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Focus on Midterm-Results of Tyrolean Participation

Impressions about Regional SGI Strategies
Regional Profile of Test Area Außerfern
Care of Elderly People in the Tyrol and Test Area
View on pilot action: ICT meets Mobile Care

Manfred Riedl and Barbara Frick • 23 FEB 2017 • INTESI Midterm-Conference • Delemont CH



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Regional Strategies of the Tyrol and Regional Profile of Test Area Ausserfern

Manfred Riedl, Office of the Tyrolean State Government

1. Administration System of Austria

Organizational Variety and Multi-Level Administration

The organisational variety of the Austrian administration is derived from two principles:

- from the constitutional basic principle of the Federation
- and from the principle of local self-administration of Austrian municipalities

These two principles result to an administrative structure consisting of three levels of subdivisions each with corresponding administrative organisations:

- at central government level the Federal Government
- at federal level, the federal state administrations of the nine States of Burgenland, Carinthia, Lower Austria, Upper Austria, Salzburg, Styria, Tyrol, Vorarlberg and Vienna and
- at local self-administration the municipal administrations of 2.100 Austrian municipalities

All over Austria there is also a network of 95 administrative districts, which are not independent territorial authorities but are rather organizationally integrated in the federal state administration (as district authorities) or within the greater city.

**As such, Austria can be said to have a four-tiered administrative structure throughout:
Federal Government – Federal States – Districts – Municipalities**

1. Basic Impressions about SGI in Austria

Social Welfare but Divided Regional Development

In principle, **Austria can be described as a social welfare state** that is characterized by a high degree of public intervention and social protection mechanisms according to the principle "safety is more important than dynamics". Therefore, the Austrian welfare system shows a high degree of market independence in the supply of citizens due to a large contribution of government services.

SGI are organised not only vertically but also among sectors, and also among different carriers within complex areas of expertise. In Austria, the organisation of a specific SGI is a sectoral task concerning legislation, finance and delivery. Spatial planning has taken on a consultative role, because its coordinative and cooperative planning approaches - e.g. for multifunctional locations - are of little importance in matters of sectoral competencies.

The different points of view and sectoral approaches of national, provincial and local policies prevent joint planning policies concerning the integration of SGI. However, it is more difficult to enforce this flexible approach in the case of highly normalized supply strategies and particularly in the case of laws, since such implementations are determined by a normative principle of equality. **The regional level seems to be the most successful one when it concerns uniting the practical cooperation of adjacent SGI sectors and their participants.**

Many rural and peripheral regions must face a controlled dismantling due to the population decline, though they have to maintain regional labour markets and endogenous development opportunities. It is not likely that limited public budgets and decreased national scope of action will be able to ensure the maintaining of common SGI facilities all over the country.

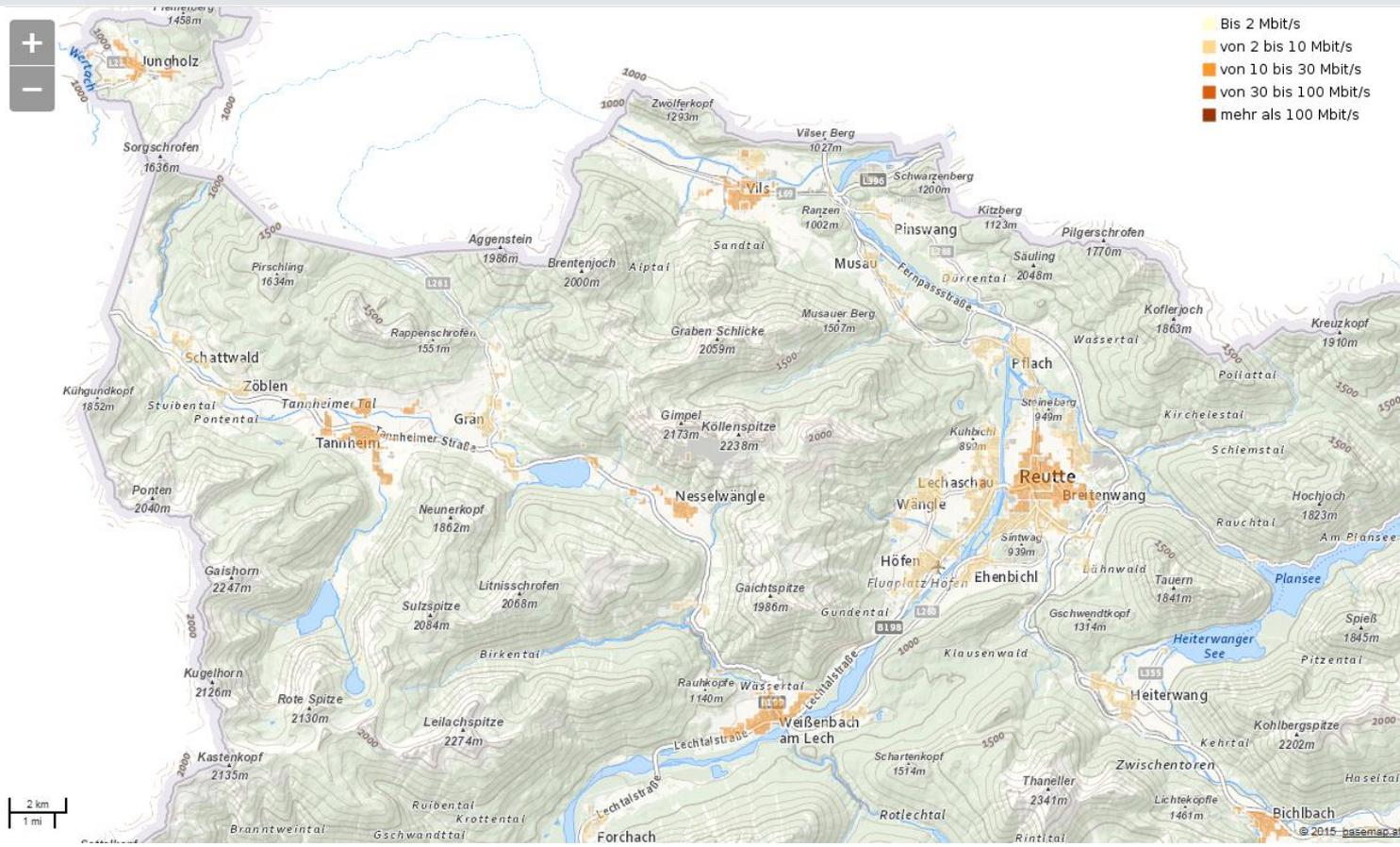
2. Impressions about SGI Strategies Telecommunications - Broadband Expansion

