

# Project idea form - small projects

Version 2.1

Registration no. (filled in by MA/JS only) \_\_\_\_\_

## Project Idea Form

Date of submission 05/06/2025

### 1. Project idea identification

Project idea name	Towards a health policy for longevity: integrating preventive medicine into health systems in the Baltic Sea Region
Short name of the project	BALTLIFE
Previous calls	yes <input type="radio"/> no <input checked="" type="radio"/>
Seed money support	yes <input type="radio"/> no <input checked="" type="radio"/>

### 2. Programme priority

1. Innovative societies
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### 3. Programme objective

1.2. Responsive public services
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### 4. Potential lead applicant

Name of the organisation (original)	Lietuvos sveikatos mokslų universiteto ligoninė Kauno klinikos
Name of the organisation (English)	The Hospital of Lithuanian University of Health Sciences Kauno klinikos
Website	www.kaunoklinikos.lt
Country	LT



Type of Partner	Hospital and medical centre
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#### Contact person 1

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Which organisation(s) in the planned partnership take part in a project within the Interreg Baltic Sea Region Programme for the first time? Please list the respective partners.

The Hospital of Lithuanian University of Health Sciences Kauno klinikos  
Public body Baltic InnoLab

### 5.1 Specific challenge to be addressed

The growing societal and scientific consensus on the importance of longevity and preventive medicine highlights a critical need to shift from reactive to proactive healthcare. From WHO initiative on the Decade of Healthy Ageing, to European Innovation Partnership on Active and Healthy Ageing - the world is discussing longevity like never before. However, in much of the Baltic Sea Region, public health systems (especially, hospitals) continue to prioritize treatment over prevention, with limited integration of preventive services, longevity promotion, and ageing-related care into mainstream healthcare.

This reactive model places increasing financial and workforce strain on health systems, contributes to lower healthy life expectancy, and undermines efforts to build sustainable, equitable public health strategies. Crucially, it deepens regional disparities: while residents of urban and economically advantaged areas often access preventive care through private providers, people living in remote, rural, or economically disadvantaged areas frequently lack access to such services altogether. These communities - particularly older adults and those at risk of chronic illness - are left behind, facing higher health risks and greater isolation from essential public services.

The challenge is therefore to develop tailored, accessible, and sustainable models for integrating preventive and longevity-focused healthcare into everyday operations of hospitals, particularly for underserved and geographically isolated populations in the Baltic Sea Region.

## 5.2 Focus of the call

BALTIFE supports the cohesive development of small towns, rural areas, and socioeconomically challenged regions by strengthening access to essential, forward-looking healthcare services. In these areas, regional hospitals play a central role not only as care providers but also as proactive leaders in reorienting health systems toward longevity.

Through the BALTIFE project, regional hospitals will be empowered to develop and together with local authorities test innovative, prevention-focused models of care tailored to the needs of local populations. Hospitals will act as catalysts for improving health outcomes and reducing inequalities - especially for people in remote or underserved communities who often face limited access to early-stage and preventive health services.

The project will also support cross-sector collaboration among hospitals, policy makers, and other healthcare stakeholders, ensuring that the experience and leadership of regional institutions help shape broader strategies at the national and transnational levels. This will enable the development of replicable models that reflect the realities of smaller and less urbanized areas, contributing to more inclusive and sustainable public health systems.

By investing in the innovation capacity of regional hospitals and local public authorities and addressing the needs of vulnerable populations, the project promotes social cohesion, equitable service provision, and resilient local development across the BSR.

## 6. Transnational relevance

BALTIFE creates a platform to work on a challenge, that no one country in the region has been able to resolve. Regional hospitals and health authorities across the BSR (and beyond, i.e. UK), are experimenting with new approaches towards longevity promotion, but these efforts remain fragmented. By working together, partners can pool expertise, compare policy frameworks, and co-develop adaptable solutions that reflect the realities of different health systems while addressing shared objectives.

