / remove / upgrade maintenance tasks.

Developer: The technology is open standards based. This facilitates third parties to develop new modules or new compatible software.

## Evaluation

In different EU projects (FP6 izhome, FP6 Vital, FP7 Cloud4All, ...).

## Success Criteria

ISO / IEC 24752 Standards 2008 & Revision by the end of 2013

Technical Report approved by the end of 2013

UCH middleware open source implementation in Sourceforge

URC / UCH ecosystem tools – Resources Server, User Interface Socket Builder, etc

## Funding

FP6 izhome, Vital projects

## Further information

Contact info: [www.openurc.org](http://www.openurc.org)

Gorka Epelde ([gepelde@vicomtech.org](mailto:gepelde@vicomtech.org))

## Nostalgia Bits Project

**Organization:** Istituto Auxologico Italiano

**Country:** Italy

**Region:** Lombardy Region, Milan

**Geographical scope of the initiative:** European

**Target group size:** 100-120

**Target group category:** Older people in general population, Older People with a specific illness/disease, Senior centres

**Type of partners involved:** Research centres

**Topics addressed (keywords):** Psycho-social wellbeing, intergenerational communication, social perception of ageing, loneliness, stakeholder engagement, reminiscence

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Social Participation

Respect and social inclusion

### Description

The objective of the AAL-funded "Nostalgia Bits" (NoBits) project was to develop an ICT solution to increase social interaction between elderly people and their families, as well as to improve intergenerational communication. To this purpose, the project designed, implemented and evaluated a web platform for the elderly and their families for capturing, digitally archiving, and sharing their memories encapsulated in letters, newspaper clippings, postcards, photos, and other artefacts. Those can become a resource of use by other members of the community – either to exchange experiences or to learn about different periods in history. The purpose is to mitigate feelings of loneliness and low self-esteem of seniors. An important additional benefit of Nostalgia Bits is that it conduces to situations that co-involve grandparents and their children/grandchildren in the process of uploading artefacts, generating occasions for off-line interactions between family members, and thereby reducing isolation and loneliness of the elderly person. As side benefits the use of NoBits was can motivate seniors to improve their computer skills and broaden their social spheres.

The project leverages a tailor-made business software, participatory design from the outset, and rigorous, evidence-based, iterative market research and testing methods to systematically build understanding about the rational and emotional needs of end users throughout the development process.

The target segment of NoBits are elderly people who are between 55-75 years old. These are up to 20 million Italians, 3.5 million Greeks and 3 million Hungarians in 2012. Experts

assume the potential market to reach a size of around 1.5 – 3 million Italians and 0.3 – 3 million Hungarians aged 55+. Quantitative research shows that the size of the main target segment of status seekers could amount to 5.5 million people in Italy and to 0.6 million in Hungary. The second target segment of NoBits are children aged between 10-12 years.

All partners of the NoBits consortium took the responsibility to identify and motivate elderly people and children to participate in a variety of research studies through the duration of the NoBits project, to ensure that their needs are systematically investigated and understood as vital inputs to portal and service design. User inclusion is formalized via expert surveys, qualitative focus group discussions, quantitative online surveys, and multiple field trials, including a stream of long term summative evaluations.

Field trials have been conducted in Italy, Hungary in 2013, using a consistent set of research questions and systematic methods to ensure that findings are universally applied to guide development. Participants included representative samples of target elderly people and grandchildren. Methods included ad hoc tests with fresh users, and summative evaluations to explore impacts from continued use, including improvements in the users overall interaction with family, friends and the community. Best practices were used to investigate user behaviour and appeal of NoBits solutions, including use of e-prototypes, end to end demonstrator and experience sampling methods to investigate agreed operational scenarios.

In particular, the main objective of the field trials was to evaluate the acceptability and effectiveness of the NoBits approach, the service platform and the individual technologies incorporated within it. The methodology for the trials was articulated in two key phases: formative evaluation and summative evaluation. The specific objective of the formative evaluation was to finalize the adequacy of the technical NoBits solutions, by means of identification and subsequent remediation of bottlenecks. The formative evaluation involved usability experts and small groups of users. In contrast to formative evaluation, the goal of summative evaluation was to judge the worth of the NoBits approach at the end of usability testing. For that reason, summative evaluation was about having participants use the NoBits service platform and tools without the obtrusive presence of the researcher or artificial usage conditions. The evaluation provided a broad overview of user wishes and/or concerns with the use of a social reminiscing system.

## **Impact and outcome**

The NoBits system was tested on a representative sample of end users in both Italy and Hungary. In Italy, the field trial involved several senior centers and municipalities in the Castanese area (situated in the hinterland of Milan, within the Lombardy region).

Overall, findings showed that elderly enjoyed very much the activity of sharing their reminiscences with both peers and children. The NoBits website was perceived as a

useful tool to transmit life memories to future generations. Furthermore, findings showed that collaboration in the creation of shared online reminiscences helped children in improving their perception of elderly people. Key findings of the Nostalgia Bits project were reported in several international conferences and also published in two peer-reviewed journal papers:

Morganti, L., Gaggioli, A., Bonfiglio, S., & Riva, G. (2013). Building collective memories on the web: the Nostalgia Bits project. *International Journal of Web Based Communities*, 9(1), 83- 104.

Gaggioli et. al. (in press) Intergenerational Group Reminiscence: a Potentially Effective Intervention to Enhance Elderly Psychosocial Wellbeing and to Improve Children's Perception of Aging. *Educational Gerontology* (accepted for publication).

## Evaluation

Evaluation consisted in a combined methodology involving i) external evaluation of impacts based on qualitative methods (interviews, focus groups, etc.) and ii) external evaluation of impacts based on quantitative methods (quantitative measurement of impact indicators).

## Success criteria

Overall, the vast majority of trial participants reported that NoBits is a convincing concept and an innovative service. In particular, the potential benefits of the proposed approach were investigated in a feasibility study, which involved 32 older adults and 114 students participating in a within-subject, repeated measures design. Participants were assigned to 16 groups, each including two seniors and six-eight pupils. The intervention consisted of three weekly meetings, totaling to about six hours of reminiscing activities. Pre-test and post-test measures included seniors' perceived levels of loneliness, self-esteem and quality of life. In addition, the effects of intergenerational contact on children's perception of the elderly were investigated by using an ad-hoc semantic differential scale. Analyses of pre- and post-intervention measures revealed that the elderly participants reported significantly lower values of loneliness and an increase in perceived quality of life. Further, results indicated that the children's attitude towards the elderly positively changed in a positive way, following their participation in the program.

## Transferability to other organisations/regions

Intergenerational reminiscence has a significant potential as an intervention to promote wellbeing in older adults and bridge the generation gap. Reminiscence is not new to seniors – new is to use the Internet as a medium for collecting and sharing memories. The internet allows collecting memories and give easily access to others as well as to find



people with the same experiences or even people who took part of same past events. So, reminiscing with NoBits is not restricted by time or place. The NoBits Portal supports further opportunity for a collective experience. It is therefore expected that the NoBits service concept can be potentially transferred to other organisations/regions with minimal effort.

## Funding

Ambient Assisted Living Joint Programme.

## Further information

Project website: [www.nobits.eu](http://www.nobits.eu)

Italian portal: <http://nobits.it/>

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## REMOTE project- ICT based solutions for Prevention and Management of Chronic- Conditions of Elderly People

**Organization:** Life Supporting Technologies-Universidad Politécnica de Madrid

**Country:** Spain

**Region:** Spain, Madrid

**Geographical scope of the initiative:** European

**Target group size:** According to the data provided by Eurostat (Eurostat 2012), 132 million people are forming the elderly population in Europe and almost 100 million people will face a chronic disease until 2020 (Eurostat 2012). However, 88% of this category or 88 million people don't use the internet. In other words, the internet users with chronic diseases estimated to be around 12 million people. In the remote and isolated areas lives the 7%.

**Target group category:** older people, especially of citizens at risk due to geographic and social isolation in combination with specific chronic conditions and the coexistence of lifestyle risk factors, such as obesity, blood pressure, poor eating/drinking habits, stress, etc

**Type of partners involved:** Research centres, Academia, Medium-sized industry

**Topics addressed (keywords):** avoiding geographic and social isolation, remote care, active ageing, supporting older people with specific chronic conditions, older people living in rural and isolated areas.

**D4 Action Plan Action Area(s)-addressed: ICT and smart environment:** promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Community support and health services, Social Participation

## Description

REMOTE aimed at defining and establishing a multidisciplinary and integrated approach to R&D of ICT for addressing real needs of elderly people, especially of citizens at risk due to geographic and social isolation in combination with specific chronic conditions and the coexistence of lifestyle risk factors, such as obesity, blood pressure, poor eating/drinking habits, stress, etc. It established an open and modular Ambient Intelligent platform integrating technologies in the field of telealarm, telecare and mobile alarm systems, life style and acts of daily living monitoring, telehealth conferencing and telemedicine vital sign monitoring, social networking, serious gaming, appointment EIP on AHA D4 Action Group: Innovation for age-friendly buildings, cities and environments management environmental monitoring and home automation (domotics). The system integrated the results from wearable and environmental sensors as well as use localization systems and decision support web-based tools.

The key objectives were to

- enable end-users in remote areas to live a safe and independent life in their home while selfmanaging their chronic diseases, interact and communicate with family, friends, people sharing common interests, health professionals and service providers and thus avoid social exclusion
- relieve the burden of care of informal carers by giving them the means to monitor the wellbeing of their loved ones at all times and interact as needed
- support formal care providers and health professionals with the means to monitor the health status of the patient's condition, adjust treatment accordingly and intervene before a situation becomes critical
- permitting commercial as well as not-for-profit product and service providers to inform the endusers of their offers

Both mobile and PC based solutions were developed and pilot tested with 496 people in 9 pilot sites in 7 countries.

The Consortium undertaking this project was highly multidisciplinary with a good mix of well-established research institutes, care providers and SMEs, as well as some subcontractors.

## **Innovation, Impact and Outcomes**

Impact and outcome: Include evidence on the impact and outcomes (e.g what outcomes are expected, coverage, applications, publications, end users, potential impact on society, how older people have benefited from your initiative)

## **Success Criteria**

The key innovation of REMOTE initiative lies within the integration of existing technologies and the development of open, modular and ontology-driven platform as well as developing various sensor value learning systems to make novel use of the different technologies used e.g linking the information from wearable sensors, environmental sensors, motoric monitoring abilities to keep track of the elderly person's vital signs, activity and behaviour to be able to provide proactive as well as reactive effective and efficient remote support where necessary. REMOTE represents a middleware between the single services and the final end users, in order to offer a rich service batch to him/her, in an one-stop-shop node, seamlessly and transparently to the used technologies.

Its unique features are:

- Web-based, open reference architecture, allowing different applications to be easily integrated between them and be combined, to lead to added value services.
- Common services profiling mechanism, that allows and supports single services and service batches personalization to each user category and even each individual user.
- Pilot tested and optimized services, with an elderly-friendly, common HMI and with both web and mobile versions.
- Best practice cases, by developing different 'service centers', matching different pilots needs, utilising the same project modules and single products/services.

REMOTE Architecture and services offer a very good and cost-efficient platform to assist Independent Living (including nutritional, activity and health advisor, social and communication features, etc), retaining a high level of comfort and satisfaction to the elderly citizens with chronic conditions and avoiding at the same time to socially isolate them.

## **Funding**

Ambient Assisted Living Joint Programme

## **Further information**

Contact info:

## L'ETAPE: municipal public service dedicated to supporting the population in the choice and testing of technical and technological aids

**Organization:** Pôle Autonomie en Santé (PAS) de LATTES

**Country:** France

**Region:** France – Région Languedoc Roussillon – Département de l'Hérault (34) - Ville de Lattes

**Geographical scope of the initiative:** Département de l'Hérault

**Target group size:**

**Target group category:** People living in a municipality /region, General practitioners, Older People with a specific illness/disease

**Type of partners involved:** Hospitals, Research centres, Academia, Local public authorities

**Topics addressed (keywords):** accessibility, awareness raising, stakeholder engagement, older people's voice, lifelong learning.)

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Community support and health services, Social Participation, Information and Communication

### Description

Lattes is one of the 31 cities of the Montpellier Agglomeration (410,000 inhabitants). Since 2005, this city (18 000 inh.) has been working in close collaboration with various actors (local authorities, universities, health and social care professionals, companies) to propose multisectoral innovative solutions to enable elderly and/or handicapped people to maintain an independent living.

In 2009, Lattes initiated the first free municipal public service in France. It was dedicated to supporting the population in the choice and testing of technical and technological aids: ETAPE.

This service is supported by the Centre Communal d'Action Sociale, a public service which include local authorities (Town Hall) and delegates of the population, including old people. It is moderated by 2 therapists, 1 Secretary documentalist and 2 loads of mission. This device has been completed in 2011 by the creation of a public space of training,

integrating educational apartment, to sensitize and train natural and professional caregivers in the proper use of technical aids.

In 2012, this service had responded to the requirements of over 800 people (2/3 health or social carers, 1/3 disabled people or care givers).

The reasons for this success are primarily:

- the professionalism of the players and a multistakeholders approach
- high quality of listening to the needs of the population and practitioners
- answers pragmatic, tailored to each individual/end user and its monetary resources (cash and grants)
- a follow-up and an evaluation of the solutions in practice.
- a public service free and independent of manufacturers and distributors.

In 2013, within the framework of the reference Site of EIP AHA "MAC VIA LR" (Fighting Chronic Diseases for active and healthy ageing in Languedoc Roussillon), and of its action A2 ("Integrated falls prevention clinic"), a close link between l'Etape and the Montpellier 's hospital and University of Sports is started in order to provide help to patients at risk of falls. The objective is to raise awareness and help the population at risk by outsourcing the services and tools of evaluation and rehabilitation of the hospital to come in contact with the population. This pilot experiment will begin in November 2013, with two towns of experimentation: Lattes and Prades.

At the same time, the town of slats will outsource its step service by creating an antenna in a small city (population 8,000 inh.) located in rural area : Lodève. The aim is to multiply the service offering by experimenting new intervention methods and to seek economic models based on the pooling of services in the aims to reduce the costs of intervention and to enrich experiences.

Finally, the Pole Autonomioe en Santé de Lattes is engaged since 6 months in a reflection conducted by Region Languedoc Roussillon with the actors of innovation in the domains of "non-drug intervention to active ageing" to create a living lab regional.

In this program, the objective of the step is create a platform for experimentation, observation and evaluation in situ and in vivo products and innovative services dedicated to the autonomy and the active ageing on the territory of the Montpellier Agglomeration. The starting of this program is planned for 2014.

## **Innovation, Impact and Outcomes**

The originality of the approach step is to seek to provide solutions adapted to the real needs of the people with loss of autonomy, without to specialize on technical and technological assistance special. It comes to take into account all of the needs of these people by studying in depth their personal circumstances, their housing, their

environment, their income and to seek the best possible solutions with it: technical or technological aid, human services, training, etc.

We start from the principle that there no miracle (ICT?) but a set of possible improvement with personalized support and an high quality of listening to the needs

We draw this strength in the fact that our Organization is a free and independant public service of proximity.

## **Impact and outcome**

Currently, we have no scientific measure of the impact of our work (see 4.3).

However we can measure the positive aspects whith the steady increase in the number of contacts and visitors in our office, whether the part of the local population for an application of Council and assistance, manufacturers and distributors of technical AIDS to make reference in our showroom, or practitioners to know our services.

And yet, our website will be operational only in the month of October 2013!

## **Evaluation**

Currently, we have implemented a system of indicators but it did is not satisfactory as computerized and therefore hardly exploitable.

In 2013, we made a first internal survey of a sample of 50 people who have benefited from our services: satisfaction rate is 100%!

In the context of the establishment of a living lab regional (see Chapter 3), we organise an initial exchange of expertise with partner regional (the Foundation partnership I2ML Nîmes - Mediterranean Institute of crafts of longevity) to benefit from their expertise in terms of randomisation and evaluation, the step providing them with our experience in occupational therapy applied.

These exchanges will begin in October 2013

## **Success Criteria**

Currently, our main criterion is the increase of our audience locally and at the regional level because of the fact that we do not yet have internet site and we operate mainly through "word of mouth", this proves our hearing and our success of esteem!

However, our goal is to improve the conditions of healthy ageing and the indicators we want to implement (see 4.3) will go in this direction to measure the elongation of home of persons losing their autonomy, their ability to continue to fit into the social life of the commune, the decrease in hospitalizations and drug.

## **Transferability to other organisations/regions**

We expect our exchanges within the D4 group and the study of the other "good practices" to address these issues of regional partnerships.

In September 201, the PAS comes to recruit a head of mission to work in this direction.  
“Wait and see”

## Funding

Other funding than EU funding instrument.

## Further information

Contact info:

web site : [www.etape-pole-autonomie-sante-lattes.org](http://www.etape-pole-autonomie-sante-lattes.org) (Opening in October 2013)

contact person : Pierre Martin-Gousset [pole.autonomie@ville-lattes.org](mailto:pole.autonomie@ville-lattes.org)

## Project HOST: Smart technologies for self-service to seniors in social housing

**Organization:** Polibienestar Research Institute – University of Valencia

**Country:** Spain

**Region:** Spain, Valencia Region

**Geographical scope of the initiative:** European level; the experimentation is specifically focused in France, Italy and United Kingdom

**Target group size:**

**Target group category:** Older people, their informal and formal caregivers, family and friends, and social housing providers or associations.

**Type of partners involved:** Research centres

**Topics addressed (keywords):** Social housing, ICTs, independent living, social inclusion

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

**ICT and smart environment:** promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the “Global age-friendly cities: a guide WHO framework:** Housing, Respect and social inclusion, Information and Communication

## Description

Smart technologies for self-service to seniors in social housing” – HOST – is a project funded by the Ambient Assisted Living Joint Programme (AAL-2010-3-041), which

develops a digital infrastructure of the social housing operators and a gateway to their services providing to older people and their families user-friendly technologies and services. Thus, 'connected flats' through ICTs are characterized by specific equipments that enable easy relations of elders with their family, service providers and housing operators ([www.host-aal.eu](http://www.host-aal.eu)). So, the HOST project is aimed to:

- Allow a longer stay of elders in their houses.
- Allow a more independent and active life at home.
- Improve the communication between older people and their circle of support: family, informal caregivers, friends, etc.
- Reinforce social inclusion, especially into 'digital society'.
- Improve efficiency in the provision of services.

HOST product offers easy-to-use technologies and services in housing. There are different devices available: in France it is a Tablet PC, in Italy Tablet PC and Smartphone and in United Kingdom a plain ordinary TV. The package of services offered can be divided into four main categories: a) house management; b) direct relation to local "circle of support"; c) house maintenance; and d) access to simplified e-commerce services.

The establishment of services was possible thanks to agreements with local private and public entities and local governments; critical in United Kingdom, as they pay for these services as commissioners.

The first step of experimentation was the 'co-design process' which involved seniors, tenants in social housing living in the three experimental countries: France (in two neighborhoods from Lyon), Italy (including five experimental sites in Borgaro, Orbassano, Cesena, Lizzanello and Rome) and United Kingdom (in Nottingham). Participants contributed to specify end-users' requirements and to co-design services in terms of purpose, functionality and ergonomics. Moreover, users are involved in others steps and tasks of the project, as the following: presentation and installation of the equipment, experimentation process, meeting with technical referents, assessment and dissemination. Currently, the experimentation phase is running.

HOST is a transnational project which consortium is formed by different kind of entities – three social housing operators, three SMEs providing electronic devices and services, and three research entities – from France, Italy, United Kingdom and Spain. Concretely, the organisations involved in the project are:

- OPAC du Rhône (France) – coordinator of the project – is one of the lead social housing landlord in France, planning, building and managing over 40.000 housing.
- Polibienestar Research Institute from the University of Valencia (Spain) is specialized in research, innovation and social technology, technical advice and training in the field of social policies.
- National Research Council Construction Technologies Institute (Italy) is a public research institute of the Italian National Research Council, whose activities include



studies, experiments and certifications on building; evaluation of innovative construction products; design for all and usability, etc.

- FINABITA (Italy) offers technical and financial services for the development of housing programmes.
- Nottingham Community Housing Association (United Kingdom) is a Social Housing provider (not for profit) covering over 7.500 properties in the East Midlands region.
- ADAMA / AVIZEN (France) is a consulting firm specialised on the market of home care services information systems.
- Bio Result (Italy) is a SME providing solutions and highly innovative tools and technologies for planning and management processes in sectors related to life sciences and protection of vulnerable people.
- Triple Play (United Kingdom) is an SME with offices located in the UK, Australia and Spain and Deployments in over 25 countries worldwide. It is specialised in management, helps launch digital cable TV and VOD over DSL in for Virgin Media, UPC, Sky Television, British telecom.
- ERASME (France) is a Living Lab (member of Enoll network) specialised in designing new usages of technologies for administrations (Education, Culture, Elderly people).
- AGIM Research Laboratory from the Université Joseph Fournier Grenoble (France) is devoted to the science and technology of ageing.

This consortium is an example of multidisciplinary and multisectorial team formed by different types of representatives and actors related to ICT field that implies a close collaboration between different kind of professionals – as psychologists, engineers, computer scientists and geriatricians. Cooperation across industry, users, and authorities is crucial to achieve cohesion on the progress, market, territory and regulatory frameworks along all European countries, as well as a high degree of awareness, to demonstrate wider cost-effectiveness, to increase transparency and interoperability.

## **Innovation, Impact and Outcomes**

HOST, besides AAL projects, offers an innovative approach, method and solution based on social innovation and ICT development that are essential to society supports and enables older people live independently and to remain physically and mentally active. So, through innovative solutions and easy-to-use devices (as Tablet PC, smartphone and TV) with specific services elders are empowered to stay independent, autonomous and socially engaged for longer within their homes and communities.

Another innovative aspect of the project is its focus on social housing as a main issue for allowing elders to develop new usages based on digital technologies and access new services, which perspective has not yet been much explored even on national level, and not at all at the European level. So, it represents a huge market to equip individual flats and collective residences, and to allow elders to get the adequate level of self-service.

Thanks to social landlords are familiar with working as a network, it constitutes a real opportunity to launch quickly an assistant ambient living device on the market with a limited margin of error and at a European level.

## Impact and outcome

Include evidence on the impact and outcomes (e.g what outcomes are expected, coverage, applications, publications, end users, potential impact on society, how older people have benefited from your initiative)

At the moment we just dispose preliminary results from French experimental site; results from final evaluation will be ready on October 2013.

Data from co-design phase indicated that the target group is more interested in the following service packages: organization/memory, communication/sharing, food and cooking, health/wellbeing and medicines, entertainment and company services, accompaniment and home delivery (drugs, shopping, etc.) and TV.

## Evaluation

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A wide evaluation methodology has been established since the beginning of the project. It is planned the assessment of the impact of HOST product in participants at least three times through different means:

- A user diary with some short questions once a week.
- Questionnaires developed by the consortium to assess the needs of the participants.
- Other kind of standardized tools: EQ-5D to evaluate general health status; General Self-efficacy scale; UCLA Loneliness Scale to assess loneliness feelings; Zarit Burden Scale to assess caregivers' burden; Modified Computer Self Efficacy Scale for technological self-efficacy; CANTAB tests for cognitive skills related with learning; or QUEST 2.0 to assess users' satisfaction with technology. Moreover, it is planned to use tools to assess cognitive skills as well as the habit strength using new technologies and internet before and after users' participation in HOST project.

## Success criteria

We divided key success factors into four distinctive dimensions to create an innovative market and user's proposal:

A technological dimension:

- An open source environment based on standards to allow technological evolutions in the different countries and through common skills.

A usage dimensions:

- As technology is no longer the cornerstone to success, we favour a specific attention to usages developed and appropriate to the elderly. As a "living lab" labelled structure the "Erasme" research centre will focus on best uses to improve the elder benefit.

A social and marketing dimension:

- Our marketing approach is based on "giving voice to the elders", at the very beginning of the process. Secondly we will be able to explore a real diversity of local situation by having experimental sites in rural, inner cities, suburbs and sensitive urban zone.

A transversal dimension:

That is to say a strong interaction with building development adapted process or programme for elderly or disabled. The HOST project could bring new insights for adapted building plan and vice versa.

- The global model appears to be a win- win model for all the stakeholders and not only on financial outcomes (quality of service improvement, experimentation in pan European conditions...).

On the other hand, success criteria will be:

- More than 33% of the elderly concerned by the test want to keep equipment and connection for social links with partners and over, to go on using new functions from the platform, for a reasonable fee.
- The social housing landlords have a strong program for equipping new flats with the platform (more than a hundred in each country) and propose the new service to senior renters.
- The use of information from the platform by the partners is increasing (at least of 15%), in a satisfactory way for each category of stakeholders (and the data are renewed).
- The use of new services is largely increasing (at least 15%) by the elderly experimenting the new system.
- New social housing landlords, in addition to the project partners, are convinced to launch such a system in their properties, all around Europe, through the network of CECODHAS.
- Advantages and reduction of direct expenditures for social landlords compared to the actual budget (increase of productivity in the use of the new system if compared with the traditional modality and direct links for example), will be measured as an economical parameter.
- Users' satisfaction will be measured by an enquiry/survey.

To evaluate the success of the HOST product at the end of the project it is necessary to take into consideration its three main end-users: older people, caregivers/friends/family and housing companies.

As concerns final users, qualitative objectives are evaluated based on good familiarity with the technological device, improvement in relationships, autonomy and home safety.

Qualitative objectives related to secondary end-users are evaluated based on good familiarity with the technological device, and improvement in involvement in daily home care activities.

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Finally, as concerns housing companies, it is assessed the improvement of operative standards and quality of service, and cost reduction.

## Transferability to other organisations/regions

In spite of information related to how ICT products promote independent and healthy ageing is accessible, the AAL market is still mostly undeveloped. We can find several gaps and barriers that difficult the opening up of this market as the reduced scale of technological diffusion or the lack of awareness on cost-effectiveness and user acceptance. For this reason HOST product offers an easy-to-use design addressed to older people that favour to reduce their reluctance towards technology.

Moreover, we find several chances in the market that favour the transferability of the product to other contexts:

- Many private entities are exploring market possibilities addressed specifically to older people. Need for social housing is growing and demand for services is increasing, thus competition in this field requires providers to make a difference and here's where HOST comes in.
- In Italy there is no comparable product, so the social housing market is currently free from competitors.

Great accessibility and low cost of equipment and services, as based on Internet standard and affordable devices.

## Funding

Ambient Assisted Living Joint Programme

## Further information

Contact info:

Jorge Garcés (jordi.garces@uv.es)

More info in: [www.host-aal.eu](http://www.host-aal.eu) ; [www.polibienestar.org](http://www.polibienestar.org)

## RE-FREEDOM (Functional Network for Research and Experimentation of Innovative Home Care Services)

**Organization:** Udine City Council – Municipality of Udine

**Country:** Italy

**Region:** Italy, Autonomous Region of Friuli Venezia Giulia, Province of Udine, Udine

**Geographical scope of the initiative:** Province of Udine, Italy

**Target group size:** The project aims at creating a prototype for a network of housing units equipped with ICT and home automation technologies. The prototype will be created in Udine as a means of testing new forms of distance social and healthcare services for the elderly and the disabled. The prototype core will consist of at least 2 housing units provided by the Udine City Council, turned into a proper environment where disabled persons will be in a position to test innovative technologies to improve home life quality. The apartments will serve as research labs where the elderly and the disabled will be directly involved in the development of specific services, in a design-for-all perspective.

**Target group category:** Elderly and people with disabilities. This project is addressed to people with problems of orientation, offering them assistance in complex confined environments, that is to say, both indoor and outdoor places that feature paths and possible obstacles that people with difficulties cannot face without help. The possibility to access these services depends on the level of assistance needed by the person concerned, his/her residual capacity, but also the specific features of his/her home, neighbourhood and city in general.

**Type of partners involved:** Research centres, Local public authorities

**Topics addressed (keywords):** Accessibility, Innovation, Research, Elderly, Disabled people, Health, Safety, Comfort, Environmental and social sustainability

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing

### Description

The project aims at creating a prototype for a network of housing units equipped with ICT and home automation technologies. The prototype will be created in Udine as a means of testing new forms of distance social and healthcare services for the elderly and the disabled. The prototype core will consist of at least 2 housing units provided by the

Udine City Council, turned into a proper environment where disabled persons will be in a position to test innovative technologies to improve home life quality. The apartments will serve as research labs where the elderly and the disabled will be directly involved in the development of specific services, in a design-for-all perspective.

<http://www.refreedom.eu/progetto/appartamento-test>

<http://www.refreedom.eu/progetto/appartamento-test-via-mantova>

Main focus areas will include:

- Health • Safety • Comfort • Social relations and relations to the public administration
- Environmental and social sustainability

One of the key objectives will be the validation of systems enabling the elderly and the disabled to use innovative means to communicate with a network of utilities and social/healthcare service providers, thus reshaping their relation to their neighbourhood and city. Under the coordination of the Udine City Council, key players will be involved that can define quality standards in the life of the disabled, the elderly and their families, including healthcare providers (hospitals, health trusts, chemists, etc.), non-profit organizations, volunteer organizations, associations of the disabled, companies and professionals. The project wants to assess the state of the art for home care and highlight the opportunities offered by the new technologies (ICT, home automation, new materials, ergonomics, etc) to improve the quality of life at home for elderly and disabled people. Moreover, through pilot actions it aims at giving new solutions to the effective and efficient supply of home care services that can delay the need of hospitalization, reserving this solution only to the citizens who need specialized and continuous assistance. One of the key objectives will be the validation of systems enabling the elderly and the disabled to use innovative means to communicate with a network of utilities and social/healthcare service providers, thus reshaping their relation to their neighbourhood and city. A pool of multidisciplinary researchers (from technological, design, medical area, etc) will work on a network of apartments in Udine, where the newest domotics solutions will be implemented also involving the end users: a Universal Design/Design-for-all methodology will be used to generate new ideas for innovative product/services and business models. The added value of the pilot action is that the apartments will be able to communicate with their inhabitants and also with the network of homecare services providers (hospitals, healthcare institutions, public and private services providers, etc), thus to offer the best chances for a real autonomous living at home, to elderly and disabled. During the project, the end users will also become aware of the most innovative solutions available on the market for the home care at international level through special databases and guidelines.

Research activities: ASSESSMENT OF THE STATE OF THE ART Using a multidisciplinary approach, researchers from the Rino Snaidero Scientific Foundation will assess products, services and technologies meant to enhance the quality of life of the elderly and the disabled; the most innovative solutions will be included in a database. SCENARIOS Apartments will be equipped with ICT/home automation technologies so that different home environment scenarios can be evaluated and solutions to improve safety and

comfort can be identified. USER LAB Users will have an opportunity to test the different options and solutions first hand, and will be granted access to innovative information sources (databases, documentation, etc.) on innovative products and services that cater for their specific needs. Companies may make their products/prototypes available for potential end users to test. CREATIVITY Based on the information provided by end users while testing the different options, researchers will start developing new product concepts and assessing the sustainability of new business models in the field of social and healthcare services and utilities.

## **Innovation, Impact and Outcomes**

The idea is that of having an integrated network of services such as the family doctor, hospital, pharmacy, but also neighbours, local shops, theatre, movie hall, association of volunteers offering escorting or home delivery services. Many of these services are already available, for instance, by phone; through the Re-freedom project it was possible to verify what would happen if additional functions other than the existing telephone-based services were made available: houses fitted with concealed sensors (detecting smoke, gas or water leaks, the presence of unwanted people, connected to tele-medicine devices) are capable of independently (i.e. without any intervention required on the part of their inhabitants) detecting unusual/dangerous situations, and alerting the inhabitants and any other person/subject capable of providing rescue services or help, also by means of a real time video connection system.

## **Impact and outcome**

2 pilot flats have been redesigned and readapted following the principle of independent-living.

## **Evaluation**

Not yet.

## **Success Criteria**

One key success measure for this project is to have been designed, developed and implemented within a public&private partnership. In fact, it has been well-managed thanks to the co-operation between the Udine City Council (a local public authority), the Rino Snaidero Scientific Foundation (a private foundation) and Friuli Innovazione (research and technology transfer centre).

Another key success factor has been the involvement of the industry, as the Rino Snaidero Scientific Foundation ([www.snaiderofoundation.org](http://www.snaiderofoundation.org)) belongs to Snaidero S.p.A. Company ([www.snaidero.it](http://www.snaidero.it)), one of the biggest companies in the region.

Moreover, the public property of the flats could also represent a good criteria to measure in terms of citizens participation the success of the project.

### **Transferability to other organisations/regions**

The RE-FREEDOM project perfectly integrates the Udine City Council policies for the promotion of health and the improvement of the citizens' quality of life, with special regard to weaker social groups as children, the elderly and the disabled. A number of initiatives have been launched so far in this field, including: 'No alla Solit'Udine' ('Never Alone in Udine') involving stakeholders like City Council, Volunteers' Associations and other agencies and institutions in a joint effort to improve the daily life of specific citizen groups through the provision of a number of home-care services; 'Healty Cities', a project launched by the WHO to develop local policies and strategies to prevent disease and promote good health. In the framework of a number of European projects on the promotion of health, the Udine City Council has so far conducted focus groups to understand how senior citizens experience the urban environment and identify strengths and weaknesses. Information has also been collected on City Council plans to improve living conditions and accessibility. Respondents to the survey on housing stressed the need for safe, cozy and personalized living environments while requesting the elimination of architectural barriers and the implementation of new housing solutions. Moreover, the City Council has already implemented a number of actions to restyle housing units for the sensory impaired by eliminating architectural barriers (pursuant to It. Law 13/1989) and allow access to public transport means by means of an infrared communication and orienteering system for the visually impaired and absolute blind (pursuant to art. 5 par. 108 of Regional Law 1/2003). The Udine City Council will therefore monitor and support research in the framework of the RE-FREEDOM project with a view to the future implementation of project outcomes for healthcare and social purposes and/or to introduce innovative technologies for the management of city housing, improving home care services and reversing the trend towards the institutionalization of senior and disabled citizens while ensuring that they enjoy decent living conditions in their home environment.

### **Funding**

Other funding than EU funding instrument.

### **Further information**

WEBSITE: <http://www.refreedom.eu/>



## Smart House Living Lab

**Organization:** UPM

**Country:** Spain

**Region:** Spain, Madrid Region/Madrid/Madrid

**Geographical scope of the initiative:** Local and European

**Target group size:** 50

**Target group category:** People receiving care at home, Older people living at home,

**Type of partners involved:** Research centres, Academia

**Topics addressed (keywords):** Accessibility, training, evaluation

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing

### Description

The Smart House Living Lab initiative aim is the research and development in the Ambient Intelligence context of technology and services to prevent, care and promote the health and welfare of people, support for social inclusion and the independent living of fragile and dependent groups, in all stages of the value chain: training, experimental research, technological development and technology transfer.

The Smart House Living Lab infrastructure is a real accessible house for elderly and disabled users equipped with the usual services of a conventional house where different ICT technologies (sensors and actuators) are distributed extensively in the living lab technical areas such as ceilings and walls, remaining invisible to users. This Smart House Living Lab has a control and observation area, which allows monitoring the use of services and applications in a non-intrusive way. There is also a specific room with a virtual reality infrastructure that allows virtual training and rapid prototyping of new services. The Smart House Living Lab initiative is both to develop new applications, services and

applications based on the massive use of technology distributed under the ambient intelligence paradigm, and to test and evaluate the quality in use of third-party applications and services that require an user friendly environment with high connectivity and interoperability, and experience in design methodologies and user-centered evaluation.

- Intensive evaluations of Ambient Intelligence applications and services. Definition of indicators for assessment of both technological and user experience to obtain pre-prototype industrials completely validated by users, and thus close to being exploited and installed in real environments.

- Systematic study of the needs of target users of applications and services: the elderly, people with disabilities and people with cognitive dependence and people who suffer chronic diseases.
- Development of technological solutions available to specific needs-related care of health care and social services at home for elderly citizens (security, entertainment, social interaction, communications, information). Generation and analysis of new paradigms of human-machine interaction.

## Innovation, Impact and Outcomes

### Innovative Elements:

Design, development and evaluation of new services and ICT products through an elderly user centered vision. Elderly users' participation in the whole process, from the concept ideas to the iterative evaluation process.

Research and development of ICT services for the support of the independent living of elderly users and users with disabilities.

### Impact and outcome

The following outcomes are expected:

- AAL service developments. A health manager service that supports the management of chronic diseases allowing the user to realize and control the monitoring of his/her vital signals. Additionally, doctor can interact with the patient, control his/her progress. The relatives can receive information about the patient's progress and his/her appointments. This service pays special attention to the adaptation of the medical protocol to each patient's behavior.
- Publications on the developments of AAL ICT services (one or two journal publications per year).
- Participation of +50 users per year in the initiative developments.

### Evaluation

Have formal or informal evaluations been performed? Formal evaluations are taking place to assess the developments on AAL services.

### Success Criteria

- There is at least one journal publication per year.
- Participation of +50 users per year in the initiative developments.

## Transferability to other organisations/regions

The challenge that our good practice could help to resolve is the establishment of a methodology for the involvement of elderly users in the development of AAL services and goods.

## Funding

7th Framework Programme for Research and Innovation

## Further information

Contact info:

[www.lst.tfo.upm.es](http://www.lst.tfo.upm.es)

<http://www.lst.tfo.upm.es/en/research-areas/smart-infrastructure/smart-house-living-lab/>

## ZIVOT 90

**Organization:** ZIVOT 90

**Country:** Czech

**Region:** Czech Republic, Prague

**Geographical scope of the initiative:** Czech Republic

**Target group size:** 20000

**Target group category:** People receiving care at home, Local and regional authorities, Older Persons with disabilities, Older people living at home, People 50+

**Type of partners involved:** Informal caregivers, NGOs, Local public authorities

**Topics addressed (keywords):** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services.

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:**

## Description

Areion Emergency Care In 2013, the ŽIVOT 90 Civic Association marked 21 years of providing this comprehensive social service. By the end of 1992, the ŽIVOT 90 Control Room was connected with the first in a series of user terminal stations, installed in the homes of clients of the social service its authors chose to call AREION – Messenger of Quick Help. The AREION Emergency Care Service is today provided through the main control room in Prague and regional control rooms in Hradec Králové, Kutná Hora and Jihlava to almost 1,300 clients in 34 towns in six Czech regions. In 2005, ŽIVOT 90 was awarded the Ministry of Health Makropoulos Prize.

The prize was awarded in recognition of an exceptional, practically asserted project, solving healthcare and health-related social requirements of seniors in the Czech Republic. Being the first provider of emergency care in the Czech Republic ever since early November 1992, ŽIVOT 90 has supplied high-quality care with emphasis on effective service provision, thanks largely to user equipment enabling two-way voice communication in case of emergency calls. As the founders and pioneers of the service in the Czech Republic, we have managed to incorporate it in legislation on social services, Act 108/2006 Coll., in the care services category. This enables the user to pay monthly service fees using his/her care bonuses.

## Innovation, Impact and Outcomes

Innovative Elements: first integrated rescue system with participation of Czech Police, fire chief, rescue service, ambulance service, community care centres and close persons (family, neighbour etc.).