Fibre optic networks are particularly important for remote areas, because they work very well over long distances without the application of active components or power supply. Distances can perfectly be bridged by means of information transfer and based on internet protocols in the communication network, important services can be provided everywhere and at equal quality levels.

Concerning broadband expansion, **rural areas are disadvantaged** and fibre optic networks that are implemented outside of densely populated areas result in funding gaps between 50% and 80% of the construction costs. The interaction between federal and state subsidies allows nowadays a funding rate of up to 75%. This rate largely corresponds to the needs of the rural communities.

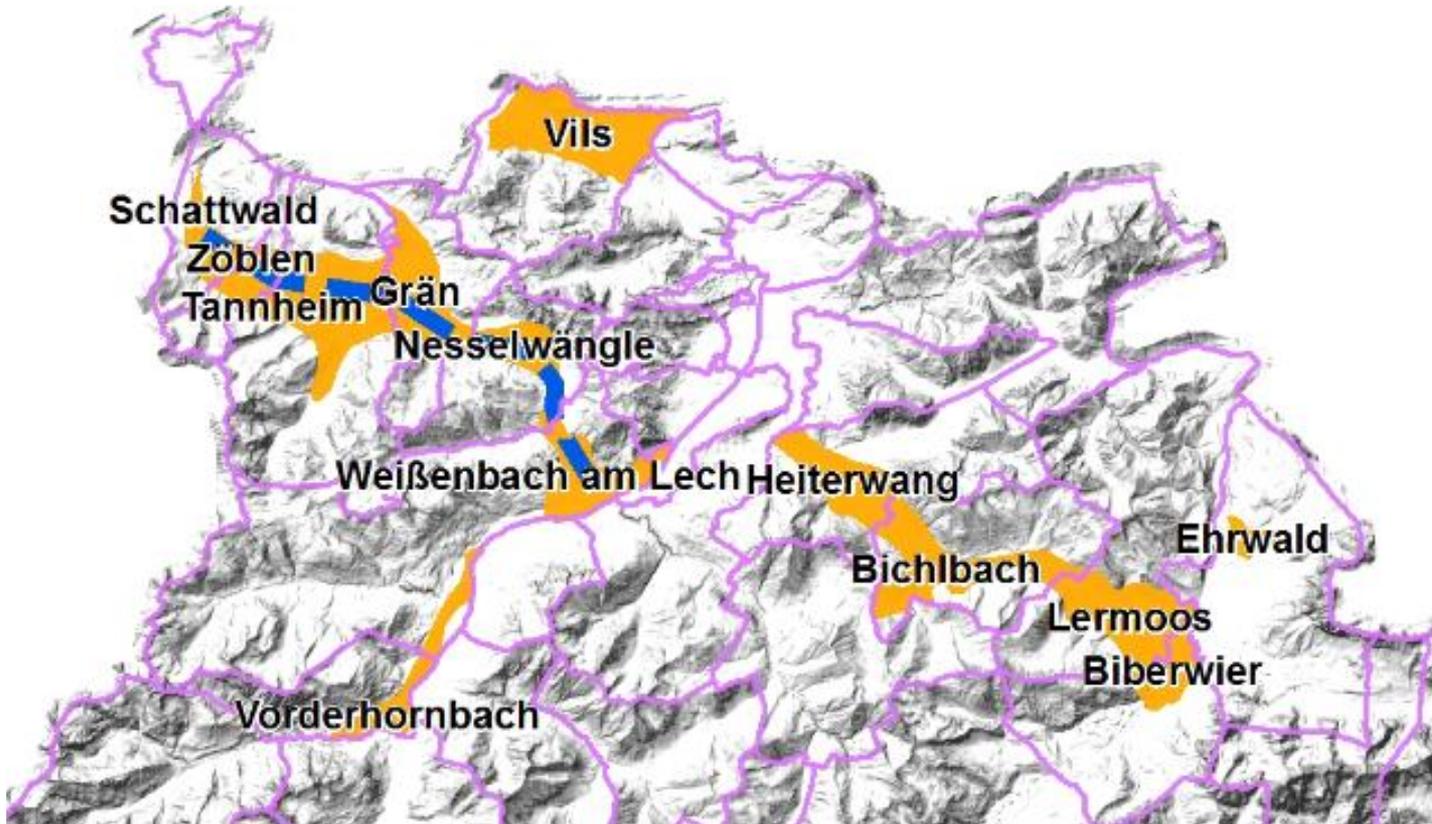
The regional broadband campaign in the Tyrol is an initiative to implement sustainable broadband infrastructure and is not just limited to the (gradual) technological adaptation (e.g. from DSL to vectoring of copper networks). **The Tyrolean model of municipal broadband expansion in rural areas** is the most beneficial one regarding autonomy, location safeguarding and social participation (there is an EU study on this issue).

