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D.3.2.4 Policy strategy for the PROCAREFUL Hybrid home Care Model adoption in the CE Programme area

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EXECUTIVE SUMMARY

The Deliverable D3.2.4 focuses on providing policy recommendations to support the adoption of hybrid care models in the Interreg Central Europe Programme area. The strategy builds on pilot implementation results, evaluation findings, and stakeholder inputs, addressing the conditions required to enable the uptake, sustainability, and scaling of hybrid, preventive, and person-centred healthcare service delivery.

Chapter 1 presents the demographic, strategic, and European policy context and introduces the PROCAREFUL model of care, highlighting its preventive, person-centred, and hybrid approach combining digital tools and human support.

Chapter 2 describes the methodology used to assess the impacts of the model and summarises key results from the pilot sites, including observed benefits, implementation challenges, and cross-cutting theoretical issues.

Chapter 3 outlines enabling policy conditions and key recommendations to support adoption and scaling, focusing on targeting and eligibility, engagement, prevention, data governance, workforce development, equity, and multi-level coordination.

Overall, Deliverable D.3.2.4 provides evidence-based guidance and strategic insights for policymakers and stakeholders to facilitate the integration and long-term embedding of hybrid, preventive care models within resilient and sustainable long-term care systems.

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1. Introduction

The challenge of an ageing society is recognised as one of the most urgent issues facing Europe. More than one-fifth of the EU's population is aged 65 and above— reflecting a continued upward trend. The median age of the EU population has risen to 44.7 years, underscoring a structural shift toward older age groups. This demographic transition is driven by persistently low birth rates and increases in life expectancy. The increasing ageing of the population, coupled with the rising number of older people living alone or with limited access to services, requires new models of care and stronger political commitment at all governance levels. In this context, enabling older adults to live independently for as long as possible is of paramount importance, as highlighted by the World Health Organization's emphasis on age-friendly environments and integrated care approaches (European Commission 2021).

Population ageing represents a structural and long-term challenge for European health and social care systems. The growing number of older adults living with early functional decline, chronic conditions, or social isolation requires a shift from fragmented, reactive service provision toward integrated, preventive, and person-centred care strategies. In this context, policies must enable innovative care models that combine digital solutions with human-centred support while strengthening the resilience and sustainability of long-term care systems.

1.1. The PROCAREFUL Model of Care

Against this background, PROCAREFUL addresses common challenges faced by Central European regions by building on a preventive and proactive care paradigm. The project developed and tested an innovative hybrid care model that integrates data-driven technologies and personalized care. The PROCAREFUL model is designed to prevent cognitive decline, physical decline, and social isolation among adults who require varying levels of care but can still significantly benefit from preventive and supportive interventions. At its core, it promotes the development of healthy habits and proactive care practices by leveraging digitalisation, contemporary knowledge on ageing and frailty, and a person-centred approach to care delivery.

The primary target group of the PROCAREFUL hybrid model consists of older adults who:

- require informal and/or professional home care,
- show early signs of cognitive or physical decline,
- live alone or experience loneliness or social isolation, and
- are at risk during periods of limited caregiver presence.

This diverse group often benefits significantly from regular cognitive stimulation, appropriately adapted physical activity, and structured social interaction, which are central elements of the PROCAREFUL approach. Older adults are supported by informal carers and professionals, while the model also allows for the future inclusion of volunteers, reflecting long-term care practices in several Central European countries.

Concerning its technical operationalization, PROCAREFUL developed a web-based digital tool that supports preventive care through cognitive, physical and social exercises that can combined and adapted to match an individual's abilities, needs, and care goals. A personalised prevention plan can be generated automatically by the system or manually defined by a formal or informal carer, ensuring flexibility and responsiveness to changing conditions over time. Complementing the digital platform, the non-technical component addresses the human, relational, and organisational dimensions of care. It is based on the recognition that effective prevention requires a mindset shift from service-oriented to person-centred care, and from reactive responses to proactive/preventive action.

To support this shift, PROCAREFUL includes training and capacity-building activities for carers, professionals, and other stakeholders. These focus on topics such as understanding ageing, illness and frailty, motivation and habit formation, prevention strategies, communication with older people, and overcoming digital barriers. This component strengthens carers' competencies and fosters better relationships between carers and care recipients.

