



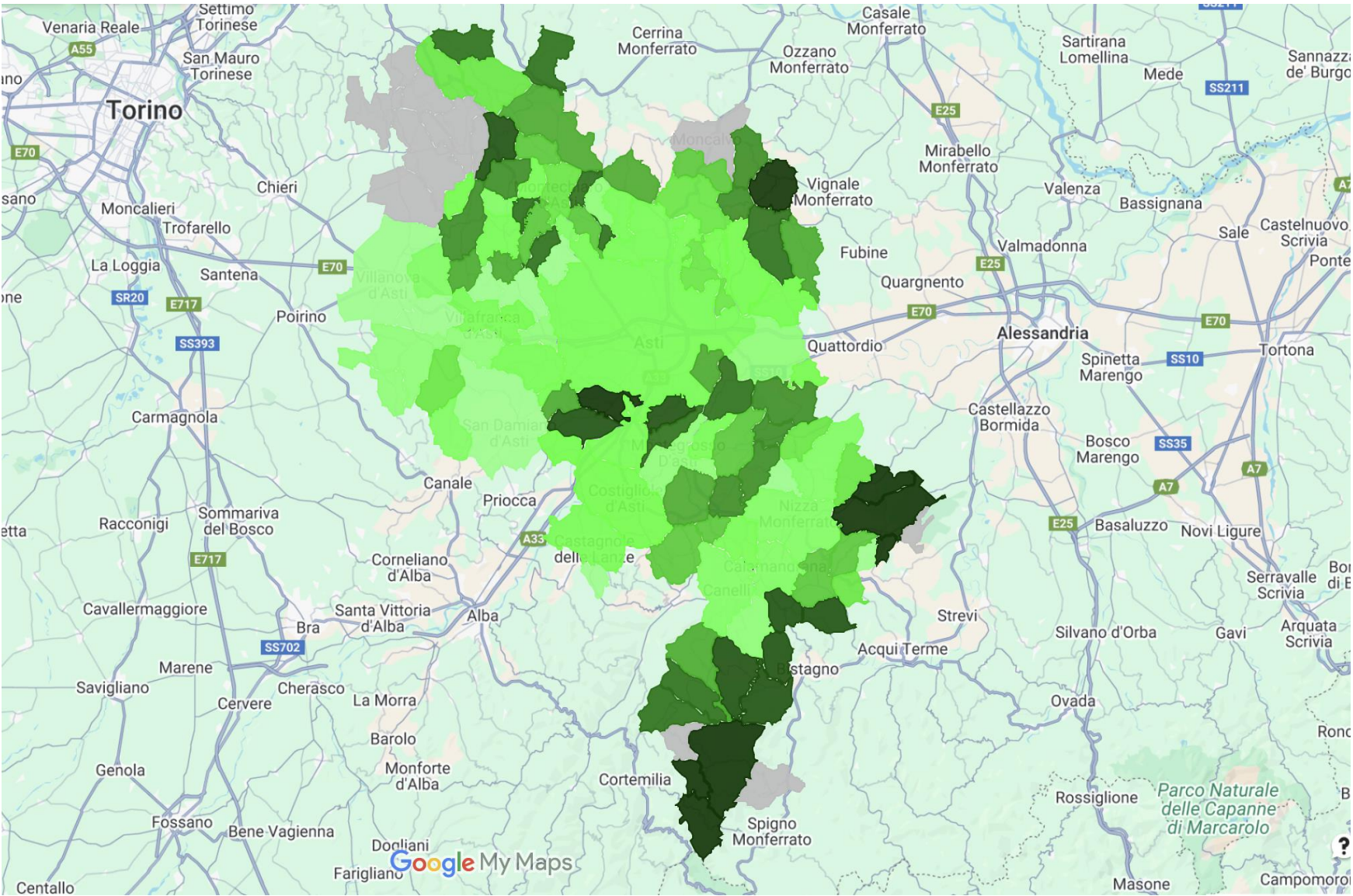
Executive Presentation



ELDERLY PEOPLE IN THE ASTI AREA

THE FIGURES BEHIND DEMAND AND THE PRESSURE ON CARE SUPPLY

ELDERLY CARE: THE POTENTIAL POPULATION AGED 65+

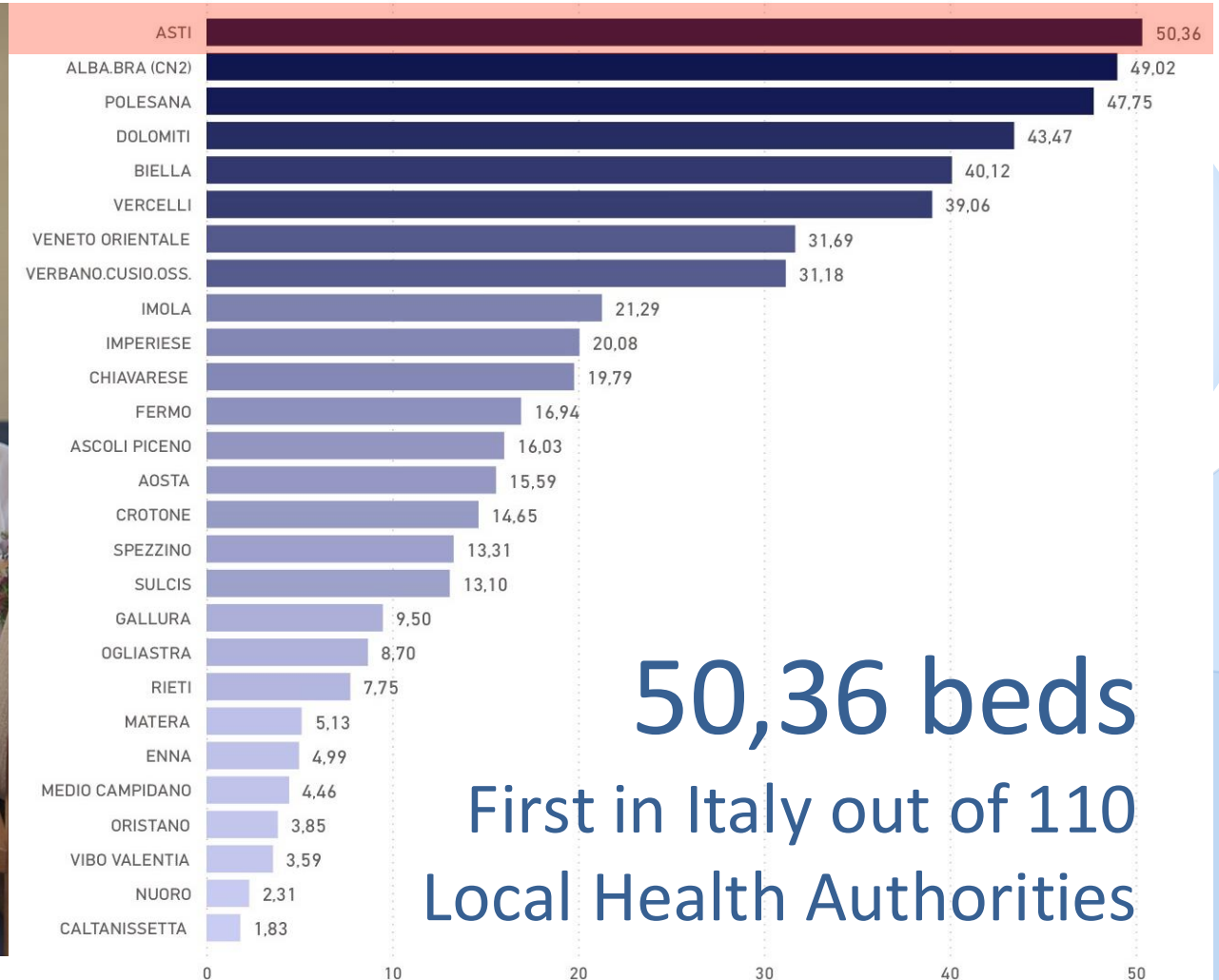


UE	ITALY
21,6%	24,3%
PIEDMONT	ASL ASTI
24,3%	27,2%

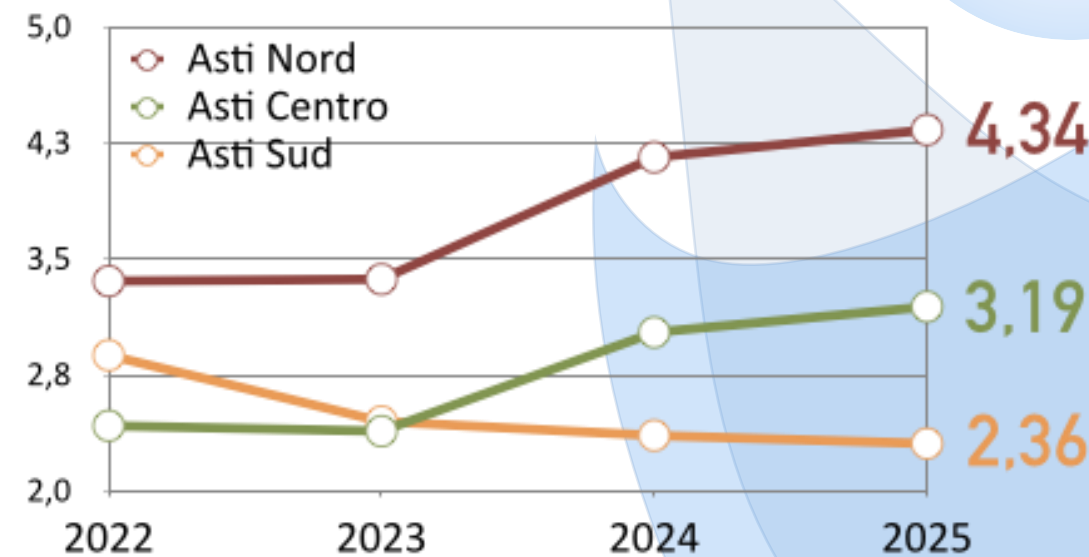
