

T.A.A.F.E.

Towards Alpine Age-Friendly Environment

INTERREG
Alpine Space Programme

WP Communication (standard white)

Pre-Post Analysis: baseline. Joint Report

DELIVERABLE	CREATED	VERSION
D.T3.3.1	25/05/2021	0.1
AUTHOR	CONTRIBUTED <small>(standard front capital)</small>	STAND
Gian Matteo Apuzzo		
CEI - ES		

AT A GLANCE

A growing ageing population and increasing number of isolated older adults demand new approaches and political commitment. Therefore, the WHO developed the concept of sustainable age-friendly environments (AFE), using an integrative approach to optimize the social and physical environments and promote active, healthy ageing and participation in society. The T.A.A.F.E. project uses this concept to build a participatory framework - T.A.A.F.E. model - for developing an age-friendly environment and an improved delivery of services in the Alpine Space (AS).

DISCLAIMER

All rights reserved

The document is proprietary of the T.A.A.F.E. consortium members. No copying, distributing, in any form or by any means, is allowed without the prior written agreement of the owner of the property rights.

Responsibility

This document reflects only the authors' view. The European Community is not liable for any use that may be made of the information contained herein.

Timeliness of the information in the document

The information in this document is subject to change without notice.

INDEX

INTRODUCTION

1. THE T.A.A.F.E.PROJECT AT A GLANCE

2. DESCRIZIONE WP

3. METHODOLOGY

4. RESULTS

CONCLUSION/SUGGESTION

ANNEX 1

INTRODUCTION

This report illustrates the results of **the first stage of the pre-post analysis considering the aggregate data of all 5 countries of the TAAFE Area**. The main aim of the activity is to evaluate the impact of the participatory methodology that all partners of the TAAFE project will implement during the pilot action.

This evaluation is expected in WPT3. Central European Initiative - executive secretariat is the responsible partner for WPT3 that aims at developing an evaluation model, through methodologies that integrate qualitative and quantitative tools, with a multidimensional approach to age-friendly environments (in line with WHO AFCC initiative). The evaluation activities will be carried out through existing methodologies and tools, that are already validated and publicly available, and that will be addressed to the AFE multidimensional profile, in order to combine quantitative and qualitative/participatory analyses. This multidimensional and integrated evaluation can be replicated by other organisations and territories interested in developing innovation on age-friendly communities. Evaluation will be carried out in synergy with WPT1 and WPT2 and directly connected to WPT2 pilot actions. CEI-ES will coordinate the whole evaluation strategy— with direct contribution of the partners implementing the pilot actions.

In the following pages, after a short presentation of the TAAFE project (chapter 1), the methodology used for the development of the pre-post analysis will be described— starting from the definition of the 8 dimensions identified by WHO within the project "The Global Age-Friendly Cities" (chapter 2).

Chapter 3 will present the results of the data collection carried between December 2020 and February 2021: tables and graphs will showcase the level of participation of partners involved in the TAAFE project regarding the processes for participatory and/or decisional planning concerning the 8 dimensions.

The final chapter will present a comparison between the respondents' past involvement in participatory planning and/or decision-making process and expected impact in future TAAFE activities— for all 8 dimensions. The concluding remarks aim at highlighting strengths and weaknesses of the TAAFE area to support future improvements by implementing the participatory methodologies foreseen by the completion of the pilot action.

1. THE T.A.A.F.E. PROJECT AT A GLANCE

Towards Alpine Age-Friendly Environment, T.A.A.F.E., is a project co-financed by the Interreg ALPINE SPACE Programme that aims at building a participatory framework - TAAFE model - for developing an age-friendly environment and an improved delivery of services in the Alpine Space.

Public and municipal officials will benefit from the TAAFE toolkit by applying co-creation methods that involve local elderly people from the beginning of the project and services development (reaching out also to excluded "hard to reach" groups and provide solutions against social isolation of elderly people) as well as other relevant stakeholders such as NGOs, research institutions, service providers, political actors.

The center of the project is the so-called TRIO— a team that will be established in each partner country— which is composed of: 1 Senior representing the voice of the elderly, 1 facilitator which facilitates the work in the field and acts as multiplier into the society and 1 Policy maker/representative of the local administration to anchor the understanding of age-friendly environments in the long-term.

At transnational workshops TRIOs will be trained on how to implement the T.A.A.F.E toolkit in their local environment in a pilot, ranging from assessment of needs to consensus building, participatory planning, and action implementation. TRIOs will also be involved in the design strategy process and evaluation activities.

Sustainability will be provided with T.A.A.F.E Strategy for sustaining achievements in pilots and Alpine Space Strategy for exploring up-scaling possibilities and for creating a transregional and transnational network that will be consolidated via a Common Memorandum of Understanding.

2. METHODOLOGY

The main objective of the Pre-post analysis is to evaluate the impact of the participatory methodology on the level of participation that each partner will implement in the pilot action foreseen by the TAAFE project.

