

Creating age-friendly environments in Europe

A tool for local policy-makers and planners





Creating age-friendly environments in Europe

A tool for local policy-makers and planners

Abstract

Policies to create more age-friendly environments, in which a growing number of cities and communities, local authorities and regional governments participate, have become a forceful movement in Europe and globally. These policies explore synergies between improving the physical environment of neighbourhoods, transport and housing; increasing respect, social inclusion and community participation; and investing in public services. This publication provides a toolbox to guide local policy-makers and planners in developing, implementing and evaluating age-friendly policies and interventions – policies that support people to age actively and healthily and thus both to do the things that are important to them and to contribute to their communities. Based on lessons learned from existing age-friendly initiatives in Europe, this publication summarizes key factors for establishing and sustaining successful initiatives within four phases of the policy process: engaging, planning, implementing and evaluating. A wealth of examples illustrates how local governments have put the principles of age-friendly action into practice.

Keywords

URBAN HEALTH
AGEING
AGED
HEALTH POLICY
STRATEGIC PLANNING
EUROPE

ISBN 9 789289 052122

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2016

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization. This document has been produced with the financial assistance of the European Commission. The responsibility for the content of this report lies with the authors and the views expressed herein can in no way be taken to reflect the official opinion of the European Commission; nor is the Commission responsible for any use that may be made of the information contained herein.

Photo credits: pages 1, 9, 10, 18, 25, 26, 31, 32, 47, 51, 53, 54 and 57: eu.fotolia.com; page 20: thinkstockphotos.com; pages 7 and 40: © Manchester Institute for Collaborative Research on Ageing (MICRA)/Chris Foster Photography.

Contents

List of figures and boxes	v
Foreword	vi
Acknowledgements	vii
1. Introduction	1
The need for age-friendly environments	2
Creating age-friendly environments	2
Document overview	3
Background and methodology	4
Processes, principles and success factors: a four-phase model	5
How to use this tool	6
Tools and further reading: guides to creating age-friendly environments	7
2. The age-friendly journey: overarching principles	10
Participation of older people	11
Focus on equity	12
Intersectoral collaboration	14
Life-course approach	14
Multilevel governance	16
Tools and further reading	19
3. Engage and understand	20
Set up a local steering or working group	21
Perform participatory age-friendly assessments	21
Conduct a baseline assessment with a healthy ageing profile	22
Present and disseminate the assessment	22
Gain political commitment	23
Tools and further reading	23
4. Plan strategically	26
Unite partners behind a common vision	27
Analyse strengths and weaknesses and define priorities	27
Develop a comprehensive strategy, defining overall goals and time frame	29
Define objectives and get approval	29
Define responsibilities	29
Tools and further reading	29
5. Act and implement	32
Design an operational plan	33
Consult on the action plan and involve older people at all stages	34
Secure support and resources	35
Implement the plan	36
Scale up successful action	37
Tools and further reading	38
6. Evaluate and monitor progress	40
Create partnerships with universities and research institutions	41
Monitor processes continually	42
Undertake outcome and impact evaluation	43
Sustain and improve action informed by evidence	43
Learn from successful action in national and international networks	44
Tools and further reading	45

References	47
Annex 1. Checklists of processes towards becoming age-friendly: a rapid municipal self-assessment	54
Annex 2. Template for local action plans	57

List of figures and boxes

Figures

Fig. 1. Eight domains for age-friendly action nested in three dimensions of supportive local environments ..	3
Fig. 2. Model of principles and steps to create age-friendly environments	5
Fig. 3. Parallel tracks to create age-friendly environments	12

Boxes

Box 1. Co-production and reaching out to older people at risk of exclusion in Manchester	13
Box 2. Equity analysed as differences between groups when measuring age-friendliness	13
Box 3. A health-in-all policies principle in Riga's public health strategy	15
Box 4. Mainstreaming age-friendly environments in Ljubljana	16
Box 5. Shift to a life-course approach in Newcastle	17
Box 6. Overcoming potential barriers to age-friendly action in Northern Ireland	17
Box 7. Political leadership for a regional movement in Tuymazy	18
Box 8. Participatory assessment in Prague	22
Box 9. Rijeka's healthy ageing profile: sharing experience across borders	23
Box 10. The WHO Global Network of Age-friendly Cities and Communities	24
Box 11. European initiatives support political commitment towards age-friendly environments	24
Box 12. Examples of communities' visions in Europe	28
Box 13. Brno's process towards development of the active ageing strategy	30
Box 14. Contents of action plans: an example from AARP guidance	34
Box 15. Participatory budgeting examples from Alfândega da Fé and Paris	35
Box 16. Summary of key approaches to age-friendly budgets	36
Box 17. New York City: leveraging change by engaging the whole of society	37
Box 18. Project implementation by non-state actors: a case study from Ukraine	38
Box 19. Experiences of scaling up: from Stockholm to the whole of Sweden	39
Box 20. The Belgian Ageing Studies project: collaborations between universities, local authorities and older people	42
Box 21. Monitoring and evaluating Barcelona's "Plan for the elderly"	44
Box 22. Udine has sustained action informed by evaluation	45
Box 23. Cities that cooperate in networks are more active: a review from Germany	46

Foreword

Creating resilient communities and supportive environments is one of four strategic priority areas of Health 2020, the WHO policy framework for health and well-being in Europe. The WHO Regional Office for Europe has a long tradition of working with Member States and local authorities to transform the challenges of ageing societies into opportunities for revitalizing urban environments, fostering social cohesion and civic engagement and finding new forms of cooperation across departments and levels of government. Age-friendly environments help people to reach older age in better health and to continue leading active lives in various roles, including in employment and volunteering.

As part of its Strategy and action plan for healthy ageing in Europe, 2012–2020, the Regional Office has stepped up work with local governments and Member States to support the dynamic movement of age-friendly cities and communities in Europe. By endorsing the Global strategy and plan for action on ageing and health in 2016, Member States confirmed supportive environments as a major strategic policy area in support of ageing populations globally.

Several member cities of the WHO European Healthy Cities Network and of the WHO Global Network of Age-friendly Cities and Communities are among the leaders in this policy field. As this publication demonstrates, much has been learned in recent years from innovative policies that cities have initiated.

This publication is the outcome of a joint project between the European Commission's Directorate-General for Employment, Social Affairs and Inclusion and the WHO Regional Office for Europe. It is an important complement to the WHO publications on urban health, with age-friendly policy-makers and planners as the main target audience. Providing new tools and updating the existing framework for age-friendly environments has been the main commitment of WHO's engagement with the European Innovation Partnership on Active and Healthy Ageing initiated by the European Commission.

The WHO principles of action for age-friendly environments detailed in this publication aim to bring together coalitions of local government actors across departments to work on policies and plans for adapting cities and communities to become more responsive to demographic change in Europe. With their focus on the participation of older people, life-course approaches and intersectoral collaboration initiatives to create more age-friendly environments are prime examples of the Health 2020 vision and principles in action.

Zsuzsanna Jakab
WHO Regional Director for Europe

Acknowledgements

This publication was prepared by Josephine Jackisch under the guidance of Manfred Huber, both at the WHO Regional Office for Europe. The report benefited from essential input from the members of the WHO Global Network of Age-friendly Cities and Communities that shared their strategies, action plans and progress reports with WHO and made them available on the public “Age-friendly World” ePortal of the Global Network. The work presented in this publication is also indebted to the work of experts in cities of the WHO European Healthy Cities Network and its Healthy Ageing Task Force. Case studies submitted for evaluation in phase V (2009–2013) of the European Healthy Cities movement provided a rich seam of evidence for this tool. Moreover, the approaches developed to create more inclusive environments for older people and exchanges of experience within the Task Force for the past 10 years formed the basis of this synthesis and have been a constant source of inspiration. The group was furthermore a critical sounding board in the development of the Age-friendly environments in Europe project.

The following members of the Task Force participated in meetings in 2014 and 2015, filling in questionnaires and case studies and providing useful input and ideas:

- Furio Honsell, Stefania Pascut and Gianna Zamaro (Healthy Ageing Task Force lead city Udine, Italy);
- Maria Miklosyne Bertalanfy and Eric Szabo (Győr, Hungary);
- Birgitta Brännström Forss (Kristianstad, Sweden and the Swedish National European Healthy Cities Network);
- Anne McCusker and Gillian McEvoy (Belfast, United Kingdom);
- Ivana Draholova (Brno, Czech Republic);
- Barbara Douglas and Helen Wilding (Newcastle upon Tyne, United Kingdom);
- Iwona Iwanicka (Lodz, Poland);
- Inge Kristiansen and Peter Soenen (Horsens, Denmark);
- Tanja Hodnik, Danči Maraž and Darija Božnik (Ljubljana, Slovenia);
- Paul McGarry (Manchester, United Kingdom);
- Eva Maria Martin de la Pena (Villanueva de la Cañada, Spain and the Spanish National European Healthy Cities Network);
- Ankica Perhat (Rijeka, Croatia);
- Serdar Sepetcioglu (Karsiyaka, Turkey); and
- Ozlem Tugac (Izmir, Turkey).

Thanks are also due to the contributors of case studies included in this publication and to the coordinators of the Age-friendly environments in Europe pilots, whose comments and experiences were crucial to improving this tool:

- Anne Berit Rafoss (City of Oslo, Norway);
- Elma Greer (Healthy Ageing Partnership, Belfast, United Kingdom) and Joan Devlin (Belfast, Healthy City, United Kingdom);
- Furio Honsell and Stefania Pascut (City of Udine, Italy);
- Kbal Polat Polat, Kadıköy Akademi (Kadıköy Municipality, Turkey);
- Judith Kurth (Stoke-on-Trent City Council, United Kingdom);
- Katarzyna Ziemann (Gdynia, Poland); and
- Nikola Tilgale-Platace (Department of Welfare, Riga City Council, Latvia).

Special thanks go to Geoffrey Green (Sheffield Hallam University), Gianna Zamaro (City of Udine, Italy) and Casimiro Dias (formerly WHO Regional Office for Europe), who were the instigators of ideas that contributed to the process model and helped develop this document. We are also grateful for constructive comments and suggestions from Alana Officer and Lisa Warth (WHO headquarters, Geneva) and from peer reviewers Nils Fietje and Susanna Kugelberg, and for the encouragement and support of Gauden

Galea, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-Course, all at the WHO Regional Office for Europe.

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

1. Introduction



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 publication was developed as part of the Age-friendly environments in Europe (AFEE) project of 2013–2016, which was jointly led by the WHO Regional Office for Europe and the European Commission. It is a companion to *Age-friendly environments in Europe: a handbook of domains for policy action (1)*, which provides an introduction to why age-friendly environments are needed in Europe and which domains they work across. The aim of the present document is to complement the AFEE handbook with a more action-oriented and practical tool, containing concrete steps and lessons learned from local governments that have already started to make their communities more age-friendly. This publication is designed as a roadmap to guide local and regional authorities in their journey to create and sustain interventions and policy-making processes towards inclusive, supportive environments.

The need for age-friendly environments

Whether older age results in experience of ill health, disability, dependence or 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 (2).

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 will result in high costs to society (2). WHO's *World report on ageing and health (2)* and the commitments of the Global strategy and action plan on ageing and health 2016–2020 (3) explain in detail why age-friendly environments are one of the most important public health responses to population ageing. The AFEE handbook (1) and tool respond to this by providing into concrete guidance on how to create age-friendly environments.

Age-friendly environments aim to encourage active and healthy ageing by optimizing health, stimulating inclusion and enabling well-being in older age. They can achieve this via two pathways: by supporting the building and maintenance of intrinsic capacity across the life-course and by enabling greater functional ability

so that people with varying levels of capacity can do the things they value (2). They therefore ideally tackle three dimensions through which environments can be inclusive and supportive of older people with varying capacities: physical environments, social environments and municipal services. Within these three broad interdependent dimensions, WHO categorizes eight domains, which are key areas of work covered by different sectors (Fig. 1). An age-friendly environment ideally acts at the nexus, assessing barriers and adapting structures across all eight domains and all three dimensions in an integrated way. By working at the centre of this complex web, interventions for age-friendly environments can help tackle some of the biggest challenges to healthy and active ageing, such as social isolation and loneliness, injuries and falls, inactivity, elder maltreatment and mental health.

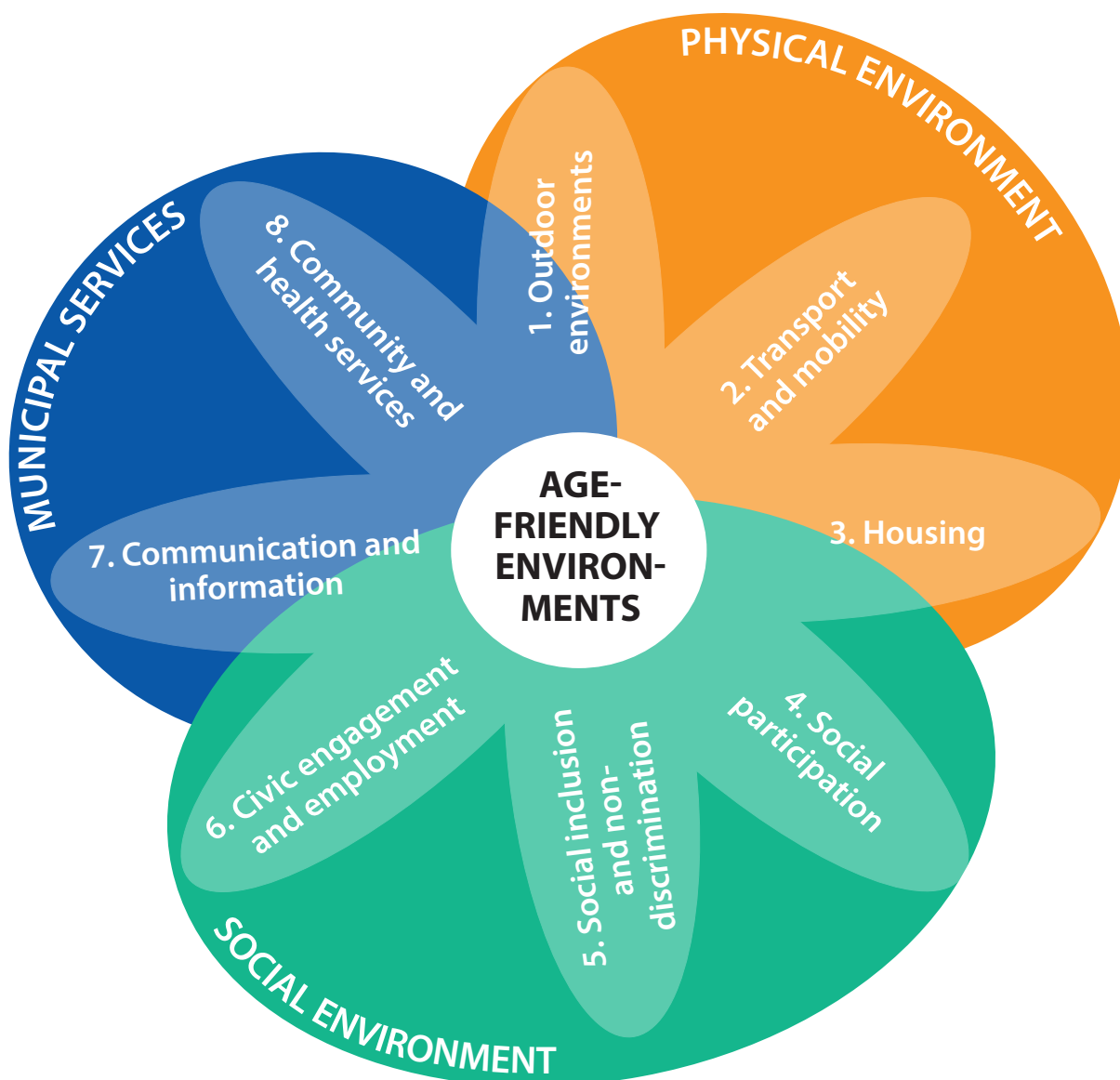
Creating age-friendly environments

Policies, interventions and projects are needed to effect the transformation into supportive environments. This tool focuses on how local authorities can set those in motion and sustain the changes. The policy process is often depicted as a cycle of steps comprising planning, implementation and evaluation (6). Experience demonstrates that, in the complex realities of policy-making, timelines and sequences of steps differ from one community to another. Successful local policy development therefore requires a flexible framework to guide each community in identifying its own starting-points and windows of opportunity specific to the local situation.

The AFEE project developed a model outlining four phases of the journey towards age-friendly environments: engage and understand; plan strategically; act and implement; monitor and evaluate. These phases are not necessarily to be followed in sequence but can be understood to describe the programme cycle towards age-friendly environments. The diversity of communities and cities in the WHO European Region means that there is no one-size-fits-all approach. Regional and local authorities can use this framework as a structured model for age-friendly initiatives in order to understand and monitor processes and to define areas that need to be improved, adapting it to suit local circumstances and needs.

This publication builds on existing guidance on creating age-friendly environments; existing strategies and action plans; and in particular the experience gained

Fig. 1. Eight domains for age-friendly action nested in three dimensions of supportive local environments



Source: Jackisch et al. (4) and adapted from WHO (5).

from knowledge exchange among city networks in Europe. Reports from participants in the WHO European Healthy Cities Network (EHCN) are a prime source of information: the Network has longstanding experience of guiding and monitoring policy processes. The Healthy Ageing Task Force of EHCN Member Cities has worked towards identifying success factors that facilitate and sustain age-friendly policies since 2012. The AFEE project has also profited from exchanges with partners under the European Commission’s European Innovation Partnership on Active and Healthy Ageing – namely with the D4 Action Group on Innovation for Age-Friendly Buildings, Cities and Environments.

The European experience has been complemented by important research into planning and practice from other parts of the world: Australia, Canada and the United States of America have been particularly rich sources in this respect (7).

