

## Article

# Strategic Planning as the Core of Active and Healthy Ageing Governance: A Case Study

Gonçalo Santinha <sup>1,\*</sup>, Carolina Soares <sup>2</sup> and Teresa Forte <sup>3</sup>

<sup>1</sup> Research Unit on Governance, Competitiveness and Public Policies (GOVCOPP), Department of Social, Political and Territorial Sciences, University of Aveiro, 3810-193 Aveiro, Portugal

<sup>2</sup> Department of Education and Psychology, University of Aveiro, 3810-193 Aveiro, Portugal

<sup>3</sup> Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC), Faculty of Psychology and Education Sciences, University of Coimbra, 3004-504 Coimbra, Portugal

\* Correspondence: g.santinha@ua.pt

**Abstract:** The present study explores the design and implementation of public policies focusing on ageing by Portuguese local governments, considering the lack of a centralized national strategy for active and healthy ageing to guide and be customized at a local level. To take stock of what is being accomplished at the city council level, we first collected and analyzed the available local strategies and further explored the process of elaboration and implementation through semi-structured interviews in four case studies. Findings suggest that only a small percentage of local governments have a strategic plan for (active and healthy) ageing. The first was launched in 2008, but most have been in place for only a few years, indicating that local governments are growing more aware of their relevance and necessity. The qualitative data supports the vital importance of this policy instrument; however, lacking centralized guidelines, the process of elaboration and implementation is idiosyncratic and prone to strategic shortcomings. Common to all is the agreement with the role of the strategy in meeting older people's needs and expectations, currently attuned with ageing located in the community with the least disruption possible. These results provide some cues to what may be a conceptual and operational framework of healthy ageing policies to apply at the local level, privileging more flexible, fair, and adjusted approaches to the needs of older individuals in different territories.

**Keywords:** ageing; active and healthy ageing; local government; strategic plan



**Citation:** Santinha, G.; Soares, C.; Forte, T. Strategic Planning as the Core of Active and Healthy Ageing Governance: A Case Study. *Sustainability* **2023**, *15*, 1959. <https://doi.org/10.3390/su15031959>

Academic Editor: Giuseppe Battaglia

Received: 21 November 2022

Revised: 14 January 2023

Accepted: 17 January 2023

Published: 19 January 2023



**Copyright:** © 2023 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

The grey boom has replaced the baby boom [1], with population ageing posing significant challenges, especially in Europe [2]. To tackle this phenomenon, WHO Global Strategy on Ageing and Health and the United Nations Agenda 2030 on Sustainable Development converge in placing older people at the center of strategic plans, bringing together governments, civil society, health professionals, academia, the media, and the private sector.

Portugal has 2 million persons aged 65 and older in a population slightly over 10 million and it is foreseen to reach 3 million in 2080 [3]. Furthermore, it is the fifth European Union country with the higher rate of ageing index, the third with the lowest value of active population regeneration, and the one with the highest value of the mid-age population [3]. These increasing rates led to a growing interest in this population group's quality of life and associated challenges. In the recent context of responding to the epidemiological situation of COVID-19 pandemic, the restrictions taken to control its rapid spread resulted in a sudden, unprecedented change in people's lifestyle, leading to negative consequences on general health [4]. Particularly worrying trends emerged among older people, mainly due to loneliness, deterioration of mental health and reduction of physical

activity [5,6] calling for proper policy actions to manage with such emerging social and health risks.

Currently, the framework of ageing social policies implemented in this context follow the ideological principles and directives of the European Union. These include the promotion of an active life extension and work capacity; the guarantee of the integration and participation of older persons in society; the promotion of fair and sustainable economic growth to counteract population ageing; and the adaptation of formative models of ageing population to meet new economic, social and demographic challenges [1,2].

Within this context, decision-makers are key actors in the design and implementation of social strategies and initiatives that allow older persons to stay in their communities, closer to their social support and family [7]. When established at local level, these strategies are key in guiding a coordinated response to complex, interlinked and cross-sectoral challenges, development needs and potentials [8]. Notwithstanding, without a centralized and concerted strategy, there is no guarantee that local municipalities will choose to create and implement strategic plans for active and healthy ageing or, for all that matters, consider the same principles and pursue the same strategic goals foreseen in the European Union Directives. The potential heterogeneity is not necessarily a shortcoming since it might also reflect an adaptation to specific territorial constraints. However, the strategy-making process should also provide a learning environment and a testing-ground for specific initiatives to be emulated, which is can only occur if such strategies are made available.

Although ageing is a phenomenon highly amplified by the media and political discourse, little is known of how local governments are addressing this challenge and what are their main policies regarding active and healthy ageing. Specifically, there is no available aggregated data on local strategic plans for ageing neither a common roadmap of how to foster an active and healthy ageing. The present study intends to fill in this gap by mapping the existing local strategies in Portugal and further exploring, based on four case studies, their context of origin, their process of development and implementation, as well as their challenges and future endeavors.

To portray this reality can be a starting point to make the strategic development ideas and principles on active and healthy ageing visible for decision-makers, hopefully promoting a mission-oriented approach to improve the lives of older people and their communities.

In the remaining parts of this article, we present the theoretical and conceptual framework with respect to active and healthy ageing, followed by an outline of the results and, finally, some concluding remarks.

## 2. Literature Review

### 2.1. Active and Healthy Ageing Conceptualization

The process of ageing carries significant challenges to peoples' lives and may impair their ability to perform basic daily activities [9]. Policies and programs of active and healthy ageing may counteract these potential losses, prevent or delay foreseen negative consequences and promote a more fulfilled life [10]. The World Health Organization expanded the concept of active aging by highlighting the healthy aspect regarding the capacity of older persons in adapting to new realities [11] and improving their physical, social and mental well-being [12].

Health is, naturally, a main pillar of ageing, perceived as a goal of objective and subjective well-being, and as a precondition to be functional [13]. As such, many measures of active and healthy ageing target a higher level of knowledge, literacy, and involvement of older persons in their healthcare, preventing disease and improving the quality of life [14]. Disease prevention, despite being essential for longer and healthier lives, still rivals with the dominant paradigm focused on healing and responding to disease [15]. More and more discussed is the extent of the impact of health promotion (e.g., the prevention of chronic or degenerative diseases, responsible for most of the death rates and health and medical care charges). Attuned active ageing policies may empower citizens with useful knowledge

and provide the proper support for them to manage their health-related choices, hence contributing indirectly to healthcare sustainability [13].

