



Healthy settings for older people are healthy settings for all: the experience of Friuli-Venezia Giulia, Italy





**World Health
Organization**

REGIONAL OFFICE FOR **Europe**



REGIONE AUTONOMA
FRIULI VENEZIA GIULIA



Healthy settings for older people are healthy settings for all: the experience of Friuli-Venezia Giulia, Italy

Abstract

This report shows how age-friendly environments have been created at the subnational level, using examples primarily from the Autonomous Region of Friuli-Venezia Giulia, Italy but also from other regions belonging to the WHO Regions for Health Network. Over the past 20 years, Friuli-Venezia Giulia has utilized WHO frameworks on healthy ageing and scaled up the pioneering experience of the city of Udine to develop a whole-of-the-region policy response to an ageing population, involving many sectors and all levels of governance. With the older segment of its population reaching 25% and still increasing, Friuli-Venezia Giulia put in place an integrated system to promote healthy ageing. The system incorporates new models of social protection and fosters new social relations and networks in local areas in order to promote sustainability; solidarity in relationships, behaviours and actions; and social responsibility. Key steps in the journey include the city of Udine's leadership of the WHO Healthy Ageing Task Force, on behalf the WHO European Healthy Cities Network, and Friuli-Venezia Giulia's adoption of a legal framework for active and healthy ageing in 2014. The report shows that healthy settings for older people are healthy settings for all.

Keywords:

AGED
HEALTHY AGING
HEALTH SERVICES FOR THE AGED
HEALTHY LIFESTYLE
QUALITY OF LIFE
ITALY

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

ISBN 978 92 890 5318 1

© World Health Organization 2018

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Edited by Mary Stewart Burgher

Book design by Marta Pasqualato

Printed in Italy by AREAGRAFICA SNC DI TREVISAN GIANCARLO & FIGLI

Cover: © Archivio Promozione Turismo FVG

Foreword

I am pleased to present this report on the experience of Friuli-Venezia Giulia in Italy, and how it put in place strategies and initiatives to support older people. This gives an example for the entire WHO European Region, showing how a combination of international guidance, networking, regional legislation, political will and stakeholders that believe in solidarity can go a long way towards creating healthy environments for older people. This report is strengthened by the inclusion of examples from the WHO Regions for Health Network: snapshots of initiatives in other parts of the Region.

WHO has made great strides on the topic of healthy ageing. Its landmark 2015 World report on ageing and health continues to be instrumental to work in this area, since it emphasizes the importance of supportive environments over the life-course and the need to maximize functional ability in older age. Further, the topic of ageing is incorporated in the Region's strategy, Health 2020, through its life-course approach, and is highlighted in nine of the 17 United Nations Sustainable Development Goals.

The Region's population is ageing quickly as part of rapid demographic change. More and more, Europe will see a so-called top-heavy population pyramid, with a larger proportion of elderly people than younger ones. The presence of extremely old people – the super old – will soon no longer be unusual. Now, more than ever, it is therefore important to help current and future older people not only to add years to their lives but also to ensure that they can live these years in good health and autonomy. Settings that are healthy for older people are clearly healthy for the entire population.

Piroska Ostlin

Director, Division of Policy and Governance for Health and Well-being,
WHO Regional Office for Europe

Foreword

The Autonomous Region of Friuli-Venezia Giulia is a borderland in the extreme north-east of the Italian peninsula, a crossroads of different peoples and languages that have become the intrinsic heritage of its culture. It has always been open to the world, to dialogue, to cultural exchange and, more recently, to innovation, research and development.

The evidence of a population that is inexorably ageing from year to year and that has made this land one of the regions with the highest number of older people in Italy, despite migratory flows, did not catch the regional administrators unprepared. They are used to carefully analysing the social context and were ready to face this important transformation of society. The close connection and integration between the Central Health Directorate and the other regional directorates made it possible to deeply analyse the local demographic and social situation and to implement innovative programmes for older and vulnerable people.

In 2016, Friuli-Venezia Giulia developed innovative strategies that have been recognized by the European Commission with the conferring of the title, reference site, in the scope of the European Innovation Partnership on Active and Healthy Aging. Friuli-Venezia Giulia also supports the United Nations Sustainable Development Goals, and enhances the important work carried out by local associations, symbol of a supportive network.

Two of the most important results obtained in recent years are: the law for the promotion of active ageing – enacted, developed, monitored and assessed through a three-year ad hoc plan and annual plans – and the creation of a website for senior citizens of Friuli-Venezia Giulia and for the associations operating in the sector, which are our flagships.

In Friuli-Venezia Giulia, older people are first and foremost considered a resource: this is our paradigm. This report clearly shows how the policy of healthy ageing, promoted by the United Nations and followed by us, has influenced our work, step by step.

In recent years, WHO's Healthy Cities and Regions for Health networks have provided a natural path that has proved to be very useful both for professionals and policy-makers committed to pursuing such an invaluable asset as citizens' health. The reference point that we have found in WHO principles and the people who spread them has always been extremely important for us.

I hope this publication will be useful to other members of the Regions for Health Network and that it stimulates a fruitful dialogue between professionals and politicians to face the new challenges that are on the horizon.

I thank the staff of the WHO Regional Office for Europe's WHO European Office for Investment for Health and Development, in Venice for having given Friuli-Venezia Giulia the opportunity to illustrate in this publication all the work done over the last 20 years and the results obtained in favour of its older people.

Riccardo Riccardi

Vice President with Mandate on Health, Social Policies, Disabilities and Civil Protection, Autonomous Region of Friuli-Venezia Giulia

Acknowledgments

This publication was developed within the framework of the Regions for Health Network, with the involvement of the WHO Regional Office for Europe's WHO European Office for Investment for Health and Development, in Venice, Italy. The report was written by Leda E. Nemer (WHO consultant) in close collaboration with Gianna Zamaro (Public Health Promotion, Autonomous Region of Friuli-Venezia Giulia) and Francesco Zambon (Coordinator, Investment for Health and Development in Healthy Settings, WHO European Office for Investment for Health and Development).

Special thanks are due to Geoff Green (Emeritus Professor of Urban Policy, Advanced Well-being Research Centre, Sheffield Hallam University, United Kingdom) for his historical and practical insight and contributions to and review of this report, and to Manfred Huber (Coordinator, Healthy Ageing, Disability and Long-term Care, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, WHO Regional Office for Europe) for his guidance and review.

This publication would not have been possible without the technical support provided by the following people working in Friuli-Venezia Giulia, who have contributed in myriad ways to healthy ageing. They include:

- Gianmatteo Apuzzo, Project Manager, Integrated University Hospital of Trieste, Local Health Authority, Trieste;
- Lisa Bresil, Elderly Department, Social Services of the Intermunicipal Territorial Union "Tagliamento";
- Francesca Carpenedo, "SOLIMAI" Social Cooperative, City of Udine;
- Dario Cociani, Press and Communication Office, Autonomous Region of Friuli-Venezia Giulia;
- Enrico Corubolo and Gianluca Dominutti, Department of Planning, Strategic Planning, Management Control and Statistics, Autonomous Region of Friuli-Venezia Giulia;
- Michela Flaborea, Televita SpA, Trieste;

- Michele Franz and Paola Pascoli, Regional Information Centre on the Architectural Barriers of Friuli-Venezia Giulia;
- Fabrice Gallina, Photographic Area and Online Communication, FVG tourism Promotion;
- Lara Marchi, Welfare Area, Local Health Authority No. 2 “Bassa Friulana – Isontina”, Autonomous Region of Friuli-Venezia Giulia;
- Stefania Pascut and Riccardo Riva, Integrated Health Promotion Office, Municipality of Udine;
- Paolo Pischiutti and Luana Sandrin, Health Promotion and Prevention Department, Central Health Directorate, Autonomous Region of Friuli-Venezia Giulia;
- Elena Weber and Hubert Perfler, Rittmeyer Regional Institute for the Blind, Trieste;
- Antonia Zanin and Ranieri Zuttion, Health and Social Integration Office, Social Policies Department, Central Health Directorate, Autonomous Region of Friuli-Venezia Giulia.

Many thanks are due to the staff of the WHO European Office for Investment of Health and Development, WHO Regional Office for Europe for their administrative, linguistic and statistical support, and to Mirko Claus (volunteer and physician specializing in hygiene and preventive medicine, Padua, Italy) for providing technical information on Italian regional health systems and structures.

Abbreviations

app application

CASA Consortium for Assistive Solutions Adoption

CORAL Community of Regions for Assisted Living

EU European Union

ICT information and communication technology

ILHA Italian local health authority (pool)

HELPS Housing and Homecare for older and vulnerable people and Local Partnership Strategies in Central European cities (project)

NCDs noncommunicable diseases

NGOs nongovernmental organizations

RHN (WHO European) Regions for Health Network

SDGs Sustainable Development Goals

Executive summary

This report analyses how, over two decades, the Autonomous Region of Friuli Venezia-Giulia, Italy has used WHO frameworks on healthy ageing and scaled up the pioneering experience of the city of Udine to develop a policy response to an ageing population. The approach addresses the whole Region, and involves many sectors and all levels of governance.

Europe is ageing and Friuli-Venezia Giulia has aged even faster. WHO's key 2002 report, *Active ageing: a policy framework*, challenged the perception that older people are a burden on society and described them as an asset that could be enhanced by taking a life-course approach to active ageing. WHO's 2007 *Global age-friendly cities: a guide* went on to identify eight domains of city life that support health ageing. WHO's 2015 landmark *World report on ageing and health* was instrumental in showing how supportive environments over the life-course promote healthy ageing and can maximize functional ability in older age. *Creating age-friendly environments in Europe. A tool for local policy-makers and planners*, published by the WHO Regional Office for Europe in 2016, identified the structures and processes of local governance that create age-friendly environments. Further, the topic of ageing is incorporated in nine of the 17 United Nations Sustainable Development Goals.

The proportion of older people in Friuli-Venezia Giulia (about 25%) is close to the Italian average and increasing, despite the recent influx of migrants, with the population pyramid actually resembling a mushroom. Friuli-Venezia Giulia statistics reveal a good quality of life for most older people, although inequalities endure. Healthy life expectancy is increasing, although not as fast as life expectancy. Five local health agencies manage the region's system of universal health care, which is integrated with social care organized primarily by municipalities.

Friuli-Venezia Giulia now has an innovative regional strategy on active and healthy ageing. An integrated system puts in place new models of social protection, forges new social relations and networks in local areas, with models promoting sustainability; solidarity in relationships, behaviours and actions; and social responsibility, including cooperation, inclusiveness, openness and dialogue. The strategy is built on reciprocal flows of knowledge

between WHO, Friuli-Venezia Giulia, the city of Udine and the European Union. Key steps in this journey include Udine's leadership since 2009 of the WHO Healthy Ageing Task Force on behalf the WHO European Healthy Cities Network, and Friuli-Venezia Giulia's adoption of a legal framework for active and healthy ageing in 2014.

Friuli-Venezia Giulia's experience with healthy ageing gives rise to a series of key messages, applicable to other regions, countries and settings.

1. **Age-friendly environments are good for all.** It is important to understand the context where action is needed, reach out to international agencies and engage civil-society and nongovernmental entities to show how environments that are good for older people also benefit other members of society. An integrated way of working brings enormous benefits and should include legislation, the creation of profiles for older people and collaboration with the social and private sectors, to build solidarity on the issue.
2. **Intersectoral mechanisms work.** As shown by the development of the 2014 law on healthy ageing and the setting up of a permanent interdisciplinary working group involving five directorates of the regional government, to implement the law, intersectoral involvement is key. Friuli-Venezia Giulia could not have established or maintained such a variety of initiatives without the contribution of different stakeholders. Establishing a common goal, these players were able to recognize and work towards putting in place initiatives that make possible the implementation of regional law no. 22/2014 on healthy ageing.
3. **Start small or locally and gather evidence for use in later scaling up.** Successful examples of healthy ageing actions can fuel their scaling up to other regions and settings. Monitoring and evaluating such actions enable the adaptation of a programme and its later extension of different components to a whole region.
4. **Recognize the value of making a cultural shift from citizens to policy-makers.** A cultural shift in favour of older people takes time. For 20 years, Friuli-Venezia Giulia developed a process for empowering citizens through profiles and a city health development plan, and continuously raised politicians' awareness through information and training. While a single city, Udine, acted to pilot-test Friuli-Venezia Giulia's work on

- healthy ageing, a regional network made up of politicians who believed and invested in this issue made scaling up possible. Today, mechanisms are in place allowing for the sharing of good practices, and the implementation and scaling-up of projects to ensure better health for the whole community.
5. **Planning in cycles based on evaluation is important.** Planning in cycles for healthy ageing has become second nature in Friuli-Venezia Giulia, and it has been consolidated thanks to regional law no. 22/2014. The existence of sector plans allows staff of the directorates to go directly to work on priority topics and evaluate them.
 6. **Exposure to international experience, leadership and expertise is beneficial.** The role of and support from the international community strengthened Friuli-Venezia Giulia's work. Udine's membership of and subsequent leadership role in the European Healthy Cities Network helped strengthen its work to promote healthy ageing. At the same time, Friuli-Venezia Giulia gained international recognition for taking the lead in establishing innovative solutions to care for older people while promoting their autonomy. Twenty years later, politicians at the regional level continue to work in synergy, sharing healthy ageing as a political priority. The most recent example of this can be seen in Friuli-Venezia Giulia's decision to join the WHO Regions for Health Network.



© Archivio Promozionale Turismo FVG

CONTENTS

<i>Foreword</i>	<i>iii</i>
<i>Foreword</i>	<i>iv</i>
Acknowledgments	vi
Abbreviations	viii
Executive summary	ix
1. Why this publication?	1
Introduction	1
Why focus on healthy ageing?	1
Why address health inequities in old age?	4
Approaches to fostering healthy ageing	6
Healthy ageing and the Sustainable Development Goals	10
Moving from concepts to practice	13
A framework to guide work for healthy ageing	15
2. The Autonomous Region of Friuli-Venezia Giulia	19
Demographic information	19
Morbidity and mortality among older people in Friuli-Venezia Giulia	21
Snapshot of older people in Friuli-Venezia Giulia – the example of Trieste	23
Organization of the health system in Friuli-Venezia Giulia	25
Main programmatic documents for health in Friuli-Venezia Giulia	26

3. Process of developing healthy ageing policies and actions	33
Key steps	33
4. Innovation within the health care system and use of information and communication technology.....	52
Remote monitoring systems	52
Housing, infrastructure, independent living.....	55
Call centre	57
Public–private partnership	58
5. Lessons learned.....	59
Enabling factors.....	59
Challenges	61
Key messages	63
References.....	65

1. Why this publication?

INTRODUCTION

WHO defines healthy ageing as, “the process of developing and maintaining the functional ability that enables well-being in older age” (1). Healthy ageing depends on the interaction between people’s intrinsic capacity and their environment. This combination of individuals and their environments, and the interaction between them, is called functional ability. Healthy ageing seeks to promote the development and maintenance of the functional ability to achieve well-being in older age.

Healthy ageing emphasizes the need for action across multiple sectors to enable older people to remain a resource to their families, communities and economies (1). It is the focus of WHO’s work on ageing in 2015–2030, replacing WHO’s previous term, active ageing, which first arose when it published *Active ageing: a policy framework* (2) in 2002. Settings that support healthy ageing benefit the population as a whole, not only older people.

The Autonomous Region of Friuli-Venezia Giulia, Italy, is one of the oldest regions in Europe, with a 61.4% dependency ratio (higher than the Italian national average) that continues to grow (3). This translates into more financial stress between working people and dependents and puts additional strain on the economy. Despite its high dependency ratio, Friuli-Venezia Giulia also has a wealth of experience in creating age-friendly settings from which countries and other regions could benefit. This report focuses on showing how age-friendly environments have been created at the subnational level, using the example of Friuli-Venezia Giulia and examples from other regions in the WHO European Regions for Health Network (RHN).

WHY FOCUS ON HEALTHY AGEING?

The fact that people live longer reflects important achievements in human development, such as better health and lower mortality. It also means facing new challenges, such as how to achieve longevity while maintaining a range of functional physical, cognitive and social abilities. Unlike younger

age groups, older people often have an increased risk of multimorbidity: experiencing more than one chronic condition at the same time. This affects their everyday functioning and mobility and their utilization of health care; in the end, multimorbidity costs more than the individual effects of each condition. Older people also experience acute and chronic health states that are not captured by traditional disease classifications such as frailty (chronic) and infections or side-effects from surgical procedures (acute) (4). Bearing this in mind, the important issue is not only to add years to life but to be sure that older people can live them in good health and autonomy.



On the other hand, older people can be a valuable resource to society, generating new jobs and economic growth and helping to counteract reduced rates of labour force participation (Box 1).¹ They can also act as volunteers, providing needed services. A range of initiatives can promote older people's active participation in society, such as: encouraging retirees to work part time, involving older people in community and voluntary initiatives or adapting tax systems so that informal care is recognized and provided to older people. This report features a number of initiatives pursuing these aims (see boxes). With the increase in the number of people aged 65 and over expected in the next decades in Italy and the rest of the world, interest is increasing in the contribution that such people can make to society.

¹ Labour force participation refers to the proportion of the working population in the group aged 16–64 years that is currently employed or seeking employment.

