STUDY VISIT ON CROSS-SECTOR COLLABORATION FOR HEALTHY AND ACTIVE AGEING (AHA.SI PROJECT)

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Contents

Background 2

The AHA.SI project, Stakeholders involvement and participation, use of social network model 3

The AHA.SI project, prolonged employment, postponed retirement and preretirement activities 4

Long term care, intergenerational centres, e-tools for municipalities, Pensioners Association field activities, falls prevention 6

Meeting with relevant Ministries representatives 9

Meeting with members of Ljubljana City Council and administration: empowerment of older people, health and quality of life 11

Joint conference - Ottawa charter 30th anniversary celebration 12

Conclusion 14

Annex 15

Participants: 15

Background

The study visit provided the opportunity to understand the opportunities and challenges experienced by stakeholders working on healthy and active ageing initiatives in the social context across Slovenia. These approaches have international significance and have received EU co-funding for collaborative work.

The National Institute of Public Health in Slovenia co-organised the study visit with EuroHealthNet. It enabled meetings with key social sector organisations and representatives of the Prime Minister's office plus relevant ministries. The Last day of the study visit was organized as a joint conference of the EuroHealthNet, NIPH, MoH and the WHO Europe Regions for Health Network, as a shared event dedicated to 30th anniversary of the WHO Ottawa charter. The conference was at the same time the introduction to the WHO '*Summer school on advocacy and translation of evidence for different audiences on inter-sectoral action for health equity and well-being'*. The event was presented on the WHO website[1] as *"Joint event of EuroHealthNet Study visit, WHO Summer School and has added value with the aim of networking, sharing knowledge, experiences and good practices among different networks and institutions."*

The content of the visit mainly concerned learning from the AHA.SI project. That involved the Ministry of Employment, Family, Social Affairs and Equal Opportunities (MLFSA), the Ministry of Health (MoH), Ministry of Education Science and Sport, and the Ministry of Defence in Slovenia. A large number of other stakeholders have participated and provided input in AHA.SI project, while the overall awareness on demographic change, challenges and possible solutions has increased and was well communicated during and after the project end[2]. By using an active outreach strategy with innovative networking approaches all relevant stakeholders were included in AHA.SI social network[3].

The AHA.SI project[4] focused on the three key priorities:

- prolonged employment and delayed retirement,
- tools promoting and supporting active and healthy ageing in all population groups,
- long-term care, integrating social and health services at local level.

Maintaining a healthy and active ageing population is one of the main challenges for Slovenian society. Budget constraints and demographic changes require a more efficient use of resources and integrated policies. The objectives are to simplify and better target the needs of older populations, to enable people to live healthy lives, and to use their full potential in social and economic life. Better and stronger coordination between actors from the public health and social sectors, and possibly other sectors, with joint responses and actions are part of the solution.

The EU policy focus has provided an opportunity for our Slovenian members to strengthen integrated strategies and actions for active and healthy ageing. The strategic objectives of the EU2020 Strategy,

[1] http://czr.si/summer-school-2016.aspx
[2] http://www.staranje.si/sites/www.staranje.si/files/upload/images/aha.si_communication_report_v2.0_eng.pdf
[3] http://www.staranje.si/sites/www.staranje.si/files/upload/images/aha.si_networking_report_eng.pdf
[4] http://www.staranje.si/aha-si/izdelki-projekta-project-outputs

the EU Semester process, and the Social Investment Package were used to develop measures for active and healthy ageing and to contribute to reducing inequities among older people. The Active and Healthy Ageing Strategy in Slovenia (AHA.SI) project was funded by the European Commission's (EC) DG Employment, Social Affairs and Inclusion5 with the aim to support the development of the new comprehensive Active and Healthy Ageing Strategy for Slovenia. AHA.SI was a two year project that began on 1st of March 2014, and ended in February 2016.

The team working in the AHA.SI project in Slovenia has developed coordination mechanisms between nongovernmental, public and private organizations working on health and social issues, as an added value to the "technical" preparation of the active and healthy strategy development process. The purpose of the study visit was therefore to disseminate lessons learned to other EU states, to exchange experiences and to discuss implementation measures.

The AHA.SI project, Stakeholders involvement and participation, use of social network model

(DAY ONE, 4TH JULY, NATIONAL INSTITUTE FOR PUBLIC HEALTH)

The situation of older people in Slovenia and the background of the AHA.SI project development were presented by Mojca Gabrijelcic (National institute of public health, AHA.SI project coordinator).

