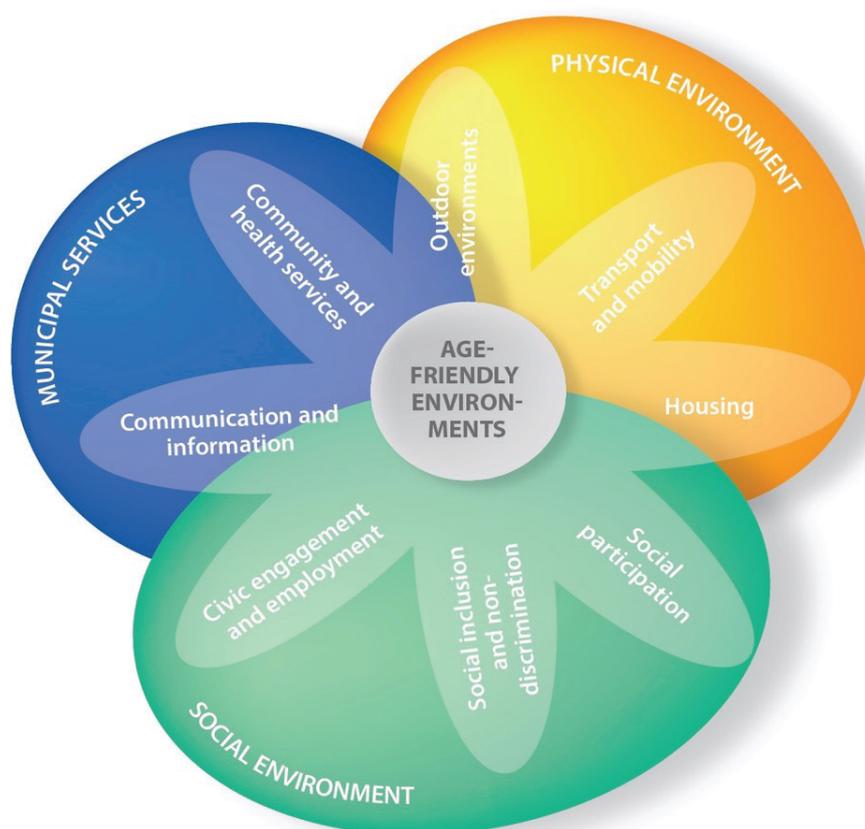




World Health
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CITY LEADERSHIP FOR HEALTHY AGEING IN EUROPE



Highlights from the work of the WHO
European Healthy Cities Network
2014–2018 – draft report





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ABSTRACT

Phase VI (2014–2018) of the European Healthy Cities Network saw important policy innovation and initiatives in many cities across Europe to better support senior citizens, as Network members promoted the policy field of age-friendly, supportive environments. The Healthy Ageing Task Force under this Network worked with the WHO Secretariat to synthesize the latest evidence and practice in three publications on age-friendly environments in Europe, covering policy tools, domains for action and indicators, monitoring and assessment.

This working document reports on cooperation between cities in the Network and the WHO Secretariat on topics of ageing and health during 2014–2018 and gives a brief outlook on future work under the next five-year phase. This draft was prepared as a background document for the regional workshop on policy innovation for active and healthy ageing in the WHO European Region, held in Moscow, Russian Federation, on 26–27 February 2019.

Keywords

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Representatives of member cities met on a regular basis to work together towards agreed goals and shared their strategies, action plans and progress reports with WHO and other members of the Network. The group was furthermore a critical sounding board in the development of the Age-friendly environments in Europe project, which received financial support from the European Commission Directorate-General for Employment, Social Affairs and Inclusion.

Introduction

Whether older age results in experience of active ageing, health and well-being or of ill health, disability, dependence and loneliness depends not only on the functional capacities of the person but also, to a large extent, on the physical and social environment in which that person lives. Supportive environments help people with diverse capacities to maintain their ability to do the things that are important to them (WHO, 2015a).

By transforming environments into supportive and inclusive places with the right policies and services, local communities can help to foster the benefits of healthy ageing. Failure to adapt to demographic change, on the other hand, may result in high costs to society. WHO's *World report on ageing and health* (WHO, 2015a) and the commitments of the *Global strategy and action plan on ageing and health* (WHO, 2017) explain in detail why age-friendly environments are one of the most important public health responses to population ageing.

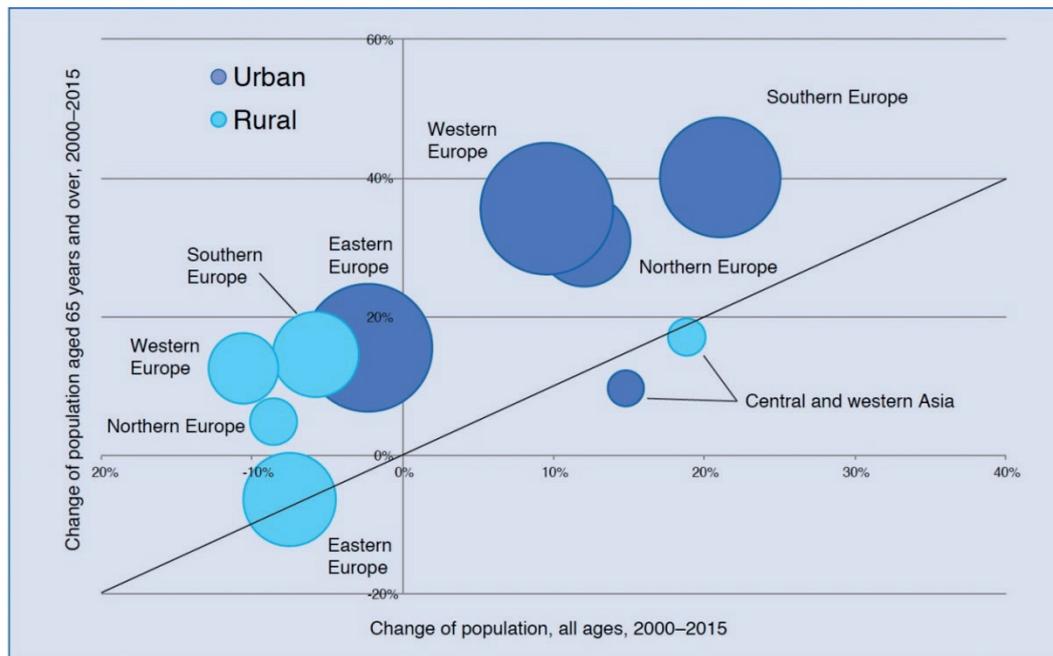
The WHO Healthy Cities programme is a global movement. It engages local governments in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. Nearly 100 cities are members of the WHO European Healthy Cities Network. In addition, 30 national healthy cities networks across the WHO European Region have more than 1400 cities and towns as members (WHO Regional Office for Europe, 2019). The increasing interest of cities and communities in age-friendly environments has led to growing demand for publications that guide the design of policy processes to make communities age-friendly.

