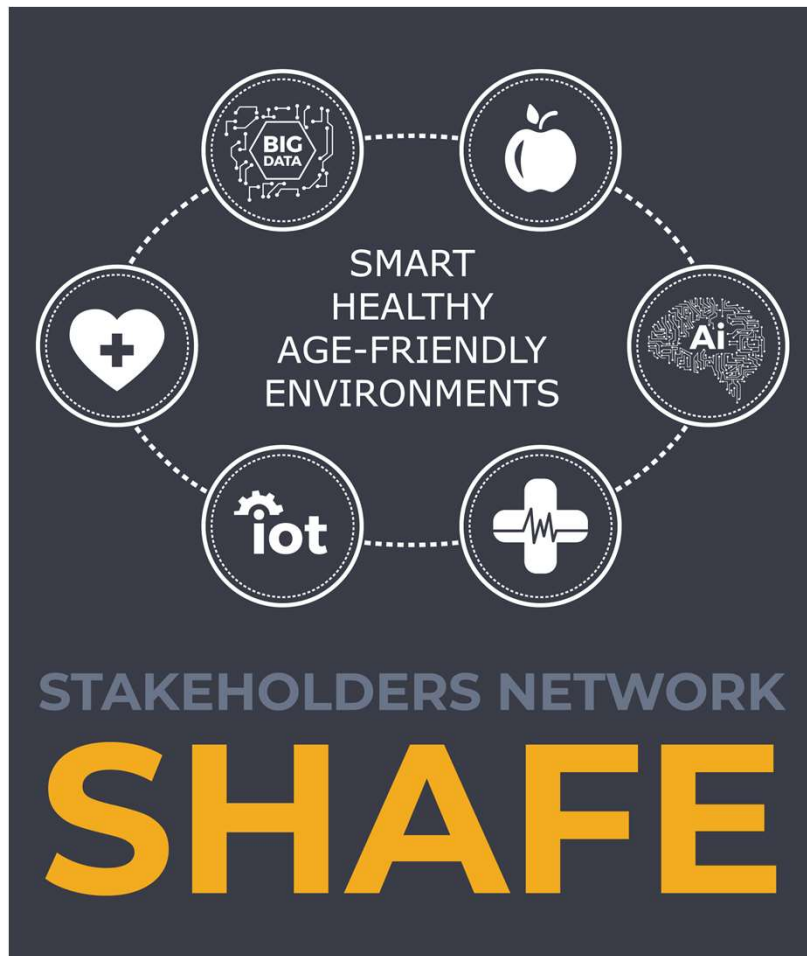
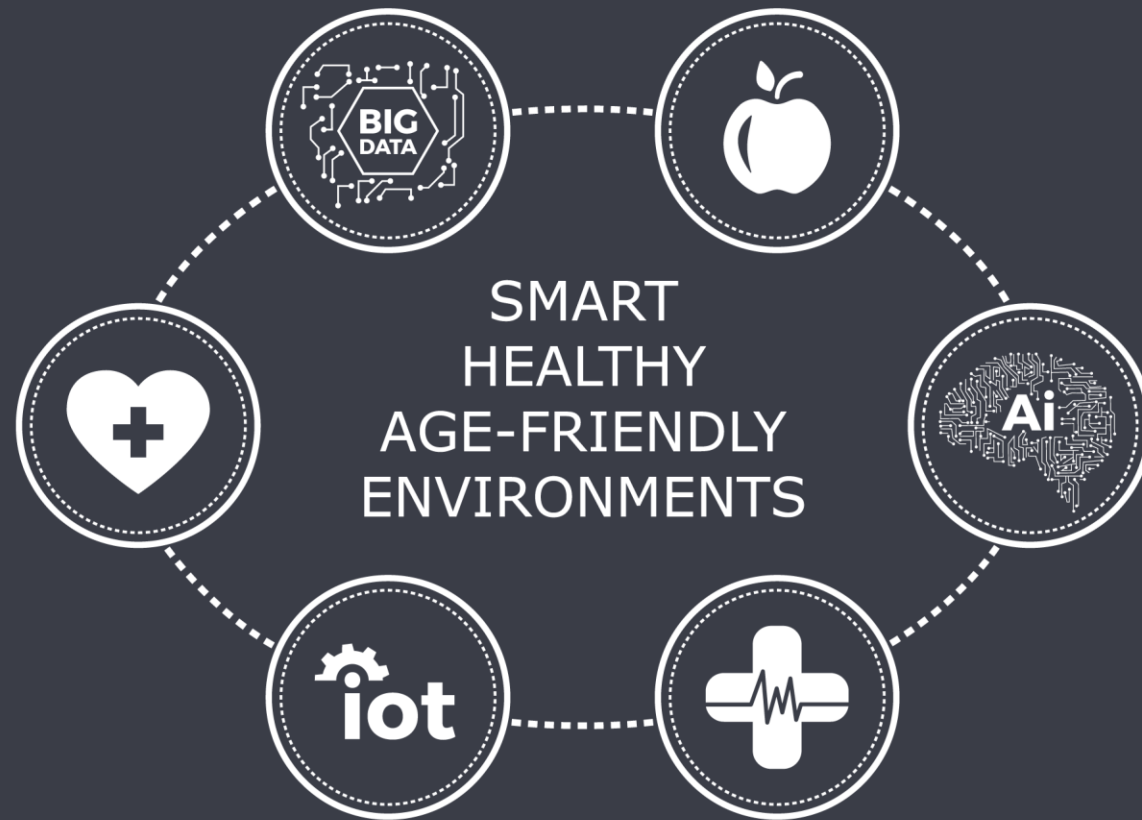