Document overview

Being an age-friendly city or community is not a defined state or end-point but rather a continuing journey towards adapting structures and processes to support the health and well-being of older people. Becoming age-friendly should happen in synergy with and as part of action that benefits all citizens. The following chapters provide a roadmap to navigate the

complex processes involved in creating and sustaining age-friendly environments at the level of local authorities – here called the age-friendly journey.

Chapter 2 sets the scene by introducing the core principles that underpin the movement. These are based on evidence from the experience of existing local strategies and action plans but also link to recent publications on local-level action in the context of Health 2020, the European policy framework and strategy for health and well-being (8). Among the core principles are:

- participation of older people
- intersectoral collaboration
- a focus on equity
- a life-course approach
- multilevel governance.

Chapters 3–6 aim to provide accessible and practical information to guide each of the four phases of the policy process for age-friendly environments:

- Chapter 3: engage and understand
- Chapter 4: plan strategically
- Chapter 5: act and implement
- Chapter 6: evaluate and monitor progress.

These set the general structure of a comprehensive framework for communities embarking on the journey or continuing to make progress towards more supportive age-friendly environments. The chapters summarize what cities have identified as critical success factors and important processes that support each step of the journey. A number of case studies illustrate the main action points.

Annex 1 provides a summary in the form of a checklist enabling cities to self-assess structures and processes and identify potential entry points for further action. Cities in the EHCN Healthy Ageing Task Force have found regular monitoring of progress on such factors useful to prioritize resources and sustain political commitment, as well as for the exchange of expe-

riences among peers. Annex 2 sketches a summary template for municipal action plans.

Background and methodology

The many initiatives that have started since the launch of WHO's *Global age-friendly cities: a guide* (5) illustrate the added value of working together and using common tools as point of reference, both for streamlining local tasks when setting up age-friendly initiatives and for sharing results and seeking ways to improve. Researchers have also highlighted the need for a more unified framework (9).

This publication builds on the framework of WHO's "cycle of continual improvement", which has been used both in the context of EHCN (10) and by the Global Network of Age-friendly Cities and Communities (6). The AFEE project significantly expands on this cycle, presenting a more detailed model that outlines principles, phases and success factors for the creation of age-friendly environments.

Members of the EHCN Healthy Ageing Task Force initially identified a set of success factors for creating local policies for healthy ageing. WHO expanded these into a fully fledged process model after review and qualitative analysis of 23 existing national, subnational and local guides to age-friendly cities and six selected international frameworks (see the section on tools and further reading at the end of this chapter). This was complemented by findings from an academic literature review. The tips and steps proposed in existing age-friendly guides were checked against information on practical experiences in cities and communities that were retrieved from case studies and policy documents. WHO identified 31 age-friendly strategies, action plans and reports in the European Region that described the process of their development. Furthermore, EHCN evidence gleaned from over 25 years of healthy ageing public policies has accumulated a wealth of case studies containing information on success factors and supporting processes, also summarized in annual reports and presented at annual meetings. In addition, the qualitative analysis included 33 case studies submitted from participating cities for the purpose of periodic evaluation of EHCN's performance (4).

The EHCN Healthy Ageing Task Force has developed work specifically focusing on healthy ageing for the past 10 years (11); that rich experience contributed to

the development of this tool through four meetings and consultations held between 2014 and 2016. This tool synthesizes lessons learned from all these sources. The result is a framework model that attempts to streamline guidance while being flexible and responsive to the diversity of local communities that use it.

Seven cities across Europe at different stages of the journey towards becoming age-friendly piloted this tool by reading the drafts and testing them against their own practice. Pilot cities also provided case studies and thus made a significant contribution to understanding the complexity and variability of local policy-making and age-friendly initiatives in Europe. Case study examples highlight some of the ongoing initiatives that may be sources of future information. A further source of inspiration and guidance is the user-driven collection of existing experiences and action plans made available by communities as part of their commitment to exchange information for mutual learning on the “Age-friendly world” ePortal of the WHO Global Network of Age-friendly Cities and Communities (12).

Processes, principles and success factors: a four-phase model

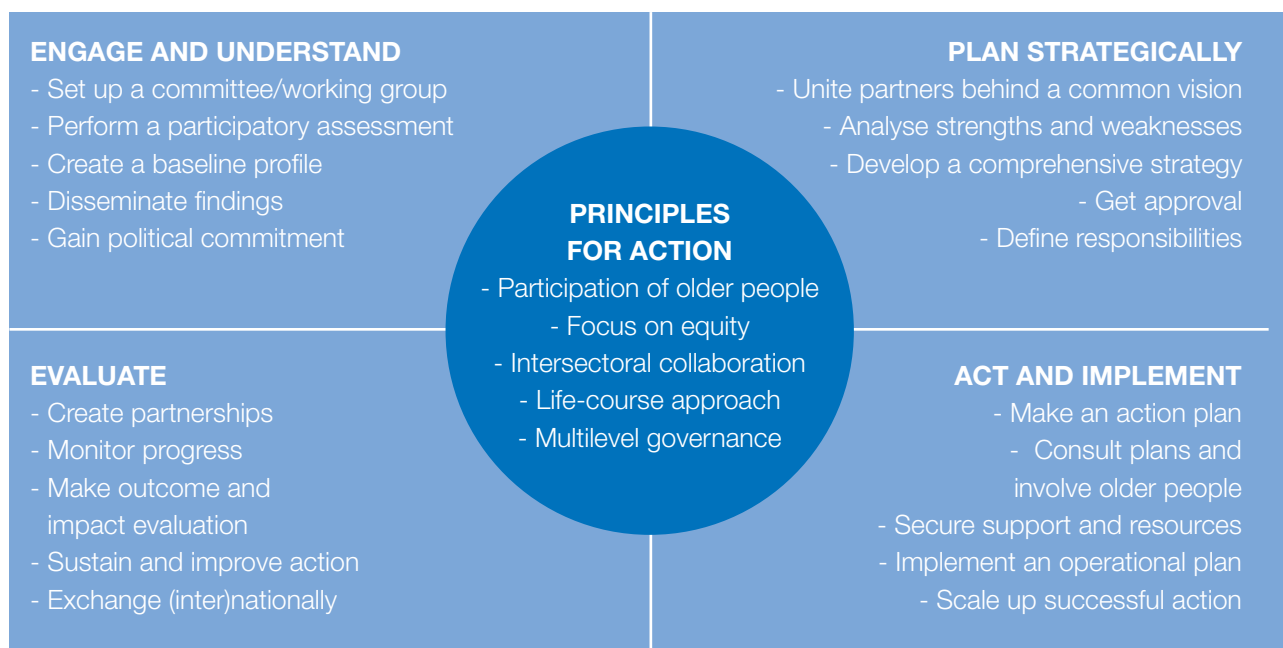
The AFEE project streamlined existing guidance on creating age-friendly environments and good practices identified in other guides, policy documents and from the experience shared in the EHCN Healthy Ageing Task Force. It condensed these into a set of success

factors for successful management of a comprehensive and sustainable age-friendly community programme. The resulting model presented in Fig. 2 provides a list of these 25 success factors, comprising five general principles and 20 steps, to support the goal of comprehensive and strategic interventions and policy-making for age-friendly environments. This aims to provide a synthesis of the ways local authorities have planned and taken action on age-friendly environments or individual topics. The five strategic principles for action are crosscutting concerns for all processes, while the 20 steps are aligned with the four phases of the intervention and policy process. These four phases repeat in a cyclical fashion and new steps can be strengthened and applied at each turn.

A dynamic model with different entry points for action

Policy processes and implementation are more complex than such strict stepwise models may suggest. The 25 success factors are not meant as a blueprint of instructions: not all may apply directly in local contexts and not all principles and success factors need to be rigidly addressed within the first years of action. As the phases and processes repeat themselves, they can be improved continually. Becoming more age-friendly is consequently an ongoing journey and the first action plan is not the end-point. The four-phase model of Fig. 2 integrates previously proposed

Fig. 2. Model of principles and steps to create age-friendly environments



models, although it may group activities differently from other guides (see the tools and further reading section at the end of this chapter). For example, the guides from Quebec in Canada and from Ireland offer detailed advice on processes.

Analysis of action in Europe has shown that the process of becoming age-friendly can start in any phase. The proposed phases and steps can therefore be understood as a dynamic model allowing entry at point that corresponds best with local strengths and weaknesses. The key steps within the four phases of the journey can be undertaken either consecutively or in parallel. For instance, the act of assessing the situation can simultaneously raise awareness and political interest.

Communities that newly engage in the age-friendly journey may choose to take a clockwise approach, starting in the top left corner with the engage and understand phase before moving on to planning, action and then monitoring. Local authorities do not usually start from scratch, however, as projects and policies exist that govern the way environments are built and maintained. In order to be successful, communities need to seize windows of opportunity and adjust action to the local situation. A good starting-point is to seek linkages and synergies with existing projects, policy frameworks, goals and commitments, while aiming to promote complementary angles to create more inclusive and supportive environments.

In reality, any policy process and the steps taken – whether a newly implemented project, an assessment, a consultation or a planning activity – can be a potential starting-point for the journey. For example, communities might begin by evaluating an existing project; the results of this assessment may secure political commitment to initiate further change. Because each community's context and process of implementation is unique, the framework calls on local practitioners to adjust it to local needs and to strive continually to improve both processes and outcomes that are relevant and prioritized in the community. It is, nevertheless, very common that action starts by creating a comprehensive healthy ageing profile to create public awareness, elicit political support and engage citizens.

The proposed framework is intended to help local communities at each stage of their journey to strive for continual improvement and, by building on a systemat-

ic approach, to avoid some common pitfalls. Many communities have indeed developed age-friendly programmes without having a profile or a comprehensive strategy in place. Some strategies and action plans are not based on comprehensive assessments and situation analysis; some are developed but only partially implemented. Further, a culture of rigorous evaluation is only newly emerging in many instances. Successful outcomes emerge mainly as a result of interlinked political, social and institutional processes that are best described as flexible and evolutionary. The key steps presented in the following chapters summarize these success factors that can help prevent the process from stalling.

How to use this tool

The target audience of this document consists mainly of policy-makers and planners engaged in projects and initiatives targeted at improving age-friendliness at the local and regional levels. In some cases local policy-makers and nongovernmental organizations (NGOs) might also use the tool or elements of it – for instance, as a process assessment tool to monitor progress (such as by comprehensively assessing the activities of their communities by asking for evidence and progress reports in line with the self-assessment checklist in Annex 1). For other professionals or researchers in the field of age-friendly policy, this tool may be an introduction that – without claiming to be complete – provides a comprehensive overview and a selection of references.

For newly engaged communities the following chapters may serve as a checklist of suggested success factors that can be followed in a stepwise manner. The viability and scope of each step should, however, be considered in the light of the local context and be adapted to make the most of local strengths to have maximum impact.

Some communities may already have in place an age-friendly strategy or have published profiles or action plans that involve older people. For those more experienced communities, where the evaluate and monitor progress phase often runs in parallel with the engage and understand phase, this tool is an opportunity to review and improve how such tasks are performed. For instance, repeating the publication of a healthy ageing profile and age-friendly assessment can allow changes to be evaluated; it also allows input from different sectors to be rekindled and political commitment secured. For such communities it is useful to

health-topics/environment-and-health/urban-health/publications/2009/zagreb-declaration-for-healthy-cities, accessed 4 May 2016).

World Health Organization (2007). *Global age-friendly cities: a guide*. Geneva: World Health Organization (http://www.who.int/ageing/age_friendly_cities_guide/en/, accessed 4 May 2016).

Australia

Government of South Australia (2012). *Age-friendly neighbourhoods: guidelines and toolkit for local government*. Adelaide: Government of South Australia (<http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Department+of+Health/Office+for+the+Ageing/Resources+about+ageing>, accessed 5 May 2016).

State Government of Victoria (2015). *Good practice guide: improving liveability for older people in small towns*. Melbourne: State Government of Victoria (<https://www.seniorsonline.vic.gov.au/get-involved/grants/improving-liveability-for-older-people>, accessed 5 May 2016).

Canada

Alberta Government (2012). *Building age-friendly communities: a guide for local action*. Edmonton: Alberta Government (<http://www.seniors.alberta.ca/seniors/age-friendly-become.html>, accessed 5 May 2016).

British Columbia Ministry of Health (2014). *Becoming an age-friendly community: local government guide*. Victoria: British Columbia Ministry of Health (<http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/about-seniorsbc/seniors-related-initiatives/age-friendly-bc/age-friendly-communities/how-to-become-age-friendly>, accessed 5 May 2016).

Council on Aging of Ottawa (2014). *Age-friendly Ottawa [website]*. Ottawa: Council on Aging of Ottawa (<http://coaoottawa.ca/afo/>, accessed 5 May 2016).

Mahaffey A (2010). *Planning for the future: age-friendly and disability-friendly official community plans*. Richmond: Union of BC Municipalities (<http://www.ubcm.ca/EN/main/resolutions/policy-areas/healthy-communities/policy-documents-and-resources.html>, accessed 5 May 2016).

Ontario (2013). *Finding the right fit: age-friendly community planning*. Toronto: Ontario Seniors' Secretariat

(<http://www.seniors.gov.on.ca/en/afc/guide.php>, accessed 5 May 2016).

Public Health Agency of Canada (2007). *Age-friendly rural and remote communities: a guide*. Ottawa: Public Health Agency of Canada (<http://www.phac-aspc.gc.ca/seniors-aines/publications/public/afc-cao/rural-rurales/index-eng.php>, accessed 5 May 2016).

Public Health Agency of Canada (2012). *Age-friendly communities in Canada: community implementation guide and toolbox*. Ottawa: Public Health Agency of Canada (<http://www.phac-aspc.gc.ca/seniors-aines/publications/public/afc-cao/guide/index-eng.php>, accessed 5 May 2016).

Quebec Ministry of Health and Social Services (2014). *Guide to implementing the age-friendly municipality initiative*. Quebec: Quebec Ministry of Health and Social Services (<http://www.madaquebec.com/en/library/guides/category/37-quebec-s-guide>, accessed 27 June 2016).

France

Lefebvre P, Chapon P, editors (2014). *Guide Français des villes amies des aînés [French guide for age-friendly cities]* (in French). Paris: La documentation française (<http://www.ladocumentationfrancaise.fr/catalogue/9782110097736/index.shtml>, accessed 4 May 2016).

Ireland

Age Friendly Ireland (2014). *Age Friendly Cities and Counties Programme handbook*. Dublin: Age Friendly Ireland (<http://www.cardi.ie/publications/agefriendlycitiesandcountiesprogrammehandbook>, accessed 4 May 2016).

Ireland's Age Friendly Cities and Counties Programme (2013). *Age friendly towns*. Dublin: Age Friendly Ireland (<http://agefriendlyireland.ie/wp-content/uploads/2015/03/AFT-Summary-Report-2013.pdf>, accessed 4 May 2016).

Spain

Barrio E, Tomasena A, Indart A, Elortza G, Llana L, Sanchó M (2014) *Euskadi Lagunkoia: practical guide to implement and use in municipalities*. Vitoria: Basque Government Department of Employment and Social Policies (<http://euskadilagunkoia.net/es/noticias/noticias-internacionales-lagunkoia/416-guia-para-la-imple>

mentacion-y-uso-en-municipios-en-ingles, accessed 13 May 2016).

United Kingdom

Handler S (2014). A research and evaluation framework for age-friendly cities. Manchester: UK Urban Ageing Consortium (<http://www.scie-socialcareonline.org.uk/a-research-and-evaluation-framework-for-age-friendly-cities/r/a11G0000005nCXDIA2>, accessed 4 May 2016).

Janjua A, Goss S (2012). Ageing well: an asset based approach. London: Office for Public Management (<http://www.opm.co.uk/publications/ageing-well-an-asset-based-approach/>, accessed 4 May 2016).

Local Government Association (2012). Developing dementia-friendly communities: learning and guidance for local authorities. London: Local Government Association (http://www.local.gov.uk/ageing-well/what-makes-/journal_content/56/10180/3489659/ARTICLE, accessed 4 May 2016).

UK Urban Ageing Consortium (2008). Creating age-friendly places: a guide for cities, boroughs, towns or counties, councils, partners and communities. Manchester: UK Urban Ageing Consortium (<http://www.ifa-fiv.org/wp-content/uploads/2015/03/4.1-Manchester-The-UK-Urban-Ageing-Consortium.pdf>, accessed 4 May 2016).

United States of America

Age-friendly NYC (2012). Creating an age-friendly NYC one neighborhood at a time: a toolkit for establishing an aging improvement district in your community. New York: New York Academy of Medicine (<http://www.agefriendlynyc.org/tools-and-resources.html>, accessed 5 May 2016).

Farber N, Shinkle D, Lynott J, Fox-Grage W, Harrell R (2011). Aging in place: a state survey of livability policies and practices. Washington DC: AARP Public Policy Institute (<http://www.aarp.org/home-garden/livable-communities/info-11-2011/Aging-In-Place.html>, accessed 5 May 2016).

Grantmakers in Aging (2013). Aging power tools: a curated selection of resources to promote stronger, age friendly communities. Arlington, VA: Grantmakers in Aging (<http://www.giaging.org/programs-events/community-agenda/community-agenda-resources>, accessed 5 May 2016).

Partners for Livable Communities (2007). A blueprint for action: developing a livable community for all ages. Washington DC: Partners for Livable Communities (<http://www.livable.org/livability-resources/reports-a-publications/184>).



2. The age-friendly journey: overarching principles



The following five principles have emerged as cross-cutting approaches that underpin the vision and values of age-friendly policies and practices. They are relevant and provide added value to all phases and processes, taking up many successful strategies from cities and communities in the WHO European Region. They also translate the vision of Health 2020 and the Strategy and action plan for healthy ageing in Europe, 2012–2020 to the local level (8, 13).

Participation of older people

Involvement and participation of older people in all decisions and processes for creating age-friendly environments is the single most important principle.