This report reviews progress with policies and tools for healthy ageing in member cities of the WHO European Healthy Cities Network during 2014–2018. It sets this in the context of work of the Regional Office for Europe on governance for health, urban health, social determinants and healthy ageing, as outlined in Health 2020, the European policy for health and well-being (WHO Regional Office for Europe, 2012b), and further spelled out in the recent Copenhagen Consensus of Mayors and Belfast Charter for Healthy Cities (WHO Regional Office for Europe, 2018a; 2018b). The report provides an overview of one of the main outcomes of work of the Healthy Ageing Task Force of the Network: three publications on age-friendly environments in Europe (WHO Regional Office for Europe, 2016; 2017; 2018c). It closes with an outlook on future directions for work on ageing by members of the Network.

Three drivers for city leadership for healthy ageing

Three drivers have shaped city leadership for healthy ageing in the WHO European Region. First, although population ageing is an almost universal trend across the 53 Member States in the Region, the increasing proportion of older people in urban areas is phenomenal and disproportionate (Fig. 1).

Fig. 1. Patterns of ageing by broad geographical region of Europe

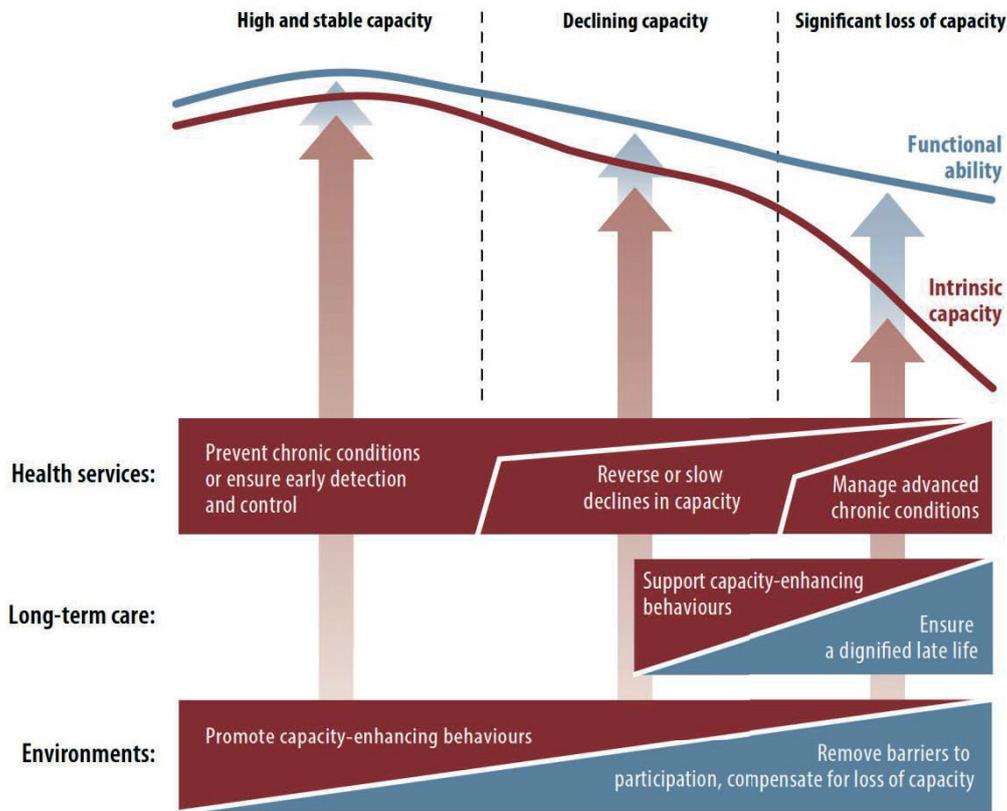


Source: WHO Regional Office for Europe (2017); calculations based on United Nations Department of Economic and Social Affairs estimates.

The second driver is the imperative to ensure a process of healthy ageing throughout the life-course. In around 1980 Member States and the European Union were alerted to the potential burden of older people on health care systems and the related pressure on national economies. The inevitability of disability in older age was challenged by WHO with an innovative policy framework for active ageing, presented to the United Nations World Assembly on Ageing in 2002 (WHO, 2002). This new paradigm celebrated population ageing as “at riumph of humanity” and revealed how public health interventions throughout the life-course promote an active and healthy older age.

The *World report on ageing and health* (WHO, 2015a) updates the life-course approach to “add health to years” with a public health framework for healthy ageing. Opportunities for action are linked to three common periods of life (Fig. 2). Within the WHO European Region, the 62nd session of the Regional Committee in 2012 approved the *Strategy and action plan for healthy ageing in Europe, 2012–2020* (WHO Regional Office for Europe, 2012) which also adopts healthy ageing over the life-course as one of four strategic areas and recommends a number of priorities for intervention.