2. Impressions about SGI Strategies Broadband Atlas Austria – Fixed Network



2. Impressions about SGI Strategies

Municipial Broadband Expansion District Reutte



2. Impressions about SGI Strategies

Structure Healthcare Plan 2012-2022

This strategy describes the **socio-political objectives for the coverage, expansion and development of nursing services** for persons who need healthcare and who should obtain needs-oriented and affordable nursing services, which is also intended by the Nursing Fund Law.

The objectives are based on detailed demographic trends and forecasts, as well as on the resulting requirements for planning, action and steering, which partly leads to a realignment of supply and service offers. An important finding of this structure plan was the fact that **all areas of the care sector have experienced a significant expansion process** due to the demographic change in Tyrol.

In view of the population development and assuming that the existing resources are used consistently, the number of places in retirement and nursing homes will have to rise by approximately 43% in the years from 2012 to 2022. This means that the legal entities of the retirement and nursing homes, the municipalities and the municipal associations as well as the Province Government of Tyrol would have to face significant financing challenges.

Therefore the targeted subsidies granted to the regions and communities by Fund Law must be primarily used for those measures that are not connected with the inpatient sector, whereby **priority shall be given to the development in the field of mobile nursing and healthcare services and to alternative healthcare forms** (short-time care, day care, assisted living, etc.)

2. Impressions about SGI Strategies

Social Concept Außerfern 2004/05

The Social Concept Außerfern was established by committed residents of the Außerfern region in order **to meet the future challenges** of such a small region like the Außerfern and to provide solution approaches. It consists of five protocols, which contain clear statements of objectives and operational principles to achieve the corresponding targets:

II Protocol "Alcohol, drugs, mentally ill people"

III Protocol "Elderly people"

IV Protocol "Integration of foreign residents"

V Protocol "Children, young people, families"

VI Protocol "People with disabilities"