The presentation made reference to Slovenia's country specific recommendations (CSRs) for 2013-2016 linked with health reform, long term care reform, pension reform, reform of employment market, and a focus on integration of older workers.

The objectives and characteristics of different project areas were presented, including: prolonged employment and delayed retirement, preretirement activities for active and healthy old age, falls prevention among elderly, assisted independent living and long term care, empowerment of older citizens, ageing in digital society, prevention of frailty, managing dementia (solutions for living environment). The discussions were focused on the way the social network model was used to identify relevant stakeholders, and their role, influence and relevance for the project.

[5] See http://ec.europa.eu/social/main.jsp?catId=629&langId=en&callId=384&furtherCalls=yes

One of the key results of the project AHA.SI was the involvement, commitment and active participation of relevant stakeholders. By using a welfare mix for the typology of stakeholders[6] and defining the relationships with different stakeholders as well as the intensity (power) and the direction of relations the consortium has managed to identify and engage in a comprehensive way a large number of stakeholders. Their input and participation to the project has helped defining scenarios for the future of ageing in Slovenia and increase awareness and knowledge on current challenges, limitations, and opportunities for change in the current social and health systems.

The AHA.SI project, prolonged employment, postponed retirement and preretirement activities

(DAY ONE, 4TH JULY, NATIONAL INSTITUTE FOR PUBLIC HEALTH)

Dr. Boris Majcen, Director, and Dr. Damjan Kavas, Institute of Economic Research, Slovenia, presented the AHA.SI work on prolonged employment and postponed retirement, one of the main societal and economic challenges for the coming decades. The consequences of low fertility are far-reaching: a) the direct effect of reducing the number of children, and consequently b) the low number of children due to the lower number of women of childbearing age; c) With an additional delay of 20-30 years, a reduction in the number of people in the labour market (of 125,000 people). Future demographic scenarios were presented and modelling scenarios (zero, realistic, and optimistic) for future developments were presented and debated among participants [7]. Recommendations for policy decision makers attracted attention[8].

Preretirement activites were presented by Mojca Gabrijelcic (NIJZ), Robert Zadek (Ministry of Defence), and Vida Bogatay (Association of retired school teachers of Slovenia)[9][10]. Preretirement activities aim to raise awareness among older workers and provide knowledge and skills on how to lead a successful and good quality life after retirement. It will enable them to age while being active,

[6] http://www.staranje.si/sites/www.staranje.si/files/upload/images/blaginjski_trikotnik_teoreticni_okvir_za_mrezenje_aha.si_2014_1.pdf

[7] http://www.staranje.si/sites/www.staranje.si/files/upload/images/ier_analytical_report.pdf

[8] http://www.staranje.si/sites/www.staranje.si/files/upload/images/wp3-m20_document-en.pdf

[9] http://www.staranje.si/sites/www.staranje.si/files/upload/images/aha_si_dp4_predupokojitvene_priprave_na_starost_english_final.pdf

[10] http://www.staranje.si/sites/www.staranje.si/files/upload/images/m20_pre-retirement_activities_april_4_2016.pdf

and acknowledge their potential and usefulness in society after retirement. They are aiming to offer this service to all workers in Slovenia and thus reduce the differences in health and quality of life of the older population. The passionate interventions of Mrs Vida Bogataj were warmly applauded.

A short presentation by Cristina Chiotan (EuroHealthNet, the partner evaluating the project).covered the evaluation process – the methodology, ongoing process, and how the main findings supported the project implementation and outcomes. The presentation was held

In this session, participants noted

- The innovative and participatory approach in identifying all stakeholders and their role,
- The way all sectors interconnected and how awareness was gradually increased,
- The strength, experience and importance of the relationship between the individual/organisation and the project,
- AHA.SI team's ability to engage different ministries in the project beyond the health ministry,
- The full involvement of all stakeholders, i.e. at local and national level.