[Workshop 8] Joint session AAL Forum 2019 and EIP on AHA Conference of Partners
Smart Healthy Age Friendly Environments and **the Blueprint for digital transformation of Health and Care**
Tuesday, 24th of September 2019, 11:00 – 12:30
AAL Forum & EIP on AHA Conference of Partners, Aarhus Congress Center, Aarhus, Denmark



AGENDA

Time (in mins)	Content	Speaker/Moderator
11:00-11:05	Opening	Javier Ganzarain
11:05-11:20	Presentation SHAFE (Why, how, what, Joint Statement, first outlines White Paper)	Carina Dantas & Willeke van Staalduinen
11:20-11:30	Presentation Blueprint scenarios	Christianne Lavin & Veli Stroetmann
11:30-12:10	Break-out sessions 3x SHAFE and 3x Blueprint	All Each with a moderator
12:10-12:25	Plenary report: every rapporteur reports in 2 minutes the main outcomes of the session	Javier Ganzarain moderates discussion among the rapporteurs
12:25-12:30	Wrap-up and next steps SHAFE and Blueprint	Willeke van Staalduinen



STAKEHOLDERS NETWORK

SHAFE



CARINA DANTAS
FLÁVIA RODRIGUES



WILLEKE VAN STAALDUINEN
JAVIER GANZARAIN

JOINT STATEMENT ON SMART HEALTHY AGE-FRIENDLY ENVIRONMENTS 2018



A SHARED VISION



COOPERATION
COMMUNICATION



FUNDING / CONDITIONS
FOR IMPLEMENTATION



NEEDS



CITIZEN
EMPOWERMENT

RESEARCH FOR
PREDICTION / PREVENTION



COORDINATORS



MAIN PARTNERS



ASSOCIATED PARTNERS

~170 ORGANISATIONS



WHAT'S MISSING?

COOPERATION

and

IMPLEMENTATION



TASK FORCE SHAFE?

WHITE PAPER 2020



THE CHALLENGE

SHARED RESPONSIBILITY ON COMMON GOOD

To live and participate in society as inhabitant, worker or volunteer, it is necessary that working and living environments are usable, accessible and reachable. No matter if someone walks, drives, uses a walker or wheelchair, or is having hearing or vision problems.

With the ongoing digitization of society, new opportunities arise to foster these living and working environments. Also, digital solutions could assist to better prevent from non-communicable diseases, and to promote independent living, work till older age, favoring more health and wellbeing.

However, single digital solutions are not the panacea to all issues:

CITIZENS need to improve:

- digital skills
- health literacy
- engagement and democratic participation
- Less inequalities on access

ENVIRONMENTS have as major challenges:

- house retrofitting
- digital infrastructures
- public spaces and transport
- climate neutral solutions (in the area of environments)

and, finally, **HEALTH AND CARE** need:

- reliable and accessible big data
- integrated and person-centered solutions (new pathways)
- implementation guidelines and long-term funding solutions/business models

We acknowledge that all these challenges are interconnected and that a global approach is needed!

A faint, light gray map of Europe is visible in the background, centered behind the text. The map shows the outlines of the continent, including the British Isles, Scandinavia, and the Mediterranean region.