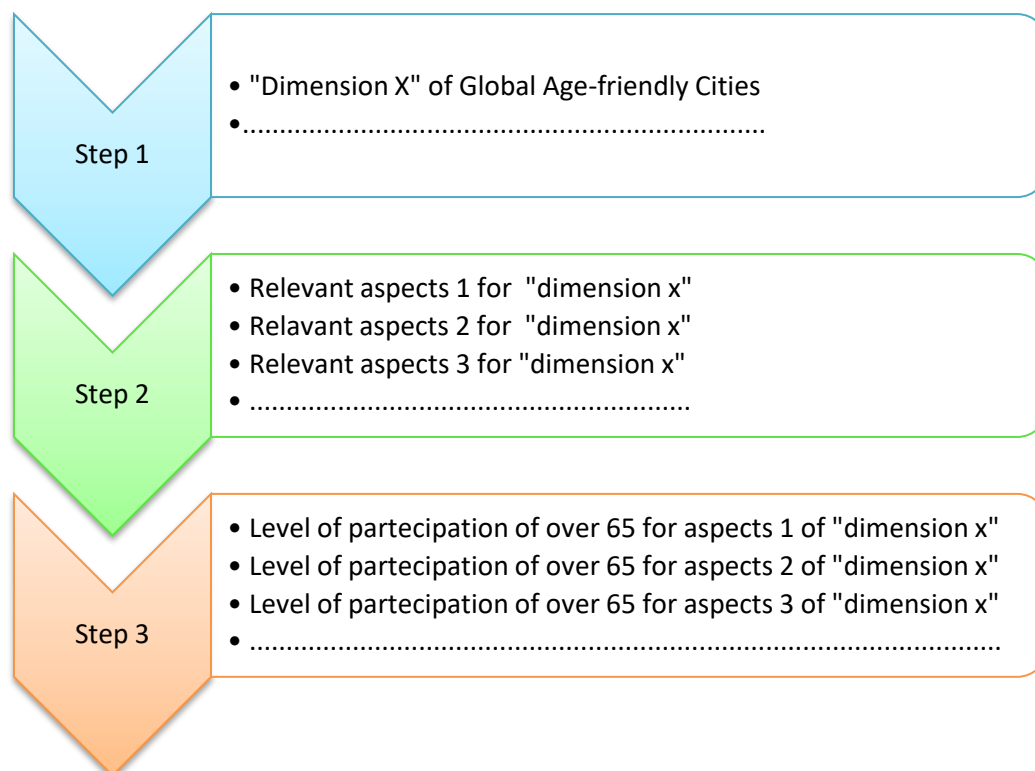
Specifically, the setting up of indicators to measure this impact started from the 8 dimensions identified by the World Health Organization in the context of the of the "The Global Age-Friendly Cities" project¹. These are the 8 dimensions:

Dimension	Short description
a) Outdoor spaces and buildings	<i>Aspects and characteristics of the outside environment and public buildings that impact on the mobility, independence and quality of life of older people.</i>
b) Transportation	<i>Transportation as a key factor for social and civic participation and access to community network and health services.</i>
c) Housing	<i>Safety and well-being in the housing dimension, in particular regarding a link between appropriate housing and access to community and social-health services.</i>
d) Social participation	<i>Regarding opportunity to participating in leisure, social, cultural and spiritual activities in the community, as well as with the family.</i>
e) Respect and social inclusion	<i>The extent to which older people participate in the social, civic and economic life of the city and "intergenerational respect".</i>
f) Civic participation and employment	<i>Meaning the contribution that the elderly person can make after retirement, with his experience and skills</i>
g) Communication and information	<i>Communication and information as a solution to the fear of being excluded. Comprehensiveness and accessibility of information as key factors.</i>
h) Community support and health services	<i>Health and support services as a vital factor to maintaining health and independence in the community.</i>

¹World Health Organization (2007), Global age-friendly cities: a guide, Printed in France.

For each of these dimensions a set of indicators was selected to measure the 'level of participation' of older people and the organisations representing them (Fig.1). The selection of these indicators was carried out on the basis of the relevant aspects (named key factors in the questionnaire carried out) identified by WHO for each dimension in the report "Global Age-friendly Cities: A Guide".²

Figure 1 – Indicator selection process



For each indicator, and for each dimension in aggregate terms, the measurement of impact was based on a Cantril scale that allows respondents to evaluate, with a score from 1 to 10 (1 minimum participation; 10 maximum participation), their level of involvement in participatory planning and/or decision making process before and after the implementation of TRIOs at local level.

The designed questionnaire (see Country reports' Annex 1) is administered to participants in local Trios and involved stakeholders at the beginning of the pilot action (baseline questionnaire). At the end of the planned TRIO activities stakeholders will receive a final

²World Health Organization (2007), Global age-friendly cities: a guide, Printed in France.

questionnaire. Impact will be measured by comparing the average scores of respondents at the beginning and at the end of the Trio activities, both with respect to indicators and in aggregate regarding dimensions.

The next chapter presents the results of the baseline measurement, whose data were collected via online modalities³ between December 15, 2020 and February 15, 2021.

The questionnaire was translated in 3 languages:

- English, for project partners from Italy and Slovenia.
- French, for project partners from France.
- German, for project partners from Germany and Austria.

³Monkey Survey software was used for data collection.

3. RESULTS

The number of total respondents to the baseline questionnaire is 96. Tables 1 to 6 illustrate some of the respondent's features. Regarding their geographical distribution, Austria is the most represented country (tab. 1). The majority (45) are individual respondents not representing an organization (tab. 2). The average age of respondents is 61 years (tab. 4) and more than 66% are senior citizens (tab. 5). Concerning gender, the majority of respondents (55,2%) are female (tab. 6).

Table 1 – Country of respondents

	N.	%
Austria	28	29,2
Germany	20	20,8
Slovenia	17	17,7
France	16	16,7
Italy	15	15,6
Tot.	96	100,0

Table 2 – Type of Organization

	N.	%
Individual respondent	45	46,9
Regional/local Authority	19	19,8
Civil society organisation	18	18,8
Social care public organisation	5	5,2
Health care public organisation	3	3,1
University	3	3,1
Research center	3	3,1
Tot.	96	100,0

Table 3 – Type of Organization per Country

Country	Type of Organization	N.	%
<i>Italy</i>	Individual respondent	14	93,3
	Regional/local Authority	1	6,7
	Tot.	15	100,0
<i>Slovenia</i>	Civil society organisation	9	52,9
	Individual respondent	4	23,5
	Health care public organisation	2	11,8
	Regional/local Authority	1	5,9
	Social care public organisation	1	5,9
Tot.	17	100,0	
<i>France</i>	Individual respondent	11	68,7
	Civil society organisation	5	31,3
	Tot.	16	100,0
<i>Germany</i>	Individual respondent	11	55,0
	Regional/local Authority	5	25,0
	Social care public organisation	2	10,0
	University	2	10,0
	Tot.	20	100,0
<i>Austria</i>	Regional/local Authority	12	42,9
	Individual respondent	5	17,9
	Civil society organisation	4	14,3
	Research center	3	10,7
	Social care public organisation	2	7,1
	Health care public organisation	1	3,6
	University	1	3,6
Tot.	28	100,0	

Table 4 – Age of respondent

N.	Val.	96
	Miss.	0
Avg.		61
Std. Dev.		13,25
Min.		29
Max.		81

Table 5 – Age group

	N.	%
senior citizens (60 and more)	64	66,7
adult citizens (18-59)	32	33,3
Tot.	96	100,0

Table 6 – Gender of respondent

	N.	%
female	53	55,2
male	43	44,8
Tot.	96	100,0

Tables 7 to 10 illustrate the relationship between respondents and TAAFE activities. It must be noted that most respondents aged 60 or more (82,8%) participated in the project's activities (tab. 8) and that most of them were involved as local action group members (tab. 9). Table 10 showcases the data concerning the distribution of TAAFE activities for each Country individually.