Security is another relevant aspect of this concept, referring to safety in public spaces, house security, and cybersecurity. It is consensual that the actions, programs, and public policies should account for older persons' necessities and guarantee their own personal, social, physical, and financial safety. Older persons' social participation stands as another fundamental political recommendation for active and healthy ageing [14,15]. The same is true for nurturing social, family, and friend networks, altogether providing a solid basis for older persons' autonomy. More than autonomy in performing tasks [14], it refers to older persons' participation in formal and informal activities, interest, and capacities [14]. In this regard, there is still a lack of policies supporting older persons' activities and valuing their know-how and life expertise, who are often ranked lower than younger workers [15]. Lifelong learning is another central concern of the concept of active and healthy ageing, especially because many older persons have lower education levels.

## 2.2. Active and Healthy Ageing and Governance Strategies

Ageing-related policies are still embodying the perspective of solving the consequences of the process instead of creating ways for older persons to age healthier. Most policies, still circumscribe to age and social security, rather than other dimensions [16], and appear to be misaligned with the needs and expectations of older persons [17]. There are many claims concerning the role of local politics in creating and implementing more flexible, fair, and adjusted policies to the needs of older individuals [17]. Barbosa et al. [18] highlight the intervention in friendly public spaces, creating and implementing political measures that take into consideration inequalities among groups of older persons. The concept of quality of life, first introduced in the decade of 1960s as an indicator of social development and well-being of contemporary societies also guides some local policies [19]. Having for long predominantly focused on health-related matters [20], namely health determinants, contextual factors, and access to services, this notion now focuses on three main vectors: subjectivity (valuing the perspective and perception of the older person, that may vary throughout the life span), dimensionality (connection established between the different dimensions related to the quality of life) and negative-positive polarity (presence of positive dimensions, such as mobility, vis-à-vis negative dimensions, such as pain) [21].

Furthermore, as is clearly stated in the international guide of the World Health Organization for Active ageing, health policies must embody a wide intersectoral perspective promoting healthier lifestyles in all ages [22], which requires concerted action between different entities [23,24]. The same applies to initiatives seeking to improve citizens' quality of life, which are increasingly drawing on older persons' perspectives, needs, and representations [25]. Enriching policy design and interventions with empirical-based research on older persons' values, expectations, and perspectives [26] may provide more comprehensive political solutions [20] tailored to older persons' needs and perceptions about the adequacy of the social structures of support.

The Portuguese context here analyzed is characterized by a lack of resources and flexibility, as well as a shortage of local and central political intervention on this matter [16,18,24,27]. A national strategy for Active and Healthy Ageing 2017–2025 was approved outlining the main axes that public policies should target to improve older person's quality of life. This strategic planning aims at providing the main guidelines for policy implementation as well as the principles and priorities requiring, as such, in-depth knowledge of reality [28]. Since this strategy has not been yet implemented, the potential of local governments, with their proximity to citizens and their necessities, remains largely untapped. In this regard, Bowers et al. [29] researched older persons' (between 60 and 96 years) expectations and concerns about the future, discovering that active ageing conceptualization should go beyond the economic factors or employment, retirement, and physical function and focus on their quality of life [25,30], justifying the expansion of the concept to that of active and healthy ageing (AHA). Both are much more reachable at a local level, especially considering the

current paradigm in which institutions, citizens and political actors are asked to participate in collaborative networks instead of the traditional model of centralized decision and direct power chains. What is more, according to Hafford-Letchfield [31], it is necessary to rethink new social actions and policies to mitigate the overload of support systems.

The potential of ageing-related interventions at a local level has been explored in other contexts [32,33] in the attempt of creating a roadmap with specific guidelines as well as advocating for the perks of developing these instruments. The main benefits identified regard the ability of local entities to make informed and consistent decision making, to access a wider set of resources, to preserve the community's character and to build more bridges across local and national entities. To the best of our knowledge, no systematic research has been conducted in the Portuguese context on this topic and, furthermore, there are no specific guidelines to be adapted by local entities.

The present study intends to explore this process in two phases. The first, based on document analysis, aims at mapping and identifying the existing strategies for active and healthy ageing at local government level and provides a synthesis of the main guidelines. The second, based on semi-structured interviews with four representatives of local government entities, intends to characterize the origin, context, and design process of ageing policies; analyze the mechanisms and challenges in the implementation of strategies; and identify the converging and diverging aspects in designing active and healthy ageing policies.

### 3. Materials and Methods

#### 3.1. Sample and Procedure

The first phase of this process involved an online search of publicly available local strategies on google and the websites of each municipality using the following keywords: local strategic plan (“plano estratégico municipal”); local strategies for active ageing (“estratégias locais para envelhecimento ativo”); local strategies for healthy ageing (“estratégias locais para envelhecimento saudável”); strategic plan for older people (“plano local para a população idosa”); geriatric strategic plan (“plano municipal gerontológico”). In addition, a search was conducted on all local governments' websites to confirm the existence of a document formalizing a plan or a strategy for the elderly. In a universe of 308 entities (278 in the mainland, 11 in Madeira, and 19 in the Azores) only 13 documents were published online. The remaining entities ( $n = 295$ ) were contacted by e-mail. Only 72 replied to our contact of which 67 referred to not having the document (with only 9 mentionings currently outlining it). In total, besides the 13 found online, only 4 made it available by e-mail. The NUTS II North and Center include five municipalities each with strategic plans, Lisbon has four, Alentejo two, and Algarve one.

In the second phase of this study, four municipalities from NUTS II North, Center, and Lisbon (henceforth referred to as M1, M2, M3 and M4) were chosen as case studies based on semi-structured interviews to better understand the process of development of the respective strategic plans. These municipalities were selected as representatives of different timelines of a strategic plan: M1 had already a long-time in course plan, M2 and M3 had a recent plan from 2019 and put it into practice during the COVID-19 pandemic, and M4 built the plan during the COVID-19 pandemic. Encompassing urban and rural areas, M1 has approximately 140,000 inhabitants, 20% of which aged 65 and over. In turn, M2 is predominantly urban, having a high population density and with approximately 300,000 inhabitants, 21% of which aged 65 and over. M3 also presents characteristics of an urban municipality. Approximately 85,000 inhabitants live in this municipality, 17% of which were aged 65 and over. As for M4, this is the most rural municipality of this sample, with approximately 20,000 inhabitants, 25% of which are aged 65 and over.