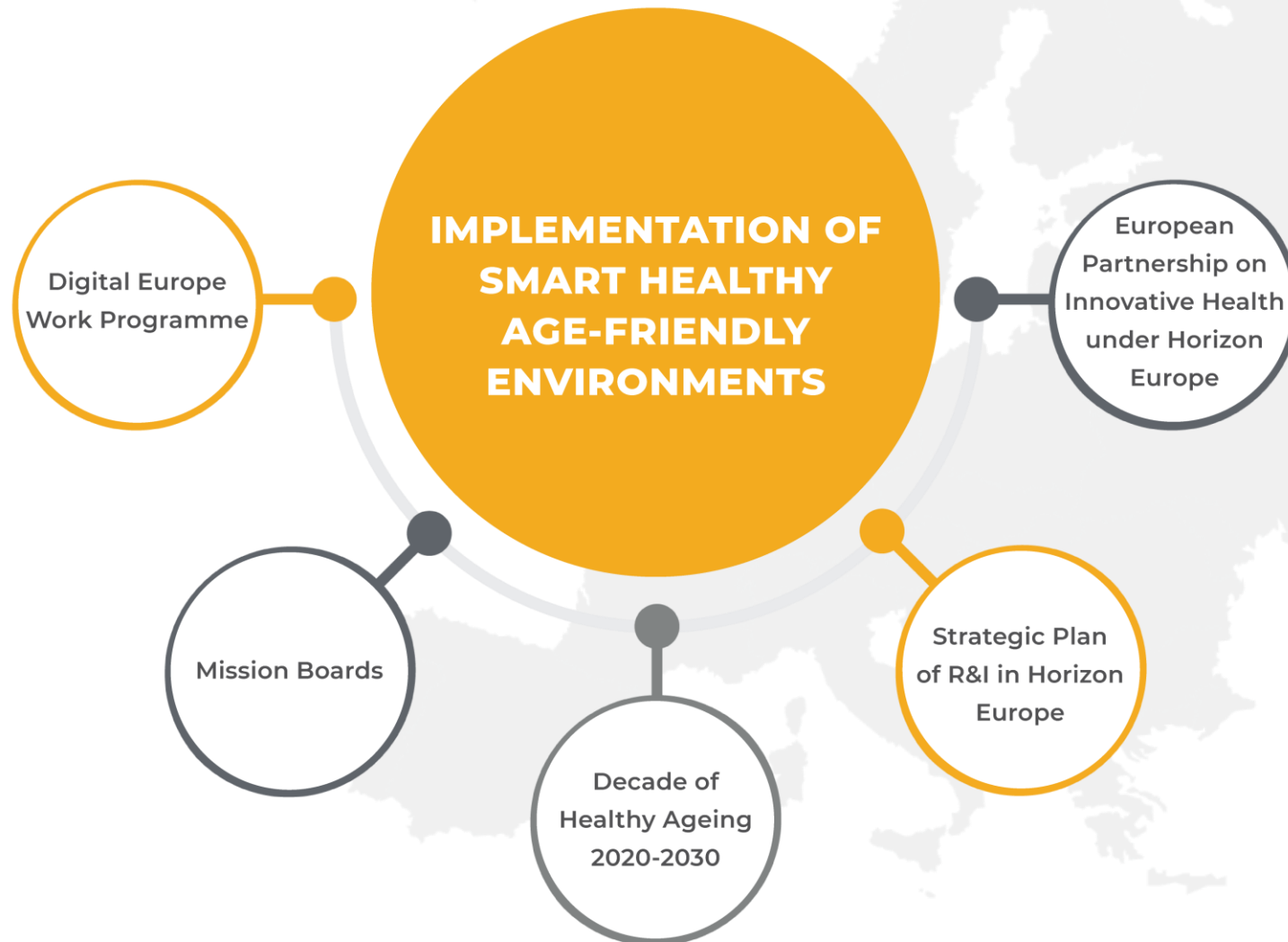
This was already the path used to conceive and deliver the

JOINT STATEMENT ON SHAFE

SMART HEALTHY AGE-FRIENDLY ENVIRONMENTS, in 2018.

THE APPROACH

Presenting a key message around which different EU policy priorities may be connected - SHAFE is already participating in all major consultations concerning the themes addressed:



Plus, Cáritas Coimbra and AFEdeemy are coordinators or partners in several national and European partnerships, initiatives and relevant EU projects, guaranteeing thus a wide contribution in different areas and the coordination of key messages among different and multiple stakeholders.

Approved projects on SHAFE:

- Hands-on-SHAFE Erasmus+
- EU_SHAFE Interreg Europe

MAIN GOALS

By 2022, the Stakeholders Network on SHAFE aims to achieve mainly **COORDINATION** and **IMPLEMENTATION**, specifically the following higher-level goals:

- Promote **training of formal and informal caregivers** (communities) on SHAFE, creating a toolkit and implementing training actions in multiple countries (building on the project hands-on-SHAFE main outputs);
- Raise awareness on the need to coordinate Health and social care, building infrastructure and environment conditions in order to move aging and wellbeing towards home care and prevention – to a **Health and Wellbeing value-based approach**;
- Jointly develop **sustainable business cases** with governments, insurance companies and investors to foster future investments on smart healthy environments (building on I2M/WE4AHA and DHE findings);

MAIN GOALS

- **Modernise education** of urban planners, architects and ICT-developers in general to focus on PEOPLE and PLACES and focus research on lifelong learning, evidence-based design, smart healthy environments and empowerment (with SHAFE and EIP-AHA stakeholders);
- **Support public authorities and health and social care providers on implementing SHAFE**, especially regarding building or restructuring the built environment to include ICT solutions with integrated health and care provision (implementing project EU_SHAFE and building on DHE guidelines).

How to scale-up and implement SHAFE?

7 POLITICAL MEASURES TO IMPLEMENT IN REGIONS / MS

Policy makers

What financial incentives can you approve to foster the implementation of SHAFE?

Insurance companies

What measures can be included in insurance packages that foster SHAFE?

Citizens

What commitment is fair to ask on taking the lead on healthy habits and digital&health literacy?

Financers

What measures do you need to invest or develop SHAFE?

Health & care providers

What measures are lacking to implement SHAFE and what can you contribute?

Researchers/Academia

what can you bring on lifelong learning/digital skills and research for prevention?

Building industry

What can you bring and what you need to integrate smart built environments?

1 STRATEGY TEAM ----- coordination ----- driving change to MS and Regions

THE COMMITMENT

SHAFE will launch a Europe-wide pledge for Member States, regions and organisations challenging them to commit to a specific quantifiable indicator (a number) on one of the 7 areas above, until December 2019.