Table 7 – Participation in TAAFE project activities

	N.	%
yes	75	78,1
no	21	21,9
Tot.	96	100,0

Table 8 – Participation in TAAFE project activities per Age group

Age group		N.	%
adult citizens (18-59)	yes	22	68,8
	no	10	31,3
	Tot.	32	100,0
senior citizens (60 and more)	yes	53	82,8
	no	11	17,2
	Tot.	64	100,0

Table 9 – TAAFE project activities

	N.	%
Local action group member	37	49,3
TRIO member	18	24,0
Needs' assessment	16	21,3
other	4	5,3
Tot.	75	100,0
Miss.	21	/

Table 10 – TAAFE project activities per Country

Country	Activities	N.	%
<i>Italy</i>	Needs' assessment	10	76,9
	Local action group member	2	15,4
	TRIO member	1	7,7
	Tot.	13	100,0
	Miss.	2	/
<i>Slovenia</i>	Local action group member	11	73,3
	TRIO member	3	20,0
	other	1	6,7
	Tot.	15	100,0
	Miss.	2	/
<i>France</i>	Needs' assessment	6	66,7
	other	2	22,2
	TRIO member	1	11,1
	Tot.	9	100,0
	Miss.	7	/
<i>Germany</i>	Local action group member	8	53,3
	TRIO member	6	40,0
	other	1	6,7
	Tot.	15	100,0
	Miss.	5	/
<i>Austria</i>	Local action group member	16	69,6
	TRIO member	7	30,4
	Tot.	23	100,0
	Miss.	5	/

Tables 11 to 12 showcase the data for the dimension “Outdoor spaces and buildings”. 36 respondents declared their involvement in the participatory planning and/or decision-making process regarding this dimension (tab. 11). The key factor that received the highest average score in terms of participation is “Green spaces” (tab. 12).

Table 11 - Dimension “Outdoor spaces and buildings”: involvement in participatory planning and/or decision-making process

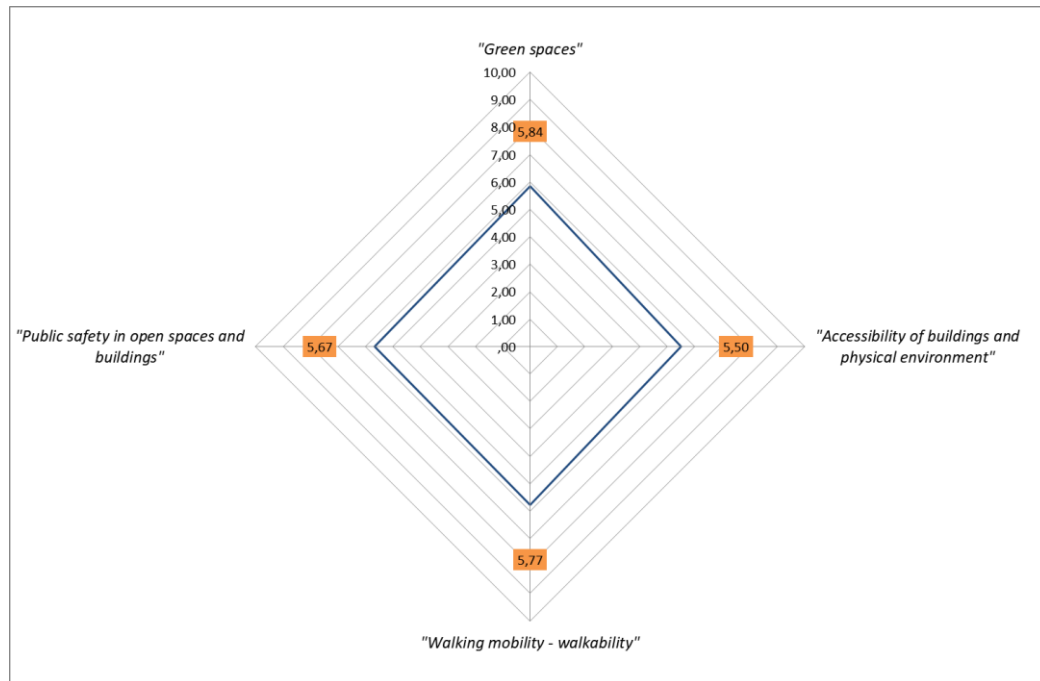
	<i>N.</i>	%
no	60	62,5
yes	36	37,5
Tot.	96	100,0

Table 12 - Key Factors of Dimension “Outdoor spaces and buildings”: level of participation

		Green spaces	Accessibility of buildings and physical environment	Walking mobility/ walkability	Public safety in open spaces and buildings
	Val.	19	22	22	24
<i>N.</i>	Miss.	77	74	74	72
	Tot.	96	96	96	96
	Avg.	5,84	5,50	5,77	5,67
	Min.	1	2	1	1
	Max.	10	10	10	10

Figure 2 illustrates a visual representation of the respondents’ participation for the dimension “Outdoor spaces and buildings”. For this dimension, the area enclosed by the average values of the 4 key factors appears to be balanced.