## Impact and outcome

Maximally preserve self-sufficiency and independence of elderly, ensure maximum possible longevity of people of advanced age and handicapped people in their natural social environment, do away with social exclusion of seniors living in loneliness, reduce rate of admission to healthcare institutions for social reasons

## Evaluation

Ministry of Health "Makropoulos Prize" in recognition of an exceptional, practically asserted project, solving health care and health-related social requirements of older people in the Czech Republic.

## Success Criteria

Growing number of older people and their families, more Czech regions are interested to be involved in the AREION system.

## Transferability to other organisations/regions

ZIVOT go could transfere its knowledge through personal contacts with social workers either in the Czech Republic regions or abroad. We can assist with technical equipment and 21 years of experiences.

## Funding

Other funding than EU funding instrument.

## Further information

Contact info: [www.zivotgo.cz](http://www.zivotgo.cz)

Contact person: [Robert.pitrak@zivotgo.cz](mailto:Robert.pitrak@zivotgo.cz)

## Section on Housing

Organization	Title	Country	Region	Geographical scope
<b>CILIOPEE Group and different partners :</b> <b>PACT de Lot-et-Garonne</b> (French associative network specializing in financial engineering for improving or adapting homes), pension funds and mutual societies for health.	Technical and financial engineering for adapting housing	France	Department of Lot-et-Garonne, Region of Aquitaine, FRANCE	Department
<b>CILIOPEE Group and the city of Boé</b>	A housing for people with reduced mobility	France	City of Boé – Department of Lot-et-Garonne, Region of Aquitaine, FRANCE	Department
<b>European Property Institute</b>	Housing Options for Seniors	Poland	Poland, Krakow	National

Organization	Title	Country	Region	Geographical scope
Municipality of Trieste	PRESTO A CASA Project – SOON AT HOME Project	Italy	Italy, Autonomous Region of Friuli Venezia Giulia, Trieste	Province of Trieste
SINTEF Building and Infrastructure	Welfare Technology and Housing Solutions for the Future Elderly	Norway	Norway, South Trøndelag (Sør-Trøndelag), Trondheim	National and Nordic
Tecnia Research & Innovation	Design Guide for Adapted Housing for the Older People	Spain	Azpeitia- Gipuzkoa (Spain)	Spain-Europe
Tecnia Research & Innovation	Map of aging of the Basque country	Spain	Derio- Bizkaia (Spain)	Spain-Europe
Tecnia Research & Innovation	DeckKubik	Spain	Azpeitia - Gipuzkoa (Spain)	Spain
Tecnia Research & Innovation, GISMERO DECORACIONES METALICAS, S.L., TESA	Emergency exit door adapted to the needs of people with reduced mobility	Spain	Gipuzkoa (Spain)	Europe

## Technical and financial engineering for adapting housing

**Organization:** CILIOPEE Group and different partners : PACT de Lot-et-Garonne (French associative network specializing in financial engineering for improving or adapting homes), pension funds and mutual societies for health.

**Country:** France

**Region:** Department of Lot-et-Garonne, Region of Aquitaine, FRANCE

**Geographical scope of the initiative:** Department

**Target group size:** 40 persons/year

Target group category: Elderly confronted with mobility problems, Older people in general population, People living in a municipality /region, People receiving care at home, People 50+, Local and regional authorities, Older People with a specific illness/disease, Older Persons with disabilities

**Type of partners involved:** Housing organisations, Private companies, Local public authorities

**Topics addressed (keywords):** Adapted housing, secure environment, prevention of retirement

#### **D4 Action Plan Action Area(s)-addressed: Implementing policies and practices for regions, cities and communities:**

Starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practicesCT and smart environment. Promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Respect and social inclusion, Outdoor spaces and Buildings  
Social Participation, Community support and health services, Information and Communication.

### **Description**

The extension of healthy life is one of the element of the XXI century. It enhances and justifies the desire from seniors to stay at home. But, falls in unsuitable homes remains the main source of accidental death. These accidents happen for three-quarters of them, to people aged 75 and over.

CILIOPEE decided to prevent this risk. In partnership with institutions and associations invested in home improvement, as well as state departments concerned, CILIOPEE Habitat took the initiative to adjust its housing park whose residents are more than 70 years . Most of them perceive very low incomes. This is why CILIOPEE created a fund to support financially such operations: a fund to support the adaptation of homes.

### **Innovation, Impact and Outcomes**

CILIOPEE has created two jobs and put at disposal the technical services of the group In regard to its action dedicated to the ageing of its tenants. The investment in this action needs to take on board two constraints: the limited possibilities of the ageing tenants and the reluctance to see their housed transformed for increased security. With this perspective in mind, we need to work in two directions: the social and "human" component on one hand and the technical and financial element on the other. The transversality of the skills available within the group CILIOPEE is an advantage to benefit from the various competences needed.

Indeed, CILIOPEE has recruited a nurse in December 2011. The aim of this nurse is to meet one by one the tenants of 70 years of age or older. Those persons accept voluntarily to start a discussion about their stay at home.

Hired to assist in this task, a young collaborator developed a handy booklet entitled SARAH (Initials in French for "Service to help elderly or tenants with disabilities") as a guide for tenants to help the adjusting of homes. The technical services of CILIOPEE make themselves available to visit homes and assess the feasibility of the work to be planned.

It appears that 85% of the requests are for the replacement of a bad with a shower. The average amount of work per unit is 3000 euros. 65% of applicants received also help from

their retirement scheme or their complementary health insurance for an average amount of € 1 600. CILIOPEE Habitat has granted aid about 37% of total cost of housing adaptation.

### Transferability to other organisations/regions

This good practice could be transferred in other countries. It is based on elements that exist in all European countries : public and private aids, possibility for a company to devote a portion of its profits to help people in trouble.

### Funding

Other funding than EU funding instrument.

### Further information

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## A housing for people with reduced mobility

**Organization:** CILIOPEE Group and the city of Boé

**Country:** France

**Region:** City of Boé – Department of Lot-et-Garonne, Region of Aquitaine, FRANCE

**Geographical scope of the initiative:** Department

**Target group size:** 20 persons

**Target group category:** Elderly or people living alone confronted with mobility problems

**Type of partners involved:** Housing organisations, Local public authorities

**Topics addressed (keywords):** Adapted housing, secure environment, prevention of retirement

**D4 Action Plan Action Area(s)-addressed: Implementing policies and practices for regions, cities and communities:**

Implementing policies and practices for regions, cities and communities:

starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Respect and social inclusion, Outdoor spaces and Buildings,



Social Participation, Community support and health services, Information and Communication

## Description

This program is an illustration of a dynamic partnership between a housing organization and a city.

The residence « Luscinia » is composed of 14 villas, gathered and of single storey. Houses are adapted for disabled people : suspended sink, floor shower with a retractable seat, grab bars, bright signal connected to the bell. The entrance to the residence is equipped with a motorised and remote control gate and with videophone to ensure security for the people.

The houses are built of wood and renewable energy are preferred: photovoltaic and solar hot water.

The car parks are located at the entrance of the residence. The objective, for the city of Boé and for CILIOPEE is to favor soft and easy mobility for future residents, who will be people with impaired mobility (age or disability).

The residence is located near shopping centers and services.

In Order to respond to the needs of the elderly or disabled with very low incomes (about 800 euros per month), the rents do not exceed € 360, knowing that afterwards they can benefit aid granted from the French government.

Moreover, the city of Boé is building in this area an intergenerational hall which will host the senior club and the

## Innovation, Impact and Outcomes

The point of view of the City of Boé :

The mayor says: "this housing project is the result of a close cooperation with CILIOPEE Habitat. It is part of a spatial continuity planning wanted by the municipality. Since 1998, Boé has been one of the first towns in Lot-et-Garonne to implement a Rural Home for the elderly, to support "ageing at home" and to allow access for anyone to public facilities.

Thus, the program built by CILIOPEE Habitat is located in the perimeter of the "accessibility planning", which allow a fast and easy access to urban transit system. Inhabitants can easily contact the association of home assistance located in the premises of C.C.A.S (Communal center of Social Action) adjoining the housing project".

Six months after renting the villas, the results are very positive. We met the requirements of elderly or disabled people who could not find adapted housing. Unfortunately, we have received many more requests than we can offer available homes (about 70 requests for 20 houses). This proves the value of such programs: Providing quality homes which allow elderly and disabled people to live independently.

## Transferability to other organisations/regions

This good practice is an illustration of a dynamic partnership between a housing organization and a city. It could be transferred in other countries.

## Funding

Other funding than EU funding instrument.

## Further information

Contact info: Emmanuelle Gauville, CILIOPEE Group – [emmanuelle.gauville@ciliopee.com](mailto:emmanuelle.gauville@ciliopee.com)

## Housing Options for Seniors

**Organization:** European Property Institute

**Country:** Poland

**Region:** Poland, Krakow

**Geographical scope of the initiative:** National

**Target group size:** Approximately 15 million age eligible persons (60+)

**Target group category:** Older people in general population, People living in a municipality /region, Older People visiting general practitioners, People in day care centres, Community awareness and education

**Type of partners involved:** Primary care centres, Housing organisations, Private companies, Research centres, International/European public authorities, National public authorities, Regional public authorities, Advocacy organisations nurses, Advocacy organisations physicians, Local public authorities, Advocacy organisations others

**Topics addressed (keywords):** matching housing to a person's environment, residential real estate, social return on investment (SORI), other economic benefits.

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices. Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment. ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services.

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Outdoor spaces and Buildings.

## Description

My initiative concerns diversifying housing choices for seniors in the residential real estate market. Presently, seniors are being treated as an homogeneous demographic in the housing market with only two living choices - nursing home or social housing. There are other options that have been quite successful in other countries. These options include independent senior housing models, assisted living and age in place developments that better match the changing aging needs of a senior over their later years.

The senior demographic is heterogeneous with seniors aging differently throughout their life span with different needs arising at different times. Current senior housing offerings are not matching the living environment to many seniors. By achieving more diversity in the senior housing market there is a social return on investment. Seniors better matched to their living environment can lead to significant savings in public health, welfare and social costs to governments. Seniors could also save money in the form of potentially lower utility costs, maintenance costs, taxes and lower health care costs. Thereby leaving them with more disposable income that could then be spent in the general economy. Seniors want more choice and freedom in where they live their later years.

My methods used in my initiative have consisted of traditional research methods such as literature review and statistical analyses as well as talking to seniors and social service providers directly – the market. In speaking with seniors I have been able to ascertain their needs, wants and expectations regarding where they see themselves spending their late years. I have also been researching their current living situation – quality, size and cost of current residence, family situation (children or no children and where the children are living, etc.) I have also created original data that may be used by affiliated professionals as well as EU data centers which are lacking basic data on this area (Poland) and this subject. Dissemination of this information has begun with publications and speaking events at European Union aging and housing conferences as well as organizing, moderating and speaking at the first international senior housing conference in Krakow, Poland (June 2013). This conference had 130 attendees from nine countries.

Because this is a new field of research in Poland there is little formal cooperation. However, with the conference in Krakow and through other channels, professional relationships and networking opportunities have started to develop. The Polish government recently established a senior office in the Department of Labor and Social Policy. I plan to work with them as well as the private sector in an effort to build this type of housing as well as be an advocate and educator about senior housing issues. International developers and investors have begun to contact me about entering the Polish housing market. Lastly, I am currently working on organizing a group of investors to acquire a vacant eye hospital site and convert it into a senior housing campus (independent, assisted living, nursing home).

Secondary organizations involved include those who are performing complimentary research on senior social issues as well as private businesses who are looking to enter the Polish market to potentially construct, manage and operate senior housing units (independent and assisted living units as well as nursing home units). My goal is to educate this group that senior housing is not only nursing homes and social housing, and that there is a significant market for this type of varied housing options for seniors.

## **Innovation, Impact and Outcomes**

I am speaking directly to the market – seniors. I am also speaking with affiliated professionals such as social service providers (departments in cities and voivodships that provide housing), private investors, developers, gerontologists, sociologists and economists about the benefits of this housing.

## **Impact and outcome**

I expect that there will be new housing units built for a demographic that has been ignored in the market. This new housing will not only better meet the housing needs of this underserved group but help alleviate a general housing shortage in the country. The potential impact on society includes but is not limited to:

- the creation of new jobs (development, management, operation and maintenance of properties)
- new tax revenue for municipalities
- cost savings for seniors who are living in new, modern, and energy efficient units built with and using sustainable materials and energy efficient appliances
- more disposable income for seniors that can be spent in the general economy, thereby benefitting the entire economy (lower utility bills and maintenance costs)
- keeping seniors healthier and independent longer keeps them out of the government social welfare systems longer, saving governments money in the long term

As of this date, older people have not yet benefitted from this initiative since the housing has not yet been created.

## **Evaluation**

As this is a new housing product in the market, evaluations of any kind are not available. However, discussing this initiative, the feedback is very positive. Seniors I have spoken with are eager to move into this type of housing (independent, assisted living).

## Success Criteria

Because this is an entirely new initiative in this country the creation of specific success criteria is not possible. The goal is to develop one property that can then be used as not only a model for future projects but also to provide sociological, medical and wellness data. My plan is to create the models that will be able to measure the social return on investment as well as models to measure improvements in physical, mental and economic areas of seniors living in these properties.

## Transferability to other organisations/regions

- Talk to your market/customers (seniors). These are not the seniors of the prior generation. They are active, healthy and inquisitive and they want to stay that way as long as possible.
- Be aware of cultural differences. One idea or housing model may work very well in one country but will not work in another country.
- Be aware that seniors are a heterogeneous group, not a homogeneous group. They have different ideas, plans, goals, dreams, mobility ..... and do not age in the same way.
- Make people (public sector, private sector) part of the plan. Tell them you want their help, that you want them to be a part of a program/solution. Empower them.
- Use general statistics (EU, World Bank) sparingly. These statistics tend to be older, too general and potentially out dated. They may also not necessarily what your market is saying.
- Leave the office, get out, walk around and observe the seniors where you live/travel. Put yourself in the shoes of a senior. Is it easy or hard to get on an old bus or tram? Are there public handicap accessible ramps/doors/elevators?

## Funding

No.

## Further information

Contact info: Greta E. Garniss ([gretchen.garniss@epi-ein.eu](mailto:gretchen.garniss@epi-ein.eu))

## PRESTO A CASA Project – SOON AT HOME Project

**Organization:** Municipality of Trieste

**Country:** Italy

**Region:** Italy, Autonomous Region of Friuli Venezia Giulia, Trieste

**Geographical scope of the initiative:** Province of Trieste

**Target group size:** As this is an experimental project, the target group is not so wide, involving only 2 flats as “training” homes.

**Target group category:** The initiative is addressed to persons with disabilities, in particular patients with multiple trauma due to severe accidents. Older Persons with disabilities, Patients in hospitals

**Type of partners involved:** Research centres, Housing organisations, Local public authorities

**Topics addressed (keywords):** Accessibility, rehabilitation, physical and sensorial disability, domotics, experimental homes.

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the “Global age-friendly cities: a guide WHO framework:** Housing

## Description

Patients with multiple trauma due to severe accidents go through a very delicate stage which is that of recovering their functions and becoming once again self-sufficient. After the rehabilitation period in hospital has been completed, going back home can prove to be quite difficult and problematic for such patients, due to their newly-acquired physical and sensorial disabilities and to the resulting different needs. There are new computerized and automated technologies – “domotics” – that can be applied to domestic environments to help such individuals become self-sufficient again.

The experimental project “Presto a casa” (Home soon) is based on these considerations. The title of the project well expresses its purpose: commitment to developing innovative types of temporary homes for persons with sub-acute physical and sensorial disabilities. The project is carried out by a partnership whose members are the Municipality of Trieste (lead partner), Area Science Park and ATER Trieste (Local Agency for Residential Homes), with the support of the Provincial Government of Trieste. The project was approved within a public tender issued in 2008 by the FVG Regional Government and calling for proposals to innovate and do research work in the fields of healthcare and welfare.

The goal of the project is to refurbish two flats by fitting in home automation systems and technical furniture, adopting specific design and building solutions that can facilitate access and allow for the indoor spaces to be used by individuals whose level of self-sufficiency drops unexpectedly and more or less severely.

The use of these “training” homes is conceived mainly for persons with physical and/or sensorial disabilities (generally due to trauma) who can thus try out new tools, devices, and structures that can help them carrying out and controlling their activities, domestic chores, and interactions with the outside world, while fully complying with all safety standards concerning the individual, the environment, and domestic comfort. Among

the various technologies and aids installed in the homes are tele-assistance systems, technical alarm systems (gas, fire prevention, water, etc.), utilities load control system, anti-blackout system, automated operation systems for windows, shutters, curtains, smart light control system with presence detectors, temperature planning and control system divided per areas, distributed telephone and intercom system, communication aids (electronic communicators, push buttons, touch buttons, voice recognitions systems, etc.), aids for moving around in the kitchen and bathroom.

## **Innovation, Impact and Outcomes**

The use of “training” houses, equipped with ICT and technology devices, aimed at young and adult people with physical and/or sensory disabilities (usually after serious traumas), who will experiment tools, devices and facilities that can help them, managing and monitoring their activities, house functionalities and interactions with the outside world while fully complying with their requirements in terms of personal safety, environment and house comfort.

## **Impact and outcome**

Two flats refurbished, equipped and used as “training space” (the two flats belonging to ATER equipped with automation technologies, technical furniture and special design and building solutions so as to facilitate access and make all spaces usable also to those whose autonomy is suddenly limited to a major or minor extent).

## **Evaluation**

Yes, an evaluation questionnaire has been distributed to beneficiaries by Area Science Park and the results have been collected and reported.

## **Success Criteria**

One key success measure for this project is to have been designed, developed and implemented within a public&private partnership. In fact, it has been well-managed thanks to the co-operation between the Municipality of Trieste (a local public authority), the Province of Trieste (a territorial public authority), ATER Trieste (a housing public company), Trieste Joint Hospitals (a public-private organization) and Area Science Park (research and technology transfer centre).

Moreover, the public property of the flats could also represent a good criteria to measure in terms of citizens participation the success of the project.

## Transferability to other organisations/regions

The PRESTO A CASA (BACK HOME) Project is currently ongoing as a permanent activity of the Municipality of Trieste. The project is also being transferred within and through the cluster "FVG AS@LAB", created by the Regional Law no. 26/2005 "General rule on innovation, scientific research and technological development".

## Funding

Other funding than EU funding instrument.

## Further information

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## Welfare Technology and Housing Solutions for the Future Elderly

**Organization:** SINTEF Building and Infrastructure

**Country:** Norway

**Region:** Norway, South Trøndelag (Sør-Trøndelag), Trondheim

**Geographical scope of the initiative:** National and Nordic

**Target group size:**

**Target group category:** Older people in general population, People living in a municipality /region, Local and regional authorities, People receiving care at home, Older people living at home, People in care homes

**Type of partners involved:** Housing, Research centres, Academia, National public Authorities, Regional public authorities

**Topics addressed (keywords):** Elderly housing, nursing homes, Universal design, sustainable development, dementia, user evaluation

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices. ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services.



**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:**

## **Description**

SINTEF Building and Infrastructure is a leading international research institute within the sustainable development of buildings and infrastructure solving challenges linked to the entire construction process. Central themes for the institute within the field of active healthy aging are the design of housing for the elderly, community access for future seniors and the physical environment's impact on services and the daily life of the elderly and the role and implementation of Universal design.

Norway has since 1990 had an ageing at home policy. The objective is that as many elderly people as possible should receive care in their own dwellings, whilst at the same time new housing solutions and new kinds of nursing homes are built. Diverse solutions had been built and studies show that preferences and needs vary within different "groups" of elderly. SINTEF Byggforsk has since the 1990's been involved in evaluating different housing solutions based on the understanding provided by different user perspectives. A number of quantitative and qualitative methods have been used to gain access to the perspective of the elderly and those involved in the care of them: questionnaires, structured and semi-structured interviews, group interviews, action research and workshops, observation and participation. Most projects are interdisciplinary working on several aspects simultaneously for example within construction, management, finance and user experience. Through interdisciplinary research community at SINTEF we have a unique opportunity to put together researchers with different expertise; for example Health Research, ICT and product development. A number of actors from local and national authorities and organisations have participated as partners giving advice, financial support or have played an active role by supplying empirical information. For example:

Municipalities: Trondheim, Drammen, Oslo, Sarpsborg National: the Ministry of Health and Care services, The Norwegian Housing Bank, The Norwegian Research Council

Private organisations: The Co-operative Housing Federation of Norway (NBBL), The Foundation for Design and

Architecture in Norway (Norsk form)

Research institutes: NOVA, FAFO; OG SINTEF Health

Three projects are presented:

A Private Residence - Even when Health Fails? An evaluation of new care homes for the frail elderly

The project presents, within care of the frail elderly, case studies from 10 different housing projects and services which replace an institution placement. The main research question asked is, how can housing solutions be developed which safeguard the needs of the elderly, and at the same time provide housing and services in a new way. The fact that sheltered housing may now be organized as private housing, has led to restructuring and innovation, but real change requires more than a redefinition of the physical environment. A questionnaire answered by relatives reveals that in general they feel that

the residents receive adequate care, and that the homes are attractive to visit, and few would prefer a nursing home alternative. Housing requirements for the care of the elderly vary. Independent homes have proved to be unsuitable for people with dementia prefer housing collectives. Community based housing solutions can make it possible both to safeguard privacy, and encourage participation in a community. The main message is that a variety of residential solutions are required to meet diverse elderly housing needs.

Housing Quality and Quality in the Everyday life for the Elderly: An evaluation of different housing concepts

The project provides an evaluation of housing concepts aimed at the "healthy" elderly primarily within the private housing market. The background and reference for the project is the report " Housing for the Elderly – municipal strategies " which was completed in 1997 and studied five housing projects in Trondheim targeting the elderly.

The aim here was to study the same group of elderly after 10 years. Considering how many had to move and how many remained living there. The overall objective is to provide better insight into the factors which allow a growing group of seniors to master their everyday lives in private housing as long as possible. The study shows that many had been able to remain in their homes, though some have chosen to move to other accommodation.

The social aspect related to knowing neighbours and feeling safe was crucial when choosing to remain in their own homes.

Welfare Technology in Housing: Possibilities and challenges

The report aims to highlight and discuss the possibilities and challenges related to the implementation of welfare technology associated with housing solutions and the housing situation. The development and implementation of welfare technology will be an important measure when meeting oncoming social challenges associated with an aging population, such as changing healthcare problems, and a scarcity of health and care staff. The report describes what welfare technology is and discusses what the use of new technology in housing is able to directly or indirectly encourage. The numerous possibilities which new technology offers are presented. Much of this technology already exists, but little of it is actually in use. The installation of basic infrastructure, including smarthouse technology is recommended.

The report also says something about trends and presents examples of imminent technology possibilities. The EU-project UniversAAL ([www.universAAL.org](http://www.universAAL.org)) on system architecture which is managed by SINTEF presents eight current examples of relevant services connected to the housing situation.

## **Innovation, Impact and Outcomes**

SINTEF Building and Infrastructure have participated in a number of projects where innovation within housing and care of the elderly is a key motivational factor.

Housing for Future Elderly Innovative elements help to initiate good practice. SINTEF is actively participating in the planning process in a community where new homes for the elderly are planned. The activities that are organised and the input from the user groups

contribute to innovation and re-thinking. SINTEF is structuring, and documenting the municipality's own goals and intentions, which are based on the user's perspective, as well as acting as the driving force to develop new answers and solutions. This is done through a series of workshops which are intended to bring together different actors from the health and welfare section alongside the elderly, their relatives and other actors from within the community. Housing solutions have been analysed in connection to each other and in relation to their location. The aim is to develop a stimulating environment which offers the opportunity to participate in different activities. For example a nursing home on top of a cultural centre, or the collocation of a centre for the elderly, baby-swimming and a middle school/junior high school.

Learning from Reality: Universal design from accessibility for wheelchair users to increased usability for everyone?

The project tests how political and ideological objectives related to Universal design have been handled and translated into concrete solutions. Three housing projects, all of which have set ambitious goals in terms of Universal design have provided the empirical information. Universal design is used as a method, with user experience being understood as a source of inspiration and quality control. The residents' different experiences have been gathered and discussed in relation to criteria set out in recent legislation. By focusing on user experience and needs, designers are able to understand how different people experience, or use a product, or building. A resident explained things in this way, "Short distances and step-free solutions are positive qualities.

However, although this was attractive it was not the deciding factor when we bought the flat. My wife used a walker after an operation for a while, and we then realized the benefit of step-free solutions in the bathroom."

Impact and outcome Results and findings from SINTEF's research activity are published in SINTEF Building

Research Design Guidelines (Byggforskserien). In addition to reports

## Evaluation

In addition to supporting the developmental and innovative process, SINTEF Building and

Infrastructure is also involved in the testing of new initiatives. We need to be sure that new housing and care solutions work according to expectations and intentions. In addition the SINTEF Foundation has its own established system of quality control.

## Success Criteria

User satisfaction is a primary criterion for establishing whether an initiative is working optimally. Researchers from SINTEF are in demand as lecturers within the field of Active Healthy Aging in the Nordic Region, and SINTEF Building and Infrastructure is a sought after partner within new initiatives in the field.

In addition the interdisciplinary group within SINTEF Building and Infrastructure and the SINTEF Foundation will establish a common knowledge platform within active healthy

aging which encompasses the entire value chain through development, implementation and evaluation.

### Transferability to other organisations/regions

Inclusive design is established politically in Norway. SINTEF's experiences during the implementation of inclusive design criterion are relevant for other countries both inside and outside the Nordic region. Our way of using inclusive solutions includes establishing integrated models within special housing for frail elderly. Norway has built a large amount of housing for different groups of elderly and SINTEF Building and Infrastructure's evaluations of the new solutions should therefore be of interest to actors outside Norway.

SINTEF Building and Infrastructure has been instrumental in the development of guidance material within the field of Active Healthy Aging on the behalf of several Norwegian government departments.

### Funding

No.

### Further information

## Design Guide for Adapted Housing for the Older People

**Organization:** Tecnalia Research & Innovation

**Country:** Spain

**Region:** Azpeitia- Gipuzkoa (Spain)

**Geographical scope of the initiative:** Spain-Europe

**Target group size:** >64, virtually autonomous in Spain

Target group category: Older people in general population, Local and regional

Authorities, Older people living at home, People 50+, Senior centres

**Type of partners involved:** Research centres, Local public authorities

**Topics addressed (keywords):** Accessibility, well-being, active ageing, design, housing, adaptable, urban, architecture, equipment, furniture

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices. Spatial context:

collaboration between different research centres and programmes in order to better understand the links between older people wellbeing and their urban environment

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Outdoor spaces and Buildings

## Description

The aim of this initiative was to define physical and spatial characteristics of the different spaces and equipment of the housing, based on the older people needs. The points that have been developed:

- Definition of basic design requirements for all living spaces in the housing.
- Establishment of older people physical and cognitive wear and their consequences/implications in living environment
- Re-design living spaces to accommodate this change in older people requirements
- Definition of minimum characteristics (dimensions, use of color, handle ...) that must meet the furniture present in the different living spaces
- Definition of adaptable housing design in time, which has the capacity to adapt to the aging process.
- Development of an architectural and equipment design manual/guide to meet the needs of well-being, accessibility, habitability of older people, especially for the following living spaces: kitchen, bathroom, bedroom, living area, dining areas, circulation areas and access to housing. This guide drawn up as graphic and simple and constructive space requirements for different spaces in order to be used as the basis of design in new construction and rehabilitation of housing for seniors.

The final aim is to increase the older people autonomy and well-being a home. The work is the base for adapting different types of housing available in the market, from the point of view of rehabilitation as new construction. This has been managed by defining minimums of design necessary for getting a housing adapted to older people. Also within the initiative, different housing configurations were studied, thus, each proposed solution may be transferred, in a simpler way, to construction and existing designs.

To implement this initiative, Tecnia used different methods and processes. At first, Tecnia psychologists established different groups of older people according to their levels of autonomy.

Members in the groups are not dependents because of their physical or cognitive situation, if they could be dependent because of the bad design of the housing. Groups were defined according to the degree of autonomy of members. After determining the groups, their needs at home were listed. To do this, the knowledge of psychologists and other international studies were used. Based on these results, anthropometric databases (p.e SizePeoples), European architectural studies (p.e. LifeTimeHomes) and knowledge of architects and designer of Tecnia were used to determine design characteristics must have a house adapted and adaptable and its equipment. The design characteristics

were adapted to characteristics of the housing in the Spain and Basque Country and their older people. These results are collected in a manual or guide graphic that is easy to use. For verifying the results of the work, a Living-Lab (DEKUBIK) with the space distribution and equipment design established to guide was constructed. The usability of spaces and equipment has been validated by real users, older people. For obtaining actual users Tecnalía is in contact with various local authorities.

## **Innovation, Impact and Outcomes**

This initiative aims to increase the years that an older person spends at his home in autonomous mode, "aging at home".

In many cases the increase in disability of older people, loss of autonomy, is produced by the limitations of the environment in which they live. That is why it is necessary to adapt the house to people who live in it. Today the standards are applied to convert a housing accessible are standard maximalist, for people with a high level of disability, usually physical. This profile does not match those of older people: 1) if an older person has a high level of disability is often dependent, not autonomous, even his house shall be adapted in accessibility standards and 2) cognitive disability is a future challenge that rarely appears on accessibility standards. On the other hand, this maximalist standards affecting its implementation: 1) often it is not possible to rehabilitate a home with the measures described in the standards, 2) need more space can increase the price of housing, or 3) often the furniture is designed for wheelchair users (reach of the objects found at low altitude, as indicated in the standards, can be difficult for older people). In this initiative standards adapted to the physical and cognitive needs of older people have been developed. These standards can be applied in the HOUSING ADAPTED and ADAPTABLE to the needs of older people. For the last in this initiative includes housing design from point of view spatial and equipment, giving a global response to housing adaptation needs.

One of the final goals of this initiative is to promote the concept of habitable and adapted housing and adapted to the people living in it throughout years. While public spaces should be accessible, private spaces (such as housing) must be adapted to the needs of its habitants at this moment, for that these spaces must be adaptable. Through this discourse and a global approach to housing design Tecnalía intends address construction professionals, developers, builders and government, for older people have benefited from this initiative. In order to exploit this initiative Tecnalía has been in contact with several building professionals, developers, building companies, equipment companies and administrations. These entities have confirmed the need for a similar initiative.

## **Transferability to other organisations/regions**

In general, most of the design requirements established in this guide can be applied in either country, although some of them have to be adapted to housing characteristics of each country taking into account the different building codes and related Standards.

Most of the problems found in this initiative are related to comfort measures. These measures vary widely according to the anthropometric database used or standards used in different countries

## Funding

Other funding than EU funding instrument.

## Further information

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## Map of aging of the Basque country

**Organization:** Tecnalía Research & Innovation

**Country:** Spain

**Region:** Derio- Bizkaia (Spain)

**Geographical scope of the initiative:** Spain-Europe

**Target group size:** >64, virtually autonomous in Spain

**Target group category:** Private/public companies/authorities managers of hospitals, nursing homes, primary care centers, day care centers, home care centers, adapted housing. Interior equipment designers Micro/Small/Medium/Large size industry

Architectural firm. Older people in general population, Older people using public infrastructure( e.g.. transport, buildings, environments), Older people living at home, People 50+, Local and regional authorities, People receiving care at home, Senior centres

**Type of partners involved:** Research centres, Local public authorities

**Topics addressed (keywords):** Accessibility, well-being, active ageing, design, housing, adaptable, urban, architecture, equipment, furniture

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices. Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people wellbeing and their urban environment

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Outdoor spaces and Buildings, Community support and health services

## Description

Country (Spain). In 2010, according to Eurostat data, in the European Union (EU-27) the percentage of persons aged 65 years or over reached the 17.4% of the population. In Spain this percentage was in the year 2010 of the 16,68 % of the population (INE data). In the same year in the Autonomous Community of the Basque Country the percentage of persons aged 65 years or over reached the 19,17 % of the total population (data from INE).

Map of aging of the Basque country is examined at municipal level (those with rates exceeding 20 % of aging population). Taking information from a tool developed in a previous work by Tecnalía for the Basque Government Department of Housing "Diagnosis of the building stock in the Basque country" the municipalities with a higher level of ageing population are discussed at the census section level.

The crosschecking of the information results in a characterization of urban schemes and constructive types related with high levels of aging of the population.

Once identified the typologies and built environments, it is analyzed the specific problems to each one of them, the rural environment, the historic centers and the working class neighbourhoods of the 50-60's result in the most vulnerable due to the ageing of their populations. The final aim is the adaptation of the building types and the built environments to promote the autonomy of the elderly, and the inclusion of support technologies to redesign the care map of the Basque country.

## Innovation, Impact and Outcomes

This initiative aims to give a real photo of the problems elderly people find in the actual building stock of the Basque Country.

In many cases the increase in disability of elderly people, loss of autonomy, is produced by the limitations of the environment in which they live.

That is why it is necessary to identify where people live and the different characteristics of the buildings and surroundings.

To have this information can help authorities to develop active ageing policies and strategies, basically from the urban and housing point of view, but depending on the indicators selected there are wide possibilities for this kind of instruments.

In order to exploit this initiative Tecnalía has been in contact with several municipalities and administrations, and different departments of them (social, urbanism and health departments...).

These entities have confirmed the need for a similar initiative.

## Transferability to other organisations/regions

In general, this initiative can be applied in either country, having a proper data base.

It is important the selection of the indicators. The involvement of the local authorities from the beginning of the process it is also considered very valuable.



## Funding

Other funding than EU funding instrument.

## Further information

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## DecKubik

**Organization:** Tecnia Research & Innovation

**Country:** Spain

**Region:** Azpeitia - Gipuzkoa (Spain)

**Geographical scope of the initiative:** Spain

**Target group size:** 20% to 30% of the population

**Type of partners involved:** Housing, Private companies, Small-sized industry, Medium-sized industry, Large-sized industry, Research centres

**Topics addressed (keywords):** Home, architecture, special furniture, validation laboratory, elderly people, building automation.

**Target group category:** Older people in general population, Older people using public infrastructure ( e.g.. transport, buildings, environments), Older people living at home, People 50+, Local and regional authorities, People receiving care at home, People receiving care at home, People in care homes, People in nursing homes, Older People visiting general practitioners, Older People with a specific illness/disease, Older Persons with disabilities

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices. Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people wellbeing and their urban environment. ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services.

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Information and Communication

## Description

DECKUBIK is a unique experimental facility for R&D aimed at developing new concepts, products and services created by Tecnia Research & Innovation Center.

This new facility has been installed on the ground floor of an experimental building located in Derio, Vizcaya (Spain). The infrastructure consists on a building of 500 m<sup>2</sup> that provides a basement and three floors above ground. The power supply is based on the combination of conventional and renewable energy (geothermal, solar and wind).

DECKUBIK simulates a dwelling, with two bedrooms, a living room, a kitchen and a bathroom.

The spaces are equipped with the necessary infrastructure and are prepared to place new products, services and technologies that need to be tested and validated by the user. The distribution inside is also capable of being changed, adapting to the demands of the product or system to be tested. There is also available an accessible outdoor space suitable for testing urban comfort solutions using equipment elements and technological facilities.

Nowadays there is a need to find a balance in order to establish some parameters to ensure mobility and accessibility and user interaction with the built environment and the final cost of the home.

According to this situation, research focuses on a new generation of innovative solutions from the point of view of construction and technology, so that the environment does not limit the ability of users.

In this context, enterprises develop new products and services that must be in accordance with the above mentioned balance, so that they need appropriate infrastructures to test their products respect to certain parameters. Tecnia has created a laboratory to implement and validate products and services and help companies to bring to market products that promote the autonomy of elderly people in the household. Specifically, the aim is to explore new solutions in the following areas:

1. Accessibility - Flexibility: exploring new kinds of architectural solutions and equipment related to the increase of flexibility and adaptability of housing over time. New designs in interior partition systems, ceilings, floors, facilities, etc.
2. Equipment: New developments aimed to create new items of furniture and equipment whose behavior can improve the use of elderly people, both at home and at urban level.
3. Information Technology and Communication: Verification of benefits of assistive technologies integrated into the housing, the furniture and the user.
4. Behavior models based on monitoring the activity through sensors.
5. Comfort-related studies aimed at improving the conditions of the construction elements to satisfy the requirements of users.

In order to carry out product testing, Tecnia has developed a methodology based on parameters that ensure the autonomy of elderly people at home.

To achieve that, it has been developed a first phase of research, where requirements of elderly people performing tasks at home have been collected, from the point of view of the deficiencies and limitations found. After this, there have been established a number of user profiles. Moreover, there have been identified the main tasks performed in each

of the rooms of the house and the information has been contrasted with the user profiles.

In a second phase of research, it has been made an analysis of existing standards to extract the parameters that standard products and systems must fulfill. As there are no regulations concerning the elderly, accessibility rules have been analyzed in order to extrapolate some parameters. There also have been taken into account forums and documentation relating to accessibility issues in Europe.

This analysis has been incorporated into the results of the first phase, to complete the analysis and define the requirements to be accomplished by products and services.

When carrying out the evaluation of new products and services, it has been established an evaluation procedure consisting of an initial visual inspection of the product and an assessment regarding regulatory aspects, functionality and suitability of the product to the target market. Subsequently, the evaluation phase with users is developed, where a number of user profiles to whom the new product or service is addressed are selected and user testing is developed, where product usability aspects are evaluated.

Finally, a valuation report is performed which certifies, in case of exceeding the criteria, that the product or service promotes individual autonomy for elderly people.

Regarding the involvement of older people in this project, as it is essentially a product testing laboratory to empower people; older people have a key role in validating the usability of products.

## **Innovation, Impact and Outcomes**

The lab infrastructure enables testing elderly oriented products and services, in a real living

environment but with the advantage of being in a space that allows easy installation of elements at different positions and heights, in order to evaluate both the product and its installation. In addition, monitoring the activity through sensors allows contrasting the information obtained from user testing, as for example, data on the force applied by the user when manipulating products.

Companies are faced with an infrastructure that allows them to test and validate their products before releasing them to the market, which ensure that products will have a guaranteed success in aspects related to product usability or fulfillment of the regulations. The ageing market is an emerging market, with few products and services aimed at it, so that the purpose of this infrastructure is to help companies to open up a market with enormous potential, while the end user also benefits, with products that adjust to their real needs.

Evaluations performed in the laboratory are based on a procedure based on a thorough investigation, so that the results are formal, in order to create a certificate that ensure the product promotes individual autonomy of elderly people.

The main success factor taken into account is the result of the evaluation, which extrapolates the results of a small group testing, which represents a major niche market with great potential. If the evaluation is positive, it is understood that the product will fit the companies, so that tracks the market acceptance of the product.

## Transferability to other organisations/regions

The fact of having an infrastructure for testing certain market oriented products, specifically the elderly market, is of great interest to companies. On the one hand, the testing laboratory enables testing the products and services developed by companies before releasing them to the market, which allows to fit tighter the market and to increase the success rate of the product or system developed.

Moreover, the collaboration between research centers and companies creates cooperation scenarios where new ideas for products and services are generated. In this way, companies find a key partner both in supporting the launch of their products to market as in the generation of ideas for developing new products and services for the ageing market.

One of the main challenges when creating such infrastructure is the initial investment required to set up the testing laboratory. This initial investment requires a period of time to be amortized on, which will be directly related to the success of the lab and the number of companies that come to test their products and services.