The request for the interviews was made by telephone and, after confirmation from the participants (members of the Municipal Executive Board of each City Council) who provided their informed consent; the interviews were conducted through the Zoom Colibri platform lasting more or less 45 min.

### 3.2. Data Analysis

The strategic plans were analyzed taking into consideration the presence and content of the following aspects: (i) mission, which is the main aim and purpose of the plan; (ii) goals; (iii) methodology, outlining the diagnosis of the social reality; (iv) strategic axis; (v) projects' implementation (projects, activities, and actions) and (vi) assessment criteria of the implementation.

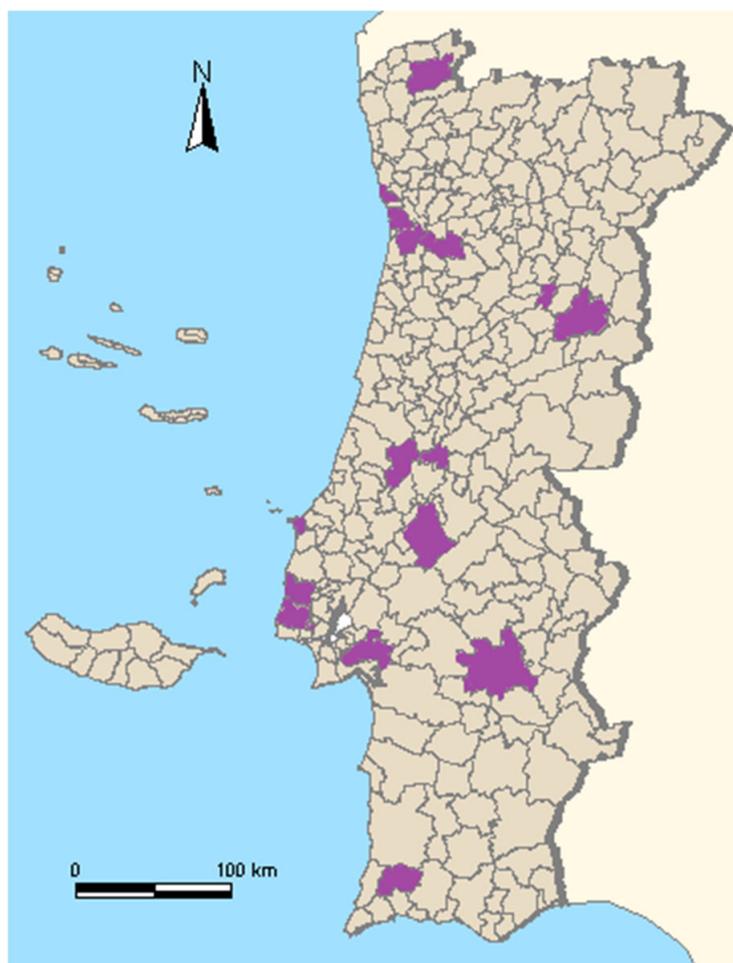
The semi-structured interviews were subjected to thematic content analysis focused on the origin and context of the plan, the entities, the process, the challenges and the future endeavors.

Both the documents and the interviews were analyzed using NVIVO software to better organize the information.

## 4. Results

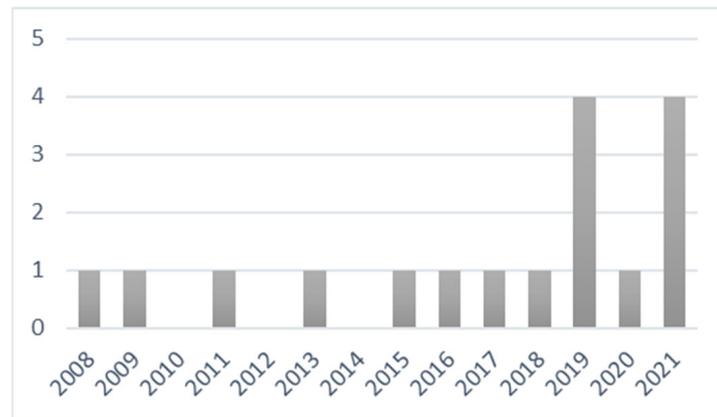
### 4.1. Strategic Plans' Analysis

The extensive search and analysis conducted showed that only a few local entities ( $n = 17$ ; 4.3%) have an available strategic plan for ageing of which only 13 display it online for public consultation (see Figure 1).



**Figure 1.** Local governments with an ageing strategic plan.

As shown in Figure 2 below, the first strategic plan traces back to 2008, but, until 2019, the rate was almost one per year. In 2019 there were four strategies put in motion, as in 2021, one year after the global initiative of the World Health Organization in 2020. The titles and approaches of each document differ significantly, indicating the diversity of perspectives that guide the elaboration of these strategies.



**Figure 2.** Evolution of strategic plans per year.

Each local government adopts a specific approach to the topic, already evident in the titles. As synthesized in Table 1, 16 out of 17 strategies openly describe their mission, highlighting the need to act on several fronts. Notwithstanding, the themes emphasized are distinct, with some highlighting the need to respond to the social emergency of older persons, while others focusing more on health promotion or social matters through opportunities for integration, participation, and social involvement. Meeting the specific demands of citizens through proximity services is a central aspect, thoroughly detailed in four of the strategies. Some plans are explicitly geriatric and multidimensional, directing the intervention mainly towards more healthy and active ageing.