The approach is meant to enable a holistic conception of care, addressing the interconnected physical, cognitive, emotional, social, and environmental needs of a person, rather than focusing solely on medical conditions or functional limitations. It is grounded in the understanding that well-being and quality of life are shaped by multiple, interacting dimensions and that effective care must therefore be integrated, person-centred, and context-sensitive. Overall, the PROCAREFUL hybrid model offers a scalable and transferable framework for both care beneficiaries and providers, aimed at:

- strengthening preventive and proactive approaches in home and community-based care
- improving the quality and continuity of long-term care services
- supporting autonomy, independence, and social participation of older adults
- enhancing system efficiency in the face of demographic and workforce pressures

By linking scientific evidence with insights from carers, professionals, and senior citizens, the approach leverages the Theory of Change[1] by grounding the model to real necessities, validated assumptions, and the practical realities of long-term care settings. This integrated knowledgebase clarifies the causal pathways between needs, actions, and outcomes to clarify how proactive, personalised, and integrated actions are expected to trigger meaningful change across different levels of care delivery. It provides a structured basis for assessing effectiveness as accountability and learning framework, generating transferable evidence to inform policy development and support the scaling of personalized, preventive care for ageing populations.

THEORY OF CHANGE

Older adults receive personalised exercises via the platform, while carers and professionals participate in capacity-building and training sessions that strengthen skills in motivation, communication, and preventive care. Ongoing coaching, progress monitoring, and community-based peer engagement foster adherence and motivation, while continuous feedback loops allow the platform to evolve through user-centred design. These activities lead to tangible outputs such as regular exercise participation by older adults, improved training and confidence among carers, personalised prevention plans, and stronger social connections within communities.

In the short term, the programme increases engagement in healthy cognitive, physical, and social activities, enhances carers' confidence, and raises awareness of healthy habits among all participants. Over the mid-term, these gains translate into sustained behavioural change, stronger relationships between older adults and carers, reduced caregiver burden, and greater autonomy and independence for older adults. Ultimately, the long-term impact is a reduction or delay in cognitive and physical decline, decreased social isolation, improved psychosocial well-being, and enhanced quality of life. The model also contributes to more resilient care networks and establishes a scalable, evidence-based framework for anticipatory and integrated care in ageing populations.

[1] Theory of Change is defined as a framework explaining how and why planned actions are expected to lead to desired outcomes and impacts, making causal links and underlying assumptions.

1.2. Strategic Context

The PROCAREFUL model focuses on early-stage prevention of cognitive and physical decline, while combating social isolation by systematically combining cognitive stimulation, physical activity, and social engagement. The model is designed to be flexible and adaptable, enabling its implementation across diverse territorial, institutional, and cultural contexts. By addressing these three dimensions simultaneously, the PROCAREFUL model advances integrated care policies that place the individual at the centre of service design and delivery. It supports personalised care planning and continuity across formal and informal care settings.

It mandates a policy shift from reactive service delivery to proactive prevention by promoting healthy habits, early intervention, and continuous monitoring of well-being among older adults. This approach helps delay functional decline and reduces the need for more intensive and costly care interventions.

The web-based PROCAREFUL platform demonstrates how digital tools can be used to support prevention, coordination, and efficiency in home care. Policies that support digital adoption in care services can improve accessibility, particularly in rural and underserved areas, while complementing—not replacing—human care.

The model strengthens the role of informal carers, professionals, and volunteers by providing clear frameworks, guidance, and training. This reduces caregiver burden, enhances competence, and contributes to higher job satisfaction and workforce retention—key priorities for long-term care policy.

Addressing loneliness and social isolation is recognised as a public health and social policy priority. The PROCAREFUL model embeds social participation and relationship-building as core components of care, supporting age-friendly and inclusive communities.

The PROCAREFUL hybrid model supports multi-level governance approaches by encouraging cooperation between public authorities, service providers, civil society, and citizens. Its co-creation methodology enhances policy legitimacy and implementation effectiveness, while pilot-based testing provides evidence for informed decision-making and scaling.

From a policy perspective, the PROCAREFUL model offers:

- evidence-based solutions for preventive long-term care,
- scalable and transferable practices adaptable to different care systems,
- improved efficiency and quality of care delivery,
- strengthened social cohesion and inclusion of older adults, and
- concrete support for achieving national and European ageing policy objectives.