Another major problem when developing a testing methodology could be the lack of regulations on products aimed at seniors. The information gathered in the research phase on the needs and constraints of seniors at home must be completed by regulations concerning accessibility and functional diversity, since in many cases, aging involves similar needs to these population groups. It is very important that the regulatory analysis starts in each country or region, and continue on a more global analysis, in order to identify the requirements to be met in each geographical area.

However, the most important issue is that, being elderly oriented products, the key is at involving senior people in product testing methodology. Thereby, it ensures a better fit of the new product or service with older people's needs and a greater market success.

## Funding

No.

## Further information

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## Emergency exit door adapted to the needs of people with reduced mobility

**Organization:** Tecnalía Research & Innovation, GISMERO DECORACIONES METALICAS, S.L., TESA

**Country:** Spain

**Region:** Gipuzkoa (Spain)

**Geographical scope of the initiative:** Europe

**Target group size:**

**Target group category:** Older people in general population, Older people using public infrastructure ( e.g.. transport, buildings, environments)

**Type of partners involved:** Medium-sized industry, Research centres

**Topics addressed (keywords):** Accessibility, increased Safety, evacuation

**D4 Action Plan Action Area(s)-addressed:** Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people wellbeing and their urban environment.

ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Outdoor spaces and Buildings

### Description

Current evacuation systems are designed so that the user in a situation of emergency or panic, with full physical and mental faculties, can easily access emergency or panic device. In case of emergency exit doors, they are easy to open to facilitate the evacuation of a building. The problem is that these doors are used in extreme situations; as a fire or emergency situation. In such cases the simple drive from the bar to the opening of the door can be a difficult run for various reasons: functional capacity of the user, the fading of the user status or lack of visibility... In this initiative, a quick and easy opening door, suitable for installation in industrial halls, hospitals and public facilities has been developed. In conclusion, the main objective is to increase safety and to make easier the use of the door accessibility.

The existing ICTs were studied to develop a detection system using pressure system on the surface of the door. An embedded system in the door with a motor was also developed to make it easy to install and low maintenance. Existing European standards were studied for the product developed meets the criteria; the door meets Directive 89/196/CE and is a fire door EI90. Finally a prototype was developed in order to market. The validation of the final product was done by users with disabled access on the ground floor of the Hospital Bermingham, in San Sebastian. Among users who tested the product were older people living independently at home, people who come to the centre

of hospital day and people with motor functional impairment, who used a wheelchair to navigate.

## **Innovation, Impact and Outcomes**

As a result of the initiative a metal door with fire and evacuation benefits was developed. Aesthetically it does not differ from current evacuation with antipanic device gates. The door stands out for its opening by pressure on top and bottom panels where there is pressure sensors embedded. When the door detects a slight pressure on any of these panels opening, the subsequent closing of the same mechanism is activated automatically, without the person more or disabled have to push the door, thus facilitating the evacuation. An added feature of this door is the fact that is a door of evacuation, a door fire EI 90, making use of the most advanced materials, for delaying the spread of fire at a minimum of an hour.

Integrating this type of door in evacuation routes of older people would increase safety. It provides for older people an evacuation functional door, easy to use in emergency and panic situations. That's why this door is designed to be placed in hospitals and public facilities. The results obtained in this initiative were published in several state media (<http://www.elmundo.es/elmundo/2012/04/10/paisvasco/1334046198.html>, <http://www.euskadinnova.net/es/innovacion-tecnologica/noticias/desarrollan-innovadora-puerta-parasalidas-emergencia-adaptada-necesidades-personas-con-movilidad-reducida/8490.aspx> ...), with the goal of increasing its diffusion.

On the one hand, in the laboratories of Tecnalía a technical level validation was performed to confirm that it meets EI 90 in accordance with EN 13501-2:2007 + A1: 2009. That is, for at least 90 minutes, the door has remained the insulation and integrity performance against fire, without having produced any failure. The usability validation was performed in the Hospital Birmingham with older people, as indicated in the above (3. Description of remarkable practice). 63.5% of finally users, older people, who tested the correct functioning of the door, affirmed that opening the door is easy and 6.5% of them affirmed it's very easy.

## **Transferability to other organisations/regions**

This product meets the European standards, so it can be integrated in any country of the European Community. It must be checked, before its installation, the specific requirements related to fire, accesibility and evacuation of the country in which the door is going to be installed.

## **Funding**

Other funding than EU funding instrument.

## Further information

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Publications:

- <http://www.elmundo.es/elmundo/2012/04/10/paisvasco/1334046198.html>,  
<http://www.euskadinnova.net/es/innovacion-tecnologica/noticias/desarrollan-innovadorapuerta-para-salidas-emergencia-adaptada-necesidades-personas-con-movilidadreducida/8490.aspx>.

Companies participants:

- GISMERO DECORACIONES METALICAS, S.L. : [www.demesel.com](http://www.demesel.com)
- TESA: <http://www.tesa.es>

## Section on Urban environment

Organization	Title	Country	Region	Geographical scope
ACCEPLAN	Improving Accessibility in the Urban Scene of Barrio de la Estacion	Spain	España. Madrid Coslada	Residential neighborhood of 3.154 inhabitants, located in an industrial area.
CIRA – Italian Aerospace Research Center	Informative Geographical System	Italy	Italy	Metropolitan areas of Naples and Turin (Italy)
FONDAZIONE IRCCS – ISTITUTO NEUROLOGICO 'CARLO BESTA', MILAN, ITALY	MONITORING AGEING IN EUROPE – MONAGE PROJECT	Italy	ITALY, LOMBARDY, MILAN	MULTINATIONAL LEVEL
Hamburg ministry for Health and Consumer Protection	Hamburg 2030	Germany	Germany/Federal State of Hamburg	Germany / Federal State of Hamburg

Organization	Title	Country	Region	Geographical scope
<b>Het Akkoord van Groningen (The Groningen Agreement):</b> a structural, strategic cooperation agreement consisting of the Municipality of Groningen, The University Medical Centre Groningen, the University of Groningen and Hanze University. Main goal: developing Groningen as a knowledge and innovation city: Groningen, City of Talent. Healthy Ageing is one of the main focus points.	Healthy Cities. Our urban environment as medicine	The Netherlands	The Netherlands, Region of Groningen, Municipality of Groningen	The Netherlands
<b>Instituto de Ciências Sociais – University of Lisbon and Câmara Municipal de Odivelas</b>	Odivelas, Concelho Amigo das Pessoas Idosas – e dos Peões (Odivelas – Age-friendly and walkable municipality)	Portugal	Portugal, Lisboa (Region), Lisbon and Odivelas	Portugal, Lisboa (Region), Odivelas (Municipality)
<b>LOLA DOMÈNECH-ARCHITECT</b>	BOULEVARD PASSEIG ST JOAN-BARCELONA	Spain	SPAIN-CATALUNYA-BARCELONA	BARCELONA-CATALUNYA
<b>TNO, Netherlands Organisation for Applied Scientific Research</b>	Assisted Living Areas Rotterdam	The Netherlands	Municipality of Rotterdam	16 neighbourhoods in the City of Rotterdam
<b>University of Porto – Portugal DEMSSO/FEUP - Doctoral Program in Occupational Safety and Health FEUP - Faculty of Engineering of the University of Porto</b>	Age-Friendly City Performance Index [AgeCPI]	Portugal	Portugal, North of Portugal, Porto	Trofa Municipality



Organization	Title	Country	Region	Geographical scope
University of Porto CITTA/FLUP Research Centre for Territory, Transports and Environment CITTA Faculty of Arts of the University of Porto	"Socioeconomic determinants of ageing and susceptibility to cold extremes"	Portugal	Portugal, Porto Metropolitan Area	Porto Metropolitan Area

## Improving Accessibility in the Urban Scene of Barrio de la Estacion

**Organization:** ACCEPLAN

**Country:** Spain

**Region:** España. Madrid Coslada

**Geographical scope of the initiative:** Residential neighborhood of 3.154 inhabitants, located in an industrial area.

**Target group size:** Residential neighborhood of 3.154 inhabitants, located in an industrial area. The 18% is over 60 years old and 37% are dependents.

**Target group category:** Older people in general population, Older people using public infrastructure (e.g..transport, buildings, environments), Older People visiting general practitioners, Older People with a specific illness/disease

**Type of partners involved:** International/European public authorities, Regional public authorities

**Topics addressed (keywords):** Accessibility, mobility, friendly environment, personal autonomy.

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

**Spatial context:** collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Outdoor spaces and Buildings X Social Participation

### Description

The initiative was coordinated and promoted by the Department of Social Services and Elderly of the Coslada City Council. It establishes innovative strategies for urban regeneration through an integrated approach that includes social, economic and

environmental aspects, promoting sustainable urban development according to the European Union guidelines in relation to cohesion policy in the cities.

This project, implemented recently, relies on the Operational Programme of Regional Development (FEDER 2007-2013) from the Community of Madrid. What becomes possible through the URBAN Community Initiative (Axis 4 - Local and Urban Development), for municipalities over 50,000 inhabitants.

The neighborhood population represents 3.43% of the municipality, and its social life is characterized by an overriding need of restructuring. The population has economic and social difficulties, with high levels of social exclusion, increasing conflict and insecurity and environmental degradation in the area. This last point is increased by the presence of numerous Industrial and logistic activity centers, mixed with urban residential use, and the proximity to the airport, with a strong influence of its aircrafts noise footprint. These features are the results of an obsolete urban planning model, conducted in the second half of the twentieth century, which long-term effects now suffers an aging population. The district characteristics contribute significantly to the marginalization of the resident population, and to increase the number of older people with limited economic resources. The location of the neighborhood, in the northeast corner of town, bounded by large infrastructure networks (suburban railway, highway N-II), the Jarama River, and surrounded by industrial and logistics areas, reinforces the idea of isolation from the central area of the municipality of Coslada, wich is also social and geographic.

All this aspects turned the Barrio de la Estación into a set of small residential areas, with serious difficulty in interacting with each other, and also with the existing facilities and services of this city sector. The population was under stressful situations, as a result, especially for older people, they lived an isolated life at home, unrelated to the nearby urban environment.

The model established for the development and execution of the initiative was based on the following criteria:

- Increase independence and autonomy of older people in the use of the city
- Increase accessible pedestrian areas, applying the concept of Accessible Pedestrian Itinerary (Order VIV/561/2010 Basic Conditions of access and non-discrimination for access and use of developed public spaces).
- Improve public transport routes by ensuring their accessibility, comfort and closeness, facilitating displacements.
- Reduce the traffic of private vehicles within residential areas, slowing circulation and prioritizing pedestrian use in the areas of coexistence.
- Redesign public open spaces and green areas for a diversity of uses.
- Create and improve the interconnection among residential areas, and of these areas with the equipment, taking into account the needs of people at any time of his life.
- Improve equipment and placing new urban furnishings, with an inclusive design for elderly.
- Participation of older people in the decisions about the project (social participation).

For its realization this initiative is framed on the proposals and initiatives presented from WHO to achieve "Global Age Friendly Cities", by using the concept of Design for all to promote accessible, sustainable and green solutions, trying to promote the sense of belonging and well-being.

### **Innovation, Impact and Outcomes**

Base an integral urban regeneration on the needs and wishes of older people.

### **Impact and outcome**

Promoting a friendly urban environment to old people; promote greater presence of people in the street, both in pedestrian movements and sitting areas; reduce the perception of insecurity in the street; improve the environmental quality of the neighborhood (reduction of road traffic noise and integration with the park side of the river Jarama).

### **Evaluation**

In the subsequent step, ethnographic exercises and interviews with the affected population have been conducted.

### **Success Criteria**

As an initiative that has been already performed, detected impacts are related to the promotion of a significant improvement in the quality of life of older people who lives in the neighborhood. This can be seen in the increase of the presence of these people on the street.

### **Transferability to other organisations/regions**

The initiative to improve accessibility in the urban scene in the Barrio de la Estación is a practical application of concepts widely consolidated in the theoretical scope, to improve quality of life of older people in cities. This neighborhood shares a variety of characteristics with other cities sectors, from different countries, that were created under the same urban planning criteria, at a time when old age was not considered in the conception of the city.

Common lines of these urban environments are marked by small houses and an outdoor space inhospitable and insecure for pedestrians, dominated by intense traffic. It reflects the need to make that the urban environment acts as a complementary space to housing, activating the social frame and pulling people over home insulation.

In a general way, the tools used in this initiative that are transferable to other regions, consists in the practical implementation of the criteria mentioned above, the idea of

continuity and complementarity between the inner housing and the urban environment of the neighborhood, and the incorporation of older people as protagonists of citizen participation in the project.

A useful recommendation for the development of a similar project in another country is the articulation of the physical transformation of the environment with social initiatives. These initiatives should strengthen the supply of services and activities for older people in the region, which increases the reasons to come out of isolation.

## Funding

URBAN. FEDER.

## Further information

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## Informative Geographical System

**Organization:** CIRA – Italian Aerospace Research Center

**Country:** Italy

**Region:** Italy

**Geographical scope of the initiative:** Metropolitan areas of Naples and Turin (Italy)

**Target group size:** approx. 2 000 000 inhabitants

**Target group category:** People living in a municipality /region,

**Type of partners involved:** Research centres, Regional public authorities

**Topics addressed (keywords):** living environment, climate changes, prevention

**D4 Action Plan Action Area(s)-addressed:** Spatial context, ICT and smart environment

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Community support and health services

## Description

The Informative Geographical System is an initiative to support climatic data collection and analysis.

Currently the databases available contain climate data related to past periods and future scenarios, obtained by means of numerical simulations performed with a regional climate model at horizontal resolution of about 8 km and daily time resolution. Past data cover the period from 1970 through 2013.

The initiative is also aimed to create predictive models for climate in the selected environments.

Currently data projections cover the time span from 2005 through 2100, employing different IPCC emission scenarios. The main objective of the initiative is to create a reliable and accurate model to predict changes in the future occurrences of significant climatic events, such as heat and cold waves.

This is particularly relevant for elderly population, as climatic conditions can heavily influence health status and needs.

The numerical simulations for the detection of climatic trends is performed using COSMO-CLM. It is a non-hydrostatic model for the simulation of atmospheric processes, developed by the DWD–Germany for weather forecast services; successively, the model has been updated by the CLM-Community, in order to develop climatic applications for simulations on time scales up to centuries and spatial resolutions down to 1 km. It is the only limited area numerical model system in Europe which has a wide range of applicability. It is applicable for downscaling in all regions of the world and of most of the Global Climate simulations available.

The initiative is performed in Cooperation with Italian regional agencies for the environment protections (ARPAs): they have provided observational datasets.

## **Innovation, Impact and Outcomes**

### **Innovative Elements**

The ability to predict changes of potentially critical climate situations with a high degree of reliability will allow to shape more focused socio-sanitary strategies to address multiple intervene areas, such as wellness of frail population, urban planning, energetic resource allocation and so on.

### **Impact and outcome**

The output of the regional climate model has already been successfully used for impact studies on natural hazards (e.g. flood, landslides) and for studies on adaptation strategies to climate changes.

The variations of the fundamental climate parameters, as inferred by the projection of climate change, will condition different hazards at different time-scales.

Most relevant Publications based on the results of the initiative include:

L. Comegna, L. Picarelli, E. Bucchignani, P. Mercogliano, Potential effects of incoming climate changes on the behaviour of slow active landslides in clay, *Landslides*, vol. 10, 373-391, 2013  
E. Bucchignani, A. Sanna, S. Gualdi, S. Castellari, P. Schiano, "Simulation of the climate of the XX century in the Alpine space, *Natural Hazards*, vol. 67, 981-990. 2013

F. Baruffi, A. Cisotto, A. Cimolino, M. Ferri, M. Monego, D. Norbiato, M. Cappelletto, M. Bisaglia, A. Pretner, A. Galli, A. Scarinci, V. Marsala, C. Panelli, S. Gualdi, E. Bucchignani, S. Torresan, S. Pasini, A. Critto, A. Marcomini, 2012. Climate change impact assessment in Veneto and Friuli plain groundwater. Part I: an integrated modeling approach for hazard scenario construction. *Sci. Total Environ.*, vol. 440, 154-166, 2012

Results provided by the proposed methodology will help the national health services to develop strategies for the mitigation of the heat wave effects, to enhance the resilience of the population, particularly the elder people.

## Evaluation

The accuracy of the predictive model has been tested comparing the output of the simulations with observational data-set, showing a good capability of the model in reproducing the main features of the observed climate of the areas considered. The numerical bias that affects the climate simulation is lower than analogue literature values.

## Success Criteria

Verification of the results related to past periods with “real” data. Consistency of data related to future periods with analogue literature works.

## Transferability to other organisations/regions

As climate changes pose a worldwide challenge, there are potentially many Countries / Regions in Europe that could be interested in our good practice for impact studies on natural hazards (e.g. flood, landslides) and for studies on adaptation strategies to climate changes, as well as an important data source for planning sanitary and social interventions. Due to the flexibility of model adopted for simulations, the initiative is easily applicable in other environments, provided that a sufficient amount of observed data is available.

## Funding

No.

## Further information

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## MONITORING AGEING IN EUROPE – MONAGE PROJECT

**Organization:** MONITORING AGEING IN EUROPE – MONAGE PROJECT

**Country:** Italy

**Region:** ITALY, LOMBARDY, MILAN

**Geographical scope of the initiative:** MULTINATIONAL LEVEL

**Target group size:** EUROPEAN AGEING POPULATION

**Target group category:** Older people using public infrastructure ( e.g.. transport, buildings, environments), Older people living at home, People 50+, People living in a municipality /region, People receiving care at home, People in day care centres, People in care homes, Older People with a specific illness/disease, Older Persons with disabilities

**Type of partners involved:** Hospitals, Academia, WHO

**Topics addressed (keywords):** Protocol for Ageing Studies; Methodology for Ageing Studies; Health State Evaluation; Disability Evaluation; Quality of Life Evaluation; Well-Being Evaluation; Social Networks Evaluation; Built Environment Evaluation

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

Networks promoting a European covenant on demographic change: awareness raising campaign at European level and repository of good examples to create political and technical conditions able to adopt concrete changes to promote effective age-friendly environment across the EU

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Transportation, Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Community support and health services

### Description

MONAGE will allow EC to assess the achievement of the "two years of healthy life gain" objective through longitudinal and cohort Europe-wide studies.

MONAGE is intended to provide a protocol and a methodology to monitor trends of healthy ageing in EU countries, which are based on a FP7 project: COURAGE in Europe ([www.courageproject.eu/](http://www.courageproject.eu/)). Our proposal is to provide other projects and programmes with a protocol and a methodology to collect information on ageing, health and disability and their determinants. The protocol can be exploited to measure both health state, disability and quality of life – and their predictors (social networks and built environment) and is useful to gather longitudinal and cross-sectional data.

This proposal can be implemented in all European and non-European countries to identify and monitor trends of healthy ageing and disability. For these purposes an already validated protocol is available (COURAGE Protocol), as well as the expertise and

know-how of the main European partners involved in the data collection and validation of these instruments.

MONAGE partners have been collaborating in the past 10 years in COURAGE in Europe project, as well as in several other national and international projects in FP6 and FP7. COURAGE in Europe was aimed to develop a protocol and a methodology for data analysis that is feasible across EU countries. MONAGE Partnership will involve the Fondazione IRCCS – Istituto Neurologico 'Carlo Besta', Milan, Italy (Matilde Leonardi), Universidad Autonoma de Madrid, Spain (José Luis Ayuso-Mateus), Parc Sanitari Sant Joan de Déu, Barcelona, Spain (Josep Maria Haro), Jagiellonian University, Krakow, Poland (Beata Tobiasz-Adamczyk) and World Health Organization, Geneva, Switzerland (Somnath Chatterji). All MONAGE partners have wide experience in the field of population surveys, disability and ageing, instrument development and ICF classification utilisation, and all have ongoing research projects in these fields: they can therefore rely on several national and international scientific networks that might contribute to the further implementation or European research.

MONAGE is intended to provide EIP with a protocol and a methodology to monitor trends of healthy ageing in EU countries, which are based on a validated protocol resulting from an FP7 project: Collaborative Research on Ageing in Europe project – COURAGE in EUROPE Project. One of the main results of COURAGE in EUROPE Project was the development and validation of a protocol for ageing studies which enabled to collect evidence-based prevalence trends, and relates these to both quality of life and well-being outcomes as well as to the role of important determinants of health and disability such as the built environment and social networks. COURAGE in Europe project's fieldwork has been conducted in on a sample of 10800 persons from Finland (1976), Poland (4071) and Spain (4753). The developed and validated COURAGE Protocol for Ageing Studies has proven to be a valid tool for collecting comparable data in ageing populations and the COURAGE in Europe Project created valid and reliable, and cross-country comparable, scientific evidence for disability and ageing research and policy development. It is therefore recommended that future studies exploring determinants of health and disability in ageing use the COURAGE-derived methodology.

## **Innovation, Impact and Outcomes**

Innovative Elements: Majority of ageing studies relied on inadequate conceptualisation of health, quality of life and disability that mixed objective and subjective perspectives: no study was able to measure the intrinsic health state, assess its effect on quality of life and evaluate the extent to which environmental factors were facilitating or hindering. The result is that available data could not be exploited to address the extent to which changes to the environment impact on health and quality of life. MONAGE aims to further implement instruments that enable longitudinal evaluation over activities carried out to promote age-friendly environments, both from a relational, i.e. connected to social networks, and physical point of view, i.e. connected to the built environment. Both of these factors have been proven to impact on the health and quality of life of elderly. Since the protocol is comprehensive of both the outcome – health state – and the predictors, it makes it possible to measure the gain in terms of healthy life through



longitudinal and cohort studies. MONAGE will make available to the European Commission a protocol and a strategy of data analysis that will enable an objective and independent evaluation of the results of EIP on AHA actions, relying on the clear background of WHO's ICF Classification, and on the experience gained in the context of a multi-country project funded by a FP7 initiative. MONAGE contribution is therefore twofold: it will contribute with a product – COURAGE protocol – as well as with the implementation of a Europe-wide process of monitoring. The protocol proposed by MONAGE is valid and reliable and clearly distinguishes objective and subjective 'health-related' dimensions: therefore, it enables to measure their course longitudinally and cross-sectionally. Only then can the impact of proposed intervention be measured independently from the context in which these have been generated. MONAGE commitment through its protocol that can be used to run periodic Europe-wide studies will identify and monitor trends of healthy ageing, disability and their determinants. Long-term longitudinal studies, as well as cohort studies where different waves are carried out, will enable interested stakeholders to monitor the efficacy of adopted policies towards the improvement of healthy ageing.

### **Impact and outcome**

MONAGE is intended to provide a protocol and a methodology to monitor trends of healthy ageing in EU countries, which are based on a FP7 project: COURAGE in Europe. Our proposal is to provide other projects and programmes with a protocol and a methodology to collect information on ageing, health and disability and their determinants. The protocol can be exploited to measure both health state, disability and quality of life – and their predictors (social networks and built environment) and is useful to gather longitudinal and cross-sectional data.

### **Evaluation**

MONAGE project materials, protocol and framework was already tested and validated in three European countries through the COURAGE in Europe Project and has been proven that the protocol is valid and reliable and clearly distinguishes objective and subjective 'health-related' dimensions: therefore, it enables to measure their course longitudinally and cross-sectionally.

### **Success Criteria**

This proposal can be implemented in all European and non-European countries to identify and monitor trends of healthy ageing and disability. For these purposes an already validated protocol is available (COURAGE Protocol), as well as the expertise and know-how of the main European partners involved in the data collection and validation of these instruments.

## Transferability to other organisations/regions

MONAGE project can be implemented in all European and non-European countries to identify and monitor trends of healthy ageing and disability. For these purposes an already validated protocol is available (COURAGE Protocol), as well as the expertise and know-how of the main European partners involved in the data collection and validation of these instruments. MONAGE will allow European Commission to assess the achievement of the “two years of healthy life gain” objective through longitudinal and cohort Europe-wide studies. Longitudinal studies will enable to evaluate the rate of decreasing health in a sample of subjects enrolled at the beginning and at the end of HORIZON 2020 timeframe. Cohort studies, in which two different waves are enrolled at the beginning and at the end of HORIZON 2020 timeframe, will enable to evaluate the healthy-life gain.

## Funding

No.

## Further information

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## Hamburg 2030

**Organization:** Hamburg ministry for Health and Consumer Protection

**Country:** Germany

**Region:** Germany/Federal State of Hamburg

**Geographical scope of the initiative:** Germany / Federal State of Hamburg

**Target group size:**

**Target group category:** Older people in general population, Older people using public infrastructure (e.g.. transport, buildings, environments), Older people living at home, People 50+, People living in a municipality /region, Local and regional authorities, Community awareness and education

**Type of partners involved:** Primary care centres, Nursing homes, Private companies, Small-sized industry, Micro-sized industry, Research centres, Regional public authorities, Local public authorities, Advocacy organisations physicians, Other: Technical support agencies (smart-home; ambient assisted living)

**Topics addressed (keywords):** Regional policy development for demographic change, Involvement of advocacy organisations and the elderly, evaluation of legal provisions

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

Networks promoting a European covenant on demographic change: awareness raising campaign at European level and repository of good examples to create political and technical conditions able to adopt concrete changes to promote effective age-friendly environment across the EU

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:**

Local public authorities, Advocacy organisations patients/users, Involvement, Regional public authorities

## Description

The activities in the ministry for Health and Consumer Protection cover two areas, first the implementation and evaluation of a new legal provision strengthening the participation of the elderly in decision making, second the development of a strategy of the Hamburg ministries to face the demographic challenges.

a) Starting point of the above mentioned law for participation of senior citizens was that – in spite of existing administrative provisions below the level of a law – participation and representation of the elderly in relevant processes was not satisfactory. The new law has created new representative bodies on the communal and on the level of the Land. First observations are that there is a broader representation of advocacy (e.g. involvement of migrants, broader spectrum of age groups). A formal and comprehensive evaluation of the impact is planned for 2017.

b) In order to face the challenges of demographic change the Hamburg administration is preparing a policy bundling and orientating the existing activities in the different ministries. The demographic outlook can be described as a growing core region with shrinking population in the wider surrounding areas. Starting point for this initiative is a report "Growing old in Hamburg". So far high level workshops have been organized and the inter service consultation defining the expectations, principles and scope of the policy will be finalized in a short time. A survey has been developed aiming at identifying and analyzing more in detail the specific challenges the ministries and departments in administration face.

## Innovation, Impact and Outcomes

a) Level of participation of elderly citizens in decision making

b) level of operational commitment of the Hamburg administration

### Transferability to other organisations /regions

The following items could be transferred resp. of interest to regions and organisation, especially metropolitan regions in a similar demographic situation

Experiences and practices in re-orientation of policy, the legislative process and the implementation

Experiences and practices common development of tools for the evaluation

Common development of evaluation tools.

### Funding

EFRE.

### Further information

Report "Growing old in Hamburg"

(<http://www.hamburg.de/contentblob/3734038/data/bericht-aelter-werden-in-hamburg.pdf>)

Law for the participation of elderly citizens

<http://www.landesrechthamburg.de/jportal/portal/page/bshaprod.psml?showdoccase=1&doc.id=jlr-SenMitwGHApG1&doc.part=X&doc.origin=bs&st=lr>

## Healthy Cities. Our urban environment as medicine

**Organization:** [Het Akkoord van Groningen (The Groningen Agreement): a structural, strategic cooperation agreement consisting of the Municipality of Groningen, The University Medical Centre Groningen, the University of Groningen and Hanze University. Main goal: developing Groningen as a knowledge and innovation city: Groningen, City of Talent. Healthy Ageing is one of the main focus points.

**Country:** The Netherlands

**Region:** The Netherlands, Region of Groningen, Municipality of Groningen

**Geographical scope of the initiative:** The Netherlands

**Target group size:** 199.000 inhabitants of Groningen

**Target group category:** Older people in general population, Older people using public infrastructure ( e.g.. transport, buildings, environments), Older people living at home, People living in a municipality /region, Local and regional authorities, Community awareness and education, People 50+, People living in a municipality /region

**Type of partners involved:** Hospitals, Housing organisations, Research centres, Local public authorities

**Topics addressed (keywords):** accessibility, awareness raising, establishing physical, virtual and social urban environments which contribute to a healthy and active life, stimulating environment for young and elderly people, healthy playgrounds for all ages, stimulate citizens to enjoy the public accessible green areas in neighbourhoods (collective gardens, making citizens responsible for the care of green areas in specific neighbourhoods, let them grow their own food etc, living labs, pilots in city areas, , visible projects in the urban environment, in city areas, in close participation with the citizens,, stakeholder engagement,

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices etworks promoting a European covenant on demographic change: awareness raising campaign at European level and repository of good examples to create political and technical conditions able to adopt concrete changes to promote effective age-friendly environment across the EU

Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Transportation, Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Information and Communication

## Description

In Groningen 4 major organisations have joined forces to start the project Healthy Cities: the Municipality of Groningen, The University Medical Center, The University of Groningen and Hanze University for Applied Sciences are starting a pilot to profile Groningen as a Healthy City: with all kinds of interdisciplinary projects in the public space, in local neighbourhoods, in close cooperation with the citizens of Groningen. We're planning to select one or two neighbourhoods and develop them into living labs: linking research with practice, starting pilotprojects to create challenging environments which stimulate people (young and old) to a healthier way of live: healthy playgrounds for all ages, stimulate citizens to enjoy the public accessible green areas in neighbourhoods (collective gardens in neighbourhoods, making citizens responsible for the care of green areas in their neighbourhoods, let them grow their own food etc, living labs, visible pilotprojects in the urban environment, in neighbourhoods, in close participation with citizens.

Furthermore the organisation of interdisciplinary design workshops, symposia/conferences, organisation of a international congress, publication of a book (in 2014) with essays on the relation between health, design and quality of the public space. ealthy Cities, participation, promoting the concept of Healthy Cities during the International Biennale of Architecture Rotterdam (IABR) innovation.

We are making use of the existing infrastructure in neighbourhoods, working close together with the initiatives and projects which are already taking place. All the activities in Groningen on the area of active and Healthy Ageing are meant for young and older people: staying healthy starts on an early age, even before the conception has taken place, as scientists often emphasize.

We would like to achieve the following: bring together the (limited) existing evidence based research in the field of the relation between health and public space and stimulate new research. Test the research in specific neighbourhoods, in pilotprojects (design workshops with interdisciplinary themes, in close collaboration with the users of the public space. Contribute to a health-stimulating environments. Make the citizens of Groningen more aware of the benefits of taking the bicycle instead of the car, the benefits of a green environment and healthy food, make neighbourhoods more accessible and attractive for older people.

## **Innovation, Impact and Outcomes**

### **Impact and outcome**

Include evidence on the impact and outcomes (e.g what outcomes are expected, coverage, applications, publications, end users, potential impact on society, how older people have benefited from your initiative)

Publication in 2014 with essays on if and how the design of our cities and urban and regional landscapes can contribute to an active and healthy lifestyle (see above).

Organizing an international congress.

Linking research to practice: create living labs in one or two neighbourhoods.

Benoeming van Professor on the theme of space, architecture and health at the University of Groningen.

More insight in the research in this field, stimulate new research.

Results of pilots: more insight in what works and what doesn't work on the area of health-stimulating environments in local neighbourhoods

Raising the awareness of the citizens of Groningen.

Contribute to a more healthy lifestyle of the citizens of Groningen.

## Evaluation

No

## Success Criteria

When other European cities/region's will make use of the good practices from Groningen.

When we raise the citizens awareness on this subject.

When it results in lasting, visible innovative projects in the public space which contribute to an active and healthy lifestyle.

## Transferability to other organisations/regions

We would like that Groningen as a living lab will make a difference into a broader national and international European context. To achieve this goal we make use – apart from new research and the development of new projects – of knowledge elsewhere. When we will have a picture of the results of the programme in Groningen, elements of this programme could be easily transferred to other cities and regions

## Funding

No.

## Further information

Contact info: ([www.cityoftalent.nl](http://www.cityoftalent.nl))

## Odivelas, Concelho Amigo das Pessoas Idosas – e dos Peões (Odivelas – Age-friendly and walkable municipality)

**Organization:** Instituto de Ciências Sociais – University of Lisbon and Câmara Municipal de Odivelas

**Country:** Portugal

**Region:** Portugal, Lisboa (Region), Lisbon and Odivelas

**Geographical scope of the initiative:** Portugal, Lisboa (Region), Odivelas (Municipality)

**Target group size:** 42.516 residents aged 55+, of which 23.501 aged 65+

**Target group category:** Older people in general population, Older people using public infrastructure( e.g.. transport, buildings, environments), People 50+

**Type of partners involved:** Academia; Local public authorities

**Topics addressed (keywords):** age-friendly cities; older people's voice / citizen participation; urban planning; urban design; outdoor public spaces; built environment and health; mobility and accessibility; walkability assessment; tools

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people wellbeing and their urban environment.

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Outdoor spaces and Buildings, Civic Participation and Employment

## Description

Resulting from a partnership between local government (Câmara Municipal de Odivelas) and academia (Instituto do Envelhecimento and Instituto de Ciências Sociais da Universidade de Lisboa-IE-UL, ICS-UL) this initiative, "Odivelas – Age-friendly and walkable municipality" involves research activities as part of the implementation of an "age-friendly city" project. More specifically it aims to:

- a) engage older citizens (aged 55+) in the assessment/planning of age-friendly outdoor public spaces (streets) in Odivelas;
- b) obtain baseline detailed geocoded information useful for the assessment/planning of age-friendly streets in Odivelas;
- c) develop and test systematic methods to assess streets walkability and promote older citizen's participation, so as to help achieve the two first objectives at the municipal level and simultaneously generate knowledge and tools useful for other Portuguese cities/communities.

Presently in the first semester of implementation, the initiative included the following activities:

- awareness-raising session regarding inclusive, walkable age-friendly urban environments;
- 1st pilot assessments with "SeGAPe" – a community street audit tool, that measures walkability from users viewpoint, engaging a group of older local citizens in the assessment and rating of walking routes (street segments and crossings) in the city of Odivelas;
- 1st pilot assessments with tool "VePe" – a observational/audit tool (checklist), being tested in walking routes (street segments and crossings) in the municipality of Odivelas;
- preliminary analysis and presentation of the results of these activities

These activities, as well as analysis and dissemination of the results and process evaluation of the initiative, are planned to continue into 2014.



This local initiative is an integral part of broader initiatives, which should enable exchanges and dissemination that simultaneously enrich the local activities and facilitate a transfer of lessons learned:

- a) it is a component of the age-friendly municipality project that the Odivelas Municipality is implementing, as a member of World Health Organization's Global Network of Age-Friendly Cities and Communities;
- b) it is also part of the project AUPE – "Participation and Urban Built Environment Change for Healthy Ageing" lead by research centres ICS-UL and IE-UL, with analogous and complementary activities also being implemented in other locations and with other partners;
- c) the three partners are founding members of CIT-A-PE Forum, a network and community of practice focusing on age-friendly built environment and participation, where such practices and experiments will be disseminated among other Portuguese and international organisations and individuals;
- c) the CIT-A-PE Forum is a partner of the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA), belonging to the action group D4 - Age-friendly Buildings, Cities and Environments.

## **Innovation, Impact and Outcomes**

The combination of research and practice that underlie this initiative allows for the systematic experimentation and development of methodologies useful for implementing a local project and simultaneously extracting lessons and practical tools transferable to other age-friendly cities initiatives, namely in Portugal. The integration of this local initiative in other projects and networks reinforces the potential for learning and continuous improvement as well as for transferability.

On a more specific level, the tools SeGAPe and VePe piloted in the context of this initiative, are the first walking audit tools created/adapted to be used in Portuguese urban context with older adults.

## **Impact and outcome**

Expected outputs, outcomes and impact include:

- local walkability assessments undertaken, using/testing new participatory audit tools and methods;
- local older citizen's more aware of walkability issues and involved in assessing/planning age-friendly walkable streets;
- local urban planning processes and interventions that take into account older citizens' perspectives;
- lessons learned and new tested participatory walkability audit tools<sup>4</sup> are disseminated (e.g., workshop; papers and scientific publications; information and materials available online; circulated through national and international networks);

- streets in the municipality become more accessible, safer and attractive to pedestrians of all ages –including older adults –, thus reducing risks of falls, accidents and isolation and increasing opportunities for physical activity, social participation and independent living, with positive impacts namely on inclusion, quality of life and health of (older) residents, and on social cohesion, equity and economic and environmental sustainability of the local community.

At this time the evidence available concerns only the outputs/outcomes of the first activities carried out (notably the pilot SeGAPe assessment, that engaged 26 residents, aged 57-81, in auditing a total of 20 street segments and crossings).

## Evaluation

The outputs and implementation process are being monitored, with some data collected regarding intended outcomes. The information will be used for internal evaluation; it will also be used as part of a series of case studies and in the development process of the tools being piloted. There is presently no provision for impact evaluation.

At this time, the evaluation performed regarding the first pilot SeGAPe assessment included: an informal group discussion with all participants; a detailed questionnaire filled by each participant, providing user feedback on the methodology and experience.

## Success Criteria

Main success criteria are:

- activities implemented according to plan;
- number of tools tested and assessment sessions carried out;
- older citizens involvement (satisfaction, number and characteristics of participants);
- (during or after the end of the project) municipality implements changes in local streets/crossings taking into account the assessments undertaken;
- (after the end of the project) municipality implements processes for continued participation, assessment and improvement of local streets/crossings;
- dissemination activities / products made available and reaching a wider audience;
- partners evaluate positively the joint initiative.

## Transferability to other organisations/regions

As described (see Description), a central goal of this initiative is to contribute to the development and testing of participatory methods and tools to assess community walkability from older people's viewpoint. The intended deliverables thus include dissemination of two piloted 65+ walking audit tools (SeGAPe and VePe), accompanied by detailed support materials. These aim to constitute a replicable, systematic method

for engaging older citizens that can be used by local authorities or local advocacy groups in any Portuguese city in order to obtain built environment data relevant for planning evidencebased interventions towards walkable age-friendly cities.

Lessons learned during the implementation process can also be of value for initiatives in other regions/countries wishing to promote participation of older citizens in urban planning.

As part of a more encompassing research project, the information collected in this initiative is additionally expected to contribute to the understanding of the relationships between urban built environment characteristics and older people's health determinants and outcomes.

## Funding

No.

## Further information

Website: (dedicated webpage for the initiative to be created on the last trimester 2013)

Online information on related initiatives:

Odivelas Age-friendly city project:

<http://www.cm-odivelas.pt/Extras/PortalSenior/participacao.htm>

Project AUPE:

<http://www.ienvelhecimento.ul.pt/research/projects/160-participation-urban-builtenvironment-ageing>

CIT-A-PE Forum:

<https://sites.google.com/site/citapeweb/>

Contact Person: Mariana Almeida ([mariana.almeida@ics.ul.pt](mailto:mariana.almeida@ics.ul.pt))

## BOULEVARD PASSEIG ST JOAN- BARCELONA

**Organization:** LOLA DOMÈNECH-ARCHITECT

**Country:** Spain

**Region:** Spain-Catalunya-Barcelona

**Geographical scope of the initiative:** Barcelona- Catalunya

**Target group size:**

**Target group category:** Older people in general population, Older people using public infrastructure (e.g..transport, buildings, environments)

**Type of partners involved:** Regional public authorities, Local public authorities, Others : neighbours

**Topics addressed (keywords):**

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment:

promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services.