On January 2020 we will present to the European Commission a
QUANTIFIABLE EUROPEAN COMMITMENT on SHAFE.

WHAT DO WE NEED FROM THE EC?

FRAMEWORK
and
CREDIBILITY

WHAT DO WE ASK FROM STAKEHOLDERS?

**A SERIOUS
COMMITMENT**

Contacts

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Links

Main Page

<https://www.caritascoimbra.pt/en/shafe/>

Joint Statement

https://www.caritascoimbra.pt/en/wp-content/uploads/sites/40/2018/11/Joint-Statement_20181121.pdf

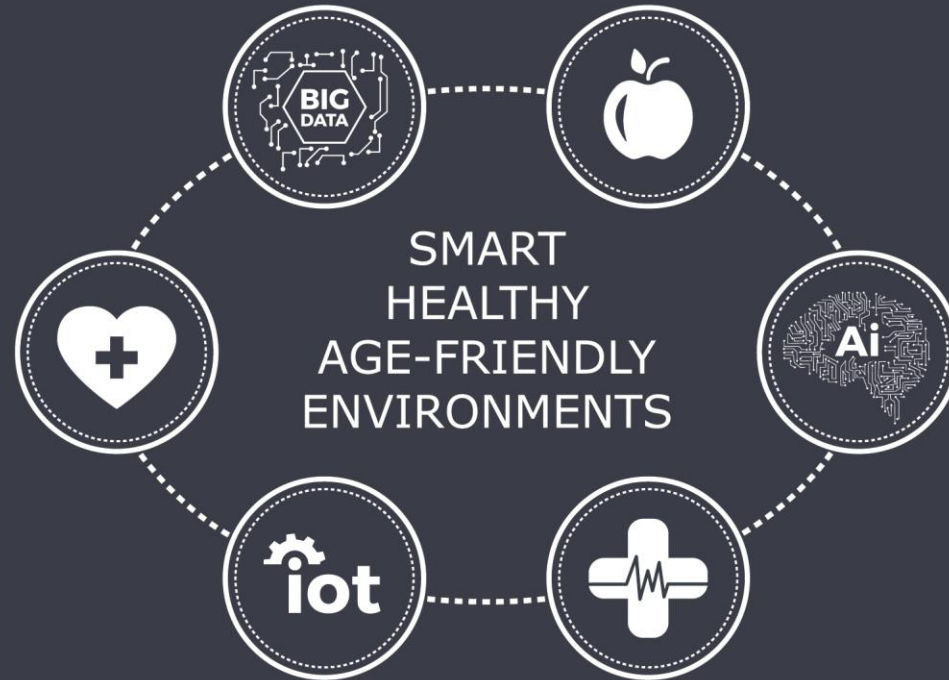
Framing Paper

<https://www.caritascoimbra.pt/en/wp-content/uploads/sites/40/2018/11/Framing-Paper-SHAPE-20181121.pdf>

Endorse SHAPE

<https://www.caritascoimbra.pt/en/shafe/endorse-shafe/>

THANK YOU!





The Blueprint for digital transformation of health and care

Joint session AAL/EIP on AHA Workshop 8: Smart Healthy Age Friendly Environments and the Blueprint for digital transformation of Health and Care
Tuesday, 24th of September 2019, 11:00 – 12:30
AAL Forum & EIP on AHA Conference of Partners, Aarhus Congress Center, Aarhus, Denmark





The Blueprint for digital transformation of health and care – overview

Christianne Lavin, empirica

Introduction: The Blueprint 2017

- **Strategic policy vision** developed by various stakeholders: European policy makers, civil society, professional organisations, and industry
- To **mobilise investments and guarantee commitment from stakeholders** for transformation of health and care in the ageing society
- Outlined key **“enablers”** supporting the transformation of health and care delivery in Europe:
 - Development of common strategies and frameworks for **citizen empowerment and health literacy**
 - Strong focus on **digital skills, development of health and social care workforce**
 - **Interoperability standards**



January 2017

Evolving the Blueprint 2018 - 2020

Objectives:

- To support the further co-development, promotion and implementation of the Blueprint
- To identify and specify key ICT enabling technologies and high-impact user scenarios in AHA
- To mobilise various stakeholders [...] and to encourage them to commit to concrete actions in support of the Blueprint goals up to 2020

Expected outputs:

- engaged stakeholders,
- Blueprint updates (1st update: demand side needs)
- set of user scenarios and ICT technologies,
- policy recommendations and action points



BLUEPRINT

DIGITAL TRANSFORMATION OF HEALTHCARE FOR THE AGEING SOCIETY















 **BLUEPRINT**
DIGITAL TRANSFORMATION OF HEALTHCARE FOR THE AGEING SOCIETY

The Blueprint personas 2018

- Personas represent **types of persons**, not concrete persons - but **characteristics that are based on real persons & situations**
- Developed to identify realistic needs (*e.g. health & social care needs*) of certain segments in the population
- “Starting point” to **look for existing digital solutions** that target the personas’ needs