Fig. 2. A public health framework for healthy ageing: opportunities for public health action throughout the life-course



Source: WHO (2015a).

The third driver is the contribution of cities to healthy ageing. City governments and their partners can be agents of change and innovation – not merely settings for interventions by others (Green & Tsuros, 2008). Their role is acknowledged in Health 2020 and is elaborated in the *Strategy and action plan for healthy ageing in Europe, 2012–2020* (WHO Regional Office for Europe, 2012b; 2012a).

Local governments have formal competences or influence over city environments, social inclusion and caring services: important decisions influencing these wider determinants of health and well-being are often taken at the local level. Within national policy frameworks, decisions that directly concern health and social services for older people are also often taken at the local level. It is at the community level that inequalities in healthy ageing can be addressed most effectively.

Healthy Ageing Task Force and the Age-friendly Environments in Europe project

The WHO European Healthy Cities Network was an early adopter of the 2002 policy framework on active ageing (WHO, 2002). A thematic subgroup of representatives of member cities interested in working with WHO Secretariat on age-friendly policies has met twice a year during consecutive phases of the Network to share ideas and experience with WHO experts, promote solidarity and disseminate knowledge to the wider Network. Projects and programmes are always nested within a city-wide vision and involve many municipal departments and partners. During Phase V (2009–2013) of the Network healthy ageing nested within the core theme of “caring and supportive environments” (Jackisch et

al., 2015; Green, Jackisch & Zamaro, 2015). Interested cities came together as the Healthy Ageing Task Force (HATF) to continue this work in Phase VI (2014–2018), with a view to producing a set of specific outputs.

In Phase VI healthy ageing was a priority within the core theme “the life-course and empowering people”. Around 10 members contributed to the HATF, which committed to work with the WHO Regional Office for Europe on questions of implementation and progress monitoring of policies for older citizens and families. Udine, Italy, provided leadership for Phase VI, with the active involvement of its mayor, in close cooperation with the Division of Noncommunicable Diseases and Promoting Health through the Life-course of the WHO Regional Office for Europe. Member cities and the schedule of meetings are given in Annex 1.

A main output of the HATF was providing support and input for the Age-friendly environments in Europe (AFEE) project, which was jointly managed by the WHO Regional Office for Europe and the European Commission Directorate-General of Employment, Social Affairs and Inclusion. The aim of the AFEE project was to produce guidance and tools for local policy-makers to help identify local priority areas of action, design action plans and evaluate age-friendly policies.

Members of the HATF supported the WHO Secretariat to identify and synthesize evidence from good local practices and research to better understand complex pathways between community action and healthy ageing. The AFEE project worked in close cooperation with partners under the European Innovation Partnership for Active and Healthy Ageing, including its subgroup on age-friendly cities and communities, led by Age-Platform (AFE-INNOVNET, 2015). The project also benefited from the support and input of the WHO Global Network of Age-friendly Cities and Communities (WHO, 2018).

During regular meetings HATF members set the agenda of topics to be discussed and presented at the annual conferences of the Healthy Cities Network. In late 2016 the HATF surveyed its members to identify priority topics to agree on a work programme for 2017–2018, after the finalization of the AFEE project. Criteria for consideration were:

- ∞ to add value to member cities, share experience and support each other;
- ∞ to develop an ageing dimension to the next phase of the WHO European Healthy Cities Network;
- ∞ to adapt and develop WHO and other international frameworks;
- ∞ to co-produce innovative tools and guidance for European cities and beyond.

The ranked list of proposals put forward was:

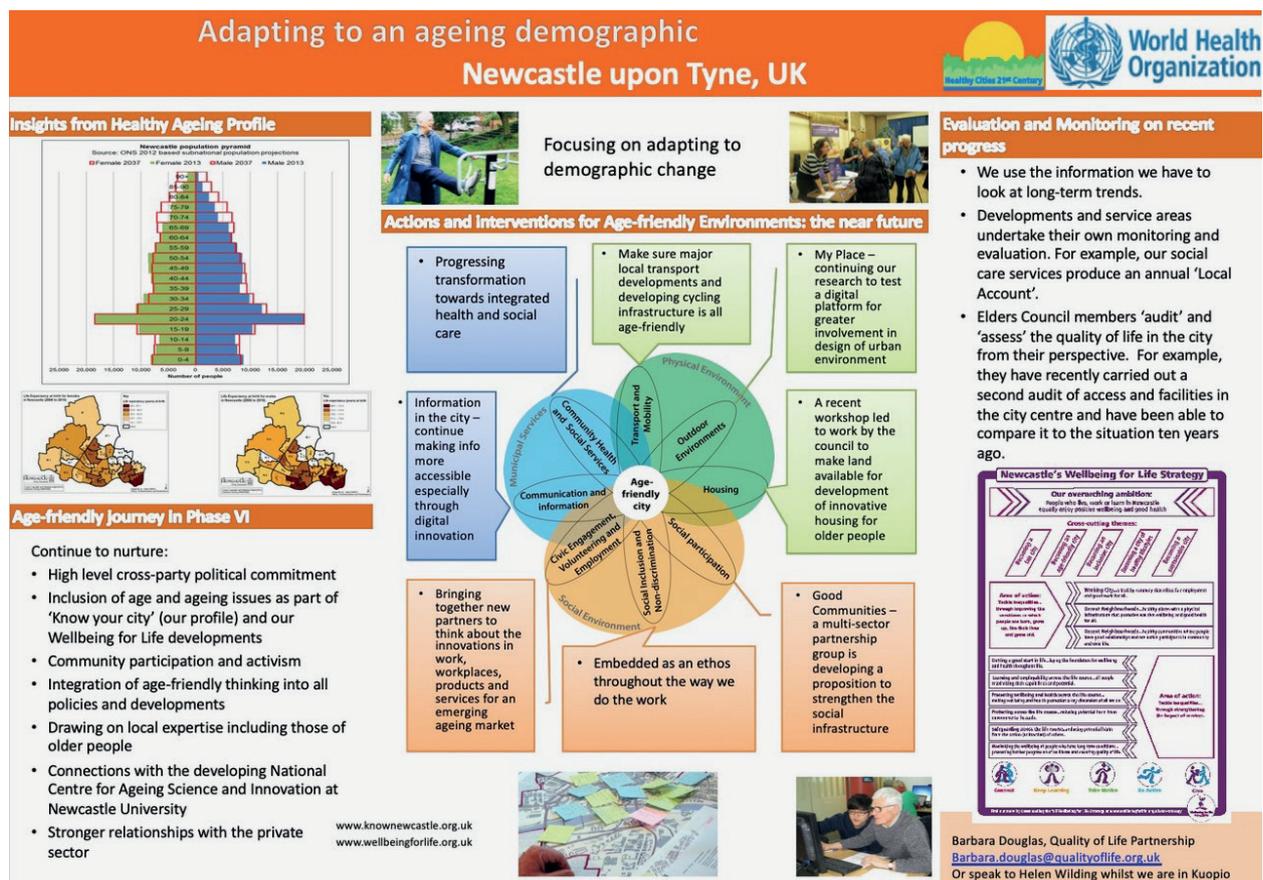
- ∞ ageing in place
- ∞ the role of the voluntary sector
- ∞ the silver economy (the economy of the population aged over 50 years)
- ∞ online tools for planning and monitoring (based on AFEE guidance)
- ∞ intergenerational solidarity
- ∞ falls prevention
- ∞ elder abuse
- ∞ road safety
- ∞ gender and ageing.