Age-friendly environments systematically attempt to involve older people and to strengthen their capacity to ensure that their experiences are a starting-point for developing age-friendly initiatives (14). Inspired by other bottom-up movements, the phrase “nothing about us without us!” has become an important slogan in age-friendly strategies. This expresses the paradigm shift from planning and decision-making by professionals and politicians *for* older people to defining problems, conception, implementation and evaluation of age-friendly environments *with* older people. Older people are key actors with critical skills and experiences relevant to age-friendly programmes (15).

Involving the main target group in all stages of the policy process is at the core of successful strategies and action on age-friendly supportive environments (see also Domains 5 and 6 of the AFEE handbook (1)). Drawing on a definition from WHO (16), participation is defined in this context as:

a process by which people are enabled to become actively and genuinely involved in defining issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change.

Many local authorities have institutionalized this involvement in the form of participatory planning mechanisms like focus groups (17) and community forums. The challenge, however, is to make it more permanent

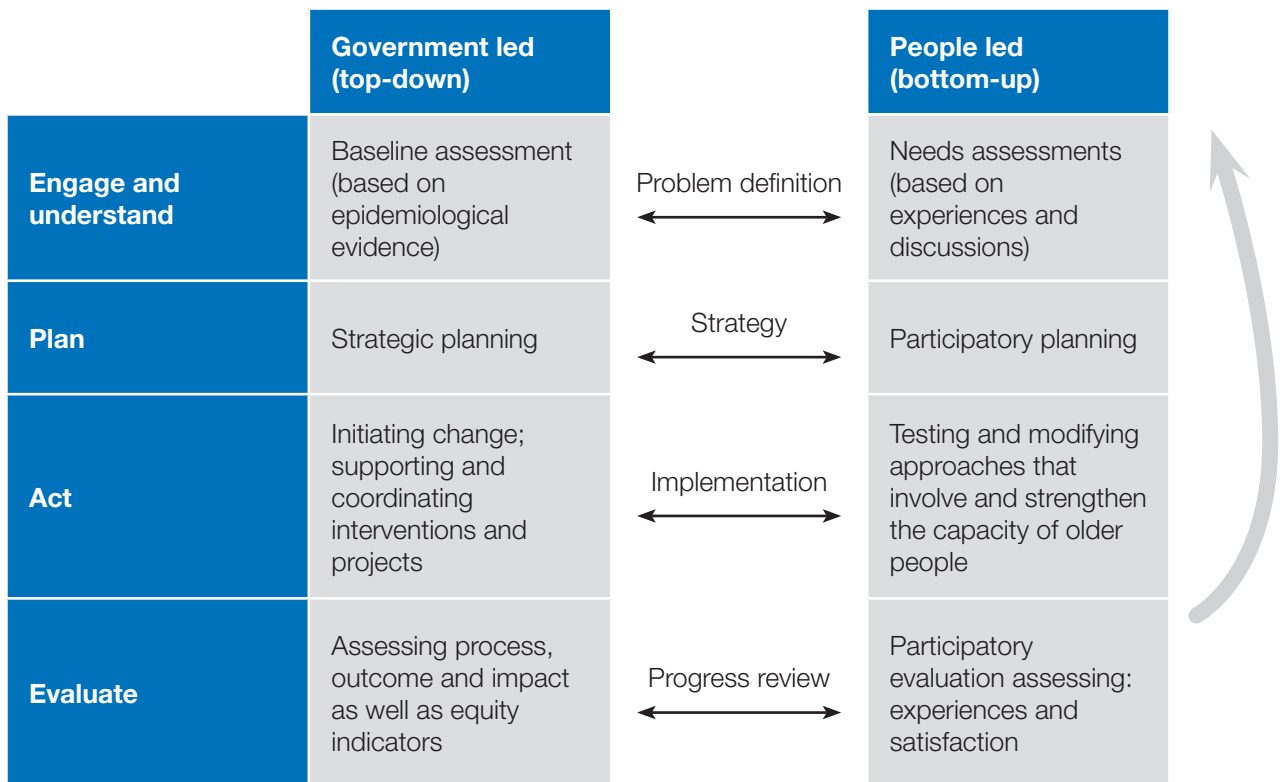
– to facilitate involvement of older people in decision-making functions within the structure of local authorities or to institutionalize participatory mechanisms that can provide advice throughout the four phases of the dynamic model. The active participation of older people as change agents takes time and needs active support, but if done correctly it is an important step towards changing the culture of municipal organizations to value and encourage the contributions of older people.

Age-friendly programmes have often been described as either top-down or bottom-up, referring to the actors that lead and conceive them (18, 19). Top-down programmes are typically led by local policy-makers or their agencies. These driving actors choose the aims, priorities, design, means of implementation and evaluation of the programme, including the selection of target groups and the methods used to reach them. Bottom-up programmes are closely linked to concepts such as empowerment; in these, the people concerned themselves experience control over the decisions that influence their health and lives. Older people or their advocates – such as NGOs, carers or academics – identify issues that are of importance and are involved in developing strategies to solve such issues, often seeking support from professionals (20). While some tensions can exist between these approaches, most age-friendly initiatives choose a middle way (see Fig. 3).

The most successful age-friendly programmes are often those in which politicians and communities act together. Following both the top-down and bottom-up tracks in parallel or successively can be achieved if communities combine strong political support and strategic leadership with participatory processes and community-led projects from the beginning and throughout all phases. This process is sometimes called “co-production” of age-friendly environments (21).

The parallel track model helps to illustrate how top-down and bottom-up processes can strengthen each other. In each phase of the policy-making process both community- and policy-led action can be important drivers of the process and complement each other. For instance, an age-friendly assessment can start with either a definition of challenges using epidemiological and social indicators (such as health profiles) or a needs and interests assessment (for instance, elicited in public forums or focus groups with older people themselves). Combining both angles produces added

Fig. 3. Parallel tracks to create age-friendly environments



Source: adapted from Laverack and Labonte (20).

value. Involvement of older people should not stop there, however. Relationships built in this phase should be sustained and strengthened in the planning, implementation and evaluation stages.

Creating solutions for and with those who might be harder to reach can be a challenge for communities. In particular, marginalized or disadvantaged groups of older people are often less well represented in participatory processes, whereas they are typically likely to perceive more barriers and challenges to active and healthy ageing. Despite the paradoxical absence of the people most in need in many participatory and consultative mechanisms, the difficulties of articulating the needs and interests of those most marginalized should not lead to the exclusion of their views from

Age-friendly environments need to contribute to reducing health inequities within and between communities in order to be sustainable. Policies for healthy and active ageing need to systematically study and address differences between groups and neighbourhoods.

age-friendly programmes. Reaching out and including the voices of people who are most vulnerable is essential and can be done in cooperation with civil society (see Box 1).

Focus on equity

Equity is the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically. With Health 2020, the 53 Member States in the WHO European Region agreed to reduce health inequalities and commit to the basic right that all people (to match their health) should have a fair opportunity to achieve the full potential of their health (8).

Inequalities accumulate over the life-course and can lead to big differences in needs and situations experienced in older ages. Age-friendly policies and programmes need to be sensitive to different needs and to make sure that those who are most in need benefit from the interventions. Age-friendly environments can make a contribution to equity by analysing and closing the gaps in health inequalities, including those that stem from economic, gender or ethnic factors (see Box 2).

Box 1. Co-production and reaching out to older people at risk of exclusion in Manchester

The city of Manchester, United Kingdom, has a long tradition of participatory approaches in its age-friendly project, known as Age-friendly Manchester (AFM). Launched in 2003 as a partnership called “Valuing older people”, AFM was created by Manchester City Council, the National Health Service, the voluntary sector and Manchester’s older citizens, with the aim of improving services and opportunities for older people. Based in Manchester City Council’s public health team, AFM works with partners in different agencies across all sectors important to the lives of older people. It is involved in the delivery of projects and acts as adviser and advocate for changes that make a real difference in older people’s lives. The AFM partnership is directly accountable to an older people’s board composed of representatives of older city residents. In 2016 the Greater Manchester Ageing Hub was launched to extend the age-friendly city approach across the 10 Greater Manchester municipalities.

In 2009 the collaboration delivered the city’s Ageing strategy 2010–2020, which was widely consulted. Recently, Manchester introduced a further innovation to the way older people are involved in the development and share the power of shaping the age-friendly city programme. A research programme was set up, involving older people as co-researchers. A diverse group of 18 older residents were trained as co-investigators; they conducted and analysed 68 interviews across three neighbourhoods with older people who were experiencing social exclusion, isolation, poverty or health problems. The findings from this project focused on marginalized voices and shed light on ways of improving the quality of life for older people living in urban communities. This example shows how older people can be involved not only as consultees but as partners and intermediaries reaching out to older people who are excluded. Experiences from the project are published in a guide and accompanying film.

Sources: Buffel (22); Manchester City Council (23); Age-friendly Manchester (24).

Age-friendly environments need to reach people who are most in need in order to achieve real change and greater impact. Policy-makers are, however, faced with multiple challenges in reaching disadvantaged people, as exclusionary processes can be very complex. Material deprivation or health problems may trigger or coincide with other disadvantages – for instance, environmental hazards, reduced mobility or

psychological feelings of helplessness – and result in downwards spirals towards feelings of loneliness, social isolation and multiple barriers and disadvantages. It is crucial to understand better how such processes work by assessing inequalities in outcomes and baseline indicators and by analysing whether progress has been equitably distributed across the population.

Box 2. Equity analysed as differences between groups when measuring age-friendliness

A starting-point for understanding equity is to make inequalities between subgroups more visible. WHO’s recent guidance on indicators to assess age-friendliness includes the proposal to measure equity in age-friendly outcomes by calculating the difference between the population average and the level of outcome achieved by a subgroup that has the best outcome or the highest socioeconomic position in the population of interest.

One of the pilot cities that tested the indicators proposed in this guide was La Plata in Argentina, where the main impact indicator of self-reported health in older people (aged 60 years and older) was measured. Among highly educated older adults, 70.4% reported good health (including “good”, “very good” and “excellent”). The average of those reporting good health among the total population of older adults was lower, at 59.5%. This indicates that older adults’ self-reported health could potentially improve by 10.9 percentage points, or 18% of the baseline.

Source: WHO (25).

The concept of equity also includes equity across generations. This includes considering impacts of interventions not only for older men and women but also for other age groups. Equity across generations also requires that environments should strive towards environmental sustainability in order not to compromise the opportunities and chances of future generations.

Intersectoral collaboration

In addition to involving and consulting older people, cultivation and maintenance of partnerships with multiple sectors and community stakeholders has been singled out as a core principle of age-friendly initiatives (18, 26). Successful plans and programmes on age-friendly supportive environments represent a framework that promotes close collaboration between different stakeholders in the community. Box 3 shows one example of the different sectors involved in the creation and implementation of a comprehensive public health policy aiming at creating more supportive environments.

Decisions and policies of many actors and sectors shape the eight domains of age-friendly environments. Creating age-friendly environments cannot be seen as a responsibility of the health and care sector alone, but is rather a result of action across the whole of society.

Policies for age-friendly supportive environments that take an integrated, comprehensive and systemic approach touch many different areas of responsibility. This approach has the potential to identify the common themes and mainstream projects to enable more integrated and efficient delivery. Collaborations include but are not limited to those between service providers, planning departments, municipal agencies (such as housing and transport), voluntary organizations, the private sector, carers and citizens' groups (28).

As a result, the concept of "mainstreaming" is frequently used for age-friendly policies, including introducing the goal of healthy ageing and the concerns of older people into local and national frameworks and strategies (29, 30). Mainstreaming aims to ensure that issues of ageing and older people are incorporated into activities through a whole-of-society approach (see Box 4).

Life-course approach

An 80-year-old who has remained healthy and active can have a similar risk of needing care or dying to someone else who is 50 years old and has first comorbidities. The diversity of health in older men and women is only vaguely related to their chronological age and can be better understood as a consequence of events and trajectories throughout people's lives. Genes, bodies and behaviours adapt to circumstances and environmental stressors from preconception onwards and influence health and disease risks up to old age. Adopting a life-course approach acknowledges that these determinants may be influenced by a range of political and cultural factors (2), which will consequently affect health outcomes of individuals and the community in older age. Creating healthy early lives now sets the basis and resources for a healthy and active life in older age for future generations.

While age-friendly environments primarily focus on the needs of older people, many interventions that result from taking this approach can simultaneously benefit other population groups. For instance, creating safer and barrier-free physical environments will ultimately also benefit parents with prams, people living with mobility limitations and children. For the first time in human history a substantial number of families contain four living generations, and a 65-year-old may provide care not only for parents but also for grandchildren. Creating more opportunities for intergenerational activities and places can facilitate the transmission of knowledge and resilience from one generation to another.

The life-course approach to healthy ageing does not simply single out older age as a life stage to focus on but sees its interconnections and considers it within the range of all ages of the population (see Box 5). The introduction to the AFEE handbook (1) summarizes three pathways through which supportive environments can influence healthy and active ageing

Acting according to a life-course approach means creating coherent policies that proactively address the totality of human life across ages and generations. Concretely, this means understanding the benefits of taking action as early as possible and of supporting crucial phases and transitions in the life-course appropriately.

Box 3. A health-in-all policies principle in Riga's public health strategy

The city of Riga in Latvia aims to create a healthy environment and to ensure health at all stages of life, making healthy choices for its residents more accessible, comfortable and motivating. The municipality issued a public strategy called "Healthy Riga residents in a healthy Riga" for 2012–2021 to improve the population's health and reduce the number of premature deaths. The strategy and its implementation plan are based on the health-in-all policies principle, which in practice takes the form of close cooperation among local government institutions and administrations. The figure below shows how the public health agenda in Riga is inter-linked: various activities and programmes from all sectors are needed, including various departments of Riga City Council (RCC), to achieve a health-enabling environment and create opportunities to grow old healthily and to maintain health as long as possible.



Source: Welfare Department of Riga City Council (27).

throughout the life-course (see also WHO's *World report on ageing and health (2)* and the Minsk Declaration (32)):

- making sure that age-friendly interventions maximize and stabilize health and functional capacity by creating environments that promote healthy living and prevent disease – this includes promoting activities that not only benefit older people but also help all people to live healthy lives as early as possible;
- acting appropriately at crucial stages and transitions in life to maintain the peak in functional capacity by supporting opportunities for prevention, rehabilitation and effective management of disease; and
- undertaking intergenerational action to aid recognition of the interdependence of human lives and to increase opportunities to promote health within and across generations.

Multilevel governance

Urban challenges can be looked at in terms of where they manifest themselves or for whom they are most relevant when considering the most suitable level of governance or territorial scale required to address them effectively. Some environmental factors affect whole countries or regions while others are specific to or largely confined in a neighbourhood or small area. Understanding the territorial dimension of urban challenges is, therefore, fundamental. Different territorial and

Coordination and integration with plans and actors across the whole of government is necessary. Each age-friendly initiative needs to act at the appropriate level. Regulations concerning local, regional and national plans, policies and laws provide the basis for neighbourhood-wide or community-wide action and should be closely coordinated between tiers of government to remove unnecessary obstacles and to aid collaboration towards supportive and inclusive environments.

Box 4. Mainstreaming age-friendly environments in Ljubljana

The commitment of the city of Ljubljana in Slovenia to age-friendly environments is included in all policies and strategies, including:

- strategy for the development of social care in Ljubljana, 2013–2020
- strategy for the development of culture in Ljubljana, 2012–2015; 2016–2019
- strategy for the development of education in Ljubljana, 2009–2019
- strategy for the development of sport in Ljubljana
- Annual sport programme since 2013
- public housing fund programme, 2013–2014; 2015–2016.

The City Council has adopted two stand-alone action plans called “Age-friendly Ljubljana, 2013–2015 and Age-friendly Ljubljana, 2016–2020”.

The action plan comprehensively covers many dimensions of age-friendly environments, operationalized via around 100 measures to improve older people's quality of life; these include cultural events, physical activities, better housing and improved health care services. The city's administration, the municipal public institution and public enterprises are responsible for these measures, which are designed to be implemented either within regular tasks (carried out as legal obligations or basic activities) or as individual projects. Progress is reported annually to the coordinator within the Department of Health and Social Security. Evaluation of progress in implementation of the plan is prepared and discussed by the City Council.

Source: Voljč & Ramovš (31).

governance levels have more or less relevance depending on the specific challenges and objectives they have to address. Issues such as care management may be best dealt with at the subregional or regional level; public transport and infrastructures may be best addressed at an interim level of a metropolitan or city local government; while equality and integration may need a more local approach at the neighbourhood level.

Strong leadership is essential at the local level, but regional and national leadership also play a key role

(35). Coordinated and integrated approaches in a multilevel governance framework are needed in many instances (see Boxes 6 and 7). Problem-solving at the level closest to the citizens who are able to deal effectively with the issues should be complemented by better coordination at a higher level. In essence, a functional and flexible approach is needed that both respects the principles of subsidiarity and can be adapted to a functional geography and the specificities of different territorial scales.

Box 5. Shift to a life-course approach in Newcastle upon Tyne

The Commitment of Newcastle in the United Kingdom to the age-friendly agenda is illustrated by the city's appointment of a Cabinet member for public health with responsibility for healthy and age-friendly city policies. In recent years there has been a paradigm shift in Newcastle's approach to ageing from a focus on the older stage of life to working on the implications of demographic change for the city as a whole and taking a life-course approach. Ageing and age considerations are embedded in all policies rather than treated as a separate silo of activity, including in the city's profile and health development strategy.

"Know Newcastle" is the city's information profile; this draws together quantitative and qualitative data and reports that give insights into the city's major burden of diseases, the lives of its different communities and the factors that shape their well-being and health, with filters for different life stages. All available information is used to look at long-term trends.

