AGEFLAG POLICY LAB 2: OUTCOMES

AIM OF THE WORKSHOP

The overall aim of the AgeFLAG seed money project is to contribute to the well-being and health of older adults and therefore make the societies in the Northern Dimension area more inclusive. This second joint workshop, called Policy Lab, brought together regional experts from the field of active and healthy ageing to discuss joint activities that could be implemented by the NDPHS in the future. The outcomes of the Policy Lab will be used to develop a regional roadmap to guide the NDPHS activities in the field of active and healthy ageing.

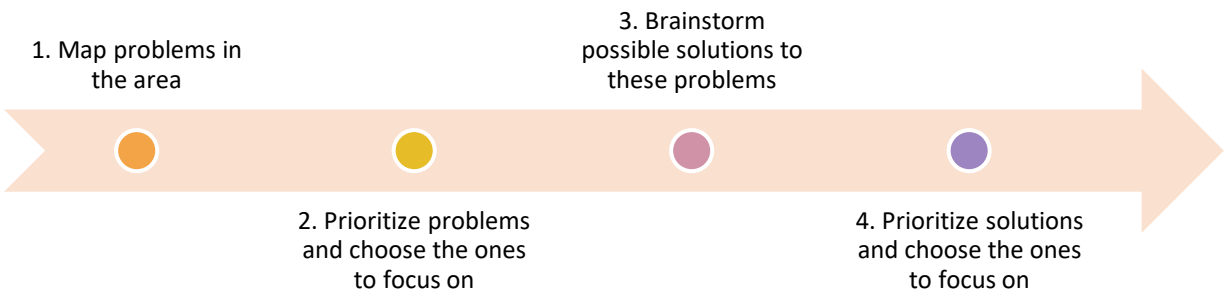
FOCUS OF THE WORKSHOP

In 2020, the project partners in Estonia, Finland, Latvia, Lithuania, Poland, Russia brought together the most relevant national stakeholders to identify the top five national needs for improving active and healthy ageing. The national assessments gave rise to four themes that recurred across the countries and were prioritised regionally. These are:

- Healthy ageing, well-being, social environment, and social connections
- Health, social and integrated care
- Education, knowledge, and life-long learning
- Labour participation

The priority theme was selected as the focus for the first Policy Lab organised in February 2021. The second Policy Lab in September, therefore, explored the remaining three areas. Participants of the Policy Lab were asked to choose which topic they would like to work on prior to the event. Based on the participants' preferences, three parallel working groups were established: two working on the area of health, social and integrated care, and one working jointly on life-long learning and labour participation.

STEPS OF THE WORKSHOP



OUTCOMES OF THE WORKSHOP

Health, social, and integrated care

OUTCOMES OF GROUP 1

PROBLEMS TO FOCUS ON

Group 1 brought up problems in five different but interconnected areas, related to technology; family and relatives; accessibility; organizational/system-based problems; and inclusivity and needs-based design.

In the first area, namely technology -related problems, lack of service/software integration and health IT systems' fragmentation were brought up as major obstacles to integrated care. These make it difficult for older adults to orientate between services, and for service providers to gather needed information. Lack of possibilities to cover some services through digital options is also problematic, especially considering the recent growth in the need for digital services. From the perspective of people aged 65 and over, insufficient digital literacy is also an obstacle which makes it difficult for them to receive and use digital services. Digital illiteracy is a problem among other stakeholders as well.

In relation to accessibility, it was found that a lack of access to services in remote areas and at home is very problematic since the need for these kinds of services is increasing, but there is not enough information available about them. Related to the previous problem area, access to digital services was thought to be insufficient as well.

In relation to family and relatives, lack of information given to family and a high burden on informal carers (i.e., family and relatives) were mainly pointed out. There is not enough support for informal caregivers even though they are usually the main people caring for older people. This is problematic since it generates other issues impacting informal carer's wellbeing, for example, related to them giving up their jobs to care for older family members and relatives.