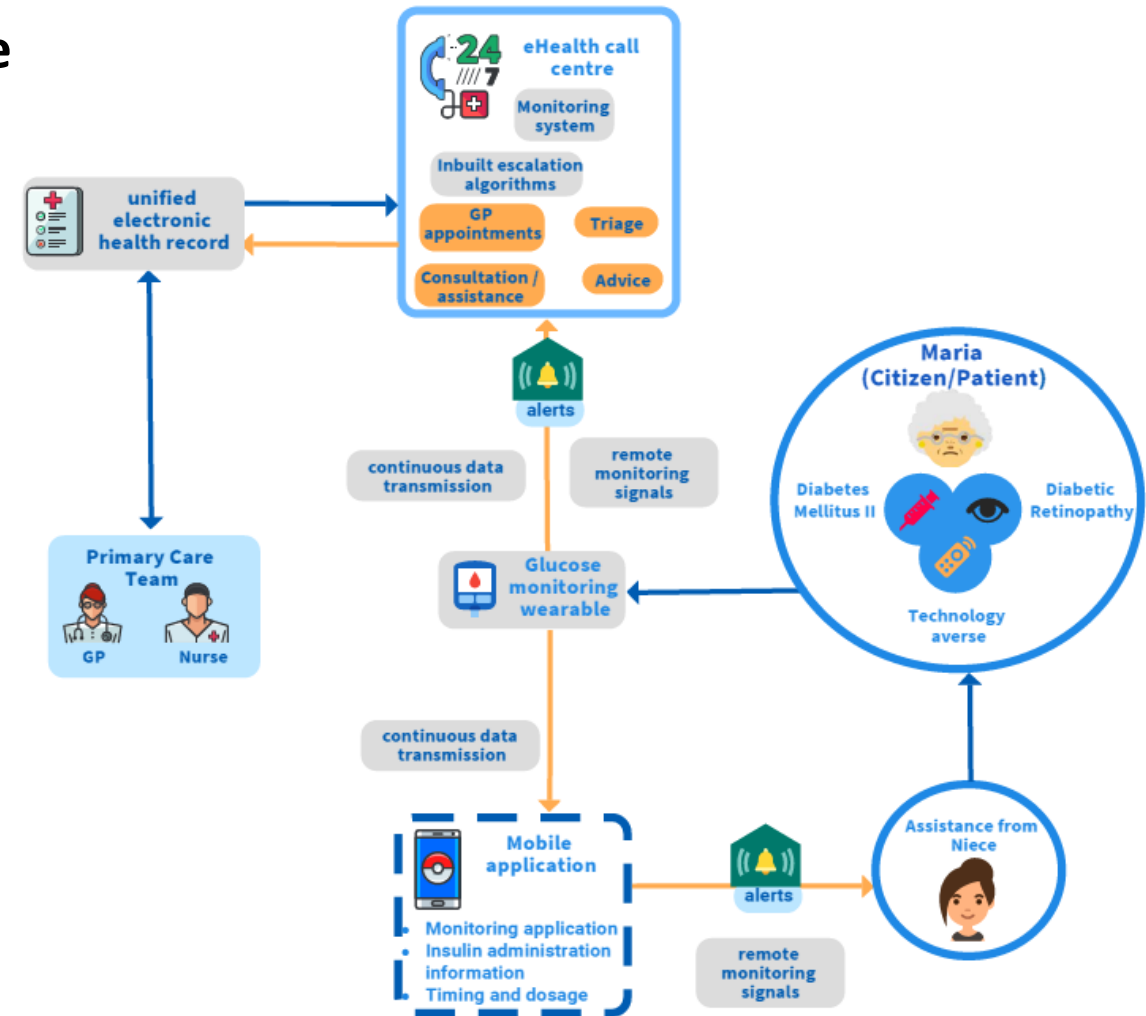
Focus in 2019:

- using the personas to elaborate **high-impact scenarios and digital health technologies** recommended for scaling up

Life course Needs	Children/ Young adults	Working age adults	Retired persons below 80	Persons aged 80+
Generally well/ good wellbeing	 Rose, 10	 Leila, 51	 Randolph, 65	 Teresa, 83
Chronic conditions and/or social needs	 Millie, 18	 Nikos, 50	 Eleni, 73	 Maria, 84
Complex needs	 Ben, 9	 Antonio, 33	 Procolo, 79	 Jacqueline, 87

Current work (2019): Blueprint scenarios

- Narratives describing an **event experienced by the persona** – “scenario”
 - **Available best practices/solutions/ICT tools** targeting personas’ identified needs.
 - **Regions with strong experience**, willing to provide the necessary knowledge and support to scale up and deployment across Europe
 - **Needs of other key actors** such as GPs, nurses, social carers, public health authorities, etc.
 - **Key interactions:** personas with solutions, personas with other key actors, solutions with other solutions
 - **Data & information flow, interoperability**



Current work (2019): Blueprint building blocks

- Guidance documents elaborating on key elements for advancing better person-centred health and care delivery
 - Collection of relevant topics, examples of projects, other key references

Blueprint building blocks under development:

- Social care and carers perspectives
- Ensuring interoperability
- Implementing integrated care

Breakout session (Blueprint)

Blueprint group 1: Informal carers

Moderator: Diane Whitehouse

Rapporteur: Christianne Lavin

Blueprint group 2: Policy makers

Moderator: Maddalena Illario

Rapporteur: Henning Andersen

Blueprint group 3: Independent living and SHAFE

Moderator: Leo Lewis, supported by Willeke / Carina

Rapporteur: Sonja Müller

Blueprint group 1: Informal carers

Roundtable on informal carers – led by Diane Whitehouse

- Aim: To develop Blueprint policy recommendations focusing on the role of informal carers in health and care and the digital solutions addressing their needs.
- Will talk about the informal carers' perspective in 1 concrete case, ask the group to discuss if the scenario covers appropriately the given topic – solutions addressing the needs of informal carers.
- Blueprint partners will revise all scenarios accordingly after the workshop.