Policymakers at local, regional, national, and European levels are encouraged to integrate hybrid, preventive care models such as PROCAREFUL into long-term care strategies, funding frameworks, and regulatory environments. Supporting such models can contribute to more resilient, inclusive, and sustainable care systems capable of responding effectively to Europe's demographic transition.

1.3. European Policy Context

The PROCAREFUL model is closely aligned with the European Union's evolving policy framework on long-term care, in particular the European Care Strategy presented by the European Commission on 7 September 2022. This strategy represents a major policy milestone at EU level, aiming to ensure affordable, accessible, and high-quality care services across Member States while improving conditions for both care recipients and caregivers, including professional and informal carers.

The European Care Strategy supports the implementation of the European Pillar of Social Rights, with strong links to principles on gender equality, work-life balance, childcare, and long-term care. It responds directly to demographic ageing— placing people at the centre of care systems. Care is explicitly framed as person-centred to enable independent living of care recipients while addressing the working conditions, recognition, and support of caregivers.

In December 2022, the European Council adopted recommendations to Member States based on the strategy. These recommendations focus on adequacy, availability, and quality of care— improving support for caregivers, and enhancing management and reporting mechanisms within long-term care systems. The Long-Term Care Quality Principles, including respect, prevention, person-centredness, continuity and comprehensiveness of care, focus on outcomes, transparency, workforce development, and appropriate facilities. Together, these principles define a common European vision for high-quality long-term care and provide a reference framework for national reforms.

The recommendations also acknowledge substantial disparities between Member States in public investment in long-term care, with expenditure ranging from less than 1% to more than 3% of GDP. Insufficient funding at the national level often results in limited availability of public long-term care services, while private services remain financially inaccessible for many citizens. In addition to financial barriers, geographical inequalities—particularly in rural, sparsely populated, or depopulated areas—further limit access to care. It underlines the need for innovative, scalable solutions improving access and continuity of care across different contexts.

Workforce shortages are identified as a critical challenge for the sustainability of long-term care systems. As demand for care continues to grow, the strategy emphasizes the importance of attracting, retaining, and supporting qualified care workers. In this context, the development and deployment of digital technologies are promoted to improve efficiency, standardisation, and scalability of care provision, while also reducing the workload and administrative burden on care staff.

Within this policy landscape, continuous monitoring of EU-level support measures is recommended, as these may influence national care systems and emerging business models, particularly in relation to financing and monetisation. The PROCAREFUL model responds directly to these policy priorities by promoting prevention, person-centred care, digital innovation, workforce support, and improved accessibility, thereby contributing to the strategic objectives set out in the European Care Strategy

2. The Evaluation Framework

The PROCAREFUL evaluation framework is designed to assess the impact of the model on governance and organizational aspects of care provision across five pilot sites. It uses a multidimensional approach that combines qualitative and quantitative methods to capture changes in care delivery, organizational structures, and management practices resulting from the introduction of ICT-based integrated care. By incorporating stakeholder perspectives and governance frameworks, the evaluation aims to provide a holistic understanding of effectiveness and to generate evidence that can inform policy-making and support sustainable improvements in healthcare systems.

The evaluation process follows a structured sequence that includes defining key dimensions of care, involving relevant stakeholders, developing an impact map, constructing a set of impact indicators, collecting and analysing data through pre- and post-implementation questionnaires, and producing an evaluation report. A strong focus is placed on organizational change management, examining how innovation affects workflows, coordination, culture, and resource use within care organizations.

Impact is measured across several core dimensions, including clinical outcomes, operational efficiency, end-user experience, management and coordination, patient empowerment and health literacy, and sustainability and scalability. For each dimension, specific indicators are developed in collaboration with stakeholders involved in the pilot activities to ensure relevance and practical applicability.

Active stakeholder involvement from the outset is central to the evaluation approach, ensuring that real needs, barriers, and perspectives are reflected. Data is collected through questionnaires administered before and after the pilot implementations. The pre-questionnaire establishes a baseline by capturing information on health status, workload, and system usability, while the post-questionnaire measures changes over time and the effects of the interventions.

By analysing data from multiple perspectives, the evaluation promotes ownership, acceptance, and long-term viability of the PROCAREFUL model. The pre-post analysis also supports the identification of causal links between pilot activities and observed outcomes. Overall, the evaluation aims to quantify the changes generated by the pilots, provide clear evidence of their impact on care organization and quality, and deliver actionable insights to guide continuous improvement and future policy strategies.