Many organizational and system-based problems were pointed out. In many countries, there is not enough collaboration, communication, sufficient data exchange, and integration between different health care levels and systems. Funding for the systems also vary, which makes it difficult to coordinate between

different health and social care levels. Therefore, cooperation between levels and systems is often project-based rather than systematic, which does not provide adequate continuity for services in integrated care.

In relation to inclusive and needs-based design, the main problem was that there is a lack of person-centred approach – older people are not viewed as people with individual needs, experiences, and preferences. Older people are often excluded in service design processes and their needs are not taken into consideration enough.

In a joint discussion, three main and most important problems were prioritised. These were (1) lack of digital literacy and accessibility to digital services; (2) lack of involvement of family, relatives, and older people themselves in health and social care and insufficient information; and (3) lack of accessibility to health and social services and their fragmentation.

ACTIONS TO CARRY OUT

As the follow-up tasks, the first group brainstormed activities that address the prioritised problems. The potential activities were categorized into five groups: public discussion related activities; mapping and sharing of best practices; participatory research, inclusive service design and capacity building; integration and accessibility of services; and involvement of family and relatives.

In the field of creating public discussion, the aim of safeguarding dignity of older people and avoiding ageism were pointed out. To do this, a regional podcast, TV series, other productions, and an international website were suggested. These all could provide information about health-related topics for the older population or other stakeholders involved.

With mapping and sharing of best practices, the aim is to explore the existing practices related to accessibility of digital services and digital literacy problems. One activity could be to map digital and health literacy initiatives already in use and identifying existing gaps to learn from them. Mapping the applications that are helpful and user-friendly for older people and that provide health advice could also be an activity that makes access to public services easier.

In the participatory research, inclusive service design and capacity building category, surveys and research were brought up as main activities that could help involve relevant stakeholders, for example, older adults and their caregivers, in service design and care. This was also seen as a means to acquire more information about the existing gaps. Participatory research is useful for identifying preferences, views, and suggestions of multiple parties. Additionally, trainings regarding information about integrated care and digital topics could be organized.

As with participatory research, inclusive service design and capacity building, surveys and research on the topics of accessibility of health and social care services and the collaboration between different health and social care systems were considered as means to promote service integration and accessibility. Surveys with different focus groups, case studies, and mapping best practices could help identify the barriers for integration and collaboration between systems. These could also help identify the accessibility related care issues with older people as a focus group in mind.

Some research ideas were also raised related to involving family and informal caregivers. The aim is to involve family, relatives, and informal caregivers to health and social care and to provide sufficient

information. This could be accomplished by conducting surveys and research to explore the current state of the problem and how the mentioned stakeholders are included in service design.

At the end of the discussion, three main activities that the NDPHS could undertake and benefit from were pointed out: (1) collecting practices and identifying gaps on the topics of all of the themes that were brought up, which also include research (surveys, interviews, etc.) and reporting of results (conference, report, etc.); (2) continuing with the NDPHS Task Force on Active and Healthy Ageing and creating next steps for problem-solving; and (3) creating publications and policy briefs, communication materials, and models to emphasize the need for action in the field of active and healthy ageing.

OUTCOMES OF GROUP 2

PROBLEMS TO FOCUS ON

Group 2 brainstormed existing problems related to health, social and integrated care. The findings of this exercise were then sorted based on effort-impact scheme, keeping in mind the proposed tool that consisted of the four following categories:

1) big effort/small impact = do it now
2) big effort/big impact = plan and prepare
3) small effort/small impact = do it when possible
4) big effort/small impact = don´t do it

The tool was successfully applied, and the participants were very engaged and motivated to sort the problems according to the scheme. It helped them to clarify strategical thinking and sort problems according to their urgency as well as the effort required to address them. It also allowed the participants to prioritize problems and better understand the core of the problem. The main discussion points included: (1) the quality of healthcare services for older people, including the lack of knowledge on older people's care needs, unavailability of medical specialist treatments as well as inaccessibility and varying quality of home services; (2) increased need for e-health solutions; (3) fragmentation of health and social care services, particularly in terms of information sharing; (4) the need for a more holistic approach to older people, including necessity of health coaching; and (5) the critical role of the relatives and volunteers in informal care.