Blueprint group 1: Informal carers

Roundtable on informal carers – led by Diane Whitehouse

- Aim: To develop Blueprint policy recommendations focusing on the role of **informal carers in health and care** and the **digital solutions** addressing their needs.
- Will talk about the informal carers' perspective in one concrete case. She will ask the group to discuss **whether the scenario covers** appropriately the given topic – **solutions addressing the needs of informal carers**.
- Blueprint partners will **revise all scenarios** accordingly after the workshop.

Blueprint group 1: Informal carers

Teams working on developing personas/narratives might like to consider to **six questions on social care (around the “circle of care”)**.

- What **kinds of social care help**, if any, does the individual persona need?
- **Who is offering, or who will offer, this social care** (e.g., A household or a family member? A friend? A volunteer? A formal carer?)
- What kinds of **skills, and skills profiles, do carers need** (including digital skills)?
- Are **digital solutions currently available** to help provide this social care?
- Are these **digital solutions accessible** (easy to acquire; easy to use)?
- What kinds of **digital solutions might be useful in the future**?

Randolph – informal carer for his spouse who has early onset dementia

Meet Randolph



Name: Randolph **Country:** UK
Age: 65 **Area:** urban
Life course: retired person
Need: generally well / good wellbeing
Connectivity: broadband, smart phone

Internet usage Low High
Mobile device skills Low High
Affinity to new tech Low High
Digital Health Literacy Low High
Assistance (ICT use) No Yes

Randolph is in good health and lives with his wife, Barbara, in a Victorian house in a large city in the UK. Randolph used to work for an IT company, but took early retirement some years ago. He occasionally does some freelance work for his ex-employer and values the flexibility that retirement offered him. Barbara has early onset dementia, her condition is now worsening, and its future developments will affect them both since Randolph is her informal caretaker. Randolph is very health-aware. He works out a couple of times a week for an hour or two at the gym near his home.

Randolph – informal carer for his spouse who has early onset dementia

Needs

- (1) Randolph would like to know more about “smarter” homes (*e.g.* apartment blocks) where he and Barbara could continue to live, and local or regional care homes, in case Barbara would at some point need to move away from the family home.
- (2) A food provision service for Barbara and household help services would be helpful especially when unexpected events occur.
- (3) He also feels the need to learn more about and how to cope better with Barbara’s condition. For example, he wants to know how to cope with her repeated questions, her getting more confused, and her misplacing her belongings.
- (4) He would like to get some information about powers of attorney, since he thinks that Barbara may need to sign one in the future. He wants to be well prepared for any legal developments that might come about.

Blueprint group 1: Informal carers - general

1. SHAFE on citizens:

What **commitment(s)** is it fair to ask of people to take the lead on in terms of

- **their own digital and health literacy** or
- the **digital/health literacy of the people whom they are caring for?**

2. Related to the EIP on AHA Action Groups:

Which **EIP on AHA Action Groups** would we be best inclined to work with?

- **adherence** to medicines
- **health promotion** throughout the lifespan
- **integrated care**
- **interoperability** and standards
- risk of **falls**
- **smart** communities and housing.

Blueprint group 2: Policy makers

Roundtable for policy makers – *led by Maddalena Illario*

- Will discuss what types of solutions can be provided by each region in Europe; how a given person's needs are addressed in many different regions, what scenarios would be helpful.
- *Focus on how the health care system is taking care of a specific person in different contexts in the EU .*



BLUEPRINT

DIGITAL TRANSFORMATION OF HEALTHCARE FOR THE AGEING SOCIETY

SHAFE

AAL Forum 2019 session: SHAFE and Blueprint

Session Title: Smart Healthy Age Friendly Environments and

the Blueprint for digital transformation of Health and Care

joint session AAL/EIP on AHA

Tuesday, 24th of September 2019, 11:00 – 12:30

Venue: Aarhus Congress Center, Aarhus, Denmark

Focus: Chronic conditions and/or social care needs



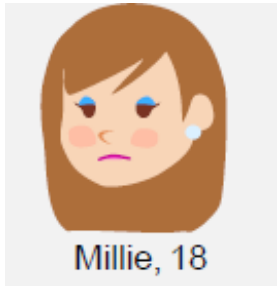
Maddalena Illario

**U.O.D. 14 Promozione e Potenziamento programmi di
Health's Innovation - Regione Campania**

AOU Federico II & DISMET, Unina

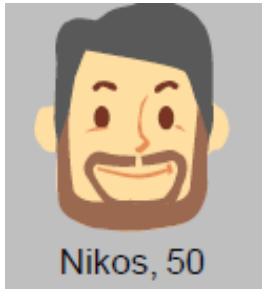
RSCN & A3 Action Group- EIP on AHA

Chronic conditions



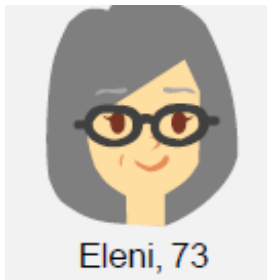
Millie, 18

Millie, 18
 Pre-diabetes, Attention deficit hyperactivity disorder (ADHD),
 Aggressive outbursts, Obesity,
 Worried about being teased due to obesity,
 wants an independent, fulfilled life while being
 supported with her conditions,
 Asperger's syndrome, echolalia