"Wellbeing for Life" is a key strategy for Newcastle, endorsed by the Wellbeing for Life Board – a statutory partnership of key organizations in the city. It is a framework for action based on a shared ambition, agreed areas of action and shared principles. Becoming an age-friendly city is a cross-cutting theme within this strategy, alongside becoming a fair, inclusive and sustainable city and promoting active lifestyles. Members of the city's Elders Council audit and assess the quality of life in the city from their perspective.

Sources: Wellbeing for Life (33); Know Newcastle (34).

Box 6. Overcoming potential barriers to age-friendly action in Northern Ireland

Belfast City Council All Party Reference Group on Older People provided the initial leadership to explore Belfast becoming an age-friendly city. In May 2012, the Lord Mayor signed a declaration committing Belfast to this process. Activities started by putting participatory mechanisms in place, such as consultations with older people, an age-friendly survey and peer-led focus groups held in 2013. In addition, a wide range of stakeholders and service providers helped to develop an age-friendly Belfast statistical profile, baseline report and draft vision, and priority themes – an age-friendly action plan with agreed indicators. In 2014 Belfast became a member of the WHO Global Network of Age-friendly Cities and Communities.

Despite all the progress, coordination on some actions at a city level has been difficult to achieve because regional responsibilities and structures would be more effective in achieving a long-term impact. Realizing the limitations in the responsibilities of the city, the Belfast Strategic Partnership lobbied for a Northern Ireland-wide regional approach to the age-friendly environments. This was achieved as part of the vision for the new active ageing strategy for Northern Ireland, launched in February 2016.

Source: Northern Ireland Executive (36).

Box 7. Political leadership for a regional movement in Tuymazy

The regional age-friendly programme in Bashkortostan includes 21 cities in the Russian Federation that are engaged in age-friendly programmes. This age-friendly cities network started with the adoption of a law that defines a hierarchy of responsibilities and accountability for age-friendly cities, which sets the framework for action in Tuymazy. The structure of the regulating body was suggested and accepted by the city administration. Its action plan is based on the WHO framework of eight age-friendly domains and involves both city administration and older people. Specific bylaws have been created to legitimize the policy structure and to govern the process of implementation.

Sources: Minnigaleeva (37); Menec et al. (38).



Tools and further reading

8-80 cities (2016). The doable city reader. Toronto: 8-80 cities (<http://www.880cities.org/doablecity/>, accessed 6 May 2016).

AFE-INNOVNET (2015). Guidelines for co-producing age-friendly environments with older people. Brussels: AFE-INNOVNET (<http://afeinnovnet.eu/content/guidelines-co-producing-age-friendly-environments-older-people>, accessed 9 May 2016).

Brown C, Harrison D, Burns H, Ziglio E (2013). Governance for health equity: taking forward the equity values and goals of Health 2020 in the WHO European Region. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/publications/abstracts/governance-for-health-equity>, accessed 6 May 2016).

EuroHealthNet (2016). European portal for action on health inequalities [website]. Brussels: EuroHealthNet (<http://www.health-inequalities.eu/>, accessed 6 May 2016).

Global Research Network on Urban Health Equity (2010). Improving urban health equity through action on the social and environmental determinants of health. London: University College London/Rockefeller Foundation (<http://sustainablecities.org.nz/wp-content/uploads/GRNUHEFinalReportJuly20101.pdf>).

Green G (2012). Intersectoral planning for city health development. *J Urban Health*. 89(2): 247–57.

Public Health England (2015). Health equity in all policies masterclass. London: Public Health England (<https://www.gov.uk/government/publications/health-equity-in-all-policies>, accessed 6 May 2016).

University of Copenhagen (2015). Tackling health inequalities locally: the Scandinavian experience. Copenhagen: University of Copenhagen (<http://sundhedsstyrelsen.dk/da/planlaegning/ulighed/nordisk-konference/rapporten-tackling-health-inequalities-locally-the-scandinavian-experience>, accessed 9 February 2016).

Whitehead M, Poval S, Loring B (2014). The equity action spectrum: taking a comprehensive approach. Guidance for addressing inequities in health. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/publications/abstracts/equity-action-spectrum-taking-a-comprehensive-approach-the-guidance-for-addressing-inequities-in-health-2014>, accessed 6 May 2016).

WHO Regional Office for Europe (2002). Community participation in local health and sustainable development: approaches and techniques. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2002/community-participation-in-local-health-and-sustainable-development.-approaches-and-techniques>, accessed 6 May 2016).

WHO Regional Office for Europe (2012). Addressing the social determinants of health: the urban dimension and role of local government. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/publications/abstracts/addressing-the-social-determinants-of-health-the-urban-dimension-and-the-role-of-local-government>, accessed 6 May 2016).

WHO Regional Office for Europe (2012). Health 2020: policy framework and strategy. Copenhagen: WHO Regional Office for Europe (EUR/RC62/8; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-second-session/documentation/working-documents/eur-rc628-health-2020-policy-framework-and-strategy>, accessed 4 May 2016).

WHO Regional Office for Europe (2015). Taking a participatory approach to development and better health: examples from the Regions for Health Network. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/publications/abstracts/taking-a-participatory-approach-to-development-and-better-health.-examples-from-the-regions-for-health-network-2015>, accessed 6 May 2016).

A photograph of three elderly individuals sitting together. On the left, a woman with short grey hair and glasses, wearing a light-colored collared shirt, is smiling broadly. In the center, a man with short grey hair, wearing a yellow button-down shirt, is looking down at a tablet computer he is holding. On the right, a woman with short grey hair, wearing a red jacket and a blue necklace, is looking at the tablet. She has her hands resting on a stack of books on her lap. The background is a bright, out-of-focus window.

3. Engage and understand

This first phase of working towards age-friendly environments is particularly important for communities newly embarking on the policy process. Different kinds of events or actors can trigger the start of an age-friendly programme and the development of policies for healthy ageing. These may include older people's organizations demanding more age-friendly environments; a government agency, professionals or other champions driving public and/or political awareness; or national or regional leadership requiring local authorities to make environments better adjusted to the demographic transitions countries are facing.

The engage and understand phase is critical to create political commitment and ownership among all stakeholders. The main outcomes of this phase are a context analysis and an age-friendly assessment.

The following steps guide activities in this phase and ensure that any age-friendly initiative reaches beyond singular interests:

- build a network of local stakeholders by establishing a local age-friendly working group or committee;
- assess the needs of the older population and understand existing barriers and opportunities for active and healthy ageing by asking older people's opinions;
- assess the current situation and understand the context by creating and communicating an age-friendly profile involving all relevant stakeholders;
- present and disseminate the assessment to advocate more age-friendly environments; and
- secure political commitment and a strong sense of leadership.

Set up a local steering or working group

The process of building an age-friendly community usually starts by convening and engaging a wide variety of local stakeholders. Local governments can be instrumental in the role of mobilizing the main stakeholders, but in some instances older people's organizations, academics or other local stakeholders are the main drivers behind an age-friendly programme. The

identification and involvement of "champions" may be a relevant mechanism to create the momentum for planning and action; these are usually people positioned to influence government and community engagement and to advocate the concerns of older people (39).

In many cases the first step involves establishing a working group. This can take shape as an intersectoral partnership, committee or steering group, but the main feature is always that the group is dedicated to the age-friendly supportive environment initiative and is composed of actors from different sectors. In other cases this can be an existing committee with a mandate aligned with the age-friendly initiative, which has already established accountability mechanisms. The partnership or working group usually has the following objectives:

- to raise the public awareness and interest to participate in a joint plan towards an age-friendly community;
- to enhance broad engagement of stakeholders in the whole process; and
- to establish coordination mechanisms between the main stakeholders and older people themselves.

Projects were found to be more effective if the working group had a clear coordinator or lead organization, met regularly and was clear about its overall role (35).

The working group should include older people as participants or be accountable to older people in the community; it should also reflect the diversity in the community. In many instances such a working group is set up by the local or regional government with the concrete task of conducting a situation analysis or age-friendly assessment. In other cases a situation analysis is the starting-point for increased public awareness and political commitment.

Perform participatory age-friendly assessments

Age-friendly assessments evaluate the needs and experiences of older people in a community. Both older people themselves and carers and health professionals who deal with older people are important partners in this step. The eight domains of age-friendliness in the physical, social and service environments have often been used to provide a structure and checklists for

surveys or focus groups with older people and other stakeholders (see Fig.1). Insights produced by such assessments help to generate a better understanding of the political, economic, social and health dimensions of the local context. The checklists in WHO's *Global age-friendly cities: a guide (5)* have often been used as a starting-point for assessments.

The age-friendly assessment can be conducted in different ways, including surveys of older people, community consultations (for instance, via focus groups, interviews or surveys) or community forums (such as open consultations). Both the main challenges and existing assets for creating age-friendly supportive environments should be assessed to identify what the community is already doing well, including how existing initiatives and programmes support an age-friendly community. Engagement of older people of different ages, gender and cultures ensures an inclusive perspective of their needs, expectations and potential assets in the community.

Participatory assessments provide a good basis for initiating dialogue and relationships with main local stakeholders (see Box 8). In many cases the participatory assessment is used to inform priorities and interventions. The Thematic Network on Innovation for Age-friendly Environments (AFE-INNOVNET) project has produced a tool for local communities to strengthen the involvement of older citizens and relevant stakeholders in the development of ageing policies (21).

Conduct a baseline assessment with a healthy ageing profile

A healthy ageing profile typically gathers the available statistical information across sectors to help build an

understanding of the situation for older people (see Box 9). This can provide a baseline for both measuring progress and setting priorities for action. Age-friendly profiles can also be complemented by an inventory of currently available services, programmes and initiatives in the community to facilitate discussion of the reallocation or expansion of community assets for age-friendly supportive environments.

Community assets can be many things but in general they refer to existing resources that can improve life in the community. Discussing assets as well as challenges broadens the discussion to focus on strengths rather than on deficits. Every community has needs and challenges that ought to be attended to but it is also possible to focus on assets – emphasizing what it does have and what works well. Very often older people themselves can be identified as assets to a community. This means that age-friendly assessments should consciously shift the view from presenting older people as an increasing burden to creating a better understanding of the resources, contributions and assets they bring and how these can be harnessed to strengthen the community as a whole.

Present and disseminate the assessment

Making the results and processes of the age-friendly assessment public and transparent to the whole community – and to older people and policy-makers in particular – is crucial for creating change. Presentation of the main assessment findings to the local government and council facilitates their engagement and enables public discussion of the main priorities. This is also an important opportunity to identify possible partnerships and obtain broad endorsement from the main stakeholders in the community.

Box 8. Participatory assessment in Prague

A “thematic café” was developed on the theme “creating an age-friendly Prague” to give citizens aged 50 years and over the courage to have a voice, to discover the potential of Prague’s older adults and to help them define their active role in creating an age-friendly city. World Café Europe and the Czech Institute for Gerontology, Zivot 90, initiated a four-hour dialogue with older people with the help of four Czech facilitators aged over 60 years who were trained in the World Café methodology. The project was part of the European Voices for Active Ageing project, supported by the European Commission.

By inviting adults in later life to explore this issue together, a range of needs of older people and practical ideas for interventions were identified. The meeting also explored ways in which adults aged 50 years and over can be active players in the process of creating an age-friendly Prague.

Source: World Café Europe (40).

Box 9. Rijeka's healthy ageing profile: sharing experience across borders

Rijeka in Croatia developed its first healthy ageing profile in 2006 to gain broader insight into the demographic situation, the availability of health and social services and the living conditions of its ageing population. The living situation, morbidity and mortality, and the wider determinants of health and well-being were analysed via 22 indicators. The analysis included citizens on the threshold of older age as well as very elderly people.

Numerous institutions, associations and individuals provided information for the assessment. The publication was translated into English to facilitate exchange of experience; since then, many other European cities have developed similar profiles, some also with English-language versions. When the profile was first presented it became apparent that very little was known about a number of significant indicators. In response to this, cooperation with the academic community was established, which helped to fill gaps in health surveillance information. Based on the evidence collected Rijeka developed a healthy ageing strategy for 2009–2013.

Source: Dankić et al. (41).

Publication of the assessment results can be done via reports and profiles in print or as part of public websites and in public forums and discussions. All sharing of results can provide opportunities to raise awareness in the general population and to discuss publicly the importance of supportive environments for overall health and well-being, as well as the social cohesion and economic growth of the community.

Gain political commitment

Public awareness is important in itself but it can also help to mobilize political commitment and resources. Political commitment and leadership from the highest level is a critical success factor for local initiatives (42); support from local authorities is needed to drive forward the development of local plans.

A lack of political will or leadership has been identified as an important challenge to the sustainability of age-friendly projects (43). Politically elected leaders may change and new governments may have different priorities or prefer to give projects their own imprint rather than supporting inherited initiatives. Many of the proposed success factors in this publication aim to make projects more resilient to such changes. Successful evaluations, stable structures of stakeholder and community involvement and experienced coordinating staff that can provide timely briefings and background information to new politicians are crucial elements to ensure continuity when key people leave. In many cases an excellent way of formalizing the community's commitment to becoming more age-friendly is to pass a local council resolution.

Communities have often tackled political will and support with opportunities to participate in larger political movements and commit officially to the age-friendly movement. Application for membership of the WHO Global Network of Age-friendly Cities and Communities has been one of the first steps to secure political commitment for many communities (see Box 10). For others, signing the Dublin Declaration on Age-friendly Cities and Communities in Europe 2013 (44) was one of the first steps taken. The Dublin Declaration has been an important policy driver in Europe, referring to national and international commitments to creating age-friendly environments. Since 2015 authorities and other organizations in the European Union (EU) have also the opportunity to join the Covenant on Demographic Change (45), which connects committed partners (see Box 11).

Tools and further reading

AFE-INNOVNET (2015). Guidelines for co-producing age-friendly environments with older people. Brussels: AFE-INNOVNET (<http://afeinnovnet.eu/content/guidelines-co-producing-age-friendly-environments-older-people>, accessed 9 May 2016).

Arup (2015). Shaping ageing cities: 10 European case studies. London: Arup (http://publications.arup.com/publications/s/shaping_ageing_cities, accessed 9 May 2016).

Department of Local Government and Communities (2012). Age-friendly communities: a Western Australian approach. Perth: Department of Local Government

Box 10. The WHO Global Network of Age-friendly Cities and Communities

In 2007 the seminal WHO publication *Global age-friendly cities: a guide (5)* established a vision of an age-friendly city that “adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities”. The WHO Global Network of Age-friendly Cities and Communities was established in 2010 to support municipalities worldwide to transform this ambition into reality. In response to global population ageing, the Network focuses on action at the local level that fosters the full participation of older people in community life and promotes healthy and active ageing. It seeks to achieve this by:

- inspiring change and showing what can be done and how this can be achieved;
- connecting municipalities worldwide to facilitate exchange of experience on a global platform for information exchange, mutual learning and support;
- supporting municipalities by providing technical guidance.

Membership, while not a certification of age-friendliness, reflects cities’ commitment to listen to the needs of their ageing population, assess and monitor their age-friendliness and work collaboratively with older people and across sectors to create accessible physical environments, inclusive social environments and an enabling service infrastructure.

Sources: WHO (2; 12).

Box 11. European initiatives support political commitment towards age-friendly environments

In 2015, the AFE-INNOVNET promoted the launch of the EU Covenant on Demographic Change. The overarching goal of the Covenant is to engage local and regional authorities and other relevant stakeholders in developing environments that support active and healthy ageing. It provides an opportunity for authorities to join a network of partners committed to implementing evidence-based solutions to support active and healthy ageing as a comprehensive answer to Europe’s demographic challenge, thus improving healthy life expectancy, enhancing independent living of older people and creating a society for all ages. The Covenant promotes the WHO framework of age-friendly environments and fosters synergies between relevant stakeholders in cooperation with existing initiatives such as the WHO Global Network of Age-friendly Cities and Communities and the European Innovation Partnership on Active and Healthy Ageing.

With this Innovation Partnership the European Commission follows up activities developed during the European Year for Active Ageing and Solidarity between Generations 2012. The partnership has now more than 3000 stakeholders involved in commitments to active and healthy ageing. A market place of good practice examples and reference sites fosters the development of creative and workable solutions that aim at improving the lives and health of older people. The partnership acts as a catalyst to scale such solutions up across regions and countries.

Sources: AFE-INNOVNET (45); European Innovation Partnership on Active and Healthy Ageing (46).

and Communities (<https://www.dlhc.wa.gov.au/Publications/Pages/Age-FriendlyWA-Toolkit.aspx>, accessed 9 May 2016).

Green G, Tsouros A (2008). City leadership for health: summary evaluation of Phase IV of the WHO European Healthy Cities Network. Copenhagen: WHO Regional

Office for Europe (<http://www.euro.who.int/en/publications/abstracts/city-leadership-for-health.-summary-evaluation-of-phase-iv-of-the-who-european-healthy-cities-network>, accessed 4 May 2016).

Handler S (2014). An alternative age-friendly handbook. Manchester: University of Manchester Library

(<http://www.micra.manchester.ac.uk/research/projects-and-groups/inpau/research-activity/>, accessed 9 May 2016).

Kanström L, Zamaro G, Sjöstedt C, Green G (2008). Healthy ageing profiles: guidance for producing local health profiles of older people. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/publications/abstracts/healthy-ageing-profiles.-guidance-for-producing-local-health-profiles-for-older-people>, accessed 9 May 2016).

Organisation for Economic Co-operation and Development (2015). Ageing in cities. Paris: OECD Publications (http://www.oecd-ilibrary.org/urban-rural-and-regional-development/ageing-in-cities_9789264231160-en, accessed 4 May 2016).

University of Kansas (2015). Community toolbox [website]. Lawrence: University of Kansas (<http://ctb.ku.edu/en/>, accessed 9 May 2016).

University of Waterloo (2016). Age Friendly Communities: tools for building strong communities [website]. Waterloo: University of Waterloo (<http://afc.uwaterloo.ca/>, accessed 9 May 2016).