Figure 2 - Key Factors of Dimension “Outdoor spaces and buildings”: spider chart participation level



Tables 13 and 14 showcase the data concerning the dimension “Transportation”. 21 respondents declared their involvement in the participatory planning and/or decision-making process regarding this dimension (tab. 13). The key factor that received the highest average score in terms of participation is “Information” (tab. 14).

Table 13 - Dimension “Transportation”: involvement in participatory planning and/or decision-making process

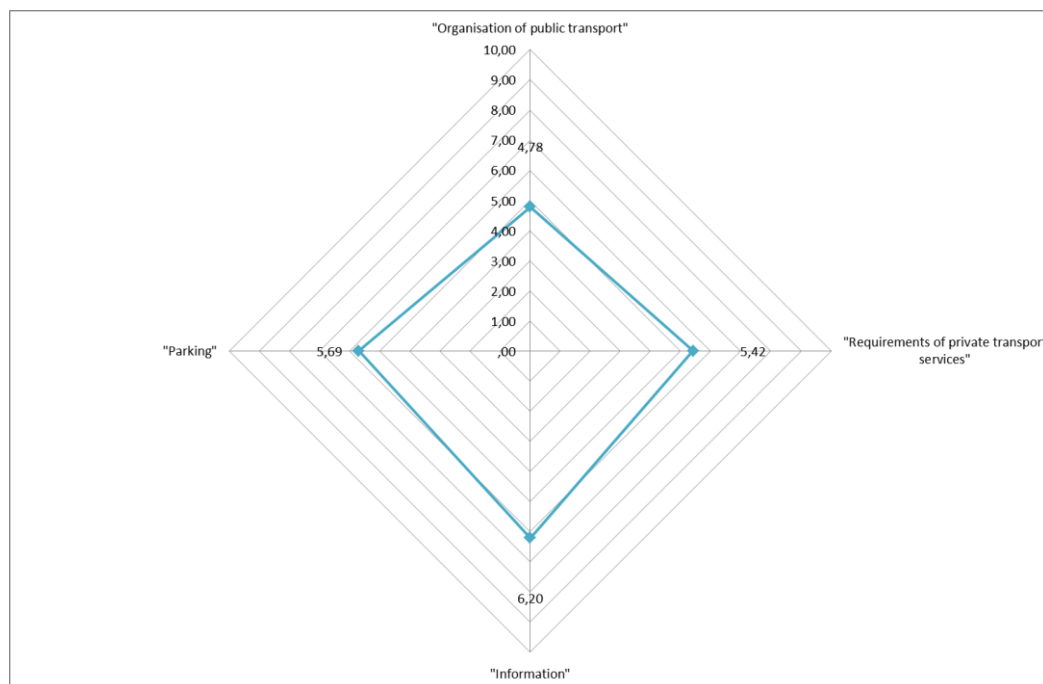
	N.	%
no	68	76,4
yes	21	23,6
Tot.	89	100,0
Miss.	7	

Table 14 - Key Factors of Dimension “Transportation”: involvement in participatory planning and/or decision-making process

	Organisation of public transport	Requirements of private transport services	Information	Parking
Val.	18	19	15	13
N. Miss.	78	77	81	83
Tot.	96	96	96	96
Avg.	4,78	5,42	6,20	5,69
Min.	1	1	1	1
Max.	10	10	10	10

Figure 3 illustrates a visual representation of the respondents’ participation for the dimension “Transportation”. The area between key factors “Information”, “Parking” and “Requirements of private transport services” has the largest size.

Figure 3 - Key Factors of Dimension “Transportation”: spider chart participation level



For ‘Housing’, 29 respondents out of 96 declared their involvement in the participatory planning and/or decision-making process regarding this dimension (tab. 15) and the key factor with the highest average score is “Community and neighbours’ surroundings” (tab. 16).

Table 15 - Dimension “Housing”: involvement in participatory planning and/or decision-making process

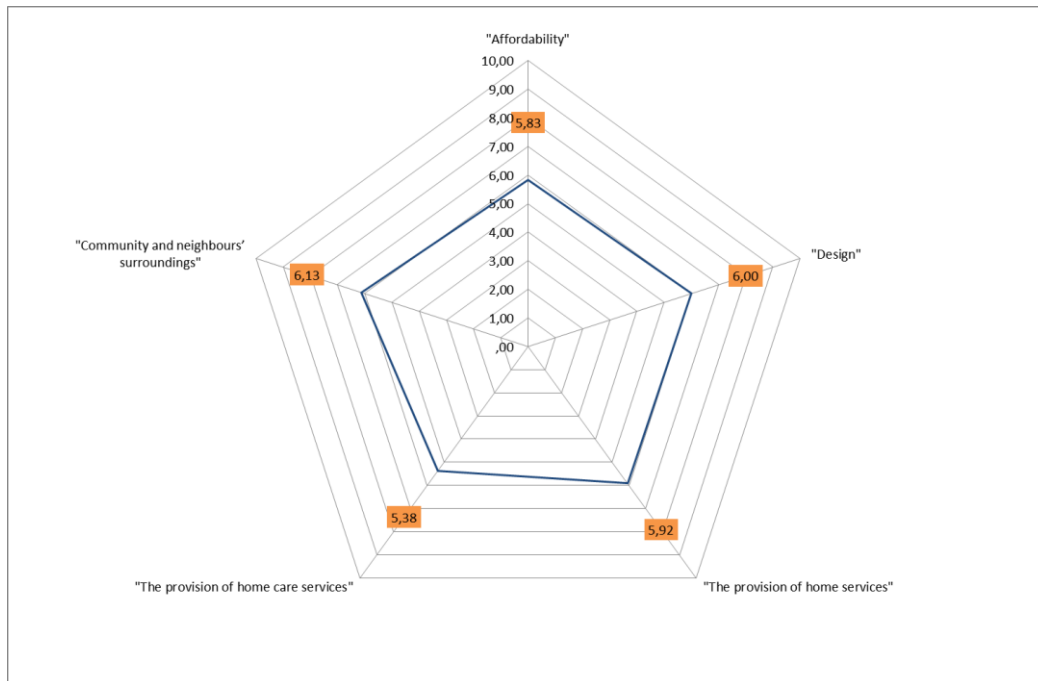
	N.	%
no	58	66,7
yes	29	33,3
Tot.	87	100,0
Miss.	9	

Table 16 - Key Factors of Dimension “Housing”: level of participation

	Affordability	Design (living environment)	The provision of home services (daily life needs)	The provision of home care services	Community and neighbours’ surroundings
Val.	18	25	25	24	23
N. Miss	78	71	71	72	73
Tot.	96	96	96	96	96
Avg.	5,83	6,00	5,92	5,38	6,13
Min.	1	1	1	1	1
Max.	10	10	10	10	10

Concerning the visual representation of the level of participation for the dimension “Housing” (Fig. 4), the area between key factors “Affordability”, “Community and neighbours’ surroundings” and “Design” has the largest size.