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Outdoor spaces and Buildings

## Description

The reform of Passeig de St Joan in Barcelona is an urban intervention that had as main objective Humanizing the urban space.

The existing promenade was in a very poor condition and had fallen into disuse from the standpoint of social and economic view.

With this new proposal the Passeig de St Joan has won back its social value as an urban space that provides a variety of requested uses and functions whilst also addressing key aspects of biodiversity and sustainability.

This street's urban transformation has enabled us to revitalise its commercial life and recreational uses, whilst at the same time retrieving its historical value as a main boulevard that continues right up to Ciutadella park.

### 1.THE PURPOSE OF THE INTERVENTION

The new remodelling proposal sets two basic objectives: to give priority to the pedestrian use of the boulevard and turn it into a new urban green zone extending right up to Ciutadella park.

### 2.DESCRPTION OF THE INTERVENTION

In order to achieve these objectives the project has adopted three fundamental urban planning criteria:

1. To guarantee the continuity of the section along the length of the boulevard. Despite the fact that this part of the boulevard currently consists of 3 differentiated sections the remodelling intends to create a new longitudinal section making it uniform along its entire length. The new section is symmetrical and extends the width of the current pavements from 12.5m to 17m, maintaining the century old trees and accompanying them with two new rows of trees. The layout's continuity is absolutely essential in order to ensure functional clarity along the entire length of the boulevard.

2. To adapt the urban space to different uses. The new section must cater to the different uses of this urban space whilst enabling them to coexist harmoniously. The 17m of pavement have been organised in such a way that 6m are allocated to a pedestrian pavement whilst the remaining 11m under the rows of trees are for recreational uses (benches, children's play areas and bar terraces). Previous road traffic surveys showed that the original road was too large. So it was possible to reduce the space allocated to traffic and turn it into a pacified transit zone. As part of the new layout, the two-way 4m bicycle lane is physically segregated, protected and signposted, located in the middle of the road.

The key tenets of the new proposal are to reduce the number of traffic lanes, create leisure zones under the trees and segregate the bicycle lane.

3. To promote the passeig de St Joan as a new and sustainable urban green zone. Passeig de Sant Joan, which, with its prolongation via the Passeig de Lluís Companys reaches right up to Ciutadella park has been projected as the city's new green zone.

In order to achieve this, two new rows of trees will be planted on both sides of the existing century old trees to create an area of natural shade that will accommodate the new recreational zones, children's playgrounds and bar terraces.

In order to guarantee the sustainability of this new layout we need to ensure proper drainage of the subsoil and take on the challenge of incorporating a mixed pavement system in the tree-lined zone. The treatment of the soil with mixed pavements and the automatic watering system that uses phreatic water are key to ensuring substrata drainage that will guarantee the survival of the vegetation. The incorporation of local shrubs to this tree lined zone will contribute to enriching subsoil biodiversity.

- Can you say anything about the methods and processes used in the initiative?

During the whole process the maximum consensus was sought after among policy makers and public opinion of all ages.

- If there are links to local governments, if you use public-private models of cooperation

- How older people have been consulted/involved in planning/implementing the initiative

Upon completion of architectural and planning proposal the project was presented to an open to debate to neighbours. Three different sessions took place and citizens had the opportunity to review and make their comments regarding the project. Some of the observations and comments were incorporated in the final project design. If there are other organisations involved in your initiative (see also question 1.7), and describe the involvement of your partners

Within the city of Barcelona, different departments were involved in the design process in order to define specific criteria: accessibility, for blind pedestrian mobility, mobility for cyclists, gardening and maintenance, security and use of urban space. The project was developed considering those criteria and incorporating it into the urban design.

## **Innovation, Impact and Outcomes**

This is a clear example of urban transformation.

In its original, there was no social life, now currently the promenade is constantly inhabited by citizens of all different ages.

From the point of view is a social and economic that transformation of that specific urban space has been very successful.

Elderly people have now the opportunity to enjoy of a nice urban living space in which they can share and participate with activities and uses of the rest of the population.

4.3 Evaluation: Have formal or informal evaluations been performed?

The project has been recognized in various awards and international specialty publications. has obtained the public fad premio 2012. This action is considered a new benchmark in the design of sustainable urban space. 4.4 Success Criteria: What success criteria are used to determine that your initiative is working well? .....

The project has had been very successful from the perspective of social and economic point of view for the following reasons:

1. Commercial status ride leisure has been revitalized

2. Urban space is now used by people of different ages: children, teens, adults and elderly. It has become a urban space in which variety of uses are now possible and helpfully coexisting
3. Pedestrian use has been prioritized in front of traffic circulation , by transforming one way traffic in an urban green corridor, against the use of, transforming one way traffic in a urban green corridor in order to recover the idea of public space as a place for social relations.
4. Due to its character as urban green corridor the quality of life of people in the neighbourhood has immensely improved
5. This new design of urban space contributed positively to improve the quality of life of people and i revitalise social economic activity of this via
6. New sustainability criteria and biodiversity have contributed to the creation of a kind urban space collecting the diversity of uses

## Funding

No.

## Further information

LINK TO THE PROJECT: <http://www.loladomenech.com/en/proyecto.php?id=21>

## Assisted Living Areas Rotterdam

**Organization:** TNO, Netherlands Organisation for Applied Scientific Research

**Country:** The Netherlands

**Region:** Municipality of Rotterdam

**Geographical scope of the initiative:** 16 neighbourhoods in the City of Rotterdam

**Target group size:** The citizens in 16 neighbourhoods of Rotterdam

**Target group category:** Older people in general population, People living in a municipality /region, People receiving care at home, Older people using public infrastructure ( e.g.. transport, buildings, environments), Local and regional authorities, Older people living at home, Older People visiting general practitioners

**Type of partners involved:** Primary care centres, General practitioners, Day care centres, Research centres, Local public authorities

**Topics addressed (keywords):** Ageing in place, older people's voice, social networks and relevant healthcare and well-being provisions.

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:**

Housing, Transportation, Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Civic Participation and Employment, Community support and health services, Information and Communication

## Description

Assisted Living areas are pleasant districts or neighbourhoods in which specific target groups can live; target groups such as elderly citizens or people with a handicap. Providing such a pleasant district means people can live independently for longer, and quality of life can be enhanced. The city of Rotterdam is developing 16 examples, best practices, for the other 50 promising areas in the city.

## Transformation of care systems

In the Assisted Living areas, optimal conditions have been created for living with care. A focal point is the structure of integrated care and services, which is organized from a service point, care point or support point.

The Netherlands has a long tradition of large-scale incorporated care facilities for the elderly. The future care in the Netherlands will become more separated, decentralized and small-scale. Seniors will continue to live longer in their own house and they will use more home-oriented care facilities. The society moves to a more independent-oriented manner of life. The forces behind this transformation are twofold. Firstly, the transformation of our care system is caused by economic and demographic challenges. Secondly, we can observe an increasing desire to exert control over one's own lifestyle and over one's use of services. All in all, the municipality of Rotterdam realises that current infrastructures will have to change. In order to create Assisted Living areas, we need new housing types, new use of urban spaces and new formats of services.

## Design of Assisted Living areas

In the 16 'example areas' several organisations work together to realize:

- New networks (informal and formal, on urban and local level)
- Transparent structures and result-oriented agreements between government and market parties, with a common focus on the most vulnerable target groups
- A coordinated offer of activities and customised houses in the area
- An univocal and coherent programme of care and well-being services

- Involvement of citizens, representatives and drivers in new working methods, cooperation constructions and innovative ICT solutions
- Strategies for future development –economically and socially (participation, employment)

The municipality of Rotterdam is on track and on schedule with the development of Assisted Living areas. The 50 intended areas will be developed after 2013, when the current urban planning programme will expire.

## **Innovation, Impact and Outcomes**

Ageing in place: how to achieve this by combining elements of age friendly environments. The creation of new local networks between municipality, citizens and provisions.

### **Impact and outcome**

Include evidence on the impact and outcomes (e.g what outcomes are expected, coverage, applications, publications, end users, potential impact on society, how older people have benefited from your initiative)

The state of the art concerning ageing in place with the help of assisted living areas.

### **Evaluation**

Not yet. The projects ends at the end of 2013.

### **Success Criteria**

- More (elderly) people with cognitive and/or physical impairments are ageing in place.
- Civil servants of the municipality use the provided data and information to implement their policies.
- The concept of assisted living areas is spread over the whole city of Rotterdam.

### **Transferability to other organisations/regions**

Our knowledge about the elements which are important to ageing in place with the help of assisted living areas could be transferred.



## Funding

Other funding than EU funding instrument.

## Further information

<http://nabij-vitalewijk.nl/geen-categorie/assisted-living-areas-in-rotterdam-home-care-and-welfare-in-your-neighbourhood/>

## Age-Friendly City Performance Index [AgeCPI]

**Organization:** University of Porto – Portugal, DEMSSO/FEUP - Doctoral Program in Occupational Safety and Health, FEUP - Faculty of Engineering of the University of Porto

**Country:** Portugal

**Region:** Portugal, North of Portugal, Porto

**Geographical scope of the initiative:** Trofa Municipality

**Target group size:** Trofa Municipality: 39000 inhabitants

**Target group category:** Older people in general population Older people using public infrastructure ( e.g.. transport, buildings, environments) People living in a municipality /region, Local and regional authorities

**Type of partners involved:** Local public authorities, Regional public authorities

**Topics addressed (keywords):** Age-friendly cities, age-friendly communities, decision tool, performance Index

**D4 Action Plan Action Area(s)-addressed: Networks promoting a European covenant on demographic change:** awareness raising campaign at European level and repository of good examples to create political and technical conditions able to adopt concrete changes to promote effective age-friendly environment across the EU

**Corresponding domain(s) under the “Global age-friendly cities: a guide WHO framework:** Housing, Transportation, Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Civic Participation and Employment, Community support and health services, Information and Communication.

## Description

Designing an Age-Friendly Cities Performance Index as a management tool, thus helping decision makers, mainly local and regional public authorities, in the “Active Ageing” opportunities optimization of the population (older people) at local and regional level.

Age-friendly Cities Performance Index as a tool for systematizing information has the following characteristics:

- The environment for the generation of information is the city (territorial spatial concept);

- The phenomenon studied is the ability of cities to optimize opportunities of health, safety and participation of the elderly;
- The databases of indicators should primarily be available in national and international statistical websites;
- The indicators meet the criteria of: consistency with the local reality, relevance, clarity in communication, participatory construction, scientific consistency, accessibility of data, reliability of supply and capacity for synthesis.
- If there are other organisations involved in your initiative (see also question 1.7), and describe the involvement of your partners: Trofa Municipality, through the Social Action Local Council Network

## **Innovation, Impact and Outcomes**

The hierarchy of indicators in the decision tools are undertaken by social and institutional actors involved in the phenomenon, thus providing decision makers with models adjusted to the local environment.

### **Impact and outcome**

Include evidence on the impact and outcomes (e.g what outcomes are expected, coverage, applications, publications, end users, potential impact on society, how older people have benefited from your initiative)

Decision makers in local and regional authorities/municipalities, may take in priority health and safety issues and the older people participation in the family and the community. In this context older people will participate in public policies focused on achieving age-friendly cities and communities.

The population in general and older people in particular regarded as end-users/target group of the public policies related to age-friendly cities. In such an environment when applying the AgeCPI, local and regional public authorities tend to favour the adoption of age-friendly policies within the Age-friendly cities framework.

### **Evaluation**

The Performance Index is undergoing implementation and evaluations are yet to be performed.

### **Success Criteria**

Public session(s) presentation and discussion of the AgeCPI initiative and also AgeCPI Indicators performance monitoring by decision makers (local and regional public authorities).

## Transferability to other organisations/regions

Describe how your good practice could be transferred / be of interest to other regions / organisations – i.e. what type of problem / challenge might it help them to solve? Is it lessons to be learned, things that you would recommend to be handled differently if this practice was to be taken up by another country?

AgeCPI is by definition a modelling decision tool. Therefore the used indicators within the model can be adjusted to any local/regional city and community reality/need. Transferability is a characteristic of the AgeCPI. The challenge is however the need to identify the relevant social local actors, and promote not only their engagement but also the participation of the local older people.

## Funding

No.

## Further information

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<http://www.onoticiasdatrofa.pt/ntt/index.php/ultimas-noticias/edicao-papel/51-edicao-418/10428-trofa-estudada-a-nivel-nacional-como-municipio-piloto>

## Socioeconomic determinants of ageing and susceptibility to cold extremes

**Organization:** University of Porto, CITTA/FLUP Research Centre for Territory, Transports and Environment, CITTA Faculty of Arts of the University of Porto

**Country:** Portugal

**Region:** Portugal, Porto Metropolitan Area

**Geographical scope of the initiative:** Porto Metropolitan Area

**Target group size:** Elderly resident population of Porto Metropolitan Area

**Target group category:** Older people in general population, Older people living at home, People 50+, Local and regional authorities, Community awareness and education, Senior centres, People receiving care at home, Older People with a specific illness/disease, Older Persons with disabilities

**Type of partners involved:** Local public authorities

**Topics addressed (keywords):** Active Ageing, Determinants of ageing, SWOT Analysis, Elderly healthy

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring

together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:**

Housing, Transportation, Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Civic Participation and Employment, Community support and health services, Information and Communication

## Description

We are witnessing to a progressive ageing of the world population in a growing urban world. The stress of urban life is creating isolated elderly and old people are living in poor conditions of life. It is urgent to minimize the constraints associated to ageing and the decline of the health of the elderly. One way is through the identification and localization of the main deprivations of the territory and find where the higher risk of the aggravation the health status of the elderly is and when the higher risk of the health status of the elderly can be intensified.

Looking for the territory and its elderly population we found its deprivations through a human deprivation index (relational deprivation, economical deprivation and socio-demographic deprivation) calculated with isolated elderly, isolated illiterate, very old and degraded buildings, population with low incomes and isolated buildings. However climate extreme events can even more affect deprivation. Believing that the effect of extreme cold temperatures is easily felt by the poor and by the most vulnerable people, therefore was calculated the susceptibility to extreme cold index through distance to the sea, hypsometry, slopes > 15°, N exposures, settlement density, use of the soil exposed anthropogenic heat and distance to the main road.

When we integrate the two indices we have the identification of the areas with the aggravation risk of the health status of the elderly. It is also important to know when the higher risk of the health status of the elderly can be intensified at the Porto Grand Metropolitan Area.

Knowing that the risk of aggravation of the health of the elderly is higher during Winter; the peaks for admissions by myocardial infarction concerning the elderly are higher than the peaks of admissions for the younger individuals, during Winter; the maximum daily values for elderly admissions (>P<sub>90</sub>) were observed during extreme cold events which happened in January 2003 and January 2005; and the elderly are a particularly vulnerable group to extreme cold events, being therefore important to recognize them all as risk groups; it is important to define specific measures for minimizing the risk of aggravation of their health.

As good practices we can recommend:

- To fight social insolation: profiting the voluntary care in the care for the elderly and develop support services for the families;
- To minimize vulnerability in illiterate elderly: create an educative television programme for the elderly;

- To improve housing conditions: create fiscal stimulus for an intergenerational housing;
- To improve the economical support of the elderly families: explore new ways for intergenerational cooperation in work.

## **Innovation, Impact and Outcomes**

Integration of the elderly population; Action by prevention; Voluntary care; Educative television program; Intergenerational cooperation Outline the key innovative elements of your good practice

## **Impact and outcome**

Mitigate the social isolation; Integrate elderly people; Protect old people; Older people benefited by the improvement of life quality; Usefulness of the elderly; Include evidence on the impact and outcomes (e.g what outcomes are expected, coverage, applications, publications, end users, potential impact on society, how older people have benefited from your initiative)n

## **Evaluation**

No.

## **Success Criteria**

The initiative was not yet been implemented.

## **Transferability to other organisations/regions**

In European Union the population is aging and getting old - the percentage of the population with 65 years or more between 1990 and 2010 increase, therefore it is important to find measures to promote healthy aging, to decrease the dependence and the inactivity of elderly and to promote the usefulness of older people. In addition, we have come to watch the extreme weather events that affect and intensify the health problems of the elderly. Thus, it is very important to determinate territory and elderly population deprivations with index as human deprivation index and susceptibility to extreme cold index to find the areas with the aggravation risk of the health status of the elderly to define good practices to improve elderly life conditions and integrate elderly people. Transferring this process to other regions, organisations or countries it is essential because it involve two of the biggest problems of Europe: an aging and inactive population and the effect of extreme weather events in this vulnerable group.

## Funding

No.

## Further information

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## CLUSTER 2.

# ACTIVE AGEING IN THE COMMUNITY

### Introduction

This cluster brings together 16 Good Practices around the theme of Active Ageing in the Community; the practices showcase practical solutions to make a community age-friendly, the three sub-clusters in this cluster are Age-Friendly Businesses and services, Transportation and Voice of the Older Person. The thematic coverage of the practices includes accessibility of services, lifelong learning, mobility in the community, online portals & tools, social interaction, and engagement and empowering older people.

Under the section Age-friendly Businesses and services, practices cover accessible cultural venues as well as social networks for older people, using innovations in the ICT sector to make services more age-friendly such as accessible banking solutions, and developing age-friendly business recognition schemes and integrating lifelong learning as a leisure experience feature, as well as a strong emphasis on local education programmes designed for older people.

Under the section Transportation, practices on mobility solutions such as those incorporating Intelligent Transport System (ITS) address the needs of older people by offering age-friendly services. The practices show that in this field older people can be supported in their daily displacements, through accessible mobility solutions.

Under the section Voice of Older Person, practices here showcase wider stakeholder engagement and older persons empowerment in the community. They show the impact of valuing the intellectual capital and experience of the older person, promoting social participation and delivering economic benefits at the same time. The practices also highlight that ensuring the older person's voice is heard in the planning and development of services and support leads to enhanced stakeholder engagement, older person's empowerment and capacity building in communities.

## Section on Age-Friendly Businesses and services

Organization	Title	Country	Region	Geographical scope
<b>City Council of Rome</b>	General Rehabilitation Plan for Acquired Properties	Italy	Italy, Rome, Municipality of Rome	Regional
<b>Fundació izCAT</b>	LIFE 2.0: Geographical positioning services to support independent living and social interaction of elderly people.	Spain	Spain, Catalonia, Barcelona	Europe
<b>Ingeniería y soluciones informáticas, S.L.</b>	ElderIIN	Spain	Spain/Andalusia/Seville	European
<b>IRELAND'S AGE FRIENDLY CITIES &amp; COUNTIES PROGRAMME</b>	AGE FRIENDLY BUSINESS	Ireland	IRELAND	National
<b>Region Skåne</b>	Culture in Care (for elderly)	Sweden	Sweden, Region Skåne	Skåne
<b>Suffolk County Council</b>	Progress Towards Healthy Ageing in Europe	UK	UK, Suffolk, Ipswich	Regional work in Suffolk, UK and transnational work in
<b>UniCredit S.p.A.</b>	SUBITO BANCA VIA INTERNET	ITALY	ITALY	ITALY
<b>University of Deusto</b>	Deusto OcioBide Escuela de Ciudadanía (School of Citizenship)	Spain	Spain, Basque Country, Biscay, Bilbao	Region of Biscay (Bizkaia)



Organization	Title	Country	Region	Geographical scope
University of Porto CETAC-MEDIA/FLUP Research Centre in Communication Technologies and Sciences CETAC.MEDIA Faculty of Arts of the University of Porto and University of Aveiro	SEDUCE - Senior Citizen Use of computer mediated Communication and information in web Ecologies	Portugal	Portugal, Aveiro and Porto	North and centre of Portuga
University of Porto CETAC-MEDIA/FLUP Research Centre in Communication Technologies and Sciences CETAC.MEDIA Faculty of Arts of the University of Porto and University of Aveiro	iNeighbour TV	Portugal	Portugal, Aveiro and Porto	North and centre of Portugal
University of Porto CITTA/FLUP Research Centre for Territory, Transports and Environment CITTA Faculty of Arts of the University of Porto	Good practices of the urban policies as an answer to the constraints of ageing - Vitória friend of the elderly	Portugal	Portugal, Metropolitan Area of Porto	Parish of Vitória

## General Rehabilitation Plan for Acquired Properties

**Organization:** City Council of Rome

**Country:** Italy

**Region:** Italy, Rome, Municipality of Rome

**Geographical scope of the initiative:** Regional

**Target group size:** The Rome Municipality and nearby population

**Target group category:** Older people in general population, Older people using public infrastructure ( e.g.. transport, buildings, environments), People 50+, People living in a municipality /region, Older People with a specific illness/diseaseOlder Persons with disabilities

**Type of partners involved:** Private companies, Research centres, National public authorities, Regional public authorities

**Topics addressed (keywords):** accessibility, awareness raising, tourism, enable participation, easy walking and easy moving, design for all.

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices. Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment.

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Civic Participation and Employment

## Description

The Jazz House is the result of a large redevelopment plan of a former mansion house. The whole complex has been designated to accommodate facilities for jazz music, a successful genre in the cultural environment of Rome.

The plan was to keep facades and encumbrances of the existing buildings, while remodelling layouts with different usage rooms. The three buildings now accommodate a concert hall with an information centre, a restaurant and a music recording studio with visiting singers' rooms.

The plan was mainly conceived to enable participation by the largest number of aged people attending the concerts and related facilities. Walking and moving in and out the building is now very easy, clear and understandable.

Access and indoor routes are designed to allow the widest range of walking / moving.

Smoothly sloped ramps have been integrated to overcome differences in levels between walkways, patios and the courtyard. Outdoor and indoor walkways and passages have been paved with natural materials.

The general facilities (dressing rooms and toilets) sited on the first floor have been connect to podium through an accessible elevator for the use of musicians and spectators. The entrance hall has been equipped with an accessible toilet and a cafeteria. Additional rooms on the ground floor have been refurbished to provide a music information centre with an audio and video room, a library and a reception to permit an easy and accessible fruitions of all the information to all the spectators, mainly the aged ones.

The access from the west patio is now via smooth ramps. Accessible toilets for visitors are nearby and in the basement, and can be reached through an accessible lift.

The main staircase in the middle of the building has been equipped with an accessible lift and connects all the rooms.

Walking across the park is very easy, since there are no steps and the walkways are made using natural materials. They are well lit and signalled through an orientation / information system. The park has been furnished with several wooden benches along walkways and around buildings.

Zètéma, company owned by Roma Capitale Municipality, has operated in the Capitoline Instrumental Culture Commission and has been commissioned by the City Council of Rome to overview the project and the realization of Jazz House ([www.zetema.it](http://www.zetema.it)).

## **Innovation, Impact and Outcomes, Impact and outcome, Evaluation, Success Criteria**

The existing mansion house (Villa Osio) was designed in 1936. Recently the Italian government entrusted the City Council of Rome with the acquired property. The core of the redevelopment area has been the main building A, whose ground floor now accommodates the concert hall (auditorium) for 146 people, an entrance hall, and an information centre with CD music audition facility. Other buildings are building B, next to the main entrance, with a restaurant-cafeteria and C, which is used for music production and includes a recording studio, three music rooms, an office, a radio room, a direction room and small living units hosting the visiting musicians. Inside the park, archaeological areas, lights, viewpoints and accessible pathways have been enhanced for the benefit of all citizens, regardless of concert scheduling.

The redevelopment of the House of Jazz has many innovative aspects:

- the origin of the building, from private confiscated property to property of the State, increasing the real estate of Italy with no cost of acquisition;
- the transformation of the building from a private villa into a sustainable and accessible public building complex with: concert hall, documentation centre, restaurant, and guest registration centre, allowing its fruition by all users. The villa has become one of the main centres of attraction for music lovers and all others, who can also enjoy the garden and the restaurant.
- the attention paid to accessibility for all, considered first as compliance with the architectural features of the complex. In the transformation and adaptation needed to make the complex fully accessible to all, its accessibility has contributed to make the Jazz House a focal point of events for all citizens and also aged/reduced mobility people.

These innovative aspects have led to a major social impact, which has allowed the Jazz House to become a key point of the music scene. Also in the social sphere, the Jazz House is now one of the major facilities hosting events during the summer in Rome; it is one of the few complexes totally accessible to all and offering to all the chance to enjoy the gardens and restaurant services. We must also consider the economic aspect, represented by the enlarged tourist group that comes to the city for musical events.

## **Transferability to other organisations/regions**

BAS (Building Accessible Services) was a two year project financially supported by DG Employment and Social Affairs: it started in December 2004 and finished in November 2006. The purpose of BAS was to help support the mainstreaming of accessibility-related policies, i.e., to disseminate the social message of the importance of accessible buildings to people throughout the EU.

This publication, called the "Orange Book", presents a number of examples of good accessibility practice in various parts of the EU and in diverse buildings. Many include design features that can be regarded as good practice

This example of good practice illustrates the concept of design for all: It also provides guidelines as to how we can audit, evaluate and ultimately enhance our built environments with regard to its accessibility.

Making a building accessible for aged or disabled people also helps other users, like parents with small children, pregnant women etc. This need not be costly since it is often inexpensive, but even if there is an initial high cost to bear in the short-term, the long-term and sustainable benefits far outweigh the expenditure.

This example shows how design for easy accessibility for all (especially for the elderly) can contribute to the success of a building structure independent of its function.

## Funding

EU: 6th Framework Programme for Research and Innovation

## Further information

<http://www.casajazz.it/>

# LIFE 2.0: Geographical positioning services to support independent living and social interaction of elderly people.

**Organization:** Fundació i2CAT

**Country:** Spain

**Region:** Spain, Catalonia, Barcelona

**Geographical scope of the initiative:** Europe

**Target group size:** Elderly people 65+ in EU-27: 86M [Eurostat, 2009]

**Target group category:** Older people in general population, People living in a municipality /region, Older people living at home, Senior centres, Other, please specify: Companies offering services/products to elderly

**Type of partners involved:** Private companies, Research centres, NGOs, Local public authorities

**Topics addressed (keywords):** exchange of services between elderly, geolocated services, elderly social network

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Community support and health services, Social Participation

## Description

The objective of Life 2.0 is to raise awareness of older people social interactions on an ITC based format (accessible through web and iOS application interfaces) in order to promote their social activity at a local level. The project is focused in three main sections: "Mutual-help scenario" where elderly users are able to request of or offer services/activities to other users, "Events organization" where local organizations developing activities or services for elderly can announce these activities and "Marketplace", where local businesses can announce their products specially focused to elderly collective. In all the sections, the announcements are geolocated according to the offer/demand location.

The platform has been designed with special considerations on trust, privacy and accessibility of elderly users. It has been developed with a strong participation of elderly end users based on a Living Lab approach. More than 100 elderly users are involved in four pilot sites: Denmark, Finland, Italy and Spain. Pilot elderly users provided requirements and evaluated the technical implementation of web and iOS applications. In this line, Life 2.0 was awarded in March 2013 with Design for All Award for the Living Lab category.

The project is coordinated by Aalborg University (DK), with the technical participation of Net Technologies (BG), Alcatel Lucent Spain (ES), Telecom Italia (IT), Fundació i2CAT (ES), Creative Gears (DK) and in charge of manage and study pilot sites with elderly end users: Joensuun Kaupunki (FI), Universitat Pompeu Fabra (ES), Aalborg Kommune (DK), Fondazione Housing Sociale (IT), Politecnico di Milano (IT) and Asociación De Personas Participantes Àgora (ES).

## Innovation, Impact and Outcomes

Life 2.0 provides indications in how existing technologies can become more age-friendly and the most innovative aspect is the integration of existing technologies, applications and online platform for a specific elderly target group under social innovation proposes. The service developed offers a new perspective to improve social communication, access to public/private services and safety of older people living independently. In Life 2.0 project elderly people is considered as the foundation of the project and as a resource: their personal knowledge about everyday life is circulated among the community, thus giving senior people an active role for their peers and possibility also for other people living in the local area.

## Impact and outcome

The main outcome of Life 2.0 is a to obtain a platform with a combination of new technological trends, accessible from web and iOS interfaces, as a basis to provide elderly people with and ITC based resource as a sort of "augmented neighbourhood" in which the virtual interaction will overlap and support the personal interaction between people.

Life 2.0 will improve elderly people quality of life by increasing their sense of safety, independence and their capability to find solutions to their everyday problems by visualising the network of people (or other resources such as companies or support organizations) that can be useful for them. It will enable elderly to create their own content in the system as active providers of information, transmission of personal knowledge, experience and expertise. Finally, it will offer to local small, medium business and social organizations a way to reach with personalized solution ageing customers in their area.

## **Evaluation**

The project has been periodically formal evaluated by CIP ICT programme reviewers.

## **Success Criteria**

The main indicators used to measure the progress of the project are:

- Increased use of ICT among elderly people involved in the project.
- Increasing social interaction of elderly people through people providing help in the system.
- Satisfaction of users using Life 2.0 services.
- Offer new business opportunities for private companies and social service providers.
- Rise awareness of community initiatives by increasing the number of events available in the platform.

## **Transferability to other organisations/regions**

Life 2.0 project is developed with participation of elderly users from Northern and Mediterranean countries. Thus, elderly users with different cultural, sociological and economical characteristics have participated in the requirements and validation phase of Life 2.0 in order to assure suitability in other countries not participating in the consortium.

On the other hand, Life 2.0 is developed with a modular technical approach which allows the system to easily integrate third party applications or include Life 2.0 services into other platforms.

## **Funding**

EU: Competitiveness and Innovation Programme

## Further information

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More information available at

<http://www.life2project.eu/> and <http://www.izcat.net/en/projecte/life-20-1>

## ElderIIN

**Organization:** Ingeniería y soluciones informáticas, S.L.

**Country:** Spain

**Region:** Spain/Andalusia/Seville

**Geographical scope of the initiative:** European

**Target group size:** 12500 aprox.

**Target group category:** Older people in general population, Older people using public infrastructure ( e.g.. transport, buildings, environments), Older people living at home, People 50+, People living in a municipality /region, Community awareness and education, Senior centres, People receiving care at home, People in care homes, People in nursing homes, Older Persons with disabilities, Patients in hospitals

**Type of partners involved:** Hospitals, Primary care centres, Day care centres, Home care centres, Housing, Private companies, Micro-sized industry, Small-sized industry, Medium-sized industry, Large-sized industry, Research centres, Academia, NGOs, International/European public authorities OECD, National public authorities, Regional public authorities

**Topics addressed (keywords):** Accessibility, awareness raising, stakeholder engagement, older people's voice, ubiquitous mobility, age-friendly environment, best practices.

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Transportation, Outdoor spaces and Buildings, Civic Participation and Employment, Community support and health services, Information and Communication

## Description

The initiative is about creating best practices to encourage the accessibility, ubiquitous mobility, and age-friendly environment for elders. In order to achieve this objective, a new seal of quality for buildings, transportation, communication systems, etc... is expected to be created.

The methodology to get the opinion and needs of the elders will be performed through user requirements analysis, forum groups and inquiry.

Several organizations are involved in this initiative, as listed below:

Organisation name	Type	Country
ISOIN	SME	Spain
Salzburg University	University	Austria
Geoimaging	SME	Cyprus
APHP	Hospital	France
Seniornett	NGO	Norway
Wellness telecom	SME	Spain
UC3M	University	Spain
Tellu	SME	Norway
Ulster University	University	UK
Fraunhofer IPK	Research Center	Germany
Universidad Murcia	University	Spain
Assist	NGO	Slovenia
Ager	NGO	Moldavia
Portugal Telecom	Large Company	Portugal
Karde	SME	Norway
Birmingham Ambition	SME	UK
Everis	Large Company	Spain
Stark	SME	Italy

## Innovation, Impact and Outcomes

Innovative Elements: Official seal of quality recognition for the age-friendly environment.

### Impact and outcome

As the quality recognition will encourage public and private organizations to meet its requirements, it would contribute to the implementation of an innovative European age-



friendly environment. Thus, it is expected that the initiative would enable the elder to keep being self-sufficient a longer time.

## Evaluation

As the works on this task have not already started, no evaluations have been performed yet.

## Success Criteria

The success criteria can be defined taking into account:

- The amount of organizations, large companies, and also SME and micro sized industry that finds the quality recognition a proper way to boost their products and services into the elders' community.
- The trust on this quality recognition that the elders feel when they see it.

## Transferability to other organisations/regions

This initiative could be easily transferred as it would consist on recommendations to public and private organizations and companies, so its inner nature is the transferability. The creation of the seal of quality recognition is intended to aware private and public organizations, companies, universities ... of the necessity of providing the elders a friendly environment. As the buildings, transportation, electronic devices or facilities of these organizations comply with the seal of quality recognition, the initiative would be more known at this would lead to both a higher dissemination and to new initiatives related to it.

## Funding

No.

# AGE FRIENDLY BUSINESS

**Organization:** IRELAND'S AGE FRIENDLY CITIES & COUNTIES PROGRAMME

**Country:** Ireland

**Region:** IRELAND

**Geographical scope of the initiative:** National

**Target group size:** 1000 – 25000 (dependant on size of local communities population)

**Target group category:** Older people in general population, People living in a municipality /region, People receiving care at home, Older people using public infrastructure ( e.g.. transport, buildings, environments), People in day care centres, Community awareness and education, People 50+

**Type of partners involved:** Private companies, Large-sized industry, Medium-sized industry, Micro-sized industry, Small-sized industry, NGOs

**Topics addressed (keywords):** accessibility, awareness raising, stakeholder engagement, tourism, older people's voice, business

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Information and Communication

## Description

This initiative is the development and implementation of an Age Friendly Business Recognition Scheme across a number of designated geographic areas that are participating in the ongoing roll out of Ireland's Age Friendly Cities & Counties Programme.

There are more than 1 million older (60+) people living and shopping in Ireland, many older people spend a great deal of time in their local neighbourhood, shopping locally. Through small low cost changes to businesses to make them safe and accessible to older people, local business support older people in continuing to live independently their own homes and local communities. Changing demographics and increased citizen expectations have created pressure to address the needs of older people. Older people own 75% of the wealth in the EU and account for 50% of consumer spending. Facilitating the older customer has benefits for both the community and the business.

People with reduced or declining physical abilities experience greater independence in activities of daily life when the businesses they rely on incorporate principals of diversity and accessibility. Such environments mean that older people can patronise independently shops, pharmacies, and banks, which in turn can facilitate independence in activities such as meal preparation, taking medications (obtaining refills from the pharmacy), and managing money (paying bills at the bank).

The aim of the Age Friendly Business Recognition Scheme is to recognise in a systematic way efforts made by small and medium businesses to provide more Age-friendly services and products. The initiative involves a 'light touch', practical approach to recognising good practice. It involves asking older customers what changes would improve their consumer experience. Informed by these responses, and a checklist of recommendations, each business commits itself to adopting three practical improvements.

A recognition scheme for businesses to become age friendly was tested in Kilkenny and Ardee in 2011. Learnings from these towns were documented, and a Scheme was

designed to support a national roll out. Support and advice has been provided by Chambers Ireland, Age and Opportunity and the Netwell centre.

Participating businesses promote their involvement in the Scheme by posting their Age Friendly charter and using other associated promotional material such as the Age-friendly window sticker. These businesses are then recognised with inclusion in the national online directory of Age-friendly businesses.

The Scheme includes core material: a training programme, a brochure, pre training questionnaire, Step by Step Guide, survey monkey questionnaire and a postcard flyer.

The four steps to become recognised as an Age Friendly Business are

1. Identify a member of staff to act as a champion for age-friendliness and have them attend a training and information seminar delivered by the Age Friendly Cities & Counties Programme team.
2. Businesses consult with older customers.
3. Using the step by step guide, the business completes an Age-friendly checklist to identify areas where they can improve.
4. Businesses then create an Age Friendly Charter describing their three priority commitments. The actions to be taken are informed by the results from the customer survey and the Age-friendly checklist.

## **Innovation, Impact and Outcomes**

From the businesses perspective, it's easy to make a business age friendly. Most age friendly practices are low or zero cost and can mean a big difference in the bottom line. Simple changes such as making a business easier to find, enter, move around and make purchases in are good for customers and better for business. By advertising as an age friendly business, the business lets older people know that they value their custom and are committed to serving them. These changes are brought in using a four step process as described previously.

## **Impact and outcome**

The initiative is operating in two national businesses, and across 7 Irish towns. In 2014 we plan to develop an improved methodology and programme toolkit informed by the evaluation of the current programme. We plan to expand the Scheme with the support of the Business of Ageing forums that have been established by three Age Friendly County Alliances. We also plan to host an annual local and national award scheme which will help to better ensure the long term success of the Age friendly Business Recognition Scheme.

## **Success Criteria**

As it has recently launched, an evaluation of the Age Friendly Business Recognition Scheme will take place over the next year. Increases in turnover from the over 55's segment, increases in footfall in Age Friendly Shopping areas, improved ratings on

customer satisfaction surveys and mystery shopper reports will measure the effectiveness of the initiative. Already, businesses who are currently participating, such as the Ormonde Hotel, Kilkenny, have conducted focus groups and mystery shopping exercises to better ascertain what the older customer wants. As a result, the knowledge gained has allowed them to create a better service experience which in turn contributed towards a marked increase in revenue generated.

### Transferability to other organisations/regions

The framework established around the Irish Age Friendly Business Recognition Scheme would make it very transferrable initiative to other regions, cities and communities around Europe. This can be achieved by adapting or using our step by step guide to implement the recognition scheme in their respective areas.

Businesses that have adopted the Age-friendly approach have seen their customer base broaden and also as a result of joining the Age Friendly Business Recognition Scheme they have seen a marked increase in their revenue.

### Funding

No.

### Further information

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Email: [info@ageingwellnetwork.ie](mailto:info@ageingwellnetwork.ie)

Web: [http://www.agefriendlycounties.com/age\\_friendly\\_business](http://www.agefriendlycounties.com/age_friendly_business)

Links to resources:

[http://agefriendlycounties.com/images/uploads/downloads/AF\\_Business\\_Flyer\\_2012.pdf](http://agefriendlycounties.com/images/uploads/downloads/AF_Business_Flyer_2012.pdf)

[http://agefriendlycounties.com/images/uploads/downloads/AF\\_Pre\\_Training\\_questionnaire.pdf](http://agefriendlycounties.com/images/uploads/downloads/AF_Pre_Training_questionnaire.pdf)

## Culture in Care (for elderly)

**Organization:** Region Skåne

**Country:** Sweden

**Region:** Sweden, Region Skåne

**Geographical scope of the initiative:** Skåne

**Target group size:**

**Target group category:** Older people in general population, People living in a municipality /region, Older people living at home, People in care homes

**Type of partners involved:** Home care centres, Informal caregivers, Regional public authorities, Advocacy organisations patients/users, Other: People engaged in various kinds of culture work

**Topics addressed (keywords):** accessibility, stakeholder engagement, older people's voice, lifelong learning

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

Networks promoting a European covenant on demographic change: awareness raising campaign at European level and repository of good examples to create political and technical conditions able to adopt concrete changes to promote effective age-friendly environment across the EU

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Social Participation, Information and Communication, Respect and social inclusion, Community support and health services

## Description

The work with "Culture in Care" takes as its starting point that every human being has a right to culture. This also includes persons who - due to illness, old age or other reasons – have difficulties to take part in cultural activities. It is therefore necessary to ensure that cultural activities become a natural part of elderly care, in the same obvious way as medicine or nutrition. The national and regional targets on public health include special efforts to increase social and cultural participation and empowerment. This interacts with the basic principles in § 4 of the Swedish Social Services Act describing older people's right to live a worthy life, to experience well-being and to have a meaningful co-existence with others.