Wheatbelt Development Commission (2014). Creating age friendly communities audit tool [website]. Northam: Wheatbelt Development Commission (<http://www.wheatbelt.wa.gov.au/our-projects/creating-age-friendly-communities-small-towns-project/creating-age-friendly-communities-toolbox/age-friendly-communities-audit-tool/>, accessed 9 May 2016).

World Health Organization (2010). Hidden cities: unmasking and overcoming health inequities in urban settings. Kobe: World Health Organization (http://www.who.int/kobe_centre/publications/hidden_cities2010/en/, accessed 9 May 2016).





4. Plan strategically

The second phase in the age-friendly journey involves creating a shared vision and starting a systematic process of developing a strategy and action plan. In this phase priorities are set that expand interdisciplinary collaboration and take into consideration the local specificities and situation analysis of the first phase. Strategy development should be a transparent process through broad consultation and accountability mechanisms should be established for its implementation. These processes are crucial to consolidating political commitment and leadership and committing relevant sectors to the age-friendly vision.

A key outcome of the plan strategically phase is typically a strategy document that identifies a shared vision and the priorities guiding action across all relevant sectors that aim to tackle the main challenges and promote healthy ageing.

The following steps are key success factors in this phase:

- unite stakeholders and partners behind a common vision;
- analyse the strengths and weaknesses in a community and define priorities for action;
- develop a comprehensive strategic document;
- define common objectives, aims and targets; and
- define the responsibilities of partners involved.

Unite partners behind a common vision

Making a community age-friendly cannot be achieved by one sector alone but requires cooperation between different actors in several sectors. Each sector needs to be aware of the perceived challenges and opportunities for creating more supportive environments. It is vital to define a common vision for which all actors feel ownership, including older people themselves. This initial step in the plan strategically phase should focus on two essential questions to be addressed to all actors: where are we?; where do we want to be? The main challenges in this phase consist of making the vision explicit and creating a mission for the initiative that is simultaneously inspirational and realistic.

A vision statement can be idealistic and visionary and does not need to include a concrete target or timeline,

but it should ideally be locally specific and convey a clear message for action to the community (see Box 12). Having a shared vision helps both to mobilize the main stakeholders to achieve the shared goals and to motivate different sectors to examine the ways their actions and policies affect older people. Local actors need to arrive at a common language and basic understanding of key concepts. Training and mediation may be needed to find ways to move the concept of age-friendly cities into the mainstream of planning (47).

Analyse strengths and weaknesses and define priorities

Once a common vision of a more age-friendly community is agreed on, the next question to be addressed is: how do we get there? A strategy answers this question in relatively broad terms, outlining the main priorities and axes of interventions. In developing this strategy the healthy ageing profile and voices of older people are fruitful starting-points to identify the key priorities that the community can tackle jointly. These priority areas identified in the strategy will form the basis of the action plan.

Many cities have found structured planning methods useful to analyse strengths, weaknesses, opportunities and threats. The previous engage and understand phase of consultations and profile creation may result in a large amount of information that needs to be analysed in order to assess the strengths and weaknesses of delivery systems and existing political commitments and strategies. The aim of this step is to translate the assessment of age-friendliness into action and change that fosters healthy ageing. A number of communities have found that processes can stall after the initial consultation. Producing reports and profiles alone does not automatically lead to sustained action. Many local and regional authorities have found it important to designate a specific lead authority to communicate the findings from statistical profiles and participatory assessments to the various stakeholders.

Assessments of the age-friendliness of a community typically identify challenges and tasks and can help to specify potential programme goals. Theory and evidence can then be applied to understand what causes the problems identified. Interventions mapping approaches or logic models may be useful tools for practitioners involved in this stage to present logical relationships between perceived problems, their causes and potential outcomes. The possible causes

Box 12. Examples of communities' visions in Europe

- “Belfast will be a city where older people live life to the full.” Belfast, United Kingdom
- “Older citizens of Bern can shape their lives according to their individual possibilities and needs and maintain their independence. Bern will be a city where the quality of life of older people is high.” Bern, Switzerland
- “Fully fledged involvement of seniors in Bratislava’s life: active ageing means living one’s life fully also in older age; it means a responsible approach to health, living in security and dignity and with the possibility to participate in society.” Bratislava, Slovakia
- “Brno will be a city friendly to seniors, which will allow seniors a fully fledged, active, safe and healthy way of life.” Brno, Czech Republic
- “Creating a people-centred city for its citizens.” Donostia/San Sebastian, Spain
- “The regional capital of Dresden is a place where one can grow old (well). This will be reached by implementing the main objective of supporting the best possible independent living and autonomy of older people in Dresden.” Dresden, Germany
- “An age-friendly city is a city where older people can live their lives to the full: a city for everyone.” Dublin, Ireland
- “Healthy ageing is the optimization of physical, social and mental health, which enables older people to participate in society in an active and non-discriminatory way and maintain an independent and good quality of life.” Győr, Hungary
- “A shared goal to promote independent living for people with focus on health promotion and self-management.” Horsens, Denmark
- “Leeds will be a city where people of all ages can make healthy choices, live healthy and fulfilling lives and where health inequalities between population groups are reduced.” Leeds, United Kingdom
- “The main aim of ‘Active 60+’ is to stimulate and improve the quality of life of people over 60 living in the city of Lodz.” Lodz, Poland
- “Making Manchester a great place to grow older.” Manchester, United Kingdom
- “People who live, work or learn in Newcastle equally enjoy positive wellbeing and good health.” Newcastle upon Tyne, United Kingdom
- “Vision: Rijeka, the city where the third age swims upstream. Mission: to enable Rijeka citizens to live long, healthy and active lives through providing (pre)conditions for healthy ageing.” Rijeka, Croatia
- “Space, courage and health make Sandnes the centre for the future. ‘Space’ means, among other things, that everyone in Sandnes is included in the community and is given equal opportunities for a good quality of life and health. Sandnes has the courage to make forward-looking, long-term choices to ensure that future generations have good conditions. Sandnes will be a healthy city: that is, a consideration for health, pleasure and the environment will underline all our services and urban development, following the principles of justice and equal treatment.” Sandnes, Norway

of problems can then be grouped into those that are relatively easy and those that are more difficult to change. Once the mapping exercise to identify how the health and quality of life of older people in the

community can be influenced has been completed with the stakeholders, this should lead to a discussion about priorities and potential intervention strategies.

Develop a comprehensive strategy, defining overall goals and time frame

Developing and implementing a comprehensive age-friendly strategy means that the needs of older people in a community are addressed in an integrated way across the different domains that influence their quality of life. Thus, the dimensions that determine age-friendliness across the physical environment, the social environment and municipal services should all be included (see the introduction to the AFEE handbook (1)). The strategy can be either systematically integrated into existing sectoral strategies and action plans or developed as a stand-alone tool.

A strategy is a document that spells out the main principles and policy areas for action, to which all partners agree. It is a formal document that explains how the programme will work towards a shared vision and defines the main priorities. The main goal of the strategy is to bring all assets and commitments from all actors and stakeholders together and commit each partner to act along common principles of age-friendliness in their own resorts of work. The strategic plan should include a plan for action, together with the main targets to be achieved during a defined time frame, following guiding principles (ethical and/or operational). It should also highlight the main reasons the plan is needed (based on the results from the engage and understand phase).

Define objectives and get approval

Setting priorities is mainly a negotiation process through a participatory approach. Each plan can have only a limited number of priorities in order to ensure a focused approach: a high number might result in the dispersion of the limited available resources across several isolated initiatives, resulting in restricted potential impact, while too small a number of priorities might compromise the capacity of the plan to gain wide social support.

At this stage it is crucial to gain approval at the highest possible level of political support for age-friendly strategies and any related action plans. These processes may face challenges that arise from differences of priority and opinion among disparate groups. Some actors who are not traditionally engaged in the field of ageing might initially be unaware of the specific needs or interests of older people (35). Potential conflicts or trade-offs can occur when age-friendly priorities intersect with other organizational priorities. One example

is the demand for longer phases of green pedestrian lights at traffic junctions, allowing people with a lower walking speed to cross the street safely – this can be seen as interfering with the goal of fast traffic flow. If such trade-offs occur, mechanisms to manage potential conflict include illustrating win-win situations, alliance-building and public education (48, 49).

Define responsibilities

Ensuring a transparent consultative process, supported by scientific evidence, is important to ensure that the priorities are acceptable to the stakeholders involved. Local planning facilitates the integration of work from different sectors of the community. In most cases, however, the organizations responsible for planning have a narrower mandate compared to the overall vision for age-friendly communities. A strategy and its action plan should refer to the strengths and related roles of various stakeholders, as well as their contribution to common goals.

Integration of planning across different sectors of the community has several purposes, including:

- ensuring coherence across different sectors of society and levels of government;
- strengthening the steering role of local government through a more focused approach on the overall goals;
- promoting a comprehensive understanding of the effects of strategies in specific areas on other sectors; and
- maximizing the value for money of selected strategies.

Engagement of the main stakeholders in the plan strategically phase is a prerequisite for sustained support during its implementation (see Box 13).

Tools and further reading

Bartholomew LK, Parcel GS, Kok G, Gottlieb NH, Fernández, ME (2016). Planning health promotion programs: an intervention mapping approach, 4th edition. San Francisco, CA: Jossey-Bass (<http://intervention-mapping.com>, accessed 9 May 2016).

Burns JC, Paul DP, Paz SR (2012). Participatory asset mapping: a community research lab toolkit. Los Angeles: Healthy City (<http://www.healthycity.org/toolbox>, accessed May 9, 2016).

Box 13. Brno's process towards development of the active ageing strategy

The Brno Active Ageing Plan is one of the first documents in the Czech Republic to cover the issue of ageing in its complexity. It was developed in cooperation with the community, led by the Brno – Healthy City project, including an intersectoral team united behind the common goal of systematically transforming Brno into an age-friendly city where older people are able to live their lives actively and healthily. The Plan is designed for all organizations in the city that can positively affect the lives of older people: its creation involved not only organizations primarily engaged in seniors' issues but also those dealing with public transport, education and leisure activities. The Brno Active Ageing Plan was directly linked to the main strategic plan for the city. Close cooperation was also established at the national level, and Brno has engaged in preparation of the national strategy for positive ageing in the Czech Republic for 2013–2017.

The following timeline led to successful creation of a strategic plan.

2010

- Approval of the project application by Brno City Council

2011

- Obtaining financing from EU funds to implement the project
- Establishing a working group to coordinate the project
- Establishing a multisectoral management group of key partners (the Ministry of Labour and Social Affairs of the Czech Republic, the South Moravian Region, Masaryk University, Brno City Municipality)
- Expert analysis of the current state of conditions for active and healthy ageing
- Sociological survey of the opinions of 800 people aged 60 years and over
- Structured interviews with the representatives of organizations
- Analyses of strengths, weaknesses, opportunities and threats
- A series of discussion meetings with professional organizations and civic associations to define priorities, themes and measures

2012

- Creation of the proposal for the Brno Active Ageing Plan – priorities, drafting activities and procedure for future steps
- Designing a cooperation platform for key partners from the field of active and healthy ageing
- Public hearing of the Brno Active Ageing Plan.
- Discussion of the document by the City Council
- Negotiating with political representatives and stakeholders of the city on the implementation of the agenda into activities in the municipality.

2013

- Including the agenda for active ageing into the activities of the Department of Health
- Creation of human resources

Source: Brno Active Ageing Plan, unpublished leaflet and case study May 4, 2016. For more information on Brno see also Organisation for Economic Co-operation and Development (50).

Schweizer C, Racioppi F, Nemer L (2014). Developing national action plans on transport, health and environment: a step-by-step manual for policy-makers and planners. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/publications/abstracts/developing-national-action-plans-on-transport,-health-and-environment.-a-step-by-step-manual-for-policy-makers-and-planners>, accessed 9 May 2016).

University of Kansas (2015). Chapter 2, section 1: developing a logic model or theory of change. In: Community toolbox [website]. Lawrence: University of Kansas (<http://ctb.ku.edu/en/>, accessed 9 May 2016).

University of Waterloo (2016). SWOT analysis using the building blocks. Waterloo: University of Waterloo (http://afc.uwaterloo.ca/building_blocks/what_is_it.html, accessed 9 May 2016).





5. Act and implement

Taking action is at the heart of any initiative to create an age-friendly city or community. After the consultation and planning stage, the strategies and priorities need to be filled with concrete actions and expected outcomes in a more operational planning process: these are what make the difference to the lives of older people. The AFEE handbook (1) lists many possible actions in each of eight domains.

In this phase the core task of the intersectoral steering group of stakeholders is to ensure that action follows the overall ambition and is a coherent element of the strategy summarized in the previous phase. The efforts of different stakeholders need to be coordinated and older people empowered to adopt structures jointly and tackle barriers to healthy and active ageing effectively. One or more stakeholders should be allocated responsibility for specific policies, programmes and projects. For example, a university may respond to a request from an older people's association to establish a university of the third age, providing facilities and staff to encourage social participation.

In the act and implement phase all stakeholders and partners enact the plans and objectives to achieve real-world change. An action plan is an essential tool to operationalize the strategic plan into concrete action, defining responsibilities, resources and timelines that guide the day-to-day work of all actors.

Five critical steps can facilitate effective action:

- design an operational plan;
- consult on the action plan and involve older people at all stages;
- secure support and resources;
- implement the plan; and
- scale up successful action.

Design an operational plan

An action plan is an operational tool to support putting into practice the overall objectives and guide the day-to-day work of all actors involved. It is often presented in the form of a table, defining which activities are implemented by whom and within what timeline. If a

strategic document exists in the community, the action plan closely follows its structure and supports implementation of strategic goals, breaking them down into more specific objectives (see Box 14 and Annex 2).

The first steps for operational planning are to assess options for interventions in line with the local context and the strategy and to define concrete targets and indicators. In each domain many possible actions may have an impact on the lives of older people (see the AFEE handbook (1)). Evidence and experience need to be collected to select the option with the greatest likelihood of achieving the expected impact. Any scientific evidence on effectiveness and any estimate of required costs of investment, outcomes and impact should be ascertained. Other cities and stakeholders' experiences of implementing similar interventions should also be considered. As much can be learned from failures as from successes.

The actions identified need to be weighted in terms of their technical and economic feasibility and expected impact. Constraints and concerns about feasibility should be assessed alongside the existing assets and actors in the community so that the best alternatives and most realistic interventions – as well as the individuals best able to implement them – are tailored to the specific needs of the population. Obtaining a clear overview of the range of existing interventions is vital to selecting projects and the implementing agency.

These are key questions to be addressed by a working group in charge of age-friendly action (adapted from Age-friendly NYC (39)):

- What is known about possible interventions to address the problems? What is their potential effectiveness, based on the results of the latest international and national research? What are the important gaps in current knowledge?;
- Which of the suggested interventions have been tested in the country or elsewhere?;
- Are the interventions relevant for this specific setting or can country-specific or culturally appropriate modifications be proposed?; and
- What is already being undertaken in the community? Are the local, regional or national government, agencies or anyone else already devoting

Box 14. Contents of action plans: an example from AARP guidance

AARP (formerly the American Association of Retired People) is an NGO in the United States, whose resources on “livable communities” support the efforts of neighbourhoods, towns and cities to become “great places for people of all ages”. They provide the following guidance on what age-friendly action plans should include:

- a statement of what will be achieved (the goal or objective)
- activities that have to be followed to reach the objective or goal
- a target date for completion and/or a schedule for when individual activity will begin and end
- identification of the organization or individual responsible for each activity
- clarification of the inputs and/or resources needed to complete the task
- identification of the indicators that will allow for measuring progress toward the goals.

Similar models have been used and recommended in Europe, including by the French guide for age-friendly cities (51) (see also Green (11) for other examples).

Source: AARP (52).

resources in any of the relevant domains? Which NGOs or other private entities are involved in delivering current services and creating community assets?

The operational plan specifies a timeline for each selected action, from start date to delivery of the outputs or outcome, with intermediate milestones. The human, technical and financial resources required to implement the action programme or project include management and administration as well as professional and technical expertise.

Furthermore, it is essential to specify a timeline within which the action plan is expected to deliver results. The model of SMART (specific, measurable, attainable, realistic and timely) objectives has frequently been used to facilitate sustained implementation. Having verifiable and measurable target values for the objectives is important for the evaluate and monitor progress phase and will help to ensure continuing accountability to the people consulted in the gestation stage of the action plan.

Baseline data are needed to quantify the specific objective. These targets define concrete outcomes to be achieved over a certain timespan that can be quantified to facilitate the later evaluation process. Initial data for defining targets may not be readily available, however,

so a key aim of the overall coordinating entity or working group should be to fill corresponding gaps in available information. Improvements in data availability and quality in key areas are critical to give the actors involved a chance to show what they have achieved and to contribute to a comprehensive understanding of age-friendly supportive environments in the local context.

Consult on the action plan and involve older people at all stages

Assessment of actions and options for interventions is often done by experts and political decision-makers, but suggestions for projects and actions can also come from older people (see Box 15). While the technical assessment of feasibility and alignment with political and structural priorities needs to be supported by professionals, it is important to consider the views, priorities and experiences of older people and to involve citizens in decisions about priority actions. In this process the potential contributions of older people themselves to the implementation of the plan can also be explored.

Consultation processes should be integral parts of the development and operationalization of an action plan. Older people may recall their individual experiences, which can be synthesized into a consensus view of what actions are required and how those could best meet their needs in the short and medium term. Each

Box 15. Participatory budgeting examples from Alfândega da Fé and Paris

One way to empower citizens to play an active role in managing and shaping their community is to give them a say in how to allocate part of the municipal or public budget – so-called participatory budgeting. In Alfândega da Fé in Portugal, senior citizens (aged over 60 years) can put ideas and projects forward that are intended to improve the lives of older people, with a maximum budget of €10 000. Their ideas are analysed by the municipality and then voted on by a council of senior citizens. The highest-rated proposals are included in the municipality's planning for the coming year.