Other topics discussed in HATF meetings during 2014–2018 included:

- ∞ older migrants
- ∞ health equity
- ∞ participatory research
- ∞ monitoring and evaluation.

Every meeting of the HATF gave an opportunity for member cities to share local projects, plans and programmes. Using a common template, 12 cities presented posters during meetings that took place in Kuopio, Finland, and Pecs, Hungary. Fig. 3 illustrates this approach with the poster from Newcastle, United Kingdom.

Fig. 3. Newcastle's comprehensive age-friendly approach



Source: Barbara Douglas, Strategic Director of the Quality of Life Partnership, Newcastle upon Tyne, United Kingdom, personal communication, June 2014.

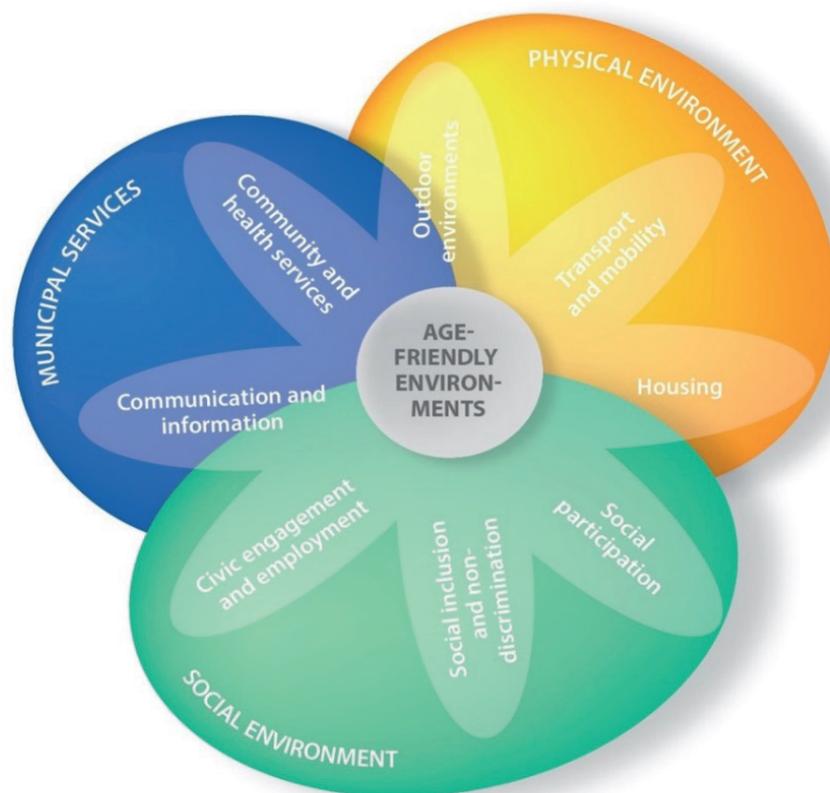
The AFEE project: domains for policy action

The WHO publication *Global age-friendly cities: a guide* has inspired planners and municipal decision-makers for over a decade (WHO, 2007). Its framework of eight domains of city life relevant for older people has been used widely by urban planners. In Phase VI of the WHO European Healthy Cities Network these domains continued to provide a framework for much of the professional and technical work of the HATF and engendered creative collaboration between supporting departments in the WHO Regional Office for Europe and WHO headquarters.

Substantial resources were required to review and analyse best practice systematically and to produce practical tools, handbooks and guidance. Funds were secured from the European Commission,¹ which had made improvement of the conditions for active ageing an objective of its Social Investment Package. Age-friendly environments are also a priority action area of the European Innovation Partnership on Active and Healthy Ageing and one of the four strategic areas of *Strategy and action plan for healthy ageing in Europe, 2012–2020* (WHO Regional Office for Europe, 2012a). Within this broader context of European health and social policies for ageing populations, the AFEE project was adopted at the first of the Phase VI HATF meetings in 2014 held Győr, Hungary.

Prior to this meeting a scientific committee had assessed the evidence base and deliberated on options for revising and adapting the eight-domain framework of WHO's *Global age-friendly cities: a guide* (WHO, 2007). At the meeting professionals and politicians added expertise on the practical considerations for developing an age-friendly city, recommending retention of the overall framework of topics but adding complementary policy guidance and a strategic framework. This would describe the dynamic mechanisms of change in local governments and provide guidance on how to design the systematic and integrated processes involved in becoming more age-friendly. As a result, a slightly revised framework of eight domains for age-friendly action was developed, grouped into three clusters: physical environment, social environment and municipal services (Fig. 4).