Box 1. Economic evidence for investing in older people in Wales

Public Health Wales, in the United Kingdom, commissioned a report from Bangor University to explore the economic evidence relevant to investment in older people living in Wales, planned to be published in summer 2018. The report, which will be called *Living well for longer: the economic case for investing in older people*, will emphasize that people aged over 65 years have a substantial role to play in the development of a sustainable economy in Wales. Co-production with older people as active members of society can generate £0.79–112.42 in social value for every £1 of investment in a wide range of programmes.

In Wales, older people make significant contributions to child care as grandparents (equating to £325 million per year), and contribute to the Welsh economy by volunteering in their communities. The report will review evidence of the economic benefit of investing in the prevention of loneliness and social isolation among older people. For example, improving transport opportunities can help combat loneliness and build community, while providing a positive return on investment of £3 for every £1 invested. Older caregivers are vital to society. Wales has the highest percentage of unpaid older caregivers in the United Kingdom, with their own needs for care increasing along with their caring responsibilities. Interventions to support caregivers were found to be cost effective. Examples of this can be found in tailored activity programmes that give caregivers time off, and peer support programmes for carers of people with dementia.

In Wales, as across the United Kingdom, the prevention of falls among older people is an area of concern, as such falls cost the National Health Service more than £2.3 billion a year. Preventive programmes, such as physiotherapy, can help prevent falls in older people, potentially saving the National Health Service more than £15.87 million per year. Exercise interventions, such as tai chi chuan, were also found to be cost effective. The full report will present evidence showing that, with adequate and timely support, older people will continue to make significant contributions to society and the economy of Wales.

The term silver economy is used to define the economic opportunities arising from the public and consumer expenditure related to population ageing and the specific needs of the population aged over 50. It is driven by new consumer markets for age-friendly services and the need to improve the sustainability of public expenditure linked to ageing. The silver economy is the third largest in the world and private spending by older people alone is projected to reach US\$ 15 trillion by 2020. In the European Union (EU), it accounts for 50% of general government expenditure and will continue to grow, to become a considerable part of future economies worldwide (5).

WHY ADDRESS HEALTH INEQUITIES IN OLD AGE?

The many social determinants of healthy ageing include factors that directly affect health, such as access to health care, rural and urban physical environments, transport and infrastructure, employment and working conditions, housing, education, social issues, pensions, justice, and violence and abuse. Other determinants affect health indirectly; these include lifestyle factors, physical activity (Box 2), nutrition, smoking, alcohol, stress and use of medications (6). Further, maintaining functional ability and living a long life result from experiences across the whole life span. This means there is great potential for inequities in how well people age, based on those experiences.

Along the life-course, a number of factors and pathways to achieving healthy ageing can serve as entry points to reduce health inequities among older people and even halt them early on. Root influences on healthy ageing start with physical, social and political factors that are not measurable at the individual level. These are usually structural, cultural and functional aspects of a social system, such as the physical environment in which one grew up or grows old. These are amenable to policy change and influence social stratification and people's health opportunities throughout the life-course.



© Archivio Promozione Turismo FVG

Box 2. Promoting physical activity in Baden-Württemberg

The Baden-Württemberg region in Germany promotes physical activity among older people by means of two programmes. The first, open exercise services for older people, aims to improve not only physical health but also social interaction. To reach inactive and disadvantaged older people, open exercise services must meet the following criteria: they should take place outdoors in a public space in the neighbourhood, be free of charge, not call for a fixed commitment and allow older people to participate while wearing their everyday clothes. In short, the services should not call on older people to make sacrifices in order to participate.

Organized by the local public health service, open exercise services are initiated and coordinated by either the council of elders or a department of the city council. In open exercise get-togethers, older people meet at a given location in their neighbourhood, such as a park or a playground, and work out together. They are guided by one or two instructors who are either volunteers or come from sports clubs; the instructors and participants are often the same age. Work-out sessions take place once a week throughout the year. Exercises focus on balance, coordination and strength. The instructors report that open exercise get-togethers are a highlight of the week for many older people. Besides being physically active, older people report greatly valuing the social interaction taking place during open exercise get-togethers.

The second programme, called moving pharmacy, uses pharmacies as not only meeting points but also entry points for reaching older people as a target group. Pharmacists know their clients and clients trust their pharmacists. The moving pharmacy involves a walk beginning and ending at the pharmacy. Joined by an instructor, older people take a walk, and do exercises that focus on balance, coordination and strength.

Baden-Württemberg has thus put in place low-threshold services focusing on engaging older people in suitable physical activity. The open exercise services have been shown to reach inactive and disadvantaged older people and improve their physical, mental and social health.

Genetic inheritance and social position also play an important role in where people are positioned in society. Parents' environment can influence the former, which can be altered during gestation and throughout the life-course (7). People's social position influences how they experience ageing. Social position, for example, affects the physical and built environments in which people grow up and age. Conversely, social position also determines lifestyle and behaviours or individual and household assets, which affect the physical and built environments to which people have access.

The role of individual strengths, experiences and vulnerabilities (resilience), however, cannot be underestimated. While people's genes may determine whether they need care for an acute or chronic condition, their strengths, experiences and vulnerabilities will affect whether and how they access that needed service. Nevertheless, environments help to determine the quality of the service people receive.

A growing concern in relation to ageing is poverty; people who have been socioeconomically disadvantaged throughout their lives often carry this disadvantage through to old age. In turn, poverty, as a socioeconomic health determinant, has known negative effects on health, life expectancy and disability (8). Further, older age often exacerbates existing inequalities based on race, ethnicity or gender, as can be seen in women, who generally outlive men. *According to Ageing, older persons and the 2030 Agenda for Sustainable Development*, women made up 54% of the global population aged 60 and over and 61% of those aged 80 years and over in 2015 (9). This means that women live for a longer time with the inequities to which they have been exposed throughout the life-course, such as those related to income, education, decent work and health.

The *Strategy on women's health and well-being in the WHO European Region* (10) recognizes the importance of tackling the impact of gender and social, economic, cultural and environmental determinants. It highlights the existence of wage and pension gaps that strongly affect women's experience of health and well-being and their access to services throughout the life-course, with increasing effects on older women. It also calls for prioritization to tackle differential exposure and vulnerability to ill health and the experience of well-being due to the interaction between gender and other social and environmental determinants of health. One of its priority actions is to give visibility in political agendas to women with multiple vulnerabilities and facing exclusion, with older women listed among those of concern.

APPROACHES TO FOSTERING HEALTHY AGEING

The concepts of WHO's *World report on ageing and health* provide the main guiding principles for the policy analysis presented here; the report stresses

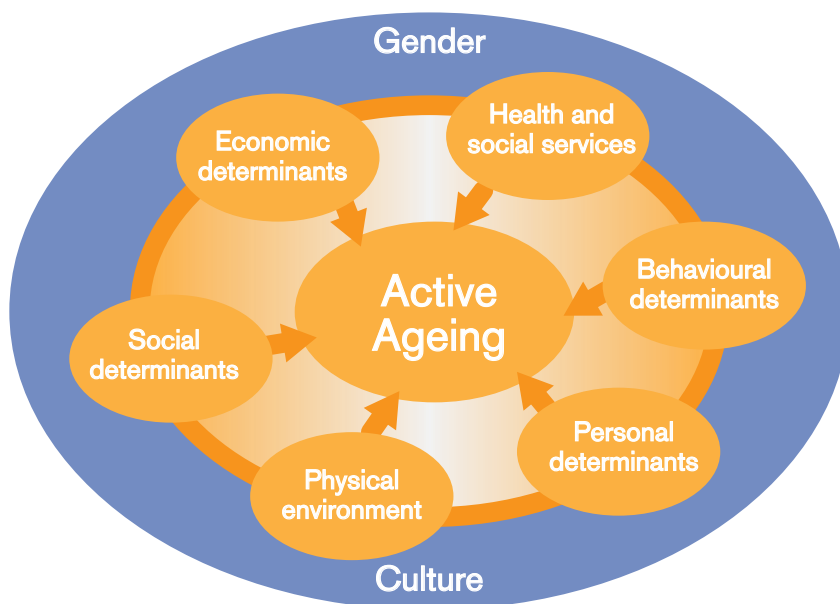
that, “... with the right policies and services in place, population ageing can be viewed as a rich new opportunity for both individuals and societies” (4). It provides a framework for taking public health action and concrete steps that can be adapted for use in countries at all levels of economic development. This section provides a summary of the decades of commitment to the topic of healthy ageing that formed the backbone for work in this area up to the present day.

The United Nations, WHO and the European Commission have addressed ageing as a health issue for over a quarter of a century. In 1982, the World Assembly on Ageing adopted the Vienna International Plan of Action on Ageing (11). It aimed to strengthen countries’ capacities to deal effectively with the ageing of their populations and with the special concerns and needs of older people, as well as to promote an appropriate international response to ageing by increasing international technical cooperation on the issue.

In 1999, the Fifty-second World Health Assembly passed resolution WHA52.7 on active ageing, calling on all Member States to show greater concern and to take steps to ensure the highest attainable standard of health and well-being for the growing numbers of their older citizens and to support WHO’s advocacy for active and healthy ageing through new, multisectoral partnerships with intergovernmental and nongovernmental organizations (NGOs) (12). As mentioned, WHO published its policy framework for active ageing (2) in 2002, to inform discussion and formulate action plans that promote healthy and active ageing as a contribution to the Second United Nations World Assembly on Ageing.² The framework identified eight determinants of active ageing and called for an understanding of these over the life-course, taking advantage of transitions and windows of opportunity for enhancing health, participation and security at different stages of life (Fig. 1). It also considered the cross-cutting role of culture in shaping the way people age, and considered gender in determining the appropriateness of policy options (2).

2 At the United Nations Second World Assembly on Ageing, the Madrid International Plan of Action on Ageing (13) was adopted, focusing on three areas: older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments.

Fig. 1. Determinants of active ageing



Source: Active ageing: a policy framework (2).

In 2005, the Fifty-eighth World Health Assembly adopted resolution WHA58.16 on strengthening active and healthy ageing. It called for Member States to take a series of steps – including developing, implementing and evaluating policies and programmes, legislation and advocacy actions – to

Health 2020 sees the life-course approach as essential to work for healthy ageing. Children with a good start in life learn better and have more productive lives; adults with control over their lives have greater capacity for economic and social participation and for living healthier lives, and healthy older people can continue to contribute actively to society.

promote healthy and active ageing and the highest attainable standard of health and well-being for their older citizens (14). Ageing and health was the theme of World Health Day 2012; soon afterwards, the World Health Assembly adopted resolution WHA65.3 to strengthening policies on noncommunicable diseases to promote active ageing (15).

In 2012, Health 2020 (16), the new European health policy framework, put ageing at the forefront through the life-course approach, stating that: “Supporting good health and its social determinants throughout the lifespan

leads to increasing healthy life expectancy and a longevity dividend”. Healthy ageing also cuts across nine of the 17 United Nations Sustainable Development Goals (see below) (17).

Healthy ageing is a cross-cutting concern, with links to a number of other WHO strategic areas and strategies and action plans addressing, for example, noncommunicable diseases, mental health, violence and injury prevention, infectious diseases and the strengthening of health systems by means of well coordinated and high-quality services for older people. The Minsk Declaration – The Life-course Approach in the Context of Health 2020 (18) is relevant to healthy ageing work, as it encompasses actions that are taken early, appropriately to transitions in life and by the whole of society. It urges Member States to use this approach, “... as a basis for assessing and monitoring the effectiveness of policies and programmes, for defining vulnerability and groups in need ...”, including older people (18). Acting appropriately to transitions in life considers the need:

- to promote healthy ageing throughout the life span by facilitating social engagement, establish social protection systems considering dignity in old age, and put in place supportive interventions for at risk older people; and
- to recognize the contribution that older people can make to the economy and the need to foster enabling environments.

Acting together highlights the importance of strengthening or developing healthy and health-promoting conditions, structures and processes in settings where people work, learn or live, specifically mentioning settings for older people.

As the overall umbrella, the WHO European strategy and action plan for healthy ageing in Europe, 2012–2020 (19) sets out action areas and a set of interventions that are in synergy with Health 2020. It is the first European strategy to bring together coherently the ageing-related elements of the WHO Regional Office for Europe’s work programme in four strategic action areas, five priority interventions and three supporting interventions.

In May 2016, World Health Assembly resolution WHA69.3 (20) called for a global strategy and action plan on ageing and health for 2016–2020, to move towards a world in which everyone can live a long and healthy life; the strategy

was published in 2017 (21). Most recently, WHO's draft thirteenth general programme of work for 2019–2023 gave prominence to healthy ageing (22):

Healthy life expectancy has not increased at the same pace as life expectancy, and increasing age often brings increasing morbidity and reduced functioning, making healthy ageing an important focus. Most disability-adjusted life years in older age are attributable to chronic conditions and the accumulated impact of such conditions can lead to significant loss in function and care dependence in older age. At the same time, there is emerging evidence that healthy ageing depends on early childhood development and is epigenetically determined. Ensuring healthy ageing is an urgent challenge in all countries.

...

Ensuring healthy ageing is central to universal health coverage, just as it is to the other priorities of [the draft thirteenth general programme of work]. The number of people over the age of 60 is expected to double by 2050 and this unprecedented demographic transition will require a radical societal response. The Secretariat will support Member States to promote healthy ageing through the actions defined by the Global strategy and action plan on ageing and health (2016), as well as through the Decade of Healthy Ageing that is planned for the period 2020–2030. These actions include aligning health systems to the needs of older populations, with a special focus on enhancing the functioning of older persons and the management of chronic disease; improving access to medicines; developing systems of long-term care including community-based services; promoting palliative care, creating age-friendly environments; and improving measurement, monitoring and understanding of healthy ageing.

HEALTHY AGEING AND THE SUSTAINABLE DEVELOPMENT GOALS

Achieving the Sustainable Development Goals (SDGs) for 2030 requires viewing older people as “active agents of societal development” (Fig. 2) (19). With 24% of the population of Europe over the age of 60 (9) and this figure projected to increase, it will be important to integrate and mainstream healthy ageing in policy dialogues and targets. As mentioned, healthy ageing cuts across nine of the 17 SDGs (19). This section provides a brief description of which SDGs are relevant to healthy ageing and how. Full information is available on the sustainable development knowledge platform (23) and the WHO headquarters website (24).

Fig. 2. SDGs and ageing



- SDG 1 (no poverty) seeks to prevent older people from falling into poverty by increasing the number of older workers with access to education or vocational training, and by promoting flexible retirement policies and social assistance in the home and community for poor older people and those without family support.
- SDG 2 (zero hunger) draws attention to improving nutrition in older people by improving the nutrient density of food, particularly vitamins and minerals; maintaining intakes of energy and proteins; and recognizing and supporting poor, isolated and lonely older people to access healthy meals.
- SDG 3 (health and well-being) considers older people by seeking the transformation of health and social systems from a disease-only focus towards the provision of integrated and people-centred care, taking a life-course approach and taking account of older people's particular needs.
- SDG 4 (education) seeks to achieve continued access to training and educational opportunities for older people, and promotes life-long learning.

- SDG 5 (gender equality) seeks to promote the empowerment of older women by means of systems that promote equitable workforce participation and social pensions helping to raise older women's status in their households. This goal highlights the importance of enabling older people to continue taking part in household decision-making and improving their access to services.
- SDG 9 (industry, innovation and infrastructure) calls for filling gaps in data on older people and disaggregating data. It also calls for fostering innovation and using new technologies, such as health monitoring tools, while ensuring that research is responsive to the needs of older adults and policy-makers.
- SDG 10 (reduced inequality) seeks to ensure that all older people have the same opportunities to achieve functional ability by breaking down the barriers that limit their participation in and contributions to society.
- SDG 11 (sustainable cities and communities) aims to ensure that age-friendly cities and communities are environments that take older people's needs into consideration while promoting their inclusion in and contribution to all areas of community life.
- SDG 16 (peace, justice and strong institutions) seeks to raise awareness in order combat ageism, stereotypes of, and prejudice and discrimination against older people on the basis of their chronological or perceived age. It also promotes the communication of best practices on actions for healthy ageing and encourages legislation and policies against age-based discrimination (22).

In summary, the nine SDGs relevant to older people show how they:

- contribute to economic development in formal and informal markets, and through unpaid care work for their families;
- contribute to social, economic and political outcomes, since they vote in greater numbers; and
- strengthen social capital by their involvement in community and civic life.

In light of these demographic and societal trends, it is critical to adopt a life-course approach that explicitly pays attention to the situation of older

people and to find ways of ensuring that ageing intersects with issues such as gender, poverty, inequalities and environment, to ensure its comprehensive consideration. The collection of high-quality age-disaggregated data will also help equitably to achieve the SDGs, since it will allow for tracking progress on the situation of older people (9).

The WHO Regional Office for Europe's roadmap for implementing the 2030 Sustainable Development Agenda (25) identifies areas where action for healthy ageing could take place. It specifically calls for further progress in increasing the proportion of people spending the last years of life in good health. Three of the roadmap's strategic directions are directly relevant to healthy ageing:

- preventing disease and addressing health determinants by promoting multi- and intersectoral policies throughout the life-course;
- establishing healthy places, settings and resilient communities; and
- leaving no one behind (25).

The last point is very important not only for older but also for frail people. Among other concerns, the WHO Regional Office for Europe supports reforms in long-term care and better integrated and coordinated care for older people. To bring countries closer to achieving the SDGs, interventions to support healthy ageing should be promoted, as they reduce costs, benefit health and well-being and give strong social returns on investment (26). These would include the prevention of falls and injuries, communicable diseases, mental ill health and elder maltreatment, and the promotion of physical activity, vaccination and multifaceted housing interventions.