Participants sorted the following problems to the first "do it now" category, indicating that addressing them requires small effort but would have big impact:

- Insufficient knowledge of the needs for health care of older people
- Low recognition of primary health care
- Need for e-health solutions related to integrated care and Covid-19
- Role of relatives and volunteers
- Lack of co-creation mentality, including older people into decision-making process, and stakeholders on all levels
- As integrated care exists in some countries (Norway) for some diseases (cancer – patient pathway), but not for all diseases, it could be understood as unequal distribution of integrated care among type of diseases
- Lack of health coaching

The following issues were sorted to the second "plan and prepare" category, consisting of those challenges that require big effort to address but that would have great impact once being tackled:

- Lack of common information sharing system for healthcare and social welfare
- Incentives for collaboration between primary and health care, hospitals and social care
- Integrated health care is not really applied, it is rather "separate" care, one journal at each place, not a common one
- Dehumanized healthcare system
- Long queue for specialist treatments
- Outbreaks in older people care homes, need for mapping the available services and needs
- Dialogue with other stakeholders-urban planners, transportation, food providers etc.
- Lack of holistic approach in medical system
- Question of quality of health care services in older people´s home

The third "do it when possible" category included those problems that require little effort to address but the impact would be small:

- Problems in integration of cultural thinking (different ways of thinking) between different service providers (social and health services)

During the workshop, it became clear that the participating countries face common challenges that include: not recognising the role of primary health care in the care of older people, the lack of coordination between stakeholders in integrated care and insufficient inclusion of older people into these stakeholder discussions, the lack of information exchange between systems (health and social care), the lack of holistic approach in integrated care, identifying needs of older people and mapping service needs in older people's homes, urgent need for e-solutions in times of outbreaks, and common e-platforms among systems.

Eventually, in a joint discussion, three main and most important problems that should be prioritised in the NDPHS actions were pointed out:

- Need for better recognition of primary health care
- Better knowledge of the needs for healthcare of older people. Lack of co-creation mentality, including older people and relevant stakeholders into decision-making processes
- E-health solutions related to integrated care and Covid-19 (outbreaks in general)

ACTIONS TO CARRY OUT

The group 2 then turned to brainstorming and prioritising realistic NDPHS activities that could help address the problems identified before. The activities were classified according to the previously successfully applied tool that consists of the following four categories:

1) big effort/small impact = do it now
2) big effort/big impact = plan and prepare
3) small effort/small impact = do it when possible
4) big effort/big impact = don't do it

This tool was well accepted by the participants in the second group, and it helped them to sort proposed activities quickly and effortlessly, based on potentially produced impact and efforts required to achieve this impact. The most discussed activities included mapping of the needs, informing decision makers and reviewing existing national programmes, including older people into decision-making processes, improving

health coaching in community, developing e-platform solutions, improving primary health care services, changing focus and perception of older people's care from disease management to health promotion and disease prevention.

Participants assessed the following activities to require small effort to implement but with big impact:

- Mapping of the care system - structure, practices (primary health care, health care)
- Mapping the needs of older people (necessary to understand concepts of the 3rd age, 4th age – more dependent)
- Involving older people into decision-making process
- Researchers should inform decision-makers and be active to express views related to care of older people
- Health coach/health promotion specialist should be established and available in the community (depending on the country, some countries already have that)
- NDPHS shall systematically implement anti-ageism and inclusivity in its work

The following activities were thought to have big impact but implementing them would require big effort:

- Screening for decline in intrinsic capacity at primary health care (WHO - ICOPE screening tool)
- Changing focus from diseases to functioning in primary health care
- Develop new platform where GP and health specialists are able to monitor patient´s health, (online consultations, etc.)
- Sharing and collecting experiences between countries on primary health care financing (budget-distribution), either regional or national level
- General practitioner is seen as a coordinator, depending on the task, that could help in patient pathways for serious diseases
- Integrating primary health care, social and home care – exchange of information
- Professional solidarity in health care and social care (medical care), beyond mass media
- In e-health systems integrated support features for decision making
- Review and update of existing national programmes (governmental level)
- Empowerment of people through health coaching (tool)
- Incentives for building relations with patients

The following activities were considered to have little impact, despite the low effort required to implemented them:

- Informing society on changes in primary health care (considering different groups in society, using different media channels)
- Improving image of primary health care among the public through media channels (social media, print media, broadcast)

All above mentioned activities (disregarding effort/impact) could be grouped into following areas: mapping the needs (either older people´s or services provided), improving the role of primary health care in integrated care, improving coordination and information exchange between health care and social care systems, stakeholder involvement, involving older people into decision making, reviewing of national programmes, e-health solutions, empowering older people, and community in health coaching.

Eventually, three main activities that the NDPHS participating countries could perform were carefully chosen and pointed out:

- Mapping the needs of older people (considering the division to 3rd age and 4th age – more dependent)
- Involving older people into decision-making process, exchange of ideas on methods (NGO`s)
- Promote empowerment and strengthening of self-responsibility of people through promotion of tools such as health coaching (including e-tools)

Life-long learning and labour participation

PROBLEMS TO FOCUS ON

The third group focused on exploring the problems and obstacles related education, knowledge and life-long learning, as well as labour participation. During the brainstorming session, the group identified a plethora of current problems that present obstacles to life-long learning and labour participation. Despite having two large thematic issues to discuss, the group managed to identify multiple themes that are relevant to both topics. The cross-cutting themes that the group identified include problems related to ageist mindsets and behaviours, barriers to intergenerational contacts, health inequalities, health and ageing illiteracy, and obstacles to labour participation. The group noted that these cross-cutting problems operate and manifest themselves in different ways at different levels: micro/individual, meso/organisation, and macro/societal.

Firstly, the group identified ageist attitudes, mindsets and behaviours as serious obstacles for labour participation and education at an older age. At the individual level, self-ageism and the persistent belief that one is "too old to work or learn" present significant barriers for older adults to seek for educational and work opportunities despite their willingness to do so. These attitudes are further exacerbated by discrimination at the meso level. Older adults are often not offered the same educational and work opportunities as their younger peers due to ageist expectations that they are "too old to keep up" and "overqualified" when applying for new positions. Furthermore, there are persistent societal images that education is intended for young people and that older adults are "care-keepers" for the family, which discourage from further education.

As the second theme arose barriers to intergenerational contacts. The generations are often considered as silos – distinctly different in terms of characteristics and separate from each other in the society. These rigid, over-generalised distinctions between generations create barriers for intergenerational contacts and encourage ageist attitudes and mindsets. More effort is needed to connect the generations through, for example, intergenerational exchanges of knowledge in non-formal education.

The group identified health and ageing illiteracy as the third thematic problem. At the personal level, further educational opportunities are needed to remove barriers for improving older populations' health and ageing literacy. Low health literacy at an old age limits the ability to seek for care and information about health-related conditions and medication. Organisations and workplaces are regarded to be in a key position for supporting health literacy.

Finally, the group agreed that more work is required to enhance the occupational safety and health to accommodate to the needs of older adults and the ageing population. Labour participation is considered important for supporting older people's mental and physical capacities – yet, vice versa, an individual's work capacity and labour participation are determined by existing health conditions. More flexibility, including opportunities for part-time work, is needed in workplaces, enabling longer working lives in the terms of personal capacities. Promoting longer, more flexible working lives also calls for utilisation of OSH services by employers to improve and promote health at work.