Fig. 4. Framework for AFEE project



Source: WHO Regional Office for Europe (2017).

¹ The project received financial support from the European Commission Directorate-General for Employment, Social Affairs and Inclusion, contribution agreement no. VS/2013/0260.

Subsequent meetings discussed and tested drafts of both the topics and processes prior to publication of *Creating age-friendly environments in Europe: a tool for local policy-makers and planners* and *Age-friendly environments in Europe: a handbook of domains for policy action* (Fig. 5; WHO Regional Office for Europe, 2016; 2017).

Fig. 5. The first two AFEE publications



The handbook links objectives to action on the three clusters, giving examples of good practice in many European cities and providing evidence of effective interventions in each of the eight domains. It focuses on the interconnectedness of and mutual synergies between the domains and how they can work together to address common goals such as increasing social inclusion, fostering physical activity or supporting people living with dementia. Rijeka, Croatia, a long-term member of the HATF, provided a case study to show how the city adopted the recommended “system and integrative processes” by reaching across the four domains of community health and social services; communication and information; civic engagement and volunteering; and social inclusion (Box 1).

Alongside the Healthy Cities movement, in 2010 a specialized WHO network of more than 700 cities was set up as a web-based community, forming the Global Network of Age-Friendly Cities and Communities “to foster the exchange of experience and mutual learning between cities and communities worldwide” (WHO, 2018; 2019a). Many members are in the WHO European Region and European Healthy Cities Network, and the Global Network developed fruitful cooperation and mutual support during 2014–2018.

Box 1. Rijeka, Croatia: a case study of healthy ageing policy development

In 2009 Rijeka became the first member of the WHO European Healthy Cities Network to produce a healthy ageing profile. This publication raised the visibility of older people and awareness of demographic change in the city. A healthy ageing strategy followed, providing a framework for action plans to keep older people healthy and active. One of its priorities – increasing social integration – covered three major areas.

Fostering innovation and e-inclusion

The strategy recognized that older people often experience “e-exclusion” because of their limited ability to access new information technology (IT) skills. In 2005 Rijeka’s Department of Health and Welfare launched a project to bridge the digital divide. A series of activities was initiated, now known as the “Society in which I am learning and feeling good” project.

Digital infrastructure

Rijeka started with a “twin track” approach, often assisted with funding from the European Union. First, the city’s administration was made more transparent by creating web portals to provide citizens with information about the work of its departments and activities, projects, social benefits programme and e-services. Second, free professional education was provided for older citizens on word processing, Internet fundamentals and PC software and platforms.

Motivation

The formal phase was complemented by sustained support for 15 self-managed pensioners’ clubs for people aged over 65 and retirees. The city administration provided personal computers, free Internet access, lectures, workshops and cultural and sporting activities. “Digital centres” were created in four clubs, offering advanced IT equipment and training.

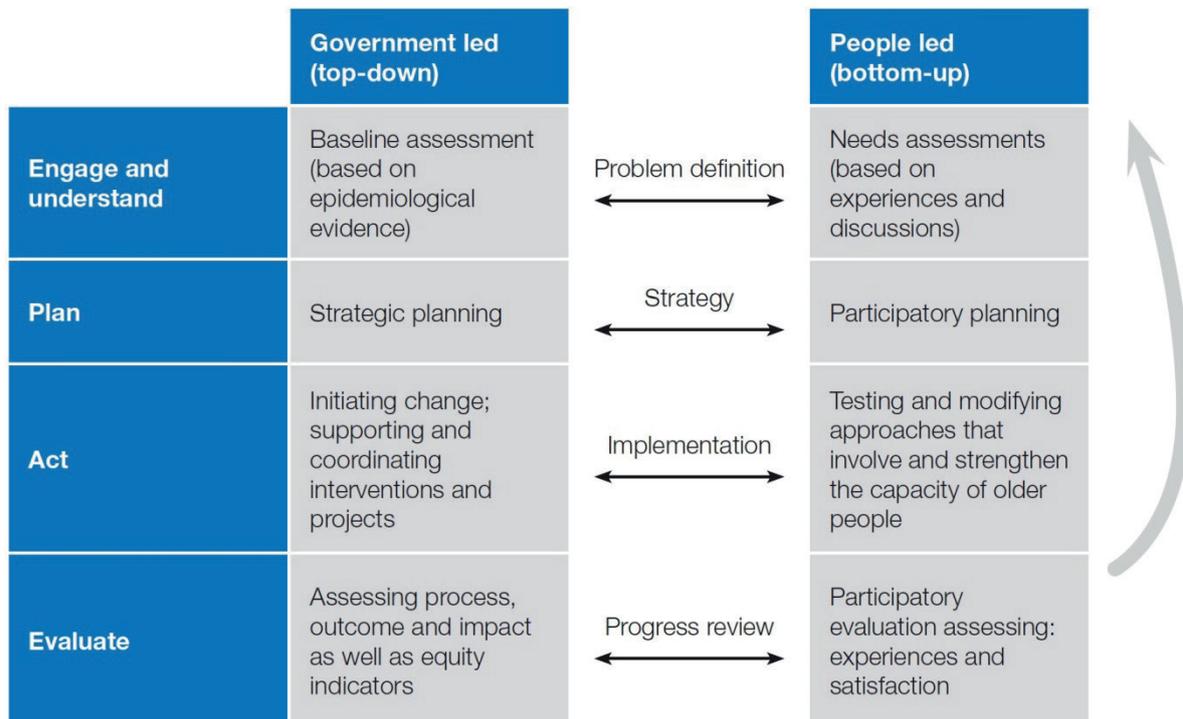
Source: Jadran Mandekic, Rijeka Department of Health and Welfare, Croatia, personal communication, October 2018.