**Table 1.** Synthesis of main elements present in all strategies analyzed.

Mission	Promoting an inclusive society committed to improving health, life quality, and elder well-being as well as their social participation as active citizens with a determinant role in the community
Themes	Health and Physical and Mental Wellbeing Basic healthcare and life support Inclusion in the community Participation in the society Safety and housing comfort Access and Mobility Qualification of the organizations and social responsibility
Methods	Collaborative methodologies that aggregate several data collection techniques with elder persons to include their expectations and opinions (e.g., surveys, interviews, thematic meetings, focus groups, debating groups). The methods are usually based on involving local actors, allowing a participatory approach of people and local entities

The goals of each strategy tend to be connected to the strategic axes, but, in some cases, they correspond to priorities of intervention and necessities. The goals clearly state the milestones to achieve, namely to foster autonomy and independence, and functional skills in different dimensions over the lifespan. The emphasis is on disease prevention and the reduction of physical and mental consequences of ageing, promoting the creation and maintenance of healthier lifestyles. Concretely, the strategic axes focus their action on the following dimensions: social, health, physical and mental well-being, housing, participation, access, and mobility.

As for the methods of each strategy, half of them do not include information about the social diagnosis, which is a relevant gap to assure replicability. In those cases where the techniques are reported, they privilege collaborative methods including older persons in the processes of identifying their problems and necessities through surveys, interviews, focus groups, and thematic discussions.

All the documents present and describe the activities and actions planned in this context, but there is no information on their actual implementation. The assessment indicators of the implementation are not included in all the strategies.

Even though the strategies present similar guidelines, they are not clear about the process of conceiving and implementing it, hence the information obtained through document analysis was not sufficiently detailed. The interviews shed further light on the main variables under analysis.

#### 4.2. Interview Analysis

##### 4.2.1. Strategic Plan: Origin and Context

The contexts prompting the need to develop strategic plans for ageing differ from case to case, suggesting that with the lack of a centralized strategy, their existence itself and the process through which they are created and implemented do not conform to any reference point. The first entity developing it in the national context was M1 with a plan foreseen for 3 years (2008 and 2011) that was considered adjusted to citizens' necessities until very recently, being only now under revision.

*"The plan was devised long ago but in 2017/2018, with the change of teams and staff, we ended up adapting it then and again during the pandemic. I'm in the current team and now is the right time for a new assessment and plan because all these changes put in evidence new problems and new necessities. Something that delayed us a little bit is the current change of cabinets and the ongoing transference of competencies in the social and health areas. In the field of health, the transference of competences encompasses one of those vectors, precisely active ageing ( . . . ) This strategic plan was the basis to create current local policies rather than the common one-day stand activity for festivities. The concern was already there, some of the issues were being targeted but without any concerted action with other policies". (M1)*

In turn, M2 and M3 saw the necessity to adapt general strategic plans to this target group with a particular emphasis from the latter on capitalizing intergenerational relations:

*"The plan was elaborated between 2017 and 2018 and implemented from 2018 onwards by the Social Services Division, also responsible for the Social Development Plan. The Integrated Municipal Plan for Ageing was tailored specifically to older persons who were not properly contemplated by any action, namely two different types: those in vulnerable territories and in isolation and those who were recently retired and that could profit from some activities not yet outlined". (M2)*

*"This strategy embodies our main mission as local government, which is taking care of people, not only who lives here, but also who visit and work here. It is very important to display our intentions, objectives, and missions through strategies in different key areas. This is a vital document for any intervention, especially in the field of social and human sciences". (M3)*

A similar process of M1 is ongoing for M4, which is now upgrading the geriatric strategic plan from 2012.

*"This plan is an update of our geriatric plan, its second version following the first taking place between 2012 and 2017. From 2020 and 2021, there was a delay due to the pandemic but, at the same time, that was when most of the information of the plan was assessed. Recognizing the rise of the senior population as partaking of the community and not as a segment aside, this plan received excellent feedback from the local assembly which considered it an example of good practices". (M4)*

All the entities surveyed agree with the importance of this strategic document, framing its relevance in political terms. For instance, M1 provides a thorough rationale for this plan:

*"This type of plan allows us to promote a holistic vision of the ageing process, according to three paradigms: the first one, fostering a successful, healthy and active ageing process,*

*disseminating a positive image of the older person and her social participation; the second to give priority to communitarian responses of care that promote autonomy and independence rather than institutionalization and the third is to invest in action research to create our know-how pushing us further and further. The work here has an empirical basis and it was a long and detailed prequel to the policies". (M1)*

M2, M3 and M4, although more succinct, mention similar key points:

*"This integrated plan for ageing aims at defining strategies and activities attuned to the specific needs of older persons while fostering their activity, independence and, above all, their quality of life". (M2)*

*"This document focuses on outlining principles and actions for active ageing that cannot be thought through in a vacuum. An intergenerational perspective is needed also capitalizing the youth plan". (M3)*

*"The first plan and the subsequent updates respond and counteract the so-called grey boom that implies looking to older persons as a key piece of society, not a demographics aside". (M4)*

The four participants agree with the same key aspect of the current paradigm of healthy and active ageing, privileging the older person's desire and the most beneficial option of ageing located in the community and closer to their support [4]. Our interviewees either refer to particular professions or positions, such as technical directors of the local municipality, gerontologists, psychologists, and social assistants, or to particular institutions, such as those of social solidarity (IPSS—Instituição Particular de Solidariedade Social), day centers and home care services.

*"The local power organics is going through some changes and as soon as we close the team I will also integrate it since I am the only gerontologist in the municipality and am responsible for the senior issues. I hope that with the transference of the competencies and with a sufficient organization I can strengthen my team and achieve more". (M1)*

*"The strategic plan was thought out together with several departments of the municipality, including technicians from the fields of sports, culture, health, and tourism. The entities and support services to older persons from the municipality (8 institutions) tend to promote activities targeting the elder, such as walks, tours, grandmothers' day, and tournaments of several sports. All the institutions are therefore fundamental as mediators of the dialogue between citizens and the local power". (M2)*

Most importantly, the plans emphasize the views of older citizens themselves, including those from the universities of the third age, as their perspectives, needs and representations are increasingly considered in devising policies [21]. Intergenerational insights are also valued.