This project creates a platform for cross-border learning and innovation, where regional hospitals and policy makers can exchange best practices, jointly develop and pilot interventions, as well as benchmark progress. This accelerates the development of robust models for preventive healthcare delivery that are scalable, evidence-based, and tailored to varying regional contexts.

Moreover, transnational collaboration strengthens the voice and visibility of regional actors within national and EU-level policy discussions. By showcasing successful approaches from across the Baltic Sea Region, BALTIFE aims to contribute to a stronger, more cohesive regional policy framework for



longevity.

Ultimately, cooperation enables more effective, efficient, and equitable public health innovation, ensuring that solutions are not isolated but shared, aligned, and widely applicable across borders.

## 7. Specific aims to be addressed

Building trust that could lead to further cooperation initiatives

BALTLIFE aims to serve as a strategic first step toward long-term transnational cooperation in preventive healthcare, healthy ageing and longevity topics by building trust among regional hospitals, local authorities and other stakeholders in the Baltic States. The project's long-term ambition is to lay the groundwork for a larger flagship initiative, with stronger institutional backing and wider participation. This could include expanded policy harmonisation, joint investment in preventive care infrastructure, and integration into EU-level health innovation frameworks. By beginning with a focused, trust-based collaboration, the project creates the conditions for systemic change - starting locally, growing regionally, and eventually contributing to European and global efforts in healthy ageing and longevity.

Initiating and keeping networks that are important for the BSR

N/A

Bringing the Programme closer to the citizens

Lead by one of the strongest hospitals in Lithuania and involving regional hospitals and local stakeholders in the Baltic States, BALTLIFE builds trust and co-develops solutions that reflect citizens' real needs. Through pilot activities and knowledge exchange, the project will improve access to preventive services in underserved areas and create scalable models for other regions. In doing so, it brings the Interreg Baltic Sea Region Programme closer to citizens by making the benefits of cross-border cooperation tangible in people's everyday lives.

Allowing a swift response to unpredictable and urgent challenges

N/A

## 8. Target groups

The project targets three key groups that are directly affected by the lack of integrated, preventive, and longevity-focused healthcare services in the Baltic Sea Region and are well-positioned to actively contribute to and benefit from the project.



3 Regional Hospitals (Estonia, Latvia, Lithuania): Three major hospitals - one in each Baltic State - will serve as lead actors in co-developing new approaches to integrating longevity-focused care models. Lead by Kauno klinikos - the largest and most advanced healthcare institution in Lithuania - these 3 hospitals will not only be the core of the BALTLIFE project, but will also provide direct access to regional health service delivery ecosystems and have both the practical experience and professional capacity to pioneer systemic innovation.

3 Local Public Authorities (Estonia, Latvia, Lithuania): Three municipalities, each linked to one of the participating hospitals, will be actively involved in designing and supporting community-based aspects of preventive care. As providers and enablers of local services, municipalities are crucial for implementing solutions that are accessible to citizens - especially in rural or underserved areas. Their involvement ensures that new models are grounded in local realities and address health inequalities at the community level.

Together, these groups will form a strong, cross-sectoral partnership capable of driving meaningful, scalable change in preventive healthcare delivery.

Please use the drop-down list to define up to five target groups that you will involve through your project's activities.	Please define a field of responsibility or an economic sector of the selected target group	Specify the countries and regions that the representatives of this target group come from.
1. Hospital and medical centre	Co-development and Testing of Solutions, Integration into Existing Services	Lithuania, Latvia, Estonia
2. Local public authority	Support for Community-Based Implementation	Lithuania, Latvia, Estonia

## 9. Contribution to the EU Strategy for the Baltic Sea Region

Please indicate if your project idea has the potential to contribute to the implementation of the Action Plan of the EU Strategy for the Baltic Sea Region (<https://eusbsr.eu/implementation/>).

yes ☒ no ☐

Please select which policy area(s) of the EUSBSR your project idea contributes to most.

PA Health



The MA/JS may share your project idea form with the respective policy area coordinator(s) of the EUSBSR. You can find contacts of PACs at the EUSBSR website (<https://eusbsr.eu/contact-us/>).