AFEE: planning and decision-making

Towards the end of Phase V the HATF had already focused on the prerequisites and processes for developing an age-friendly city (Jackisch et al., 2015). Six critical process factors were identified, each with a checklist of concrete actions as criteria for assessing performance; for example, establishing whether a dedicated politician to lead on healthy ageing was in place and whether the strategy had been adopted by the municipal council. The assessment protocol was used by several cities to identify investment cases to improve city governance for healthy ageing. For example, Kristianstad, Sweden (a member of the Swedish National Network of Healthy Cities), identified the need to invest more resources into gaining political commitment.

A proposal by Horsens, Denmark, that “community participation” be added as a seventh critical process factor was supported during World Café Europe discussions at the first meeting of Phase VI in Győr, Hungary. (World Café Europe led the European Voices for Active Ageing project, which initiated an approach that encouraged development of a stakeholder-driven network led by and for older adults.) Government-led (top-down) and people-led (bottom-up) approaches can often be used as parallel tracks, as recommended in the AFEE tool for policy-makers and planners (Fig. 6).

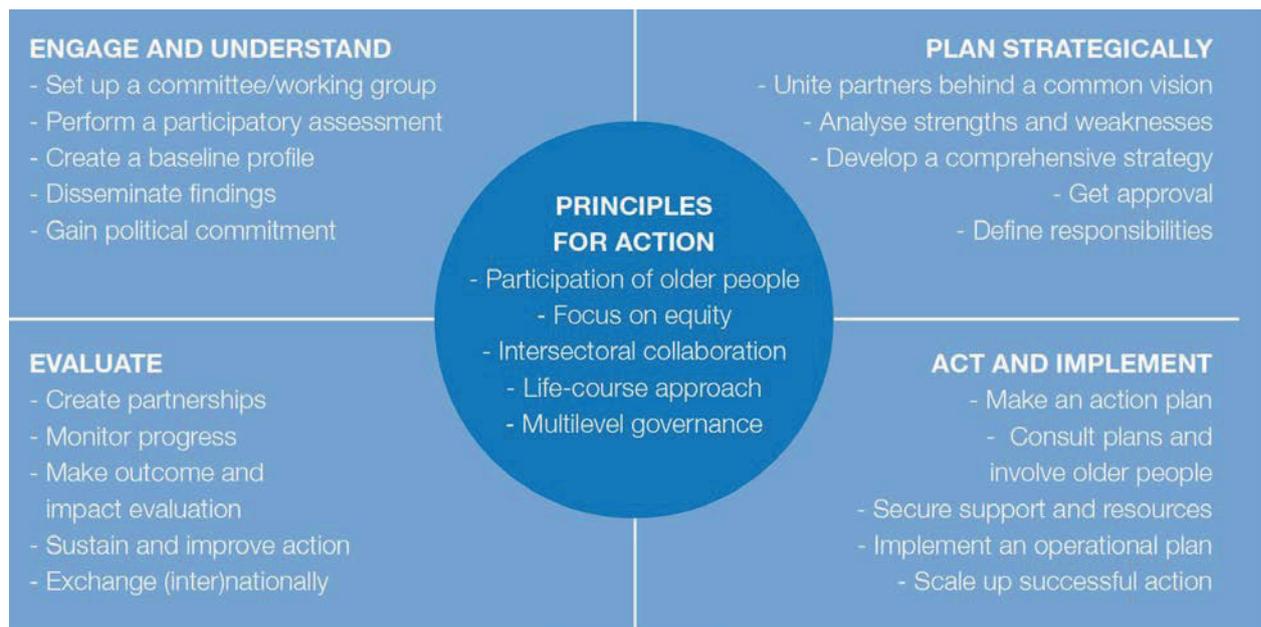
Fig. 6. Parallel tracks to create age-friendly environments



Source: WHO Regional Office for Europe (2016).

The AFEE project provided the resources to refine, systemize and disseminate this work, culminating in the 2016 publication of the tool for policy-makers and planners. The five principles and 20 steps at the heart of the tool are summarized in Fig. 7. Annex 2 of this report reproduces the tables in Annex 1 of the tool, listing the full set of criteria that cities and communities can use to assess the factors listed in Fig. 7.

Fig. 7. Model of principles and steps to create age-friendly environments



Source: WHO Regional Office for Europe (2016).

The principles and steps set out in Fig. 7 are often assumed to follow a logical linear (clockwise) development. For example, securing political commitment is seen as a prelude to community participation, then the preparation of a profile as an evidence basis for a strategy, resulting in programmes and activities. Evaluation can then be used to begin the cycle again. In reality, however, there are multiple entry points. Cities may wish to seize opportunities and enter (or re-enter) the process at any point, as shown in the illustration of the process of producing an active ageing plan for Brno, Czechia (Fig. 8).

Fig. 8. Developing the Brno active ageing plan



Source: WHO Regional Office for Europe (2014).

All levels of government have influence on healthy ageing. The experience of the Friuli-Venezia Giulia region of Italy is an example of how in Phase VI the processes of governance developed in the HATF lead city of Udine, Italy, were scaled up to 136 cities in the region and into the laws enacted by the region itself (Box 2; WHO Regional Office for Europe, 2018d). As another example, this model is recommended by the Centre for Ageing Better, which coordinates the UK Network of Age-Friendly Communities (Centre for Ageing Better, 2019).

Box 2. Scaling up age-friendly city initiatives in Friuli-Venezia Giulia, Italy

An important function of the regional government of Friuli-Venezia Giulia is to disseminate innovative health-promoting frameworks to its municipalities. Udine, Italy – a member of the WHO European Healthy Cities Network – pioneered strategies, policies and projects that address the wider social, economic and environmental determinants of health. With the oversight of multi-level governance, the region has aimed to scale up the practical experience of the HATF and apply WHO evidence and policy frameworks as a key element of its regional plan for promoting health and well-being in 2014–2018.