*"Several institutions of social solidarity were involved, including their technicians, directors, social assistants, and psychologists. We also had insight from universities of the third age in the municipality whose students highlighted how important was for them to partake in this dialogue. Furthermore, we have learned a lot from our experience devising a strategy for youth and followed some of the methodologies". (M3)*

The role of the Local Council of Social Action is also mentioned as an important stakeholder:

*"In the Local Council of Social Action (CLAS) that includes our social partners, local government presidents, social services division, health and school matters departments a debate was promoted and provided an important empirical basis for the geriatric plan". (M4)*

The entities that partake in the plans are thus varied. Particularly noticeable is the difference between M1 and M4, who opted to outsource support from university experts from the fields of Psychology, Gerontology, and Public Health to elaborate the plan, and M2 and M3.

The number of entities involved as well as their different nature and character end up following the general guidelines for policies of healthy and active ageing that are adamant in defending intersectoral perspectives and concerted action between entities [20] tailored to older person needs and their perception of these social structures of support [16,19].

#### 4.2.2. Plan Development

Despite being idiosyncratic, the development of the plans tends to integrate similar stages, starting with the social diagnosis, going to the field, listening to citizens, debating issues, and including their wants and needs, as far as it is possible. The inclusion of this feedback aligns with the current paradigm of devising public policies through collaborative networks instead of the centralized traditional processes.

All the participants referred to mixed methods of data gathering to become acquainted with the social reality and necessities of the older population. The entity responsible for the first plan is the only one referring to international sources:

*“We conducted document analysis of other strategic plans, mainly from Spain and South America, countries that potentially cultural similarities ( . . . ) not only the content but the process itself”. (M1)*

The remaining three emphasize less the analysis of documents and guidelines and more the data collection in the field with the main stakeholders:

*“We contacted and surveyed our partners from CLAS and included their questions and concerns. We presented it to the public but particularly to those who had contributed, a very interesting circular process”. (M2)*

*“Similar to the youth strategy, we conducted questionnaires and asked directly which actions would citizens like to see included. After the data gathering and analysis, the documents were subjected to approval by the local council assembly”. M3 and M4 emphasize that this final stage of approval, although not mandatory, is preferred.*

As evidenced, this process is undertaken usually with the help of a network of stakeholders with different insights on reality and whose collaboration established through protocols is considered indispensable for a successful implementation of the plan. Although not mandatory, public discussion is favored in particular by those entities that do not capitalize on any larger networks, such as CLAS. For M3 and M4 the discussion already unfolded during the process of elaboration and instead, they advocated for formal approval in the context of the local assembly.

*“It is important to provide feedback to those who contributed”. (M2)*

*“Although is not mandatory, we prefer to present it to all and obtain political approval”. (M4)*

#### 4.2.3. Challenges

When asked about the challenges regarding the process of elaboration and implementation of the plans, the main difficulties emphasized were related to the pandemics. These are, notwithstanding, distinct, since for two of the participants the pandemic coincided with the plans' design whereas for the other two it was the time of its implementation. Paradoxically, it was during this period of great impact on older persons, that most of the initiatives that could mitigate its negative effects had to be shut down or at least reduced. However, despite these limitations, all the participants highlight their efforts in adapting and testing solutions to avoid the total interruption of the activities and disruption of the strategy.

M4 emphasized how their close relationship with older citizens made the transition to online use smoother:

*“For example, one of our responses is called “Senior Forum” which consists of visiting several communities and addressing certain themes ( . . . ) during the pandemic we kept this initiative but did it by phone. Here the social services of the municipality and*

*the senior community have a close relationship which facilitated the process ( . . . ) the gerontologic plan also benefited from the project “Idade Maior” which fostered, among other things, the Tele assistance, made possible by the proximity and a familiar connection between the seniors and our social assistants”.* (M4)

M2, in turn, highlights some of the difficulties and innovative ways to engage older citizens:

*“During the 2 years of the pandemic, the senior sport was one of the activities, yet very circumstantial, with the number of participants significantly lowering since people were afraid of contracting the virus. They tried to proceed with those activities that did not require a great number of people. Currently, we are trying to follow up the practices of the strategic plan for ageing but slowly. One of the initiatives we adapted to an online context was the social program ‘My retirement and I’, a project thought for people over 55 years old that intends to promote financial literacy. These alternative ways, despite not being foreseen in the plan, were important to keep people active and train some technological and digital skills. We have also invested in a newspaper with articles exclusively written by these people”.* (M2)

There are, notwithstanding, other challenges not related to the pandemic. For M1, the main issue is the availability of human resources:

*“The lack of human resources is a serious problem, especially when time is against us and work always takes a little bit longer because it is a large municipality with a very extensive network. We want everyone to collaborate, the municipality was very open to proceeding with this and we wanted to do it properly but sometimes it is hard to congregate efforts”.* (M1)

For M2, it is more a matter of matching the activities with the specific type of demographics:

*“Stakeholders are very different and the population of the municipality is heterogeneous with great asymmetries in each one of the territories, with extremely urban and extremely rural places. Considering this heterogeneity, the municipality tried to adapt the characteristics following the specificities of several territories, hence they ended up having a preponderant role in the organization and practice of the activities in the strategic plan as the closer entity. For example, in more urban places, walks usually gathered many people whereas, in more rural places lunches are preferred, it depends on the dynamics and characteristics of the territories”.* (M2)

All the participants emphasize that the document is open to revision and changes are made depending on the motivations of the target group, the constraints, and the ongoing changes in the social and territorial reality *“it has to be an open document, otherwise, it does not make sense, it can be changed at any time”* (M4). Other challenges refer to the difficulties in approaching the target group and raising awareness of the importance to start this process *“as early as possible so that people can age healthy and with life quality”* (M1); the shortage of physical spaces to implement initiatives *“in a more creative way”* (M3) and the *“lack of human resources to implement all the measures”*. (M4)

*“The gerontologic plan points out directions that we need to respect to then further develop policies of local development. There is no need to insist on our social security institutions of nursing homes to expand their capacities if we know in advance that our seniors do not want to be there. Otherwise, if the seniors are receptive to being assisted at home, this can be one of the possible responses”.* (M3)

The challenges pointed out, to what one may add to the period required, are counterbalanced by the local governments’ strength in their proximity to citizens and their necessities. As evidenced by the quotes above, their use of the strategic plans as an instrument to tackle the needs of older citizens not only relies on collaborative networks but also allows a close check to the social reality of their territory. Interestingly, what they highlight is attuned to the idea that healthy and active ageing can only be conceptualized in dialogue with the older citizens’ expectations and concerns about the future [25].

