

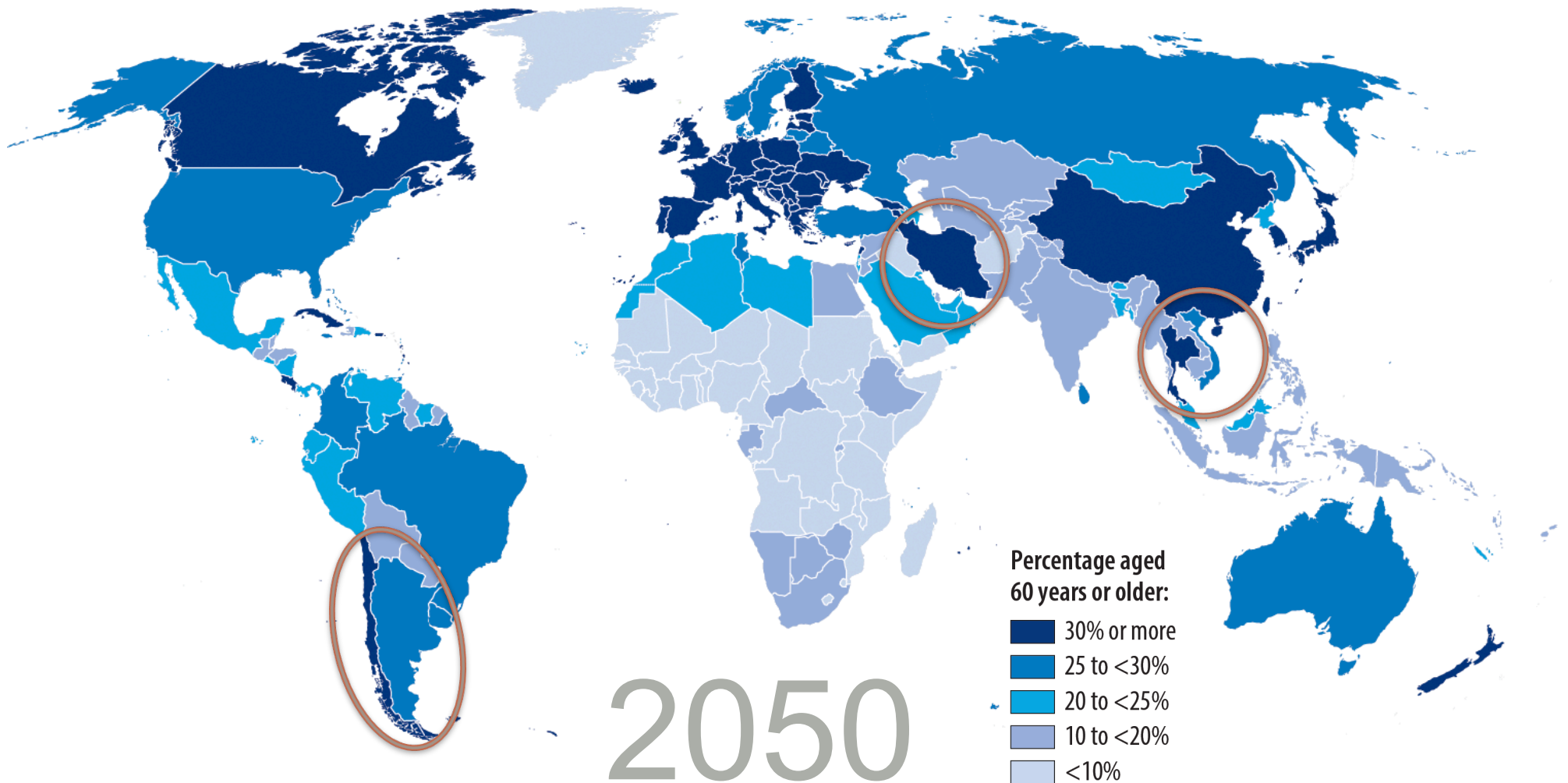
MEASURING AND EVALUATING AGE-FRIENDLY CITIES AND COMMUNITIES