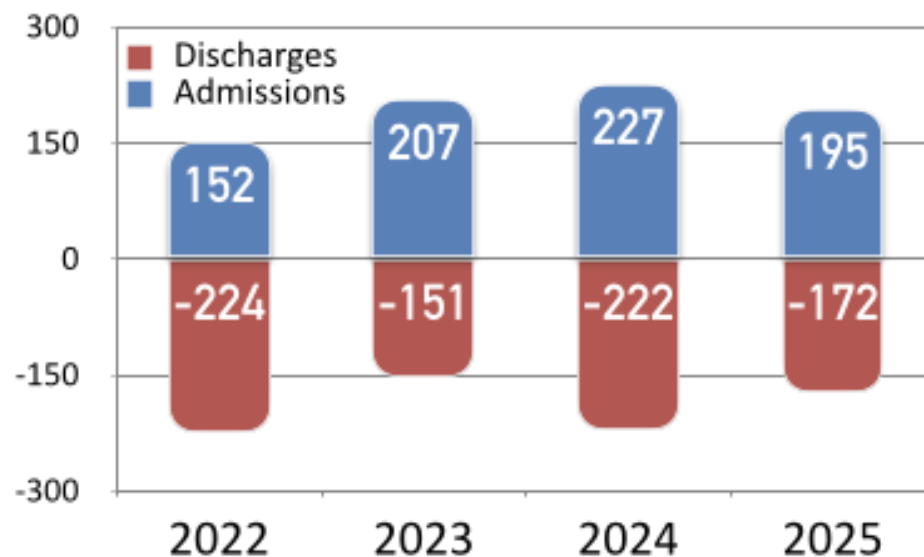
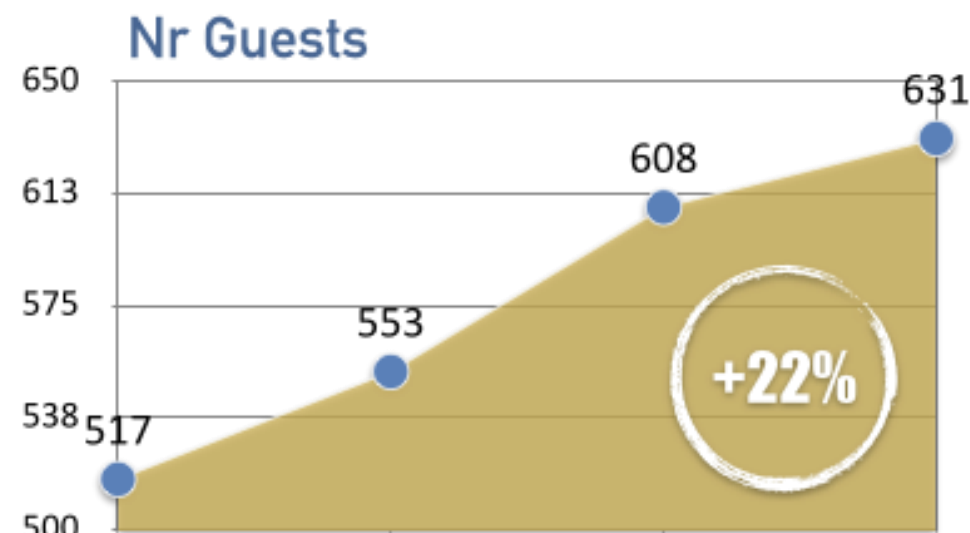
- 22.05 - 23.57 (9)
- 23.88 - 25.28 (9)
- 25.39 - 26.59 (9)
- 26.62 - 27.52 (11)
- 27.6 - 28.26 (8)
- 28.39 - 29.03 (9)
- 29.08 - 29.83 (11)
- 29.85 - 30.58 (9)
- 30.83 - 31.4 (8)
- 31.42 - 32.75 (13)
- 32.82 - 34.63 (9)
- 34.71 - 46.97 (8)
- No value (13)