MOVING FROM CONCEPTS TO PRACTICE

Abundant guidance on how to put age-friendly actions in place has shepherded countries towards taking a life-course approach to healthy ageing, and recognizing both the importance of environmental determinants (in addition to health and social services) and older people's social and economic value to society. The 2007 WHO global guide to age-friendly cities (27), built on the active ageing framework (2), aimed to help cities see themselves from the

perspective of older people, in order to identify where and how they could become more age friendly.

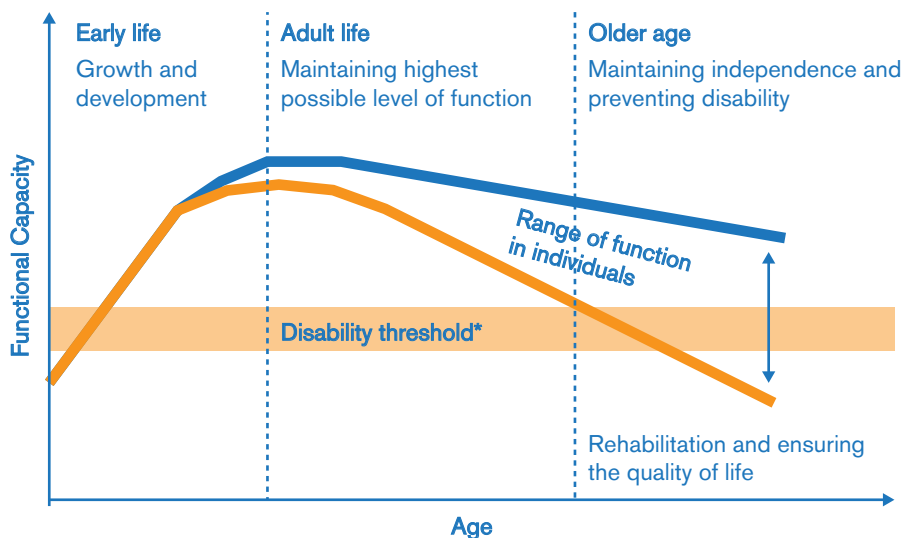
WHO's *World report on ageing and health* (4) highlights the importance of healthy behaviour and the early detection of health problems. It stresses that ageing is not income blind, with disability and death largely resulting from age-related losses in hearing, seeing and moving, and from noncommunicable diseases (including heart disease, stroke, chronic respiratory disorders, cancer and dementia) as well as multimorbidity, even in richer countries. The report stresses that the achievement of age-friendliness will require systems to be organized around older people's needs and preferences, and will require age-friendly services to be closely engaged with families and communities (4).

The WHO Regional Office for Europe's tool for local policy-makers and planners, *Creating age-friendly environments in Europe*, co-produced with members of the WHO Healthy Ageing Task Force, provides steps and lessons learned from local governments that have begun to make their communities age friendly (28). Most recently, the Regional Office published a handbook on domains for policy action for age-friendly environments; its aim is to operationalize the eight domains for age-friendly action, nested in three dimensions of supportive local environments, by providing concrete examples of actions that could be taken in each domain (29).



As briefly explained above, the WHO *World report on ageing and health* (4) provided the main guiding principles for the policy analysis presented here by establishing a framework for taking public and concrete steps that could be adapted for use in countries at all levels of economic development. The framework also served as a reminder that the health of those now in older age can only be fully understood if the life events they have gone through are taken into consideration. Fig. 3 shows how acting early in life can lay the foundation for adult life and older age with a greater range of function in individuals. The large gap in function shows the impact of interventions fostering supportive environments and healthy lifestyles and their relevance to all of life's stages.

Fig. 3. Maintaining functional capacity over the life-course

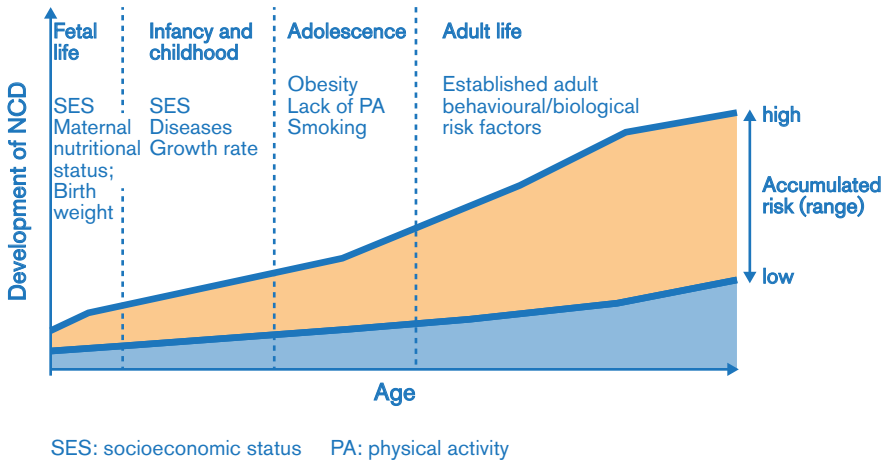


*Changes in the environment can lower the disability threshold, thus decreasing the number of disabled people in a given community.

Source: reproduced with permission from Kalache A, Kickbusch I. A global strategy for healthy ageing. World Health. 1997;50:2.

The policy framework for active ageing also accentuated the need to prevent noncommunicable diseases. Fig. 4 shows how taking a life-course approach and acting early results in low levels of risk for these diseases, many of which can be prevented or delayed.

Fig. 4. Scope for preventing noncommunicable diseases (NCDs), a life-course approach



Source: reproduced with permission from Aboderin I, Kalache A, Ben-Shlomo Y, Lynch JW, Yajnik CS, Kuh D et al. Life course perspectives on coronary heart disease, stroke and diabetes: key issues and implications for policy and research. Geneva: World Health Organization; 2002.

In 2007, by means of the Vancouver Protocol for research, the framework for active ageing evolved into eight age-friendly topic areas or domains (Fig. 5). Focus groups explored these domains to provide a comprehensive picture of a city’s age-friendliness (see section 3).

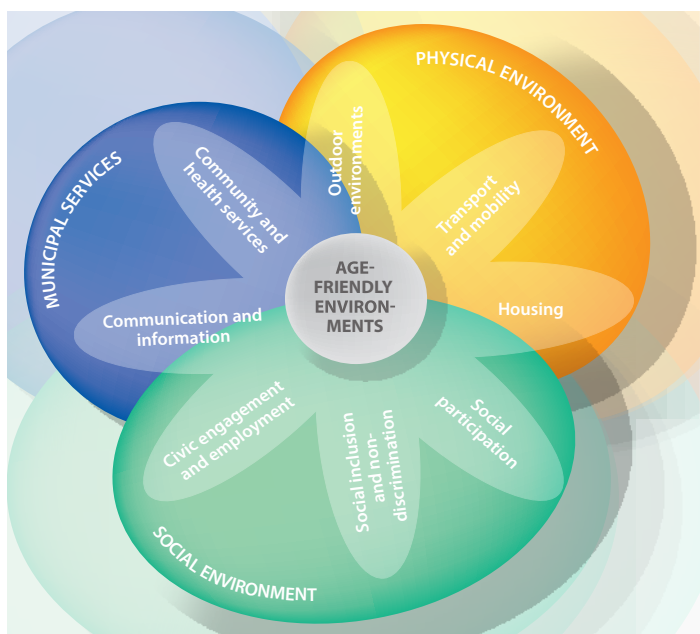
Fig. 5. Age-friendly city topic areas



Source: *Global age-friendly cities: a guide* (27).

In recent years, the components of an age-friendly city were updated with a grouping of each domain under three macrosettings, reflecting three areas of expertise: physical environment, social environment and municipal services (29). This publication focuses on the eight domains as single elements, as they most accurately reflect the approach taken by Friuli-Venezia Giulia in achieving settings for healthy ageing (Fig. 6).

Fig. 6. Eight domains for age-friendly action nested in three dimensions of supportive local environments

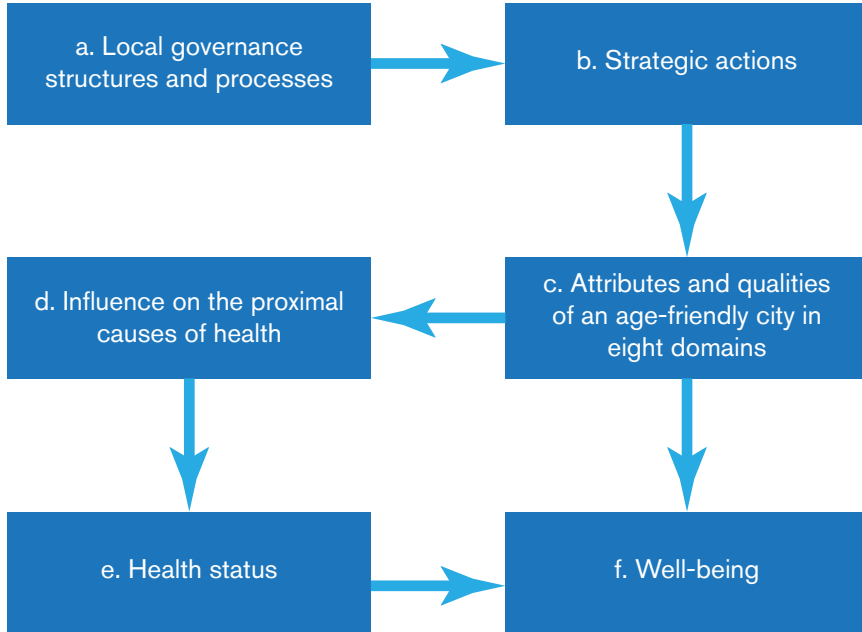


Source: *Creating age-friendly environments in Europe. A tool for local policy-makers and planners* (28).

Fig. 7 emphasizes the importance of fostering functional ability by promoting healthy ageing with actions that go beyond the prevention of disease to include promoting health across the life-course and functioning into old age (29). It shows the interconnected pathways to achieving health and well-being for older people, and emphasizes the importance of local governance and processes already in place in the settings where action is needed – most often urban contexts. Strategic actions need to be appropriate to achieving the attributes and qualities of age-friendly cities in the eight domains. These actions in turn affect the proximal causes of health and

resulting health status and overall well-being. Friuli-Venezia Giulia is using a combination of the approaches illustrated by Fig. 6 and 7 to promote healthy ageing.

Fig. 7. Pathways to health and well-being for older people



Source: *Age-friendly environments in Europe. A handbook of domains for policy action* (29).

2. The Autonomous Region of Friuli-Venezia Giulia

Located in north-eastern Italy, bordering Austria to the north, Slovenia to the east and the Adriatic Sea to the south, the Autonomous Region of Friuli-Venezia Giulia has a special stature. The Region has a geographical area of 7862 km² (2.6% of Italy's total area). The landscape is varied: the Alps stand to the north (comprising 42.6% of the territory), where only 5.2% of the population lives, and slope down to the hills (19.3%), with the plains (38%) and the coast to the south. Biodiversity adds value to Friuli-Venezia Giulia and is strongly protected: 17.1% of its area consists of parks and natural reserves. Infrastructure elements such as motorways, railways and port networks enhance its strategic position for communication with both northern and eastern Europe (30).

DEMOGRAPHIC INFORMATION

Friuli-Venezia Giulia has a population of 1 217 872 (2% of the total for Italy), distributed in 216 municipalities, most with a population below 5 000 (71.3%). A large proportion of people is aged over 65 years (25.7%) and the birth rate is very low; young foreign residents (8.6% of the population) only partly offset the gradual ageing of the population (30). Table 1 lists data on some socioeconomic indicators for Friuli-Venezia Giulia and Italy as a whole in 2017.

Table 1. Socioeconomic indicators in Friuli-Venezia Giulia and Italy, 1 January 2017

Indicators	Friuli-Venezia Giulia	Italy
GDP (€ per capita)	28 600	26 700
GINI index	0.27	0.33
Unemployment rate (%)	6.9	11.3
Research and development (€ per inhabitant)	457.4	366.7
Life expectancy at birth (years)	82.4	83.1
Male (years)	80.3	80.6
Female (years)	85.4	85.1

Indicators	Friuli-Venezia Giulia	Italy
Gender gap (years)	5.1	5.5
Ageing index ^a	208.8	165.1
Structural dependency ratio ^b (%)	61.4	55.8
Old age dependency ratio ^c (%)	41.5	34.8
People at risk of poverty/social exclusion (%)	16.7	29.9
Severe material deprivation rate ^d (%)	6.5	12.1
Total annual health spending (€ per capita)	2 474	2 418
Out-of-pocket health spending (€ per capita)	561	569

^a The ageing index is the number of persons aged ≥ 60 years per 100 people aged < 15 (31).

^b The structural dependency ratio is the age–population ratio of those typically not in the labour force (people aged 0–14 and ≥ 65) and those typically in the labour force (people aged 15–64); it is used to measure the pressure on the productive population.

^c The old age dependency ratio is the ratio of the number of elderly people at an age when they are generally economically inactive (≥ 65 years) compared to the number of people of working age (15–64 years) (31).

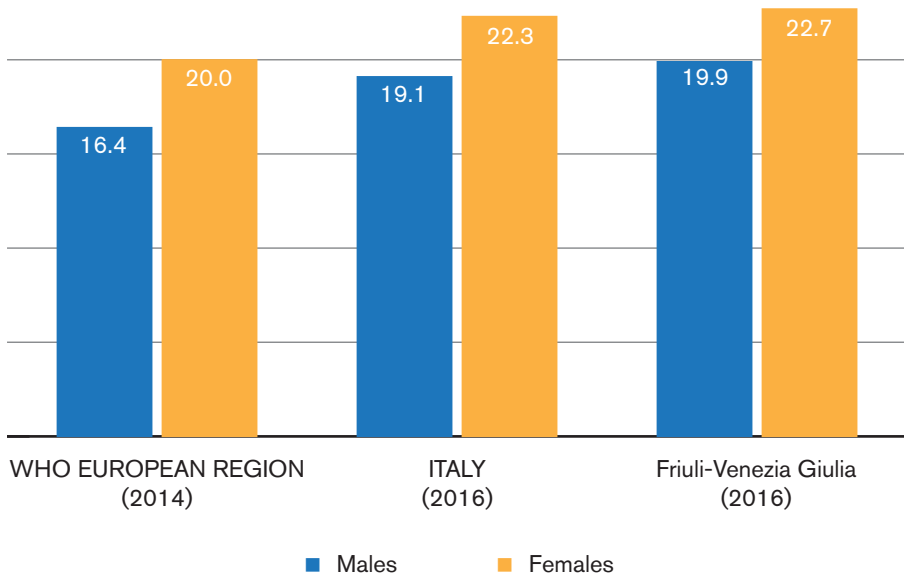
^d The severe material deprivation rate is the enforced inability to pay for at least four of the following nine items: rent, mortgage or utility bills; a television set; a washing machine; a car; a telephone; adequate heating in the home; unexpected expenses; regular consumption of meat or proteins; or holidays (32).

Source: data from *Friuli Venezia-Giulia rapporto statistico annuale* (30).



Friuli-Venezia Giulia has one of the oldest populations in the WHO European Region and an increasing proportion of dependent elderly people. Life expectancy (see Table 1) exceeds the averages for both the Region and Italy (3), as does life expectancy at age 65 (Fig. 8). Friuli-Venezia Giulia also has a higher proportion of people aged over 65 years, both females and males, than Italy and the European Region. The main causes of death in this group in Friuli-Venezia Giulia are cardiovascular diseases, cancer and diseases of the respiratory system, followed by diseases of the digestive system and psychiatric conditions (33).

Fig. 8. Life expectancy at age 65 in the WHO European Region, Italy and Friuli-Venezia Giulia

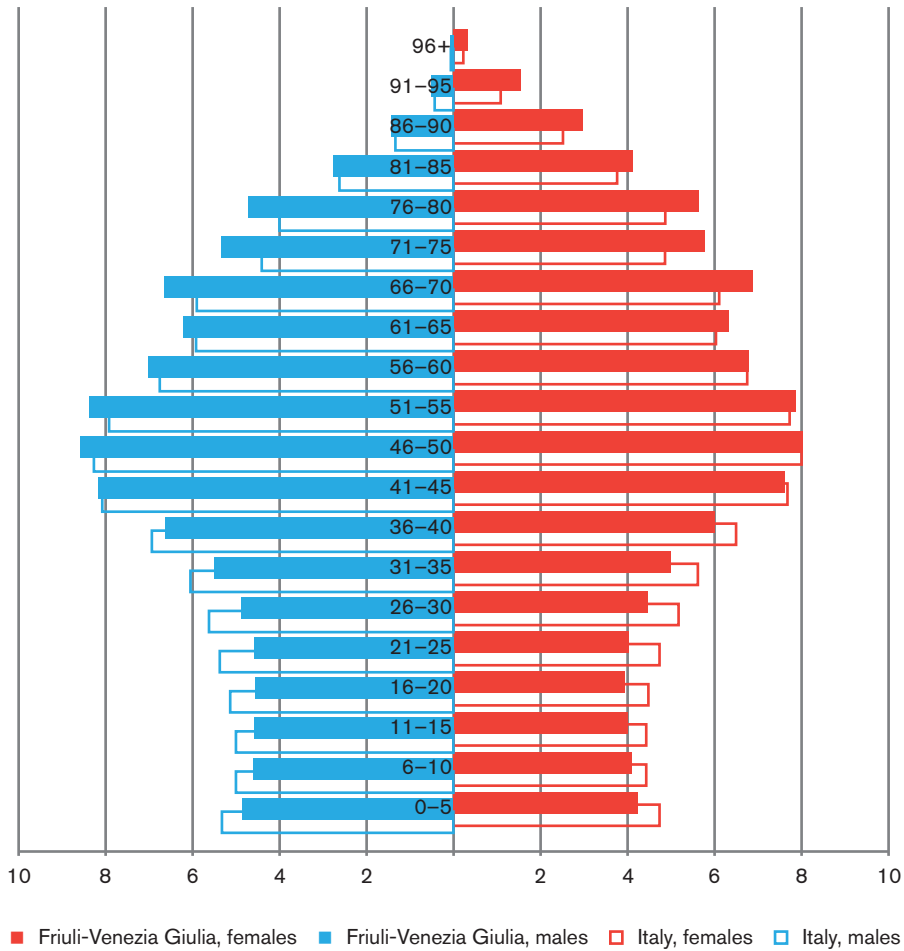


Source: data from the Italian National Institute of Statistics and the Department of Strategic Planning, Management Control and Statistics, Autonomous Region of Friuli-Venezia Giulia.