Figure 4 - Key Factors of Dimension “Housing”: spider chart participation level



The dimensions “Social participation” (tab. 17-18) and “Respect and social inclusion” (tab. 19-20) had the highest number of respondents declaring their involvement in participatory planning and/or decision-making process: (53 and 35 respectively). Regarding “Social participation”, the key factor with the highest participation is “Organisation of events and activities” (tab. 18), while for “Respect and social inclusion”, the key factor with the highest average score in terms of participation is “Awareness raising on older people's needs” (tab. 20).

Table 17 - Dimension “Social participation”: involvement in participatory planning and/or decision-making process

	N.	%
no	33	38,4
yes	53	61,6
Tot.	86	100,0
Miss.	10	

Table 18 - Key Factors of Dimension “Social participation”: level of participation

	Accessibility of events and activities	Organisation of events and activities	Facilities and settings for events and activities	Promotion and awareness of social activities
Val.	41	49	39	49
N.	Miss.	47	57	47
	Tot.	96	96	96
Avg.	5,56	7,84	6,15	6,49
Min.	1	2	1	1
Max.	10	10	10	10

Figure 5 illustrates the visual representation of the level of participation for the dimension “Social participation”. The area between key factors “Organisation of events and activities”, “Facilities and settings for events and activities” and “Promotion and awareness of social activities” has the largest size.

Figure 5 - Key Factors of Dimension “Social participation”: spider chart participation level

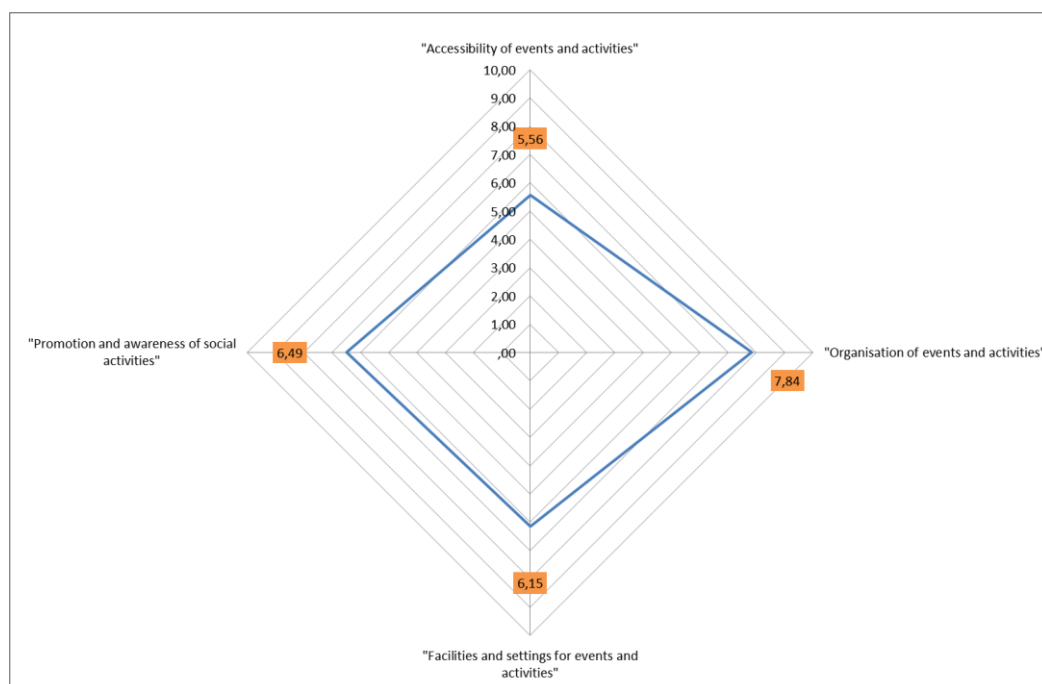


Table 19 - Dimension “Respect and social inclusion”: involvement in participatory planning and/or decision-making process

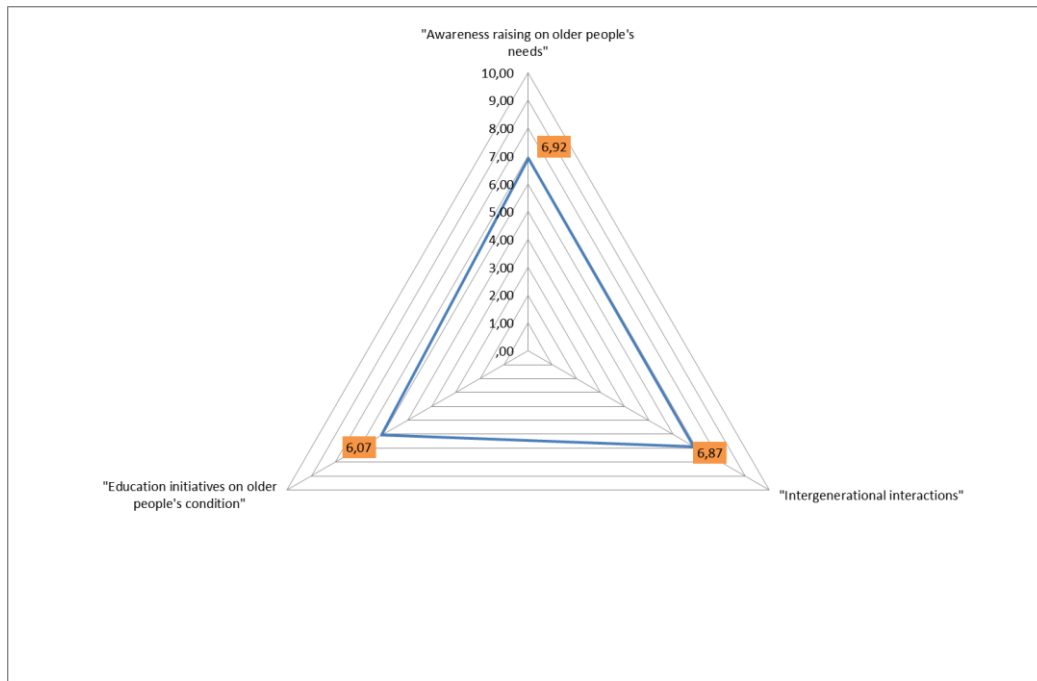
	<i>N.</i>	<i>%</i>
no	49	58,3
yes	35	41,7
Tot.	84	100,0
Miss.	12	