ELDERLY CARE: AN ALREADY HIGH-LEVEL SUPPLY

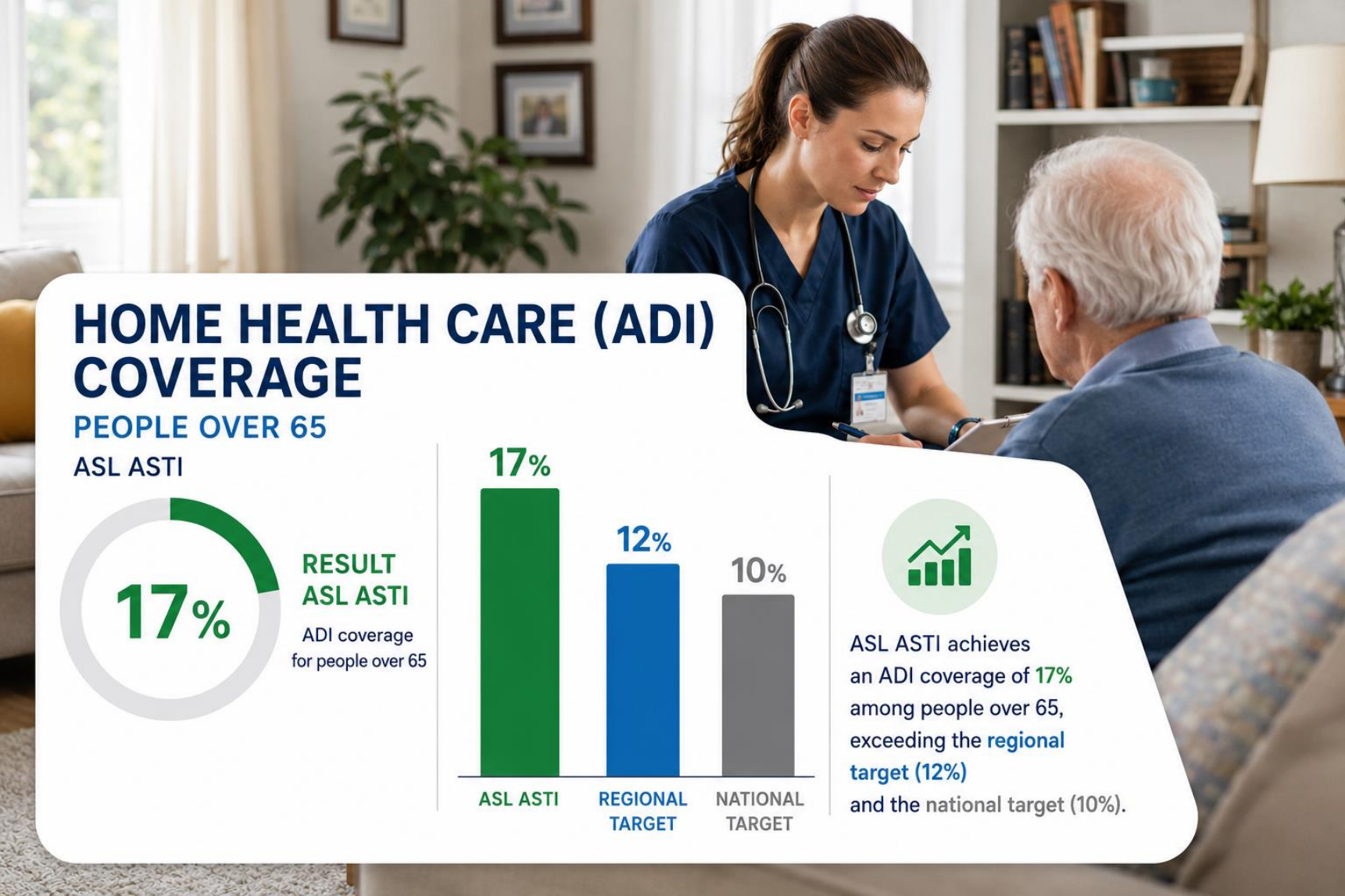
Nr of beds in residential healthcare facilities per 1,000 people 65y+