Friuli-Venezia Giulia has an innovative regional strategy on active and healthy ageing. An integrated system puts in place new models of social protection, forges new social relations and networks in local areas, with models promoting sustainability; solidarity in relationships, behaviours and actions; and social responsibility, including cooperation, inclusiveness, openness and dialogue. The strategy is built on reciprocal flows of knowledge between WHO, Friuli-Venezia Giulia, the city of Udine and the European Union. Key steps include Udine's leadership (2009) of the HATF and the adoption by the region in 2014 of a legal framework for active and healthy ageing.

Source: WHO Regional Office for Europe (2018d).

Outlook for future work (2019–2023)

During informal meetings at the International Healthy Cities Conference in Belfast, United Kingdom, on 1–4 October 2018, WHO held informal consultations with healthy city coordinators to explore interest in continuing work under the HATF of the WHO European Healthy Cities Network. Overall, the topic of age-friendly cities and healthy ageing still ranks among the priorities of many cities and interest was expressed in continuation of the HATF.

Concluding Phase VI and marking the beginning of Phase VII of the Network in Belfast in 2018, 10 cities committed to developing the theme of healthy ageing within overarching WHO commitments to the Copenhagen Consensus of Mayors (WHO Regional Office for Europe, 2018a) and the Sustainable Development Goals (SDGs). An initial list of priority topics of interest to be addressed in 2019–2023 could be based on the priorities gathered towards the end of Phase VI. Among the themes previously identified, the following have been singled out more recently:

- ∞ an interactive tool to support the AFEE tool for local policy-makers and planners (WHO Regional Office for Europe, 2016);
- ∞ ageing in place (with technical support from Queens University, Belfast, United Kingdom);
- ∞ process and outcome indicators (with technical support from Cambridge University, United Kingdom);
- ∞ the voluntary sector;
- ∞ the interplay of age-friendly cities with the silver economy.

Priorities should be set within the 6Ps framework of Phase VII and the SDGs (Fig. 9).

Fig. 9. Framework of action on urban health: Copenhagen Consensus and SDGs



Sources: WHO Regional Office for Europe (2018a); WHO (2019b).

The Copenhagen Consensus of Mayors is based around six core themes. “Place” stresses “the need to design and to plan cities and urban places that support health throughout the life-course, from ensuring the best start in life for all, including pregnancy and birth, through to supporting healthy ageing and age-friendly environments, including appropriately designed change within the mobility system to ensure equitable and affordable access for all” (WHO Regional Office for Europe, 2018a). For “Prosperity” mayors are committed to support investment in community-focused transformative economic models, such as the circular economy, the silver economy and the green economy, in line with the United Nations 2030 Agenda for Sustainable Development and New Urban Agenda.

A suggested action for the HATF in Phase VII is to explore the silver economy, which is at the intersection of different policy domains: it is a high priority, operationalizing both the “Prosperity” theme of the Copenhagen Consensus and SDG 9 – “Decent work and economic growth” (WHO Regional Office for Europe, 2018a; WHO, 2019b). Development of synergy between the HATF and the Global Network of Age-Friendly Cities and Communities is a priority within the *Global strategy and action plan on ageing and health* (WHO, 2017) and the related Decade of Action on Healthy Ageing (2021–2030).

Facilitating the development process and scaling up the impact of HATF innovation, such as the results of the AFEE project, requires resources and expertise, and relies on the evidence base generated by universities and the convening power of WHO.

Two universities in the United Kingdom have offered to assist with research on the two top-ranking priorities for Phase VII. At the final Phase VI meeting, Queens University, Belfast, United Kingdom committed to share the results of its government-funded research programme “Healthy urban living and ageing in place”. The University of Cambridge, United Kingdom, also made a commitment to share and develop an interactive version of its evidence-based tool for developing age-friendly cities (Buckner et al., 2017).

In 2019 university resources are being deployed to test and strengthen the evaluation process summarized in the AFEE tool and expanded in the third AFEE report on indicators, monitoring and assessment (Fig. 10; WHO Regional Office for Europe, 2018c). As the last member of the trio of AFEE reports, this publication is based on lessons learned from existing age-friendly initiatives in Europe and the various ways in which these are

supported by measurement, monitoring and tailored communication tools, such as healthy ageing profiles and community information systems. It examines the contribution of information systems, indicators, monitoring and assessment to the success and sustainability of age-friendly policy initiatives. It sets out the potential sources for drawing a comprehensive picture of the situation of older people and their quality of life, and considers how to communicate these effectively.

Fig. 10. The third AFEE publication



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Annex 1. List of HATF meetings, 2014–2018

Year	Month	Venue	Cities attending	Other participants	Topics
2018	October	Belfast, United Kingdom	B, Br, G, H, IsrNN, J, U, V, VC	Cambridge University, United Kingdom	Future of HATF (themes and funding), AFEE products
	May	Copenhagen, Denmark	B, FVG, H, Mn, O, U	Universities of Cambridge, Durham, Manchester and Sheffield Hallam, United Kingdom; Copenhagen, Denmark; and Southern California, United States of America, WHO: HQ + NCD + Venice	Inequalities, migrants, elder abuse/human, nutrition, age-friendly manifesto, rights/monitoring process and impact, Global Network of Age-friendly Cities and Communities, age-friendly environments and SDGs, preparation for Phase VII/HATF priorities
2017	October	Udine, Italy	H, L, M, R, U	Age Platform Europe, WHO NCD	AFEE roll-out, HATF priorities, nutrition, gender, the silver economy
	February	Pecs, Hungary	B, Br, G, N, R, U, VC	Vienna University, Austria, WHO MK + NCD	Elder abuse, falls prevention, monitoring, rapid assessment and evaluation of age-friendly activities, indicators, participatory research
2016	December	Belfast, United Kingdom	B, Br, FVG, H, L, Mc, O, R, S, U	WHO HQ + NCD	Health diplomacy, AFEE handbook on domains, testing AFEE tool for policy-makers, participatory approaches, monitoring and indicators, relations with Global Network of Age-friendly Cities and Communities
	March	Udine, Italy	B, Br, G, H, ItaNN, R, St, U, VC	WHO HQ + MK + NCD	Intergenerational equity, feedback on final AFEE deliverables, WHO <i>World report on ageing and health</i> and <i>Global strategy and action plan on ageing and health</i>
2015	June	Kuopio, Finland	Br, FVG, G, K, L, N, S, U, VC	WHO NCD	Poster presentations (template), WHO <i>Strategy and action plan for healthy ageing in Europe 2012–2020</i> , equity/resources AFEE toolkit, HATF priorities and plan