Table 20 - Key Factors of Dimension “Respect and social inclusion”: level of participation

	Awareness raising on older people's needs	Intergenerational interactions	Education initiatives on older people's condition
Val.	35	31	29
<i>N.</i> Miss.	61	65	67
Tot.	96	96	96
Avg.	6,92	6,87	6,07
Min.	1	1	1
Max.	10	10	10

Figure 6 shows a remarkably large area regarding the level of participation for the dimension “Respect and social inclusion” as the average scores assigned by respondents to the 3 key factors are all equal to or higher than 6.

Figure 6 - Key Factors of Dimension “Respect and social inclusion”: spider chart participation level



33 respondents declared their involvement in participatory planning and/or decision-making process for the dimension “Civic participation and employment” (tab. 21). For this dimension, the key factor that received the highest average score in terms of participation is “Activity of encouraging civic participation” (tab. 22).

Table 21 - Dimension “Civic participation and employment”: involvement in participatory planning and/or decision-making process

	N.	%
no	51	60,7
yes	33	39,3
Tot.	84	100,0
Miss.	12	

Table 22 - Key Factors of Dimension “Civic participation and employment”: level of participation

	Volunteering opportunity for older people	Activity of encouraging civic participation	Training opportunity	Support for valuing the skills and potential of older people
Val.	23	23	19	21
N. Miss.	73	73	77	75
Tot.	96	96	96	96
Avg.	6,04	7,48	6,42	6,29
Min.	1	2	1	1
Max.	10	10	10	10

Figure 7 shows that the size of the area representing participation for the dimension “Civic participation and employment” enclosed by the average values of the 4 key factors is moderately balanced.

Figure 7 - Key Factor of Dimension “Civic participation and employment”: spider chart participation level

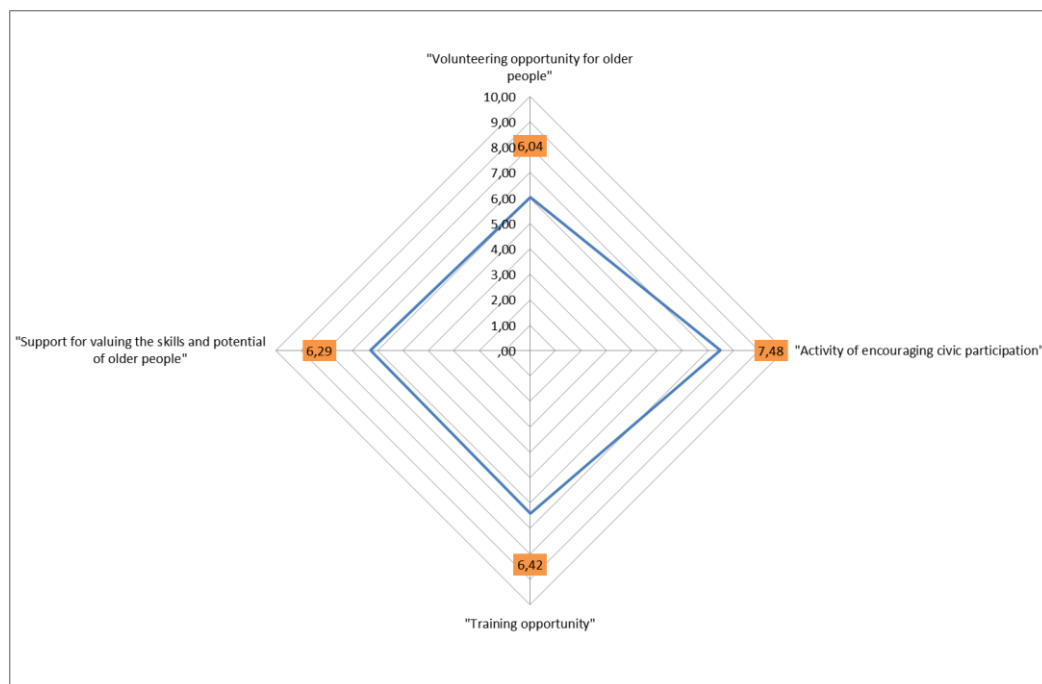


Table 23 contains the data concerning the dimension “Communication and information”. 35 respondents declared their involvement in the participatory planning and/or decision-making process regarding this dimension. For this dimension, the key factor that received the highest average score is “Dissemination of information” (tab. 24).