ELDERLY CARE: INCREASE IN EXPENDITURE FOR RESIDENTIAL HEALTHCARE FACILITIES



ELDERLY CARE: STRONG IN INTEGRATED HOME CARE

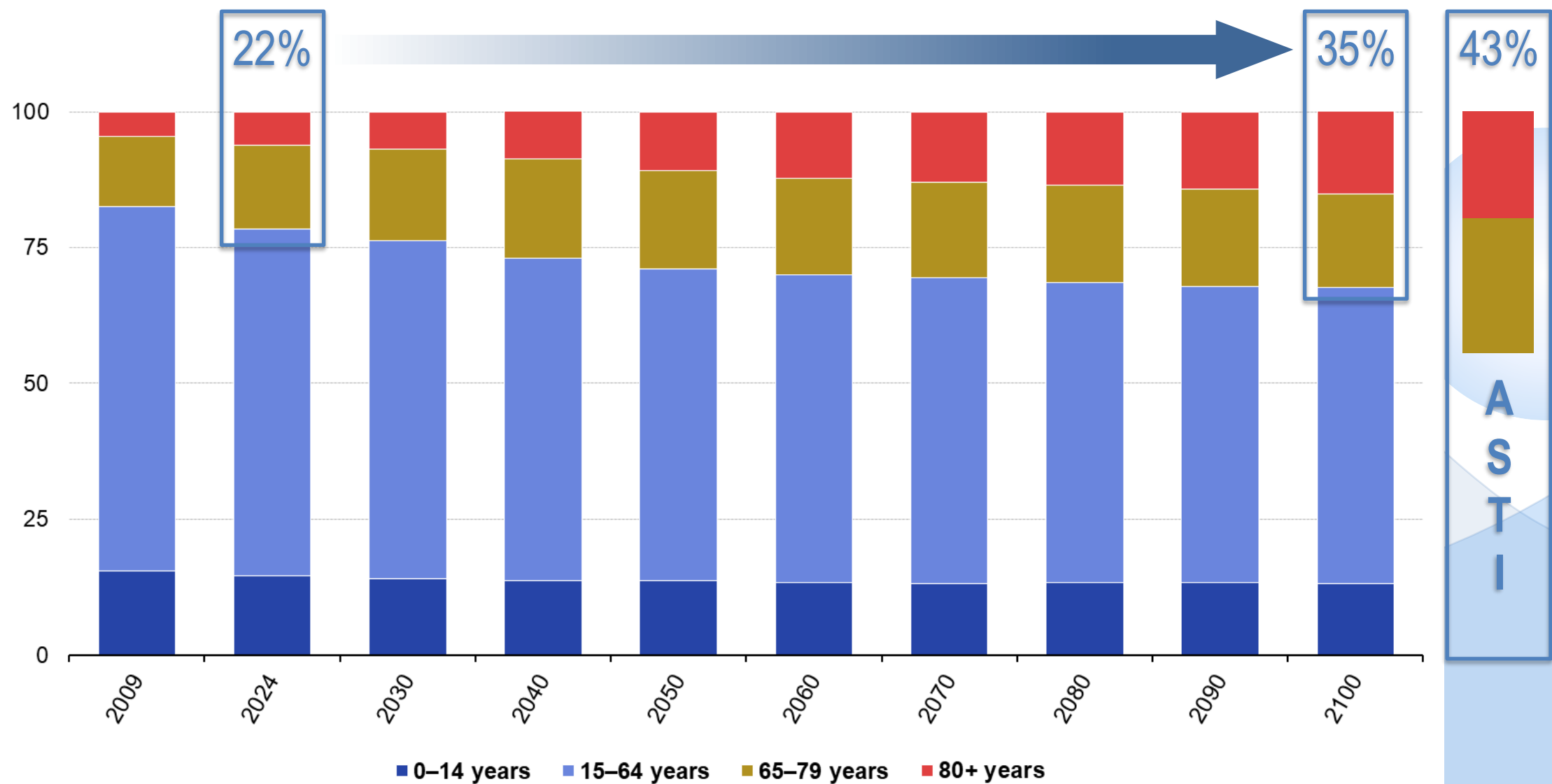


A MATTER OF PERSPECTIVES

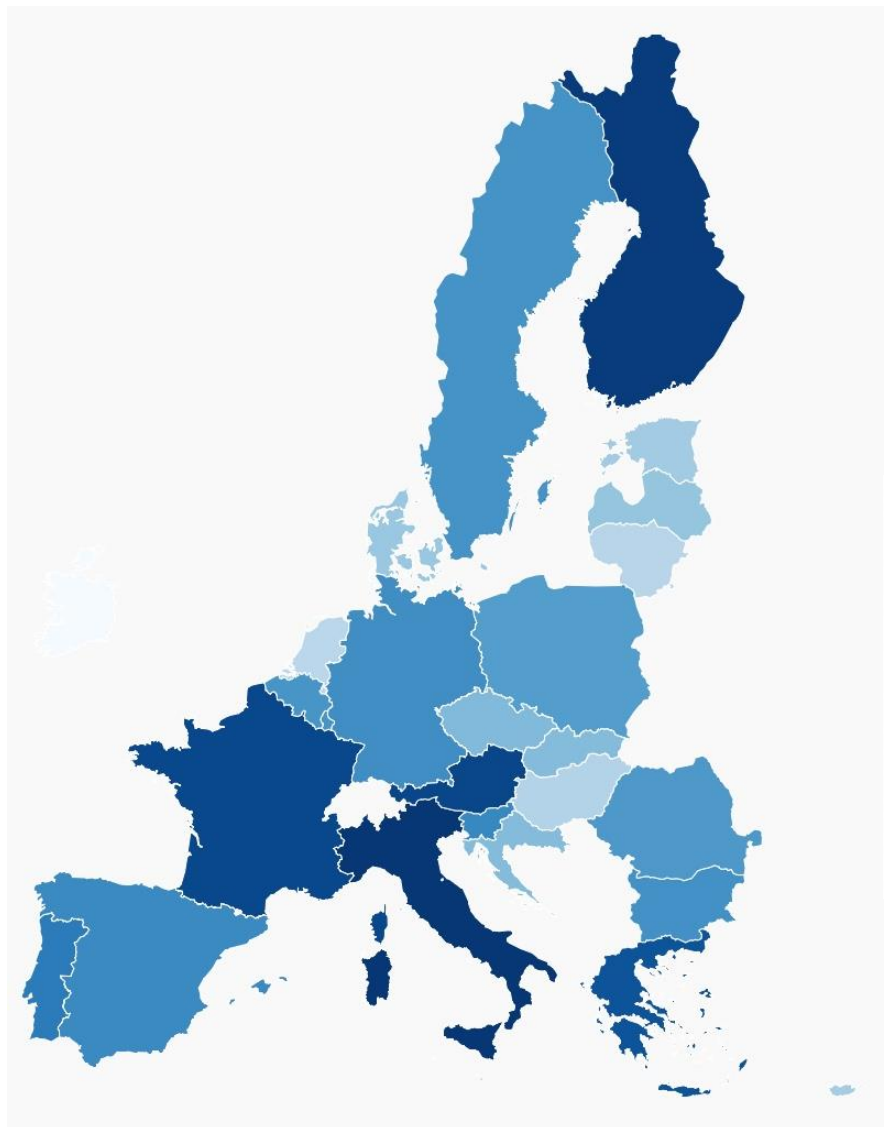
ARE WE GETTING OLDER OR
LIVING LONGER?

CAN WE GUESS A TREND REVERSAL?

AGE GROUP PROJECTIONS 2024-2100, EUROPE (SOURCE: EUROSTAT)



NO TREND REVERSAL BUT...LIVING LONGER, SPENDING MORE



DESCRIPTION

Italy ranks first in Europe for spending on older people as a share of GDP (13.7%). Finland, Austria and France follow (above 13%). Ireland ranks last instead (3.1%). Three Eastern European countries (Romania, Bulgaria and Lithuania) recorded the most pronounced increase between 2013 and 2022: spending more than doubled.