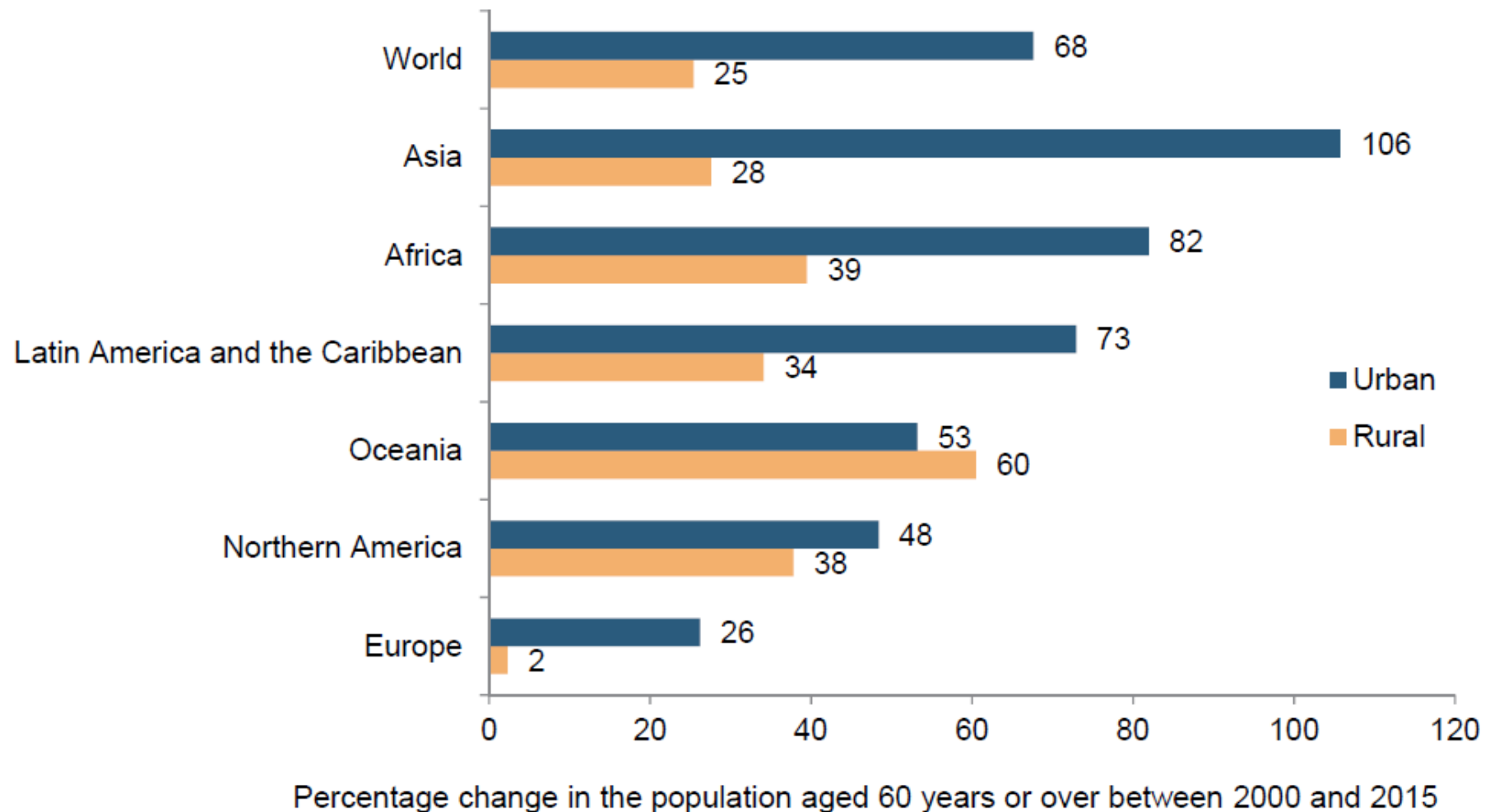
Megumi Rosenberg, DrPH
Technical Officer