Table 23 - Dimension “Communication and information”: involvement in participatory planning and/or decision-making process

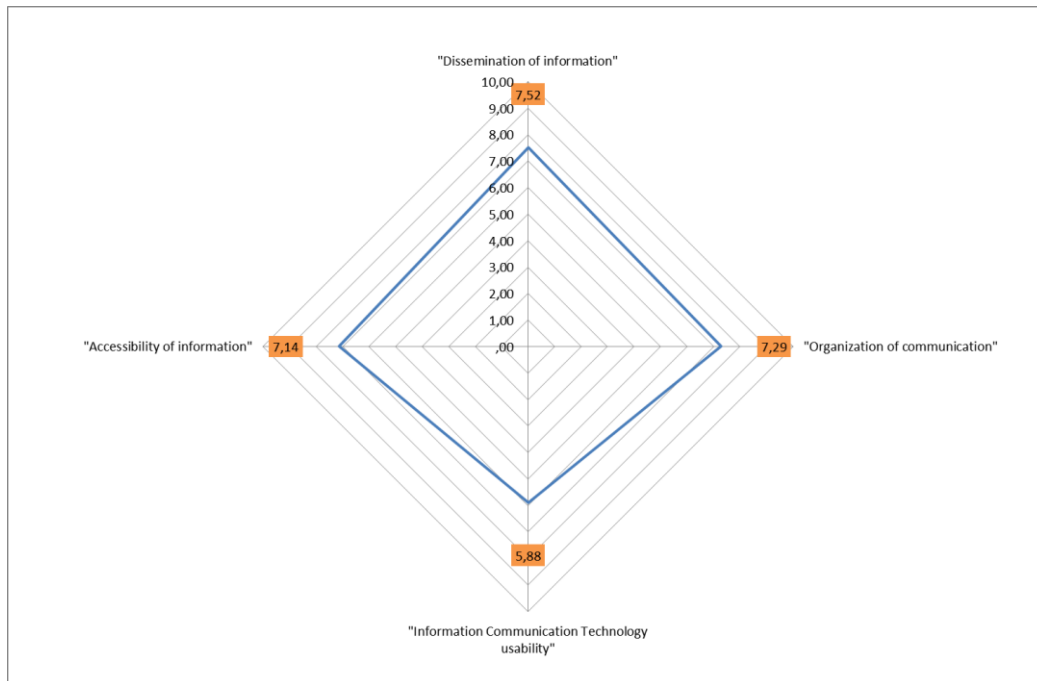
	<i>N.</i>	%
no	49	58,3
yes	35	41,7
Tot.	84	100,0
Miss.	12	

Table 24 - Key Factors of Dimension “Communication and information”: level of participation

		Dissemination of information	Organization of communication	Information Communication Technology usability	Accessibility of information
Val.		33	28	26	28
<i>N.</i>	Miss.	63	68	70	68
	Tot.	96	96	96	96
Avg.		7,52	7,29	5,88	7,14
Min.		1	1	1	1
Max.		10	10	10	10

The size of the area representing participation for the dimension “Communication and information” is positively affected primarily by key factors “Organization of communication”, “Dissemination of information” and “Accessibility of information” (fig. 8).

Figure 8 - Key Factor of Dimension “Communication and information”: spider chart participation level



To conclude the individual evaluation of the 8 dimensions, Tables 25 and 26 showcase the data concerning the dimension “Community support and health services”. This dimension had the lowest number of respondents declaring their involvement in participatory planning and/or decision-making process: 24 (tab. 25). The key factor with the highest average score is “Activation of community services” (tab. 26).

Table 25 - Dimension “Community support and health services”: involvement in participatory planning and/or decision-making process

	N.	%
no	60	71,4
yes	24	28,6
Tot.	84	100,0
Miss.	12	

Table 26 - Key Factors of Dimension “Community support and health services”: level of participation

		Accessibility to care services	Requirements of health services	Requirements of residential facilities	Activation of community services	Recruiting volunteers in health and care services
Val.		18	14	16	13	15
N.	Miss	78	82	80	83	81
	Tot.	96	96	96	96	96
Avg.		6,61	7,14	7,06	7,54	6,20
Min.		1	1	1	1	1
Max.		10	10	10	10	10

Figure 9 shows a remarkably large area regarding the level of participation for the dimension “Community support and health services” as all 5 key factors assessing participation have an average score higher than 6,20.

Figure 9 - Key Factors of Dimension “Community support and health services”: spider chart participation level

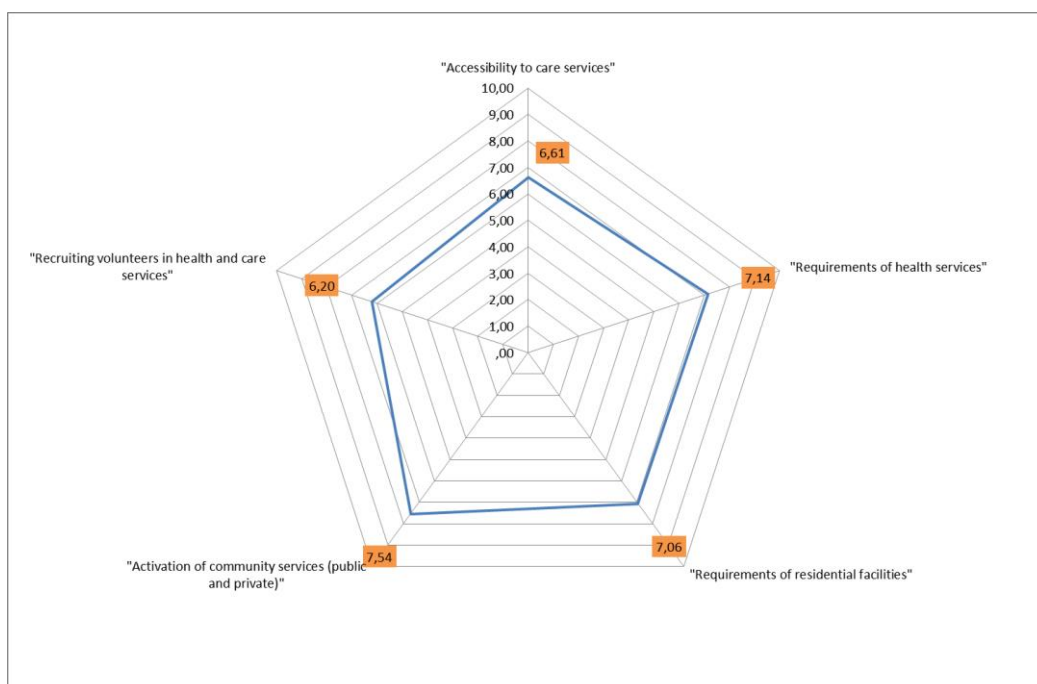


Table 27 shows the number of respondents involved in participatory planning and/or decision-making process for each of the 8 dimensions. The dimensions with the highest number of participants are “Social participation”, “Outdoor spaces and buildings”, “Respect and social inclusion” and “Communication and information”.