☐ If you disagree, please tick here.

## 10. Partnership

The lead partner - Hospital of Lithuanian University of Health Sciences Kauno klinikos (Kauno klinikos in short) - is new to the Interreg BSR program, however, institution has a strong background in both national and international project implementation. Located in Kaunas, Lithuania, Kauno klinikos acts as a key hospital outside the capital in Vilnius and has a vast outreach to remote and disadvantaged areas of Lithuania.

The partnership will be joined by 2 other hospitals: Riga East Clinical University Hospital (Latvia) and Tartu University Hospital (Estonia) are interested and awaits further information on BALTLIFE project development. The 3 hospitals will take the central part of the project, co-creating the longevity for remote and disadvantaged areas solutions.

Partnership will also cover at least 3 local public authorities as partners or associated organisations, willing to test and validate the models, created by the central partners, however, the particular partners to be decided in the preparation process.

The partnership will be supported by the Baltic InnoLab - an NGO, active in the innovation support field, with proven team track record of facilitating innovation uptake, design thinking and replicability assessment.

## 11. Workplan

The BALTLIFE core activities will focus on cross-sector collaboration between regional hospitals and local public authorities in Estonia, Latvia, and Lithuania to co-design and test innovative public services in the field of longevity-focused healthcare. The primary activity will be the development and piloting of three national preventive service packages - one in each participating country - tailored to the needs of local populations, especially in underserved communities. These packages will include longevity oriented health promotion interventions, early risk identification tools, and pathways to integrate prevention into existing public health services.

To support inclusive and effective collaboration, a non-governmental organisation will facilitate the co-creation process, ensure the usage of innovative co-creation methodologies and help align community needs with service design. Participatory workshops, local consultations, and stakeholder roundtables will be organized to involve patients, community representatives, healthcare staff, and decision-makers.

The main outputs of the project will include: Three validated preventive service packages tailored for



regional implementation as well as Policy recommendations at both local and national levels, aimed at facilitating replication and scaling across the Baltic Sea Region.

All main target groups will be actively involved:

1. Hospitals will lead the technical development and piloting of service packages, using the results to strengthen their role in preventive care.
2. Local public authorities will support implementation and integration into local service systems, ensuring the packages respond to real community needs.
3. The NGO will ensure inclusive solution development and help translate project knowledge into citizen-focused recommendations.

Additionally, citizens (in this case seen as patients) will benefit directly from improved services and contribute through feedback and participation in co-design.

## 12. Planned budget

ERDF budget (planned expenditure of partners from the EU)	EUR 500,000.00
Norwegian budget (planned expenditure of partners from Norway)	EUR 0.00
<b>Total budget (including preparatory costs)</b>	<b>EUR 500,000.00</b>

## 13. Project consultation

Please indicate if you wish to have a consultation (online meeting) with the MA/JS to discuss your project idea

yes ☒ no ☐

## 14. Questions to the MA/JS

Questions related to the content of the planned project	We are considering whether to include NGOs as a separate target group in our project. Currently, we have clearly defined hospitals and local public authorities as core target groups. Would it be more rational to maintain two main target groups - focusing on institutions directly responsible for service provision and policy- or to define a third target group for NGOs, given their role in facilitation, citizen engagement, and dissemination? We are unsure whether their involvement warrants categorizing them as a separate target group or rather as supporting actors.
Questions related to budgeting and expenditure	Could you explain on how the reimbursement of preparation costs is lump sum based. The lump sum amounts to EUR 10,000 total eligible expenditure, which corresponds to EUR 8,000 of the Programme funding. As it is lump sum, do we have to report on the costs?

Any other questions *(max. 1.000 characters incl. spaces)*

### 15. Additional information

*(max. 1.000 characters incl. spaces)*

#### **Your account in BAMOS+**

Please remember that to officially submit your application you need to access our electronic data exchange system BAMOS+. More information about the process of applying for your account in BAMOS+ you will find here:

<https://interreg-baltic.eu/gateway/bamos-account>