GOOD TO KNOW

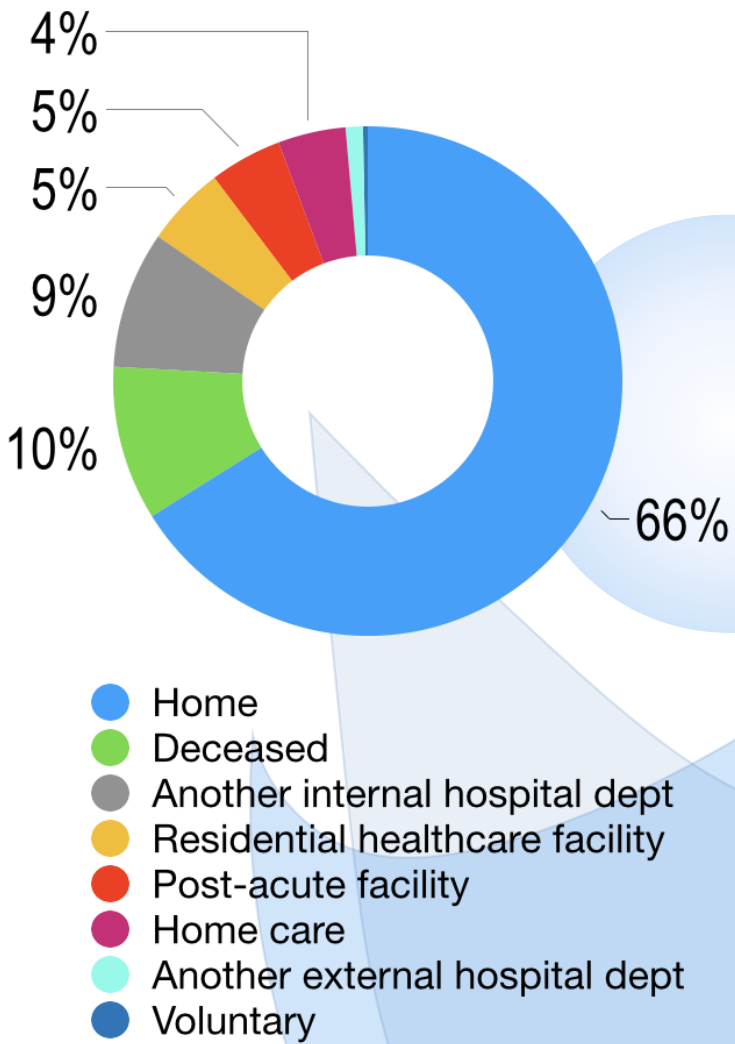
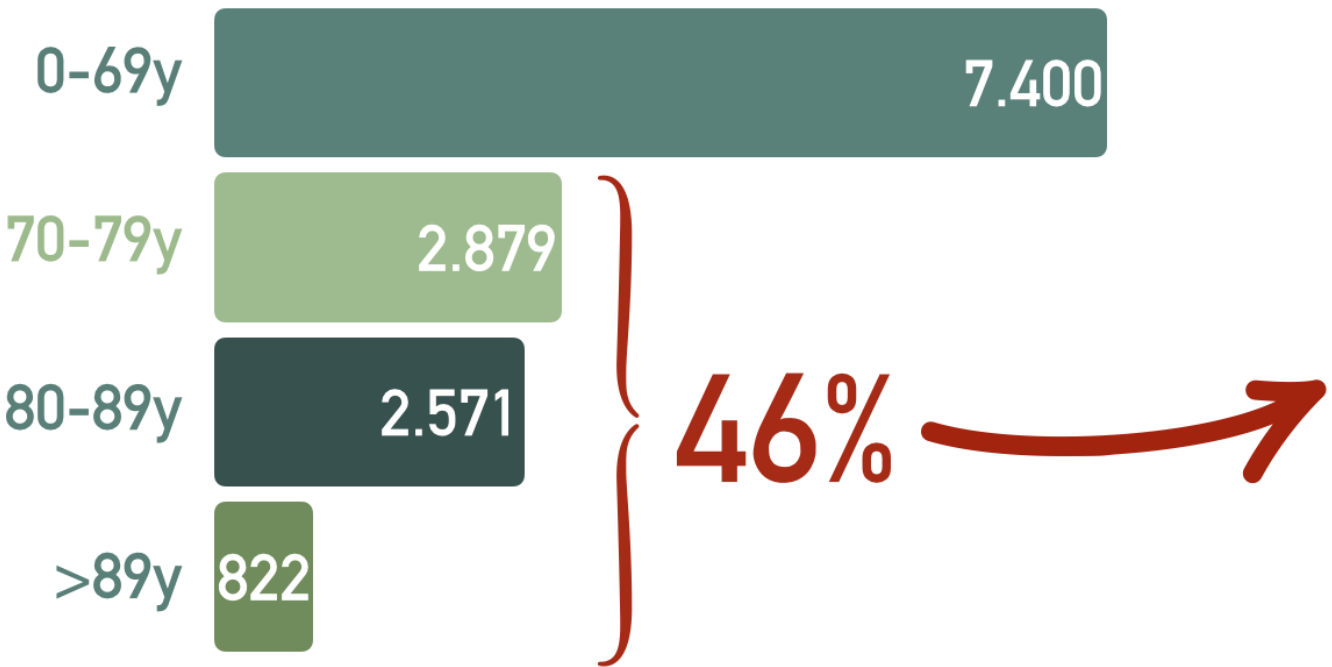
The data refer to expenditure incurred by the central government for the 'old age' function, which also includes pensions. The value is presented both in absolute terms and as a share of GDP (to which the colour scale refers). The variation in expenditure over the decade is also reported.

SOURCE: Openpolis analysis based on **Eurostat**
(published: Tuesday, 5 March 2024)

NO TREND REVERSAL BUT...LIVING LONGER, SPENDING WORSE

In ASL AT people over 70 accounts for 46% of hospital admissions.

40% of them present new functional deficits at discharge;
after one month the percentuale rises to 46,35%*



Destination at discharge

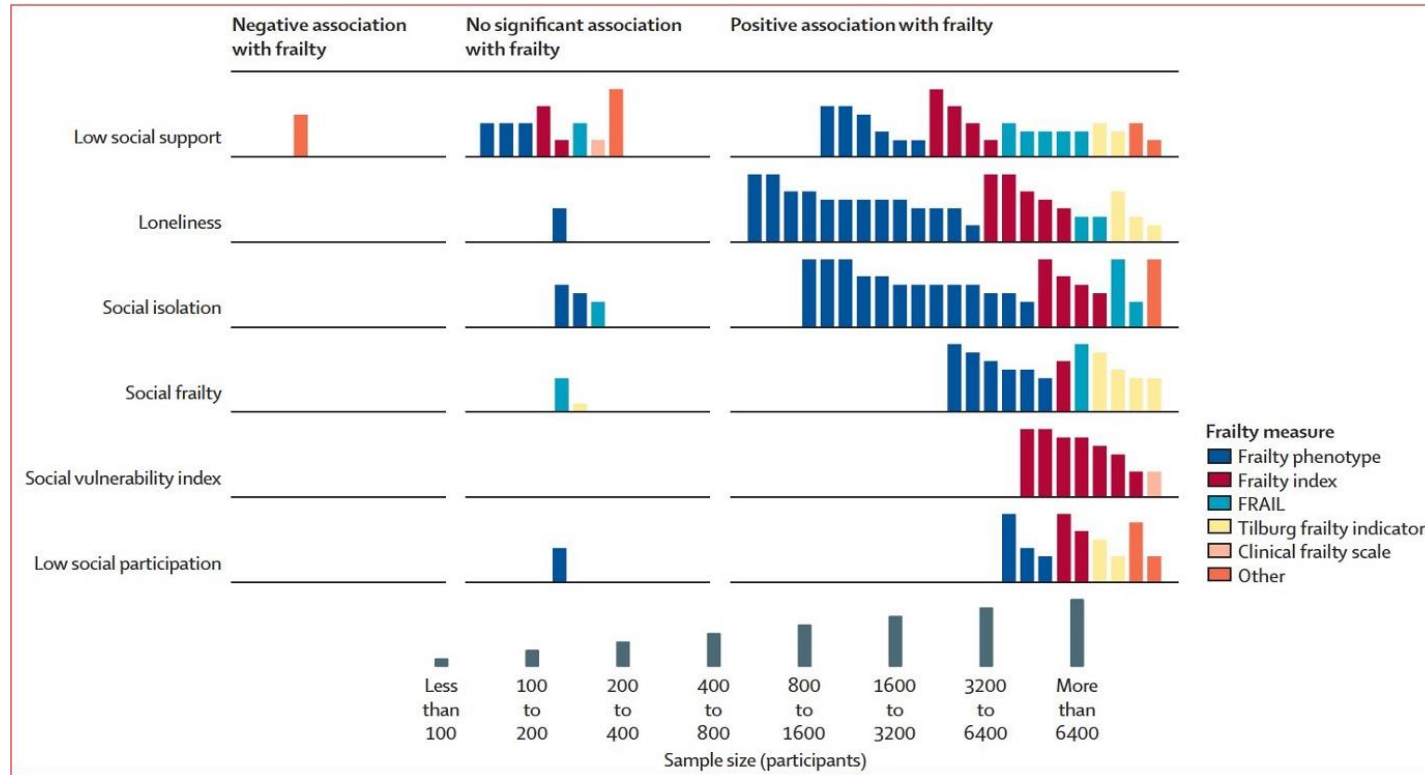
*Zisberg A et al. Hospital-Associated Functional Decline: The Role of Hospitalization Processes Beyond Individual Risk Factors, Journal of the American Geriatric Society, January 2015.