Table 27 – Ranking of dimensions per number of participants in participatory planning and/or decision-making process

Dimension	N. participants
Social participation	53
Outdoor spaces and buildings	36
Respect and social inclusion	35
Communication and information	35
Civic participation and employment	33
Housing	26
Community support and health services	24
Transportation	21

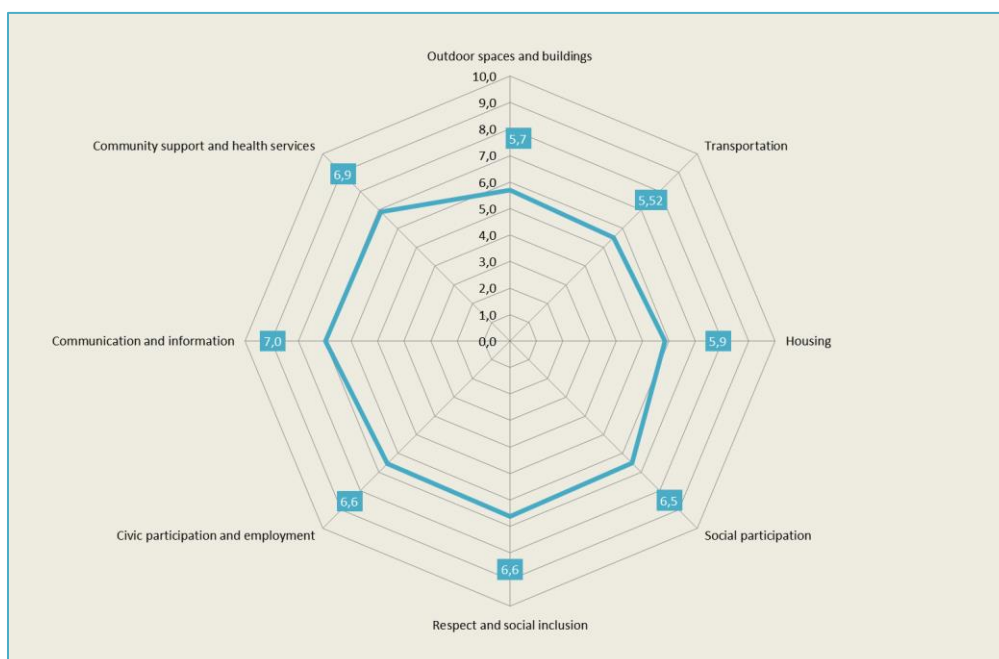
4. CONCLUSION/SUGGESTION

Table 28 and Figure 10 showcase the average of the scores assigned to the key factors for each of the 8 dimensions. “Communication and information” and “Community support and health services” have the highest value; while “Transportation” has the lowest.

Table 28 – Ranking of dimensions per level of involvement in participatory planning and/or decision-making process

Dimension	Score
Communication and information	7,0
Community support and health services	6,9
Respect and social inclusion	6,6
Civic participation and employment	6,6
Social participation	6,5
Housing	5,9
Outdoor spaces and buildings	5,7
Transportation	5,52

Figure 10 - "The Global Age-Friendly Cities" Dimensions: TAAFE Project Area



The last question of the baseline questionnaire asked respondents to indicate the dimensions in which they feel they can better contribute and/or impact thanks to the activities planned for project TAAFE (tab. 29)— more than one dimension could be selected. 76 respondents out of 96 answered the question— selecting a total of 245 preferences with “Social participation” being the most chosen (48 preferences, equal to 19,6 % of total preferences and to 63,2% of total respondents), followed by “Respect and social inclusion” (44 preferences, equal to 18% of total preferences and to 57,9% of total respondents) and by “Communication and information” (36 preferences, equal to 14,7% of total preferences and to 47,4% of total respondents).

Table 29 – Dimensions in which partners can better contribute and/or impact

Dimension	Answers		Respondent
	N.	%	%
Social participation	48	19,60%	63,20%
Respect and social inclusion	44	18,00%	57,90%
Communication and information	36	14,70%	47,40%
Civic participation and employment	30	12,20%	39,50%
Housing	29	11,80%	38,20%
Community support and health services	27	11,00%	35,50%
Outdoor spaces and buildings	17	6,90%	22,40%
Transportation	14	5,80%	18,40%
Tot.	245	100,0	/
	N.	%	
Respondent	76	79,2	
Miss.	20	20,8	

Concerning the whole TAAFE area, a comparison between the data from Tables 28 and 29 allows for some additional considerations on partners’ expected involvement in the forthcoming pilot action’s activities— especially in terms of participation and offered competences. More specifically, it is possible to compare the average values of the scores given to the 8 dimensions and the selected dimensions in which respondents believe they can better contribute— in terms of both impact and contributions to the activities planned for project TAAFE (tab. 29).

This analysis indicates substantial congruence between past experiences and expected impact within the project for all dimensions except “Community support and health services”. In fact, even if this dimension has the second highest average value, it is only the third lowest dimensions for which partners feel they can better contribute and/or impact. This exception is possibility due to respondents’ participation to this dimension being limited to only some of the countries of the TAAFE area. This hypothesis is supported by table 27, showing that “Community support and health services” has been assigned one of the lower positions within the ranking of dimensions per number of participants in participatory planning and/or decision-making process. One final consideration concerns dimension “Transportation” that has the lowest rank in terms of average score for participation as well as impact and contributions to TAAFE future activities.