Populations are getting older

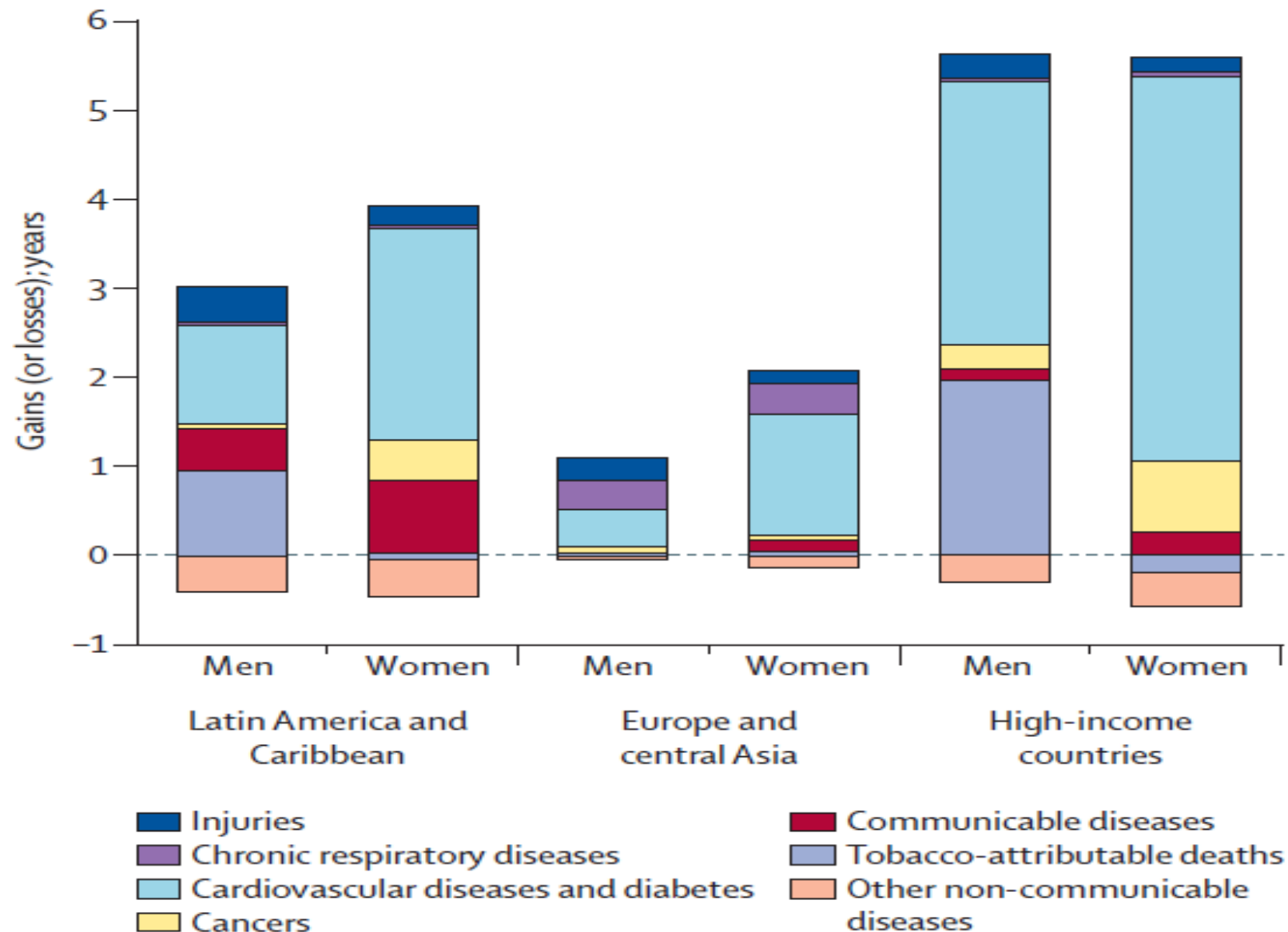


Rapid Older Population Growth in Urban Areas



Source: UNDESA, Population Division. *World Population Ageing 2015*.

NCDs are key to extending longevity in old age



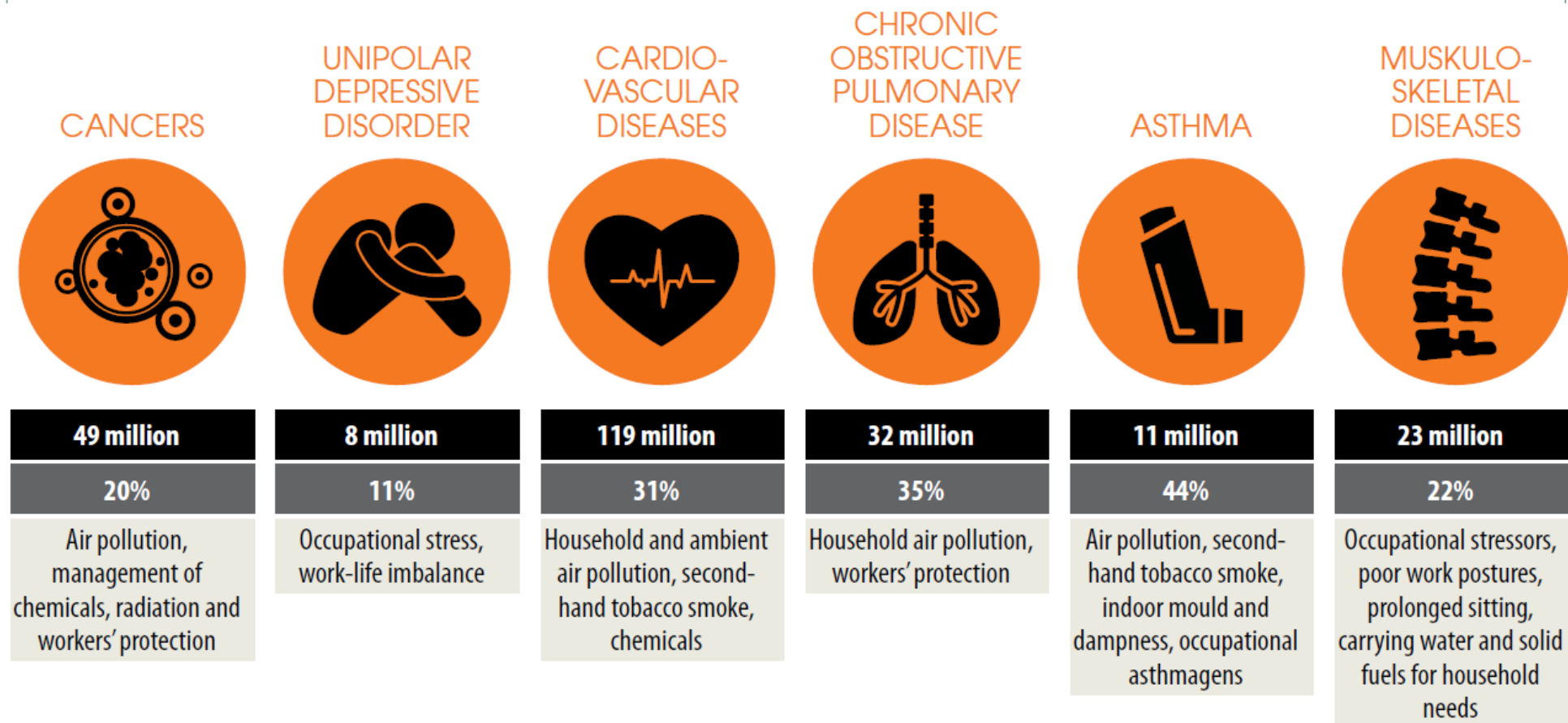
出典: Mathers C et al. Causes of international increases in older age life expectancy. *Lancet*. 2015, 385, 540-48.