#### 4.2.4. Specific Initiatives

All four entities refer to projects and initiatives that were either elaborated within the plan or were added ad hoc to the strategic plan, indicating efforts toward a cohesive and organized implementation. As observable in the quotes below, it is clear that the initiatives are fine-tuned with the social reality and the varying needs of the citizens:

*“We have the program “Movement and Wellbeing” included in the series of physical activity, sports, and active participation of older persons with around 150 older persons. This is in the axis related to intervention mechanisms in the promotion of active ageing and physical activity. Another example is the program Emilia, of digital capacitation, located in 32 spots, and the program Movement and Well-being based on programs of gymnastics and hydro gymnastics. With the pandemic, we suspended everything and create one called the ‘Lighthouse’, aimed at keeping in touch with older persons, by phone and zoom almost immediately after the first shutdown ( . . . ) All has to be based on a method and a given strategy with measurable aspects”.* (M1)

M3, in turn, emphasizes the importance of closeness and reducing citizens’ isolation:

*“We devote a lot of attention in our intervention characterized by care and respect of older persons. Our project ‘Caring’ involves a team of experts in social services, psychology, and sociology, who accompany people who are currently in isolation. Proximity is a key concept also in a related project ‘Movement is Life’ that involves physical activities carried by physical activities teachers more than 65 years old. Overall, older persons have access to physical education classes as well as physiotherapists, professors, occupational therapists, and nurses”.* (M3)

M4 is adamant in connecting strategies to improve older persons’ integration:

*“We could not implement all the strategies and measures of the first geriatric plan in recent years, only a few. All plans have guidelines but social circumstances may impair or facilitate the implementation. This one, in particular, is connected to the local strategy for health currently being elaborated with the University of Aveiro. Ideally, if the strategic health plan is implemented as foreseen, the measures of the gerontologic plan will be adapted accordingly for a healthier and more active senior population more integrated into the community. It is our responsibility to provide the citizens with the possibility of living inserted in their communities and ageing at home, capacitating not only older citizens but also their relatives ( . . . ) if we do not respect their expectations, they will not participate”.* (M4)

#### 4.2.5. Plans

All the interviewees manifest their wish to carry on with active and healthy ageing strategies, valuing the strategic lines adopted by the entities, acknowledging the advantages it may bring to the population, and, most importantly, emphasizing that the plan should not be an instrument that depends on the team who created it; it should stand alone and be further replicated.

*“We are constantly raising seniors, each one of us is a potential senior, therefore we need to update these documents respecting the expectations and the life experiences of our seniors so they can continue active and contributing to society”.* (M2)

*“This plan will strengthen our political view on the necessary support for institutions of social security that are currently overwhelmed ( . . . ) It allows us to expand the social responses, apply to other funding and renegotiate the agreements with the social security ( . . . ) we know that they are not clients that want to stay in nursing homes, they are citizens who want to be supported within the contexts they are located. ( . . . ) No community can truly evolve and develop if we leave older persons aside, especially when there is a grey boom, we have to work for everyone”.* (M4)

*“I stand by the idea of creating policies, a line of work of depth and value, and not only celebrating special days. It should not end with our team, it must be a resource that anyone may replicate and carry on or adjust”. (M1)*

## 5. Concluding Remarks

The present study aimed at providing a state-of-the-art of active and healthy ageing-related local strategies, considering the current lack of a national strategy providing specific guidelines for their elaboration and implementation. This matter is even more important since that from 2018 it was foreseen, within the process of administrative decentralization, that local municipalities follow tailored strategies of active and healthy ageing to their specific territories and populations. Furthermore, it is also desirable that national contexts align with World Health Organization’s strategic global plan on health and ageing. These include a set of goals and milestones the implementation of which would be much facilitated by involving local entities [34,35].

The scarce national literature on the topic of local public policies of active and healthy ageing adds to the lack of systematized information on this topic in the context under study.

The strategies fostering populations’ active and healthy ageing are based on more than creating social responses to necessities. They are also important means of intertwining different societal dimensions in the course of a citizen’s life span. In the context herein analyzed, there is still much to be done but the evolution in the past years suggests that local governments are becoming progressively aware of its importance, even without a national strategy, national guidelines, or a mandatory character.

All the strategies analyzed are, in a certain way, unique, not only due to their specific sociodemographic context but also to the determination shown by each local government in integrating different preexistent initiatives in the strategic development of active and healthy ageing. All manifest an interest in innovating and developing a plan attuned to older citizens’ needs, but the initiatives are still incipient and there might be important aspects compromising the successful implementation of each strategy, as is the recurrent engagement of older citizens in the process or the systematic use of a standardized methodology. Several strategies identify as a starting point for the construction of a local strategy; however, they do not reveal the type of intervention that is aimed at either the steps of a social diagnosis or the social reality. Some of the strategies do not describe the methodology underlying the formulation and the necessities and problems, thus impairing possible replicability.

The data collected through interviews reinforces that the elaboration of a strategic plan is a long process, completely dependent on the commitment of local governments in responding to ageing challenges. It may also imply high investments and resources that, for some municipalities, are difficult to gather. Despite this, when the plan is being devised or implemented tends to draw on available funding at a local level.

There is widespread agreement on the idea of adopting a lifespan perspective of promoting active and healthy ageing early on. However, most of the actions are targeting older persons who already need to benefit from them. Again, there is a mismatch between this premise and the axes and respective actions.

The future perspective of local governments is shared by all that are committed to continuing to gather efforts for strategic approaches that may improve the quality of life of older persons. In this regard, it is consensual that is necessary to improve policies, services, and structures by adopting multidisciplinary and transversal strategies at this level during the lifespan so everyone can feel truly included and integrated into the community.

Despite the differences found between the strategies, there are important common elements aligned with the general European guidelines: to start with a social diagnosis; to integrate a wide variety of entities (most of them partaking of a previously consolidated social network); to cherish the insight of the envisaged citizens of the plan, including present and future to be older persons of the municipality; to adopt an intergenerational

perspective; and, relatedly, to skillfully elaborate the strategy paired with other strategies and policies of the municipality.