Some of the lessons learned were:

- To engage other sectors that are traditionally not active partners in health promotion and disease prevention,
- The need to use the language of others to implement the "health in all policies principles",
- It is possible to work with different political departments when there is the will and commitment of all stakeholders,
- Harmonize the concepts, definitions, knowledge and perceptions increases dialogue capacity and work among the stakeholders,

- The need for strong and effective engagement at all levels and across all relevant sectors as the basis for design, delivery and evaluation of public health interventions.
- The approach to create a future scenario where people feel comfortable highlighting disconnect/uncertainty with the healthy ageing agenda was good.

Joint walking guided tour around the Ljubljana, Green capital 2016, was organized on Day 1, in the late afternoon.

Long term care, intergenerational centres, e-tools for municipalities, Pensioners Association field activities, falls prevention

EU policy and mechanisms – opportunities for action

(DAY TWO, MORNING SESSIONS, RESIDENTIAL HOME TABOR)

The morning session was held at the residential home Tabor in the centre of Ljubljana. For the introduction with the residential home, study visit participants were invited to have a morning exercise session together with the residents. The exercises were quite demanding!

The session included presentation of long term organisational framework11 12, including long-term coordinators. Their role is to identify user's needs for long-term services at local level, prepare

[11] http://www.staranje.si/sites/www.staranje.si/files/upload/images/wp5_dolgotrajna_analitsko_ang.pdf

personal plans for long-term care, to coordinate service providers and to monitor the implementation of individual plans. Secretary of State Dr. Andreja Črnak Meglič, was highly interested in that part of the project and participated in that part of study visit, too, explaining the participants the challenges of translating the expert knowledge to policy decision making processes.

Another presentation was held on the importance of falls prevention as well ass the strategic planning and engagement of actors across society[13] [14]. A presentation was given by the former Slovene Minster of Health, Božidar Voljč, who is a very active retired person, engaged in falls prevention.

The participants were introduced to the 'Net-Age project' focusing on dementia and including activities in three countries: Slovenia, Serbia and Italy.

Another project presented was **'**Elderly People For A Better Quality Of Life At Home', implemented by the Pensioners Association in Slovenia. The work aimed to visit and identify elderly people over the age of 69 in local community who need assistance for independent living and to provide assistance to local social services. The programme achievements were: 158.069 people older than 69 visited; 733.425 visits made to people older than 69; organized assistance in 228.704 cases.

A more detailed discussion was facilitated by Clive Needle (EuroHealthNet's Policy and Advocacy Director) on the role of the EU, existing policy and mechanisms, including the EU semester, the Social Investment Package and the potential European Pillar of Social Rights.

The EU guidance role and opportunities it creates for action at national, regional, and local levels were presented using handouts and active participation. The role of the EU policy and guidance created the opportunity for the AHA.SI project and further inter sectoral action in Slovenia.

[12] http://www.staranje.si/sites/www.staranje.si/files/upload/images/m20_aha_si_dolgotrajna_oskrba-ang.docx.pdf

[13] http://www.staranje.si/sites/www.staranje.si/files/upload/images/analitsko_poro_ilo3-padci-ang_1.pdf

[14] http://www.staranje.si/sites/www.staranje.si/files/upload/images/m20-2_padci-ang.pdf

As a part of the session, as the conclusion, participants were invited to eat lunch in the residential home, to try the taste and consistency adaptation of the food, prepared for older people in line with the guidelines.

In this session, participants noted

- That long-term care is an independent field, to strengthen community care services to provide a uniform implementation of health and care services, and to recognise the importance of informal caregivers and non-governmental organisations;
- The approach used to implement and connect all sectors for one goal; the e-tools used for municipalities; the active involvement of pensioner associations and the volunteering activities that help to promote the health of the elderly;

Some of the lessons learned were:

- The possibility to use the volunteering project as a tool to reach out to the target group and to keep them active participants in the society;
- Participants shared information about the Scottish policy on Health & Social Care Partnerships;
- The close link and opportunities taken by the project with the EU policy agenda, and the support from EuroHealthNet;
- The comprehensive approach and discussion on the EU policy;
- The information about the European Pillar of Social Rights.

Meeting with relevant Ministries representatives

(Ministry of Education, Science and Sport, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health) including the Ministry of Defence

(DAY TWO AFTERNOON)

The afternoon session was organized at the Ministry of Education, Science and Sport andbegan with a discussion with the representatives of different sectors. . Study visit participants had a chance to discuss the AHA.SI experiences with the AHA.SI project Steering group members: Mrs. Nina Pirnat, Secretary of State at the Ministry of Health; Dr. Magda Zupancic, Senior Advisor to the Minster Ministry of Labour, Family, Social Affairs and Equal Opportunities; Mrs. Teja Dolgan, Ministry of Education, Science and Sport; and Mr. Robert Zadek, Ministry of Defence.