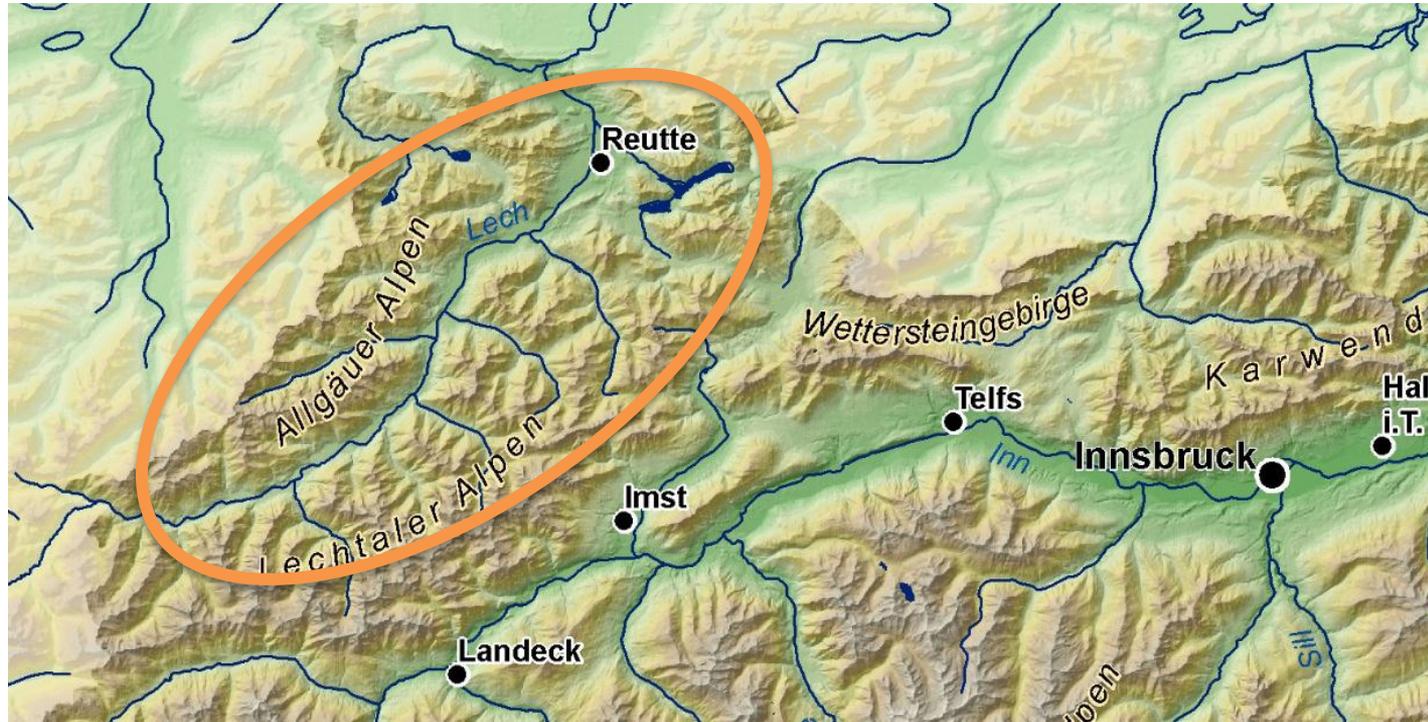
The preamble specifies the reasons for the need to implement this social concept and the **focal point of "cooperation"**, which dominates the entire concept. Since the socio-economic environment is subject to constant change, in particular the objective statements have to be reflected critically at regular intervals. In framework conditions are changing, the democratic process has to be adjusted correspondingly. As a framework concept, it is integrated into overall regional development plans.

The social concept of the Außerfern region is supported by the three pillars of **voluntary participation, partnership and self-commitment**.

3. Regional Profile of Test Area

Topography

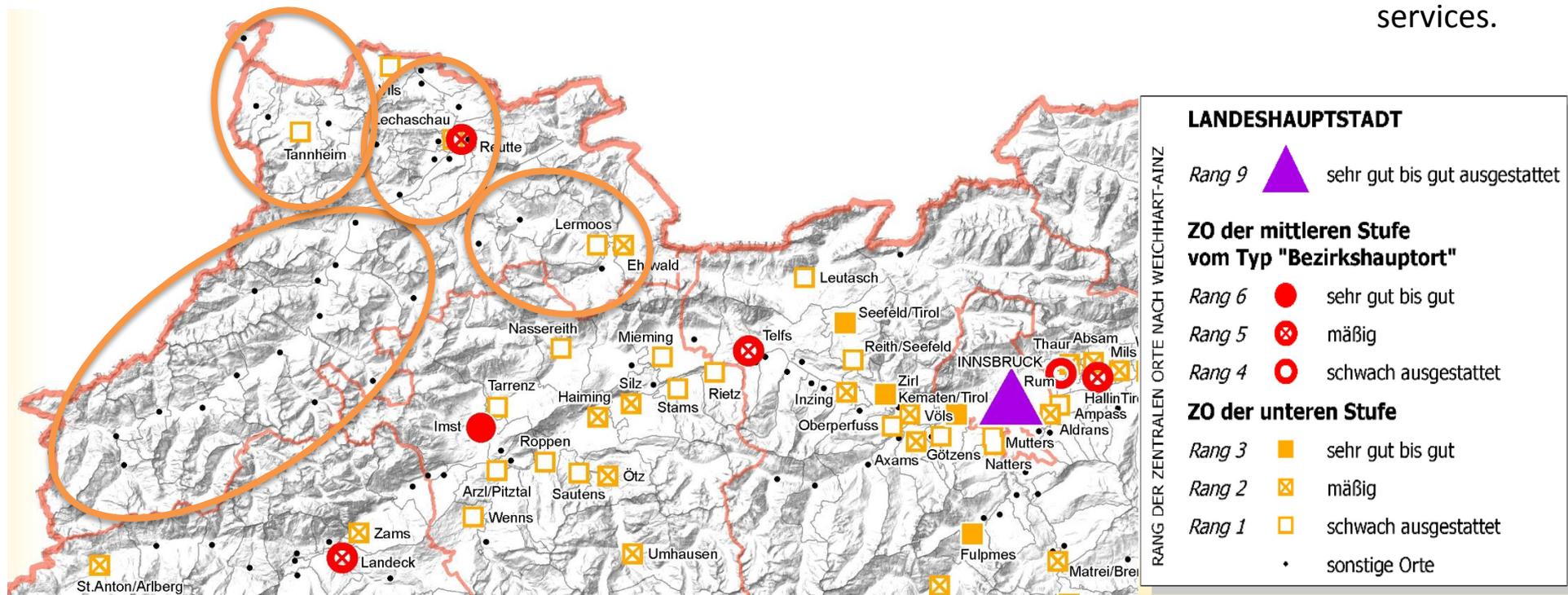
The district of Reutte is located in northwest Tyrol and is isolated from the Tyrolean central space by some mountain ranges. Populated valleys in this region amount to only 9 % of the total area.