BUT WHAT DOES IT COST?

OLD AGE OR FRAILITY?

OLD AGE IS NOT NECESSARILY FRAILTY

People become frail because, with advancing age, the causes of vulnerability become more frequent



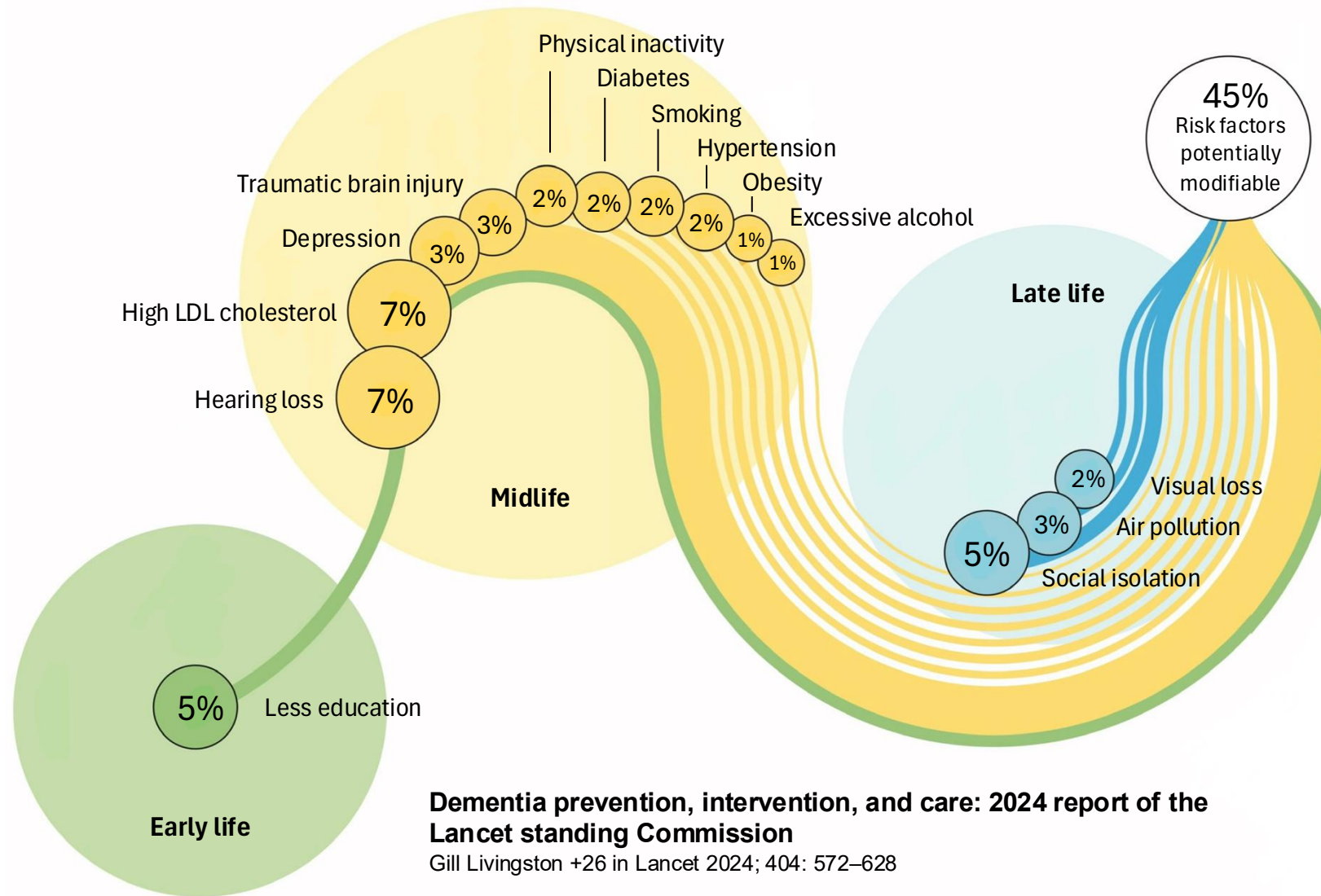
- Low social support
- Loneliness
- Social isolation
- Social frailty
- Social vulnerability
- Low social participation

**The relationship between frailty and social vulnerability:
a systematic review**

Peter Hanlon, Heather Wightman, Marina Politis, Stella Kirkpatrick, Caitlin Jones, Melissa K Andrew, Davide L Vetrano, Elsa Dent, Emiel O Hoogendijk



OLD AGE IS NOT NECESSARILY DEMENTIA



Almost half of dementia risk factors could be avoided through

- prevention
- social
- education

interventions

IF WE ARE TO LIVE LONGER, WE NEED TO DO SO BY “THINKING
AHEAD” AND DELAYING FRAILITY

THE COMMUNITY AS CARE

COMMUNITY-ACTION: ACTIVATING HEALTH. TOGETHER.

>2,500 USERS

At May 2026

HEALTHCARE
PROFESSIONALS



CITIZENS
160 VOLUNTEERS

MUNICIPALITY
MEMBERSHIPS

ACADEMY &
BUSINESS
2 PARTNERS



COMMUNITY-ACTION: THE ORGANIZATIONAL PILLARS

1

STEERING COMMITTEE

Coordinates, guides and monitors the Program, ensuring integration and consistency across all actions.



Strategic Vision
and Governance

2

ACTION ALLIES

A network of institutional, social, cultural and third-sector partners collaborating to generate value and impact.



Collaboration
and Synergy

3

ACTION GROUPS

Multidisciplinary thematic teams that design, implement and monitor a specific "community action".



Planning and
Innovation

4

LINK AGENTS

Community-based figures who listen and support people in accessing local opportunities and guide weekly a "community action".



Relationship,
Listening and Support

5

SOCIAL PRESCRIBING

An innovative approach connecting health, wellbeing and community through proactive advice of social, cultural, artistic, sports and community-based activities.



Wellbeing, Participation
and Quality of Life

COMMUNITY ACTIONS ACTUALLY: 15 MEMORY GYMS



Memory Gyms promote active ageing.

In all Memory Gyms, **cognitive stimulation exercises** are offered to improve attention, memory, orientation and language.

Some examples? Memory and word games, crosswords, reading and discussion of texts, and recognising objects by touch, sound or smell. Depending on the characteristics of the volunteers and the group of participants, creative activities may also be carried out, such as painting, sewing, knitting or crocheting, playing music or singing. Each Memory Gym is led by volunteer facilitators identified by the participating municipalities and trained by the neuropsychologists of ASL AT.



COMMUNITY ACTIONS ACTUALLY: 8 ADAPTED PHYSICAL ACTIVITY GROUPS



Adapted Physical Activity (AFA) is aimed at people in their fifties who are at risk of **cardiovascular disease** — such as those with obesity, hypertension or a sedentary lifestyle — and at people **aged 65 and over affected by osteoarthritis**. It is designed for those who wish to **start moving again**, even if they have not previously engaged in physical activity, and for those who need to **regain mobility** after a period of inactivity or rehabilitation. The activities are organised in 4-month blocks, with 2 sessions per week. The initiative is carried out in collaboration with the ASTISS University Centre, which collects registrations. The instructors are provided by the Degree Programme in Sport and Exercise Sciences.