After considering the impact of and effort to tackle the identified problems, **four main and most important areas of work** were pointed out: (1) OSH services and health of older adults as prerequisites of labour participation, (2) health and ageing literacy, (3) intergenerational contacts, and (4) ageist mindsets and behaviours.

ACTIONS TO CARRY OUT

Building on the problems identified and prioritised earlier, the third group started brainstorming activities that address these problems and could be implemented within the NDPHS context. The identified problems varied largely in terms of detail and ambition. Based on the brainstormed activities, the group identified five themes to which the activities were grouped: (1) health literacy, (2) ageist attitudes and discrimination, (3) NDPHS as an age-friendly organisation, (4) occupational safety and health (OSH), and (5) creating intergenerational contacts.

In the field health literacy, the group decided to focus on organisational health literacy. Building on the already planned NDPHS activities in this field, the participants suggested carrying out a study mapping the organisational health literacy situation in the NDPHS partner countries. Based on the study, best practices could be collected and recommendations for improving the organisational health literacy could be developed.

To tackle ageist attitudes and discrimination in the Northern Dimension area, the group found it important to develop an understanding of the prevailing attitudes towards older adults. Thus, the group suggested carrying out a study on the stereotypes and profiles of people at different ages. Based on the findings, a communications campaign could be carried out. Moreover, mapping of existing discriminatory laws and policies in the NDPHS partner countries was suggested.

The group also realised that to lead by example, the NDPHS should be transformed into a more inclusive and representative organisation for people of all ages. Some suggested ways to do so included having an internal policy on age-balance in events, involving older adults more strongly in the NDPHS work, establishing partnerships with civil society organisations, and carrying out an inequality risk assessment with focus on older adults for each activity carried out.

For creating and supporting intergenerational contacts, many creative ideas were brought up – many of them related to education, such as utilising school homework to foster intergenerational contacts and health literacy, identifying mutual learning opportunities for people of different generations, and children carrying out art tours (or similar) for grandparents. Considering the lack of previous NDPHS activity in the field of education, the group noted that one option could be to pilot inter-generational initiatives in different educational settings and reaching out to education organisations to explore intergenerational initiatives.

The OSH -related activities that were identified ranged from fostering COVID-19 safe workplaces for older adults to prevent early retirement to mainstreaming of OSH measures across the Northern Dimension area related to prevention of early disability and involuntary early retirement. The group decided to focus on promoting age-friendly workplaces through collecting best practices on workplace flexibility. Based on the findings, an e-tool kit could be created for employers to create flexible work arrangements. To realise this, partnering with the EU-OSHA would be desirable.

After considering the effort needed to carry out different activities and their imagined impact, the group identified **four main activities** that the NDPHS could carry out: (1) study on organisational health literacy and development of recommendations, (2) transforming the NDPHS into a more inclusive and

representative organisation for people of all ages as a tool for outreach, (3) promoting healthy/age-friendly workplaces, and (4) encouraging intergenerational contact through piloting of local level initiatives.

MOST IMPORTANT ACTIONS INDICATED BY THE PARTICIPANTS

At the end of the Policy Lab, participants were asked to vote on those actions they think are the most important ones to carry out within the NDPHS context. They could choose between 10 actions that arose from the group work. As a result, these actions were voted as the most important ones to carry out:

Health, social, and integrated care

- Mapping the needs of older people (division to third age, fourth age) – 14 votes
- Collecting practices, identifying gaps, survey, conference (presenting local initiatives) – 8 votes

Life-long learning and labour participation

- Transforming NDPHS into a more age-friendly organisation as a tool for outreach – 8 votes
- Promoting healthy/age-friendly workplaces – 8 votes
- Encouraging intergenerational contacts – 7 votes

Participants were also asked to indicate which activities would they or their organisations be interested in contributing to. Not many people took part in this activity, but some names were still added to most of the actions.