2.1. Overview of results

The collected inputs and survey findings highlight the value of the model, particularly its strong emphasis on prevention, an aspect widely regarded as underdeveloped in current care practices. Prevention, alongside health promotion and healthy habit formation, is repeatedly identified as a key added value and a necessary shift in the care paradigm.

A related recurring theme is the diversity of seniors' needs and capacities, with seniors in the home care sector often requiring deeper or more intensive interventions than purely preventive measures. At the same time, it is acknowledged that certain services and user groups could clearly benefit from a hybrid approach, matching interventions to the needs, abilities, and motivation of the target population. The importance of applying the PROCAREFUL model to the "right" group of users emerge as a critical success factor, particularly in relation to user engagement.

Digitalisation is largely perceived as an opportunity to improve the efficiency and organisation of care, potentially reducing the time required for service delivery. However, challenges remain regarding seniors' varying levels of digital readiness and (digital) health literacy. While some older adults are open to and interested in using digital tools, others remain reluctant and prefer traditional activities such as paper-based exercises, physical group activities, or face-to-face social interactions. This underlines the

importance of flexibility, choice, and a hybrid approach that complements rather than replaces existing practices.

The role of formal and informal carers is consistently highlighted as central to the success and sustainability of the model. Acceptance by formal carers is seen as particularly crucial for large-scale integration, with results stressing that carers must clearly perceive benefits for their workload and daily routines. Uncertainties related to funding, system interoperability, and integration with existing nursing documentation systems are identified as significant potential barriers for hybrid care models' adoption.

In terms of outcomes, improvement in quality of life can be considered the core potential achievement of the PROCAREFUL model. Additional positive outcomes included seniors' empowerment, improved health literacy, increased motivation and self-discipline in daily routines, greater openness toward technology, and the introduction of new and meaningful activities. Group and community-based approaches are also mentioned as important added values, contributing to social inclusion and peer support.

Results also emphasize the importance of change management. The introduction of new methodologies is widely recognised as challenging, as change often triggers resistance among both users and care providers— opening to the possibility of introducing a dedicated component addressing psychological resistance, building understanding of change processes, and providing reassurance through human support— remarking the importance of increasing trust and reducing anxiety towards innovative instruments and solutions for care delivery.

IMPACT AT A GLACE

The PROCAREFUL pilots demonstrated significant impact by combining social, digital, and organisational elements into a cohesive hybrid model. Seniors actively engaged in group activities, fostering peer support and reducing isolation, while gaining new digital and cognitive skills that enhanced self-management and prevention-oriented behaviors. Recognition events and continuous support further increased motivation, sustaining participation and commitment. The flexible implementation of the model allowed seamless integration with local care systems and community needs, while strong coordination and knowledge exchange among managers ensured consistency, scalability, and the potential for replication across different settings

2.2. Cross-Cutting Theoretical Challenges

Complementing these findings, a set of cross-cutting challenges can be identified at a more theoretical level— reflecting structural issues commonly observed in the implementation of innovative, preventive, and digitally supported care models.

A first theoretical challenge concerns the definition and targeting of the appropriate population. While age-based criteria are frequently used in policy and programme design, they often fail to capture the heterogeneity of older adults. From a theoretical perspective, ageing should be understood as a multidimensional process influenced by health status, social capital, digital and health literacy, and individual motivation. Hybrid care models require a refined targeting logic that moves beyond chronological age and incorporates functional, social, and behavioural dimensions. This aligns with person-centred and needs-based care theories, which emphasise tailoring interventions to individual capabilities and readiness rather than applying uniform solutions to broad demographic groups.

A second core challenge relates to engagement and participation, which can be framed within relational and behavioural change theories. Engagement is not merely a technical issue, but a social process grounded in trust, continuity, and meaningful human relationships. Theoretical models of relational care highlight that sustained participation depends on reciprocal interaction, recognition of users' agency, and the

presence of supportive relationships. In this context, digital tools can enable engagement but appear to be incapable of substituting human connections, fostering motivation and adherence. Engagement is further influenced by organisational structures, communication clarity, and feedback mechanisms, reinforcing the idea that innovation adoption is as much a social transformation as it is a technological one.