The meeting with all the Ministries enabled the participants to understand better the process of inter sectoral work in Slovenia, as well as the importance of high level policy participation and support. Participants were able to ask questions about the process and work undertaken, the challenges and opportunities as well as context specific issues and political entry points.

The steering group was recognised as a well-defined AHA.SI tool, representing the supportive link among the experts, governmental officials and policy decision makers. **In the session, participants noted**

- A successful health promotion program is not realisable without strong governmental support and participation;
- Information specific to Slovenia e.g. how ministerial departments and portfolios are arranged.
- The Ministry of Defence has taken part in such a project.
- The commitment of different political departments in the development of a project that can give an important contribution in the area of active aging;

- The strong and intense relationship of all ministries and the synergy created to achieve the main goals in the project. Also surprising was the follow up and sustainability of the project in the long term after the active project phase.

Some of the lessons learned were:

- The way the collective action is used and implemented and the partners are attracted to participate and keep motivated;
- The common language that emerged in the discussions from different sectors
- Effective cross ministerial commitment and working on healthy ageing;
- The need to look at other (non-traditional) partners to achieve the goals and get the best sustainable results
- That a common language can be found regarding health issues between different sectors
- Things to share – Community Planning Legislation, link to Scottish Centre for Healthier Working Lives and Community Empowerment Legislation/Standard for Community Engagement.
- Benefits of “small” Government to enable effective cross ministerial working.

Meeting with members of Ljubljana City Council and administration: empowerment of older people, health and quality of life

(LJUBLJANA CITY HALL, DAY TWO AFTERNOON)

The afternoon meeting provided the opportunity of an open discussion with the representative of Ljubljana municipality and the 'ageing counsellor' in the City Council.

It integrated aspects related to integration and protection of elderly people as well as the challenges and opportunities related to the project Active and quality ageing in home environment (A-Q-A).

Some very innovative engaging approaches of the members of Seniors' organisation in Ljubljana were presented.

In this session, participants noted

- A successful health promotion program are not realisable without a strong local governmental support and participation;
- the changes that the municipality of Ljubljana developed to make the city age-friendly
- The different programs to promote activity, health and societal participation of older people
- The passion of the people who presented the different activities implemented by the city council; the enthusiasm and active role of the retired person
- The engagement of the administration to take care and action.
- All the work to promote better life to older people. It is really a good example of health in all polices.

Some of the lessons learned were:

- The professional backgrounds and deep connection, knowledge, and interest of local issues by local politicians;
- To advocate more for the needs of different target groups and involve more the target group themselves;
- Urban Design Features
- The value of retired volunteers and how this can be a key part of pre-retirement planning.
- The importance of listening to the pensioners' associations and actively involved them in decision-making.

- Things to share: Riga's municipality experience and Health Scotland's Equality Impact Assessment Toolkit.

Joint conference - Ottawa charter 30th anniversary celebration

(DAY 3, MORNING)

On the third day the participants attended the joint conference in association with the summer school on advocacy and translation of evidence for different audiences on intersectoral action for health equity and well-being organised by the Ministry of Health, the National Institute of Public Health, the WHO Collaborative Centre in Murska Sobota, and WHO Europe.

Three EuroHealthNet members presented examples of good practices from their countries:

- Pania Karnaki from Prolepsis on E-Capacit8 program which looks into training health professionals from the occupational health sector into how best to attend the needs of an ageing working population;
- Karin Proper from RIVM on the program 'Healthy In…'. "I believe this is a very nice example of a program to help municipalities to strengthen their local approach to address health inequalities." http://www.gezondin.nu/aanbod/programma-gezond-in;
- John Howie from NHS Scotland on tools for developing places with communities across all life stages, an evidence, policy and practical delivery perspective: 'Place Standard' can be found at http://www.placestandard.scot/#/home.

Clive Needle, EuroHealthNet's Policy and Advocacy Director presented the session on Advocacy for intersectoral action for health equity and well-being.

Mojca Gabrijelčič presented the AHA:Si stakeholders engagement process to the whole audience.