A large participatory budget is implemented in Paris, France: in 2016 Parisians used it to decide how €100 million of their city's budget should be spent. With support from the municipality and a digital platform, citizens can submit project proposals along two axes of neighbourhood or citywide projects. The ideas are publicly discussed, they receive support in order to be fleshed out and costs are estimated before they are sent on to professionals in the administration who assess their feasibility. The projects deemed feasible are presented at a public assembly and put to a popular vote (online and on paper). From 2014 (when the budget was first implemented) to 2016 important lessons have been learned and implemented: there are clear benefits when ideas and projects come from citizens themselves and investments should be greater in poorer and more challenged areas.

Sources: Município de Alfândega da Fé (53); Mairie de Paris (54).

programme or project proposal will benefit from testing with older people to iron out problems and make adjustments to maximize its impact.

A key role of the steering group is to weigh the proposed activities against the strategic objectives identified in the strategy and age-friendly assessment. It is important not only to define the expected direct outcome of an action but also to show how that outcome will contribute to achieving the overall vision. For instance, if the plan is to introduce new low-floor buses, it should be established whether the bus users perceive the outcome as lowering barriers to access. The overall expected impact also needs to be outlined – for instance, whether more people will therefore use the buses or whether older people living in disadvantaged areas will have improved access to activities that are important to them.

The plan's success will depend on the feeling of ownership within the population of older people and on the coordination mechanisms between the main stakeholders. Older people can simultaneously be involved in monitoring the quality and delivery of projects to facilitate improvements throughout the process (see also the next chapter on process evaluation). While the local government or working group may have overall leadership of the plan, effective implementation requires leadership to be shared with other key

stakeholders in specific areas. Following its adoption, the objectives of the local action plan, as well as their respective interventions, will be integrated into the workplans of the different stakeholders, NGOs and government departments engaged.

Secure support and resources

Following the assessments of technical viability and popular support, the next step is to approve the programme and secure resources for its implementation. This is an opportunity for politicians to make a decision based on the feasibility of the proposal within budgetary constraints and the views of the wider policy community. Questions to be asked at this stage are: can it be funded by the resources of the commissioning authority?; is there a possibility of funding or at least partial funding by a higher tier of government or by other project funds?

Developing an age-friendly strategy does not necessarily mean that large extra resources are necessary. Instead, much action can be based on aligning efforts and commitments across the sectors already involved. For example, in some cities lengthening the pedestrian phase of road crossings has been shown to be cost-neutral. Many age-friendly activities have managed to flourish even in times of shrinking local budgets, as they have managed to use existing resources more effectively by influencing agencies and actors to

do what they are already doing but in a more age-friendly way. Implementation of the plan nevertheless requires mobilization of appropriate financial and human resources and minimum resources include those for coordinating different actors, volunteers and stakeholders. Furthermore, all proposed actions in the plan should contain an estimate of the necessary human resources and any external or in-kind support that could be provided, including capacity-building and training, as well as a breakdown of the costs for each intervention. Respective funding sources should be identified for the different areas; the local government and other stakeholders engaged in the plan can further adjust their budgets accordingly. The budget allocation for the plan's implementation is an essential test of the strength of political endorsement and of whether budgets are realistic to achieve specific objectives.

Funding may come from different sources (see Box 16). A proportion of the additional resources may come from the public budget, approved by the local authority's government and parliament; in other cases the departments involved may support specific interventions of the local plan from departmental budgets. Within this context it is particularly relevant to ensure government synergy at the local, regional and national levels to facilitate budget adjustments. A local plan that builds on the strategic engagement of stakeholders and links initiatives from the outset is a key instrument for mobilization of additional financial support from potential donors.

Furthermore, an agreed action plan can in itself be an important tool for resource mobilization. In some cases the highest level of political support may approve an action plan; in others it may have to be submitted to the local council. Consultation with and dissemination to other sectors and levels of government and all local stakeholders can be an important step that highlights the contribution of the local plan to various local, regional or national goals.

Implement the plan

Once a start date is agreed and human and technical resources are secured and deployed, it is time to implement the operational plan. For a proper process of implementation, continual management and monitoring are crucial. This requires consensus building, participation of key stakeholders, continual improvement mechanisms involving older people, conflict resolution, reaching compromise, contingency planning, resource mobilization and adaptation.

Not all action areas that can make environments more age-friendly lie in the direct sphere of influence of local authorities. For instance, accessibility of stores and products (including websites and mobile services) is typically the responsibility of the private/commercial sector. Local authorities can play an important mediating role in convincing private sector actors of the importance of considering age-friendly needs and opportunities. Box 17 provides some examples of public-private initiatives.

Box 16. Summary of key approaches to age-friendly budgets

In many communities the budget specifically allocated for an age-friendly project or implementation of a strategy includes the salary of a coordinator and money for workgroup meetings, administration and printing. Some municipalities also allocate a specific budget for a council of seniors or to subsidize volunteer activities in support of the process.

The core funding for implementation of activities in the action plan tends to be secured in collaborative models across agencies and departments, using existing budgets in better ways, aligning or joining up resources across the agencies and institutions involved. All activities in the action plan should be integrated into the budgets and financial plans of each responsible agency.

For special projects that are not easily integrated in current budgets of interdisciplinary partners, many communities have been successful in bidding for funding through existing programmes, acquiring project funds from council, regional, national or European funds. Sometimes networking among several cities in Europe can facilitate the acquisition of additional funds.

Box 17. New York City: leveraging change by engaging the whole of society

Implementation of the Age-friendly NYC plan in the United States included a broad range of interventions, each driven by different sectors and stakeholders, including the following examples.

- Selection of “ageing improvement districts”: this initiative saw the concerns and suggestions of older adults in a specific neighbourhood brought together with the leaders and resources of local businesses, non-profit organizations, city officials, cultural, educational and religious institutions to encourage a strategic approach to make no- and low-cost improvements.
- Age-friendly business: this initiative focused on making businesses throughout the city more aware of the older adult population, encouraging shops to make age-friendly adjustments and informing human resources professionals about the best strategies to retain their older employees.
- Age-friendly schools, colleges and universities: education establishments were encouraged to improve access to skills training and to participate in the communities of colleges and universities.
- Age-friendly technology: this project helped older people to get to grips with advances in technology, which can in turn lead to better communication and reduce social isolation.
- Age-friendly professions: this project asked prominent institutions and professional organizations throughout New York City to think about what their professions could do to become more age-friendly.
- Individual initiatives: the Office of the Mayor and New York City Council asked all city departments to consider how they could improve the way they integrated and served older adults through their work. A total of 59 initiatives to improve the quality of life of older adults resulted from this review.

Sources: Age-friendly NYC (39; 55); Finkelstein et al. (56).

Some local authorities have developed separate initiatives and projects for the different priority areas, for which implementation is outsourced to different sectors and agencies. It can thus happen through small steps simultaneously undertaken by many local stakeholders and agencies, requiring stakeholder support (see Box 18). Successful initiatives welcome support from the local government.

Other communities have created new interdisciplinary structures to manage and oversee comprehensive action towards more age-friendly environments as a major government initiative, triggering change in several sectors. Such a centrally driven initiative may require broad support from local, regional and often even national governments, as well as substantial funding.

Whoever the implementing agency, the process should be monitored during implementation against well defined milestones. This will serve to aid recognition of any potential for improvement in a timely manner. It will also help ensure the efficient use of available resources and will facilitate accountability and later reporting on achievements. The responsible agencies and

implementers are encouraged to consult with older people as the project evolves and seek feedback on any problems, delays or good practice.

For implementation to become sustainable, effective supportive structures need to be institutionalized. For instance, advisory committees of older people might become an official council of seniors, and rules might be permanently changed so that planning commissions have to consult with older people in any local council decisions affecting their quality of life. There is some evidence that implementation has achieved lasting and sustainable change in places where the position of the working group coordinator is created as part of the council structure or within a coordinating ministry within the top strategic level of the organization.

Scale up successful action

It has been argued that change driven at the local level is more likely to meet the demands of an ageing society. Local achievements often remain limited to very small scales, however (58). In order to combine both the advantage of local experience and larger impacts, scaling up successful activities should be considered.

Many cities have started small programmes in just one specific neighbourhood that have later been rolled out to the entire municipal scale after careful testing and gradual improvement (4).

The phenomenon that many environments have not been conceived with older people in mind ultimately calls for system change. The lessons learned from successful activities in communities should be scaled up to maximize their impact both within the community and at the regional and national levels. A well implemented case study that fosters healthy ageing in a specific community is a great achievement but is only a first step. The second step might be to critically reflect how the successes could help improve institutions and structures that create environments supportive of older people in the whole of the community. The journey continues with a systematic overhauling of institutions and programmes to be inclusive and supportive of older adults but also to institutionalize age-friendly features in the way environments are created and governed as needs and capacities of older people change (58).

Scaling up can also be understood as adapting approaches successfully implemented elsewhere in

the community. The European Innovation Partnership on Active and Healthy Ageing has been a critical factor in instigating reference sites and developing a scaling-up strategy to use these as a catalyst to roll out reference site activities across regions and countries. The number of good practice examples from across the world has grown fast in recent years; many of these can be accessed online – for instance, through the “Age-friendly world” ePortal of the WHO Global Network of Age-friendly Cities and Communities (12). Other examples of such scaling-up action include age-friendly city initiatives that have won awards and serve as local reference points often visited and consulted by other communities in the region or country that want to set up similar initiatives (see Box 19).

Tools and further reading

Buffel T, editor (2015). Researching age-friendly cities: stories from older people as co-investigators. Manchester: University of Manchester Library (<https://extranet.who.int/agefriendlyworld/researching-age-friendly-cities-stories-from-older-people-as-co-investigators/>, accessed 5 May 2016).

Box 18. Project implementation by non-state actors: a case study from Ukraine

Turbota pro Litnih v Ukraini [Age Concern Ukraine] (TLU) is a not-for-profit non-governmental voluntary organization built on the principles of mutual- and self-help for older people. It has a track record of implementing over 100 projects in just four years that aim to defend the rights of the most vulnerable older people in Ukraine. With branches in 10 cities and six rural locations in Ukraine, TLU delivers services to 20 000 older people every year through a network of 2000 volunteers. The volunteers provide practical support to their vulnerable peers at home; establish advice and information points to provide accessible information to older citizens; provide support to elder abuse victims; and protect the rights and advocate the interests of older people, including providing emergency relief assistance to those affected by the conflict in Ukraine. TLU works with the Ministry of Social Policy and advocates the rights of older people at national and local levels. The organization also collaborates with international funding bodies and other NGOs like HelpAge International and Age UK to deliver impactful projects.

One example saw TLU volunteers involved in a project to improve government accountability through monitoring by older citizens. This was developed in partnership with HelpAge International and supported by the European Commission. Older volunteers were trained to examine local and national plans relevant to older people. They collaborated with local and national authorities and monitored the delivery of government commitments, developing links with local stakeholders to provide feedback on implementation in a structured and constructive manner. Tangible positive results of these activities included traffic lights programmed to lengthen the pedestrian phase of road crossings and installation of additional handrails, benches and seats in post offices and polyclinics in Ukrainian cities.

Source: TLU (57).

Box 19. Experiences of scaling up: from Stockholm to the whole of Sweden

In the municipality of Nacka, a suburban area just outside central Stockholm, the Sickla Health Care Centre initiated in 2011 the first exercise group exclusively targeted at the needs of the very old. The intervention targeted people who had reached the age of 90 and offered adapted physical training with medical support. It aimed to train muscle strength and balance to prevent accidents and maintain the skills needed to lead an independent life. The average participant in the project was 94 years old.

Interest in this pilot project spread through media attention in newspapers, national radio and television, producing role models of active older people and triggering interest and demand in neighbouring areas. In 2013 the region of Stockholm supported collaborations between primary health care centres and local gyms to implement the approach in six neighbourhood facilities. An evaluation study of the project found that participating in 40 minutes of training a week resulted in improved levels of activity in daily living. The study also showed indirect impacts that reduced loneliness and use of medication and proposed that the results might ultimately lead to reductions in falls among elderly people and thus financial savings for society. Now the Stockholm region would like to see the project spread to the whole country to foster the benefits of physical activity for all age groups.

Sources: Murvall et al. (59); Fougner (60).

European Innovation Partnership on Active and Healthy Ageing (2015). European scaling-up strategy in active and healthy aging. Brussels: European Commission (http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=documents, accessed 11 May 2016).

Handler S (2014). A research and evaluation framework for age-friendly cities. Manchester: UK Urban Ageing Consortium (<http://www.scie-socialcareonline.org.uk/a-research-and-evaluation-framework-for-age-friendly-cities/r/a11G0000005nCXDIA2>, accessed 4 May 2016).

University of Kansas (2015). Community toolbox [website]. Lawrence: University of Kansas (<http://ctb.ku.edu/en/>, accessed 9 May 2016).

Whitehead M, Povall S, Loring B (2014). The equity action spectrum: taking a comprehensive approach. Guidance for addressing inequities in health. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/publications/abstracts/equity-action-spectrum-taking-a-comprehensive-approach-the-guidance-for-addressing-inequities-in-health-2014>, accessed 6 May 2016).

WHO Regional Office for Europe (2016). Age-friendly environments in Europe: a handbook of domains for policy action. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/activities/age-friendly-environments-in-europe-afee/modules-of-a-guide-for-age-friendly-environments-in-europe>, accessed 13 May 2016).

World Health Organization, Public Health Agency of Canada (2008). Health equity through intersectoral action: an analysis of 18 country case studies. Geneva: World Health Organization (http://www.who.int/social_determinants/thecommission/countrywork/within/isa/en/, accessed 11 May 2016).

World Health Organization (2009). Practical guidance for scaling up health service innovations. Geneva: World Health Organization (http://www.who.int/reproductivehealth/publications/strategic_approach/9789241598521/en, accessed 11 May 2016).

World Health Organization (2016). SUPPORT tools. In: Evidence-informed policy network [website]. Geneva: World Health Organization (<http://global.evipnet.org/>, accessed 11 May 2016).

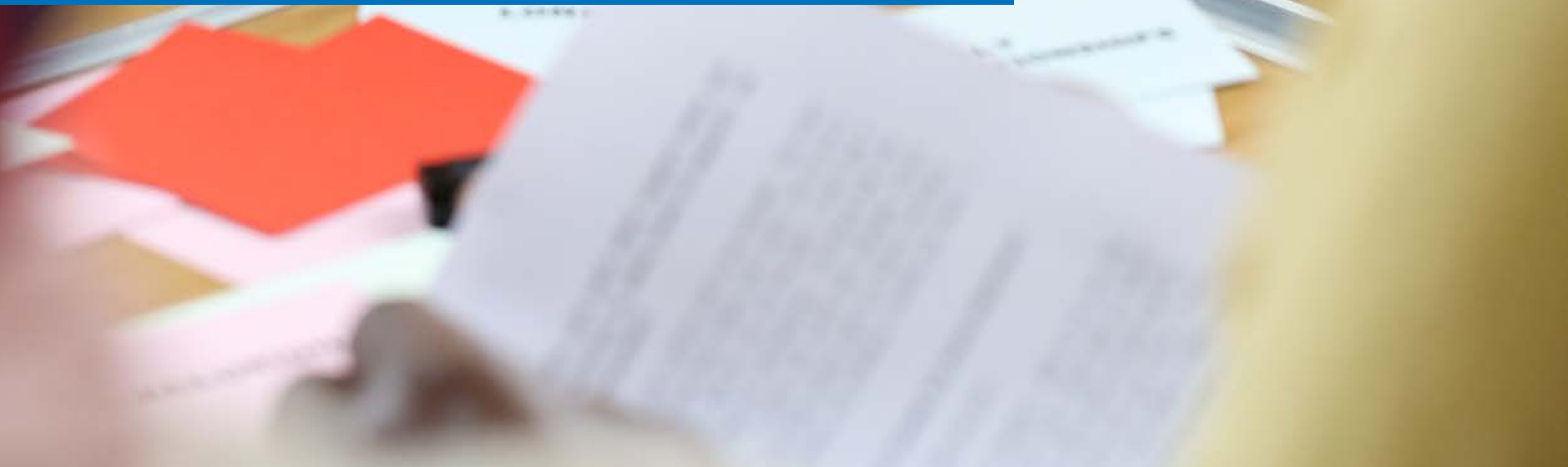


THE PROCESS OF QUALITATIVE DATA ANALYSIS

- Step 1 • Organise the data**
 - Transcribe the data
 - Structure and familiarise
- Step 2 • Identify framework**
 - READ - READ - READ
 - Develop coding plan: develop codes on the basis of literature + develop new, emerging codes
- Step 3 • Sort data into framework**
 - Code the data
 - Modify the framework
- Step 4 • Use the framework for descriptive analysis**
 - Organise range of responses into categories
 - Identify recurrent themes
- Step 5 • Second order analysis**
 - Notice patterns in the data
 - Identify respondent clusters



6. Evaluate and monitor progress



The success and sustainability of an age-friendly action plan is supported by its capacity to improve continually and show achievements. This depends on robust monitoring and evaluation of actions taken under the plan. Demonstrating positive outcomes can further help to sustain political commitment and ensure future funding. In many communities, however, evaluation only reports direct outputs at the end of each time frame within a plan and thus falls short of using the full potential offered by the monitoring of processes, wider outcomes and impacts. Such lack of evaluation often originates from a lack of planning for evaluation at the beginning of the process and missing baseline indicators that are sensitive to change. Many relevant data points are only collected at the regional and national level and may not be available at the local scale where they are needed to support evidence-based policy-making. Filling gaps in data and developing new indicators are often too costly for local authorities; common guidance and methodologies on measuring age-friendly indicators have only recently begun to emerge.

Establishment of an evaluation team and consideration of how the action plan might be updated and revised in the future should begin early in the process. This may be based on a formal strategy for monitoring and evaluation of the action plan, which should be agreed from the start.