2014	March	Gyor, Hungary	B, Br, G, H, L, N, R, SNN, U	World Café Europe	Review of Phase V, development of AFEE framework and draft handbook, HAFT priorities and plan
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Abbreviations: B: Belfast, United Kingdom; Br: Brno, Czechia; FVG: Friuli-Venezia Giulia region, Italy; G: Gyor, Hungary; H: Horsens, Denmark; IsrNN: Israeli Healthy Cities National Network; ItaNN: Italian Healthy Cities National Network; J: Jerusalem, Israel; K: Kuopio, Finland; L: Ljubljana, Slovenia; Mc: Manchester, United Kingdom, M: Mezitli, Turkey; Mn: Mersin, Turkey; N: Newcastle, United Kingdom; O: Oslo, Norway; R: Rijeka, Croatia; S: Sunderland, United Kingdom; SNN: Swedish Healthy Cities National Network; St: Stoke on Trent, United Kingdom; U: Udine, Italy; V: Vienna, Austria; VC: Villanueva de la Canada, Spain; WHO HQ: Department of Ageing and Life Course, WHO headquarters; WHO MK: WHO Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe; WHO NCD: WHO Division of Noncommunicable Diseases and Promoting Health through the Life-Course, WHO Regional Office for Europe; WHO Venice: WHO European Office for Investment and Development, WHO Regional Office for Europe.

Annex 2. Checklist of processes towards becoming age-friendly: a rapid municipal self-assessment

Table A 1.1. Checklist to implement individual steps in the age-friendly management cycle

Phase	Yes	No	Can be improved
Engage and understand			
Has a local steering or working group been set up?			
Has a participatory age-friendly assessment been conducted?			
Has a statistical healthy ageing profile been compiled?			
Has information from assessments been published and disseminated to the general public?			
Is there political support for age-friendly environments from the highest level of local government?			
Plan strategically			
Have different sectors committed to a common vision?			
Have policies and objectives from different sectors been reviewed and common priorities been identified (e.g. transport development plan, social support for older people)?			
Is there a comprehensive strategy for healthy ageing that defines overall goals?			
Has the strategy been approved?			
Have responsibilities for the different priority areas and measurable targets been defined?			
Act and implement			
Is there an operational/action plan describing concrete actions and interventions?			
Have older people and local stakeholders been consulted on the plan?			
Have sufficient resources been identified to enable implementation of actions?			
Have the majority of planned actions been implemented?			
Have successful interventions been identified that could be delivered on a larger scale (e.g. scaled up from the neighbourhood to citywide level)?			
Evaluate and monitor progress			
Are local experts and researchers involved to help strengthen evaluation?			
Has the process been documented continually and analysis on lessons learned been undertaken?			
Have existing activities within the age-friendly domains been evaluated?			
Have outcomes and impacts of a previous plan or strategy been evaluated?			
Has any project/action been adjusted and implementation improved on the basis of evaluation or monitoring?			
Have successful experiences been shared in (inter)national networks?			

Table A1.2. Checklist to implement core principles of age-friendly action

Core principle	Yes	No	Can be improved
Participation of older people			
Have older people been:			
· involved in assessing the age-friendliness of their local environment?			
· given a chance to participate in the development of priorities of the plan and its implementation?			
· given opportunities to propose and lead activities in their community?			
· empowered to participate in the evaluation?			
· given accounts of the achievements and evaluation of relevant initiatives?			
Collaboration across sectors and stakeholders			
Have the relevant sectors and stakeholders:			
· contributed to mapping existing policy frameworks and activities?			
· participated in the development of a strategic plan and its priorities?			
· integrated activities on healthy ageing into their work plans and budgets?			
· expressed commitment to assess the impacts of their work on the lives of older people?			
· addressed healthy ageing into their own sector's guidelines and frameworks?			
Focus on equity			
Can relevant statistical indicators be disaggregated for the analysis of differences between groups of older people and areas where they live?			
Have potentially disadvantaged groups or older people at risk of exclusion been empowered to express their needs and experiences?			
Are disadvantaged areas prioritized in the allocation of resources and planning of activities?			
Has analysis been undertaken on how different segments of the population benefit differently from specific interventions?			
Is there any evidence that some interventions contribute to closing equity gaps?			
Life-course approach			
Have different age bands of people participated in the age-friendly assessment?			
Are the impacts of age-friendly initiatives on other age groups assessed?			
Is prevention and health promotion actively supported in services for older people?			
Is social support given in critical transitions of life (e.g. transition into retirement, onset of chronic disease or the loss of a partner)?			
Are synergies actively sought between population ageing and supporting younger generations (e.g. through intergenerational activities, co-benefits, job opportunities)?			
Integrated approaches and multilevel governance			
Have relevant policy frameworks and laws at the regional, national and international levels been mapped?			
Were different levels of local governance informed of the planning?			
Have other tiers of government been informed of the outcomes of the assessment and involved in strategy development whenever relevant?			
Have regional and national resources contributed to the implementation of the plan?			
Have experiences and evaluations been shared at the regional and national levels?			

Source: WHO Regional Office for Europe (2016).

The WHO Regional Office for Europe

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