Fig. 9 shows that Friuli-Venezia Giulia has a greater proportion of people aged over 65 years than Italy, and a higher ageing index (208.5) than Italy (165.1) or the WHO European Region (87.0). Friuli-Venezia Giulia has twice as many people over 65 as under 15, according to data from the Italian National Institute of Statistics and the WHO Regional Office for Europe

(34,35), and a higher old age dependency ratio than the averages for Italy and the WHO European Region (36) Continuing upward population shifts in Friuli-Venezia Giulia are projected to result in the doubling of the number of people aged over 65 years by 2060.

Fig. 9. Population distribution by age (five-year age groups) and sex for Italy and Friuli-Venezia Giulia (%), 1 January 2017



Source: data from the Italian National Institute of Statistics and the Department of Strategic Planning, Management Control and Statistics, Autonomous Region of Friuli-Venezia Giulia.

SNAPSHOT OF OLDER PEOPLE IN FRIULI-VENEZIA GIULIA – THE EXAMPLE OF TRIESTE

Passi d'Argento (Steps of Silver) is a population surveillance system in place for people aged 65 years and over in Italy (37). It collects data on and monitors aspects of health and disease, producing information for administrators, health system personnel and older people and their families, in order to protect and promote health, prevent disease and improve care for this population group. It also measures the contribution that older people offer to society, by providing support within their family and community contexts.

Passi d'Argento is in place in 18 of Italy's 20 regions, so it does not cover the entire population. In Trieste, it carried out over 24 000 interviews that allowed for the collection of useful information that would help stakeholders to evaluate prevention activities. Specially trained operators conducted telephone or face-to-face interviews, using a standardized questionnaire, with a sample of people extracted by simple stratified random sampling or clustered by the registry lists of those assisted by the Trieste Local Health Authority, which covers the whole of Friuli-Venezia Giulia.

The Trieste Local Health Authority carried out the most recent Passi d'Argento survey. The survey started in Trieste, the city with the largest number of older people in Friuli-Venezia Giulia, and monitored social and health care and the health, perceived quality of life and everyday habits of the elderly population. Owing to the importance of the data collected, the survey was scaled up throughout Friuli-Venezia Giulia in January 2018.

The data collected give a voice to older people and allowed for an estimation of how older people in Trieste live and perceive their age. While they have higher levels of smoking and risky alcohol consumption than their counterparts in the Italian local health authority (ILHA) pool, they reported a drastically lower level of depression, as well as lower levels of obesity and falls (Table 2). In contrast, more older people in the ILHA pool have received so-called protective actions, such as being informed about heat-waves and vaccination against influenza, and receiving the vaccination. Finally, as to participation in and being considered a resource to society, the survey showed that older people in Trieste were more likely than those in the ILHA pool to live alone, participate in social activities, have a paid job and take training

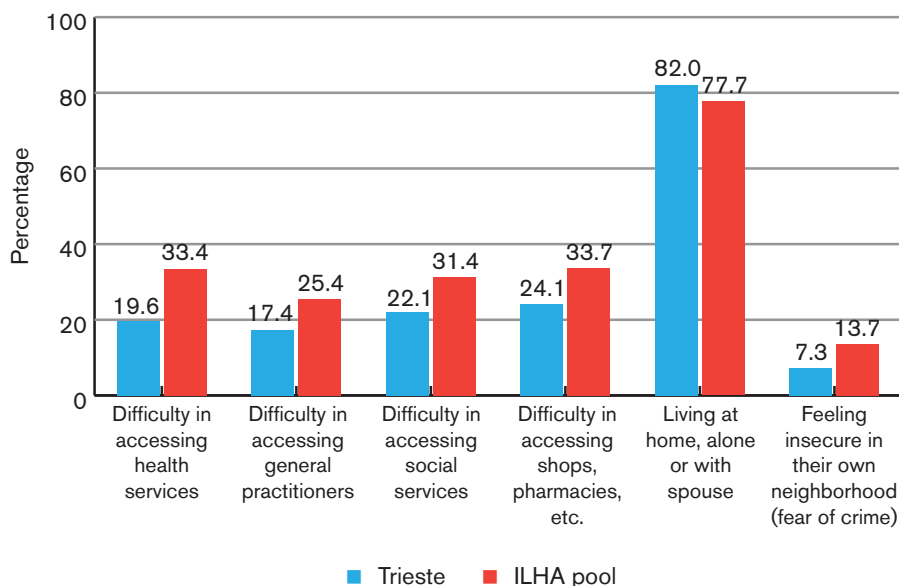
courses (37). Fig. 10 compares older people's well-being and independence in Trieste and the ILHA pool.

Table 2. Results of the most recent Passi d'Argento survey in Trieste and the ILHA pool

Factor	Survey participants (%)	
	Trieste	ILHA pool
Lifestyle and health factors		
Smoking	11.0	9.9
Risky alcohol consumption	22.4	18.7
Depression	7.7	21.3
Obesity	52.0	61.1
Falls (within the previous 30 days)	4.5	11.2
Lack of information on protective actions	45.2	32.7
Lack of influenza vaccination	50.4	17.9
Social factors		
Living alone	34.5	20.7
Social activities	30.1	28.6
Employment	6.3	3.0
Attendance at training courses	6.6	4.4



Fig. 10. Indicators for everyday life in people aged ≥ 65 years in Trieste and the ILHA pool



Source: *Salute e Invecchiamento Attivo nella Azienda per i Servizi Sanitari 1 "Triestina". Risultati della sorveglianza della popolazione con 65 anni e più "PASSI d'Argento. Indagine 2012-2013 (37).*

ORGANIZATION OF THE HEALTH SYSTEM IN FRIULI-VENEZIA GIULIA

The health system in Friuli-Venezia Giulia, like that of Italy, is based on the Beveridge model and organized as follows. Five local health authorities provide health care in Friuli-Venezia Giulia through an integrated and widespread network of services that includes all the hospitals (with three tertiary hospitals specializing in oncology, paediatrics and rehabilitation), long-term care, home care, services for mental ill health and substance abuse, palliative care, paediatric care and public health centres (38). The regional health system, the municipalities' social services, associations, NGOs and local agencies, such as voluntary associations and pensioners' unions, are integrated and work together to provide adequate services for citizens affected by both acute and chronic diseases. The voluntary sector in Friuli-Venezia Giulia is also active; over 1000 volunteer organizations work in different areas.

Friuli-Venezia Giulia has a tradition of integrating the health and social sectors. This tradition is reflected in the regional health and social plan, which aims to meet the needs of more vulnerable citizens, including older people. Further, a so-called welfare area, established in 2002, plays a key role in supporting the regional administration in the planning and management of interventions related to the governance of the health and social system. Its mandate includes finding and putting in place new and innovative solutions that integrate health and social services, and introducing innovative healthy ageing interventions in Friuli-Venezia Giulia through pilot projects that can be later scaled up (see Box 6).

MAIN PROGRAMMATIC DOCUMENTS FOR HEALTH IN FRIULI-VENEZIA GIULIA

The most important documents for health in Friuli-Venezia Giulia include the regional plans for health and social services and for the prevention of ill health, and the regional strategy on active and healthy ageing.

Regional health and social plan

Friuli-Venezia Giulia has three-year health and social plans, the last of which dates back to 2010–2012, as regional law no. 17/2014 for the reform of the social health system was approved in 2014 (39). At present, the system is governed by annually formulated objectives (*linee di gestione*) and other documents, such as the three-year plan for active ageing and sector plans (on, for example, prevention, mental health and active ageing). A new three-year health and social plan is to be drawn up shortly.

Regional prevention plan

The regional prevention plans for 2005–2007 and 2008–2009 marked an important shift in regional health planning, as both called for intersectoral action and the involvement of various sectors. This intersectoral approach has been carried forward by integrating stakeholders from local authorities (municipalities), education (schools), NGOs (associations, trade unions) and the health sector (health promoting hospitals) in the context of health

planning. The regional prevention plans were also the first to pay explicit attention to the various risk factors affecting the population and to set longer-term prevention objectives, which would be featured in future regional prevention plans.

In synergy with the vision, principles and priorities of the Italian national prevention plan, the most recent plan, that for 2014–2018 (40), seeks to strengthen the preventive role of general practitioners at the district level with a special emphasis on adults (including older people) and children, youth and families. Seven of its 16 programmes specifically address the vulnerabilities and needs of older people and promote healthy ageing.

- Programme I aims to improve the health of people with NCDs and chronic conditions.
- Programme V aims to increase physical activity levels in people aged over 64 years. It works through local entities and associations to facilitate older people's engagement in physical activity in urban settings for free or at reduced cost.
- Programme VII focuses on the prevention of injuries among older people in their homes and promotes safety at home among fragile populations. It includes the training of home care providers to detect risks of injuries in a sample of homes for older and bedridden people, using a checklist for chronic care management, and the provision of information materials for older people and their home care providers.
- Programme IX addresses health and safety in the workplace. It aims to improve health and safety in areas identified by the national prevention plan as most at risk, with special attention to temporary and older workers, occupational injuries and work-related illnesses.
- Programme XII, on the environment and health, aims to facilitate a health-in-all-policies approach.
- Programme XIII aims to improve the surveillance and prevention of infectious diseases and reduce the inappropriate use of antibiotics.
- Programme XV aims to promote healthy, safe and sustainable nutrition. It includes a component that will assess possible ways to promote correct chewing and proper nutrition (Box 3), with a focus on older people in precarious socioeconomic conditions.

Box. 3. Promoting proper nutrition and good oral health in Friuli-Venezia Giulia

Friuli-Venezia Giulia has put in place programmes on nutrition and oral health for older people. The oral health programme, part of the regional public health programme, seeks to respond to the needs of children aged 0–14 years and the most vulnerable people, who may not access dental care for health or economic reasons (41). This programme makes it possible to access oral health care treatment in five specific outpatient clinics at a reduced price or for free, depending on patients' economic circumstances. To implement this programme, Friuli-Venezia Giulia has invested heavily by supplying equipment and through the training of health workers.

Regional council resolution no. 66/2018 approved guidelines for catering in residences for older people, guaranteeing correct and equitable nutrition for residents (42). The guidelines focus on the organization of catering services for semiresidential and residential structures in Friuli-Venezia Giulia to ensure the well-being, protection of health and the right to healthy, safe and sustainable food among older people. They also represent a useful tool to improve the quality and effectiveness of service provision and of organizations involved in responding to older people's complex care needs. The nutrition guidelines are aligned with the priority food policy objectives of WHO and the EU.

Regional strategy on active and healthy ageing

In 2002, with the creation of the welfare area, Friuli-Venezia Giulia adopted a strategy on active and healthy ageing (43) to put in place new models of social protection, and forge new social relations and networks in local areas with models promoting sustainability; solidarity in relationships, behaviours and actions; and social responsibility, including cooperation, inclusiveness, openness and dialogue.

The strategy brings health and social services together more than in the past, and addresses the need to create new and innovative models of care and assistance that move towards deinstitutionalization of older people (and disabled people) and promote their autonomy and independent living while fostering their right to participation in community life. Box 4 provides an example of the work being carried out to raise awareness of disabled people and to encourage their social integration.

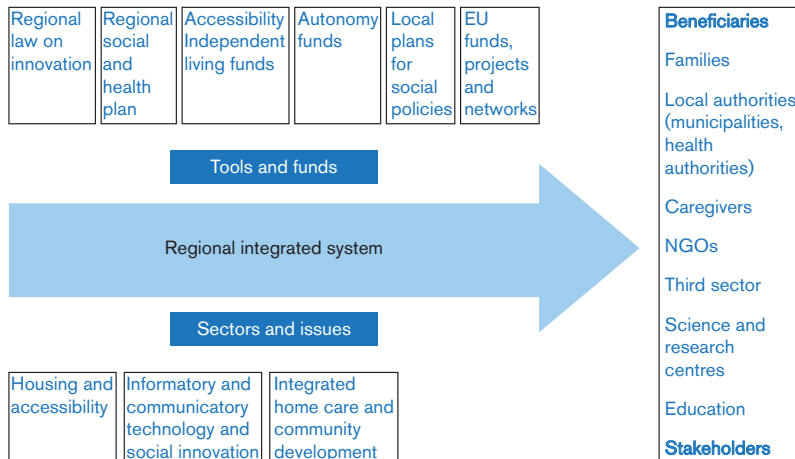
Box 4. Blind Café in Trieste

Blind Café is an initiative started by the Regional Rittmeyer Institute for the Blind in Trieste. The Institute aims to raise awareness of and provide information on blindness and low vision to the public. Most recently, activities have focused on involving the public by offering brunches, snacks and dinners in the dark every 2–3 months. This gives people with vision opportunities to experience the sensation of sharing a meal in darkness while encouraging the acceptance of diversity.

In 2014, the Rittmeyer Institute opened the Blind Café, a bar run by visually impaired people, to raise the public’s awareness and encourage visually impaired people to develop the autonomy and skills in daily living that may help them get other employment in the future. Aside from the key role of the Rittmeyer Institute, this initiative also benefits from the support of a private sponsor.

The regional strategy for active and healthy ageing takes a multisectoral approach, implemented through multistakeholder platforms (clusters, networks, thematic working groups), that treats older people not just as beneficiaries of care services but also as key actors in their communities’ growth and socioeconomic development. Friuli-Venezia Giulia has addressed this crucial challenge through considerable investment both in social and health care and research and innovation. Fig. 11 shows how the regional strategy brings together a number of components and sectors to achieve an integrated regional system.

Fig. 11. Regional strategy on active and healthy ageing, Friuli-Venezia Giulia



Source: Gianmatteo Apuzzo, Integrated University Hospital of Trieste, Local Health Authority, Autonomous Region of Friuli-Venezia Giulia, Italy, unpublished observations, 2018.

In addition to the strategy, Friuli-Venezia Giulia's regional government has promoted policies to support home care by:

- strengthening integrated social and health care services at home;
- promoting the continuity of care between hospital and district (health care districts, general practitioners, social services of municipalities);
- through *centro regionale di informazione sulle barriere architettoniche* (the regional information centre on architectural barriers) offering free-of-cost advice for the public and private citizens on the construction or renovation of buildings, houses and apartments free of architectural barriers, to promote the mobility of frail people and allow them to stay at home as long as possible;
- promoting social housing and accessibility initiatives; and
- establishing a fund to support self-sufficiency and independent living and a fund for intensive home care (article 10 of regional law no. 17/2008) (see Box 10).

Created after many of Friuli-Venezia Giulia's initiatives for healthy ageing were already in place, the regional strategy has become the umbrella covering them.

The most recent regional plans and legislation have defined a model for an integrated system of social and health services that strengthens municipalities' role in managing integrated services by promoting home care through:

- partnership between municipalities and local health authorities;
- partnership of local health authorities and social services with volunteers and associations;
- the use of integrated care models that include multidimensional and cross-sectoral evaluations of older people's needs and personalized social and care pathways; and
- the use of innovative tools for building up district social and health planning, such as in a district health plan (*piano di azione territoriale*) and local social policy plans (*piano di zona*).

Box 5 shows the comprehensive approach to healthy ageing taken by the Carmarthenshire Region in Wales, United Kingdom.

Box 5. Carmarthenshire Healthy Ageing Action Plan, Wales

The population of Hywel Dda, in Wales, United Kingdom, presents some challenges to public health and health care delivery, especially as the age structure shifts to a higher proportion of the population aged over 65 years: 23.8%, projected to increase to 28.3% by 2028 and 31.1% by 2038. The fastest growth is in those aged 85 years and over; this group comprised 3.1% of the population in 2016 but is projected to account for 7.1% by 2038: a rise of 146%. At the same time that the older population is growing substantially, the younger, working-age population (aged under 65) will decline substantially: by 25 000, or 8%.

Improvements in the population's general health have not only led to greater longevity but also have significant implications for society in terms of the cost of providing care to those living with long-term chronic conditions and/or disabilities. Chronic and degenerative diseases are a major health problem in older adults and, with the forecasts for substantial population growth in the oldest age groups, this is likely to have a significant impact on health and social care services. This situation increases the importance of efforts to reduce the harm caused by modifiable risk factors – such as overweight and obesity, smoking, physical inactivity and poor diet – to try at least partly to mitigate the expected rise in demands for services.