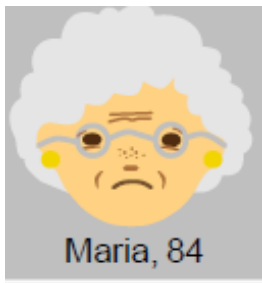
Nikos, 50

Nikos, 50
 Metabolic syndrome (diabetes, hyper-tension), mild chronic obstructive pulmonary disease (COPD), Unable to afford professional lifestyle support services, work routine goes against healthy lifestyle intervention, Trying to stop smoking
 Stressed due to economic and health issues



Eleni, 73

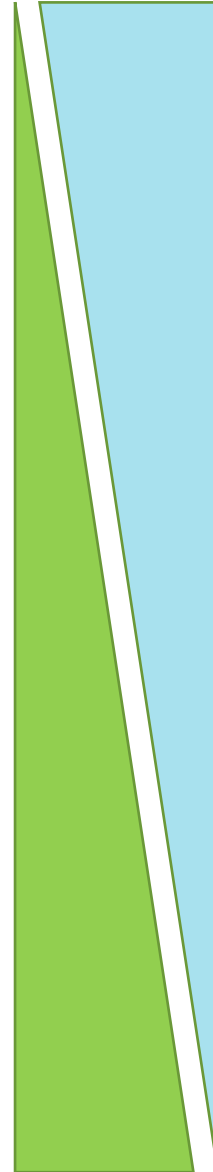
Eleni, 73
 Hypertension, Poor medication adherence,
 Lives alone, lack of nearby family members,
 Stressed due to challenges of dementia and
 worried about having accidents alone at home
 Early stage dementia



Maria, 84

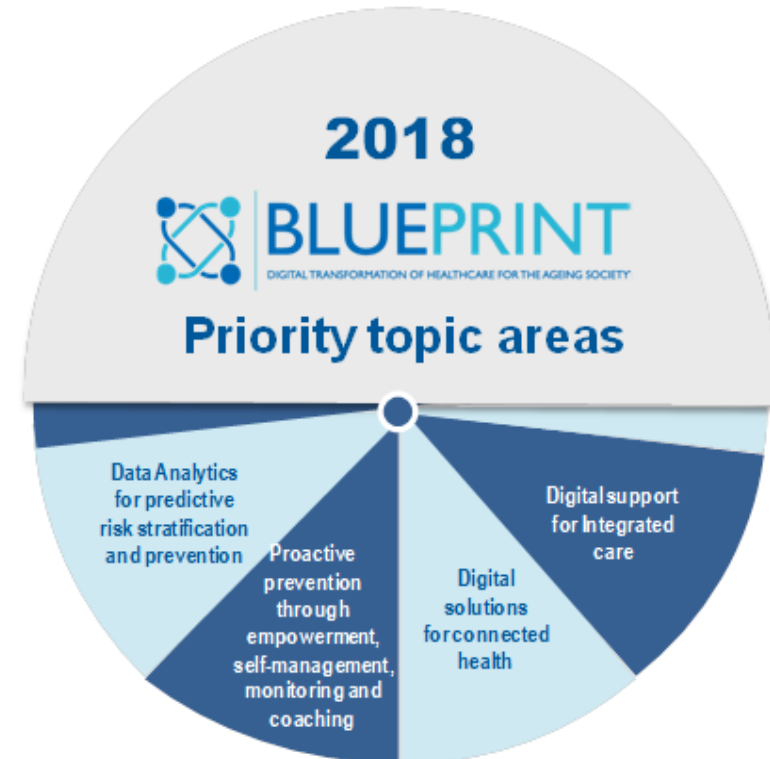
Maria, 84
 Diabetes, retinopathy, heart failure, atrial fibrillation, chronic kidney disease (CKD), osteoarthritis: currently under control, occasional relapses. Feels isolated (no friends), huge financial struggles, poor adherence & hygiene, fear of being sent to nursing home, leaving family unprotected

Digital skills



Social needs

- Find them on time
- Manage age related care transition
- Strengthen services at home
- Interaction among peers
- Secondary prevention
- Education and health literacy
- Support independence (ex. Transportation, driving assisting devices etc)



Blueprint group 3: Independent living and SHAFE

Roundtable on independent living and age-friendly environments in the Blueprint – *led by Leo Lewis*

With the support of SHAFE / AAL audience, we will discuss what is missing and how to include Smart Healthy Age-Friendly Environments (SHAFE) topics in the Blueprint scenario(s) - What are the key aspects and how to address these in the Blueprint scenario(s).