3. Regional Profile of Test Area

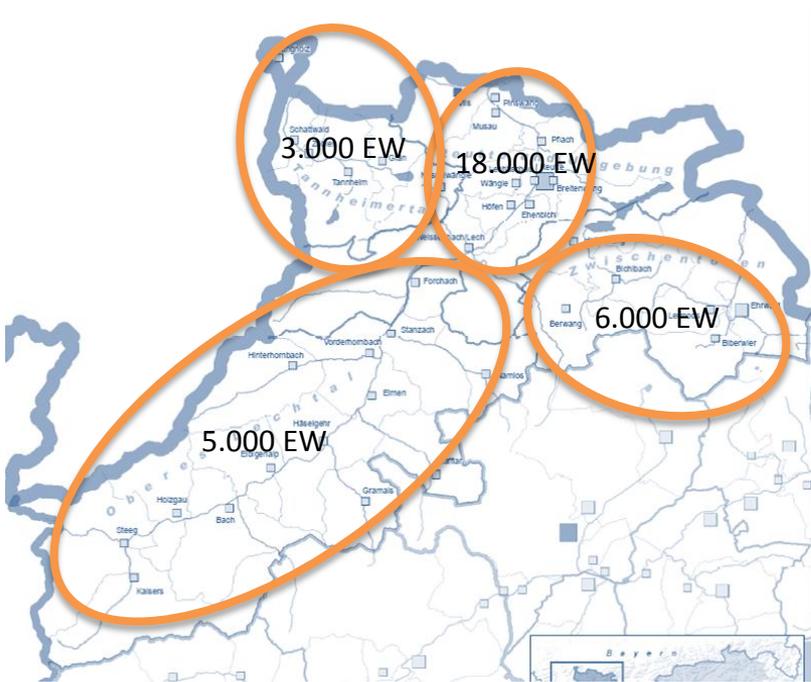
Less Regional Centres but wide Rural Areas

Seen from the state-level, the number of communities offering facilities of central importance in TA is relatively small, whereas 31 municipalities in the district offer just few and local private and public services.