In an effort to mitigate some of these issues, the Hywel Dda Public Health Team worked in partnership with the Carmarthenshire Local Authority to develop a plan that would draw together all the key partners across sectors to identify current activity (through a scoping exercise and survey) and plan for future demand. The plan has the following aims:

- to prevent ill health and encourage healthy and active ageing through improving nutritional interventions, increasing opportunities to be physically active across the frailty spectrum (to improve health and well-being and to reduce falls related morbidity and mortality) and promote uptake of the influenza vaccine;
- to effectively manage chronic conditions through the implementation of health improvement interventions, and to improve the uptake of screening programmes to promote the early detection of disease and support for caregivers;
- to reduce the harm associated with modifiable risk factors such as smoking and alcohol misuse;

Box 5. contd

- to improve older people's emotional, mental health and well-being by supporting the development of interventions that help to reduce social isolation and promote mental well-being, linked to social prescribing; and
- to promote supportive environments to ensure people remain in their homes and communities, increase awareness of fuel poverty, home safety (falls, fire safety checks, etc.), and to promote age/dementia-friendly communities.

Carmarthenshire believes that healthy ageing calls for an early and proactive approach, focusing on supporting people to maintain their physical, emotional and social health as they age. Achieving this will call for a response from service providers across all sectors. Planning should be specifically aimed at people aged 50 years age and over, although it could be argued that the elements of positive ageing could be applicable to all adults.



3. Process of developing healthy ageing policies and actions

The process of putting in place strategies and initiatives for healthy ageing in Friuli-Venezia Giulia spanned about 20 years (Fig. 12), with reciprocal flows of knowledge between WHO, Friuli-Venezia Giulia, the city of Udine and the EU taking place throughout. Udine took the lion's share of initiatives and actions for healthy ageing in this period, through its membership in the WHO European Healthy Cities Network. A parallel movement, starting a couple of years later, gave birth to the regional welfare area. These two realities stimulated Friuli-Venezia Giulia's journey towards healthy ageing.

Actions were soon taken at the regional level, with the integration of healthy ageing into regional health policy. These efforts were later rooted in and reaffirmed through the passing of regional legislation and scaled up throughout Friuli-Venezia Giulia to achieve what is in place today: a regional strategy on active and healthy ageing, an active ageing portal (see Box 8) and international recognition for taking the lead in putting in place innovative solutions to care for older people while promoting their autonomy. This section describes in detail the steps taken by Friuli-Venezia Giulia in working towards healthy ageing.

KEY STEPS

Friuli-Venezia Giulia took a dozen key steps in its work for healthy ageing:

1. making a political commitment to healthy ageing and Udine joining the WHO European Healthy Cities Network;
2. setting priorities;
3. putting in place mechanisms and evidence for action;
4. embedding concepts into regional programmatic documents;
5. securing international visibility and building alliances to promote healthy ageing;
6. taking leadership in healthy ageing;

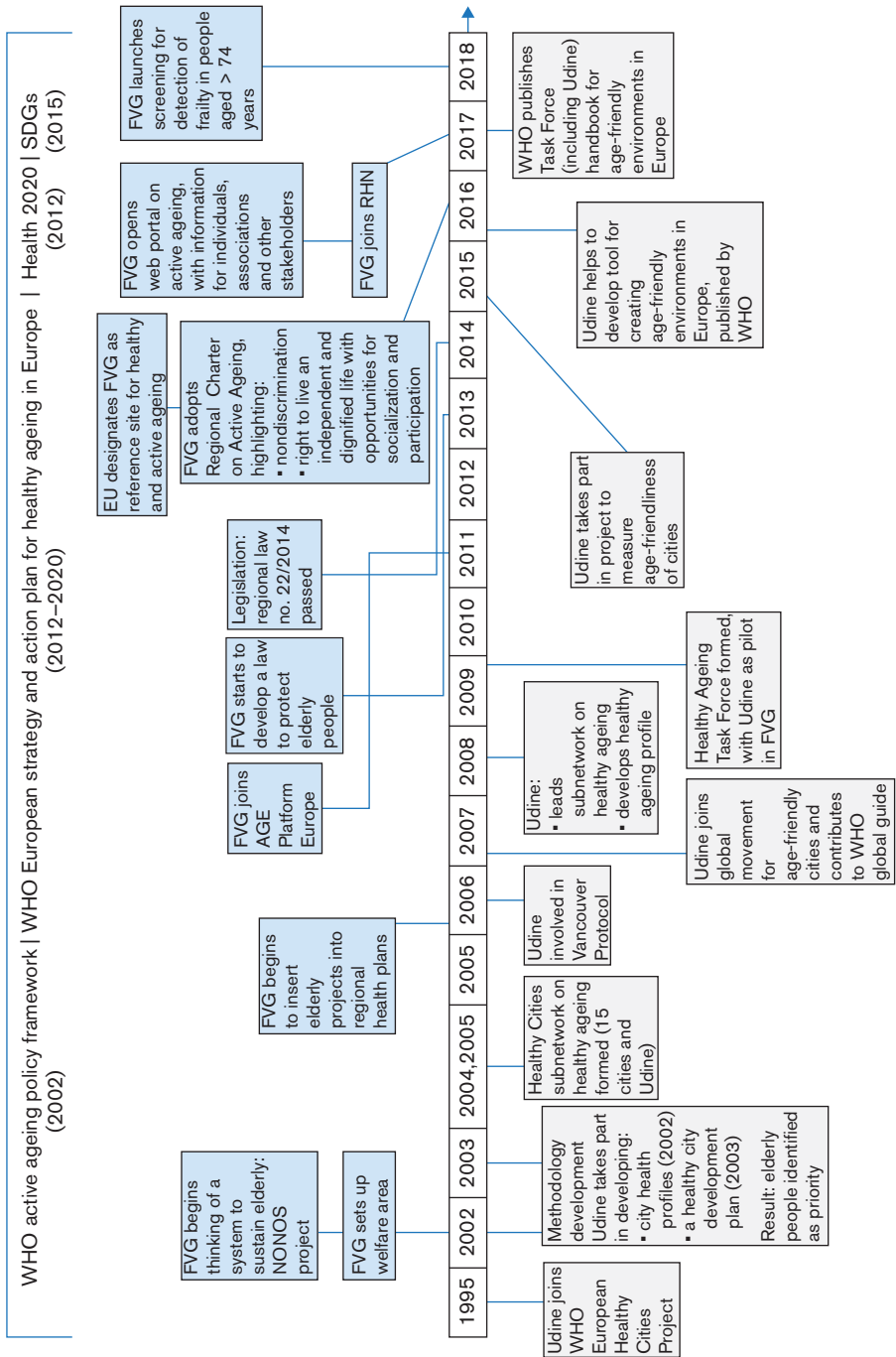
7. developing sustainable mechanisms for taking action for healthy ageing;
8. building consensus on legislation to protect older people;
9. adopting this legislation;
10. reaffirming political commitment to healthy ageing 20 years later;
11. becoming a member of RHN; and
12. giving importance to innovation for older people.

Making a political commitment to healthy ageing and Udine joining the WHO European Healthy Cities Network

Friuli-Venezia Giulia's story of healthy ageing began with Udine's joining the WHO Healthy Cities project in 1995; the project later developed into the WHO European Healthy Cities Network. This provided an entry point to work at the city level that would later shift to a focus on the creation of healthy environments for older people in and beyond Udine. The Network was developed to help cities plan to promote their populations' health, with a focus on specific projects, carried out in phases usually lasting four years. Active ageing was selected as one of the three core themes of the Network's Phase IV; soon after, Udine and 15 other cities formed a subnetwork on healthy ageing. From the start of Phase IV, ageing was considered one of the Network's main focus areas. During this period, Friuli-Venezia Giulia began of its own accord to implement many initiatives on healthy ageing in parallel. During the Network's Phase V, Udine became the lead city for the Healthy Ageing Task Force, also acting as a pilot for Friuli-Venezia Giulia.

In 1999, the Healthy Cities Regional Network was established with Udine as the Healthy Cities project office. A protocol agreement between the city of Udine and the Local Health Authority also made the city the scientific coordinator for Friuli-Venezia Giulia. In addition, six task groups were formed on the topics of cardiovascular disease; women's health; alcohol, drug and smoking prevention; the environment; children's health; and health indicators; there was also a coordination group consisting of all city councillors and municipal administration managers. Finally, a steering committee was set up with representatives of the main NGOs, authorities, institutions and trade unions.

Fig. 12. Timeline of key achievements



Note. FVG stands for Friuli-Venezia Giulia.

Setting priorities

2002–2003 was a critical period for both Udine and Friuli-Venezia Giulia in terms of setting priorities. Udine became involved in developing the methodology for city health profiles and healthy city development plans; it became a pilot city in publishing a profile in 2002 and a development plan in 2003, which resulted in prioritizing older people.

During this period, Friuli-Venezia Giulia opened the welfare area within the health area of the regional administration, the Friuli-Venezia Giulia Central Health Directorate. The welfare area's mandate would include the identification and implementation of new and innovative solutions to integrate health and social services. In this context, Friuli-Venezia Giulia began to put in place innovative interventions for healthy ageing through pilot projects that were later scaled up. The first of these was the Nonos project (nonos means grandparents in the local dialect). It started in 2003 as a partnership between the public and non-profit-making sectors to develop a community welfare system for older people in Friuli-Venezia Giulia (Box 6).



© Archivio Promozione Turismo FVG

Box 6. The Nonos (Grandparents) project, Friuli-Venezia Giulia

The Nonos project initiated work on healthy ageing in 2002. It sought to reduce the risk of institutionalization faced by older people who were not completely autonomous, by promoting and involving local communities in the development of networks to assist older people in their own homes. Overall, the project offered assistance that integrated formal and informal services, and thereby allowed older people to remain part of the social structure, while contributing to social and economic life.

During the project's life (2003–2006), about 10 associations were formed, each consisting of a few thousand family members and volunteers. The interventions carried out involved the integration of formal with informal services (provided by families and local communities) for assistance with light transport; carrying out minor tasks; shopping and purchasing needed medications; administrative procedures for accessing funding, facilities and bonuses; and support in the management of relationships with foreign caregivers. Nonos also provided assistance in the shared management of supplementary funds: special funds allocated to various sectors, including older people. One of Nonos' many components also included nurses' overseeing the health and social situation in a given area and playing the role of advocate for health services.

Over time, the associations affiliated with Nonos also received donations from the families of people assisted through the project, allowing the project to grow and implement new activities.

Although working in parallel in this period, Udine and Friuli-Venezia Giulia each came to the conclusion that older people had to become a priority and would remain so in the future.

Putting in place mechanisms and evidence for action

In 2004, Udine started action for healthy ageing through a subnetwork formed with 15 other cities in the Healthy Cities Network. The subnetwork selected three topics as main focus areas under the Healthy Cities umbrella: healthy ageing, health impact assessment and urban planning. During this period, Udine and Stockholm worked to develop the WHO guidance for the construction of health profiles of the older population (44). As a member of the subnetwork, Udine was instrumental in engaging Friuli-Venezia Giulia in similar projects for older people.

Udine also took part in the development of indicators needed to create health profiles of the older population in Friuli-Venezia Giulia, using an innovative

approach to profiling consisting of 22 indicators covering population profile, health and social care systems, and social portrait (44). The indicators covered life, as well as death, health and illness, and included the wider determinants of health and well-being, which are beyond the reach of traditional health and social services.

In 2015, Udine became involved in a pilot study organized by the WHO Centre for Health Development, in Kobe, Japan, which led to the development of the WHO guide to measuring the age-friendliness of cities (45), part of the project for age-friendly environments in Europe, in order to integrate WHO and EU work on healthy ageing. Udine was also involved in developing the tool and handbook for creating age-friendly environments in Europe (28,29). This entailed the development of indicators to build up a better profile, assessment and evaluation of healthy ageing. Box 7 provides an example from the Meuse–Rhine Euroregion, showing the structured approach it took to achieve senior-friendly communities.

Box 7. Structured and sustainable way to support communities in achieving senior friendliness, Meuse–Rhine Euroregion

An euPrevent project, Senior Friendly Community, supports 32 communities in the Euroregion Meuse-Rhine (in Belgium, Germany and the Netherlands) to achieve healthy ageing with a focus on preventing dementia and depression in old age. A four-step programme guides communities.

1. Based on a semistructured questionnaire, a baseline needs assessment is carried out in each community. This initial assessment gives insight into where communities stand with regard to dementia and depression and serves as a starting point for further action.
2. An activity buffet is organized, which presents 15 activities, based on best practices in public health for addressing dementia and depression in the region. Communities select the options they wish to implement.
3. Activities based on the communities' needs are implemented, with the support of project partners.
4. A follow-up assessment is made in each community with a focus on sustainability. Based on the assessment, each community is advised on how to make the intervention more senior friendly and sustainable.

This four-step approach has helped communities both to become more senior friendly and to address healthy ageing in a more structured and sustainable manner.

Finally, in 2017, Friuli-Venezia Giulia launched a regional web portal on active ageing (46). It showcases all the interventions in favour of the older population in Friuli-Venezia Giulia. It also features a page where associations can register themselves. The portal is managed by regional editorial staff, who handle communication with the regional departments involved and the associations accessing the portal (Box 8).



Box 8. Active ageing web portal, Friuli-Venezia Giulia

Friuli-Venezia Giulia aims to transform the ageing of the population into an opportunity for social and economic development. After the regional law for the promotion of healthy ageing was adopted in 2014, a programme for 2016–2018 and related annual plans were approved.

In 2017, the active ageing web portal (46) was created to respond to the requests of associations and entities that participated in writing the three-year programme for implementation of the 2014 law and in promoting healthy ageing. The five regional directorates involved in the web portal's creation are those responsible for:

Box 8. contd

1. health; social–health integration; social policies and the family;
2. work, training, education, equal opportunities, youth policies, research and universities;
3. district infrastructures;
4. culture, sport and solidarity; and
5. productive activities, tourism and cooperation.

The web portal aims:

- to give visibility to activities and initiatives for healthy ageing that Friuli-Venezia Giulia has put in place;
- to support networking of people concerned with healthy ageing; and
- to share information, best practices, collaboration opportunities and give greater visibility to work in the field.

All Friuli-Venezia Giulia's actions and activities for healthy ageing are included in the portal, categorized under eight thematic areas and by subject, to reflect the strategic lines of the three-year programme and the annual plans. The portal allows registered users to find activities, events, meetings and technical support, and to network for the promotion of healthy and active ageing. Users can search for information and good practices under the following thematic headings:

1. support for the family
2. training and completion of work activity
3. civil commitment
4. culture and tourism
5. transportation
6. health and wellness
7. new technologies
8. living and accessibility.

After registering, associations and institutions can access a dedicated part of the portal, in which to publish and promote their activities for healthy ageing; this creates an important network. To facilitate networking among all parties involved in promoting healthy ageing, the permanent working groups on healthy ageing (involving five directorates of the regional government) created an editorial committee to collect and validate the data entered in the portal.

Embedding concepts into regional programmatic documents

In 2005, Friuli-Venezia Giulia began to integrate healthy ageing actions into regional health plans. While it first focused on longer-term preventive objectives, it later paid specific attention to older people and children, youth and families. The welfare area facilitated the regional health and social departments' work for healthy ageing by identifying innovative new strategies and models of governance.

In this period, the welfare area also began a new project on housing (Box 9). Box 10 presents another example, which shows how Portugal integrated healthy ageing into existing health promotion programmes.

Box 9. The Feasible Living (Abitare Possibile) initiative, Friuli-Venezia Giulia

The welfare area of Friuli-Venezia Giulia started Feasible Living, an innovative housing initiative to assist older people who are partially or completely dependent or frail. It also provides assistance to disabled people. The project is carried out in custom-made dwellings that are leased to partially and completely dependent older people and equipped with furniture and accessories that meet their needs. Further, the initiative requires that the buildings themselves and their interiors not look like nursing homes. Integrated social and residential services that are already in place are provided through Feasible Living, which offers an alternative to residential facilities for older people.

In 2015, the regional council of Friuli-Venezia Giulia passed resolution no. 671/2015, giving guidelines for Feasible Living and innovative housing solutions; this defined the initiative's principles, elements, essential characteristics and procedures for implementation. The welfare area provided technical support in the development of proposals under the umbrella of Feasible Living during the project's development phase.

A 2018 regional decree calls for improvement of the quality of residences and urban planning, in order to improve the accessibility of open spaces and the built environment, thus guaranteeing equal conditions of use for all, regardless of individuals' psychophysical abilities. The decree's long-term goal is for buildings to have inclusive designs, which remove architectural barriers and enhance accessibility for residents. Friuli-Venezia Giulia will evaluate the Feasible Living initiative at the end of a three-year implementation period.

Box 10. Integrating older people's concerns in existing programmes, Portugal

In 2016, 21% of the Portuguese population was aged 65 years or over, and there were 1.5 older people for each 15-year-old. With these demographic figures, Portugal chose to promote healthy ageing focusing on community and health services and communication and information. Portugal's Directorate-General of Health and its priority health programmes and partnerships established a set of policies, measures and actions to promote healthy and active ageing across the country. Various mechanisms are also in place to communicate relevant health promotion information for older people on fall prevention, frailty, integrated care and chronic disease management, adherence to medical therapies, independent living solutions and age-friendly environments. In addition, seasonal contingency plans consider older people's needs in the event of extreme temperatures and seasonal diseases.