In order for culture to become an obvious right and part of elderly care the efforts need to be taken to spread knowledge, network and initiate collaborations with relevant research and educational institutions. The self- governing Regional Authority in Skåne and its' cultural section, Kultur Skåne, works actively to support efforts to integrate culture in care. "Culture in Care" is a concept within the broader area "Culture and Health" and is meant to complement clinical care. Region Skåne has developed a certain model for culture in care. This model implies cross-sectorial co-operations between culture and healthcare, regional and national networks as well as between relevant Nordic and international networks.

An important role for Kultur Skåne is to work with regional development and to function as a sounding board on how culture can become a natural part of a care context. In line with this, Kultur Skåne encourages co-operations between, for example, the culture and healthcare administrations of municipalities, or between museums and care administrations. It is important that the cultural projects proposed within the co-operation are understood and approved of by the healthcare sector in question. Granted funding for the culture in care-projects is not distributed directly to cultural actors. Instead it is the actors within the healthcare sector who own the project ideas. This can

only function well if the healthcare personnel have a good knowledge of the interaction between culture and health, which is why Kultur Skåne arranges conferences and educational programs for elderly care staff as well as for persons within the cultural sector.

In the trans boundary work of Kultur Skåne there are regular meetings with reference groups and the advisory board. During these meetings expert scholars and professionals from the healthcare and culture sectors meet and exchange views and ideas. To support our work with culture in care we draw upon research findings showing that an active and culturally fulfilled life increases social contacts, leads to positive health effects, improves the quality of life and reduces the need for medication.

In the autumn of 2011 the Swedish Arts Council was commissioned by the government to encourage culture for the elderly. 30 million Swedish kronor (3, 5 million euros) was distributed to support the cause and Region Skåne was handed 4,1 million kronor to promote and encourage culture for the elderly within healthcare. In addition to the national support the EU determined the year of 2012 as "The European Year for Active Ageing and Solidarity between Generations" (940/2011/EU), which highlighted the issue also on an international level.

The initiative continues during 2013 with a "municipality tour" in the 33 municipalities in Skåne. We are meeting up with administration managers from the culture and healthcare areas, with the purpose to establish dialogue to define the continuation of the work. The meetings are meant to stimulate further co-operation between culture and care in the municipalities and to inspire new project ideas. Kultur Skåne will launch a new educational initiative in 2014 and develop and refine existing programs and activities. The organizations that have already received funding will be given increased economic support to be able to further develop their work on culture for the elderly. The allowance from the Arts Council will permit an increase of the current budget for the culture for the elderly- project. This encourages actors within the elderly care to apply for project funding.

## **Innovation, Impact and Outcomes**

The innovative aspect of our work is to use the cultural perspective within other policy areas, like health policy, in order to fulfil the priority set for cultural policy to be instrumental for development and growth. Through the collaboration between the cultural and health sectors the policy areas enrich each other, and as culture is important for everyone it can be used to put focus on the healthy aspects of each and every individual.

It is the cross-sectorial work in itself which gives the foundation for success – to work across borders and to be brave enough to think in radically new ways about health.

## **Funding**

No.

## Further information

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[http://www.skane.se/sv/Webbplatser/Kultur-Skane-samlingsnod/Kultur\\_Skane/Kultur\\_i\\_varden/Kultur-for-aldre/](http://www.skane.se/sv/Webbplatser/Kultur-Skane-samlingsnod/Kultur_Skane/Kultur_i_varden/Kultur-for-aldre/)

## Progress Towards Healthy Ageing in Europe

**Organization:** Suffolk County Council

**Country:** UK

**Region:** UK, Suffolk, Ipswich

**Geographical scope of the initiative:** Regional work in Suffolk, UK and transnational work in

**Target group size:** ~1218 participants, although less in target demographic (not yet analysed)

**Target group category:** Older people in general population, People living in a municipality /region, People 50+

**Type of partners involved:** Private companies, Micro-sized industry, Research centres  
Local public authorities

**Topics addressed (keywords):** Health ageing, accessibility (identify problem areas), awareness raising, Innovation, health & well-being, 45-68, health and nutrition, stakeholder engagement)

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other and promote a new practices, including better involvement of older people and multistakeholders approach.

Networks promoting a European covenant on demographic change: awareness raising campaign at European level and repository of good examples to create political and technical conditions able to adopt concrete changes to promote effective age-friendly environment across the EU

Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Civic Participation and Employment, Community support and health services

## Description

Our regional interventions in Suffolk enable local employers to access a free online workplace health tool for all their employees aged 45- 68. The online health assessment helps individuals identify and reduce health risks, and manage chronic conditions, through better lifestyle choices. It also enables employers to better understand and improve workplace health and wellbeing.

Focus groups following the implementation of the tool are being established to provide an evaluation of the tools accessibility to the elderly.

The assessment is available free to all employees aged over forty five. The health manager tool also enables employers to better understand and improve workplace health and wellbeing. It brings wellbeing into the workplace and forms the strategic starting point for the entire organisation's health and wellbeing work.

The tool has been delivered to over 400 employees at a wide range of local businesses.

## Innovation, Impact and Outcomes

Innovative Elements: By providing the tool to organizations for free the benefits are apparent in maximising participation for research as well as providing important statistics for employers. The innovation is further apparent in the development of the tool in 'app' form.

## Impact and outcome

Employers have reported a 15% reduction in sickness absence and substantial cost savings following the introduction of the Health Manager program. A desired outcome is to produce collaborative research with other PROGRESS partners with ultimate outcome of publishable research capable of informing policy.

## Evaluation

No formal or informal evaluation has yet been performed on the project. However, to support the research and evaluation of the project, we have engaged with ActivLives (an older people service user group) to carry out a number of focus groups with their clients. These will evaluate the tool from an older person's perspective and provide qualitative feedback for use in the final project report. There are also plans for a high-level evaluation to take place January-February 2014. This will relate to the overall project and be carried out by an independent member of the Public Health team.



## Success Criteria

The success of the project is currently assessed based upon the take up of the tool and the sustained usage of the tool by participants. The tool's efficacy is indicated by the corporate or individual outcomes following the introduction of the health manager tool. However, the criteria cannot be reliably or validly assessed due to absence of baseline measures. However, reductions in illness, sick leave, increases in productivity and other outcomes for individuals, management and institutions as a whole are apparent.

The health manager tool brings wellbeing into the workplace and forms the strategic starting point for the entire organisation's health and wellbeing work. Therefore a critical success criterion will be whether it enables employers to better understand and improve workplace health and wellbeing.

The success of the project can also be assessed depending upon its ability to influence policy reform/change or form the basis for further research/development.

## Transferability to other organisations/regions

Employing similar practice throughout other EU constituents would provide a larger sample for comparative research and would potentially highlight cross cultural issues relating to health, activity and nutrition within the context of ageing. Other regions may wish to use the current research to further develop biometric tools to assess the health and well-being of specific populations. For example our intervention is targeted to provide benefits to the employer and employee alike. Principally this concept can be applied to cared/carer, nurse/patient etc.

A key lesson learnt is that innovation is transient; technology developed at beginning of projects will likely be redundant by the end of the project. Research paradigms have to allow for this and be prepared to adapt and invest time and money to ensure the ergonomics of a tool are kept current and accessible

## Funding

EU-funding; PROGRESS

## Further information

Contact info: <http://www.progresshealthyageing.eu/>

Rosa Juarez

## SUBITO BANCA VIA INTERNET

**Organization:** UniCredit S.p.A.

**Country:** ITALY

**Region:** ITALY

**Geographical scope of the initiative:** ITALY

**Target group size:** 35000 if we just refer to elderly that are already client for Unicredit, but the number rises if we include all elderly potentially interested. In Italy the 24.3% of the population is over 65 years old.

**Target group category:** Older people in general population, People 50+

**Type of partners involved:** Private companies, Other: Unicredit involved Vegan Solutions srl, a SME working on the IT sector, that is part of Call: FP7-PEOPLE-2009-IAPP Grant Agreement no.: 251686 a. Eldy NGO has been also involved (Eldy project - <http://www.eldy.eu/>)

**Topics addressed (keywords):** digital divide, e-accessibility, interface and device usability, e-inclusion, e-banking, older people's voice, co-design with elderly

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:**

### Description

Unicredit have been working since 2 years on a vertical research on elderly people/customers.

During the first phase the objective was the design of a new simplified home banking service, shaped around the needs and behaviours of elderly users to improve accessibility and reduce the digital divide. The solution was created for the elderly and by the elderly in living lab sessions all around Italy (see images below). More than 300 seniors were involved for the purpose. The audience was selected considering different backgrounds and life status including pensioners, employed, the professionals and the house-carers. Elderly both from rural and urban communities were included. The age range was from 50 to 80 years old. The participant expressed their opinion and helped designing the perfect product during the living lab that included surveys with automatic response systems, focus groups, co-design sessions where the participants produced sketches of the layout and testing of prototypes. This work helped designing an easy system, friendly for the eyes, with clear interface, large buttons and big fonts that anybody can use for typical Internet banking operation such as pay bills and transfer money, check the balance and investment, top-up their phones, etc.

To achieve this goal, Unicredit cooperated with Vegan Solutions srl and Eldy NGO, benefiting of the expertise of the software company in projects for e-accessibility of ICT for elderly.

The service developed during the first phase is already operative (see some screenshots below), supports 3 languages, it is supported by many kind of devices with different resolutions (television, laptop & pc, tablet, etc.) and it has been called "Subito Banca via Internet".

The Innovation department at Unicredit is now working on the 2nd phase of the project, always following a co-design methodology that involves senior citizens. The objective is to include additional services and features to provide secure and privacy-preserving solutions to access to e-banking, considering in particular issues coming from access to e-banking services through Smartphones and mobile devices. One goal is to further differentiate and enhance the inclusive quality of the service by focusing on an extended target group such as people with severe impairments (blindness, deafness, motor disabilities, etc.) people with language diversity (immigrants, people with low literacy) supporting also services like person-to-person money transfer from/to developing countries (in partnership with company like Western Union).

A third phase will be also evaluated along the project, with the aim to integrate further services related to Health and Welfare.

## **Innovation, Impact and Outcomes**

As far as we know, this is the first working e-banking service adapted for elderly people in Italy.

### **Impact and outcome**

Outcome expected: 1) improving the accessibility of the banking service therefore enabling independent access by elderly to a e-banking, since now precluded to many of them, improving their satisfaction and self-esteem 2) to reduce the digital divide which separates the elderly from using the Internet, by enabling the access to internet banking not only considering the age-related issues (i.e. improving accessibility for 50+ old bank customers e.g. with loss in sight ability, cognitive decline) but also considering literacy and professional background; 3) improving the sense of security and privacy preservation for the target group in accessing to e-banking and at the same time minimizing the need for elderly people to keep high amount of cash at home or with them, thus enhancing elderly safety (and therefore independent living).

### **Evaluation**

Formal evaluation is on-going work. Statistics for the first month of service operation are encouraging and promising.

## Success Criteria

We will use mainly metrics quantifying the use of the service such as number of accesses (analysed per day, per week, per month...), number of visualization of bank movements and balance, number of visualization of disposal operations, divided by kind. We will also evaluate through questionnaires the user satisfaction. The self-sustainability of the service will be also measured (the service is free but certain kind of banking operations have a cost).

## Transferability to other organisations/regions

The new simplified home banking is shaped around the needs and behaviours of elderly users to improve accessibility and reduce the digital divide. As far as we know there are other few attempts to address these challenges (e.g. La Caxia - Spain and the consortium of APSIS4All EU project). Many countries are still uncovered with similar attempt and some effort is required to update banking services (and similar services e.g. like ticketing and e-commerce) in all Europe so that they will be accessible to elderly and people with disabilities, but also to people with poor digital literacy. Unicredit plans to expand the service to Est Europe, Austria and Germany. The methodology followed by Unicredit can be shared by other stakeholders in other countries in banking but also in similar fields of application.

## Funding

No.

## Further information

Contact info: [www.unicredit.it](http://www.unicredit.it);

Link to the service and information on the service:

<https://www.unicredit.it/it/privati/serviziinnovativi/subito-banca-via-internet.html?ucid=DMC-IR3837&cocode=DMC-IR3837>

We uploaded a video on Yammer – (name of the file barcellona14-6-13.m4v)

Additional links: <http://www.vegans.it/>; <http://www.eldy.eu>

## Deusto OcioBide Escuela de Ciudadanía (School of Citizenship)

**Organization:** University of Deusto

**Country:** Spain

**Region:** Spain, Basque Country, Biscay, Bilbao

**Geographical scope of the initiative:** Region of Biscay (Bizkaia)

**Target group size:** Adult population 50+ years old living in Biscay

**Target group category:** Older people in general population, People living in a municipality /region, People 50+

**Type of partners involved:** Academia, Local public authorities, Other: Cultural institutions (like Bilbao Guggenheim Museum...)

**Topics addressed (keywords):** stakeholder engagement, tourism, lifelong learning, cultural participation, social engagement, audience development and targeting (50+)

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Social Participation, Respect and social inclusion

### Description

The Institute of Leisure Studies of the University of Deusto has worked on lifelong and adult education for 20 years. The initiative "Deusto OcioBide Escuela de Ciudadanía" wants lifelong learning to be understood as a leisure experience, capable of promoting personal development and social engagement. Thanks to the different programs of this initiative, adult people of Biscay (with no age limit) can choose the best way to approach university, engaging in a process in which many different stakeholders of the community are involved. There is no formal prerequisite to access this initiative, beyond having cultural curiosity and the will to engage in a learning process as a leisure experience. Last year, over 800 people took part in the initiative. The engagement of older adults in University lifelong education is considered to be a key element for a complete integration in the community as active agents of personal and social development.

Currently, "Deusto OcioBide Escuela de Ciudadanía" includes five different educational programmes: A Degree on Culture and Solidarity, a Monographic Course on Basque Culture, a University Cultural Leisure programme, an "Enjoy the Arts" Programme, and the "Learn & Travel" Programme. Each of these programmes is developed in collaboration with different stakeholders and key agents of Biscay's society. Among these are: Bilbao City Council, Guggenheim Bilbao Museum, Museum of Fine Arts, Association of Opera Friends, Bilbao Symphonic Orchestra. The planning and implementation of the initiative takes into account the association formed by former

students, which works as a board of advisors to the academic direction of “Deusto OcioBide Escuela de Ciudadanía”.

## **Innovation, Impact and Outcomes**

- Creation of an innovative university space for intergenerational dialogue between senior citizens, academic experts and other stakeholders.
- Establishment of a collaborative network between amateur groups, communities of practice, cultural institutions of the city and university resources.
- Familiarization of adult learners with the new ICTs and knowledge platforms.
- Enhancement of the use of ICTs for a new culture of communication among people over 50.
- Promotion of the cultural experience of the elderly, helping them to better understand, appreciate and manage both tangible and intangible heritage of their social and geographical environments.
- Promotion of lifelong learning in a university setting, including personal entrepreneurship, via the direct exchange of participants with a variety of socio-cultural resources and actors (e.g. creators)

## **Impact and outcome**

Evidence of the success of this initiative is the growing number of 50+ learners (circa 800 in the whole programme). Growth has remained strong even in times of crisis, which shows that OCIOBIDE is a highly prioritized programme by participants.

- The number of external collaborating institutions grows every year (more than 10). These institutions report the visibility that the programme offers to their own undertakings.
- Likewise, there is a remarkable impact in the media (radio & TV, mostly), which helps to publicize the benefits of lifelong learning among the population of Biscay.
- In addition to a successful citizens' initiative, OCIOBIDE has become a social research laboratory. The programme has demonstrated a great potential as an environment for university research, some of which is currently in progress. The results of different enquiries have benefitted the university community, participants themselves, as well as public institutions (Bilbao City Council, Bizkaia Provincial Council, Basque Government).
- Lifelong and adult learning in the frame of The School of Citizenship have become the object of presentations in international congresses (WLRA, LSA) that produce scientific publications (SCI) in the area of arts, humanities & social sciences.

- A fact that demonstrates the objective success of these initiatives is the increasing number of 50+ learners subscribing to -and becoming members of- cultural programs in the city (ABAO, Sociedad Filarmónica, Guggenheim Museum, etc.)

## Evaluation

- All of the modules taught within each program are submitted to evaluation. This feedback has helped configure the contents of the programme in successive editions, giving rise to an interactive curriculum design.
- At the same time, the formative experiences of senior learners are submitted to qualitative evaluations, in the context of current research projects, creating a big file of life histories.
- Assessment is designed to learn more about: a) the quality of academic staff, b) the relevance of thematic contents, c) the adequacy of the methodologies used and, most importantly, d) the success of the channels open for participation.

## Success Criteria

- Enhanced volunteering ratio among learners over 50 & growth in cultural consumption among learners

## Transferability to other organisations/regions

These kind of practices may help

- Change the traditional role of a University, going beyond younger students to ampler parts of society, especially seniors. This in turn enhances the know-how of universities in servicing society as a whole.
- Revalue the cultural and social capital of the communities and regions.
- Reinforce social life/environments by providing older people with personal and social resources and capabilities for social participation.
- Promote active and healthy ageing through enhancing participation in leisure and cultural activities (e.g. tourism and sports)
- Empower seniors and promote autonomous, active and committed behaviors that are sustainable within society and their environment.
- Develop coordinated policies and action strategies among different regional and local agents from public as well as private sectors, led by a university which ensures the quality and rigor of the initiative.

- Ensure specific offers adapted to the needs of each municipality and its population, through the signature of agreements with each local governments of a region.
- -The use of leisure not only as a tool but also as content of a lifelong learning program which main philosophy is “to learn enjoying and to enjoy learning” becomes a resilience factor that contributes to overcome negative social life events (widowhood, illness, loneliness...)
- Increase subjective well-being and life engagement of older people.

If this practice would be taken up by another country, we would recommend:

- The contents of the programs should be adapted to the interests, needs and priorities of the target groups, to their communities or regions.
- Structure, schedules and types of programs (i. e. classroom or on-line course) could be different depending on the limitations and barriers of target groups (opportunities to mobility, existence or absence of disability and the kind of disability...).
- Partners and stakeholders in each case could be different in each community or region depends on the topics of the programs.
- Although the leadership of entities as universities could ensure the mark of excellence of the project, it would be possible the coordination of this kind of project by other sort of entities both public and private sector.

## Funding

No.

## Further information

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## SEDUCE - Senior Citizen Use of computer mediated Communication and information in web Ecologies

**Organization:** University of Porto

CETAC-MEDIA/FLUP Research Centre in Communication Technologies and Sciences

CETAC.MEDIA Faculty of Arts of the University of Porto and University of Aveiro

**Country:** Portugal

**Region:** Portugal, Aveiro and Porto

**Geographical scope of the initiative:** North and centre of Portugal

**Target group size:** North and centre of Portugal

**Target group category:** Older people in general population, Older people living at home, People 50+, Senior centres, People in day care centres, People in care homes, Informal caregivers

**Type of partners involved:** Home care centres

**Topics addressed (keywords):** Social inclusion, Ageing well, ICT (Information and communication technologies), CMC (computer-mediated communication), Accessibility, Quality of life, Self-concept, Self-esteem, age-friendly services

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Social Participation, Respect and social inclusion, Information and Communication

### Description

The main aim of the research project SEDUCE is to promote older adults' quality of life, wellbeing and social connectedness among family and friends, using age-friendly multimedia applications.

The strengths of this project lie in

- developing an online social community with the involvement of older adults during the design and evaluation iterative process; and
- evaluating the impact of the use of information and communication services on psychological and social effects of ageing (namely the self-concept, self-esteem and quality of life).

Regarding the methodology, a participatory action-research is used as its focus on the practical application of the knowledge in an immediate problem of society and the active participation of users as decision-makers suit the purpose of this study.

Thus, four day-care centres of Aveiro as well as some groups, who enrolled the course of Introduction to Multimedia at the University of Aveiro and who joined several focus groups sessions, participate in this project.

Some older adults were contacted directly by researchers and others through the contact of day-care centres. In each day care centre, twice a week, a researcher goes there in order to train the experimental groups on online activities.

Community-ideas and concepts related to sociability are discussed in focus groups' sessions with the target group and as a result, the prototype of the online social community is developed according to this community centred development approach. Overall, this research project indicates a roadmap for design inclusivity based on the team's working experience on designing multimedia applications "for, with and by older adults".

Moreover, this project has some key innovative elements, such as:

- Involving older adults in the process of self-branding through participatory design sessions, users' evaluation of self-concept and its connection to the brand values and identity;
- Being pioneer in addressing the potential of networked video games in the social development of older adults and;
- Compiling in an online community the five activities that seems to interest the majority of older adults when interacting with ICT (communicate, monitor their health, read the news, entertain and share their experiences).

## **Innovation, Impact and Outcomes**

Innovative Elements:

The innovative component of this project is the online community designed collaboratively in older adults' context (homes, day-care centres, etc). This community developed for, with and by older adults, address the main issues of accessibility, usability and sociability and it has the purpose of incrementing older adults' social capital and strengthening their family and friends relationships.

Although the main output of this research is the developed online social community, there is also the impact of its use on older adults' self-concept, self-esteem and quality of life. The immaterial outcomes such as connectedness (through communication services), information sharing and fun (entertainment) can help on overcoming mobility difficulties, the absence of social events and, that way, promoting older adults' health and well-being, reducing the feeling of loneliness and promoting the feeling of usefulness to the community.

## **Impact and outcome**

This research project promotes digital inclusion, eradicates social barriers, contributes to a democracy in the access of information and communications technologies, promotes healthy lifestyles and affects emotional variables (self-concept, mood and quality of life). In general, our results are expected to reveal that there is a strong relationship between

the use of ICT by older adults and the positive effects on the sense of wellbeing and ICT satisfaction beyond self-esteem.

## Evaluation

Both formal (the mini-mental state exam, demographic statistics, the self-concept, self-esteem and quality of life scales) and informal evaluations (usability, accessibility, performance, satisfaction) have been performed.

## Success Criteria

The success criteria used to determine whether the initiative is heading in the right direction was defined for the different stages of the project. Thus, during the 1st Stage, we proceed to the sample's recruitment and the initial measurement of emotional variables (self-concept, self-esteem and quality of life). The first stage only ends up with the sample's recruitment and the initial measurement assessment, namely dementia (Mini-mental state examination) that are used to document cognitive impairments on the sample, participants' technological literacy and psychosocial and emotional variables (self-concept, mood and quality of life).

Then, in the 2nd Stage, an online community and sociability plan are designed. The outcome of this stage is a plan of: (a) the online social community's technical specifications document, (b) the design document and (c) the communicational and social model fundamental to the next task.

The 3rd Stage is related to the Prototype implementation and test with sociability and usability adjustments. The outcome of this stage is a functional online community prototype and a complete test plan that considers its functionality, compatibility, security, design, content, accessibility, sociability and usability.

The 4th Stage is devoted to the Development of strategies for social online community nurturing and its consolidation as the community's evolution and maturity depended on new members' recruitment. Thus, there is a need to retain the participants already belonging to the online social community and encourage new members to participate. A strategy and a sustainability plan are designed in order to develop a long-term and stable community.

During the 5th Stage, comparisons of different focus groups' variables are established, after their involvement in the project. At this final stage, the psychosocial and emotional variables are assessed and compared with the results obtained in the 1st stage. Besides that, there is a high-fidelity prototype of the online social community with the five activities that seems to interest the majority of older adults when interacting with ICT (communicate, monitor their health, read the news, entertain and share their experiences).

## Transferability to other organisations/regions

The SEDUCE research project has a good potential for wider dissemination. Besides being developed in Aveiro's city, its positive impact on society makes it being considered to a consortium with the inter-municipal region of Aveiro, integrating eleven councils. Nevertheless, the project is also applied to other countries, regions and languages due to its' universal design guidelines and development concerns. During the conducted participatory action-research, it is important to take into account participants' age-bracket (the young-old (65 to 74 years old); the old-old (75 to 85 years old); oldest-old (85 years old and beyond) and the pre-seniors (50 to 64 years old)) and their literacy as these variables have a huge impact on the results.

Overall, this project has the purpose of promoting a better quality of life, self-concept and self-esteem and of promoting communication, information sharing and entertainment among older adults. Beyond those aspects, it also aims to eradicate some problems that can arise daily, such as, older adults' reduced or difficult mobility and the absence of social events. This project seeks to: (a) promote older adults' health and wellbeing; (b) reduce the feeling of loneliness among subjects and; (c) promote the feeling of usefulness to the local community.

## Funding

EU: Competitiveness and Innovation Programme

## Further information

Link to web pages: SEDUCE - Senior Citizen Use of computer mediated Communication and information in web Ecologies (PTDC/CCI-COM/111711/2009),

<http://www3.ca.ua.pt/seduce/index.html>

Contact person: Ana Isabel Veloso, University of Aveiro – CETAC.MEDIA, [aiv@ua.pt](mailto:aiv@ua.pt)

## iNeighbour TV

**Organization:** University of Porto

CETAC-MEDIA/FLUP Research Centre in Communication Technologies and Sciences

CETAC.MEDIA Faculty of Arts of the University of Porto and University of Aveiro

**Country:** Portugal

**Region:** Portugal, Aveiro and Porto

**Geographical scope of the initiative:** North and centre of Portugal

**Target group size:** Older adults who are regular TV viewers and their caregivers. 100 participants

**Target group category:** Older people in general population, Older people living at home, People 50+, People living in a municipality /region, Senior centres, People receiving care at home, People in care homes, Older Persons with disabilities, Formal caregivers, Informal caregivers

**Type of partners involved:** Home care centres, Informal caregivers, Large-sized industry, Academia

**Topics addressed (keywords):** Social inclusion, Ageing well, ICT (Information and communication technologies), Interactive Television, Accessibility, Health monitoring, Medical Prescription, Quality of life, Self-concept, Self-esteem, age-friendly services

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Social Participation, Respect and social inclusion, Civic Participation and Employment, Community support and health services, Information and Communication

## Description

This initiative took in account the experience of the team on Social TV to develop the iNeighbour TV - an interactive TV application targeted to senior citizens. The development of the application took in mind the goal of contributing to the improvement of the quality of life of the elderly and to minimize the impact of an ageing population on developed societies aiming a virtual extension of the neighbourhood concept. It was also intended that the system promoted the identification and interaction of individuals based on: i) Common interests and television consumption habits; ii) Geographical proximity; iii) Kinship's relations – with its inherent companionship, vigilance and proximal communication benefits and; iv) Friendship.

iNeighbour TV is mainly a Social TV application but its intended contribution to the improvement of senior citizens' quality of life goes beyond the field of social relationships. Taking advantage of its communication and monitoring systems, it assumes a health care role by providing useful tools for both patient and caregiver. It is also strongly targeted at providing features that can detect emergency situations. Its participatory design process was oriented by a set of guidelines derived from and in-depth literature review covering not only the characteristics of this target group but also the recommendations related to TV interfaces most suited for the elderly.

The timeline of the research project comprised a period for the preparation and execution of a field trial during which the full application was tested on commercial Set Top Boxes. This gave the team a chance to evaluate the project's impact in the quality of life of senior citizens.

Based in an in-depth analysis of the target audience specific needs, the research team conceptualized a set of features that aim to fulfil the identified requirements. These features allowed to define a conceptual model organized in six major modules: i) community; ii) health; iii) leisure; iv) information; v) placard and; vi) communication, leading to the development of the actual application (see An interactive demo of the project: <http://socialitv.web.ua.pt/demo/index.html>).

The development of the application was carried in the University of Aveiro with support from the main IPTV operator in Portugal, MEO from Portugal Telecom, using their commercial infrastructure and equipment.

Considering the heterogeneous nature of this target audience and the challenges for developing for elderly people, the researchers decided for a close participation of the potential users of iNeighbour TV not only in the final evaluation phase but also along the development phase adopting a participatory design approach. This allows a dialectic approach combining informal evaluation with the design tasks.

The option for recruitment for the final in-situ evaluation of the Interactive TV application was to get voluntaries from: a) a senior university – being able to get a subset of this age group with some experience with ICT, complemented with; b) a friend-of-a-friend approach to recruit some more evaluators with lower experience in digital technologies.

## **Innovation, Impact and Outcomes**

Innovative Elements:

The innovative component of this project comes from the use of the TV set, in its interactive way, as the main digital interface with older people. Since older people tends to use intensively this equipment, using it as an interface for promoting communication and health support minimizes the learning curve and allows providing a set of services and features without the need to add special equipment in the homes of the users..

## **Impact and outcome**

This research project generated several outcomes. First, the project was developed with the support of the Portuguese telco easing a possible migration of the project to a commercial product. The project included a workshop about interactive assistive technologies for the elderly that allowed several national and international researchers in this field to share their projects and ideas (<http://socialitytv.web.ua.pt/index.php/2012/06/programa-do-workshop/>).

Additionally, the results of the project have been shared with the society through several newspaper and TV presentations (e.g. <http://socialitytv.web.ua.pt/index.php/contents/videos/> along with several academic publications in international conferences and journals (<http://socialitytv.web.ua.pt/index.php/contents/publications/>).

## **Evaluation**

Both formal and informal evaluations have been performed. First a participatory design approach was carried. In the final phases, an in situ evaluation was performed, including the following steps:

- a face to face demonstration of the main features of the system and an explanation of the evaluation steps;
- the deployment of the 1st sub-set of the iNeighbour TV features: the health and information modules;
- the deployment of the 2nd sub-set of the iNeighbour TV features: the community, leisure and placard modules;
- the deployment of the 3rd sub-set of the iNeighbour TV features: the communication module.

The field trial took a total of 5 weeks from May to June 2012. The participants were asked to freely use the application. Nevertheless, some contacts were established to ensure the dynamics of the evaluation and to maintain the close contact between the research team and the participants.

In order to gather all the necessary data, it was decided to develop and use the following collection instruments:

- Short think aloud sessions performed at the end of each stage of deployment. This allowed us to gain an idea of the learning curve from week to week;
- Administration of brief questionnaires after each think aloud sessions - two questionnaires were developed: one after the stage 1 of deployment of features and another after stage 2 and 3;
- Monitoring of system statistics – patterns of uses of the different areas;
- Personal and phone contacts to gather more informal feedback;
- Photographic and video recordings – with the necessary approval of the participants;
- A final questionnaire delivered after the experiment.

To some of the participants, an interview was carried.

## Success Criteria

The success criteria used to determine whether the initiative was successful or not consisted on the final in-situ evaluation of the developed prototype and the gathered results. The results show that target users valued the proposed features and that the system was easy to use. Participants expressed a positive or very positive opinion towards the regular use of such an application. The health and monitoring features could carry some privacy related questions but users, perceiving the usefulness of those features, expressed their total agreement towards providing personal information to their caregivers.

The development of iNeighbour TV and the results gathered in the evaluation allowed the team to strengthen their belief that TV, as a medium, complemented with other devices, can play an important role in supporting health features to answer to an increasing ageing population. In addition the description of the processes inherent to the

roll out of the in situ tests may also assist other researchers involved in the same type of evaluations with elderly people.

### Transferability to other organisations/regions

The iNeighbour TV research project has a good potential for wider dissemination. First it was developed over an IPTV infrastructure widely spread in Portugal and with similar technical infrastructures available in other European and world countries. The project is also applied to other countries, regions and languages due to its' universal design guidelines and development concerns. Some challenges may arise from different cultural perceptions about privacy and health issues, but it is not expected that it could compromise its adoption in other countries.

### Funding

EU: Competitiveness and Innovation Programme

### Further information

Link to web pages: The web page of the Senior Citizen Use of computer mediated Communication and information in web Ecologies

<http://socialitytv.web.ua.pt/index.php/projects/ineighbourtv/>

An interactive demo of the project: <http://socialitytv.web.ua.pt/demo/index.html>

Contact person: Jorge Ferraz de Abreu, University of Aveiro – CETAC.MEDIA, [jfa@ua.pt](mailto:jfa@ua.pt)

## Good practices of the urban policies as an answer to the constraints of ageing - Vitória friend of the elderly

**Organization:** University of Porto

CITTA/FLUP Research Centre for Territory, Transports and Environment

CITTA Faculty of Arts of the University of Porto

**Country:** Portugal

**Region:** Portugal, Metropolitan Area of Porto

**Geographical scope of the initiative:** Parish of Vitória

**Target group size:** 30,1% (about 690717 residents) of population (2011)

**Target group category:** Older people in general population, Older people living at home, People 50+, Local and regional authorities, Community awareness and education, Senior centres, People receiving care at home, Older People with a specific illness/disease, Older Persons with disabilities, Other isolated older people (older people that live alone)



**Type of partners involved:** Local public authorities

**Topics addressed (keywords):** Active Ageing, Determinants of ageing, SWOT Analysis, Elderly healthy

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Transportation, Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Civic Participation and Employment, Community support and health services, Information and Communication

## Description

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people Age (WHO, 2002). It was important to know the determinants of ageing to find what is necessary to do to fight against the constraints of ageing and improve the quality of life in an aging population. This project "Vitória friend of the elderly" has as mains objective: i) Deepen the diagnosis of the strong and weak points, the opportunities and threats in the geographical and environment characteristics of the parish of Vitória and of its population; ii) Involve different social actors towards the implementation and development of projects that look forward to a friend of the elderly parish; and iii) Implicate the elderly in the recognition of their necessities and stimulate them towards an active ageing.

Faced with the determinants of life quality in aging, it was important to know the characteristics of the Vitoria's aging population and of the environment in which they live to find which kind of policies and projects urban planning can recommend in order to contribute towards a healthy ageing.

After a SWOT diagnose about schooling level and lifelong education for the elderly, opportunities to physical activity, healthy habits in the elderly population, state of social isolation, opportunities of inclusion and social participation, conditions of housing, opportunities of productive activity or volunteering, opportunities of mobility and accessibilities, security of streets, housing and of the neighbourhood, level of indoor and outdoor thermal comfort, accessibilities to health care and about the available of mental health accompaniment of elderly people, we could recommend good practices. We transcribe some of as examples:

- Create a television programme educative specifically for the elderly;
- Creating a local programme concerning the physical activity of the elderly;
- Develop services to support families which are economical, namely, of supporting healthcare and hygiene and of daily accompaniment in their activities of the elderly services: medical, accompaniment and behavioural analysis, of security, of environmental monitoring, and others;

- Promoting local programmes for promoting intergenerational solidarity, through for example, the grandfathers' substitution plan;
- To stimulate the continuous education of the elderly as a pillar for social integration through, for example, initiatives like the Experimental Universities for Grandparents and Grandchildren. In the Czech Republic it was created an educative project that had as a goal to allow that children between 6-12 years and their grandparents to be able to study together with the help of university teachers;
- Explore new ways of intergenerational cooperation in work, for example, through the tutoring model. This model consists in allowing the elderly to be able to transmit their knowledge and their contact network to young graduates;
- Conceive a Personal Assistance Service for isolated elderly and elderly with dependencies;
- Promoting the Mobility's Energy Efficiency. The project AENEAS, developed in 5 European cities (in cities from Spain, Poland, Germany and Denmark) looks forward to improve the conditions for the mobility of the elderly, preventing accidents, improving their physical shape, increasing the social inclusion and reducing the economic costs associated to the individual transportation. Like this, it tries to stimulate the elderly to walk, ride bicycle and take public transports through various measures. such as: i) Identification and elimination of obstacles in the floors, sidewalks and public space; ii) Increase security in the public transports; iii) Planning and implementation of footpaths for the elderly through the city centre; iv) Formation of public transport drivers in the sense of being alert to the necessities of the elderly; v) Develop cycling tracks for elderly; vi) Organize campaigns for awareness and information concerning the elderly; vii) Sensitize the young to help the elderly inside public transports;
- Yield the voluntary care in the provision of care to elderly, either in hospitals, either in households through the support and training. In Belgium, support is given to the volunteers, giving them multidisciplinary valences for assistance, in order to develop ties with the elderly through the practice of different activities: helping them to eat, walking with them, reading books to them, talking with them;
- Create gerontology coordination centres for local information.

## Innovation, Impact and Outcomes

### Innovative Elements

Integration of the elderly population; Organization and integration of different existing bodies in a healthy aging; Action by prevention; Outline the key innovative elements of your good practice

## Impact and outcome

Sustainability of public and private social services existing in the parish of Vitória in view of a healthy aging; Respect for the elderly people; Older people benefited by the improvement of life quality; Usefulness of the elderly; Include evidence on the impact and outcomes (e.g what outcomes are expected, coverage, applications, publications, end users, potential impact on society, how older people have benefited from your initiative)

## Evaluation

No.

## Success Criteria

The initiative was not yet been implemented although there has been interest in the project by the local government bodies.

## Transferability to other organisations/regions

In European Union the population is aging and getting old - the percentage of the population with 65 years or more between 1990 and 2010 increase, therefore it is important to find measures to promote healthy aging, to decrease the dependence and the inactivity of elderly and to promote the usefulness of older people. Some other countries have already adopted some measures as:

- Poland, that adopted the television programme "Being an elderly citizen" with the objective of: i) promoting the social inclusion of the elderly through the disclosure of different actions aimed at senior citizens, such as: voluntary actions and continuous education; and ii) explaining the consequences of the ageing process; and adopted a local programme concerning the physical activity of the elderly with the aims to: i) improve the physical condition of the individuals with 50 or more years through preventive initiatives that contribute towards improving their quality of life, specially, their cardio-respiratory condition, as well as muscular force and resistance, as well as equilibrium; ii) enable them for the principles of a healthier life;
- Denmark, which several municipalities invited the elderly, while voluntaries, to take care of children while their parents are not able to do it;
- France that create gerontology coordination centres for local information (CLIC) that presents itself as a service of institutional coordination, whose objective is to support, inform, advise and guide the elderly, their families and friends. It involves a diversity of social actors: nursing homes, support services at home, hospital services, social services, among others;

- Bulgaria, which municipality of Varna developed a service of “Personal Assistant” destined to people needing constant help in their daily life. This social service has been associated with a programme for developing human resources that consists in promoting the comeback of unemployed people (adequately formed) to the Work Market (Project financed by the European Social Fund);

Other examples previously mentioned.

These good practices and others previously mentioned are essential to a healthy aging and once applied they are easily transferred to other regions, organisations or even countries. It is urgent to bring together the older and the younger and retrieve knowledge that can only be transmitted by the elderly to the young. It is urgent to improve elderly life conditions and integrate elderly people.

## Funding

Competitiveness and Innovation Programme

## Further information

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## Section Transportation

Organization	Title	Country	Region	Geographical scope
Fundació izCAT	COM'ON: Confident motion	Spain	Spain, Catalonia, Barcelona	European initiative
Instituto Pedro Nunes - IPN (Coimbra University)	MOVE	Portugal	Coimbra, Portugal	Rovisco Pais Hospital, Quinta da Fonte Quente, Tocha - Portugal
Instituto Pedro Nunes - IPN (Coimbra University)	Pantufinhas	Portugal	Coimbra, Portugal	City of Coimbra

## COM'ON: Confident motion

**Organization:** Fundació i2CAT

**Country:** Spain

**Region:** Spain, Catalonia, Barcelona

**Geographical scope of the initiative:** European initiative

**Target group size:** Elderly people 65+ in EU-27: 86M [Eurostat, 2009]

**Target group category:** Older people using public infrastructure ( e.g.. transport, buildings, environments)

Informal caregivers

**Type of partners involved:** Small-sized industry, Research centres, Academia

**Topics addressed (keywords):** exchange of services between elderly, geolocated services, elderly social network

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Transportation

### Description

COM'ON address the perceived orientation/navigation challenges and special needs that older persons (having mild to moderate problems with moving around) experience throughout the whole chain of travel, using public transportation. Weak or missing parts in the chain may significantly reduce the value of otherwise good services. Travelling by public transport entails a lot of uncertainties for older people, who struggle with outdoor activities. Major barriers are functional limitations as well as fear and lack of self-efficacy, making them feel insecure and avoid situations they believe exceed their coping skills.