As a final remark, it is important to underline that the monitoring of ageing strategies developed at local level is crucial for the success of the implementation of the national strategy for Active and Healthy Ageing 2017–2025 and secure a smooth administrative decentralization process within this frame. By understanding which local strategies are being developed and how, an effective monitoring may strengthen the design and implementation of strategic plans. This is particularly important to assure the mobilization and participation of local communities in strategic development and ensure their commitment in the long-term.

## 6. Limitation and Future Research

This study has some limitations, mainly related to the sample. Despite our efforts in contacting all municipalities, the process of accessing the strategic plans had several shortcomings and, in the end, it was not possible to collect the responses for all the municipalities in Portugal. This difficulty reveals that the accessibility to this policy instrument should be greatly improved. On the other hand, not only the analysis of stand-alone documents can provide a narrow perspective of how local governments are embedding ageing in their agendas but also many of the plans we had the opportunity to analyze are, per se, synthetic and do not detail the processes and path underlying the strategic document. This has reinforced the value of the insights provided by our interviewees.

Further research on the topic should focus on a larger sample, especially in conducting a greater number of interviews with representative subsamples per NUTS II regions (Nomenclature des Unités Territoriales Statistiques) and cross-analyzing local strategies of active and healthy ageing and the respective local strategies for health or social vulnerabilities. Despite the local governance differences across cultural contexts, an international comparison of different processes and gathering of best practices should also be pursued.

**Author Contributions:** Conceptualization, G.S.; methodology, G.S. and C.S.; formal analysis, G.S., C.S. and T.F.; investigation, G.S. and C.S.; writing—original draft preparation, G.S., C.S. and T.F.; writing—review and editing, T.F. and G.S.; supervision, G.S. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Institutional Review Board Statement:** Not applicable.

**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

**Data Availability Statement:** Not applicable.

**Acknowledgments:** Gonçalo Santinha would like to acknowledge the contribution of the research unit on Governance, Competitiveness, and Public Policies (UIDB/04058/2020) + (UIDP/04058/2020), funded by national funds through FCT—Portuguese Foundation for Science and Technology. The authors wish to thank the anonymous reviewers' helpful comments.

**Conflicts of Interest:** The authors declare no conflict of interest.

## References

1. Foster, L.; Walker, A. Active and successful aging: A European policy perspective. *Gerontol.* **2015**, *55*, 83–90. [CrossRef] [PubMed]
2. Harper, S. *How Population Change Will Transform Our World*; Oxford University Press: New York, NY, USA, 2016.
3. National Institute of Statistics. Projeções de População Residente 2015–2080, Mantém-se o Agravamento do Envelhecimento Demográfico, em Portugal, que só Tenderá a Estabilizar Daqui a Cerca de 40 Anos. 2017. Available online: [https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine\\_destaquas&DESTAQUESdest\\_boui=277695619&DESTAQUESmodo=2&xlang=pt](https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaquas&DESTAQUESdest_boui=277695619&DESTAQUESmodo=2&xlang=pt) (accessed on 5 September 2022).
4. André, M.R. A promoção do envelhecimento na comunidade: Contributo metodológico para o desenvolvimento de estratégias colaborativas locais. *Rev. Soc. Port. Geriatr. Gerontol.* **2019**, 1–10. Available online: [https://www.researchgate.net/profile/Mario-Andre/publication/332466185\\_A\\_promocao\\_do\\_envelhecimento\\_na\\_comunidade\\_Contributo\\_metodologico\\_para\\_o\\_desenvolvimento\\_de\\_estrategias\\_colaborativas\\_locais/links/5cb70bdafa6fdcc1d499a7fe7/A-promocao-do-envelhecimento-](https://www.researchgate.net/profile/Mario-Andre/publication/332466185_A_promocao_do_envelhecimento_na_comunidade_Contributo_metodologico_para_o_desenvolvimento_de_estrategias_colaborativas_locais/links/5cb70bdafa6fdcc1d499a7fe7/A-promocao-do-envelhecimento-)