In addition, the Portuguese national health plan promotes healthy ageing through its priority health programmes; for example, the programme for the promotion of healthy eating produced a manual on nutrition and Alzheimer's disease, and a tool for evaluating menus in institutions for older people. It also set up a website and blog that feature information on healthy eating for older people. The Portuguese national programme for mental health developed training for health professionals and caregivers, to help address the issue of dementia. Other projects, addressing nutrition and food security, tackle the burden of obesity among older people and nutrition inequalities.

Securing international visibility and building alliances to promote healthy ageing

In 2006, Udine became one of 33 cities worldwide to use the Vancouver Protocol in conducting the focus group research that led to the WHO global guide on age-friendly cities in 2007 (27). WHO headquarters started this process in 2006 to stimulate global awareness and multisectoral action to improve age-friendliness in urban settings (27). Through the Protocol, it asked citizens, caregivers and service providers to evaluate the characteristics of an age-friendly city in eight different domains and to suggest improvements. The results were incorporated into the WHO guide and used locally to determine investment priorities. The focus areas identified through the Vancouver Protocol would later lead to the eight-domain model used by Friuli-Venezia Giulia (see Fig. 6).

In 2007, Udine also joined the WHO Global Network for Age-friendly Cities and Communities which aims to foster the exchange of experience and mutual learning between cities and communities worldwide. Udine's membership in European and international networks brought prestige and raised awareness about healthy ageing at the local level. Its membership in the international network resulted in a series of actions and activities that were included in a systematic and strategic policy to promote healthy ageing and better meet older people's needs. With the older age group as a priority area, Udine took various approaches to raise awareness on demographic ageing.

During this period, Friuli-Venezia Giulia put projects for healthy ageing in place through the regional welfare area, including:

1. welfare innovation (2004): a regional laboratory for the innovation of community welfare systems;
2. a residential requalification programme for older people who were not self-sufficient (2005);
3. housing and home care for older people (2012) (see fuller discussion in section 4);
4. consortium for assistive solutions adoption (2012–2014) (see fuller discussion in section 4); and
5. system actions for the promotion of accessibility in home environments (2012), which addresses the quality of life of older people with regard to relevant aspects in their homes, care and relationships.

In addition, regional law no. 26/2005 (see section 4) focused on active promotion of domiciliary activities (2009–2011).

In 2015, Udine adhered to the Covenant on Demographic Change (47), an international pact through which local authorities, research centres, universities, NGOs and local associations commit themselves to developing action to promote healthy and active ageing. The Mayor of Udine was appointed President of the Covenant. This marks an important step in recognizing the importance of action to support healthy ageing at the subregional level.

Taking leadership in healthy ageing

In 2008, Udine took leadership of the subnetwork on healthy ageing, and published its healthy ageing profile (48), adopted locally as the basis for intersectoral action and drawing attention to older people in a way that fostered constructive changes in the future. The profile provided quantitative and qualitative information on older people's health and living conditions and led to the development of a stable city observatory on healthy ageing (48).

Udine's profile was compiled from indicators, results from focus groups with older people and their relatives and caregivers, a sample survey on the daily habits of older people living in the city and health maps showing the main sources of useful services such as general practitioners, pharmacies, supermarkets, libraries and bus stops. As a result of the profile's creation, the topic of healthy ageing was mainstreamed as a cross-cutting theme and linked with healthy urban planning; it also provided a framework for a more liveable city for all age groups. The profile emphasized accessibility, safety and opportunities for older people through design approaches and solutions such as reducing architectural barriers, increasing road safety and creating urban spaces enabling physical activity and social cohesion (49).

Developing sustainable mechanisms for taking action for healthy ageing

Evolving from the Healthy Cities subnetwork on healthy ageing, the WHO Healthy Ageing Task Force was formed in 2009, with Udine taking a leadership role. The Task Force would work to reach the aims and objectives of the 1997 WHO Healthy Cities action plan.

Friuli-Venezia Giulia became a reference site for AGE Platform Europe, an EU network of non-profit-making organizations that aims to raise awareness on the issues that concern people aged over 50. Its members include associations, unions of pensioners and other stakeholders. For all the work it had done on behalf of older people, Friuli-Venezia Giulia received an award from AGE Platform Europe and became a reference site. Box 11 gives an example of this work.

Box 11. Hotline for elder abuse, Friuli-Venezia Giulia

Older people suffer from many forms of intentional or unintentional abuse. Abuse can take place in their homes, residential structures and in their surrounding environments, owing to a lack of consideration of architectural barriers and lack of services.

WHO defines elder abuse as “a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” (1). A study by Yon et al. (59), which looked at data from 52 studies on elder abuse published in 2002–2015, found the global prevalence to be 15.7%, or about one in six older adults. The types estimated to be most prevalent were: psychological abuse, financial abuse, neglect, physical abuse and sexual abuse.

In Friuli-Venezia Giulia, a social cooperative that belongs to AGE Platform Europe established a hotline for elder abuse (*telefono anziani maltrattati*) to tackle the issue in the region and throughout Italy. It consists of a telephone service and follow-up activities:

- to gather information on, report and handle cases of abuse of older people;
- to collaborate with national and EU organizations and
- to carry out training, disseminate information and raise awareness on the abuse of older people.

The project is completely financed by Friuli-Venezia Giulia. From 2001 to 2017, the hotline received 2607 calls, opened 346 cases for investigation and registered 164 cases of elder abuse. Over 54% of the people accessing the hotline were widows and another 20% comprised married older people; over 84% were over the age of 70. Close to 40% called the hotline directly and about 35% of calls came from family members filing complaints for older people. Over 50% of the reported abusers were family members, neighbours or caregivers.

The hotline has helped abused older people regain their dignity. Its existence also reflects the need for a shift in the way of looking at older people in Italy, to guarantee their enjoyment of their human rights.

Building consensus on legislation to protect older people

In 2012–2013, Friuli-Venezia Giulia began to develop a methodology to work on healthy ageing, and legislation to protect older people. The development of the law took a year, during which all public and private stakeholders in Friuli-Venezia Giulia with knowledge on the topic of healthy ageing (listed

in Box 12) were invited to contribute ideas on the legislation and on future work. About 50 meetings were held with stakeholders. Meetings were also held with members of the regional council, politicians involved in council commissions and mayors. Another set of meetings was held for the public to promote the new legislation.

As mentioned, a permanent interdisciplinary working group, involving five directorates of the regional government, was established to consolidate all input and ensure the inclusion of all stakeholders in both developing the law and planning for its implementation. The working group later held monthly meetings on carrying out the three-year sectoral plan and the yearly plans to implement it.

Adopting legislation to protect older people

In 2014, the regional government passed law no. 10/98 to promote and operationalize healthy ageing, to favour older people's remaining in their homes and discourage their institutionalization (50). The law's articles coincide with the eight domains of the framework for age-friendly environments (29); this gives it added value and demonstrates the influence of the work carried out with WHO to promote healthy ageing.

Once the law was passed, meetings were organized to present it and decrees were made to ensure implementation of its various articles. The law also called for setting up of the permanent interdisciplinary working group; members are to include representatives of associations, the local health authorities, trade unions, the Red Cross and regional government directorates. It also called for a yearly budget allocation to activities for healthy ageing; from this point onward, Friuli-Venezia Giulia would be able to set aside funds each year to implement different elements the law's articles with a specific work plan.

In 2016 a three-year programme for implementation of regional law no. 22/2014 was approved and developed into three annual implementation plans (for 2016, 2017 and 2018). Work is underway to build the subsequent three-year plan, which will be preceded by a report containing the evaluation of efforts in 2016–2018.

Box 12. Involvement of sectors and stakeholders, Friuli-Venezia Giulia

In the 20 years in which Friuli-Venezia Giulia developed strategies for healthy ageing, a number of stakeholders and sectors have been involved. From the government side, Friuli-Venezia Giulia established an innovative means of collaboration by setting up the permanent interdisciplinary working group for the development and implementation of regional law no. 22/2014 on healthy ageing (50). This consisted of people working in five directorates (responsible for: health, social–health integration, social policies and family; employment, training, education, equal opportunities, youth policies, research and university; district infrastructure; culture, sport and solidarity; and enterprises, tourism and cooperation) and Friuli-Venezia Giulia’s liaison office in Brussels.

The members of the working group recognize the importance of promoting healthy lifestyles and preventing ill health, and enabled the implementation of the 2014 law.

The other stakeholders involved come from a wide array of sectors, and include:

- local health authorities;
- health care and public service companies;
- municipalities, individually or in groups;
- educational institutions and universities;
- social services;
- intermunicipal territorial unions;
- trade unions (pensioners);
- the voluntary sector: NGOs and associations representing older people;
- associations to protect consumers and their rights;
- non-profit-making organizations and private entities that operate in any capacity in the areas for implementation of the law;
- social cooperatives;
- the regional association of municipalities that deals with social and health issues;
- representatives of sheltered homes; and
- private companies.

During this period, Friuli-Venezia Giulia developed a regional strategy on healthy ageing. Faced with an ageing population and a growing proportion of dependent older people within it, the strategy aimed:

- to put in place innovative ways of caring for older people while promoting their autonomy;
- to identify innovative solutions to health and social services for older people; and
- to help older people live healthy and independent lives at home as long as possible through better prevention, new home care solutions and community-based initiatives.

Reaffirming political commitment to healthy ageing 20 years later

In 2016, the Charter on Active Aging in Friuli-Venezia Giulia (51) was adopted. The Charter was meant:

- to guide policy choices falling within the priority areas of regional law no. 22/2014 through regular dialogue and exchange with the scientific community;
- to acknowledge the importance of promoting healthy lifestyles and preventing ill health;
- to acknowledge the importance of technology in fostering solutions and opportunities for active ageing and greater social inclusion, including public demand for innovation;
- to involve elderly people in identifying new technologies and social innovations to improve their quality of life and increase social inclusion;
- to facilitate paths for intergenerational integration that connect young people, adults and older people; and
- to consider the transversal development of services for citizens with a view to active ageing.

Becoming a member of RHN

In 2017, Friuli-Venezia Giulia became a member of RHN in order to make its work known and to exchange ideas and good practices with other regions. After 20 years of experience with acting on WHO Healthy Cities principles, and focusing on healthy ageing for over three quarters of this time, Friuli-Venezia Giulia moved from the local to the regional and international levels.

Giving importance to innovation for older people

Friuli-Venezia Giulia has adopted much legislation, and implemented several initiatives and pilot projects funded by regional, national and international funding instruments. Article 22 of regional law no. 26/2005 on innovation (52) calls on Friuli-Venezia Giulia to promote and finance projects for research on and innovation in delivery systems for health care and social services, while promoting partnerships and involving the private sector. Public–private partnerships have led to the development of innovative solutions for improving accessibility and the social inclusion of older people, and the setting up of a number of pilot initiatives.

Friuli-Venezia Giulia is setting up a regional framework to scale up and share these experiences. It includes an educational project for municipalities that aims to inform and teach local administrators and politicians the importance of investing in integrated and replicable programmes, with a focus on prevention and with the possibility of extending these projects to all municipalities of Friuli-Venezia Giulia. Friuli-Venezia Giulia has included research and innovation work in its annually formulated objectives and finance initiatives. These projects include home automation solutions to improve the quality of home life (see section 4). Boxes 13 and 14 provide examples showing how RHN members have applied innovative technology to health.

Box 13. Implementing integrated care using new technologies, Autonomous Province of Trento

Since 2011 an Internet platform called TreC (the electronic personal health record) has been used in the Autonomous Province of Trento, Italy to promote new models of integrated care for several chronic conditions, with special attention to older people affected by them. It is also being used for home monitoring in clinical trials and pilot tests. The platform offers an integrated system for self-care and telemonitoring, which consists of a logbook app for patients' smartphones that can be connected to sensors for continuous data gathering; a dashboard for data visualization by care teams, which is also accessible to family members; and a customizable rule-based alarm system designed to alert clinicians or patients to any anomalies.

TreC facilitates integrated care in several ways.

- The use of remote monitoring functions reduces the need for in-person encounters, which can cause a significant burden in such a mountainous region as Trento. In a clinical trial with pregnant women with type 1 diabetes, TreC allowed the care team to monitor parameters and adjust therapies on a daily basis, reducing the number of in-person consultations.
- Electronic learning tools with some advanced functions offer patients suggestions on lifestyle or therapy, or checklists of things to do before contacting doctors. In clinical trials conducted with older adults with type 1 diabetes, patients had access to dietary suggestions via an app (e.g. carbohydrate counter) and received real-time counselling.
- Remote monitoring of compliance is used for the management at home of high-risk conditions that are normally managed in hospitals; management functions are now delegated to patients. In a clinical trial of oral chemotherapy at home, TreC was used to offer clinicians a tool for constant monitoring of patient adherence, complications and medication side-effects.
- The monitoring of lifestyles can prevent the onset of chronic conditions. As health care institutions do not have the resources to provide education and counselling to the whole population, TreC offers the possibility of targeting specific populations with advice and counselling. A special app has been developed to facilitate lifestyle changes by virtual coaching and the granting of health tokens that can be spent to support public health interventions and/or to obtain discount rates at participating private companies (excluding unhealthy industries/products).
- TreC can also be used through another app to keep track of the results of all clinical examinations (since 2007), prescriptions and specialist consultations.

Box 14. Digital platforms for promotion of healthy ageing, Andalusia

The Regional Ministry of Health of Andalusia, Spain has developed policies on healthy ageing with a focus on security, health, participation and, more recently, life-long learning. Healthy ageing was also included in legislation passed in 2011 and in the fourth Andalusian health plan. Most recently, Andalusia has embarked on the development of a digital platform to promote the four pillars for healthy and active ageing, called *en buena edad* (in good age). The platform aims to promote physical and emotional well-being; welfare; personal development; the improvement of interpersonal and intergenerational relationships to reduce isolation and loneliness; and social inclusion by addressing inequalities.

The platform will allow for interaction among target groups such as people aged over 55 years; health care professionals; professionals in the social sector and individuals from sectors such as education, justice and urban planning; public and private entities involved in healthy ageing; older people's associations; and civil society. Multiple methodologies were used for the platform's development, such as working groups and participatory approaches to identify the target areas and the type of action required for the selected programmes; expert panels; evidence-based research; meetings with institutions, organizations and associations; preparation of audiovisual materials and video recordings and carrying out of surveys.

The platform offers an evidence-based approach for its contents, and has a multidirectional vision; all target groups are welcome to contribute experiences, knowledge and proposals. Taking a holistic view of the population over 55, and not forgetting multiculturalism, the contents are developed according to needs, demands and evidence, and translated into English and French for foreigners living in Andalusia, but also for potential international dissemination.

4. Innovation within the health care system and use of information and communication technology

Friuli-Venezia Giulia passed legislation in support of innovation and information and communication technology (ICT), such as regional law no. 26/2005 on innovation, scientific research and technology development (52); article 22 focuses on innovation in the welfare sector, specifically calling on Friuli-Venezia Giulia to promote and finance research and innovation projects for the systems that deliver health care and social services, to promote partnership and to involve the private sector. Under this law, projects are funded to promote the quality of life at home for older and dependent people, to adapt flats with technology (home automation), and to implement teleassistance and telemedicine initiatives.

Since 2011, Friuli-Venezia Giulia has put in place much ICT to benefit older people's health and well-being, some partially funded by the EU. This section describes some of the technology used.

REMOTE MONITORING SYSTEMS

SmartCare

The SmartCare project allowed for monitoring older patients with complex or chronic diseases from their own homes. Launched in 2003, SmartCare involved regions in several countries, including all 20 Italian regions and 10 sites throughout the country. Country participation in the project was versatile, as each has different health care models.

SmartCare transmitted clinical data (on blood pressure, weight, heart rate and saturation, glucose and environmental parameters) to an online platform that health care providers and patients' families could easily access, even remotely. This was shown to be an effective way of monitoring patients closely; when anomalies were detected, an alarm system alerted medical staff to take action.

In 2014, Friuli-Venezia Giulia was selected to take part in this project, owing to its history of integration and innovation; it registered 201 patients, half

being discharged from hospital and half having chronic conditions. The former showed a significant decrease (over 20%) in recurring hospitalizations 3–6 months after the system was put in place.

Safe at Home (Sicuri a Casa)

The Safe at Home service aims to increase the safety of frail people and allow them to remain in their homes even in challenging situations. It uses reliable and easy-to-use technology and has three operations centres in Friuli-Venezia Giulia (two in Trieste and one in Udine), which are active 24 hours a day and have qualified personnel who speak the local language and know the area. The system manages health and social emergencies at home in a timely manner and connects assisted people to family, social and institutional networks, responding to any request for help or practical need at any time. Safe at Home helps to counteract social isolation and monitors people's living conditions, thus helping to reduce public health expenditure, delay institutionalization and prevent the improper use of institutional services to manage first-level emergencies.

In 2017, 4280 people used the Safe at Home service in Friuli-Venezia Giulia. Of these, 85% were women with an average age of 83 years; 87% lived alone and 84% were partially self-sufficient. Further, 74% of users had no other social or health services in their area.

Home health care teleassistance (*teleassistenza domiciliare sanitaria*)

A remote home health care system assisted 787 older people in 2017, by telephoning to remind them to take medication and or other necessary actions at home. Of the users, 71% were women with an average age of 82 years; 79% lived alone and 93% were partially self-sufficient. Further, 57% of users had no other social or health services in their area.

In 2017 the system registered a total of 1040 alarms; 62% comprised requests for health care (74% of which were managed by a private company without using institutional services); 35% were social in nature and 3%, psychological. Further, 665 calls resulted in home interventions; 31 300 calls were related

to telemonitoring and 11 300, to the correct remote administration of medication.