COM'ON project is being built on user driven methodology "Wheel of Innovation". This implies a process, centered on gradually defining, building, testing and evaluating the technical features in the system, based on insights in users desired outcomes, wishes, needs and experienced barriers.

This methodology divides the innovation process into two overlapping phases: A conceptualization phase, 'WHAT' focuses on what to produce and a co-creation phase, 'HOW', which focuses on how to produce it. The process has several iterations leading to a refinement of the product as it is being produced, tested, adjusted and tested again. This leads to new insights that ensure value-creation for end-users. The end will be part of all steps of the process, either directly present in co-creation or indirectly through ethnographic research.

During the project we work with user-organizations and individual end-users for insights, development and real-life testing of the service concepts. This secures that the needs and wishes of end-users are at the heart of the project.

In the COM'ON project primary and secondary users are involved via the Living Labs in the 4 partner countries. These Living Labs have close connections to seniors (primary

users) and next of kin (secondary users) organizations, enabling the participation of these user groups in the project.

Primary users inform, co-create and decide the design of the COM'ON solutions in every step of the innovation process, from user understanding, idea generation, concept development, prototyping and test and evaluation of the final prototype. The activities concerning need finding, idea generation and requirement specification involve ethnographic studies; contextual, qualitative interviews and observations as well as workshops and focus group activities. The concept and prototyping activities include co-creation workshops and field tests conducted iteratively to allow for continuous fine-tuning of requirements and new design solutions.

The secondary and tertiary user groups are involved by informing the design process using focus groups in the different countries that evaluate, test and provide feedback and insights about the developed COM'ON solutions. In the later test and evaluation phases, there will be specific focus on feedback from the different user groups regarding functionality, usability aspects, user experience and user acceptance aspects.

COM'ON project is an international AAL partnership coordinated by Copenhagen Living Lab (DK) in consortium with: XTEL (DK), Actimo (DK), Fundació i2CAT (ES), Laurea University of Applied Sciences (FI), Enthoven Associates Design Consultants (BE) and Concept Factory (LU).

## **Innovation, Impact and Outcomes**

COM'ON project will provide older users with an innovative use of existing technology for guidance and accompaniment to support their daily displacements with an ITC support. Specific services will cover travel support, tracking devices and detections of being lost by:

- Offering all relevant information in a planning tool, and enabling access to plan-information during the process for carrying out the planned journey.
- In a way where users receive real time information on time, where they are (place) and the overall- and sub-purposes of the travel they are conducting.
- Providing an interaction with the services and a delivery of information, that takes in to account the physical and mental resources of elderly in the contexts of an ongoing journey involving public transportation.

The services will be delivered through web and smart phone applications, as both are assumed widely available to the target group before end of development phase.

## **Impact and outcome**

Users expected COM'ON services will increase their quality of life thanks to experience independence and confidence in their daily displacements.

Family members will be able to support their relatives in a time efficient way. Connection to older relatives will make them feel safe knowing that they can provide them with

support when needed. Family member's can encourage elders to maintain their mobility through introducing COM'ON and increase their self-reliance.

In addition, COM'ON service will help elderly to stay longer in their own homes, reducing public sector cost deriving from nursing homes etc., reduce demand for special transport to older citizens, since more journeys are made by public transport & increase use of public transportation will have a positive effect on the environment.

## Evaluation

The project is being formally evaluated by AAL programme reviewers.

## Success Criteria

The success parameters of the project are:

- On a quantitative level: It's expected to involve 120 users during initial test phase and 200 users for final field trial, increase the travels done by participants and obtain the expression of willingness to pay a required price for the service.
- On a qualitative level: Obtain expressed potential for increased quality of life reported by participants, increase the tasks depending of mobility that older persons feel capable of doing and obtain the social involvement of required stakeholders for the creation of a systemic solution.
- On an economical level: Develop a business model that will make possible to set a price in relation to older people ability and willingness to pay, targeting 315.000 paying customers after 3 years the end of the project. Decrease the public spending related to immobility of older people and increase the value of public transportation due to increased use. Finally, it's also expected to obtain agreement with investors and public authorities on implementation in 4 countries after the end of the project.

## Transferability to other organisations/regions

The technical project deliverables of COM'ON employs a modular design that makes it easy to be adapted to varying social and organizational needs across Europe. They use of standard hardware which is commonly available within the EU, and extend this with software using an open architecture and standards that are widespread as well. The project is investigating the access that older people in the COM'ON segment have to technology and technological knowledge. This may vary across different European countries as well. The project uses the four countries within the consortium as the breeding ground but we will take into account the properties within other European countries as far as time permits.

The resulting application and service will use a language and style lookup table that makes customization of the interface to different languages and preferences easy.

To ensure the widest possible usage of the deliverables we use a three-fold practice along with the described technical modularity:

- The services will be real life tested in four different countries that will give input to the development Project
- The test and evaluation tasks will look at all relevant aspects that influence the use that will benefit the development into the final product
- The commercialization tasks will involve local companies that wish to commercialize parts of new possibilities.

## Funding

EU funding: Ambient Assisted Living Joint Programme

## Further information

Contact info: <http://www.comon.lu/> and <http://www.izcat.net/en/projecte/com>  
Joan Carles Castro ([joanc.castro@izcat.net](mailto:joanc.castro@izcat.net))

## MOVE

**Organization:** Instituto Pedro Nunes - IPN (Coimbra University)

**Country:** Portugal

**Region:** Coimbra, Portugal

**Geographical scope of the initiative:** Rovisco Pais Hospital, Quinta da Fonte Quente, Tocha - Portugal

**Target group size:** >200

**Target group category:** Older people in general population, People living in a municipality /region, Older people using public infrastructure ( e.g.. transport, buildings, environments)

People 50+, Senior centres, People in day care centres, Older People with a specific illness/disease, Older Persons with disabilities, Patients' groups, Patients in hospitals

**Type of partners involved:** Hospitals, Small-sized industry, Medium-sized industry

**Topics addressed (keywords):** Mobility support; wide area rehabilitation centers, hospitals etc., transportation

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices



ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the “Global age-friendly cities: a guide WHO framework:** Transportation, Community support and health services

## Description

Patients, with mobility limitations, at Rovisco Pais Hospital (rehabilitation center) can move 24h/day between different buildings of this complex (2 Km long circuit) by using the non-pollutant, electric, autonomous car “Move” developed and constructed by Instituto Pedro Nunes (a research and innovation centre located in Coimbra) and Mobipeople (bus manufacturer). This small mini-bus is equipped with ramps for wheel chair access and circulates in a predetermined circuit by means of electromagnetic detectors to restrict the path and detect potential obstacles. The operation of “Move” is very simple and controlled by the user. Patients in Rovisco Pais Hospital now have the freedom to move within the complex of buildings without the need to call for assistance (24H/day).

The so called Intelligent Transport System (ITS) use electric vehicles built with leading edge technology, designed to be easily used for small trips at low speed in urban or private environments, to complement regular public transports. The vehicle exclusive feature is its autonomy - it is a vehicle without a driver, fully automated. This driverless solution is also silent and zero emission, therefore contributing to a healthier quality of life. It has the possibility to use solar energy, being activated only when it is called to service (demand response), avoiding an unnecessary waste of energy. Special highlights are its user friendly features, which includes bi-directional communication with the user. Moreover, this vehicle has the ability to adjust the position in which the vehicle stops according to the user needs.

## Innovation, Impact and Outcomes

Innovative Elements:

The innovation elements of this good practice are:

- Non-pollutant, electric, autonomous car
- solar energy powered
- service on demand
- bi-directional communication with the user

## Impact and outcome

The aim is to transfer this practice model to other applications and demands. This kind of applications with this technology can be a big support in many areas where mobility solutions can support (especially old people)

The impact is to relief the older persons from moving long distances without support but the application in this way can also help to guide the persons and bring them to places they want or need to go.

## Evaluation

Based on a evaluation of the system and the system usage the following outcome can be seen:

The autonomous electric car "Move" serves per day about 60 patients (from a total of 80) receiving movement/motor coordination rehabilitation at Rovisco Pais Hospital (service available 24/day, 2 Km long circuit, in total about 6300Km/year). The investment to produce Move reaches 130.000 euros/unit.

## Success Criteria

The partnership of IPN with the regional Hospital Rovisco Pais was a stepping stone of innovation towards the development of "Move", an autonomous vehicle with potential to be replicated in a diversity of spaces requiring horizontal mobility infrastructures.

## Transferability to other organisations/regions

The technology and the service can easily be transferred to other regions or areas needed. From the application point of view the technical solutions bring benefit in all wide range buildings or areas like hospitals, rehabilitation centres, airports, shopping centers and many more. Because of the ecological electricity based cars also the indoor applications are thinkable.

## Funding

Public Health Programme

## Further information

[http://las.ipn.pt/home/index.php?option=com\\_content&view=article&id=57&Itemid=56](http://las.ipn.pt/home/index.php?option=com_content&view=article&id=57&Itemid=56)

## Pantufinhas

**Organization:** Instituto Pedro Nunes - IPN (Coimbra University)

**Country:** Portugal

**Region:** Coimbra, Portugal

**Geographical scope of the initiative:** City of Coimbra

**Target group size:** >9000

**Target group category:** Older people using public infrastructure ( e.g.. transport, buildings, environments), People 50+, Older people in general population, People living in a municipality /region, Local and regional authorities, Older Persons with disabilities, Older People with a specific illness/disease, Older People visiting general practitioners

**Type of partners involved:** Regional public authorities, Local public authorities

**Advocacy organisations patients/users**

**Topics addressed (keywords):** Mobility, social integration, daily life support, public transport, eco-friendly

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Transportation, Social Participation, Respect and social inclusion, Civic Participation and Employment

### Description

Residents in the old, narrow, sloping streets of the historic area of Coimbra use the personalized electric environment-friendly car "Pantufinhas". This transportation system serves 4 main neighbourhoods of the historic area of Coimbra and travels in a circuit, allowing people to move between urban areas with primary care services, pharmacies, markets, banks, citizen's shops and other services important for daily lives of +65 old residents of Coimbra. Residents receive a free ticket admission to this transportation service. In Coimbra, +65 old people living in the historic area may now move more frequently for daily live or to meet friends in other areas of the city. Pantufinhas is a major instrument to counteract isolation in senior population of Coimbra.

The electric car "Pantufinhas" serves four main neighbourhoods in Coimbra offering about 58,900 trips/year. Pantufinhas project resulted from a partnership with the mobility and transportation authority (IMTT) with the Municipality of Coimbra.

### Innovation, Impact and Outcomes

#### Innovative Elements

The provided solution is very simple. The perfect cooperation of the municipality and the local transportation services including an ideal business model behind, guarantees a

solution which is used and accepted. The service is directly addressing the needs of a certain target group living in this area (city with many hills and steep roads). This combination leads to a success story of a service for active aging.

To address also the needs on eco-friendly and also quite solutions the transportation system is based on small electric buses. This is on the one hand important to not reduce the quality of life inside the city, but on the other hand also is makes sense as the roads the bus has to pass are very small and narrow.

## **Impact and outcome**

The expected outcome has been a better involvement of older people and people with disabilities in the city live and allows them to follow their daily live routine. As a Coimbra is a relatively small city the outcome and the acceptance can clearly be seen. Elderly people can follow their used daily live including shopping, going out, meeting friends and many things more. The coverage of the solution is basically the old hilliest part of the city. The solution can easily transferred to other parts of the city where needed or other villages and municipalities as well.

## **Evaluation**

"Pantufinhas", the personalized electric buss serving the old quarters of Coimbra (Se Nova, Sao Bartolomeu, Santa Cruz and Almedina) reaches 3979 people (+65 years old) from a total number of 24,539 people (+65 years old) living in the Municipality of Coimbra. The innovative/personalized service, a good-practice, serves 16.2% of the target population (in 2011). In 2012 +65 old residents living in the 4 old quarters of Coimbra represented 52.4% of the total users of "Pantufinhas" (58,791 passengers).

## **Success Criteria**

The replication of Pantufinhas relies on user's satisfaction/recommendation (97% of users rated "Patufinhas" as good or very good) and on the "environment friend" electric non pollutant personalized public transport service concept. The network of Coimbra Twin Cities is a special communication channel to advertise "Pantufinhas".

## **Transferability to other organisations/regions**

The solution can be easily transferred to other cities and regions. Especially for cities with a lacking transportation infrastructure or a topology which makes it difficult for elderly or persons with disabilities (especially with limited mobility) to fulfil their daily life routines and be part of the city life, the solution brings a simple but great benefit to the users. Important for a successful acceptance is a good business model between the municipality, which is interested in providing services especially also for older people in

the city and the local transportation provider. The service should be offered for free for the main target group and can be connected to a special card or certificate.

Beside the benefit for the older people there is with no doubt also the benefit for the city, the infrastructure and the local providers of goods and services due to a livelier city and more business volume.

For example the solution has been already transferred to other national cities (Portalegre, Viana do Castelo, Viseu, Funchal and Bragança).

## Funding

EU funding not specified.

## Further information

[http://www.cmcoimbra.pt/index.php?option=com\\_content&task=view&id=393&Itemid=448](http://www.cmcoimbra.pt/index.php?option=com_content&task=view&id=393&Itemid=448)

<http://videos.sapo.pt/1QFSvgbFlzS2ecwgGzLI>

## Section Voice of older persons

Organization	Title	Country	Region	Geographical scope
Newcastle Science City Company Ltd	VOICE North	UK	North East of England	Local
The Health and Social Care Alliance Scotland (The ALLIANCE)	Engaging and Empowering Older People in Scotland	UK	Scotland	Scotland wide

## VOICE North

**Organization:** Newcastle Science City Company Ltd

**Country:** UK

**Region:** North East of England

**Geographical scope of the initiative:** Local

**Target group size:** 1,500 Members of VOICE North

**Target group category:** Older people in general population, Older people using public infrastructure ( e.g.. transport, buildings, environments), Older people living at home

People 50+, People living in a municipality /region, Older People visiting general practitioners, Older People with a specific illness/disease, Older Persons with disabilities

**Type of partners involved:** Private companies, Medium-sized industry, Small-sized industry, Micro-sized industry, Large-sized industry, NGOs, Academia, Research centres

**Topics addressed (keywords):** Mental capital, public engagement, lifelong learning, social participation and inclusion, mental wellbeing, life-course, business development, market research, market opportunity, ageing research, product/service design, innovation, assistive technologies, inclusive design, older people's voice, civic participation

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Social Participation, Respect and social inclusion, Civic Participation and Employment, Information and Communication

## Description

The concept of VOICE North came out of the 2008 Foresight report which presented the findings from the Mental Capital and Wellbeing project which looked at the key factors which enable everyone to contribute effectively to society and experience a high quality of life. The report identified the importance of developing and maintaining mental capital throughout the life-course as central to the health and wellbeing of the individual and society particularly in the context of an ageing demographic, where people are now living much longer.

VOICE North (which stands for Valuing Our Intellectual Capital and Experience) was established in 2008 by Newcastle University's Initiative on Changing Age as a mechanism for engaging with the civic environment in order to harness the mental capital of the public and in particular of older people by linking their wealth of knowledge and experience with researchers and businesses who are working within the ageing field.

VOICE North has grown since its inception and currently has 1,500 members of all ages and backgrounds from across the North East region who are interested in becoming involved in the ageing research and business agenda. There are a range of ways VOICE North supports individual ageing projects including:

- Responding to questionnaires
- Participating in focus groups
- Action research; for example interviewing others
- Market evaluation for enabling and assistive technologies
- Participating in focus groups and workshops
- Acting as a 'lay member' of a research project group
- Attending a conference or event to share your views and experience

Opportunities for participation are developed in collaboration with relevant stakeholder organisations across the city including Newcastle Science City. In addition to this there is a VOICE North steering group which meets quarterly and is responsible for the governance and strategic development of the organisation. The steering group is run by VOICE North members and is comprised of representatives from stakeholder organisations in the North East including: Age UK (Newcastle); University of the Third Age; The Elders Council and Years Ahead.

## **Innovation**

### **1. Large scale public involvement with research**

The development of VOICE North as a mechanism to harness the mental capital of older people for social and economic benefit. At an individual level this has enabled a much larger cohort of older people with the opportunity to engage with and be involved in research of interest and relevance to them.

### **2. Older people led approach**

The mechanism was proposed and is steered by older people and is dependent on their interest and willingness to be involved in its success. The research/business agenda is therefore shaped by their preferences for engagement methods and subject matter.

### **3. A focus on innovation**

Most public engagement is focussed on the public as subjects in research, though our experience is that the public are really interested in research primarily as a means to deliver change. Our public focus has forced greater attention on the value of experience in validating and disseminating research and this has led to the involvement of older people working directly with businesses and researchers in the delivery of innovation.

### **4. Working with business**

The VOICE North mechanism has provided older people with a voice in the development of new products and services and in the marketing of those services, with a large number of businesses including national and international enterprises.

### **5. A focus on life-long learning**

Public engagement with research is often seen as being for the benefit of the research. The VOICE North ethos is to deliver engagement opportunities as part of a lifelong learning process in which members also have access to training and informal education about ageing, design, and age related conditions as well as other relevant issues as they emerge.

## Impact

We're very proud of what we have achieved with VOICE North; it has become an important mechanism for supporting research-business collaborations and innovation in ageing through the translation of research into new businesses, products and services for older people that deliver real social and economic impact.

Testimonials from companies who have worked with VOICE North:

- "The VOICE North experience was extremely useful to us...the feedback has helped us shape our marketing strategy...it was a very enjoyable and worthwhile experience for us all"

Christine Savage, Diagonal Alternatives

- "Working with the ideas of VOICE North members, the [design] team demonstrated products can be designed and manufactured that are responsive to the needs of older people"

Kevin Mongan, Miko Engineering

VOICE North has already provided over 800 opportunities for individuals to be involved in ageing projects which have been taken up by over 500 people. The input from these opportunities has shaped the delivery of a number of businesses and products which are now beginning to enter the market with one business in particular providing 80 new jobs within the region.

In addition, VOICE North has supported over 80 research projects, from MSc and PhD projects to major research programmes. It provides the main platform for user engagement in the £12.6 million 'Social Inclusion in the Digital Economy Research Hub' funded by Research Councils UK and has also been used to underpin public engagement in other large research awards including the Medical Research Council (MRC) funded Livewell Programme.

In this way VOICE North is actively contributing to the mental wellbeing and development of older people by facilitating a two-way process of lifelong learning that promotes social participation and inclusion and delivers economic benefits for businesses as well as the local and regional economy.

## Evaluation

An internal audit of VOICE North activity was carried out in 2012 and an external review of the current operating model will begin in October 2013 (see section 6 below).

### Success

- Increased participation of older people in research and business agenda for ageing society
- Increased demand for VOICE North as a resource by companies and researchers



## Transferability to other organisations/regions

A number of public and private organisations from within and outside the North East region have expressed interest in VOICE North as a model for public engagement with older people and route to market since it provides a platform for innovation through user-centred product/service design and delivery for older people. For this reason it would be relatively straight forward to establish a similar VOICE North initiative within different European regions/countries/cities.

For example, substantial public engagement mechanisms exist through EU funded living lab projects which are usually IT based. If these were to incorporate greater measures for social participation, many of the benefits of VOICE North could be achieved.

The current operating model for VOICE North is that co-ordination costs are met from project funding linked to VOICE North engagement activity. For organisations who wish to develop a similar model, it is recommended that a period of sustained funding is secured beyond the initial set up to ensure its longer term sustainability.

## Funding

Other funding than EU funding instrument.

## Further information

To find out more or take part please visit:

<http://www.ncl.ac.uk/changingage/engagement/VOICENorth/>

## Engaging and Empowering Older People in Scotland

**Organization:** The Health and Social Care Alliance Scotland (The ALLIANCE)

**Country:** UK

**Region:** Scotland

**Geographical scope of the initiative:** Scotland wide

**Target group size:** up to 86,000 (estimated number of people with dementia in Scotland) and over 1 million people aged over 65 in Scotland and many carers.

**Target group category:** Older people using public infrastructure ( e.g.. transport, buildings, environments), People 50+, Older people in general population, Older people living at home

Community awareness and education, Senior centres, People in nursing homes, People in day care centres, People receiving care at home, People in care homes, Older Persons with disabilities, Older People with a specific illness/disease, Older People visiting general practitioners, Patients' groups

**Type of partners involved:** General practitioners, Nurses, Informal caregivers, Research centres, Academia, National public authorities, Regional public authorities, Local public authorities, Advocacy organisations patients/users

**Topics addressed (keywords):** stakeholder engagement, support for carers, person-centred approaches, self-management, co-production, empowerment

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multi stakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:**

Social Participation, Information and Communication, Civic Participation and Employment

Respect and social inclusion, Community support and health services

## Description

The EIP D4 Scottish group led by the ALLIANCE includes several initiatives aiming to empower older people and to ensure that their voice is heard in the planning and development of services and support. Examples of these are described below under three headings:

- 1 Co-production - stakeholder (particularly service user) engagement carried out to inform development of the Scottish Government Dementia Strategy 2013-16
- 2 Empowerment - activities to support self management for people with long term conditions and the People Powered Health and Wellbeing programme aiming to drive improvements so that all health and social care services are centred on people
- 3 Capacity building – work of community based projects involving faith groups and the Dementia Carer Voices project raising awareness and empowering carers to ask for help

### 1. Co-production

A series of ten events entitled "Dementia Dialogue 2013; Have your say" were held in Scotland between October 2012 and Jan 2013. An open invitation to all stakeholders was issued through the Alzheimer Scotland website and through the organisers' network of contacts. The events were supported and facilitated by a partnership involving service providers (Government and Third Sector) balanced by equal representation from people with dementia and their carers.

The events were set up as an informal engagement process in the context of the Scottish National Dementia Strategy (2010-13) and the development of the second strategy 2013-16. The purpose was to inform stakeholders about the proposed strategic direction and key change areas, to seek views on progress and identify gaps in the current approach. The format of the events aimed to allow people with dementia, carers (family members, partners and friends) to talk in small groups and discuss the solutions which would work for them and also to allow staff who may have a responsibility for implementing the strategy to discuss issues for implementation and action locally.

In order to facilitate participation, a paper was circulated in advance to allow delegates time to consider the issues. Questions were worded in plain English, with questions relevant to particular groups e.g. carers, highlighted. The events were held in an informal atmosphere, with short presentations, small group facilitated discussions and opportunities to seek further information and clarification. Scribes were used to record the content of discussions and post-event de-briefing for facilitators and scribes helped ensure that participants' views and opinions were captured.

These events informed the development of the second Scottish Dementia Strategy (2013-16). Feedback was placed in the context of a set of deliverable and achievable outcomes that the strategy would address over the three years. This approach ensured a co-produced dementia strategy which addresses the challenges faced by people with dementia and their carers.

## 2. Empowerment

The ALLIANCE's Self-Management programme aims to stimulate change across Scotland so that people with long term conditions have access to the support they need to successfully manage their lives. A self-management fund is available to voluntary organisations and community groups; it encourages sharing of good practice and development of innovative approaches.

The ALLIANCE supports self management in a number of ways including:

- working in partnership with member organisations, NHS, Local Authorities and the Scottish Government to develop and implement policy and good practice – including Gaun Yersel, the Self Management Strategy for Scotland
- administering the Self Management Fund for Scotland
- supporting Scotland's Self Management Week (30/09/13- 04/10/13)

The 'People Powered Health and Wellbeing; Shifting the balance of power' programme is a new initiative based on people's right to independent living and good health and wellbeing. It forms the co-production strand of the Scottish National Programme for Person-centred health and care which aims to drive improvements, so that all health and social care services are centred on people.

This work is being carried out in partnership with ALLIANCE members, the Scottish Government, Healthcare Improvement Scotland and NHS Education for Scotland

## 3. Capacity Building

There are many examples of innovative projects being carried out by Faith groups across Scotland to support older people within their communities. Some of these were reported in the 'In Good Faith' publication from the ALLIANCE and the Scottish Government Joint Improvement Team (JIT). This report recognises Faith groups as community assets and highlights models of good practice in building resilience and community capacity.

Dementia Carer Voices is a project supporting carers of people with dementia, recognising carers as important assets and raising awareness about support needs and about availability of support.

This project harnesses the work of Tommy Whitelaw who cared for his late mother Joan for five years and conducted an awareness raising campaign, 'Tommy on Tour', across

Scotland's towns and cities. Since then, he has engaged with thousands of carers through twitter, his blog and frequent talks to health and social care professionals and carers organisations across Scotland.

## **Innovation, Impact and Outcomes**

### **1. Co-production**

An engagement process aimed to ensure that the Scottish Dementia Strategy would address the challenges faced by people with dementia and their carers.

The new strategy includes an on-going commitment to continued engagement with people with dementia and their carers in order to assess the impact of the strategy.

The Dementia Dialogue participants identified the importance and value of having a named individual as a link worker, in response, the strategy will test the Alzheimer Scotland 8 pillars model of community support. The key pillar within this model is the Dementia Practice Co-ordinator whose role is to facilitate engagement with all available resources and ensure that people with dementia and carers are actively involved in the design and development of their support.

### **2. Empowerment**

The Self-Management fund was established in 2009 and the published 'IMPACT' report describes the return on investment 2009-2011. The fund supported Alzheimer Scotland to set up a Dementia Café which encouraged self-management by allowing carers and people with dementia to access information and support in a more informal setting which was appropriate to their needs. This increased choice and control for individuals and provided early intervention promoting wellbeing and independence.

Scotland's 'self-management week' is being promoted through a social media campaign where participating groups or individuals 'tweet' a photograph of themselves 'passing the baton' of self-management.

The People Powered Health programme promotes person-centred health and social care. An example of a Scottish initiative which may inform a future practice model for older people is the Perth and Kinross Healthy Communities Collaborative.

This community based project involves over 200 older people in 10 local teams. The project maximises the strengths and capacities of individuals by services working with people to co-produce improved health and wellbeing. The aim is to engage citizens in local communities, developing their knowledge and skills to improve health and achieve sustainable change.

An independent evaluation in 2012 identified that activities such as an environmental audit of local accessibility, classes on IT skills, exercise classes and lunch clubs helped to reduce isolation, promote active ageing and mental wellbeing and build social capital.

This project represents added value in cost reduction as skills are shared, efficiency maximised and community capacity developed.

### **3. Capacity Building**

An example of capacity building work within a Faith community is the 'Galston Friendship Club', which supports people with dementia and their carers providing entertainment and company as well as health advice and social support. The club is based in a local church but welcomes people of 'all faiths and none'. The project is supported by Alzheimer Scotland and the local NHS, the hall is given free by the church and much work is done by volunteers while donations from members and the local community provides additional funding. Positive feedback from those attending focuses on feeling valued and accepted. Feedback from volunteers highlights their increased sense of community connectedness and satisfaction from 'helping others'.

The Dementia Carers Voices project aims to build capacity by raising awareness amongst carers as well as front line staff. For example, a video was produced in partnership with Greater Glasgow and Clyde Community Health Partnership. 'It's OK to ask for help' aims to raise awareness amongst carers about available resources and how these can be accessed. Another video was produced for the NHS patients' stories library. This video aims to build capacity amongst front-line staff in acute services through promoting skills in supporting people with dementia and carers.

The project also invites carers of people with dementia to send letters to Tommy telling their stories. These have been used for education and awareness raising, with a view to informing future policy and service provision.

### **Transferability to other organisations/regions**

The emphasis of the Scottish innovations described above is on self-help and prevention, encouraging early intervention and empowering people to take control of their own health and wellbeing. The Scottish 8 Pillars model of community support for people with dementia and their carers has been developed by Alzheimer Scotland. The key pillar is the Dementia Practice Co-ordinator who ensures that the person with dementia and their carer are central to design and delivery of services and supports. This model is being tested through the Dementia Strategy. The principle of identifying a named individual in a co-ordinating and supporting role has also been tested within the Scottish 5 pillars model of post-diagnostic support for people with dementia and their carers and within other European initiatives for example the introduction of 'Proxidem' within Belgian Ville Amie Demence Charte.

Faith groups are often active in supporting local communities, in Scotland there are examples of how community capacity can be developed by statutory health and social care services working with third sector organisations to support faith groups in collaborative ventures such as the Galston Friendship Club. This approach demonstrates how recognising and supporting existing assets within a community can strengthen capacity for example through developing volunteering opportunities and engaging with local businesses. In return for a shared investment of finance, time and resources, this model produces positive outcomes for people using services, volunteers, the local community and service providers.

Similarly the Perth and Kinross Community Collaborative demonstrates effective collaborative working between people using services and service providers. Within this

model both groups contribute to developing solutions to improve health and wellbeing for older people within their community.

## **Funding**

Other funding than EU funding instrument.

## **Further information**

[www.alliance-scotland.org.uk](http://www.alliance-scotland.org.uk)

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## CLUSTER 3.

# ACTIVE & HEALTHY LIFESTYLES

### Introduction

This Cluster on Active & Healthy Lifestyles has 10 Good Practices comprising of two subclusters, Physical Activity and Tourism that includes practices on social platforms, tourism plans, and wellbeing activities. Topics addressed by the practices cover awareness raising, dissemination campaigns and activities around the promotion of active and healthy lifestyles.

Under the section Physical Activity, health promotion portals have been developed and walking groups targeting physical activities of older people and those also with chronic conditions, as well as intergenerational projects around physical activity. Practices here also place importance on older peoples' engagement in the design of active and healthy ageing activities and community led approaches to physical activity.

In the section on Tourism, practices address the tourism sector and the sectors that indirectly work with it, and look to develop age-friendly places to promote seniors in tourism. Technologies are being promoted to make tourist places more accessible such as hotels, more accessible. Practices emphasise the integration of health, nature and leisure in tourism destinations to support active ageing.

### Section on Physical activity

Organization	Title	Country	Region	Geographical scope
<b>EUROHEALTHNET</b>	Creating an age-friendly European Union by 2020	Belgium	Belgium	European
<b>EuroHealthNet member: Flemish Institute for Health Promotion and Disease Prevention (VIGeZ)</b>	Still Standing (Dutch: BOEBS: Blijf Op Eigen Benen Staen)	Belgium	Belgium, Brussels	All municipalities in Flanders (308), and the dutch-speaking municipalities in Brussels.
<b>NHS Scotland and partners in the Reshaping Care for Older People Programme</b>	PATH to Active and Healthy Ageing	UK	Scotland	Country wide – mix of urban and rural

Organization	Title	Country	Region	Geographical scope
Regione Lombardia	WALKING GROUP PROGRAMME (WGP)	Italy	Regione Lombardia, Local Health Authority (ASL) of the Province of Bergamo, 115 Municipalities	Local with possible extension at regional level
Regione Lombardia (Italy)	PIEDIBUS	Italy	Regione Lombardia, Local Health Authority (ASL) of the Province of Bergamo	Local with possible extension at regional level
University of Porto ISPUP/FMUP/INEB Institute of Public Health of University of Porto (ISPUP) Biomedical Engineering Institute (INEB) Department of Clinical Epidemiology, Predictive Medicine and Public Health - Faculty of Medicine of the University of Porto (FMUP)	Study of place of residence and the frequency of health related behaviours (such as physical activity)	Portugal	Portugal, Porto, Porto	North of Portugal, Porto

## Creating an age-friendly European Union by 2020

**Organization:** EUROHEALTHNET

**Country:** Belgium

**Region:** Belgium

**Geographical scope of the initiative:** European

**Target group size:** older people, national and regional public authorities, researchers and public health practitioners, policy makers, health care professionals

**Target group category:** Older people in general population, Local and regional authorities

**Other:** public health and health promotion agencies and institutions, industry, research/academia, policy makers, public health practitioners

**Type of partners involved:** Research centres, Academia, NGOs, International/European public authorities, Regional public authorities, National public authorities, Advocacy organisations others

**Topics addressed (keywords):** awareness raising, stakeholder engagement, policy making, dissemination and communication, repository of actions

**D4 Action Plan Action Area(s)-addressed:** Networks promoting a European covenant on demographic change: awareness raising campaign at European level and repository



of good examples to create political and technical conditions able to adopt concrete changes to promote effective age-friendly environment across the EU

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:**

## Description

EuroHealthNet is a not for profit partnership of organisations, agencies and statutory bodies working to contribute to a healthier Europe by promoting health and health equity between and within European countries. EuroHealthNet members seek to address the factors that shape health and social inequalities, building the evidence base for public health and health-related policies and health promotion interventions in particular to level up the social gradient in health. In our activities we advocate for the need for health promoting environments, including the development of age-friendly environments.

EuroHealthNet is part of the group working on Action Area 2 led by AGE Platform and its Consortium. Together with the Consortium partners EuroHealthNet advocate for age-friendly environments at local, regional, national and EU level.

Highlighting healthy ageing policies, projects and initiatives on our website

EuroHealthNet's Healthy Ageing portal ([www.healthyageing.eu](http://www.healthyageing.eu)) aim is to showcase the important role of health promotion in the ageing process. The website highlights some of the key determinants necessary for healthy ageing, lists the key resources, and shows innovative actions/good practices from across Europe that aim to improve the health and well-being of older people. The examples we highlight range from promoting physical activity among older people in Hungary to development of walking clubs to promoting the use of online social networks for older people in the Netherlands. The website includes more than 120 healthy ageing projects and practices from local, regional and national levels across Europe.

EuroHealthNet contributes to the dissemination of information and increase awareness on EIP AHA and respectively D4 - AFE related work and initiatives.

EuroHealthNet's members are continuously informed about the EIP on AHA activities and encouraged to take forward the commitment at national and regional level. Exchanges of experience and practices between members are facilitated and strongly encouraged. EuroHealthNet has a Policy Action Group dedicated to Healthy Ageing which consists of over 20 public health institutes (EuroHealthNet members and collaborating partners) from 16 different European countries. The objective of the group is to link up public health experts within the network and collectively cooperate on ageing and health.

EuroHealthNet also provides technical assistance and support to its members in developing healthy ageing policies, strategies and projects, as part of its work to advance the recommendations from the Social Investment Package and support its implementation at national and regional level (i.e. DG Employment call for proposals to support the development of comprehensive active ageing strategies).

Capacity-building of our members to take forward work on health and ageing – EuroHealthNet's Study Visit on Healthy and Active Ageing

Many of EuroHealthNet members are involved in healthy ageing policies at regional and national level. A number of the members coordinate regional groups dedicated to supporting healthy ageing, where the promotion of age-friendly environments is a key aim. As part of EuroHealthNet's capacity building strand for 2012, our member BZgA has hosted a study visit for other EuroHealthNet members on the barriers, challenges and success factors for implementing national and regional strategies on healthy ageing framing it in the European perspective.

EuroHealthNet is committed to build links with other EU related policy areas through its active participation in the European Platform against Poverty and Social Exclusion and in the European Platform for Action on Diet, Physical Activity and Health. EuroHealthNet supports synergies between the WHO and the EU initiatives and facilitate their communication and integration in local, regional and national policy processes. Through its participation in various research projects (i.e. IROHLA -Intervention Research On Health Literacy among Ageing population), EuroHealthNet ensure the link with research institutes, universities and links with private companies and SME's.

### **Innovation, Impact and Outcomes**

- multistakeholder participation (public health authorities, health promotion and public health organisations, research and academia, policy makers, private companies and SME's);
- support synergies between the EU and WHO initiatives and ensure the dissemination and awareness raising on guidelines and tools;
- build links with other EU policy areas (environment, nutrition, physical activity, employment, long term care, etc.)

### **Impact and outcome**

The communication and dissemination activities undertaken will support raising awareness and advocate for inclusion of AFE in relevant policy areas at local, regional and national levels. Technical assistance and participation in capacity building activities will encourage participation and commitment from different member organisations. A wider societal impact and engagement across sectors will result through participation and dissemination of results of various research projects and following the development of the EU Covenant.

## Evaluation

An evaluation has been performed only in relation with the healthy ageing portal.

## Success Criteria

Some of the criteria we use to determine the progress of our work are:

- the number of people subscribing to newsletters or accessing the website;
- the number of practices and projects identified and listed under our database;
- the number of active participations in the other EU policy areas and the links made with AFE objectives;
- the number of members implementing healthy ageing projects, including AFE;
- the number of projects that you support with technical assistance and advice for our members;
- successful engagements and collaboration with AGE Platform and other Consortium partners

## Funding

EU-funding: 7th Framework Programme for Research and Innovation, PROGRESS

## Further information

EuroHealthNet, in conjunction with our member the Federal Institute of Health Education (BZgA) published a report on Healthy and Active Ageing. The report provides a selection of policies, programmes and interventions for promoting and sustaining the well-being of “younger” older people with a specific reference to socially deprived and migrant groups.

[www.eurohealthnet.eu](http://www.eurohealthnet.eu)

[www.healthyageing.eu](http://www.healthyageing.eu)

[www.healthpromotion.eu](http://www.healthpromotion.eu)

## Still Standing (Dutch: BOEBS: Blijf Op Eigen Benen Staan)

**Organization:** EuroHealthNet member: Flemish Institute for Health Promotion and Disease Prevention (VIGeZ)

**Country:** Belgium

**Region:** Belgium, Brussels

**Geographical scope of the initiative:** All municipalities in Flanders (308), and the dutch-speaking municipalities in Brussels.

**Target group size:** Through pursuing the participation of all 308 cities & municipalities in Flanders, we would like to reach approximately 1 562400 Flemish community-dwelling elderly over an estimated 3 years (with possible extension to 5 years).

**Target group category:** Older people using public infrastructure ( e.g.. transport, buildings, environments), Local and regional authorities, Older people living at home, People 50+, Older people in general population, Senior centres, Community awareness and education, People living in a municipality /region, People receiving care at home, People in day care centres, Older People with a specific illness/disease, Older People visiting general practitioners, Older Persons with disabilities, General practitioners, Formal caregivers, Informal caregivers

**Type of partners involved:** General practitioners, Informal caregivers, Local public authorities, Advocacy organisations patients/users, Advocacy organisations others  
Other, please specify: all local organizations that work with and for elderly people.

**Topics addressed (keywords):** Awareness raising, local network, local initiatives, physical activity and safe environment, local policy for fall prevention.

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Outdoor spaces and Buildings, Social Participation, Community support and health services

## Description

- We want to give community-dwelling elderly a chance on healthy and active ageing in their own home, for as long as possible and with the appropriate support.
- We want to reduce the costs, caused by fall incidents in Flanders.
- We want to pursue a healthy and active older population in Flanders.