This session provided the opportunity to present EuroHealthNet's members good practices to a larger audience which included Slovenian and neighbourhood countries' experts, students and young practitioners as well as WHO Europe representatives.

Conclusion

The study visits provided the participants with the opportunity to understand and exchange information on how to work across sectors in the area of healthy and active ageing. Current societal challenges, like migration and demographic change, were addressed and discussed with Slovenian economic and social experts.

The field visit to a residential home provided the opportunity to participate in the daily program of the residents, sharing their daily food and activities.

Moreover, the study visit included the presentation of several other projects, implemented by the biggest national NGO, the Social Institute and local authorities.

The participation of high level decision makers was found to be relevant and useful by all participants. It provided opportunities to learn more about integrated approaches, other sectors' relevant needs and priorities, and to discuss challenges and exchange information on opportunities.

The meetings allowed participants to assess the work undertaken at local level, and the role of national and political leadership for sustainability and impact. The multi-sector integrated approach undertaken by the National Public Health Institute was seen as an example of addressing the social determinants of health while applying the 'health in all policies' principles. The Slovenian project AHA.SI was initiated following an opportunity created by EU policy priorities and supported by EuroHealthNet. The dedicated session provided updates on the social agenda at EU level, including the potential Pillar of Social Rights, and stimulated discussion over future opportunities and collaborative work. Participants gathered a better understanding of EU policies and processes and acknowledged EuroHealthNet's role in providing support and collaboration opportunities.

Study visit participants with State Secretary Dr. Andreja Črnak Meglič

Annex

Participants:

On behalf of EuroHealthNet: Clive Needle (Director Policy and Advocacy), Cristina Chiotan (Policy Senior Coordinator)

From EuroHealthNet's member organisations:

1. Joanna Bogusz, National Institute of Public Health-National Institute of Hygiene Poland
2. Paula Bráz Marques, Instituto Nacional de Saúde Doutor Ricardo Jorge Portugal
3. Péter Csizmadia, National Institute for Health Development, Hungary
4. John Howie, NHS Health Scotland
5. Pania Karnaki, Institute of Preventive Medicine Environmental and Occupational Health, Prolepsis, Greece
6. Karin Proper, RIVM, Netherlands
7. Inga Solovjova, Riga city council Department of Welfare, Latvia
8. Nikola Tilgale – Platace, Riga city Council Department of Welfare, Latvia
9. Malti Varshney, Kent County Council, UK

From National Institute of Public Health (NIJZ):

10. Mojca Gabrjielcic Blenkus ;
11. Ada Hocevar Grom;
12. Monika Robnik;
13. Matej Vinko;
14. Andreja Mezinec;
15. Nina Scagnetti;
16. Katja Turk.

From other organisations and sectors:

17. Boris Majcen – IER Institute for Economic Research;
18. Damjan Kavas – IER - Institute for Economic Research;
19. Bozidar Voljic - Emonicum;
20. Magda Zupancic – MDDSZ – Ministry of Labour, Family, Social Affairs and Equal Opportunities;
21. Peter Beznec – CZR – Centre for Health and Development Murska Sobota;
22. Vida Bogataj – ZDPDS – Association of Retired School Teachers;
23. Robert Zadek – MORS – Ministry of Defense
24. Janja Drole – SSZS - Association of Social Institutions of Slovenia;
25. Lea Lebar – IRSSV - Social protection Institute of R of Slovenia;
26. Andreja Cernak Meglic – Kabinet presednika vlade – State Secretary in Prime Minister's Cabinet;
27. Anja Sonc – ZDUS - Slovenian Federation of Pensioners' Organization;
28. Barbara Kobal Tomc – IRSSV - Social protection Institute of R of Slovenia;
29. Klara Golja – Obcina/Local community Kanal ob Soci;
30. Zlata Marin - Director of the Residential home Tabor;
31. Janja Cesnik – ZDUS - Slovenian Federation of Pensioners' Organization;
32. Teja Dolgan – MIZS – Senior Advisor to Ministry of Education, Science and Sport;
33. Nina Pirnat – MZ – State Secretary, Ministry of Health;
34. Lada Zei, retired journalist, Slovenian Federation of Pensioners' Organization
35. Mojca Preglav – Local community LJubljana
36. Sedmak Marjan - Slovenian Federation of Pensioners' Organization