AMALIA

The AMALIA project, started in 1997 to address the problem of solitary deaths of older people, has evolved over time into a support system for active ageing, intended:

- to counteract loneliness;
- to bring older people together to socialize;
- to monitor health and follow up conditions; and
- to provide older people with opportunities for physical activity.

In 2017 AMALIA worked with 474 people; 87% were women aged over 81; 86% lived alone and 68% were self sufficient. AMALIA provided help through 15 367 telephone calls and 985 specific interventions and services, such as monitoring of therapeutic treatment, medication delivery, social integration and opportunities for physical activity for older people.



Housing and Homecare for older and vulnerable people and Local Partnership Strategies in Central European cities (HELPS) project

HELPS was a three-year project (October 2011–September 2014), funded by the transnational cooperation programme of Central Europe, an EU funding programme that inspires and supports cooperation on shared regional challenges. Friuli-Venezia Giulia was a lead partner in HELPS, along with 14 partners from other parts of Italy and other countries (Austria, the Czech Republic, Germany, Hungary, Poland, Slovakia and Slovenia). The main objective was to promote innovative housing and care solutions for older people and people with disabilities, in response to transnational challenges such as ageing, disability and the risk of social exclusion. The project encouraged synergies among different fields of expertise with a focus on:

- access to information on services to support active and independent living at home for older people, disabled people and their families;
- accessibility of spaces and urban areas used in daily life through a process that promotes the independence of vulnerable people and facilitates their social integration (see Box 15);
- the empowerment of people providing care for older people and of other professionals working in fields related to demographic changes such as ageing;
- the use of technology to support the autonomy of older people and people with disabilities;
- the construction of reciprocal social linkages that contribute to social integration and assistance of vulnerable people in their own neighbourhoods; and
- the sustainability and efficiency of care systems.

HELPS aimed to develop and consolidate innovative housing and care solutions by supporting models of integrated local governance to help influence relevant policies, products and services. As part of the project, HELPS analysed and evaluated the existing housing and care solutions for older people in the countries involved. Eight pilot actions, one in each

country, were to be carried out to test an innovative service to support the autonomy of older people and people with disabilities. Using the results, strategic documents were to be produced to influence decision-making processes at the local, national and international levels.

Box 15. The “greet your neighbour” initiative, Friuli-Venezia Giulia

Launched in 2011, “greet your neighbour” (*saluta il tuo vicino*) is an initiative carried out by the municipality of Casarsa della Delizia in Friuli-Venezia Giulia that aims to prevent and address the risk of isolation and loneliness among older people. It focuses on the most vulnerable segment of the older population: people aged over 65 years who live alone and have little day-to-day social contact. It aims build a live social network for this group, helping people cultivate new friendships with others who are available to listen to them, understand their needs and concerns and, if necessary, report any special needs to the municipality’s social service unit. This project came at the request of volunteers from the older people’s commission and receives support from the social services in the municipalities.

The project group consists of volunteers from the older people’s commission, who identify people aged over 65 that live alone. The volunteers then liaise with family practitioners and carry out a joint assessment, which later becomes a personalized weekly plan for each individual. This can involve activities such as a scheduled telephone call to check on the person, visits, assistance with daily activities, providing company on a neighbourhood outing and proposing attendance at community events. These actions are performed either by a social worker and a volunteer, or by them and the family practitioner.

This project is an example of welfare in action, paying special attention to solidarity and the involvement of the local community. For these reasons, the project has spread to other municipalities.

Consortium for Assistive Solutions Adoption (CASA) project

The CASA project focused on the development of regional policy and exchange of knowledge on the scaling up of innovative ICT and services for independent living for older people and those who were chronically ill. CASA was part of the Community of Regions for Assisted Living (CORAL), in which a few dozen European regional governments collaborate. Through the CORAL network they build connections between their innovation clusters in the fields of ambient assisted living and active and healthy ageing.

In CASA, 14 participating organizations from 13 European regions worked together to develop policy to support the implementation of solutions for active and assisted living by means of study visits, the exchange of good practices, secondments and a final conference in 2014. The themes of the study visits included monitoring, safety and self-management, social interaction, chronic diseases, healthy lifestyles and rehabilitation, informal care, evaluation models for telemedicine, integrated regional policies for mobility and liveability, business and knowledge development, user-driven innovation through public–private partnership and large-scale deployment of ICT solutions.

The participating regions were Flanders (Belgium) as lead partner, Southern Denmark, Veneto and Friuli-Venezia Giulia (Italy), North Brabant (the Netherlands), Wielkopolska (Poland), Catalonia and Andalusia (Spain), Timiș County (Romania), East Sweden and the Halland (Sweden), and the county of Kent and Scotland (United Kingdom),

CALL CENTRE

The Central Health Directorate of Friuli-Venezia Giulia activated a call contact centre with two main functions:

- to provide information on and handle booking of health services; and
- to implement campaigns for disease prevention and welfare promotion, and carry out surveys on the health status of the population, the quality of services offered and customer satisfaction.

This unified the various call centres of the local companies providing health care assistance and created a single reference point for communicating with citizens on various health-related issues.

Health and social services centre (Centro Servizi Sociosanitari)

With the help of the private sector, health care companies in Friuli-Venezia Giulia set up a series of services designed to support the regional health system in caring for vulnerable people. The services are indirectly financed by Friuli-Venezia Giulia, which provides all the interventions and services of the regional public health system. Some of these initiatives are in place throughout Friuli-Venezia Giulia while others are limited to individual health care companies. The aim is to spread existing good practices throughout Friuli-Venezia Giulia, sharing knowledge and skills while reducing management costs.



5. Lessons learned

The 20 years of experience with promoting healthy ageing have benefitted both the city of Udine and Friuli-Venezia Giulia as a whole. This section describes key factors in facilitating this work, challenges and key messages.

ENABLING FACTORS

The key enabling factors were:

1. data to help make the case for investing in older people;
2. political support at the city and regional levels, and champions;
3. a belief in solidarity;
4. legislative instruments;
5. the willingness of other sectors to come on board;
6. networking and integration of work; and
7. the creation of a web portal

Data on the demographic trends in Friuli-Venezia Giulia, showing the large and increasing proportion of older people, provided the evidence policy-makers needed to move forward with this topic. Further, Udine's 2008 profile of older people in the city (49), using indicators from the WHO guidance it had helped to develop (45), provided a picture of older people's habits, created health maps and was key to understanding older people's needs. Thus, data making the case for investment in older people allowed the later targeting and allocation of resources.

At the very beginning, the mayor of Udine, with the agreement of all the city councillors, set up an office in collaboration with the local health agency, called the Integrated Health Promotion Office and sometimes the WHO Healthy Cities project office. This initiated a tradition of institutional integration in Friuli-Venezia Giulia. The Healthy Cities project thus got onto the political agenda and started the work on healthy ageing. Friuli-Venezia

Giulia also invested heavily in this integrated process; its role was equally important. The early inclusion of consideration of older people's needs in the regional prevention plan and the development of a regional strategy for healthy ageing were key to cementing healthy ageing as a regional priority. Such actions translated into **strong political will** and the shared goal of and belief in helping older people live healthily and independently at home as long as possible.

In Friuli-Venezia Giulia, **solidarity**, or removing barriers to living an independent life and investing in cities that consider elderly people's (and children's) needs, was shown at all levels, from policy-makers to civil society. The strong belief that no one should be left behind was an enabling factor that made Friuli-Venezia Giulia's experience and strategies for healthy ageing successful.

The existence of **legislative instruments** to support and fund healthy ageing were key. The pillars of regional law no. 22/2014 on active and healthy ageing (51) support home care and social living, healthy lifestyles and socialization for older people. The law also calls for budget allocation for each of its articles (and programmes linked to them), and Friuli-Venezia Giulia annually allocates money to carry out all programmes and sustain the process. In addition, regional law no 26/2005 on innovation, scientific research and technology development (53) has facilitated the implementation of innovative health and social service solutions for healthy ageing initiatives in the region. Article 22 of the law, on innovation in the welfare sector, specifies that Friuli-Venezia Giulia can promote and finance projects of research and innovation on health care delivery system and social services, promoting partnership and involving the private sector (53). As a result, Friuli-Venezia Giulia put in place 15 projects per year to promote the quality of life at home for older and dependent people, to adapt flats with technology and to implement and teleassistance and telemedicine initiatives.

Putting a new law into action is not simple. It relies on a number of **sectors contributing in their areas of expertise**. Sectors involved in taking actions for healthy ageing in Friuli-Venezia Giulia include local health authorities, all relevant regional government directorates and associations that deal with older people, including trade unions. These associations played a major facilitating role, as they helped create an understanding of older people's hidden needs and represented civil society.

The importance of **networking** between private entities, NGOs, institutions and citizens cannot be underestimated. In Friuli-Venezia Giulia's experience, the benefits included empowering citizens and integrating stakeholders in settings where most are used to working vertically. Working together towards the common goal of healthy ageing gave people a chance to integrate their work and thereby learn other ways of working. Integration is very important in dealing with frailty among older people. Frail people tend to be on the borderline; they may move quickly from not using health care to suddenly needing its help. Frailty needs to be monitored, which can only be done in an integrated way.

The creation of a regional **web portal** for older people and those working with them (47) facilitated work, the sharing of experience and access to needed information and services by older people, their families and associations. The portal give visibility to existing work for healthy ageing, provides opportunities for networking and collaboration, and serves as a forum for sharing best practices.

CHALLENGES

Important challenges included:

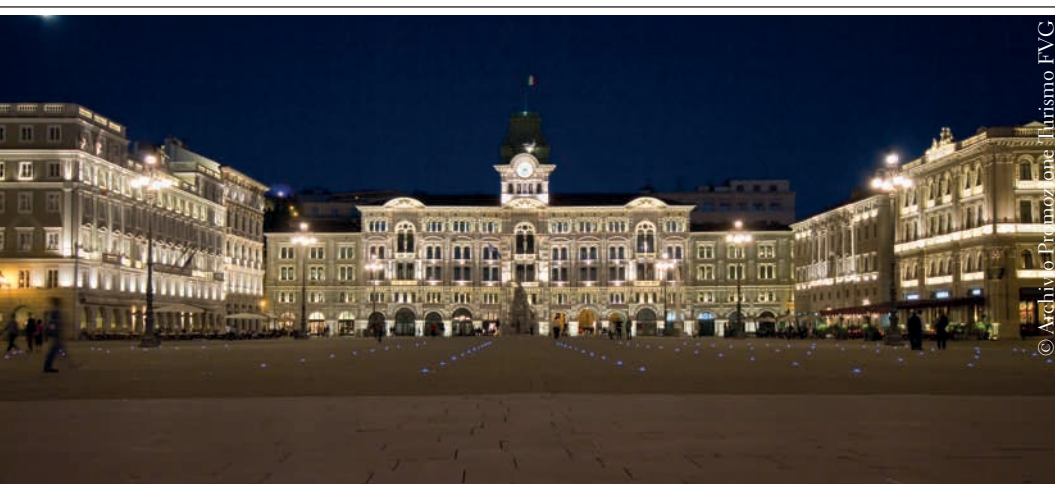
- working in an integrated way;
- understanding the importance of evaluation;
- finding a unified coordination mechanism; and
- fostering the idea of supportive environments in Friuli-Venezia Giulia.

At the beginning of the process, **working in an integrated way** was a challenge, since all parties were used to working in their own sectors' silos. Bringing together public bodies operating in Friuli-Venezia Giulia – representing the social services, local health authorities and NGOs – was not always easy. Integration was achieved gradually, with the help of institutions that strongly believed that it would be a key turning point and way of working. Regional law no. 22/2014 on healthy ageing (51) supported integrated work by calling for the setting up of an intersectoral working group, which still meets regularly.

The **evaluation** of processes was not always embedded. While writing plans is easy, process and outcome evaluation are not always considered. A culture of evaluation is needed, which recognizes the importance of monitoring actions and initiatives. Further, every programme put in place must include an evaluation plan that creates an understanding the effectiveness of actions or the need for changes.

Putting multilevel governance systems in place is not simple, as it requires **coordinated action** by the EU, its Member States and regional and local authorities, based on the principles of subsidiarity, proportionality and partnership, in order to define and implement EU policies. It also calls for a willingness to work on multiple levels in an integrated way, regionally and locally. This kind of governance can become a way to develop and implement public policies across multiple levels of decision-making: national, regional and local. Friuli-Venezia Giulia's strategy for healthy and active ageing (44) is a good example of this kind of multilevel governance.

Building the concept that a region that is good for older people is good for all – including children and frail and/or sick people – was a challenge. Friuli-Venezia Giulia overcame it by following WHO guidance while developing, with the help of institutions and associations, a strategy for a supportive, resilient and friendly **regional environment for all citizens**. Solidarity is a deep-rooted value in Friuli-Venezia Giulia, as shown by the large number of active associations.



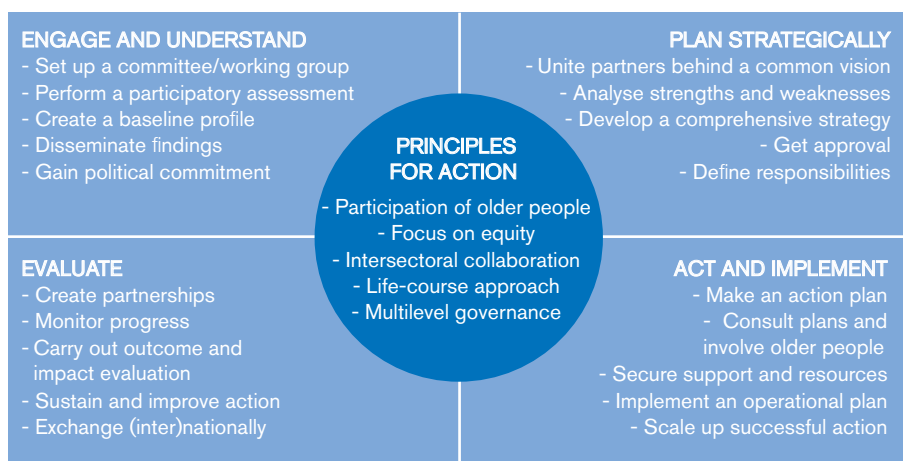
© Archivio Promozione Turismo FVG

Friuli-Venezia Giulia's work for healthy ageing reveals six key messages.

1. **Age-friendly environments are good for all.** Understanding the context where action is needed is important; so are liaising with international agencies and engaging civil society and NGOs to show how environments that are good for older people also benefit other members of society. It is important to work in an integrated way to create profiles of older people and needed legislation, and to collaborate with the social sector and the private sector to build solidarity on the issue.
2. **Intersectoral mechanisms work.** The development of regional law no. 22/2014 on healthy ageing (51) and the setting up of the permanent interdisciplinary working group to implement it show that intersectoral involvement are key. The contributions of various sectors – including volunteers, associations and the private sector – were essential to the establishment and maintenance of the variety of initiatives in Friuli-Venezia Giulia. Friuli-Venezia Giulia gave these players a common goal that they could recognize and work towards through initiatives to implement the regional law.
3. **It is useful to start small or locally and gather evidence to use in later scaling up.** The city of Udine provided successful examples of actions for healthy ageing that motivated other parts of Friuli-Venezia Giulia to come on board. Monitoring and evaluating these actions made it possible to adapt a programme and later extend different components to Friuli-Venezia Giulia as a whole.
4. **Recognizing the value of making a cultural shift from citizens to policy-makers will help.** Older people's participation as citizens is one of the five key principles for action that shape the WHO tool for policy-makers and planners in creating age-friendly environments in Europe (28). The tool guides policy-makers to perform a participatory assessment and consult older people (Fig. 13). For 20 years, Friuli-Venezia Giulia pursued a process involving the empowerment of citizens (through the profile of older people (49) and the city health development plan), the raising of awareness among politicians and the provision of ad hoc information and a training project for policy-makers. While Udine acted as a pilot city by joining the WHO Healthy Cities project, and then the WHO European

Healthy Cities Network, a regional network has been built through which politicians have invested a lot in this issue. This has allowed for the sharing of good practices, and the implementation and scaling up of projects to ensure better health for the whole community.

Fig. 13. Model of principles and steps to create age-friendly environments



Source: *Creating age-friendly environments in Europe. A tool for local policy-makers and planners* (28).

5. **Conducting planning in cycles based on evaluation is important.** In Friuli-Venezia Giulia, the 2014 law for healthy ageing (51) consolidated this mechanism. Before the law was passed, Friuli-Venezia Giulia drew up a new health plan every three years, which was evaluated on an annual basis. At present, there are three-year sector plans (on, for example, prevention, mental health and active ageing) that are monitored on a yearly basis. The existence of sector plans allows all parties to go directly to work on the priority topics and evaluate their work.
6. **Exposure to international experience, leadership and expertise is beneficial.** Udine's membership and leadership role in an international network helped strengthen its work to promote healthy ageing. In addition, Friuli-Venezia Giulia has continued to gain international recognition for having taken the lead in putting in place innovative solutions to care for older people while promoting their autonomy. Twenty years after the process began, politicians at the regional level continue to work in synergy, sharing healthy ageing as a political priority. The most recent example of this can be seen in Friuli-Venezia Giulia's decision to join RHN.