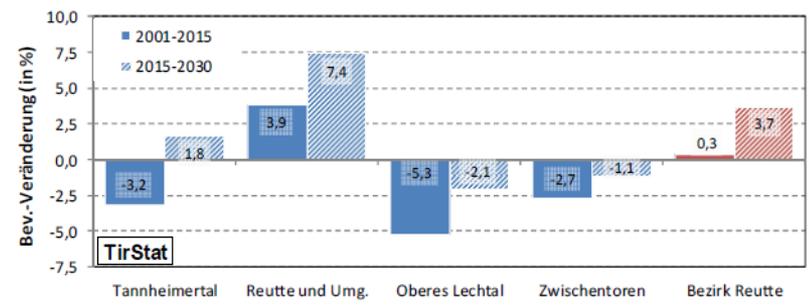


3. Regional Profile of Test Area

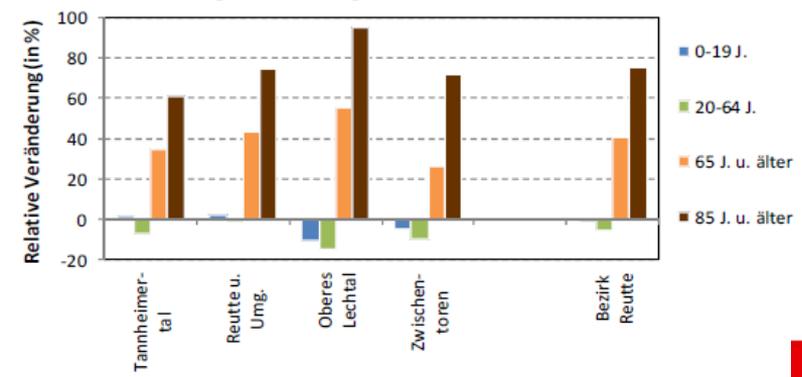
Different Demographical Development



Bevölkerungsveränderung 2001-2015 und 2015-2030



Bevölkerungsveränderung 2015-2030 nach Altersklassen



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Tyrolean Test Area Ausserfern: Mobile Care and ICT pilot action

Dr. Barbara Frick, Cemit GmbH

1. Introduction: How is Care of Elderly People Organized?

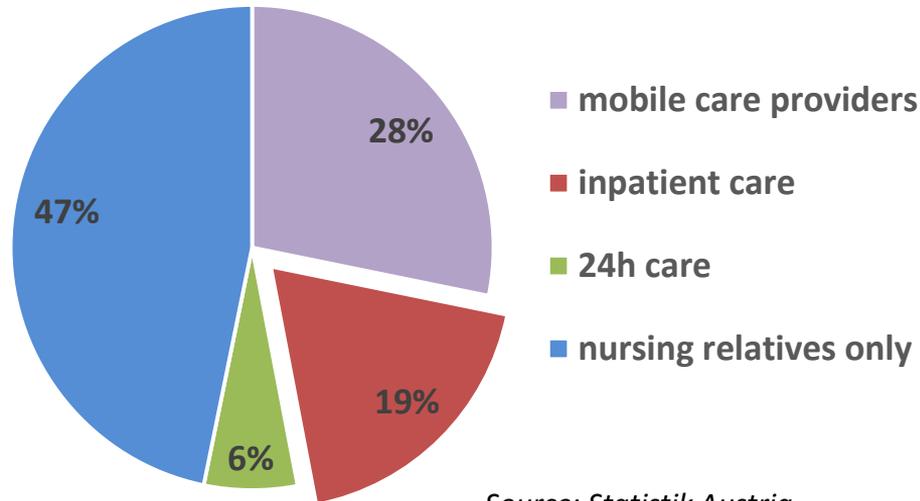
- **Inpatient care:** nursing homes
- **Outpatient care:** homecare

Elderly persons are mainly cared by relatives, often supported by a network of care services providers:

- ❖ Professional **mobile care services:** support in nursing care, housekeeping, „meals on wheels“ and assistance services
- ❖ **24-hour care** (often in 3 weeks turnus)
- ❖ **Voluntary associations**
- ❖ **Day-care services** in public areas
- ❖ **Senior citizens' homes** with services for assisted living
- ❖ **Case- and Caremanagement**

1. Introduction: How is Care of Elderly People Organized?

- 4,2% of the Tyrolean population receiving national care money, care of those people is organized as followed:



Source: Statistik Austria

2. Actual Situation in the Test Area

Health and social care services

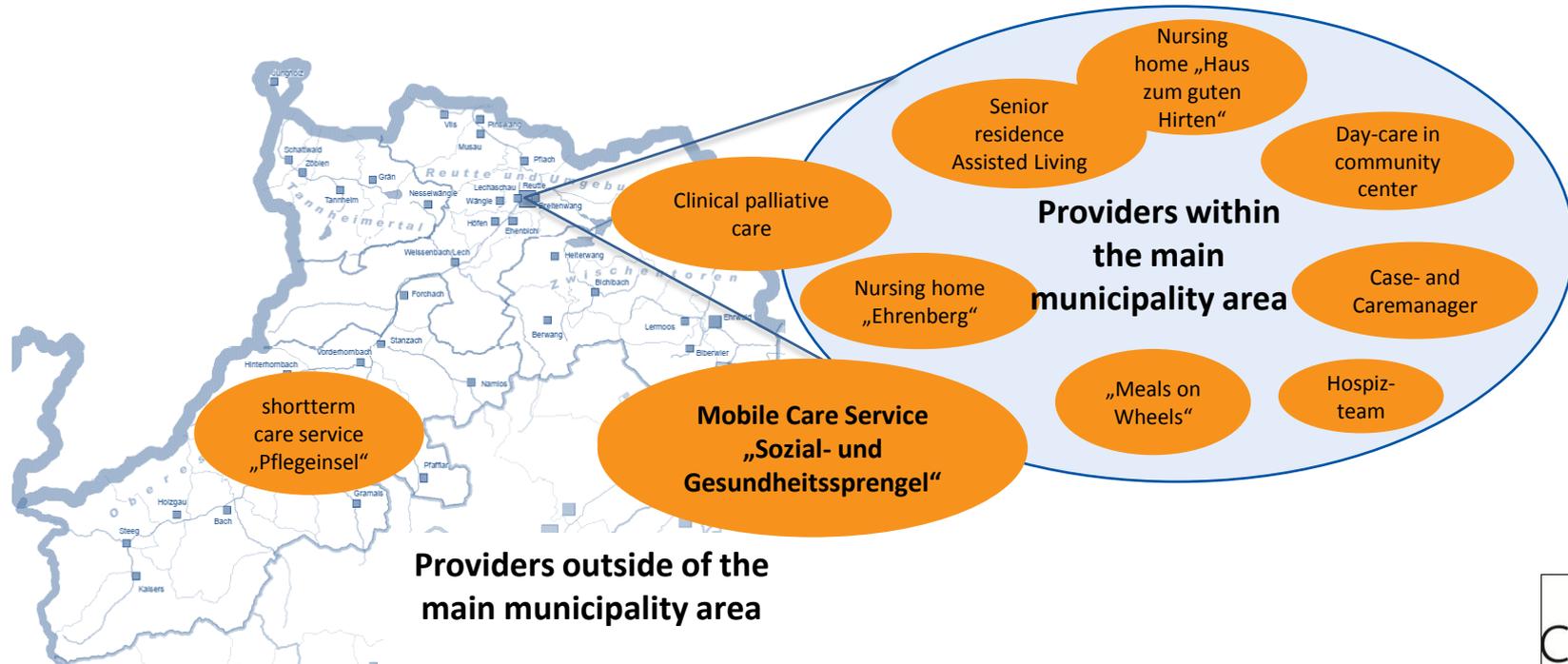
Compared to Tyrol the test area Ausserfern differs in various aspects:

- ❖ Availability and use of services are lower
- ❖ Mobile care providers need more travel time to visit clients at home
- ❖ Weather and street conditions sometimes don't allow to visit remote regions

Services	Test Area Ausserfern	Tyrol
inpatient care places /1000 inhabitants	4,64	7,97
medical doctors/1000 inhabitants	1,34	2,15
clients mobile care/1000 inhabitants	12	15,9
h mobile care/client 2015	80,8	92,4
h traveltime/client 2015	16,9	13,9

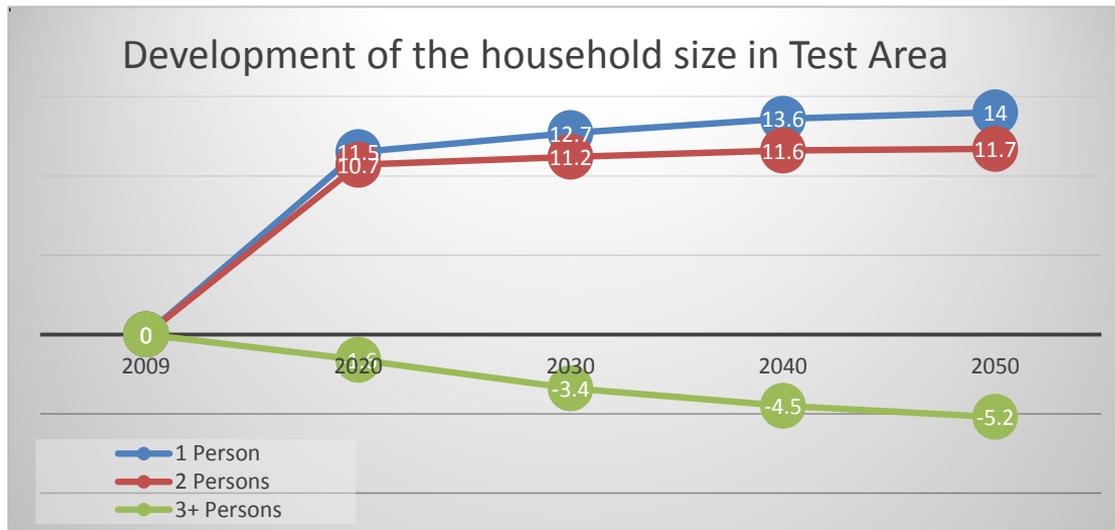
2. Actual Situation in the Test Area

Geographical allocation of care service providers



2. Actual Situation in the Test Area Organization of the society

Traditionally organized, actual household size: 2,68 Persons (vs. Tyrol 2,56)
But prognosed development has an impact on homecare sector