An action plan or working group should define the modalities for the evaluation of the plan and process as early as possible. Understanding *how* a community has become more age-friendly (process evaluation) is complementary to investigating *whether* a community has become more age-friendly (outcome and impact assessment). The evaluation team usually brings together internal and external experts, who use a variety of methods, such as:

- interviews, focus groups or other meetings with major stakeholders to discuss implementation;
- indicators defined in the action plan or comparable indicators from data sources of higher geographical levels;
- participatory maps;

- sociological surveys or polls of perceived health and satisfaction with environment; and
- qualitative reviews of policies, laws and documentation related to the age-friendly initiative.

While specific periods for appraisal are often part of strategies or action plans, the basis for successful monitoring and evaluation needs to be thought through from the beginning of each age-friendly programme. Evaluation plans and systems can be useful complements to action plans. Many communities have expressed interest in indicators to measure progress towards the goal of becoming more age-friendly. WHO has recently developed a guide to using core indicators that support communities interested in comparing their achievements with other cities and – perhaps more importantly – in creating comparisons over time (25).

Key success factors for creating a solid evaluation strategy include these steps:

- create partnerships with universities and research institutions;
- monitor processes continually;
- undertake both outcome and impact evaluation;
- sustain and improve action informed by evidence; and
- learn from successful action in national and international networks.

Create partnerships with universities and research institutions

The evaluation of an age-friendly action plan can be led from within the working group or council in charge of its overall planning and monitoring, but this may create an additional burden on those delivering and coordinating already complex programmes. To reduce such work pressure and get an independent view of the project outcomes and delivery it can be helpful to set up a separate evaluation group and to build on strong partnerships with involved stakeholders. For instance, it can be useful to ask those who deliver programmes to collect a minimum set of information relevant for monitoring as they go. External experts can complement such continual process documentation with more detailed and systematic evaluation during specific periods.

Partners in evaluation should include older people themselves or relevant NGOs that can give an outside perspective of the change that has happened. Associations of older people, including those that have been involved in the development of a plan, are often valuable assets. Older people have been engaged as co-investigators to undertake part of the background research in many places (22, 42). The Belgian Ageing Studies project, for example, collects an extended data set on older people using older volunteers as researchers, supported by the research team (61) (see Box 20).

Evaluation often includes collection and analysis of many different sources of data. Specialists such as statisticians and academics are important partners and can help to ensure efficient delivery of the evaluation. Partnerships with local universities or research institutions have been identified as success factors (35, 62). Researchers can help to develop a sound evaluation plan and to devise a methodology to collect data to fill gaps in knowledge (63, 64). Universities furthermore can mediate to get students involved in collecting and analysing data as part of their training trajectory with outcomes that might be relevant for the evaluation of the project (65).

Monitor processes continually

An integral aspect of the evaluation of age-friendly initiatives is monitoring of processes. To be able to evaluate specific outcomes of an intervention, any practitioner needs to know what has been implemented and how. Process evaluation tries to understand the functioning, mechanisms and contexts of an intervention, asking: did the project achieve what it set out to do? It can identify specific factors that have made an initiative successful and collect regular feedback from stakeholders to revise the action plan and improve processes of delivery, if necessary.

A core principle of age-friendly action is engaging older people, carers and their organizations as active participants at all stages, including the review and appraisal process. Documenting how this was done and what has come out of it relies on the collection and use of qualitative data. Qualitative research mechanisms are used to capture the views and needs of stakeholders – for example, by ways of interviews, multistakeholder meetings, consultations, conferences and community forums. The quality and soundness of the recruitment of participants, selection of methods and analysis of findings, as well as reporting

Box 20. The Belgian Ageing Studies project: collaborations between universities, local authorities and older people

To support municipalities in developing evidence-based age-friendly policies the Belgian Ageing Studies project was developed by researchers at the Free University of Brussels (Vrije Universiteit Brussel) and University College Ghent (Hogeschool Gent). The team monitors local challenges and opportunities through scientific study of the needs and issues surrounding home-dwelling older people's quality of life, not only in relation to care needs but also including other domains of age-friendly environments such as neighbourhood environment, housing and social participation. Since 2004 more than 165 municipalities in Belgium, 11 in the Netherlands and two in Italy have engaged in the research project.

The study results provide tools for evaluating ageing policies and monitoring local challenges. Each sample aims to be representative for the respective municipality, offering local governments tools for the development of evidenced-based policies. The method developed by the universities in collaboration with older people, older people's associations, senior advisory boards, local authorities and other stakeholders facilitates the development of a community network between these various actors. Empowerment is promoted through a cycle of research, participation, education, community action and policy-making. Moreover, the method creates opportunities for older people to participate in the policy-making process, as they are involved in the research as experts and actors in their roles as voluntary poll-takers (peer research). As a consequence, older people who are actively engaged as participants are encouraged to develop a sense of co-ownership, highlighting the fact that participatory research can play a role in developing evidence-based policies.

Source: Belgian Ageing Studies (66).

the results, can have a crucial influence on the success and effectiveness of the initiative.

At every step and phase of the process – including the whole planning, development and implementation cycle – who was involved, what has gone well and which barriers and achievements were perceived should be documented for the purpose of monitoring. Since many steps will be repeated later, process evaluations can help to improve the process and planning. Existing documentation can show how obstacles were overcome. This information is important when plans are due to be renewed, so that targets can be adjusted. Moreover, process evaluation is crucial for accountability: it can be worth reporting regularly to citizens and partners on what has been implemented and how, in order to raise awareness and uptake. The working group in charge of the age-friendly initiative may be best placed to collect all necessary documentation and prepare reports if applicable. This can also facilitate exchange and learning between communities.

Undertake outcome and impact evaluation

An action plan typically has a specific time frame within which actions should be implemented and after which it is evaluated and updated. The working or specific evaluation group will need to lead the monitoring and evaluation mechanisms of the local plan and its respective targets. At the beginning of each plan mechanisms for evaluation should be put in place to ensure that:

- important data and agreed indicators are collected and available and that additional data needs are addressed, with appropriate methods for data collection;
- the overall review process is planned from the beginning in terms of responsibilities, timelines and capacity for analysis; and
- feedback mechanisms regularly review the delivery of the plan to adapt to changing circumstances and feedback from the target group and to improve effectiveness.

Undertaking a comprehensive baseline assessment and defining measurable goals are essential for the monitoring of achievements (see Box 21). The monitoring mechanisms can become an important tool to ensure that agreed actions are proceeding as intended. Furthermore, if evaluation is conducted regularly this will help identifying the main achievements and

good practices. More guidance on potential indicators can be found in the recent WHO publication *Measuring the age-friendliness of cities: a guide to using core indicators* (25).

Sustain and improve action informed by evidence

The sustaining or improving of an existing age-friendly plan needs to be supported by periodic reviews and updates of both the plan and targets and also the data used to inform the political priorities of the plan (see Box 22). The main drivers for updating the action plan are likely to emerge from the outcome evaluation, but it might also need to be updated in response to political, social or economic change.

To contribute to a plan's sustainability it is important that the indicators used for evaluation are chosen carefully and are adapted to the local situation because they need to be relevant to goals and targets set in the strategy and action plan. While there is value in collecting a core set of internationally comparable indicators (25), it should be remembered that indicators need to be understood in their specific context (urban or rural communities, population size and so on). Some indicators may be also culturally influenced or need to be interpreted differently in different contexts (for example, the participation of older people in paid employment is seen in some cultures as an opportunity to contribute, while in others it is seen as a sign of the financial instability of older people) (68).

In order to inform the outcomes and renewal of an action plan, indicators should be sensitive to changes over time. To facilitate this, indicators should ideally be part of routine information collection systems or they (or a proxy measure) should be able to be monitored repeatedly. Data specially collected to support the creation of a plan or strategy could also serve as a baseline indicator that can be monitored over time if it is feasible to collect the same indicator or proxy in recurring rounds of data collection using the same or comparable methods.

The success of an action plan depends on effective communication throughout its implementation, highlighting the main interventions and results achieved. A communication plan can support this process and include information on relevant objectives, audiences, messages, tools and resources available for various communication tasks. A diversity of media channels,

Box 21. Monitoring and evaluating Barcelona's "Plan for the elderly"

"Plan for the elderly 2013–2016" is a three-year framework action plan with a comprehensive perspective on healthy ageing in the city of Barcelona in Spain. It is a guide for short-term action towards operational objectives and has established a set of performance indicators related to the objectives set for each project, process or service specified in the plan. The evaluation builds on the indicators system, based on process, performance and general trends, to assess the overall impact of the plan. It includes the following mechanisms:

- measurable output indicators linked to programmes, as well as other process and environment indicators; and
- a crosscutting technical committee to perform the monitoring, composed of technical managers from the various departments involved, serving three principal functions:
 - to monitor implementation
 - to provide technical analysis and to address unanticipated issues
 - to compile relevant indicators for evaluation and monitoring.

Based on this work, the political and technical monitoring committee assesses the plan's degree of compliance. An annual evaluation report is published that includes:

- the set of indicators for each strategic line and its degree of compliance in relation to the operational objective;
- an assessment of the executive process;
- an assessment of overall plan compliance; and
- new issues that may arise.

The report is submitted to the standing committee of the advisory council for the elderly, the political and technical monitoring committee and the government commission.

Source: Barcelona City Council (67).

including social media, can be effective to promote the visibility of the plan for different target groups.

Indicators and targets on process, output and outcome levels have important information to offer that can help to improve the action plan and single projects, as well as communication with the public. Regular evaluations and monitoring can help to create momentum and public support for the implementation process. Many communities have therefore made the most relevant statistical indicators of healthy ageing or city profiles publicly available online.

Various stakeholders can help maintain public interest and highlight achievements or potential for improvement. Data can be used to support sustainability of the initiative in:

- regular information and communication campaigns targeting all stakeholders, including the general public;
- multistakeholder meetings to report on progress and discuss improvements;
- attempts by the steering committee to receive additional funding and political support for the action plan; and
- engaging new stakeholders from the community.

Learn from successful action in national and international networks

Monitoring and evaluation of actions and impacts also facilitates sharing of experiences with other local authorities for mutual exchange and learning. There are many opportunities to share good practice exam-

Box 22. Udine has sustained action informed by evaluation

For almost a decade the topic of healthy ageing has been a policy priority in the Italian city of Udine, which has solidly integrated evaluation and uses this information to improve its age-friendly programme. The following evaluation and assessment tasks were part of the city's work towards age-friendly policies:

- production of a healthy ageing profile, using 22 indicators to provide a snapshot of the older population within a framework for interservice collaboration;
- using geographical information systems to map the location of the city's older population and to influence planning decisions relating to services such as bus routes and local health care services, including the location of pharmacies;
- engaging with older people through the Vancouver protocol process to gauge their views and inform investment decisions;
- establishing a series of intergenerational and activity-based projects to promote well-being among older people; and
- establishment of an observatory for the health of older people.

Source: Commune di Udine (69).

ples or discuss the challenges of creating age-friendly environments. In many countries in Europe national networks have been created to support the communities and cities committed to adapting their environments to the needs of an ageing population (see Box 23).

Exchange with other cities nationally and internationally creates important opportunities to showcase achievements to learn from peers (70). Even well performing communities can further improve and get inspiration from other cities in the world. Several international movements and networks can help facilitate mutual learning between cities and communities in this respect. Within the EU, the European Commission has supported the European Innovation Partnership on Active and Healthy Ageing, with a specific focus on scaling up successful practices to support active and healthy ageing at the subnational level (71). Since 2015, the Covenant on Demographic Change has been a dedicated forum to promote age-friendly environments in Europe (45).

The WHO Regional Office for Europe has worked with members of EHCN to develop, implement and monitor policies to foster healthy cities for all ages since 1987. Work on healthy ageing has been a special focus during the past 10 years and continues to be an area of special interest for many cities. Moreover, the WHO

Global Network of Age-friendly Cities and Communities unites members committed to make communities more age-friendly and the Network's "Age-friendly world" ePortal (12) encourages exchange of practice examples and experiences. Members of these networks often mention their membership and participation in face-to-face exchanges between members as a success factor that drives their work and improves local performance.

Tools and further reading

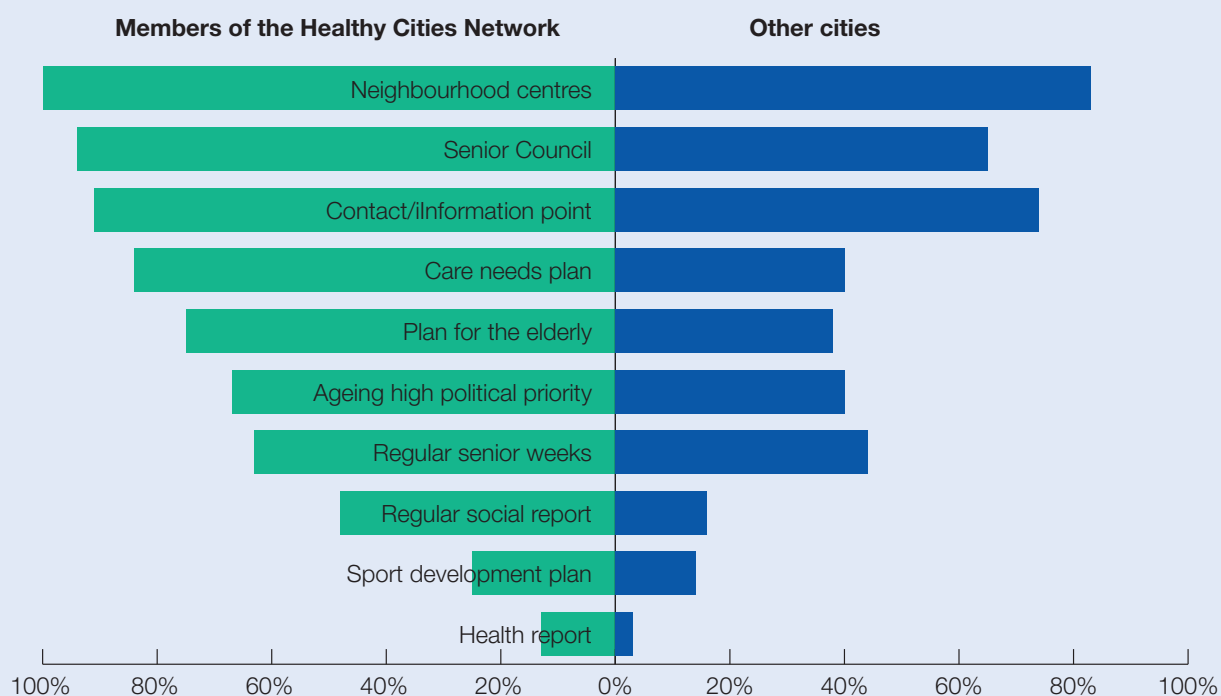
Bertelsmann Stiftung (2016). Wegweiser Kommune: Daten und Visualisierungen [Community guide: data and visualizations] [website]. Gütersloh: Bertelsmann Stiftung (<http://www.wegweiser-kommune.de/>, accessed 11 May 2016).

Bruce N, McCracken C, Buckner S, Dherani M, McGill R, Ronzi S et al. (2014). Age-friendly towns and cities: a mixed methods approach to developing an evaluation instrument for public health interventions. *Lancet*. 384:S22.

Public Health Agency of Canada (2015). Age-friendly communities evaluation guide: using indicators to measure progress. Ottawa: Public Health Agency of Canada (<http://www.phac-aspc.gc.ca/seniors-aines/indicators-indicateurs-eng.php>, accessed 11 May 2016).

Box 23. Cities that cooperate in networks are more active: a review from Germany

The German Federal Centre for Health Education undertook a systematic survey of 570 local and regional authorities in 2006 on the presence of local policies that support healthy ageing in Germany. As the figure below shows, members of the national Healthy Cities Network are generally more active in developing policies and services that support healthy and active ageing at the local level than other local authorities.



Source: Hollbach-Grömig & Seidel-Schulze (73).

Ruza J, Kim JI, Leung I, Kam C, Ng SYM (2015). Sustainable, age-friendly cities: an evaluation framework and case study application on Palo Alto, California. *Sustainable Cities and Society*. 14:390–6.

University College London (2011). DataShine Census [online database]. London: University College London (datashine.org.uk, accessed 11 May 2016).

West Midlands Public Health Observatory (2013). The older people's health and well-being atlas [online

database]. Birmingham: West Midlands Public Health Observatory (<http://www.wmpho.org.uk/olderpeopleatlas/Atlas/atlas.html>, accessed 11 May 2016).

World Health Organization (2015). Measuring the age-friendliness of cities: a guide to using core indicators. Kobe: World Health Organization (http://www.who.int/kobe_centre/publications/AFC_guide/en/, accessed 22 April 2016).