- [na-comunidade-Contributo-metodologico-para-o-desenvolvimento-de-estrategias-colaborativas-locais.pdf](#) (accessed on 5 September 2022).
5. Di Stefano, V.; Ornello, R.; Gagliardo, A.; Torrente, A.; Illuminato, E.; Caponnetto, V.; Frattale, I.; Golini, R.; Di Felice, C.; Graziano, F.; et al. Social Distancing in Chronic Migraine during the COVID-19 Outbreak: Results from a Multicenter Observational Study. *Nutrients* **2021**, *13*, 1361. [[CrossRef](#)] [[PubMed](#)]
  6. Eurofound. *COVID-19 and Older People: Impact on Their Lives, Support and Care*; Publications Office of the European Union: Luxembourg, 2022.
  7. Novais, F.; Cordeiro, C.; Câmara Pestana, P.; Côrte-Real, B.; Reynolds Sousa, T.; Delerue Matos, A.; Telles-Correia, D. The Impact of COVID-19 in Older People in Portugal: Results from the Survey of Health, Ageing and Retirement (SHARE). *Acta Med. Port.* **2021**, *34*, 761–766. [[CrossRef](#)] [[PubMed](#)]
  8. Cabral, M.V.; Ferreira, P.M. *O Envelhecimento Ativo em Portugal: Trabalho, Reforma, Lazer E Redes Sociais*; Francisco Manuel dos Santos Foundation: Lisbon, Portugal, 2014.
  9. Pertoldi, M.; Fioretti, C.; Guzzo, F.; Testori, G.; De Bruijn, M.; Ferry, M.; Kah, S.; Servillo, L.A.; Windisch, S. *Handbook of Territorial and Local Development Strategies*; Pertoldi, M., Fioretti, C., Guzzo, F., Testori, G., Eds.; Publications Office of the European Union: Luxembourg, 2022. [[CrossRef](#)]
  10. Ferreira, O.G.; Maciel, S.C.; Costa, S.M.; Silva, A.O.; Moreira, M.A. Envelhecimento ativo e a sua relação com a independência funcional. *Texto Contexto Enferm.* **2012**, *21*, 513–518. [[CrossRef](#)]
  11. Schneider, R.H.; Irigaray, T.Q. O envelhecimento na atualidade: Aspectos cronológicos, biológicos, psicológicos e sociais. *Estud. Psicol.* **2008**, *25*, 585–593. [[CrossRef](#)]
  12. Nazareth, J.M. *Crescer e Envelhecer: Constrangimentos e Oportunidades do Envelhecimento Demográfico*, 1st ed.; Editorial Presença: Lisbon, Portugal, 2009.
  13. Santos, L.; Parente, C.; Ribeiro, J.; Pontes, Â. *Promoção da Saúde: Da Investigação à Prática*, 1st ed.; SPSS, Editora; LDA: Lisbon, Portugal, 2015; Volume I.
  14. Ribeiro, O.; Paúl, C. Envelhecimento Ativo. In *Manual de Envelhecimento Ativo*; Ribeiro, & C. Paúl, LIDEL—edições técnicas, Lda: Lisbon, Portugal, 2011; pp. 1–4.
  15. Walker, A.; Maltby, T. Active ageing: A strategic policy solution to demographic ageing in the European Union. *Int. J. Soc. Welf.* **2012**, *21*, 117–130. [[CrossRef](#)]
  16. Bárrios, M.J. *Políticas de Envelhecimento ao Nível Local: Análise e Avaliação de Programas a Partir do Paradigma de Envelhecimento Ativo*; unpublished doctoral thesis dissertation; Instituto Superior de Ciências Sociais e Políticas, University of Lisbon: Lisbon, Portugal, 2018.
  17. Bárrios, M.J.; Fernandes, A.A. A promoção do envelhecimento ativo ao nível local: Análise de programas de intervenção autárquica. *Rev. Port. De Saúde Pública* **2014**, *32*, 188–196. [[CrossRef](#)]
  18. Bárrios, M.J.; Fernandes, A.A.; Fonseca, A.M. Building a model to analyze and compare social policies on ageing. *Forum Sociol.* **2020**, *5*–18. [[CrossRef](#)]
  19. Barbosa, C.; Feio, P.; Fernandes, A.; Thorslund, M. Governance Strategies to an Ageing Society—Local role in multi-level processes. *J. Comp. Politics* **2016**, *9*, 4–18.
  20. Noll, H.H. Social indicators and quality of life research: Background, achievements and current trends. In *Advances in Sociological Knowledge*; Genov, N., Ed.; VS Verlag für Sozialwissenschaften: Wiesbaden, Germany, 2004; pp. 151–181.
  21. Bárrios, M.J.; Fernandes, A.; Fonseca, A.M. Identifying priorities for aging policies in two Portuguese Communities. *J. Aging Soc. Policy* **2018**, *30*, 458–477. [[CrossRef](#)] [[PubMed](#)]
  22. Vilar, M.; Simões, R.M.; Sousa, B.L.; Firmino, H.; Paredes, T.; Lima, P.M. Avaliação da Qualidade de Vida em Adultos Idosos: Notas em torno do Processo de Adaptação do WHOQOL-OLD para a População Portuguesa. In *Qualidade de Vida e Saúde: Uma Abordagem na Perspectiva da Organização Mundial de Saúde*; Canavarro, M.C., ASerra, V., Eds.; Calouste Gulbenkian Foundation: Lisbon, Portugal, 2010.
  23. World Health Organization. *Multisectoral Action for a Life Course Approach to Healthy Ageing: Draft Global Strategy and Plan of Action on Ageing and Health*; World Health Organization: Geneva, Switzerland, 2016; pp. 1–37.
  24. Walker, A. A European perspective on quality of life in old age. *Eur. J. Ageing* **2005**, *2*, 2–12. [[CrossRef](#)] [[PubMed](#)]
  25. Mollenkopf, H.; Walker, A. Section I- understanding quality of life in old age. Quality of life in old age. *Soc. Indic. Res. Ser.* **2007**, *31*, 3–17.
  26. Santinha, G.; Fernandes, A.; Forte, T.; Diogo, S.; Alves, F. Active Aging Governance and Challenges at the Local Level. *Geriatrics* **2021**, *6*, 64. [[CrossRef](#)] [[PubMed](#)]
  27. Fernandes, A.; Forte, T.; Santinha, G.; Diogo, S.; Brandão, F. Políticas locais e envelhecimento ativo: A realidade portuguesa à luz da perceção de diferentes atores. *Rev. Geogr. Ordenam. Territ. (GOT)* **2020**, *20*, 79–104. [[CrossRef](#)]
  28. Clarke, A.; Warren, L. Hopes, fears and expectations about the future: What do older people’s stories tell us about active ageing? *Ageing Soc.* **2007**, *27*, 465–488. [[CrossRef](#)]
  29. Oliveira, D. *Planejamento Estratégico: Conceitos, Metodologias, Práticas*, 23rd ed.; Atlas S.A: S.Paulo, Brasil, 2007.
  30. Bowers, H.; Clark, A.; Crosby, G.; Easterbrook, L.; Macadam, A.; MacDonald, R.; Macfarlane, A.; Maclean, M.; Patel, M.; Runnicles, D.; et al. *Older People’s Vision for Long-Term Care*; Joseph Rowntree Water End: York, UK, 2009.

31. Martim, I.; Brandão, D. Políticas para a terceira idade. In *Manual de Gerontologia: Aspectos Biocomportamentais, Psicológicos e Sociais do Envelhecimento*; Paúl, C., Ribeiro, O., Eds.; LIDEL—Edições técnicas, Lda: Lisbon, Portugal, 2015; pp. 273–284.
32. Hafford-Letchfield, T. Using narratives in assessments of older people. In *Community Care*; Middlesex University Research Repository: London, UK, 2015.
33. Gamme, A.; Rafoss, B. *Handbook for Age-Friendly Communities*; The Norwegian Association of Local and Regional Authorities, Byråservice: Oslo, Norway, 2020.
34. Graham, C.; Hoffmaster, A. Developing a Master Plan for Aging. Center for Health Care Strategies. 2022. Available online: <https://www.chcs.org/resource/developing-a-master-plan-for-aging/> (accessed on 20 September 2022).
35. World Health Organization. Decade of Healthy Ageing 2020–2030. 2020. Available online: [https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc\\_25&download=true](https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_25&download=true) (accessed on 15 September 2022).

**Disclaimer/Publisher’s Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.