Falls are often caused by a number of factors, and also the risk of falling is determined by various risk factors. Most of these falling incidents happen at home. Physical Activity, safe behavior and a safe (home and public) environment are key interventions to prevent falls in older people. Therefore, an effective approach to prevent falls with community-dwelling elderly, is a simultaneous approach to multiple risk factors, through combining exercise with other risk reduction approaches, and focusing on the older adult in its (home and public) environment. community is an excellent setting for falls prevention. By collaborating with other community and local organizations and professionals, the community-dwelling elderly, healthcare workers and other partners, the local government has the power to create a local policy that integrates safety in their

municipality. By teaching elderly and health care workers to recognize their risk and problem, reaching solutions to resolve them and learning them how to apply these solutions, we empower them to reduce their risk of falling. This is realized through an innovative intervention mix of sensibilisation, stimulating safe behaviour and creating a safe environment, like for example by organizing healthy walks, promoting a checklist for a safe home environment, organizing a quiz, handing out folders, organizing dance parties etc. With the support and guidance of the Flemish Logo's and through the integral working of all local organisations, communities can create their own adapted falls prevention project.

If there are links to local governments, if you use public-private models of cooperation  
The local government plays a crucial role in the realisation of Still Standing. By collaborating with other community and local organizations and professionals, the community-dwelling elderly, healthcare workers and other partners, the local government has the power to create a local policy that integrates safety in their municipality.

How older people have been consulted/involved in planning/implementing the initiative  
Older people of the community are being involved in the planning and implementation on a local level, by joining the local Still Standing network (together with the local government and the local organisations working with elderly).

If there are other organisations involved in your initiative (see also question 1.7), and describe the involvement of your partners

- Centre of Expertise for Falls Prevention in Flanders (EFF): Centre of Expertise for Falls Prevention in Flanders is a partner organisation of the Flemish government. The EFF has three main goals: providing information and advice, developing methods and tools, and supporting the implementation of these methods and tools with regard to falls prevention.
- Local-regional health consultation and organisation (Logo): The core task of the 15 Logo's is to disseminate health promotion materials to intermediaries, combine and coordinate local effort re. the health targets in Flanders. In this project they promote the project locally, they assist in motivating local partners and selecting the local intervention mix.
- The Flemish platform for the elderly: an advise body that ensures the rights of the elderly are protected rehousing, wellbeing, health, ... They unite 30 elderly organisations who can act as a communication channel to reach all community-dwelling elderly (Flanders).

## Innovation, Impact and Outcomes

- The community-approach in municipalities in Flanders. That way, the community can increase their ownership and keep control over the process, and locally adapt it to their needs.

## Impact and outcome

Falls are often caused by a number of factors, and also the risk of falling is determined by various risk factors. Most of these falling incidents happen at home. Physical Activity, safe behaviour and a safe (home and public) environment are key interventions to prevent falls in older people. Therefore, an effective approach to prevent falls with community-dwelling elderly, is a simultaneous approach to multiple risk factors, through combining exercise with other risk reduction approaches, and focusing on the older adult in its (home and public) environment.

Still standing uses the most effective approach for fall prevention: a multifactorial approach, with the use of different strategies: education, facilitation and advocacy (Van Laken, 2003; Gillespie et al., 2009). Still Standing focusses on activities that promote physical activity and a safe environment, because of their strong recommendation for the prevention of fall incidents (Van Laken, 2004; Gillespie et al., 2012). This varied activity package facilitates positive behavior change, by offering a mix of actions and processes of the community approach. In the first edition of Still Standing (2005-2008), there were 51 engaged municipalities (approximately 177 817 elderly).

In 2009, the evaluation of Still Standing based on 10 pilot-municipalities, showed an increase of the number of older participants to different physical activity promoting activities (Van Laeken & Stevens, 2008). Still Standing managed to reach elderly in the community and made them alert for the risks of falling. Moreover, Still Standing lead to the adaptation of a safer environment of elderly. Based on these outcomes, Still Standing appears to be an effective intervention to prevent falling in older Flemish people (Nutbeam, 1999). This way, local policy makers can create a chance for their older inhabitants to age in a healthy, dependent and active way in their own home, for as long as possible.

## Evaluation

In 2009, Still Standing was evaluated, based on 10 pilot municipalities in Flanders. Still Standing appeared to be an effective and feasible intervention to prevent falls, by increasing the physical activity level with community-dwelling elderly, increasing the knowledge about falls prevention and the intention to act on it. The project was positive evaluated by the local governments that were engaged.

## Success Criteria

1. The organization of a local Still Standing-network with the local government and all the local partners and organizations that work with/for the elderly in the community.
2. Setting local goals, to decide on and organize local activities.
3. Setting a local mix of actions: organization of sensibilising, facilitating and advocacy activities. And to anchor these activities in the organization or local policy.
4. Integration of activities promoting physical activity and a safe environment.
5. Announcing and promoting these activities with the home-dwelling elderly in the community.
6. Annual organization of a fall prevention activity in the context of Still Standing.

## Transferability to other organisations/regions

- It would be important to keep the focus on the empowerment of the local community by starting with 'what is already there' and focusing on the existing initiatives.
- Special attention is needed for the complexity and local differences between municipalities, and the sustainability of the local falls prevention initiatives. After the intensive period of organized activities, these initiatives should also be integrated in the local policy of the municipality and organizations.

## Funding

100% funded by Flemish Government

## Further information

Heleen Lyphout, staff member of the Flemish Institution for Health Promotion and Disease Prevention. [Heleen.lyphout@vigez.be](mailto:Heleen.lyphout@vigez.be)

Website: The website of Still Standing, [www.boebs.be](http://www.boebs.be) provides a manual and the necessary tools, downloadable on [www.boebs.be](http://www.boebs.be)

Folders, poster and banners are downloadable on [http://www.boebs.be/materialen/affiche\\_en\\_roll\\_up\\_banner\\_boebs](http://www.boebs.be/materialen/affiche_en_roll_up_banner_boebs)

## PATH to Active and Healthy Ageing

**Organization:** NHS Scotland and partners in the Reshaping Care for Older People Programme

**Country:** UK

**Region:** Scotland

**Geographical scope of the initiative:** Country wide – mix of urban and rural

**Target group size:** 1 million

**Target group category:** Older people in general population, Older people using public infrastructure ( e.g.. transport, buildings, environments), Older people living at home, People 50+, People living in a municipality /region, Local and regional authorities, Community awareness and education, People receiving care at home, People in day care centres, People in care homes, People in nursing homes, Older People visiting general practitioners, Older People with a specific illness/disease, Older Persons with disabilities, Patients' groups, Informal caregivers

Type of partners involved: Primary care centres, General practitioners, Nurses, Day care centres, Home care centres, Informal caregivers, Nursing homes, Housing organisations, Research centres, National public authorities, Regional public authorities, Local public authorities, Advocacy organisations patients/users

**Topics addressed (keywords):** awareness raising, stakeholder engagement, physical activity,

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Outdoor spaces and Buildings, Social Participation, Information and Communication, Community support and health services, Respect and social inclusion

## Description

Solidarity, we established a national collaboration between older people (representatives from the Scottish Older People's Assembly), health services, national and local government, Third sector, Sportscotland and academic partners to raise the profile and benefits of physical exercise in later life. This aimed to build on the legacy from the 2012 Olympics and to serve as a platform for the 2014 Commonwealth Games. A cross sector Reference Group developed a set of practical actions for active and healthy ageing, informed by what older people have told us is important to them:

- "I want to have fun and enjoy myself"
- "I wish to remain connected to my community and friends"
- "Don't talk about me without me"
- "I wish to be able to contribute to society for as long as I want and to be treated with respect"



## Innovation, Impact and Outcomes

**Innovative Elements:** Older people representatives from the Scottish Older People's Assembly are involved in coproducing a national action plan for active and healthy ageing alongside academics and representatives from national and local government, social care, housing and health services. A series of Active Ageing and Go for Gold participation events have been held across the country to engage older people in physical activity and promote social inclusion. These included older people with dementia and those in care settings who are often excluded from such events. We have accessed a £300 million Change Fund ( ringfenced public sector funding 2011-2015 ) as a catalyst to drive local investment in community based support and care, including initiatives that promote active and healthy ageing.

## Impact and outcome

- Learning event at the Scottish Parliament in April 2012 and local participatory events for older people and staff to coincide with the World Congress on Active Ageing in August 2012
- 'Go for Gold' events to promote the joys of physical activity for older people in care settings.
- 'Making Every Moment Count' resource for staff working with older people in care homes
- PATH to Active Ageing – summary of evidence and case studies shared widely with health, social care and housing partnerships, third sector and community groups.
- Publication of All In Good Faith to highlight the contribution of local church and faith communities to building resilience and wellbeing for older people
- Learning exchange with British Irish Council and European partners
- Development of a Physical Activity Pathway, Screening Questionnaire and DVD for use by staff
- Draft national action plan on Active and Healthy Ageing – currently out for consultation

## Evaluation

No

## Success Criteria

Physical Activity and participation in meaningful activities are now embedded in the national outcomes framework and the Logic Model for Reshaping Care for Older People.

Every local government partnership will develop a physical activity plan and report on outcome indicators that relate to physical activity and support for older people

### Transferability to other organisations/regions

We are already collaborating with Wales and Northern Ireland to share learning and exchange good practice. The examples of good practice will resonate with other regions and be of interest to academics, housing and care providers and older people and carers. Lessons learned are transferable to other regions as they highlight issues and solutions that are universal – ie mobilising cross sector interest and ensuring advocacy for older people.

- Active and healthy ageing is everybody's business!
- Bringing together professionals from a variety of sectors and interests has developed new links and increased our collective knowledge
- Working with older people throughout this process has brought vital insights, rich experience and a grounded holistic approach
- Tight timescales help keep us focused and pragmatic
- Our action plan will be ambitious but achievable if we focus on a small set of practical actions that we can collectively drive to empower and enable older people to be active, healthy and involved

### Funding

We have accessed a £300 million Change Fund (ringfenced public sector funding) as a catalyst for local investment in community based support and initiatives that promote active and healthy ageing.

### Further information

The PATH to Active Ageing resource can be accessed at the JIT website - follow this [web link](#)

## WALKING GROUP PROGRAMME (WGP)

**Organization:** Regione Lombardia

**Country:** Italy

**Region:** Regione Lombardia, Local Health Authority (ASL) of the Province of Bergamo, 115 Municipalities

**Geographical scope of the initiative:** Local with possible extension at regional level

**Target group size:** 3000 citizens

**Target group category:** People 50+, Older people using public infrastructure ( e.g.. transport, buildings, environments), Older people in general population, People living in a municipality /region, Older People with a specific illness/disease, Patients' groups

**Type of partners involved:** General practitioners, Hospitals

**Topics addressed (keywords):** chronic diseases, health promotion, physical activity, lifestyle, prevention

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:**

Outdoor spaces and Buildings, Social Participation, Information and Communication, Civic Participation and Employment, Respect and social inclusion

## Description

The WALKING GROUPS (people walking together regularly several times in the week) are opened to all the community but are very interesting specifically for people with chronic diseases. The public health focus aims to involve in the "walking groups program" (WGP) people affected by chronic diseases: diabetes, hypertension, psychological/mental diseases.

In the Province of Bergamo 115 Municipalities - out of 244 with more than 3.000 walkers – are attending the WGs. "Walkers" get benefits in terms of health but mostly of wellbeing. Inside the WGs are generated strong cohesion and relationships. The team spirit is the core of the program and for all these reasons, the Local Health Authority (ASL) of the Province of Bergamo is supporting the participation of patients to contrast and delay disabilities caused by chronic and mental diseases. Therefore the program pursues two goals. The first is strictly related to the health of the participants and the second to the wellbeing and social features. Physical Activity (PA) results in positive effects in patients suffering of diabetes, anxiety and depression, osteoporosis, hypertension, cardiovascular and muscle-skeletal diseases. Therefore PA is a good practice to keep fit and control weight. The second goal is linked to social relationships. The participants of the walking group enjoy the health benefits of the PA but have also the chance to be in touch with people, sharing experiences and preventing loneliness and its negative effects on the mood.

The WG involves actively the community. The Local Administrations support the program and the local voluntary organizations provide the WGs with people formerly trained by the local health authorities (ASL). They collaborate in animating the WG. In every WP is present a coordinator - the walking leader – who supports the participants, facilitate a warm and positive social mood and motivates people to be firm and constant in attending the WG. A fundamental role is played by GPs and specialists who inform their patients and prescribe PA as specific therapy for diabetes and the other chronic

diseases. Posters, leaflets and newsletters describe the benefits of PA and walking. They are distributed to the participants and contain useful advices for an active lifestyle, toll-free number of the local health authority, addresses of the WGs operating in Province.

## **Innovation, Impact and Outcomes**

The program presents the following innovative elements:

- “Public health” approach. The ASL supports municipalities in joining the WG program and people attending the WGs.
- “Green prescription”. GPs and specialists “prescribe” PA as specific therapy in association with diet and the pharmacological therapy.
- Sms/Mailing supporting service is actually developing. The local health authority (ASL) is implementing a service of daily sms and e-mails promoting and supporting PA for the people attending the WGs.

## **Impact and outcome**

The expected outcomes concern a constant and increasing attention of the municipalities to the WG program and its extension to the greatest number of people belonging to every age and social condition. Information and advertising are essential to achieve goals. Posters with the main information about WGs are hung in the waiting room of the GPs’ cabinets. Newsletters are distributed for free to participants and contain not only useful advices and information about health and the importance of walking but also personal experiences and suggestions from walkers.

## **Evaluation**

Concerning the improvements of the project, evaluation is based on number of “green prescriptions”, participants affected by chronic diseases, older people and generic population.

## **Success Criteria**

The criteria used to verify the success of the project are: number of people with chronic diseases participating, obtained benefits in terms of health and number of municipalities attending the WGs.

## **Transferability to other organisations/regions**

The WG program for people affected by chronic diseases is perfectly transferable to other Regions or organizations. It is essential the participation and strong contribution of

local authorities, voluntary associations and the third sector in managing WGs and monitoring their activities. The implementation of the program requires time and energy, but it is invaluable in terms of benefits to the community and to contrast the disabilities caused by chronic diseases. Further information on transferability will be provided.

## Funding

No.

## Further information

[http://www.promozionesalute.regione.lombardia.it/cs/Satellite?c=Page&childpagename=DG\\_Sanita%2FMILayout&cid=1213537560458&p=1213537560458&pagename=DG\\_SA\\_NWrapper](http://www.promozionesalute.regione.lombardia.it/cs/Satellite?c=Page&childpagename=DG_Sanita%2FMILayout&cid=1213537560458&p=1213537560458&pagename=DG_SA_NWrapper)  
<http://www.asl.bergamo.it/servizi/Menu/dinamica.aspx?idArea=16870&idCat=22217&ID=35371>

## PIEDIBUS

**Organization:** Regione Lombardia (Italy)

**Country:** Italy

**Region:** Regione Lombardia, Local Health Authority (ASL) of the Province of Bergamo

**Geographical scope of the initiative:** Local with possible extension at regional level

**Target group size:**

**Target group category:** Older people in general population, Older People with a specific illness/disease

**Type of partners involved:** General practitioners, Local public authorities, Advocacy organisations others

**Topics addressed (keywords):** health promotion, public health, eco-friendly mobility promotion, education

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Civic Participation and Employment, Information and Communication

## Description

PIEDIBUS is a “Walk to school” program involving children and adults in the promotion of physical activity (PA), wellness and environment respect. PIEDIBUS is focused on three targets.

The main target concerns health. Daily regular PA helps to contrast sedentary lifestyle, obesity and chronic diseases.

The second goal is related to social habits. PIEDIBUS is an opportunity for establishing relationships and friendships between parents, grandparents, children and all the adults involved in the program. Walking and socializing make more enjoyable going to school.

The third target is to reduce car traffic and air pollution.

PIEDIBUS involves actively the community and fosters collaboration between schools, local administrations, parents/grandparents and voluntary organizations. Active ageing and PA are promoted involving actively parents, grandparents and adults in the PIEDIBUS program that consists in leading a group of children to school on foot, in condition of complete safety. The “PIEDIBUS driver” are voluntary adults: parents, grandparents or simply active-ageing retired volunteers. Spending some hours walking with children makes adult people more participative in the life of the community. The local health authority (ASL) contributes to promote and support PIEDIBUS in the province of Bergamo and other Regional provinces.

## Innovation, Impact and Outcomes

The program is based on the following innovative elements:

- “public health approach”: the program can be easily extended to the surrounding area supporting local communities in joining the PIEDIBUS program and can support the development of the advocacy role of the public healthcare system.
- “eco-friendly mobility promotion”: shifting the common sense of a city built for facilitating the automobile traffic to that of a city that encourages pedestrians.
- “road safety approach”: children start to be familiar with signpost and learn the rules for a safety behavior on the road.

## Impact and outcome

The expected outcomes concern constant and growing participation of the municipalities and the involvement of a great number of people belonging to different age groups.

The first benefit is the PA promotion against sedentary lifestyles and obesity. Going to school every morning on foot promotes PA for both children and adults. PIEDIBUS reduces car traffic and educate people not to use car for short transfers. The less cars on the road, the less air pollution, the less noise and accidents caused by traffic near schools. In conclusion, the children go to school walking with their mates in a sociable way, make new friends and know the neighborhood. At last PIEDIBUS program

stimulates local administrators to build new limited traffic zones, bicycle paths and urban green areas.

## Evaluation

The effectiveness of the program is related to the number of implemented PIEDIBUS lines, frequency of the lines (days/week) , number of participants, children and adults. Further data on number of participants will be supplied as soon as possible.

## Success Criteria

The criteria used to verify the success concern the number of involved Municipalities and the increasing numbers of children and participating adults. Furthermore this program – currently in a testing phase, is intended to become structured and then sustainable.

## Transferability to other organisations/regions

The PIEDIBUS program is transferable to other Regions. Local authorities, schools, families and community organizations should be involved actively from the beginning in the effort of recruiting children and adults. Additional information on transferability will be provided.

## Funding

No.

## Further information

[http://www.promozionesalute.regione.lombardia.it/cs/Satellite?c=Page&childpagename=DG\\_Sanita%2FMILayout&cid=1213537560559&p=1213537560559&pagename=DG\\_SANWrapper](http://www.promozionesalute.regione.lombardia.it/cs/Satellite?c=Page&childpagename=DG_Sanita%2FMILayout&cid=1213537560559&p=1213537560559&pagename=DG_SANWrapper)

## Study of place of residence and the frequency of health related behaviours (such as physical activity)

**Organization:** University of Porto ISPUP/FMUP/INEB Institute of Public Health of University of Porto (ISPUP) Biomedical Engineering Institute (INEB) Department of

Clinical Epidemiology, Predictive Medicine and Public Health - Faculty of Medicine of the University of Porto (FMUP)

**Country:** Portugal

**Region:** Portugal, Porto, Porto

**Geographical scope of the initiative:** North of Portugal, Porto

**Target group size:** 2485 individuals

**Target group category:** People living in a municipality /region, People 50+,

**Type of partners involved:** Academia, Local public

**Topics addressed (keywords):** health-related behaviours; urban environment; neighbourhood; Portugal; older adults

**D4 Action Plan Action Area(s)-addressed:** Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Transportation, Outdoor spaces and Buildings

## Description

We aim to examine the relationship between built and socio-environmental characteristics of place of residence and the frequency of health related behaviours (such as physical activity) among older adults from Porto (Portugal).

This objective will be addressed using individual data from EpiPorto, a prospective cohort study which includes adults from Porto municipality (2485 individuals), established in 1999 and celebrating 14 years of existence. For the present analysis only adults aged 65 years or more will be included. Geographic Information Systems (GIS) will be the main tool to obtain objective measures of neighbourhood attributes, such as socioeconomic status, crime level and population density of the census tract of residence, distance to the nearest park, sport space, police station, destination and sea/riverside, as well as density of street intersections and bus stops and average land slope. Generalized Additive Models will be employed to estimate the effect of each determinant on health-related behaviours (physical activity), after adjustment for potential confounders.

In the medium term, we expect to expand that project to Coimbra urban setting following the strategy.

The present work aims to address current gaps on the subject (lack of investigation in medium sized urban settings, in Southern European countries, particularly among elderly), but also (and mainly) to support urban planning interventions in order to create age-friendly environments, that might foster active lifestyles, as physical activity is ranked as one of the most important determinants of successful ageing.

The computing hardware and software, namely GIS, spatial and traditional statistical packages, needed in data analysis, are already available and this team has a great degree of practice in statistical and spatial analysis. Besides, all collaborators pertain to excellence R&D Centers with a very good dynamic of mutual aid and skill complementarities. Favouring research networking, two periods abroad are expected,



one in Rio de Janeiro (Brazil) and another in Scotland (United Kingdom). Involved in this project will be:

- Ana Isabel Ribeiro (Instituto de Saude Pública da Universidade do Porto (ISPUP); Instituto Nacional de Engenharia Biomédica (INEB), Porto, Portugal), whose PHD project (SFRH/BD/82529/2011 fellowship) already addresses this research topic.
- Professor Maria de Fátima de Pina (Faculty of Medicine Porto University (FMUP), Instituto Nacional de Engenharia Biomédica (INEB), Porto, Portugal). As Ana Ribeiro's supervisor, her main role is to coordinate her investigation and give important inputs particularly on spatial analysis and cartography, in which she has vast experience.
- Professor Marília de Sá Carvalho (Fundação Oswaldo Cruz (FIOCRUZ), Programa de Computação Científica, Vice Presidência de Ensino Informação e Comunicação, Rio de Janeiro, Brazil). As Ana Ribeiro's co-supervisor, her main role is to coordinate her investigation especially during Ana Ribeiro's abroad period in Brazil. Her experience as medical doctor and in statistics will be crucial for the success of this work.
- Professor Richard Mitchell (Glasgow University, Glasgow, United Kingdom). Internationally recognized for investigating the neighbourhood effects on health in United Kingdom, his role will be to give valuable advices and suggestions, as well to receive the student Ana Ribeiro at Glasgow University and, there, coordinate her work.
- Professor Costa Pereira (Medical doctor and epidemiologist from Coimbra University). He is responsible for a recent cohort of Coimbra residents which share several attributes with EpiPorto cohort (questionnaires, recruitment, sample size). His role will be to provide data from Coimbra cohort, assist analysis and give important inputs to the research.

## **Innovation, Impact and Outcomes**

- Use of GIS to obtain objective measures of the urban environment. Most of the studies rely on subjective measures, which might bias results and conclusions of epidemiological investigations.
- Use of cohort data: longitudinal data makes possible to assess causal relationships between urban environment and health behaviours.
- First study in southern Europe, which happens to be one of areas of the world with greater proportion of old people.
- Provide evidence-based guiding principles for creating age friendly cities and environments. Up to date, most of the interventions had no scientific fundament, which can be make them more costly that beneficial.

## Impact and outcome

Because it is not an intervention study our outcomes will be the following: to publish a paper on a peer reviewed international journal during 2013 (already achieved) and another two during 2014 (one focusing on crime and another on georeferencing quality). Another important goal is to disseminate the results in international conferences of public health, epidemiology and medical geography.

## Evaluation

No

## Success Criteria

Again since we are not developing a technique or intervention, our success will be measured by publications (three between 2013 and 2014) and by the media repercussions of our findings (news on television and in newspapers). That way it will be possible to call attention to the police makers and support the development of evidence-based urban planning interventions.

## Transferability to other organisations/regions

Findings of the present study, the first in Southern Europe, could be generalized to similar urban settings, especially in Southern European countries (Greece, Spain and Italy), which share several characteristics with Portugal – physical and socioeconomic environment and demographic history. Moreover, these regions are now facing the same problems as Portugal: a) growing life span which has not being paired by an equivalent grow in healthy life-expectancy; b) shortage of financial resources namely for the health sector and c) austerity measures affecting particularly retired people. Thus, any finding that supports effective interventions at population level to improve elderly health is very welcome.

## Funding

Cohesion and Structural Fund.

This work was financed by FEDER funds through the Programa Operacional Factores de Competitividade – COMPETE and by Portuguese funds through FCT – Fundação para a Ciência e a Tecnologia in the framework of the project PEst-C/SAU/LA0002/2011 and SFRH/BD/82529/2011 fellowship

## Further information

Contact info: Ana Isabel Ribeiro

(<http://www.ineb.up.pt/institute/people/person;>

<http://cresh.org.uk/people/ana-ribeiro-phd-student/>)

Paper – Preventive Medicine

<http://www.sciencedirect.com/science/article/pii/S0091743513003253>

## Section on Tourism

Organization	Title	Country	Region	Geographical scope
Ambienta45 (associated with Catalina Hoffmann Holding Group)	Friendly Places for Active Senior Tourism	Spain	Spain, Extremadura, Badajoz	Initially, Extremadura (Spain) and Alentejo (Portugal)
Polibienestar Research Institute and Treelogic S.L.	THOFU (Technologies for the hotel of the future) / Bionutfit	Spain	Spain	European
Polibienestar Research Institute at University of Valencia (Spain)	SOCIALTOURISM platform	Spain	Spain, Valencia	Spain
Tecnia Research & Innovation	Hotels For All	Spain	Azpeitia - Gipuzkoa (Spain)	Spain

## Friendly Places for Active Senior Tourism

**Organization:** Ambienta45 (associated with Catalina Hoffmann Holding Group)

**Country:** Spain

**Region:** Spain, Extremadura, Badajoz

**Geographical scope of the initiative:** Initially, Extremadura (Spain) and Alentejo (Portugal)

**Target group size:**

**Target group category:** People 50+, Senior centres, People in day care centres

**Type of partners involved:** Informal caregivers, Private companies, Micro-sized industry

**Topics addressed (keywords):** tourism, active aging, friendly environment, healthy care

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices

Networks promoting a European covenant on demographic change: awareness raising campaign at European level and repository of good examples to create political and technical conditions able to adopt concrete changes to promote effective age-friendly environment across the EU

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Outdoor spaces and Buildings, Community support and health service

## Description

The aim of this initiative is to train the tourism sector and the sectors that indirectly work with it, in the creation of services and products aimed specifically at travelers over 55 years looking for destinations with a high degree of environmental conservation for developing nature activities, either individually or as volunteers and at the same time enjoy services of the highest quality, both personal and material.

Creating friendly environment is not just about the design of technologies or the design of accessible, but also requires awareness of much of society that inhabits these spaces. Furthermore, the use of nature and tourism in natural areas as a tool for active aging is an opportunity for social and economic development of large areas of European territory, placing value on environmental conservation as a source of health and wellness.

So far, there have been various initiatives and projects in Spain and the rest of the member states related to the so-called Senior Tourism. However, the fact is that these programs have not been a real adaptation of the destinations to the needs of this type of tourist and, above all, new retirees profiles not only Spanish, but from other European countries. No longer are pensioners who did not have the opportunity to travel by the harsh conditions of life in Europe after the Second World War. Now, people over 55 are expert travelers with information, looking to enjoy a rest but at the same time, develop their interests and actively participate in the development of the places they visit.

That is why from Ambienta 45 (Environmental Advice and member of the EIP AHA, which promotes the enhancement of tourism in areas of high environmental value as an active aging strategy) have developed over all these months, a great deal of research in the tourism sector in Extremadura (Spain) and Alentejo (Portugal), two border areas with high biodiversity and great beauty, pollution-free, away from traditional destinations "Sun and beach", but at the same time, with health infrastructure and social skills necessary for travelers of this profile.

However, this is not enough, because you need to learn how to use all these resources to the welfare and health. Nature can be the best of therapies, but you need to know and, above all, know how to use their benefits.

After this process of research, interviewing many tourism entrepreneurs, environmental NGOs, companies complementary tourist activities, making a study about tourism in

natural areas, designing spaces to health, trends in the travel industry, active aging initiatives worldwide, participation in active aging networks, sustainable tourism, sustainable health, we have checked the huge potential that our country has for senior tourists but at the same time, we have recognized the lack of knowledge that exists on how to use the nature as a source of health and wellness for this profile.

For this reason, we seek the collaboration of Catalina Hoffmann Holding Group, promoters of Hoffmann method, that has revolutionized how to care and treat the elderly in Spain and currently is in international expansion, not only in Europe but in countries like Brazil, Mexico or Argentina.

Hoffmann Method is a rehabilitation treatment and preventive, with physical, cognitive, psychological and social benefits, specialized in older people. It was registered as a Scientific Work on Intellectual Property, created by Catherine Hoffmann in 2004.

Combining the experience and knowledge of both companies, we have created a new concept of Active Senior Tourism, which aims to prepare tourist destinations for the new reality of this population. This new concept integrates tourism in natural areas with the specific care and attention for people over 55 years, discovering the therapeutic potential of each territory and each resource.

We are currently in the development phase of the different products that are part of this strategy: training, advisory, marketing, and development of activities specially designed for each profile.

In the coming weeks publicly present this new project, which we believe will revolutionize the way means the Senior Tourism and will give new impetus to the tourism industry and territories implement it. Also enhance the knowledge of the general public about the new Senior Tourist profile and the challenges of an aging European population.

## **Innovation, Impact and Outcomes**

Integration of health, nature and leisure in tourism destinations for active elderly people, focusing on training, environments, and services that are offered to tourists

### **Impact and outcome**

Generation of a network of facilities and professionals that offer quality services and products based on health, nature, and recreation or leisure.

### **Evaluation**

We consider to evaluate the network members monthly, just like Hoffmann method propose.

## Success Criteria

The project is based on coordinate therapeutic activities of active tourism, and leisure and culture. The measure of success is the creation of a network of professional and able to host such tourist activities throughout the entire year.

This network includes: hotels, restaurants, rural farms, spas and nature conservation organizations, health professionals, and general tourism professionals with knowledge to meet senior tourists, and make a complete tourist offer.

This knowledge and services offered will be validated by own project staff, and by the various partners that compose it, specially, practices based on the Hoffmann method and other related with best practices in tourism.

We must give answer to under what conditions (of any kind) can serve certain tourism destinations as health therapies for the elderly or senior people, and as tools to promote active aging?

## Transferability to other organisations/regions

The consideration of active tourism and contact with nature as strategies for improving the quality of life and therapy for specific ailments seniors, are a new way of understanding tourism and involving the creation of development opportunities, both for professionals in geriatrics, as for tourism professionals and local populations.

We will try to answer the questions above, and so we could implement similar processes in other regions, in order to improve health and environment services, the local development, and nature conservation, focused on the target described.

## Funding

No.

## Further information

Contact info: Ambienta 45 ([www.ambienta45.es](http://www.ambienta45.es), [ambienta45@ambienta45.es](mailto:ambienta45@ambienta45.es))

## THOFU (Technologies for the hotel of the future) / Bionutfit

**Organization:** Polibienestar Research Institute and Treelogic S.L.

**Country:** Spain

**Region:** Spain

**Geographical scope of the initiative:** European

**Target group size:** in 2012 around 57.9 million of tourists visited Spain, but the device can be extrapolated worldwide

**Target group category:** Tourists

**Type of partners involved:** Private companies

**Topics addressed (keywords):** Active and healthy ageing, physical exercise, active tourism

**D4 Action Plan Action Area(s)-addressed:** ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Social Participation

## Description

In the framework of the THOFU project (Technologies for the hotel of the future) funded by the Spanish Centre for Industrial Technological Development, Polibienestar Research Institute and Treelogic are developing a prototype to promote the physical activity among tourists.

Polibienestar is a Public Research Institute belonging to the University of Valencia (Spain). It is specialized in research, innovation and social technology, technical advice and training in the field of public policies. Its final mission is the improvement of the Welfare and Quality of Life of society. In this sense, Polibienestar research is addressed to promote the social technology that use scientific and technological knowledge to create products that improve the quality of life of people and are effective for solving problems related to ageing, health and disability. Thus, Polibienestar combines from an inter-sectorial focus the social and technic sciences to create systematic nexus between different disciplines, promoting theoretical models that are simulated by technic sciences through mathematical and computing tools. This focus makes its research more efficient because it increases the independency and satisfaction of people, and it improves their economic viability.

Treelogic is a SME in Information and Communication Technologies. Cooperative R&D is the company hallmark, and the key to the business model followed by Treelogic, assessing the maturity and potential of emerging technologies and identifying key partners to create new business opportunities. Treelogic has a wide number of solutions for the Health sector, targeting identification, location and tracking of patients and assets in various hospital environments, solution to register and e-checking medication administration to patients, etc. New research lines include big data for health care applications (genomics, co-production of health), etc.

The developed prototype is designed to be included in the hotel's room and to encourage guests to do physical exercise considering different profiles, among which, elderly people. In this sense, the prototype contributes to improve the physical exercise of the general population that travel, and encourage them to maintain this activity at home. Consequently, it promotes an active and healthy living and, therefore, an active and healthy ageing.

The prototype recommends personalised exercises to the guests of the hotel and control their correct development through sensors. These recommendations consider kind of exercise, duration, and intensity. Moreover, each season is introduced by a set of warm-up exercises and is concluded with relaxation exercises. As professionals will not supervise the exercises, the device starts with the Physical Activity Readiness Questionnaire (PAR-Q). This questionnaire detects if the guest is able or not to do exercise without the supervision of a professional in order to guarantee user's safety. Moreover, the device gives nutritional recommendations based on the selected profiles. Concretely, it measures the consumed and burned off calories and uses this information to recommend guests dishes served at the restaurant of the hotel.

## **Innovation**

The innovative aspect of the prototype is their design and scientific background. It is created to promote physical activity in hotels when people is expected to have free time and it is based on recommendations taken from scientific evidence that consider different profiles of the potential guests. Moreover, it is connected to the facilities of the hotel that makes possible to recommend specific activities in the hotel's gym or surroundings. Furthermore, it considers nutritional recommendations that also improve the health status of users.

## **Transferability to other organisations/regions**

The prototype developed is completely transferable to other regions and contexts as it considers recommendationsthat had a scientific background. In this sense, hotels worldwide can install the device and offer it to their guests. Moreover, it could be applied to other contexts as particular houses, gyms, etc.

## **Funding**

Other funding than EU funding instrument. Polibienestar Research Institute at University of Valencia was contracted by Treelogic S.L. in the framework of the project THOFU (Technologies for the hotel of the future) funded by the Centro para el Desarrollo Tecnológico Industrial (CDTI) in Spain.

## **Further information**

Contact info:

<http://www.thofu.es/inicio>  
[www.polibienestar.org](http://www.polibienestar.org)  
<http://www.treelogic.com/>



## SOCIALTOURISM platform

**Organization:** Polibienestar Research Institute at University of Valencia (Spain)

**Country:** Spain

**Region:** Spain, Valencia

**Geographical scope of the initiative:** Spain

**Target group size:** To January 1, 2013 the number of older people in Spain represented the 19.13% of the total population (Spanish Statistical Office, 2013) and in 2009 people with disabilities represented the 9.25% of the Spanish population (Spanish Statistical Office, 2009). Moreover, people with temporary special needs can also benefit of the accessible environment promoted by the SOCIALTOURISM platform (pregnant woman, families with prams, etc.).

**Target group category:** Older tourists and tourists with special needs

**Type of partners involved:** Large-sized industry, Academia, National public authorities, Regional public authorities, Other: Tourism entities, associations of elderly people and people with disabilities

**Topics addressed (keywords):** Accessibility, social inclusion, active ageing, tourism for all, accessible tourism, friendly environments.

**D4 Action Plan Action Area(s)-addressed:** Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Transportation, Outdoor spaces and Buildings, Social Participation, Respect and social inclusion, Civic Participation and Employment, Community support and health services, Information and Communication

### Description

A growing body of evidence has linked tourism with relevant positive effects in well-being and self-perceived health of their users (Minnaert and Schapmans, 2009). Due to the detected benefits, tourism could be used as strategy to promote healthy and active ageing and prevent dependency situations (Ferri et al., 2011; Ferri, 2013).

In this framework, the Polibienestar Research Institute at University of Valencia (Spain) has developed the SOCIALTOURISM platform ([www.socialtourismplatform.com](http://www.socialtourismplatform.com)) that aims to increase the sustainability and competitiveness of the tourism sector through the Self-Assessment Model of Accessible Social Tourism (SAMAST). Concretely, the SOCIALTOURISM platform allows all tourism entities to self-evaluate their grade of accessibility online, detect their shortfalls, know the correct way to change and provide reliable information about their accessibility status with regard the SAMAST that

considers a universal design and different kinds of disability (visual, hearing-speaking, mental, and physical). The SOCIALTOURISM platform has been developed under the project “Research for the improvement of the knowledge in social tourism accessible for all in Spain – SOCIALTOURISM” (Ref.: CS02010-15425) funded by the Spanish Ministry of Economy and Competitiveness.

Thus, the SOCIALTOURISM platform could be used by Governments to develop their Social Tourism Policies to face up to the ageing process and to build friendly environments because the criteria collected in the platform not only apply to tourism entities. Moreover, private entities could use the platform to adapt their infrastructures and services to the elderly and disabled people and achieve economic benefits because the market share that they represent, the competitive benefit that the accessibility provides, their contribution to avoid the tourism seasonal, etc. (Ferri, 2013).

### **Innovation, Impact and Outcomes**

There are numerous studies in the bibliography about the barriers that elderly and disabled people find in the tourism access (Garcés et al., 2007; Ferri et al., 2011). Some of them analyse the general accessibility, such as the study made by the Spanish Consumer and Users Organization (Organización de Consumidores y Usuarios, 2002), and others detail one resource and area specifically, like the study that analyses the hotel sector in the Cadiz region (Fernandez, 2007) or offer information about the accessibility tourism resources in one destination, like the guide made for London (Time Out Guides, 2011). On the other hand, there are guides that explain how to make a tourism establishment accessible; in general, these are about tourism infrastructures like Rovira-Beleta and Folch (2010) or about only one resource like libraries (Gobierno de España, 2008) or activities such as how to prepare a congress (Predif, 2008).

The added value and innovative approach provided by the SOCIALTOURISM platform in front of the studies and guides existing in the bibliography lies in that the platform allows all tourism entities to evaluate their own accessibility conditions, detect the specific elements to change, and know the correct way to become accessible. Therefore, it provides complete information that links accessibility diagnosis with the suitable solution (Ferri, 2013). Moreover it goes beyond other assessment tourism platforms because it is based on a universal design and it considers the whole tourism supply chain in front of, as example, the solution developed by the IBV (<http://turaces.ibv.org>) that only considers accommodation infrastructures and restaurants and it is based in the legal framework.

### **Transferability to other organisations/regions**

The SOCIALTOURISM platform contains the SAMAST which is based on universal criteria. It means that the criteria considered is established through a deep review of existing bibliography about issues related to accessible social tourism, among others, accessibility, universal design, disabled people, elderly, architectural barriers that are available in studies, legislation, European normative, publication and standards. Also,

the researches in charge of the project have used their previous experience in accessibility evaluations and projects related to tourism, needs and demand of people with special needs, training and management (Ferri, 2011; 2013). Consequently, the established universal criteria are suitable for other countries, not only Spain. In this sense, the platform is ready to be translated to other languages but at this moment is only available in Spanish (Durá et al., 2012).

## Funding

Other funding than EU funding instrument. Funding by Spanish Minister of Economy and Competitiveness with the project "Research for the improvement of the knowledge in Social Tourism Accessible for all in Spain" (reference: CS02010-15425).

## Further information

[www.socialtourismplatform.com](http://www.socialtourismplatform.com)

[www.polibienestar.org](http://www.polibienestar.org)

## Hotels For All

**Organization:** Tecnia Research & Innovation

**Country:** Spain

**Region:** Azpeitia - Gipuzkoa (Spain)

**Geographical scope of the initiative:** Spain

**Target group size:** 30% to 40% of the population. Tourism for all people, focused on elderly and disabled people or people who may suffer temporal limitations of their capabilities.

**Target group category:** Older people in general population, Older people using public infrastructure( e.g.. transport, buildings, environments), People 50+, People in general who practice tourism, in particular, elderly, disabled people or who may suffer temporal disabilities.