COMMUNITY ACTIONS ACTUALLY: 38 WALKING GROUPS



The Walking Groups of ASL AT have grown over the years, now involving more than 800 users. Thanks to training courses for **walking leaders**, the walkers' network has expanded to 38 groups distributed throughout the province. This is a free activity, open to everyone, consisting of group walks led by an experienced guide. Walks take place at a moderate pace and along safe routes, suitable even for people who are not particularly fit.

The aim is to improve physical and mental well-being, encourage socialisation and promote an active lifestyle, all in good company and outdoors. It is an ideal activity for all ages, especially for those who want to start moving more without having to face excessive effort.



COMMUNITY ACTIONS ACTUALLY: 15 COMMUNITY NURSING CLINICS



The **Community Nursing Clinic** is a healthcare service close to local residents, designed to provide **nursing care and minor healthcare interventions** without the need to go to hospital. Specialized nurses work there, ready to help people — especially older adults or those with frailty — with wound care, blood pressure checks, monitoring of vital signs, health education, and support for adherence to treatment.

Each person is supported through an **individualized care plan**, monitored over time to ensure continuous care tailored to their health conditions. The service helps also to avoid unnecessary travel, particularly benefiting those who live in more remote or poorly connected areas.



COMMUNITY ACTIONS ACTUALLY: EDU-CARING THOSE WHO CARE

EduCaring includes regular **training and information sessions** for **caregivers** and the wider community.

On the one hand, it helps caregivers acquire **skills** that are useful for managing the **burden of care**, which is often demanding from a psychological and organizational point of view.

On the other hand, it explores with the general public broad topics such as **nutrition, physical activity, reading labels, hypertension prevention, bone health, and mapping local health and social care services**. All events are organized and managed by **Family and Community Nurses**, in collaboration with the **municipalities hosting the meetings**.

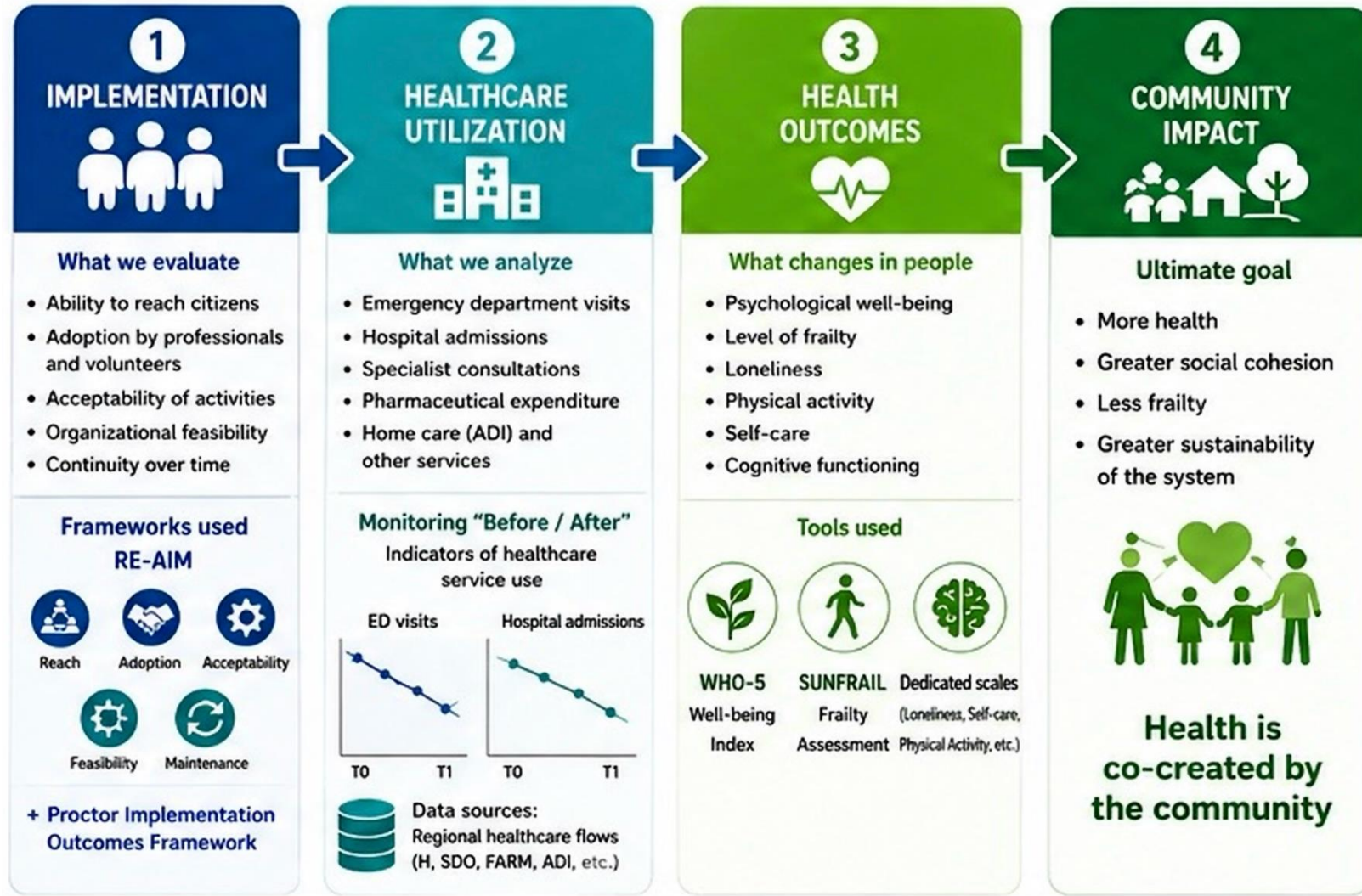


MEASURING OUTCOMES AND IMPACT

HOW MUCH ARE WE GOING
TO MAKE THE DIFFERENCE?

