

# Age-friendly municipalities in a cross-border context

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## **ENGLISH SUMMARY**

Communities play an important role in supporting an inclusive, healthy and safe environment for older people. Such an environment has been defined as an 'age friendly' community. Many older people express their wish to remain living in their familiar environment as they grow older, which is called 'ageing in place'. In many countries, ageing in place has become a policy priority and due to decentralisation policies, municipalities have gained responsibilities in supporting their ageing populations. While neighbouring communities in the same country and in neighbouring countries are facing similar challenges and simultaneously developing solutions, there may be the potential for an exchange of such policies and best practices across borders. This may be especially worthwhile in the so-called Euroregions, where the day-to-practice already involves a cross-border exchange in many aspects of life such as work and leisure. The combination of an ageing population with the challenges that come with it, and the opportunities stemming from the proximity of Belgian, Dutch and German regions, led to the creation of the euPrevent Senior Friendly Communities (SFC) Interreg project in the Meuse-Rhine Euroregion (EMR). It focused on municipalities that support a healthy, safe and inclusive environment for older people, and specifically for the target groups people with dementia, people with late-life depression, and informal caregivers, as dementia and depression are among the most frequent mental health challenges that older people and (older) informal caregivers face. The SFC project was based on the WHO Frameworks of Active and Healthy Ageing and included the pillars health, participation and security. It connected various partner organisations from multiple sectors and municipalities in the EMR. The primary goal was to stimulate more age-friendly communities, and the secondary goal was to exchange across borders to this end.

The main aim of this thesis was to examine to what extent the Senior Friendly Communities project has contributed to the municipalities becoming more age-friendly and to exchanging on a cross-border level to this end. It explores this by several sub-questions answered in the various chapters. A general introduction is provided in **chapter one**.

In **chapter two**, the outline, aims and design of the Senior Friendly Communities project are discussed to answer the question: "What is the Senior Friendly Communities approach?". This chapter outlined the preparation and implementation phases of the project, each with different steps. The preparation phase consisted of the following four steps: 1.) creating an infrastructure, 2.) including municipalities, 3.) conducting a baseline assessment, and 4.) creating an activity buffet of pre-existing interventions from the different regions. During the implementation phase 1.) the participating municipalities implemented the activities, 2.) post-assessments were conducted, and 3.) a report

and sustainability plan was written reporting the findings and giving advice to each municipality.

**Chapter three** presents the extent to which the participating municipalities were familiar with the SFC themes at baseline. The main question was what local policies and best practices already existed in the municipalities to enhance the health, participation and security of people with dementia, people with late-life depression, and informal caregivers. To answer this question, we conducted semi-structured interviews with representatives from the municipalities. The results show that there were quite some differences in experiences, policies, mandate and expectations among the participants at baseline. Dementia and informal care were more salient themes in municipality policies than depression. However, also the experiences with dementia-friendly policies differed between the municipalities. This chapter illustrated the interest that municipalities had in the SFC themes and also the need for a project such as SFC, as most municipalities had not been able to tackle the SFC themes sufficiently by themselves yet. Furthermore, we also experienced that the baseline assessment functioned as an intervention in itself, as it stimulated the municipalities to invite the relevant stakeholders to the table and it created more awareness of complementing and overlapping roles.

In **chapter four**, we studied the implementation of two e-health interventions for caregivers of people with dementia as part of the SFC activity buffet. We examined the perspectives of municipality officials on the implementation of e-health interventions for caregivers of people with dementia in their communities. This chapter identified the importance of developing tailor-made implementation plans, the need for regular meetings, and the enthusiasm of municipality officials to implement these interventions. It further stressed the need for long-term sustainability planning through collecting data on the required resources and benefits, and the effect of name brand recognition in adoption. The chapter recommended several strategies for researchers to implement their e-health interventions in practice at the level of municipalities. These recommendations can inform both researchers and implementers of e-health interventions in the future on what strategies to adopt when working with a municipality.

At the end of the project, the municipalities were again interviewed. In **chapter five**, we investigated to what extent the SFC project had achieved its goals, i.e., implementation of SFC activities, increasing municipality awareness of the SFC target groups, and stimulating sustainable inclusion of these themes into municipality policies. These three goals have been reached to various extents, with the third goal just having been initiated and the first and second largely achieved. The municipalities gained awareness on several levels, not only of the SFC target groups, but also of their own needs and capacities, of relevant

stakeholders, and of differences and overlap between them and other stakeholders. Lessons from SFC are not to underestimate expectation management across sectors at several moments during the preparation and implementation phases of a project such as SFC to prevent unrealistic expectations. Despite some of these challenges, however, this chapter also highlighted is the added value of the SFC project to the participating municipalities, who appreciated the insights gained from the assessments and implementation, and the impetus to take further steps on the path towards age-friendly policies.

In addition to the primary goal of creating more age-friendly municipalities, there was also the secondary goal of cross-border exchange to this end. Chapter six presents the results of interviews with the municipalities in which we examined their expectations and experiences including the barriers and facilitators for a cross-border exchange of age-friendly policies and best practices. The results are based on the baseline and post-assessments. Several of the barriers to cross-border exchange that were mentioned at baseline, such as lacking resources, network, mandate, priorities and language barriers, remained the same after taking part in SFC. Municipalities' expectations of potential benefits to be gained from a cross-border exchange or potential for collaboration became more modest as they had gained more insight into the differences in context between the municipalities from the various EMR regions. In the end, most municipalities were not involved directly in cross-border exchange, and a more sustainable cross-border relationship was mainly achieved at the level of the formal project partners of SFC. However, the municipalities did reap the benefits from the cross-border element in the project by being able to choose a more diverse range of activities and being provided insights into the policies and best practices across the border.

In **chapter seven**, the main findings are discussed, together with methodological considerations, implications, and recommendations for future research.