References³

1. Ageing and life-course. In: World Health Organization [website]. Geneva: World Health Organization; 2018 (<http://www.who.int/ageing/healthy-ageing/en>).
2. Active ageing: a policy framework. Geneva: World Health Organization; 2002 (http://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf?sequence=1).
3. Documenti con tag: popolazione [Documents with tags: population]. In: Istat [website]. Rome: Istituto Nazionale di Statistica; 2018 (<https://www.istat.it/it/archivio/popolazione>) (in Italian).
4. World report on ageing and health. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1).
5. Growing the European silver economy background paper. Brussels: European Union; 2015 (<https://ec.europa.eu/digital-single-market/en/news/growing-silver-economy-background-paper>).
6. Costongs C. Healthy Ageing EU-funded project (2004–2007). Brussels: EuroHealthNet; 2006 (<http://ec.europa.eu/social/BlobServlet?docId=3094&langId=en>).
7. Sadana R, Blas E, Budhwani S, Koller T, Paraje G. Healthy ageing: raising awareness of inequalities, determinants, and what could be done to improve health equity. *Gerontologist*. 2016, 56(Suppl 2):S178–93. doi: 10.1093/geront/gnw034.
8. Draper H, Fenton SJ. General patterns of health inequality are repeated in the older population. Birmingham: University of Birmingham; 2014 (<https://www.birmingham.ac.uk/Documents/research/policycommission/healthy-ageing/3-General-patterns-of-health-inequality-are-repeated-in-the-elderly-population-updated.pdf>).
9. Ageing, older persons and the UN 2030 Agenda for Sustainable Development. New York: United Nations Development Programme;

³ All electronic references were accessed on 23 May 2018.

- 2017 (https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/07/UNDP_AARP_HelpAge_International_AgeingOlderpersons-and-2030-Agenda-2.pdf).
10. Strategy on women's health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0003/333912/strategy-womens-health-en.pdf?ua=1).
 11. The Vienna International Action Plan on Ageing. New York: United Nations; 1983 (<http://www.un.org/es/globalissues/ageing/docs/vipaa.pdf>).
 12. World Health Assembly resolution WHA52.7. Active ageing. In: Fifty-second World Health Assembly, Geneva, 17–25 May 1999. Resolutions and decisions. Annexes. Geneva: World Health Organization; 1999:8–9 (<http://apps.who.int/iris/bitstream/handle/10665/260179/WHA52-1999-REC1-eng.pdf?sequence=1>).
 13. Madrid Plan of Action and its Implementation. In: United Nations [website]. New York: United Nations; 2018 (<https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>).
 14. World Health Assembly resolution WHA58.16. Strengthening active and healthy ageing. In: Fifty-eighth World Health Assembly, Geneva, 16–25 May 2005. Resolutions and decisions. Annex. Geneva: World Health Organization; 2005:83–85 (http://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/A58_2005_REC1-en.pdf).
 15. World Health Assembly resolution WHA65.3. Strengthening noncommunicable disease policies to promote active ageing. In: Sixty-fifth World Health Assembly. Resolutions and decisions. Annexes. Geneva: World Health Organization; 2012:3–6 (http://apps.who.int/gb/ebwha/pdf_files/WHA65-REC1/A65_REC1-en.pdf).
 16. Health 2020. A European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1).
 17. Resolution adopted by the General Assembly on 25 September 2015 70/1.

- Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations; 2015 (resolution A/RES/70/1; http://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf).
18. The Minsk Declaration. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/policy-documents/the-minsk-declaration>).
 19. Strategy and action plan for healthy ageing in Europe, 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0008/175544/RC62wd10Rev1-Eng.pdf?ua=1).
 20. World Health Assembly resolution WHA69.3. The global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life. Geneva: World Health Organization; 2016 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R3-en.pdf?ua=1).
 21. Global strategy and action plan on ageing and health. Geneva: World Health Organization; 2017 (<http://www.who.int/ageing/WHO-GSAP-2017.pdf?ua=1>).
 22. Draft thirteenth general programme of work 2019–2023. In: World Health Organization [website]. Geneva: World Health Organization; 2018 (<http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en>).
 23. Sustainable development knowledge platform [website]. New York: United Nations; 2018 (<https://sustainabledevelopment.un.org/?menu=1300>).
 24. Healthy ageing and the Sustainable Development Goals. In: World Health Organization [website]. Geneva: World Health Organization; 2018 (<http://www.who.int/ageing/sdgs/en>).
 25. Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. Copenhagen: WHO Regional Office for Europe; 2017 (document EUR/RC67/9 +EUR/RC67/Conf.Doc./4; http://www.euro.who.int/__data/assets/pdf_file/0008/345599/67wd09e_SDGRoadmap_170638.pdf?ua=1).

26. Dyakova M, Hamelmann C, Bellis MA, Besnier E, Grey CNB, Ashton K et al. Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020. Copenhagen: WHO Regional Office for Europe; 2017 (Health Evidence Network Synthesis Report No. 51; http://www.euro.who.int/__data/assets/pdf_file/0008/345797/HEN51.pdf).
27. Global age-friendly cities: a guide. Geneva: World Health Organization; 2007 (http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf).
28. Creating age-friendly environments in Europe. A tool for local policy-makers and planners. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0018/333702/AFEE-tool.pdf?ua=1).
29. Age-friendly environments in Europe. A handbook of domains for policy action. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0011/359543/AFEE-handbook.PDF?ua=1).
30. Friuli-Venezia Giulia rapporto statistico annuale [Friuli-Venezia Giulia annual statistical report]. Trieste: Department of Planning, Strategic Planning, Management Control and Statistics, Autonomous Region of Friuli-Venezia Giulia; 2017 (in Italian).
31. World population ageing 1950–2050. New York: United Nations; 2002 (<http://www.un.org/esa/population/publications/worldageing19502050>).
32. Glossary: material deprivation. In: Eurostat [website]. Brussels: European Union; 2018 (http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Material_deprivation).
33. Stato di salute della popolazione di Friuli Venezia Giulia 2015 [Health status of the population of Friuli-Venezia Giulia 2015 Friuli-Venezia Giulia]. Trieste: Autonomous Region of Friuli-Venezia Giulia; 2015 (http://www.regione.fvg.it/rafv/export/sites/default/RAFVG/salute-sociale/promozione-salute-prevenzione/allegati/02072015_profilo_di_salute.pdf) (in Italian).
34. Statistica [Statistics] [website]. Trieste: Autonomous Region of Friuli-

- Venezia Giulia; 2018 (<http://www.regione.fvg.it/rafvfg/cms/RAFVFG/GEN/statistica>).
35. European Health Information Gateway [webportal]. rofe Copenhagen: WHO Regional Office for Europe; 2018 (<https://gateway.euro.who.int/en>).
 36. Demographic indicators. In: I.Stat [website]. Rome: Italian National Institute of Statistics; 2018 (http://dati.istat.it/Index.aspx?DataSetCode=DCIS_INDDEMOG1).
 37. Salute e Invecchiamento Attivo nella Azienda per i Servizi Sanitari 1 “Triestina”. Risultati della sorveglianza della popolazione con 65 anni e più “PASSI d’Argento. Indagine 2012-2013 [Health and Active Aging in the Health Services Company 1 “Triestina” Results of the surveillance of the population aged 65 and over “PASSI d’Argento. 2012–2013 survey]. Trieste: Azienda Sanitaria Integrata Universitaria Trieste; 2017 (http://www.asuits.sanita.fvg.it/opencms/export/sites/ass1/it/azienda_informa/_docs/passi_passi_argento/RappPDA_2012operatori.pdf) (in Italian).
 38. Health care systems – four basic models. In: Physicians for a National Health programme [website]. Chicago: Physicians for a National Health Program; 2018 (http://www.pnhp.org/single_payer_resources/health_care_systems_four_basic_models.php).
 39. Legge regionale 16 ottobre 2014, n. 17. Riordino dell’assetto istituzionale e organizzativo del Servizio sanitario regionale e norme in materia di programmazione sanitaria e sociosanitaria [Regional law 16 October 2014. No. 17. Reorganization of health and social system in Friuli-Venezia Giulia]. Trieste: Regional Council of the Autonomous Region of Friuli-Venezia Giulia; 2014 (<http://lexview-int.regione.fvg.it/fontinormative/xml/xmlLex.aspx?anno=2014&legge=17&ART=000&AG1=00&AG2=00&fx=lex>) (in Italian).
 40. Piano regionale della prevenzione (PRP) del Friuli Venezia Giulia 2014–2018 [Regional prevention plan (PRP) of Friuli-Venezia Giulia 2014–2018]. Trieste: Autonomous Region of Friuli-Venezia Giulia; 2015 (http://www.presidente.regione.fvg.it/contenuti/Documenti/26709_pianoRegionaleDellaPrevenzione.pdf) (in Italian).

41. Programma regionale di odontoiatria sociale [Regional program of social dentistry] [website]. Trieste: Autonomous Region of Friuli-Venezia Giulia; 2018 (<http://www.regione.fvg.it/rafvfg/cms/RAFVG/salute-sociale/promozione-salute-prevenzione/FOGLIA9>) (in Italian).
42. La ristorazione nelle residenze per anziani: linee guida della regione Friuli Venezia Giulia [Catering in residences for the elderly: guidelines of the Friuli.Venezia Giulia region]. Trieste: Autonomous Region of Friuli-Venezia Giulia; 2018 (http://www.regione.fvg.it/rafvfg/export/sites/default/RAFVG/salute-sociale/promozione-salute-prevenzione/allegati/06032018_linee_guida_ristorazione_anziani_26__febbraio.pdf) (in Italian).
43. Delibera n. 9 del 12 gennaio 2018. Legge regionale 14 novembre 2014, n. 22 – Piano operativo 2018 [Resolution no. 9 of 12 January 2018. Regional Law of 14 November 2014, n. 22 – Operational plan 2018]. Trieste; Trieste: Autonomous Region of Friuli-Venezia Giulia; 2018 (<https://invecchiamentoattivo.regione.fvg.it/documents/20182/46606/Piano+2018/cdf3e5ae-439e-4e5d-9f1d-a2187aa9bf17>) (in Italian).
44. Healthy ageing profiles. Guidance for producing local health profiles of older people. Copenhagen: WHO Regional Office for Europe; 2008 (http://www.euro.who.int/__data/assets/pdf_file/0011/98399/E91887.pdf).
45. Measuring the age-friendliness of cities. A guide to using core indicators. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/handle/10665/203830/9789241509695_eng.pdf?sequence=1).
46. Invecchiamento attivo [Active aging] [web portal]. Trieste: Autonomous Region of Friuli-Venezia Giulia; 2018 (<https://invecchiamentoattivo.regione.fvg.it>).
47. The Covenant on Demographic Change. Brussels: Age Platform Europe; 2015 (http://agefriendlyeurope.org/sites/default/files/Covenant_brochure.pdf).
48. Udine. Il profilo di salute della popolazione anziana [Udine. Health profile of the elderly population]. Udine: Integrated Health Promotion Department, Udine; 2008 (<http://www.comune.udine.gov.it/files/>

tematiche/salute-sociale-welfare/citta-sane/udine/profilo_anziani.pdf)
(in Italian).

49. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. Elder abuse prevalence in community settings: a systematic review and meta-analysis. *Lancet Glob Health*. 2017;5(2):e147–56. doi: 10.1016/S2214-109X(17)30006-2.
50. Legge regionale 14 novembre 2014, n. 22. Promozione dell'invecchiamento attivo e modifiche all'articolo 9 della legge regionale 15/2014 (in materia di protezione sociale) [Regional Law November 14, 2014, n. 22. Promoting active aging and amendments to Article 9 of Regional Law 15/2014 (on social protection)]. Trieste: Autonomous Region of Friuli Venezia-Giulia; 2018 (<https://lexview-int.regione.fvg.it/fontinormative/xml/xmllex.aspx?anno=2014&legge=22>).
51. La Carta Sull'Active Ageing in Friuli Venezia Giulia [The Charter on Active Aging in Friuli-Venezia Giulia]. Trieste: Autonomous Region of Friuli-Venezia Giulia; 2016 (<https://invecchiamentoattivo.regione.fvg.it/documents/20182/47321/Carta+invecchiamento+attivo/75d0c8f5-7bd8-472e-9c29-bf64653cf5b6>) (in Italian).
52. Legge regionale 10 novembre 2005, n. 26. Disciplina generale in materia di innovazione, ricerca scientifica e sviluppo tecnologico [Regional law 10 November 2005, n. 26. General framework for innovation, scientific research and technological development]. Trieste: Autonomous Region of Friuli-Venezia Giulia; 2005 (<https://lexview-int.regione.fvg.it/FontiNormative/xml/xmllex.aspx?anno=2005&legge=26>) (in Italian).

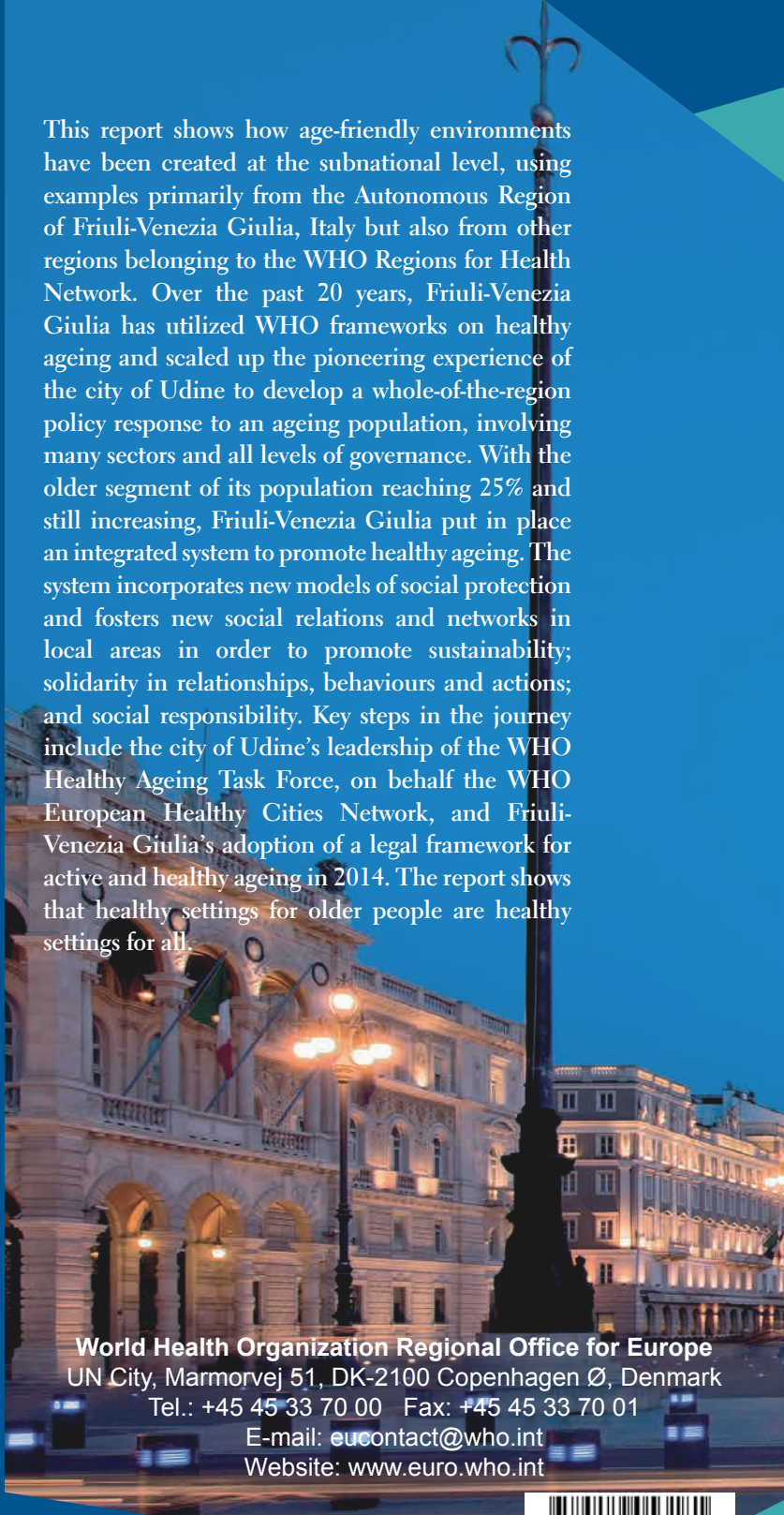
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan
Original: English

This report shows how age-friendly environments have been created at the subnational level, using examples primarily from the Autonomous Region of Friuli-Venezia Giulia, Italy but also from other regions belonging to the WHO Regions for Health Network. Over the past 20 years, Friuli-Venezia Giulia has utilized WHO frameworks on healthy ageing and scaled up the pioneering experience of the city of Udine to develop a whole-of-the-region policy response to an ageing population, involving many sectors and all levels of governance. With the older segment of its population reaching 25% and still increasing, Friuli-Venezia Giulia put in place an integrated system to promote healthy ageing. The system incorporates new models of social protection and fosters new social relations and networks in local areas in order to promote sustainability; solidarity in relationships, behaviours and actions; and social responsibility. Key steps in the journey include the city of Udine's leadership of the WHO Healthy Ageing Task Force, on behalf the WHO European Healthy Cities Network, and Friuli-Venezia Giulia's adoption of a legal framework for active and healthy ageing in 2014. The report shows that healthy settings for older people are healthy settings for all.



World Health Organization Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
E-mail: eucontact@who.int
Website: www.euro.who.int



9 789289 053181 >