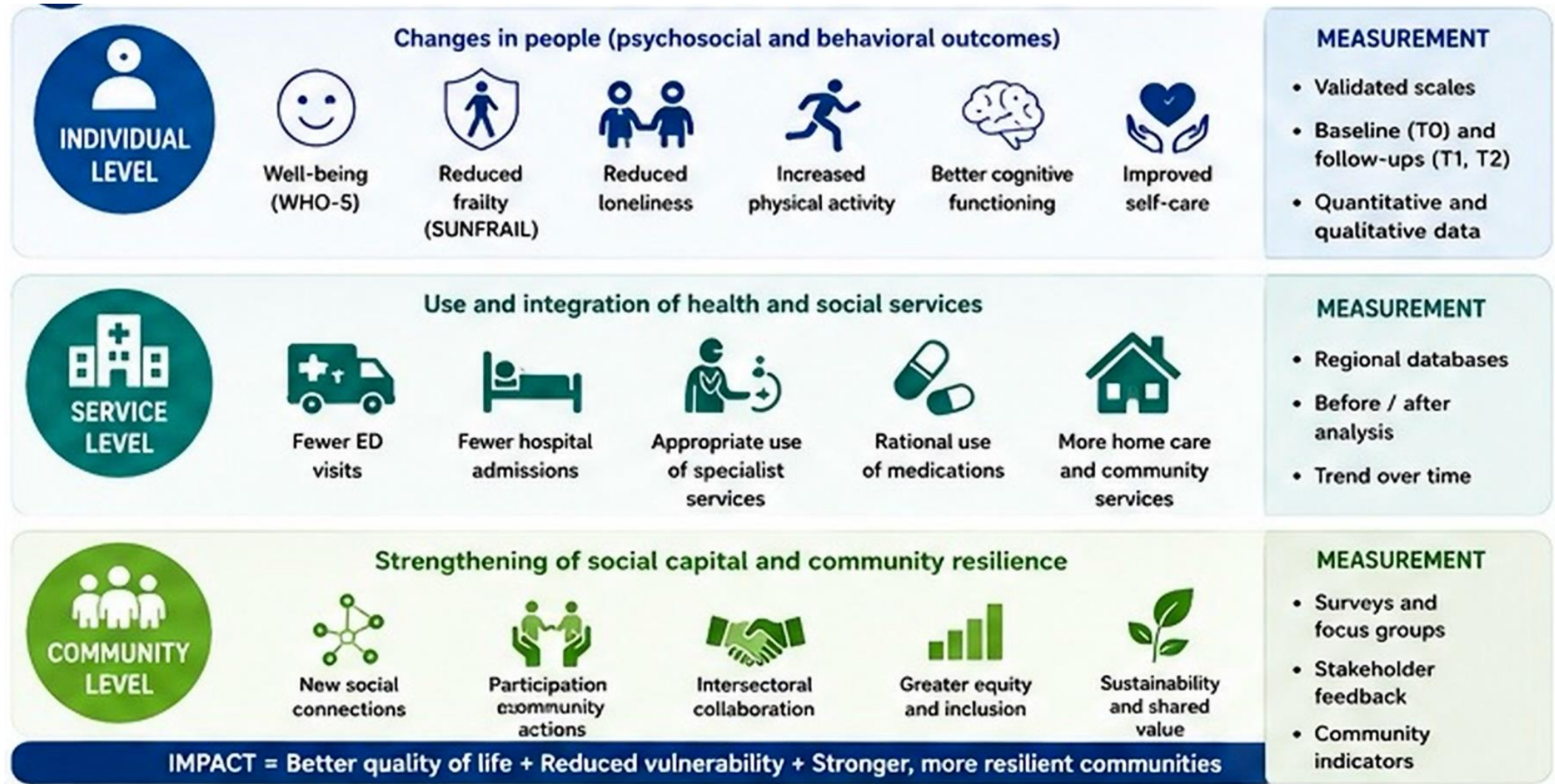
THE EVALUATION FRAMEWORK (1/2)

From implementation to community impact



THE EVALUATION FRAMEWORK (2/2)

Three-tiers evaluation of outcomes



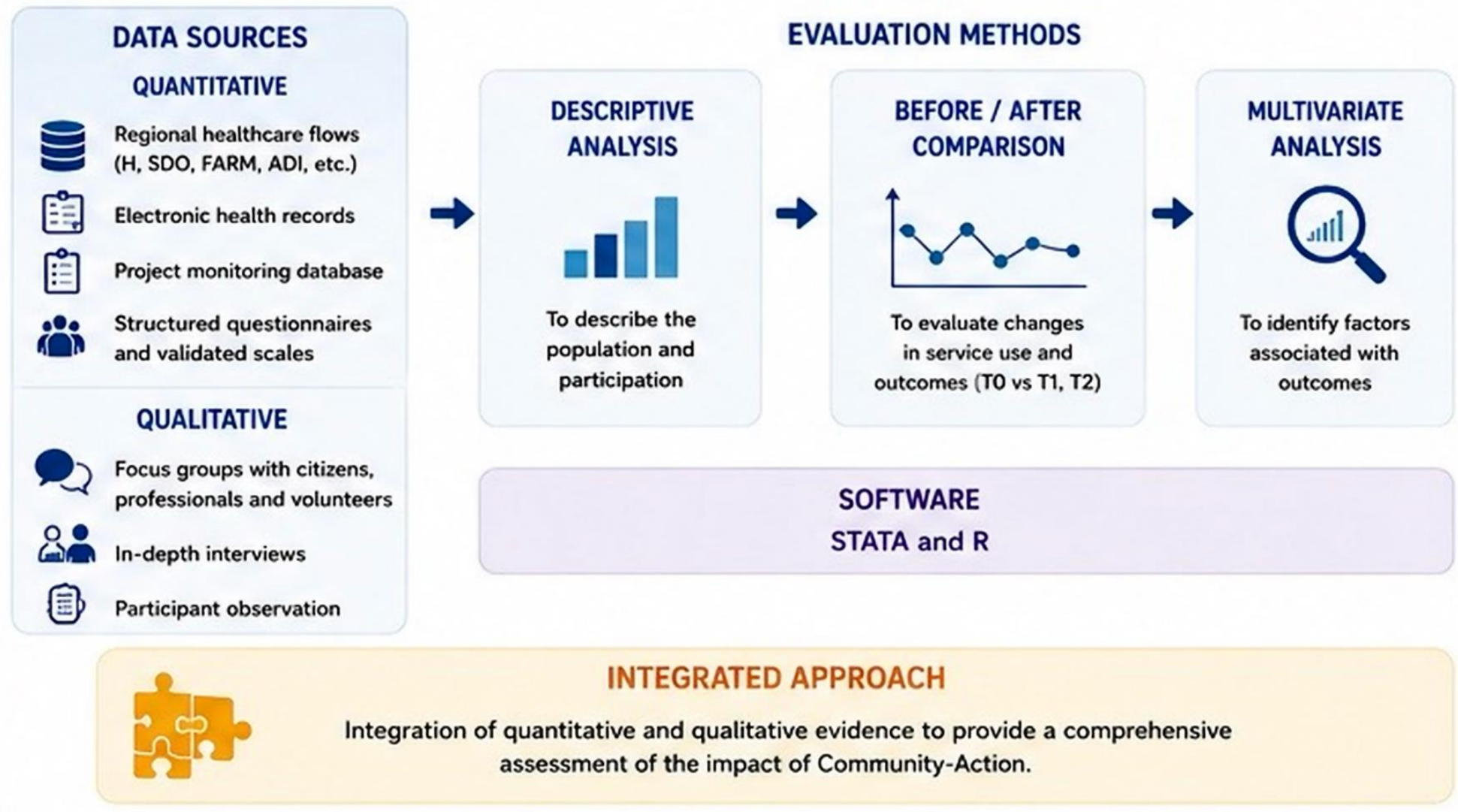
THE SCIENTIFIC PROTOCOL (1/2)

From enrollment to participation in community actions



THE SCIENTIFIC PROTOCOL (2/2)

Data sources and evaluation methods



...IN THE PIPELINE

Virtual hospital

A coordination hub to monitor and digitally enable the patient journey among care settings



Word that cares

Reading Groups to use literature as social therapy



Beauty that cares

Museums and places of art as opportunities for cognitive stimulation and well-being





THANK YOU