A third theoretical challenge concerns prevention and the difficulty of demonstrating its value, often described as the problem of "making the invisible visible". Preventive interventions generate benefits that are delayed, probabilistic, and dispersed across individuals and systems, which complicates traditional cost-benefit and performance assessment frameworks. From a policy and public health theory perspective, prevention represents a long-term investment in human capital, requiring alignment between individual behavior change, institutional incentives, and political priorities. The challenge lies in reconciling short-term decision-making cycles with long-term societal gains, as well as in translating abstract future benefits into tangible motivations for individuals, organisations, and policymakers.

Beyond these three main areas, theoretical considerations also emerge around data governance and system-level coordination. The increasing availability of data generated through digital care models raises questions about how such data can be ethically managed, interpreted, and used to support learning, accountability, and sustainability. From a governance perspective, data is not only a technical resource but also a strategic asset that can influence policy decisions, funding models, and service design. At the same time, effective use of data requires clear governance arrangements and shared understanding across institutional levels.

Finally, the challenge of governance and multilevel coordination reflects broader theories of welfare state organisation and decentralised service provision. Social and health care systems often involve overlapping responsibilities across local, regional, and national actors, which can complicate the implementation and scaling of innovative models. Theoretical approaches to multi-level governance suggest that clarity of roles, coordination mechanisms, and stakeholder alignment are essential for embedding new practices into standard care. In this sense, hybrid and preventive care models such as PROCAREFUL act as boundary-spanning initiatives, revealing both the potential and the limitations of existing governance frameworks.

Taken together, these challenges underline that the implementation of hybrid, preventive care models is not solely a matter of introducing new tools or services. Rather, it requires systemic change encompassing targeting logic, relational dynamics, behavioral incentives, data governance, and multi-level policy coordination.

3. Policy Strategies

The implementation of hybrid, preventive, and digitally supported care models underscores the need for targeted policy strategies that address structural, behavioral, and governance-related challenges. Rather than focusing solely on technological deployment, policy approaches should aim to create systemic conditions that enable sustainability, equity, and scalability.

A first policy priority concerns refined targeting and eligibility frameworks. Reliance on chronological age as a primary inclusion criterion risks obscuring the heterogeneity of older populations and undermining person-centred care principles. Policies should therefore promote multidimensional eligibility approaches that incorporate functional status, social vulnerability, digital and health literacy, and motivational readiness. Aligning eligibility with individual capabilities and needs would allow hybrid care models to reach those most likely to benefit, improve programme effectiveness, and support equitable access while avoiding one-size-fits-all interventions.

A second strategic area relates to engagement and participation as explicit policy objectives. Sustained engagement is a prerequisite for effective preventive action, behavior change, and meaningful use of digital tools, yet it is often treated as an operational issue rather than a policy outcome. Policy frameworks should formally recognise engagement as a core outcome, encouraging the design of hybrid models that prioritise trust, continuity, and meaningful human relationships. Supporting relational care requires investment in workforce capacity, relational and digital competencies, continuity of care arrangements, and clear communication and feedback mechanisms that reinforce user agency and long-term adherence.

A third policy strategy addresses the structural challenge of valuing prevention. Preventive interventions yield benefits that are often delayed, uncertain, and distributed across systems, making them difficult to capture through short-term, output-oriented performance and funding mechanisms. Policy frameworks should therefore adopt longer-term evaluation horizons, integrating population-level indicators, intermediate outcomes, and qualitative evidence related to behavior change, empowerment, well-being, and social participation. Mixed-methods evaluation approaches can better reflect the broader societal value of prevention beyond clinical outcomes.

In parallel, financial and institutional incentives should be aligned with preventive objectives. This requires shifting from short-term programme cycles toward investment frameworks that reward sustained engagement, risk reduction, and long-term population health gains. Aligning incentives, funding logics, and political priorities with preventive goals is essential to support organisational commitment and make prevention a viable and attractive investment.

Data governance represents another key policy domain. The growing use of digital tools generates substantial personal and service-level data with potential value for learning, accountability, and service improvement. Policy strategies should establish clear governance frameworks defining data ownership, ethical use, interoperability, and responsibilities across actors. Data governance should be embedded from the outset of policy design to protect users' rights, ensure transparency, and maintain trust. When appropriately governed, data can function as a strategic asset that supports evidence-informed policymaking, adaptive service design, and sustainable funding decisions.