World Health Organisation – Age friendly cities

Outdoor spaces
and buildings

Social
participation

Community,
health and social
care

Transportation

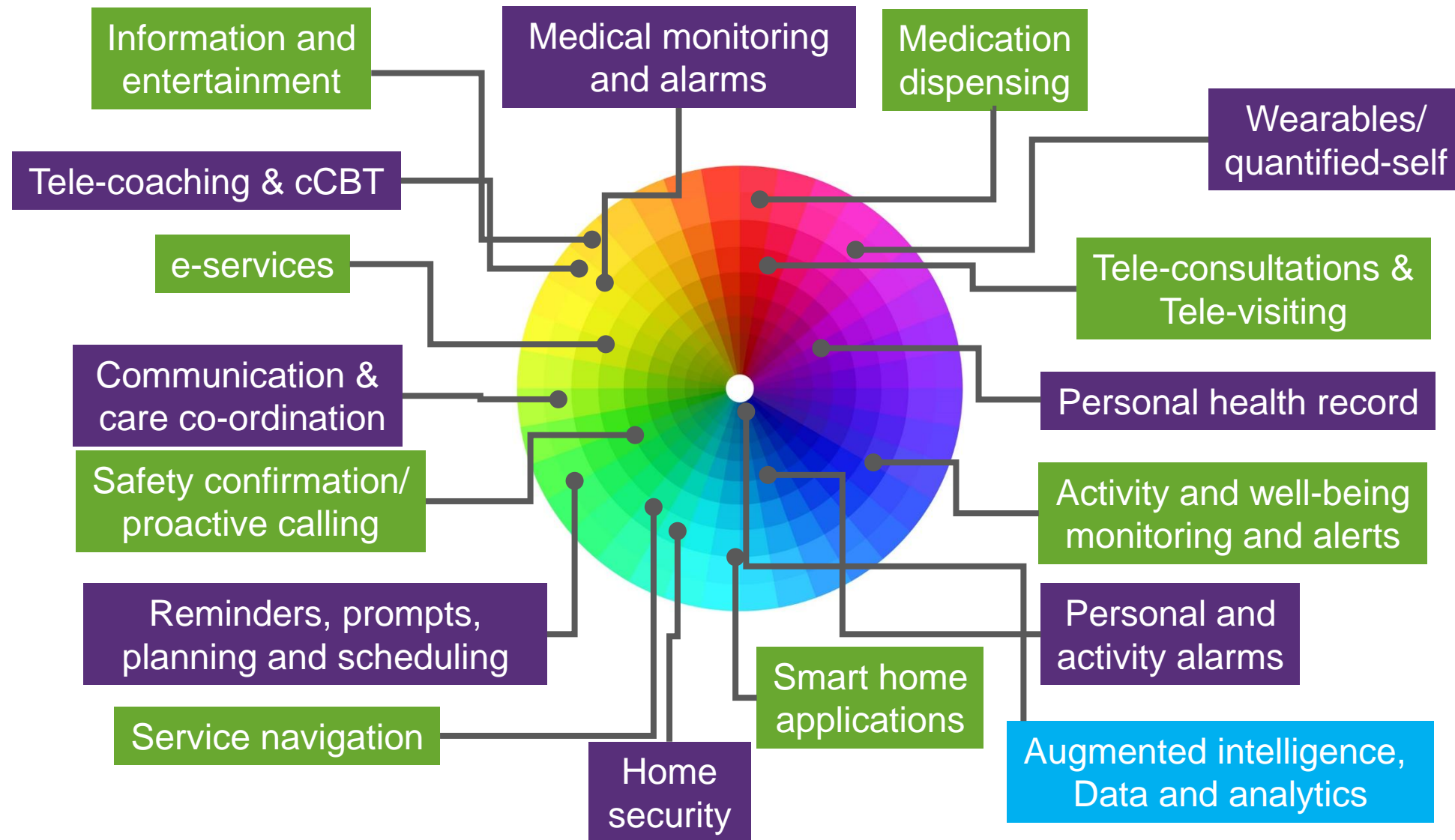
Respective and
social inclusion

Communication
and information

Housing

Civic
participation and
employment

A spectrum of technology enabled care



Next steps

Call for Blueprint stakeholders 2019 – apply before October 10, 2019!
Contact WE4AHA@empirica.com for more details.

End of September 2019/October 2019: Blueprint update 2019

September 2019 – December 2020: (Further) development of Blueprint scenarios and building blocks, policy recommendations

December 2019/January 2020: First draft of Blueprint scenarios, recommendations for scaling up digital solutions with a high impact

2020: further stakeholder consultation (demand and supply side)

December 2020: Final Blueprint

The Blueprint work is published on the EIP on AHA website:
https://ec.europa.eu/eip/ageing/blueprint_en

A close-up photograph of an elderly couple smiling warmly. The woman, on the left, has short blonde hair and is wearing a light-colored top. The man, on the right, has short grey hair and is wearing a light blue shirt. They are both looking towards the camera with bright, genuine smiles. The background is a soft, out-of-focus light blue.

Thank you!

https://ec.europa.eu/eip/ageing/home_en