References



1. Age-friendly environments in Europe: a handbook of domains for policy action. Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/activities/age-friendly-environments-in-europe-afee/modules-of-a-guide-for-age-friendly-environments-in-europe>, accessed 13 May 2016).
2. World report on ageing and health. Geneva: World Health Organization; 2015 (<http://apps.who.int/iris/handle/10665/186463>, accessed 18 April 2016).
3. Global strategy and action plan on ageing and health. Geneva: World Health Organization; 2016 (<http://www.who.int/ageing/global-strategy/en/>, accessed 27 June 2016).
4. Jackisch J, Zamaro G, Green G, Huber M. Is a healthy city also an age-friendly city? *Health Promot Int.* 2015; 30(Suppl 1):i108–i117.
5. Global age-friendly cities: a guide. Geneva: World Health Organization; 2007 (http://www.who.int/ageing/age_friendly_cities_guide/en/, accessed 4 May 2016).
6. Network cycle of continual improvement [website]. Geneva: World Health Organization; 2016 (http://www.who.int/ageing/age_friendly_cities_process/en/, accessed 12 February 2016).
7. State of Play of Action Group D4: innovation for age-friendly buildings, cities and environments. Luxembourg: Publications Office of the European Union; 2015 (http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=documents, accessed 19 July 2016).
8. Health 2020: policy framework and strategy. Copenhagen: WHO Regional Office for Europe; 2012 (EUR/RC62/8; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-second-session/documentation/working-documents/eurrc628-health-2020-policy-framework-and-strategy>, accessed 4 May 2016).
9. Clarke P, Nieuwenhuijsen ER. Environments for healthy ageing: a critical review. *Maturitas.* 2009; 64(1):14–9 (<http://www.sciencedirect.com/science/article/pii/S0378512209002576>, accessed 9 June 2014).
10. Green G, Tsouros A. City leadership for health: summary evaluation of Phase IV of the WHO European Healthy Cities Network. Copenhagen: WHO Regional Office for Europe; 2008 (<http://www.euro.who.int/en/publications/abstracts/city-leadership-for-health.-summary-evaluation-of-phase-iv-of-the-who-european-healthy-cities-network>, accessed 4 May 2016).
11. Green G. Age friendly cities of Europe. *J Urban Health.* 2012; 90(Suppl 1):S116–S128 (<http://link.springer.com/article/10.1007/s11524-012-9765-8>, accessed 3 June 2013).
12. Age-friendly World: adding life to years [website]. Geneva: World Health Organization; 2015 (<https://extranet.who.int/agefriendlyworld/>, accessed 4 May 2016).
13. Strategy and action plan for healthy ageing in Europe, 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (EUR/RC62/10 Rev.1; <http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/healthy-ageing/publications/2012/eur-rc6210-rev.1-strategy-and-action-plan-for-healthy-ageing-in-europe,-20122020>, accessed 4 May 2016).
14. Plouffe LA, Kalache A, Voelcker I. A critical review of the WHO Age-Friendly Cities methodology and its implementation. In: Moulart T, Garon S, editors. *Age-friendly cities and communities in international comparison: political lessons, scientific avenues, and democratic issues.* New York: Springer; 2015:19–36.
15. Buffel T, Phillipson C, Scharf T. Ageing in urban environments: developing “age-friendly” cities. *Crit Soc Policy.* 2012; 32(4):597–617 (<http://csp.sagepub.com/cgi/doi/10.1177/0261018311430457>, accessed 14 June 2013).
16. Community participation in local health and sustainable development: approaches and techniques. Copenhagen: WHO Regional Office for Europe; 2002 (<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2002/community-participation-in-local-health-and-sustainable-development.-approaches-and-techniques>, accessed 4 May 2016).
17. WHO age-friendly cities project methodology: Vancouver protocol. Geneva: World Health Organization; 2007 (<http://www.who.int/ageing/publications/>

Microsoft%20Word%20-%20AFC_Vancouver_protocol.pdf, accessed 4 May 2016).

18. Lui C-W, Everingham J-A, Warburton J, Cuthill M, Bartlett H. What makes a community age-friendly: a review of international literature. *Australas J Ageing*. 2009; 28(3):116–21 (<http://doi.wiley.com/10.1111/j.1741-6612.2009.00355.x>, accessed 4 February 2015).

19. Scharlach A. Frameworks for fostering aging-friendly community change. *Generations*. 2009; 33(2):71–3 (<http://www.ingentaconnect.com/content/asag/gen/2009/00000033/00000002/art00013>, accessed 5 May 2016).

20. Laverack G, Labonte R. A planning framework for community empowerment goals within health promotion. *Health Policy Plan*. 2000; 15(3):255–62 (<http://heapol.oxfordjournals.org/content/15/3/255.abstract>, accessed 16 December 2015).

21. AFE-INNOVNET (2015). Guidelines for co-producing age-friendly environments with older people. Brussels: AFE-INNOVNET (<http://afeinnovnet.eu/content/guidelines-co-producing-age-friendly-environments-older-people>, accessed 9 May 2016).

22. Buffel T, editor. *Researching age-friendly cities: stories from older people as co-investigators*. Manchester: University of Manchester Library; 2015 (<https://extranet.who.int/agefriendlyworld/researching-age-friendly-cities-stories-from-older-people-as-co-investigators/>, accessed 5 May 2016).

23. Manchester City Council. *Manchester: a great place to grow older 2010–2020*. Manchester: Manchester City Council; 2009 (http://www.manchester.gov.uk/downloads/file/11899/manchester_a_great_place_to_grow_older_2010-2020, accessed 21 February 2016).

24. *Age-friendly Manchester. Researching age-friendly cities* [online film]. Manchester: University of Manchester; 2015 (<http://www.socialsciences.manchester.ac.uk/sociology/research/impact/age-friendly-neighbourhoods/>, accessed 13 April 2016).

25. *Measuring the age-friendliness of cities: a guide to using core indicators*. Kobe: World Health Organiza-

tion; 2015 (http://www.who.int/kobe_centre/publications/AFC_guide/en/, accessed 22 April 2016).

26. Alley D, Liebig P, Pynoos J, Banerjee T, Choi IH. Creating elder-friendly communities: preparations for an aging society. *J Gerontol Soc Work*. 2007; 49(1–2):165–84.

27. *Health profile of Riga city residents* [website]. Riga: Riga City Council; 2014 (<http://www.veseligsridzinieks.lv/publikacijas/>, accessed June 12 2016).

28. Lehning AJ. Local and regional governments and age-friendly communities: a case study of the San Francisco Bay Area. *J Aging Soc Policy*. 2014; 26(1–2):102–16 (<http://www.ncbi.nlm.nih.gov/pubmed/24266586>, accessed 11 May 2016).

29. Marin B, Zaidi A, editors. *Mainstreaming ageing: indicators to monitor sustainable policies*. Aldershot: Ashgate; 2007.

30. *Mainstreaming ageing: UNECE Policy Brief on Ageing No. 1*. Geneva: United Nations Economic Commission for Europe; 2009 (<http://www.unece.org/population/ageing/policybriefs.html>, accessed 17 April 2016).

31. Voljč B, Ramovš J. Vrednote starosti prijaznega zdravstva v Ljubljani [The values of age-friendly health care in Ljubljana] (in Slovenian). *Zdravniški Vestnik* [Slovenian Medical Journal]. 2012; 81(11):784–90.

32. *The Minsk Declaration: the life-course approach in the context of Health 2020*. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/media-centre/events/events/2015/10/WHO-European-Ministerial-Conference-on-the-Life-course-Approach-in-the-Context-of-Health-2020/documentation/the-minsk-declaration>, accessed 27 June 2016).

33. *Newcastle's wellbeing for life strategy*. Newcastle: Wellbeing for Life; 2013 (<https://www.wellbeingforlife.org.uk/our-strategy>, accessed 21 February 2016).

34. *Know Newcastle* [website]. Newcastle: Know Newcastle; 2016 (www.knownewcastle.org.uk, accessed 6 May 2016).

35. Menec VH, Novek S, Veselyuk D, McArthur J. Lessons learned from a Canadian province-wide age-friendly initiative: the Age-Friendly Manitoba Initiative. *J Aging Soc Policy*. 2014; 26(1–2):33–51 (<http://www.ncbi.nlm.nih.gov/pubmed/24224864>, accessed 11 May 2016).
36. Active ageing strategy 2016–2012. Belfast: Northern Ireland Executive; 2016 (<https://www.ofmd-fmni.gov.uk/publications/active-ageing-strategy-2016-2021>, accessed 6 May 2016).
37. Minnigaleeva G. From age-friendly research to age-friendly city and age-friendly regional network: case of Tuymazy and Republic of Bashkortostan, Russian Federation. In: Fitzgerald KG, Caro FG, editors. *International perspectives on age-friendly cities*. New York: Routledge; 2016: 65–80.
38. Menec V, Bell S, Novek S, Minnigaleeva GA, Morales E, Ouma T et al. Making rural and remote communities more age-friendly: experts' perspectives on issues, challenges, and priorities. *J Aging Soc Policy*. 2015; 27(2):173–91 <http://www.ncbi.nlm.nih.gov/pubmed/25647697>, accessed 11 May 2016).
39. Age-friendly NYC. Creating an age-friendly NYC one neighborhood at a time: a toolkit for establishing an aging improvement district in your community. New York: New York Academy of Medicine; 2012 (<http://www.agefriendlynyc.org/tools-and-resources.html>, accessed 5 May 2016).
40. Prague as an age-friendly city [website]. Munich: World Café Europe; 2013 (http://www.worldcafe.eu/frontend/index.php?ses_%20id=6492be6d-b2ad403f7507d898bb1b142f&cs=11&page_id=146, accessed 9 May 2016).
41. Dankić K, Mrakovčić M, Perhat A, Mušković K. 50+ in Rijeka: healthy ageing profile. Rijeka: City of Rijeka; 2006 (<http://www.rijeka.hr/50InRijekaHealthy>, accessed 6 May 2016).
42. Tsouros A. City leadership for health and sustainable development: the World Health Organization European Healthy Cities Network. *Health Promot Int*. 2009; 24(Suppl 1):i4–i10 (<http://www.heapro.oxford-journals.org/cgi/doi/10.1093/heapro/dap050>, accessed 9 May 2016).
43. O'Hehir J. Age-friendly cities and communities: a literature review. Adelaide: University of South Australia; 2014.
44. Dublin Declaration on Age-friendly Cities and Communities in Europe 2013. Dublin: Age-friendly Ireland; 2013 (<https://extranet.who.int/agefriendlyworld/the-dublin-declaration-on-age-friendly-cities-and-communities-in-europe-2013/>, accessed 9 May 2016).
45. Towards an age-friendly Europe: Covenant on Demographic Change [website]. Brussels: AFE-INNOVNET; 2016 (<http://agefriendlyeurope.org/>, accessed 9 May 2016).
46. European Innovation Partnership on Active and Healthy Ageing [website]. Brussels: European Commission; 2015 (http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing, accessed 9 May 2016).
47. Sidorenko A, Walker A. The Madrid International Plan of Action on Ageing: from conception to implementation. *Ageing Soc*. 2004; 24(2):147–65.
48. Kickbusch I, Gleicher D. Governance for health in the 21st century. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/urban-health/publications/2012/governance-for-health-in-the-21st-century>, accessed 10 July 2013).
49. Clark K, Glicksman A. Age-friendly Philadelphia: bringing diverse networks together around aging issues. *Journal Hous Elderly*. 2012; 26(1–3):121–36.
50. Brno, Czech Republic. In: *Ageing in cities*. Paris: OECD Publications; 2015 (http://www.oecd-ilibrary.org/urban-rural-and-regional-development/ageing-in-cities/brno-czech-republic_9789264231160-12-en, accessed 4 May 2016).
51. Lefebvre P, Chapon P, editors. *Guide Français des villes amies des aînés* [French guide for age-friendly cities] (in French). Paris: La documentation française; 2014 (<http://www.ladocumentationfrancaise.fr/catalogue/9782110097736/index.shtml>, accessed 4 May 2016).
52. How to create a community action plan [website]. Washington DC: AARP; 2015 (<http://www.aarp.org/>

livable-communities/network-age-friendly-communities/info-2014/how-to-create-a-community-action-plan.html, accessed 9 May 2016).

53. Orçamento participativo sénior [Senior participatory budget] [website] (in Portuguese). Alfândega da Fé: Município de Alfândega da Fé; 2015 (<http://www.cm-alfandegadafe.pt/pages/1016>, accessed 10 May 2016).

54. Paris budget participatif [Paris participatory budget] [website] (in French). Paris: Mairie de Paris (<https://budgetparticipatif.paris.fr>, accessed 10 May 2016).

55. Enhancing our city's livability for older New Yorkers. New York: Age-friendly NYC; 2009 (<http://www.agefriendlynyc.org/city-government.html>, accessed 13 May 2016).

56. Finkelstein R, Garcia A, Netherland J, Walker J. Toward an age-friendly New York City: a findings



- report. New York: Age-friendly NYC; 2008 (<http://www.agefriendlynyc.org/our-history.html>, accessed 10 May 2016).
57. Turbota pro Litnih v Ukraini [Age Concern Ukraine] [website]. Kiev: Turbota pro Litnih v Ukraini; 2013 (www.tlu.org.ua, accessed 10 May 2016).
58. Ball MS, Lawler K. Changing practice and policy to move to scale: a framework for age-friendly communities across the United States. *J Aging Soc Policy*. 2014; 26(1–2):19–32 (<http://www.ncbi.nlm.nih.gov/pubmed/24266621>, accessed 28 June 2014).
59. Murvall G, Fritz T, Sjöbergsee K. Projekt 90+: redovisning av ett styrketräningsprojekt för samhällets äldsta medborgare [Project 90+: Report on the strength training project for the community's oldest citizens] (in Swedish). Nacka: Sickla Hälsocenter (<http://www.shcgym.se/projekt-90/info-18371065>, accessed 11 May 2016).
60. Fougner Å. Aldrig för sent – gypagrupp 90+ [Never too late – gym group 90+] [video]. Stockholm: Fougner Film; 2012 (https://www.youtube.com/watch?v=_1L6CwiBDuE, accessed 11 May 2016).
61. De Donder L, De Witte N, Verté D, Dury S, Buffel T, Smetcoren A-S et al. Developing evidence-based age-friendly policies: a participatory research project. London: Sage Publications; 2013 (<http://srmo.sagepub.com/view/methods-case-studies-2014/n67.xml>, accessed 11 May 2016).
62. Plouffe LA, Kalache A. Making communities age friendly: state and municipal initiatives in Canada and other countries. *Gac Sanit*. 2011; 25:131–7.
63. Glicksman A, Clark K, Kleban MH, Ring L, Hoffman C. Building an integrated research/policy planning age-friendly agenda. *J Aging Soc Policy*. 2014; 26(1–2):131–46 (<http://www.ncbi.nlm.nih.gov/pubmed/24224719>, accessed 11 May 2016).
64. Davidson K, Daly T, Arber S. Older men, social integration and organisational activities. *Soc Policy Soc*. 2003; 2(2):81–9.
65. Neal MB, DeLaTorre AK, Carder PC. Age-friendly Portland: a university–city–community partnership. *J Aging Soc Policy*. 2014; 26(1–2):88–101 (<http://www.ncbi.nlm.nih.gov/pubmed/24266636>, accessed 11 May 2016).
66. Belgian Ageing Studies [website]. Brussels: Belgian Ageing Studies; 2013 (<http://www.belgianageing-studies.be/>, accessed 11 May 2016).
67. Barcelona age-friendly city: together we will build a city for all ages. Barcelona: Barcelona City Council; 2011 (<https://extranet.who.int/agefriendlyworld/spain-barcelona-age-friendly-city-together-we-build-a-city-for-all-ages-july-2011/>, accessed 11 May 2016).
68. Sidorenko A, Zaidi A. Active ageing in CIS countries: semantics, challenges, and responses. *Curr Gerontol Geriatr Res*. 2013; article ID 261819.
69. Progetto O.M.S. “Città Sana” a Udine [WHO European Healthy Cities Network project in Udine] [website] (in Italian). Udine: Comune di Udine; 2016 (<http://www.comune.udine.gov.it/index.php/aree-tematiche/salute-sociale-welfare/citta-sane/progetto-citta-sane-a-udine>, accessed 13 May 2016).
70. Lehning AJ, Scharlach AE, Dal Santo TS. A web-based approach for helping communities become more “aging friendly”. *J Appl Gerontol*. 2010; 29(4):415–33 (<http://jag.sagepub.com/content/29/4/415>).
71. European Innovation Partnership on Active and Healthy Ageing. European scaling-up strategy in active and healthy aging. Brussels: European Commission; 2015 (http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=documents, accessed 11 May 2016).
72. Hollbach-Grömig B, Seidel-Schulze A. Seniorenbezogene Gesundheitsförderung und Prävention auf kommunaler Ebene: eine Bestandsaufnahme [Health promotion and prevention for seniors at the local level: an inventory]. Köln: Bundeszentrale für gesundheitliche Aufklärung; 2007 (http://www.bzga.de/botmed_60633000.html, accessed 18 April 2016).



Annex 1. Checklists of processes towards becoming age-friendly: a rapid municipal self-assessment

Tables A1.1 and A1.2 summarize the main steps proposed in this document, following the model of four phases of the age-friendly journey and the scope of implementation of core principles (see also Fig. 2 in the introduction to the main report). They are intended to be used by local communities or coordinators as a rapid self-assessment tool to critically assess status, chart progress and gain an overview of which processes are well under way and which could be further strengthened. The checklist items also provide a guide for communities on potential success factors that could serve as entry points to foster more engagement. More detailed guidance on each step can be found in the main chapters of this publication.

Please choose the “yes” or “no” categories as applicable to your local community. “Can be improved” could be chosen when processes are not yet, not fully or not regularly completed, or if they could be improved in other ways. Communities are encouraged to accompany responses with a time frame and short explanations. The range of answer categories could be further increased and adapted to the user’s needs – for example, by introducing categories that indicate the degree of achievement on a scale of 1–5. Nevertheless, these scales should be compact enough, and the choice of response categories defined sufficiently, to allow for monitoring of progress over time.



Table A1.1. 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?			

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

Core principle	Yes	No	Can be improved
· 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?			

Annex 2. Template for local action plans

Objectives and priority areas (strategic goals based on local needs and analysis of strengths, weaknesses and opportunities)	Actions (activities that will be undertaken to reach the objective or goal)	Lead agency and partners (those responsible for task completion, for monitoring the process and for supporting implementation)	Inputs and resources (resources that are available and needed, including human and financial resources)	Target (including a timeline for completion of tasks and milestones in the process)	Indicator for outcome and process (direct output and elements that will allow for measuring progress)
Domain/Priority Area 1					
Objective 1	Activity a				
	Activity b				
Objective 2					
Example:					
...					



The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

ISBN 9789289052122



World Health Organization, Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark

Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01 Email: euwhocontact@who.int

Website: www.euro.who.int