**Type of partners involved:** Small-sized industry, Research centres, Other: Hotels, interior equipment companies, ICT companies

**Topics addressed (keywords):** Tourism, Elderly people, Building Automation, Wellness, Energy efficiency.

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Respect and social inclusion, Information and Communication

## Description

According to recent estimates, by 2050 the population over 65 years will exceed 30% of the European population . Moreover, there is another segment of the population who has some kind of functional diversity, both temporary and permanent, with similar needs to the population over 65 years.

Elderly population usually find in their day to day difficulties that should overcome, in the use of both public and private infrastructures, preventing the full social integration of these population segment.

The issue of ageing is present in all areas of our society, including tourism.

Hotels for All responds to this opportunity and offers to hotel owners the possibility of designing modern, comfortable, aesthetically pleasing and adapted hotels to the elderly, offering a complete service that responds to their needs. The project has been implemented by a consortium of companies able to design and fully equip a hotel accommodation from the architecture, facilities or furniture to services.

To satisfy the needs of all types of customers, 'Hotels for all' is designed following the principles of universal design, and incorporate in the rooms furniture which can be easily manipulated for anyone, simple and easy to use support solutions with high aesthetic value to ensure comfort and safety in the use of the bathroom, signage elements including Braille and motorized gates, among other solutions.

In order to offer a comprehensive solution and respond to universal design requirements, the rooms incorporate intelligence. Innovative hotel services have been incorporated through a platform that provides the customer with complete control of the stay and allows consulting tourism and health information. Access to these services is via any "smart phone" or customer's mobile device, or via the "tablet" device that incorporates every room. In addition, hotel installations have been automated improving security and enabling efficient management of energy resources, minimizing consumption and contributing to environmental sustainability.

The project has focused on developing a Model of Accommodation for All in order to offer a quality tourism service which supposes an innovative breakthrough in the sector of Tourism for All internationally.

The methodology used in this project consists of several phases. First of all, it has been carried out a research and definition of requirements, in order to analyze different elderly people profiles and investigate the deficiencies and limitations of these people from the leisure and tourism point of view.

In this phase it has been relevant the participation of a primary care centre, who has provided information from his extensive experience, in order to obtain an important quantity of data from different points of view and transform it into design requirements.

After the first phase, the specifications that must accomplish the hotel environment and associated equipment have been set. In regard to existing criteria concerning elderly people, because of the lack of it, accessibility rules have been analyzed in order to extrapolate some parameters and establish the criteria to be taken into account to ensure universal accessibility. However, there is general concern about ageing, and from different agencies and the European Community itself are creating reports, forums and even networks to advance in the realization of a European standard to ensure universal access. All these developments have been analyzed to ensure that the specifications include the progress realized in these forums and networks.

After defining the initial specifications, the principal research lines have been developed to obtain new systems and products that respond to these specifications and configure a comprehensive elderly adapted performance in the hotel. For that purpose, the enterprises have integrated their new products into a global system solution before implementing them in a real hotel infrastructure.

In the final phase, a pilot implementation of an elderly adapted environment has been done in the "Hotel of London and England" of San Sebastian. In this implementation have been validated solutions developed through user surveys.

In order to develop this project, it has received funding from "Gaitek" Program of the Basque Government. The partners involved in this project come from different fields of specialization, ranging from enterprises that develop interior equipment such as interior furniture, signage solutions or bathroom accessories to companies that develop solutions and services associated to technologies.

The hotel's participation as an agent that integrates the solutions has been vital to the success of the project. The project has had the assistance of a research center to complement those areas of knowledge and technologies in which the consortium companies have no experience, and also the assistance of a geriatric center that has brought his extensive experience, to adapt the products developed in the project to the needs of senior people.

## **Innovation, Impact and Outcomes**

The project Hotels for All has created a complete product solution to meet the needs of the hotel industry. This approach has been achieved by a cooperative project between enterprises that share technological capabilities.

Detailed analysis of the requirements and the involvement of different stakeholders in this process have been essential to create a comprehensive range of equipment that understand ageing in a broad sense, including both the usability of products and equipment as accessibility of the environment. This project aims to develop the concept of tourism for everyone, applying it to the hotel facilities, with the aim to encourage all people to enjoy the tourism and develop tourist destinations for all. The objective is to provide a sense of security and independence to the person, as feeling "at home", thanks to advanced equipment and services offered at the hotel.

In addition, the project aims to use mobile technology to provide the customer with complete control of the stay through the platform that has been developed, according to the philosophy of universal design. Because the fact that mobile phones are used by the

vast majority of people, and that in the case of senior people, there are tools on the market that allow to adapt them to personal needs, the mobile device has been chosen because it allows a fully access to the technology.

The pilot implementation conducted in "London and England Hotel" of San Sebastian ended on March 2012. Since then, they are monitoring the usability and the degree of customer satisfaction through surveys.

The Hotel markets this room as "Automated Room" within its reservation system. This room can be booked by anyone, elderly or not.

The first data analyzed reveal that the room has a near 100% occupancy. Overall, the room is being reserved by people used to technologies and elderly people. Guest's reactions to the introduction of these technologies have been from customers who requested the room change because they are unfamiliar with the technologies to voluntary mentions in sector reference portal Trip Advisor with comments that claim it is the most usable room they have ever been.

From the analysis of the survey, it can be said that due to the solution created by this project, the hosts have full independence and autonomy during their stay, thanks to the universal design strategy that has been applied in the development of the project. When customers are familiarized with technologies, the room is understood as a comprehensive solution that adds value to people in general and elderly in particular. In addition, the technology platform developed enable to offer customized touristic services with added value, improving the customer experience on their stay at the hotel and the energy efficiency of the facilities.

### **Transferability to other organisations/regions**

During the project, the lack of regulations concerning ageing has been offset by analysis of the legislation on accessibility. In order to develop new products and systems, it is important to adapt to each country's rules, so even though it has taken into account all the existing literature regarding accessibility standards, it must be essential to analyze carefully the rules of each region in which to implement the solution.

One of the essential requirements when configuring a comprehensive elderly adapted project is the participation of companies from different fields, in order to resolve various issues related to ageing.

One of the main conclusions is that a correct distribution of elements largely ensures that the new implementation will meet accessibility criteria and therefore, it would be adapted for elderly people. In addition, the technology allows going further in developing senior oriented infrastructures, offering additional services that currently are not available in most hotels.

Although automation of the facilities involve an extra cost, the implementation of systems to ensure efficiency in their use amortizes costs, so it is an interesting way to explore new systems and improve the existing ones.

## Funding

Other funding than EU funding instrument.

## Further information

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## CLUSTER 4.

# DEMENTIA SUPPORTIVE ENVIRONMENTS

### Introduction

This cluster focuses on Dementia Supportive Environments and has 5 Good Practices covering community support for persons with dementia and solutions that could improve the quality of life of persons with dementia. Practices are building the evidence base for improvements in design of living environments to the quality of life of persons with dementia. Practices show that the design of housing, public spaces and hospitals needs to meet the demands of an ageing population and a barrier-free and dementia friendly environment will influence an individual's autonomy. Practices are informing evidence-based design guidance for architects, health care providers and public authorities for guidance on improving the design of housing to assist persons with dementia. Social engagement practices linking persons with dementia with informal caregiving and training programmes addressing social needs also feature in this section.

### Dementia Supportive Environments

Organization	Title	Country	Region	Geographical scope
<b>EuroHealthNet member CUMBRIA COUNTY COUNCIL</b>	DEMENTIA FRIENDLY ENVIRONMENTS	UK	CUMBRIA COUNTY, NORTH WEST ENGLAND	COUNTY-WIDE [SUB-REGIONAL]
<b>Research Institute on Social Welfare Policy – POLIBIENESTAR</b>	Implementation of the Social Sustainability Theory for the local job creation with the aim of promote age-friendly environments through training for gaining skills in the social and health care labour market.	Spain	Valencia (Spain)	European Union
<b>Technische Universität Dresden</b>	Architecture under demographic change (AiDW)	Germany	Germany, Saxony, Dresden	No restrictions



Organization	Title	Country	Region	Geographical scope
UK, Scotland, Joint Improvement Team	Learning Lessons from Dementia Supportive Environments'	UK	UK, Scotland	Scotland
UNIVERSITY OF DEUSTO, NEUROPSYCHOLOGY RESEARCH TEAM	REHACOP- BRAIN FRIENDLY ICT's	Spain	SPAIN, BASQUE COUNTRY, BILBAO	BASQUE COUNTRY

## Dementia Friendly Environments

**Organization:** EuroHealthNet member. Cumbria County Council

**Country:** UK

**Region:** Cumbria County, North West England

**Geographical scope of the initiative:** County-Wide [Sub-Regional]

**Target group size:** Dementia patients and their caregivers, primarily inhabitants and staff of residential care homes – seeking to expand to hospitals / day care centres

**Target group category:** People in care homes, People in nursing homes, People in day care centres, Older People with a specific illness/disease,

**Type of partners involved:** Day care centres, Home care centres, Nursing homes, Informal caregivers, Academia, Regional public authorities, Local public authorities

**Topics addressed (keywords):** Dementia; care; prevention; stress and anxiety reduction; safer environments

**D4 Action Plan Action Area(s)-addressed:** Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment.

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Community support and health services

### Description

Our programme of work aligned to the strategy - Implementing the National Dementia Strategy -Working together to Improve Life with Dementia in Cumbria - has introduced significant improvements across health and social care in Cumbria, encompassing local authorities and healthcare providers. We work from a common platform of understanding about dementia support to deliver evidence-based interventions designed to deliver better integrated outcomes for people living with dementia.

An important aspect of this work has been around promoting Dementia friendly environments.

Cumbria County Council began a programme of investment in its own Residential Care homes in 2010. The first scheme at Elmhurst, Ulverston was awarded the University of Stirling Gold Standard for dementia design. Following evaluation there was a reduction in slips ,trips and falls (reduction from 22 in a 4 month period to 0 in the 4 months after refurbishment) There was also evidence of a reduction in antipsychotic medication and improved food intake (half a pound additional intake per person per day. One service user's medication reduced from a cost of £124.82 to £89.84 per month).

Simple changes such as different colours on walls and door frames, plain carpets that are similar in colour and texture and clear signage on rooms and cupboards can help reduce stress and anxiety levels of people with dementia. They also provide a safer environment by reducing the risk of slips, trips and falls.

The same standards were used in subsequent schemes to upgrade a further five Residential Homes and three Day Centres across the county.

The first wave of funding from Cumbria County Council to help Independent Care Homes improve their dementia care facilities followed this initiative in 2012. The scheme helped more Care Homes train staff and make improvements to lighting, decoration, signage and furniture which meets nationally recognised standards. The County Council then awarded grants of up to £20,000 per home (which were match-funded.) to support the process Examples of improvements included interior decoration but also the creation of gardens which were dementia friendly.

Approximately £300,000 was allocated to training days, and subsequent grant aid to nursing and Care Homes.

## **Innovation, Impact and Outcomes**

Use of evidence-based policies to implement initiative, bringing together stakeholders from health and social care sectors in order to forge and sustain comprehensive and integrated approach to providing Dementia Friendly Environments built around patient's needs.

### **Impact and outcome**

We look forward to seeing the work on environment develop for the benefit of people living with their dementia and their carers. Specially, the outcome is design environments which allow dementia patients the greater possibility for independent living.

The practice intended to be rolled out to all day and residential care homes in the county and to hospital and day ward clinics. Further applications to support independent living are sought such as providing extra care housing provides older people with a key to their own front door and access to 24-hour care on-site if they need it. For many people of advancing years, the independence is provided is an increasingly attractive alternative to traditional residential care.

The impact will be increased wellbeing and reduction in stress, anxiety and avoidable emergency admissions, for which the pilots have already displayed promising results.

## Evaluation

The university of Stirling are currently undertaken in independent, external evaluation of the work.

## Success Criteria

Reduction in falls, emergency admissions, number of care providers undergoing specific training related to initiative. Qualitative feedback of target groups, reduction in antipsychotic medication.

## Transferability to other organisations/regions

The methodology of the practice and basic stakeholder mapping could be transferred to other regions. Cumbria is a sparsely populated, mostly rural area and as such could possibly be better placed to transfer practice and experience gained to other comparable regions.

Due to the prime minister's challenge on dementia, UK regions benefit from significant national level support for actions on dementia care and timely detection, meaning that greater resources and political support are available than may be the case in other EU member states. It is important to couple work with direct interventions to facilitate dementia friendly environment with special training and support for caregivers [formal and informal] and health and social care professionals.

## Funding

Other funding than EU funding instrument.

## Further information

For further details about these and other active ageing projects in Cumbria please direct your communication to

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## Implementation of the Social Sustainability Theory for the local job creation with the aim of promote age-friendly environments through training for gaining skills in the social and health care labour market

**Organization:** Research Institute on Social Welfare Policy – POLIBIENESTAR

**Country:** Spain

**Region:** Valencia (Spain)

**Geographical scope of the initiative:** European Union

**Target group size:** Following Eurostat data, there were 89,757,214 people over 65 years old in the European Union in 2012. In Spain, this figure was 8,029,673 people.

Those numbers represent the 17.8 % of the overall people in the European Union and 17.4% of the Spanish population and it is expected that this percentage will be incremented in the next years. This age group and its relatives, caregivers and social network are susceptible to be a target group of our initiative.

**Target group category:** Older people living at home, People living in a municipality /region, People receiving care at home, Older People with a specific illness/disease, Formal caregivers, Informal caregivers, Others: Unemployed people

**Type of partners involved:** Day care centres, Home care centres, Informal caregivers, Research centres, NGOs, Local public authorities, Other, Families

**Topics addressed (keywords):** Older people, Alzheimer's disease, dependent people, labour exclusion risk, caregivers, social network, age-friendly environments

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

**Spatial context:** collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

**ICT and smart environment:** promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Social Participation, Respect and social inclusion, Civic Participation and Employment, Community support and health services, Information and Communication

### Description

The main objective that our initiative seeks to achieve is the construction of age-friendly environments through different actions improving the labor opportunities of unemployed people, training people in risk of social and labor exclusion... In this way,

Polibienestar develops numerous actions addressed to improve the quality of life of older people.

The first step is to detect the needs of people in labor exclusion risk and older people. Once the needs have been detected, the next step is develop strategies to increase the opportunities of people in labor exclusion risk of finding a job through their training in the social and health care field to improve the quality of life of older people. This action contributes to the sustainability and efficiency of public policies. The main challenge is making health care systems sustainable (promoting the quality of life, creating jobs, promoting sustainable home care, incrementing the customer satisfaction...). In this sense, Polibienestar works to achieve the main principles of Social Sustainability Theory: sustainability, efficiency and quality of life.

To obtain the proposed objectives, Polibienestar has been linked to European Universities and other entities such as local governments or city councils.

In order to provide health care services as best as possible, older people are active agents in the projects developed. They participate in the design of the applications to validate the empirical theory before the implementation of the projects and after that (pre and post). They also take part in the dissemination of the results and some associations related to elderly collaborate with Polibienestar in the different phases.

In addition to older people' associations, other organizations are involved in our good practice. Polibienestar has been collaborating with around 20-30 entities with which it has developed local, national and European projects to validate the theoretical application.

## **Innovation, Impact and Outcomes**

Polibienestar attempts to answer multiple problems in a coordinated and comprehensive way in a single project. In particular, it is focused on age-friendly environments and employment.

One of our latest projects developed under the good practice presented has been addressed to people with Alzheimer's disease (AD). The initiative responds to the needs of three target groups: people with Alzheimer's disease, its relatives and caregivers, and people in social and labor exclusion risk. The action consisted on a specialized training course in Alzheimer's disease addressed to potential formal caregivers with the aim of:

- Keeping and reconstructing the social ties of people with AD through intergenerational activities and musical reminiscence.
- Preventing social breakdown of people with AD and their informal caregivers.
- Increasing the labor opportunities in the social and health care sector of people in labor exclusion risk through supplying those skills to provide appropriated care to people with Alzheimer's disease.

This project offers an innovative solution because responds to both the need of trained formal caregivers and professionals to attend and provide services to AD patients at home and the increasing demand of skills that allowed unemployed to access to the labour market. In this way, it offers an integrated solution for three target groups. First, it

is addressed to improve the quality of life of people with AD and keep and expand their social ties. Second, it tries to increase the social network and help the informal caregivers. Third, it provides skills to people in risk of labor exclusion for improving their opportunities of finding a job.

Furthermore, our proposal supports the Alzheimer's disease care public policies sustainability providing specific trained caregivers on AD and promotes the access to the employment of vulnerable groups.

Finally, here is another innovative element: the Alzheimer patient and their network took part in the music selection to customize and adapt the sessions to each individual person. The music selected had an important both cultural and personal component and helped the people with AD to remember events which seemed forgotten and facilitated the intergenerational exchanges.

## Impact and outcome

The main objective of the project mentioned above is that people with AD could reconstruct their social ties and keep or recover their social network (relatives, friends, neighbors...) and that intergenerational exchanges will take place. In the same way, it is expected that the main caregivers could recover their social activities that have often been left. On the other hand, the impact expected regarding the trainees is to improve their possibilities of find a job through the specific course on AD.

The musical reminiscence sessions and the intergenerational activities have had a positive effect on both the people with AD and their relatives (informal caregivers). This impact has been assessed through subjective assessments and standardized instruments to measure de cognitive impairment of people with AD and the increase of the social ties of people with AD and their caregivers, as well as the quantity and quality of the social support. On the other hand, the self-employability perception of the trainees has been also quantified.

Regarding the impact that we want to generate in the society, it is, first, to give visibility to the Alzheimer's disease and reduce the social stigma associated with this problem. A second expectation is to respond to the need of professionals with specific skills to take care of people with AD.

Furthermore, it is expected to publish the results of the project in international scientific journals and offer university courses of specialization on Alzheimer's disease.

## Evaluation

In all the projects developed, formal and informal evaluations are regularly performed. Regarding to the project mentioned, regular meetings are held with the French partners to assess the state and results of the project implementation. Furthermore, informal monitoring reports are interchanged periodically.

The next step is to disseminate the results of the project through conference presentations, communications and publication of articles in scientific journals.

## Success Criteria

All the participants in the project (trainees, people with Alzheimer's disease and informal caregivers) have been assessed in three different moments (pre-test, post-test 1 and post-test 2).

The informal caregivers completed two questionnaires. The first one includes some questions about socio-demographic information (sex, age, marital status, educational level and labor situation) and other ones to assess the quantity and quality of social and emotional support. The second questionnaire comprises the same kind of questions about the person with AD and some items assessing the degree of independence to perform daily tasks.

Regarding to people with AD, they are assessed through the information provided by their informal caregivers and through an indicator of the cognitive impairment obtained by the administration of the Mini Mental Test. This test in the version of Lobo adapted and validated in Spain from the MMSE (Mini Mental State Examination) of Folstein, with questions about orientation in time and space, short recall, concentration and calculation, memory, language and construction, writing and copy drawing. The maximum score is 35 points.

Finally, the trainees' evaluation consisted on a questionnaire about socio-demographic data and about labor information (experience, expectations...) and training matters as well as the perceived capacity of finding a job in a near future and carrying it out competently and efficiently.

## Transferability to other organisations/regions

Our good practice starts in the detection of the local needs. The actions contain a first phase of analysis of the region and the needs of the targets groups, research and implementation of the project, and other one of application of the acquired knowledge to benefit society. The main challenge is to integrate the Social Sustainability Theory principles in the projects developed; our initiatives are addressed to make health care systems sustainable and efficiency to improve the quality of life of older people. At the same time, we add a solution to the current problem of unemployment rates through the training of unemployed people in social and labor exclusion risk. Both two problems are universal challenges (elderly and unemployment), so our initiative can be transferred to other regions with minor adaptations.

Furthermore, one of the next actions is to implement an online specialized training course to get an increasing number of people to take part in the training.

## Funding

EU-funding: PROGRESS

## Further information

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## Architecture under demographic change (AiDW)

**Organization:** Technische Universität Dresden

**Country:** Germany

**Region:** Germany, Saxony, Dresden

**Geographical scope of the initiative:** No restrictions

**Target group size:** All people with dementia (Germany: 1,2 Mill.), especially people staying in hospitals

**Target group category:** Older people using public infrastructure ( e.g.. transport, buildings, environments), People receiving care at home, People in day care centres, People in care homes, People in nursing homes, Older People with a specific illness/disease, Patients in hospitals, Others: Especially people with dementia

**Type of partners involved:** National public authorities

**Topics addressed (keywords):** dementia, hospital, architecture, design

**D4 Action Plan Action Area(s)-addressed:** Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Outdoor spaces and Buildings

## Description

The design of the physical environment in various settings, such as public spaces, housing facilities and hospitals needs to meet with an ageing societies' demand to allow people to stay in their homes for as long as possible. A barrier-free and dementia-friendly environment greatly influences an individual's independence and self-sufficiency. Further, the number of people with dementia increases with age. The absolute numbers of people with dementia will dramatically rise in all European Countries over the next decades. Institutionalization of a constantly growing number of older people will not be feasible. Therefore, identifying ways to prevent nursing home admissions of people with dementia through dementia-friendly environments will be necessary. So far, research on dementia-friendly design mostly originates from nursing home settings. We will use this body of research which has developed over the last thirty years to perform a systematic review. From these results evidence-based design guidance for architects, health care providers and public authorities on how to implement dementia-friendly design features



in settings other than nursing care homes, such as public spaces and hospitals, will be derived.

## **Innovation, Impact and Outcomes**

Innovative Elements: guidelines to the specific demands of hospitals and design guidelines to the design of public spaces

## **Impact and outcome**

We will disseminate our research results / design guidelines by supporting and taking part in campaigns of the Alzheimer's Association and Aktion Demenz Germany (which initiates initiatives such as Dementia-friendly communities). Further, we will make our research available to organizations advocating the dissemination of research on dementia to the public, such as: Expertisecentrum Dementie Vlaanderen (BE), The Dementia Services Development Center (UK), Demenz Support (GER). In addition, we will educate architects through continuing education programmes and teach architectural students at the TU Dresden. We will offer consultancy on dementia-friendly design to public and private health care providers and public authorities. All our research results and the guidelines on evidence-based dementia-friendly design of hospitals will be made available through downloads on our website.

## **Success Criteria**

2012-2013 systematic review of the existing body of research on the design of environments for people with dementia  
2013 derivation of evidence-based design guidelines for people with dementia  
2014 application and adaption of the design guidelines to the specific demands of hospitals  
2015-17 investigation of necessary changes in the building structure and layout of hospitals  
2015-17 application and adaption of the design guidelines to the design of public spaces.

## **Funding**

No.

## **Further information**

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## Learning Lessons from Dementia Supportive Environments

**Organization:** UK, Scotland, Joint Improvement Team

**Country:** UK

**Region:** UK, Scotland

**Geographical scope of the initiative:** Scotland

**Target group size:** There are up to 86,000 people in Scotland with Dementia

**Target group category:** Older people living at home, People living in a municipality /region, Local and regional authorities, People in care homes, People in day care centres, People receiving care at home, Older People with a specific illness/disease, Informal caregivers, Formal caregivers

**Type of partners involved:** Day care centres, Home care centres, Nursing homes, Informal caregivers, Housing organisations, Academia, National public authorities, Regional public authorities, Other: Professional Institute

**Topics addressed (keywords):** Dementia, Housing, Buildings, Environment, Partnership, Guidance

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

ICT and smart environment: promotion of ICT products and services adapted to older people needs through the promotion of a better access to urban services, higher autonomy and home services

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Housing, Outdoor spaces and Buildings

### Description

Scotland's National Dementia Strategy outlines key priorities for improving the delivery of care to individuals with dementia and their families and carers.

<http://www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Dementia>.

One of the initiatives taken forward has been to develop guidance on improving the design of housing for people with dementia. This was commissioned by the Scottish Government's Joint Improvement Team and was developed with The Dementia Services Development Centre, University of Stirling, and the Chartered Institute of Housing, Scotland. The book 'Improving the Design of Housing to assist people with Dementia' is

relevant to anyone working in the field of housing, especially those with tenants aged over 65. The guidance explains the benefits of paying extra attention to the design of internal and external living environments and provides a brief introduction to key design features to enhance those environments for people with dementia.

<http://www.dementiashop.co.uk/products/improving-design-housing-assist-people-dementia-free-download>

The guidance applies to all types of housing and all providers. It will benefit:

- staff, directors and trustees with strategic responsibilities
- development staff
- asset and estates managers
- procurement staff
- technical staff, including those with health and safety responsibilities
- housing staff who work with individual tenants or tenant groups
- any staff responsible for modernisation or adaptations
- staff or carers who support individual tenants
- commissioning staff in local authorities

Scotland's National Dementia Strategy also established three Dementia Demonstrator Sites, which were involved in the developing the guidance.

The Dementia Demonstrator sites are three health and social care partnerships (CHPs) which are working with the support of a range of national programmes to demonstrate that whole system redesign can deliver better care for more people with the same or less resource. The three partnerships are Midlothian CHP, North Lanarkshire CHP and Perth & Kinross CHP.

The sites' work began in April 2011 and the project runs till Sept 2013. Each of the sites has focused their work on specific elements of the pathway redesign and on using approaches that suit their local circumstances.

In North Lanarkshire CHP work has been undertaken in general hospitals to improve the environment for people with dementia, ensuring upgrades to ward environments include consideration of 'dementia friendly components'. In Monklands Hospital there have been environmental changes to specific wards to become 'dementia friendly'. Also a Dementia Capable Community is being developed in Motherwell. A community asset building approach is being used to link with key agencies in the Town Centre area to enhance and develop the awareness and resilience of the local community in providing environment for people living with dementia, their families and carers. Through this initiative it is intended to assist local businesses and services to develop their responses in terms of environment and staff.

In Perth & Kinross CHP a Dementia Café has been established. This is a joint partnership between Perth & Kinross Council, Alzheimer Scotland and NHS Tayside. The priority of

the Dementia Café is to allow people to stay connected. The Dementia Café runs in Blairgowrie on the last Tuesday of every month. The Dementia Café brings together information and resources to one single point of contact. Information is accessible to those who need it in relaxed surroundings. The Dementia Café has been awarded a Silver Award in the Promoting Sustainability category of the Perth & Kinross Council hosted "Securing The Future Awards 2013"

A key element of the Dementia Demonstrator sites concerns spreading the learning across the wider system, including the project's evaluation. Thus the CHPs have committed to comparing and contrasting with each other the output and outcomes from which they and others can learn through the Dementia Managed Knowledge Network. More information about their current activities can be accessed via this link:

<http://www.knowledge.scot.nhs.uk/dementia/communities-of-practice/dementia-demonstrator-sites.aspx>

## **Innovation, Impact and Outcomes**

The preparation of the guidance itself was innovative. It was developed in partnership between health and social care organisations in the public and third sector, the national Professional Institute, and an academic institution. The partners involved were:

- Scottish Government Joint Improvement Team
- The Dementia Services Development Centre, University of Stirling
- The Chartered Institute of Housing, Scotland

Front line staff were involved and the guidance itself was tested with users, third sector housing providers and builders constructing housing. Builders themselves fed back innovative ideas and ways of improving the design of houses for people with dementia at no additional cost.

## **Impact and outcome**

The guidance is aimed to raise awareness, explain why particular design features are needed, and to give basic guidance on the most important ones. If housing is designed well, it can extend the amount of time a person with dementia can remain at home and it can also reduce the sort of adverse incidents that might lead to hospital admissions, which could result in a move to residential care.

## **Evaluation**

The Dementia Demonstrator sites' projects are currently being evaluated.

The guidance 'Improving the Design of Housing to assist people with Dementia' will support the delivery of the objectives of the National Dementia Strategy which will be monitored and change and improvement tracked over time.

## Success Criteria

Scotland's National Dementia Strategy has set the following Outcomes for 2016:

- More people with dementia living a good quality life at home for longer
- Dementia-enabled and dementia-friendly local communities
- Timely, accurate diagnosis
- Better post-diagnostic support
- People with dementia and their families and carers as equal partners in care
- Better respect and promotion of rights in all settings, with improved compliance with the legal requirements in treatment
- People with dementia in hospitals or other institutional settings always being treated with dignity and respect

## Transferability to other organisations/regions

The partnership approach taken to develop the guidance can be transferred to a range of settings. The guidance will be useful for regions and organisations who develop policy, commission and/or provide housing for people with dementia. The guidance can be adapted to suit local regions' building regulations and requirements.

## Funding

No.

## Further information

Contact info:

Scotland's National Dementia Strategy:

<http://www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Dementia>

Dementia Managed Knowledge Network:

<http://www.knowledge.scot.nhs.uk/dementia/communities-of-practice/dementia-demonstrator-sites.aspx>

Dementia Services Development Centre, University of Stirling:

<http://www.dementia.stir.ac.uk/>

Scottish Government Joint Improvement Team Housing and Dementia:

<http://www.jitscotland.org.uk/action-areas/housing/housing-and-dementia>

## REHACOP- BRAIN FRIENDLY ICT's

**Organization:** UNIVERSITY OF DEUSTO, NEUROPSYCHOLOGY RESEARCH TEAM

**Country:** Spain

**Region:** Spain, Basque Country, Bilbao

**Geographical scope of the initiative:** Basque Country

**Target group size:** 50 people in 4 nursing homes, potentially all nursing homes in Bilbao

**Target group category:** Older people in general population, People in care homes, People in nursing homes, Older People with a specific illness/disease, Older Persons with disabilities

**Type of partners involved:** General practitioners, Nursing homes, Academia, Regional public authorities, Local public authorities, Advocacy organisations others

**Topics addressed (keywords):** prevention, functional disability, brain degeneration, cognitive reserve

**D4 Action Plan Action Area(s)-addressed:** Implementing policies and practices for regions, cities and communities: starting from concrete local initiatives, partners bring together their experience in order to learn from each other's and promote a better older people involvement, multistakeholders approach, new practices.

Spatial context: collaboration between different research centres and programmes in order to better understand the links between older people well-being and their urban environment

**Corresponding domain(s) under the "Global age-friendly cities: a guide WHO framework:** Outdoor spaces and Buildings, Community support and health services, Information and Communication

### Description

The aim of this initiative is to provide people in early phases of cognitive decline with an intervention which is friendly, easy and with non-secondary effects, to cope with this deterioration. Secondly, the intervention enhances general health and functionality and prevents dependency. Thirdly, it increases the social relationship in this generation promoting wellbeing.

For that purpose, 5 nursing homes in the area of Biscay were contacted and participated together with the University of Deusto in identifying and recruiting the target population. An expert in the field performed a pre-intervention general assessment to define the characteristics of participants in terms of their cognitive and psychological status. Medical and social records were accessible from the clinical history. If a person accepted to participate (voluntarily), he/she was assigned to either an experimental group or a normal control group. The experimental group was involved in group cognitive retraining with the Rehacop program (designed for this purpose) 3 times a week during 3 months. All the assessments were again implemented at the end of the intervention. The control group was enrolled in occupational tasks (including sports,

gardening, and manual dexterity) with the same frequency and duration. After both groups completed the intervention cycle, we observed a statistically significant improvement in the experimental group compared to normal controls in most cognitive domains explored. This improvement was related to functional outcome and level of dependency.

This practice has just recently been completed and local institutions through the Regional Government (Diputación Foral de Bizkaia), are looking forward to extending the experience to further similar environments for the maximum population benefit.

This initiative was presented initially in the participants' environment to know the process and encourage them to participate. They also provided feedback to the agents about their thoughts, worries and recommendations of improvements. This feedback, when possible, was implemented into the activity.

### **Innovation, Impact and Outcomes**

- Currently, there are no tools for integral neuro-psychological treatment for this population that have compelling evidence and proven efficacy. Rehacop is innovative in this respect.
- It is a way to articulate and secure a standardised treatment; thus opening equality of treatment to all.
- Consequently, it allows public authorities (e.g. governments, health authorities) and private providers to predict and plan the costs of treatment.

### **Impact and outcome**

- An improvement in patient performance in learning, memory skills, attention, and executive functions was proven.
- Linked to the prior improvement, a significant enhancement of functional outcomes; decreasing dependence level, and enhancement of the overall quality of life were noticed.
- Findings will be presented publicly on October 1st, in Biscay, and socialised via EIP-AHA and other networks
- Two scientific peer-reviewed articles are being prepared for publication in relevant journals
- The programme may also be used for preventing purposes in non-affected population and in a therapeutic mode for those who are affected by cognitive decline
- Potential outcomes to the widespread use of this tool may include an enhancement in quality of life and an important cut down on health and social budgets

## Evaluation

The programme has been assessed by the designing and implementing team (Neuropsychology) of University of Deusto along with users and stakeholders. The assessment was carried out in four nursing homes, with different profiles and users, and therefore the extrapolation of findings to general population is guaranteed.

## Success Criteria

Objective evaluations by clinical staff at the nursing homes assessing clinical, cognitive and functional status of patients pre-treatment and post-treatment have been undertaken. They report statistically significant improvement.

Satisfaction surveys were carried out among staff members and users reporting overall high levels of satisfaction with the tool. Especially, staff members reported improving the quality of the services offered, saving time in planning specific treatments, feeling confident about the quality of their work, and improvement of the sense of belonging and cohesion of the treatment group.

Users reported self-confidence in their abilities, improvement in the quality of the services received, higher level of social interaction with their peers and staff. On the other hand, relatives reported better health and relations with their affected family members.

## Transferability to other organisations/regions

Due to the highly structured nature of the programme, and its relatively simple implementation, the transference to the public network of health and social services in Spain and the Basque Country would be unproblematic.

In order to extend its impact to the rest of Europe, the linguistic translation of the programme is necessary; however, no cultural adaptations are needed.

## Funding

No.

## Further information

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# CONCLUSIONS

The Good Practices Booklet of the D4 Action Group published for the Conference of Partners in November 2013 is the first edition for the group. It showcases practical projects, programmes and initiatives at a local, national and European level; it is a compilation of practices that support 'Innovation for Age-friendly buildings, cities and environments.' The next step for the Action Group is to analyse the practices. In addition, those practices will feed into the overall repository being developed for the European Innovation Partnership on Active and Healthy Ageing. The partners working on 'ICT and smart environment' are analysing further the practises for the state of the art or examples of good practices about relevant systems and services to support Active and Healthy Ageing. With this information, the deliverable D4.1.1 State of the Art of ICT for Age friendly environments will be built up.

Furthemore, the Thematic Network on 'Innovation for age-friendly buildings cities and environments' that will be co-funded by the EC and operational as of January 2014 should design a repository of good practice cases and facilitate clustering of pilots. The intention is to align the good practice collection work so it is useful for both the EIP on AHA process and the Age-friendly Environments in Europe (AFEE) WHO/EC project that is currently underway. One of the main objectives of the AFEE project is to identify and disseminate good practices and connect relevant on-going initiatives, projects and developments for age-friendly cities in particular by working closely together with partners and initiatives under the Action Group on 'Innovation for age-friendly buildings cities and environments'

**We wish to thank all Action Group members for their contribution to this project and especially all who shared these good practices**

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Italy	City Council of Rome	Italy, Rome, Municipality of Rome	Regional	General Rehabilitation Plan for Acquired Properties	Cluster 2. Active Ageing in the Community	117
Italy	FONDAZIONE IRCCS – ISTITUTO NEUROLOGICO 'CARLO BESTA', MILAN, ITALY	ITALY, LOMBARDY, MILAN	MULTINATIONAL LEVEL	MONITORING AGEING IN EUROPE – MONAGE PROJECT	Cluster 1. Living Environments	91
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Norway	SINTEF Building and Infrastructure	Norway, South Trøndelag (Sør-Trøndelag), Trondheim	National and Nordic	Welfare Technology and Housing Solutions for the Future Elderly	Cluster 1. Living Environments	68
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Portugal	Instituto Pedro Nunes - IPN (Coimbra University)	Coimbra, Portugal	City of Coimbra	Pantufinhas	Cluster 2. Active Ageing in the Community	159
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Portugal	University of Porto CETAC-MEDIA/FLUP Research Centre in Communication Technologies and Sciences CETAC.MEDIA Faculty of Arts of the University of Porto and University of Aveiro	Portugal, Aveiro and Porto	North and centre of Portugal	iNeighbour TV	Cluster 2. Active Ageing in the Community	187

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Portugal	University of Porto CITTA/FLUP Research Centre for Territory, Transports and Environment CITTA Faculty of Arts of the University of Porto	Portugal, Metropolitan Area of Porto	Parish of Vitória	Good practices of the urban policies as an answer to the constraints of ageing - Vitória friend of the elderly	Cluster 2. Active Ageing in the Community	144
Portugal	University of Porto – Portugal DEMSSO/FEUP - Doctoral Program in Occupational Safety and Health FEUP - Faculty of Engineering of the University of Porto	Portugal, North of Portugal, Porto	Trofa Municipality	Age-Friendly City Performance Index [AgeCPI]	Cluster 1. Living Environments	111
Portugal	University of Porto ISPUP/FMUP/INEB Institute of Public Health of University of Porto (ISPUP) Biomedical Engineering Institute (INEB) Department of Clinical Epidemiology, Predictive Medicine and Public Health - Faculty of Medicine of the University of Porto (FMUP)	Portugal, Porto, Porto	North of Portugal, Porto	Study of place of residence and the frequency of health related behaviours (such as physical activity)	Cluster 3. Active & Healthy Lifestyles	148
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Spain	Fundació i2CAT	Spain, Catalonia, Barcelona	Europe	LIFE 2.0: Geographical positioning services to support independent living and social interaction of elderly people.	Cluster 2. Active Ageing in the Community	120
Spain	Fundació i2CAT	Spain, Catalonia, Barcelona	European initiative	COM'ON: Confident motion	Cluster 2. Active Ageing in the Community	153
Spain	IK4-IKERLAN (belonging to IK4 research Alliance)	Spain	Regional (Basque Country)	mPowerSalud	Cluster 1. Living Environments	28
Spain	IK4-Vicomtech (belonging to the IK4 Research Alliance)	Alliance member countries include: Spain, Germany, Portugal, Czech Republic and the U.S.A	International	OpenURC Alliance (URC / UCH Ecosystem Technologies)	Cluster 1. Living Environments	32
Spain	Ingeniería y soluciones informáticas, S.L.	Spain/Andalusia/Seville	European	ElderLIN	Cluster 2. Active Ageing in the Community	123

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Spain	UNIVERSITY OF DEUSTO, NEUROPSYCHOLOGY RESEARCH TEAM	SPAIN, BASQUE COUNTRY, BILBAO	BASQUE COUNTRY	REHACOP-BRAIN FRIENDLY ICT's	Cluster 4. Dementia Supportive Environments	218
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	innovation city: Groningen, City of Talent. Healthy Ageing is one of the main focus points.					
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<b>UK</b>	EuroHealthNet member CUMBRIA COUNTY COUNCIL	CUMBRIA COUNTY, NORTH WEST ENGLAND	COUNTY-WIDE [SUB-REGIONAL]	DEMENTIA FRIENDLY ENVIRONMENTS	Cluster 4. Dementia Supportive Environments	205
<b>UK</b>	Newcastle Science City Company Ltd	North East of England	Local	VOICE North	Cluster 2. Active Ageing in the Community	161
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**A COMPILATION OF GOOD PRACTICES**

Action Group on Innovation for Age-friendly buildings, cities and environments

*Brussels November 2013*