Finally, effective multi-level governance and coordination are critical for scaling hybrid preventive care models. Fragmented responsibilities across local, regional, and national levels can hinder implementation and long-term integration into standard care pathways. Policy strategies should therefore strengthen coordination mechanisms that clarify roles, align incentives, and facilitate collaboration across health, social care, and community sectors. Hybrid and preventive initiatives such as PROCAREFUL can act as boundary-spanning models, supporting policy learning and highlighting areas where governance structures need to adapt to enable innovation and sustainable replication.

ENABLING POLICY CONDITIONS

The PROCAREFUL experience shows that scaling hybrid care models requires supportive policy frameworks beyond technology alone. Policies should promote needs-based targeting that reflects the functional, social, and motivational diversity of older adults, while recognising engagement as a relational process supported through hybrid delivery models. Prevention must be valued through long-term evaluation and funding approaches, complemented by clear data governance arrangements that ensure ethical and strategic use of digital data. Strong multi-level coordination across health and social care systems is essential to enable integration, sustainability, and replication of innovative models such as PROCAREFUL.

3.1. Key Recommendations

The following policy recommendations outline strategies to enhance access, engagement, effectiveness, and sustainability across diverse populations:

1. *Targeting and eligibility*
   Eligibility frameworks should move beyond chronological age as the primary criterion. The heterogeneity of older adults is not only linked to their functional status in terms of cognitive and physical capacities. Additional relevant factors include social vulnerability, health literacy, and motivational readiness. Policies should therefore promote multidimensional assessment approaches that identify individuals most likely to benefit from preventive interventions, in line with person-centred and needs-based care principles to enhance effectiveness, improve engagement, and avoid one-size-fits-all interventions.

2. *Engagement as a care outcome*
   Engagement should be formally recognised as a core outcome of hybrid preventive care models, rather than considered an operational concern. The sustained and effective participation of care beneficiaries is highly dependent on trust, relational continuity, and meaningful human interaction— especially when the care delivery is supported by digital tools. Policies should encourage care models that prioritise relational care, continuity of carers, and feedback mechanisms that reinforce motivation and adherence. Recognising engagement as an outcome strengthens behavioural change while fostering preventive measures.

3. *Evaluation of prevention*
   Preventive care requires evaluation frameworks that reflect its long-term and multidimensional nature. Traditional short-term, output-oriented indicators fail to capture key benefits such as empowerment, behaviour change, improved health literacy, social participation, and quality of life. Policies should therefore embrace longer-term evaluation perspectives and adopt mixed-methods approaches that combine quantitative and qualitative indicators. Incorporating insights from service users can further illuminate the broader benefits of prevention, making its value more apparent and supporting evidence-informed decision-making.

4. *Incentive alignment*
   Funding models, programme cycles, and performance indicators should be aligned with the long-term societal value of prevention. Policies should shift from output-based financing— often based on short-term logics— toward investment frameworks that reward sustained engagement, risk reduction, and delayed functional decline. Aligning incentives across political, organisational, and professional levels is essential to make long-term preventive outcomes more attractive and an integrated component of care systems.

5. *Data governance*
   The expansion of hybrid and digital care models requires robust data governance frameworks. Policies should clearly define data ownership, ethical use, accountability, and interoperability for data gathered

and managed through ICT instruments to support responsible innovation. As trust and transparency are prerequisites for acceptance, embedding data governance principles from the outset not only protects the rights of users, but also foster motivation and adherence to hybrid models by both pratictioners and beneficiaries.

6. *Strategic use of data*
   Data generated by hybrid care models should be treated as a strategic resource for learning, service improvement, and evidence-based policymaking. When ethically and securely managed, health information is a precious instrument fostering continuous learning, service improvement, organisational adaptation, and evidence-based policymaking. Feedback loops and monitoring can inform personalised care planning and system-level decisions. Policies should therefore encourage the responsible reuse of anonymized/aggregated data for evaluation, planning, and scaling.

7. *Multi-level coordination*
   Effective implementation and scaling of hybrid preventive care requires strong coordination across local, regional and national governance levels with hybrid models acting as potential boundary-spanning initiatives fostering practices across governance levels. As fragmented directives and responsibilities often hinder integration into standard care pathways, policies should clarify roles, align regulatory and funding frameworks, and establish coordination mechanisms that support implementation, replication, and sustainability to scale-up hybrid preventive care models.

8. *Workforce capacity and training*
   Workforce development is central to the success of hybrid preventive care: carers' acceptance and confidence is higly related to clear benefits for daily work routines and adequate training. Policies should invest in education and continuous professional development to build competencies in digital tools, motivational interviewing, behaviour change support, and person-centred prevention. Strengthening workforce capacity through the implementation of hybrid care models can reduce caregiver burden, which in turn enhances job satisfaction and improves staff retention.