Source: ÖROK Regionalprognose 2010 bis 2030

3. Future Requirements for Homecare in the Test Area

- ❖ **Need** for professional support **will increase** significantly due to demographic changes and changes in the society
- ❖ Mobile care services have further to be **extended in terms of time** (during the night and on weekends)
- ❖ Efforts to support and relieve **nursing relatives** have to be made
- ❖ Interface management and **integrated care concepts** are needed (health care system, inpatient care and outpatient care models, case- and caremanagement)

4. Strategies to support homecare system

Telemonitoring

Clients/patients monitor their own health status (patient empowerment)

Telemedicine/Telecare

Guided therapy measures, memory functions

Digital Data Management

Data transfer, interface management



Smart Homes

More safety for elderly people within their homes

Less social contacts?

To prevent social isolation and decreased psychosocial health:

Enhanced social initiatives also in remote regions

- Day care
- Green care projects
- Timebanks
- Voluntary assistance

5. Outline INTESI pilot action

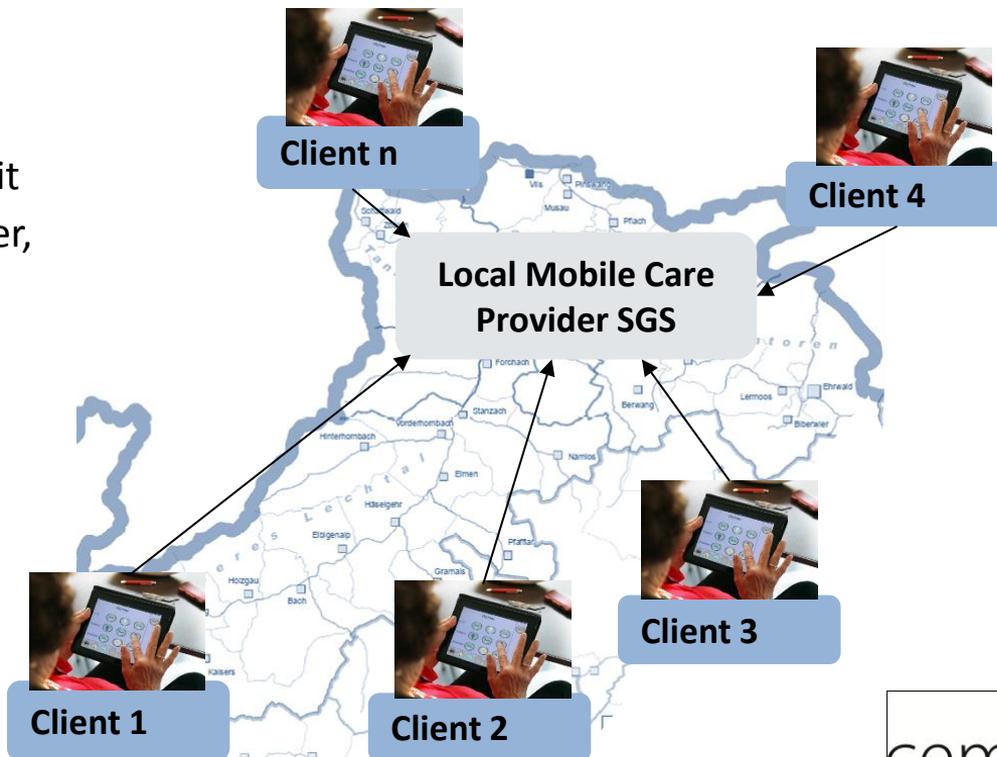
Set-up

In 2017 about 10 clients living in remote areas are provided with a set of health monitoring devices and a tablet to submit **vital sign data** to the mobile care provider, e.g.

- ❖ Heart rate/blood pressure
- ❖ Weight
- ❖ Blood glucose level

Clients also get **reminders**, e.g.

- ❖ to take in drugs
- ❖ to drink water



5. Outlook INTESI pilot action

Objectives in the project:

- ❖ **Data collection:** Clients monitor their health status and send data to health care provider
- ❖ **Patient empowerment:** Information, what do these data mean? Emergency measures needed?
- ❖ **Communication:** regularly support and feedback from nurses, emergency hotline
- ❖ **Evaluation:** quality of the care service and effectiveness for care providers

Aim of the project:

- ❖ Increase **safety feeling** of the clients
- ❖ Improve **quality of the care service** also for clients in remote areas

Impact

- ❖ **Strengthen homceare:** elderly people can live at their homes as long as possible
- ❖ Care service providers have access to reliable data and increase **effectiveness** of mobile care visits.
- ❖ **Hospital admissions** of chronically ill patients can be **reduced**

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Thank you for your attention!