9. *Equity and inclusion*
   Equity must be an explicit policy objective in preventive care strategies. Disparities related to geography, digital readiness, and access to services— particularly in rural or underserved areas— have been a consistent barrier to effective healthcare service delivery. Policies should ensure that hybrid models are adaptable to different contexts, offering low-threshold alternatives to address structural inequities and ensure better access to marginalized, rural, and digitally underserved communities.

10. *Patient empowerment and co-design:*
    Preventive care is most effective when beneficiaries are actively involved and highly motivated. Adopting a co-creation approach— engaging users at different stages of design, implementation, and evaluation— can be particularly successful in enhancing program relevance and impact. Meaningfully involving care beneficiaries and end-users in designing, testing, and refining hybrid preventive care programs increases ownership, acceptance, and effectiveness. Policies should explicitly support participatory approaches that recognize users as active agents rather than passive recipients, fostering empowerment and responsiveness to real-world needs.

11. *Technology evaluation and adoption*
    Innovation adoption should be guided by rigorous, ongoing evaluation accounting for usability, flexibility, and alignment with existing workflows. Policies should require systematic assessment of digital solutions for accessibility, clinical effectiveness, cost-effectiveness, and user experience, combined with mechanisms for iterative improvement. This ensures that technology supports care quality rather than adding complexity.

12. *Community engagement and partnerships:*
    Community-based approaches often rely on the added value of group activities, peer support, and local networks to reduce isolation and sustain motivation— enhancing the reach and impact of preventive care. Policies should promote partnerships with municipalities, NGOs, civil society organisations, and volunteer networks to support outreach, delivery, and co-creation, leveraging local knowledge and social capital.

13. *Financial accessibility*
    Affordability is a key determinant of access to preventive care: the European policy context highlights significant disparities in public investment and reliance on private provision. Policies should address financial barriers by ensuring that preventive interventions are affordable or publicly supported, particularly for low-income and high-risk populations with financial accessibility strengthening equity and maximizing population-level impact.

14. *Health literacy enhancement*
    Health literacy is both an outcome and an enabler of preventive care. Promoting better awareness of health, daily routines, and self-management empowers individuals to understand, interpret, and act on health information. Policies should integrate health literacy initiatives to support effective hybrid care models, enhance engagement with preventive services, and enable individuals to navigate digital and in-person care pathways confidently. Improved health literacy supports autonomy, engagement, and sustained behaviour change.

15. *Cross-sector collaboration*
    Addressing the complex determinants of healthy ageing requires collaboration beyond the health sector: social participation, education, and community support are all interconnected elements of health. Policies should encourage cross-sector collaboration between health services, social care, education providers, housing, and community organisations to address social determinants of health and deliver holistic healthcare service delivery.

Implementing hybrid, preventive, and digitally supported care models requires more than technology—it demands enabling policy conditions that foster equity, engagement, and sustainability. By adopting needs-based targeting, valuing long-term prevention, strengthening multi-level coordination, ensuring ethical and strategic use of data, and investing in workforce capacity, policymakers can create systemic conditions that support the effective scale-up and replication of innovative models such as PROCAREFUL.

Bibliography

European Commission. (2012). *The 2012 Ageing Report: Economic and budgetary projections for the EU27 Member States (2010-2060)*. European Economy 2/2012. Brussels.

European Commission. (2021). *Green Paper on Ageing: Fostering solidarity and responsibility between generations* (COM(2021) 50 final). Brussels.

European Council / Council of the European Union. (2025). *Demographic change in Europe: Challenges and policy responses*. Council conclusions and background documents.

Eurostat. (2024). *Population structure and ageing*. Statistics Explained. European Commission. Retrieved from https://commission.europa.eu/index_en

Interreg Central Europe Programme. (2023). *PROCAREFUL – Project description and objectives*. European Regional Development Fund (ERDF).

World Health Organization (WHO). (2021). *Global Age-friendly Cities: A Guide and Decade of Healthy Ageing 2021-2030*. Geneva: WHO.

World Health Organization / European Commission. (2017). *Age-friendly environments in Europe: Indicators, monitoring and assessments*. Copenhagen: WHO Regional Office for Europe.