NCD risk factors - “The Big Four”



	Tobacco Use	Unhealthy diets	Physical Inactivity	Harmful Use of Alcohol
Cardio-vascular				
Diabetes				
Cancer				
Chronic Respiratory				

Environmental risks to health are significant



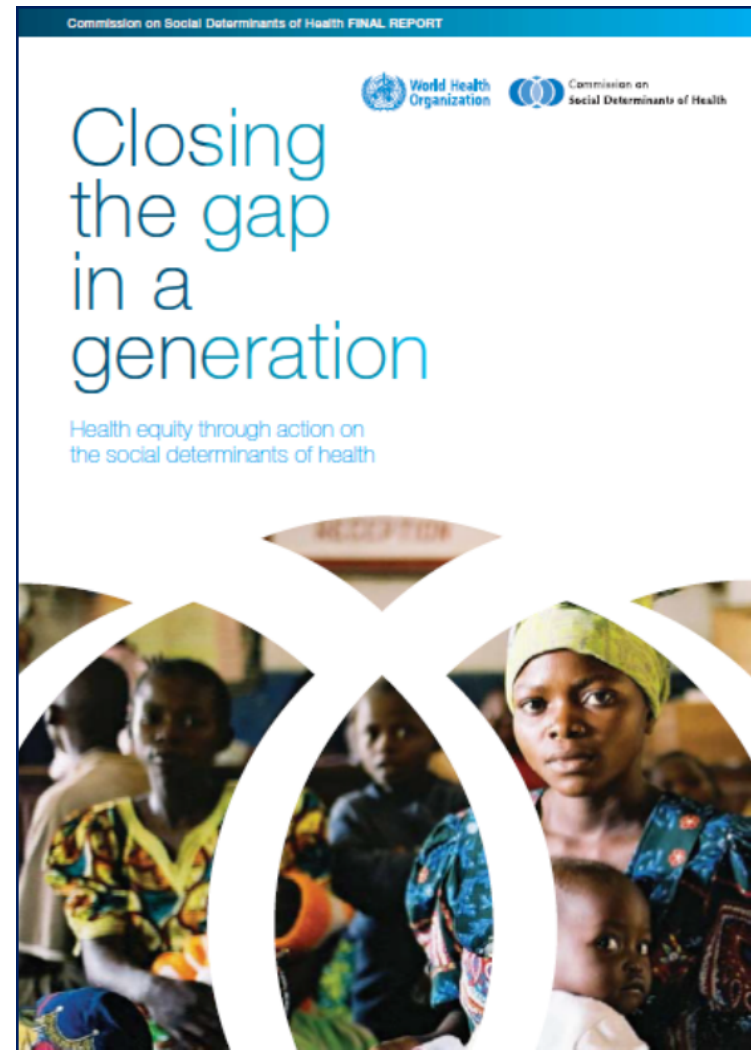
- DALYs due to preventable environmental risks
- Proportion of disease attributable to the environment
- Main areas of environmental action to prevent disease

出典: WHO (2016) Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks.

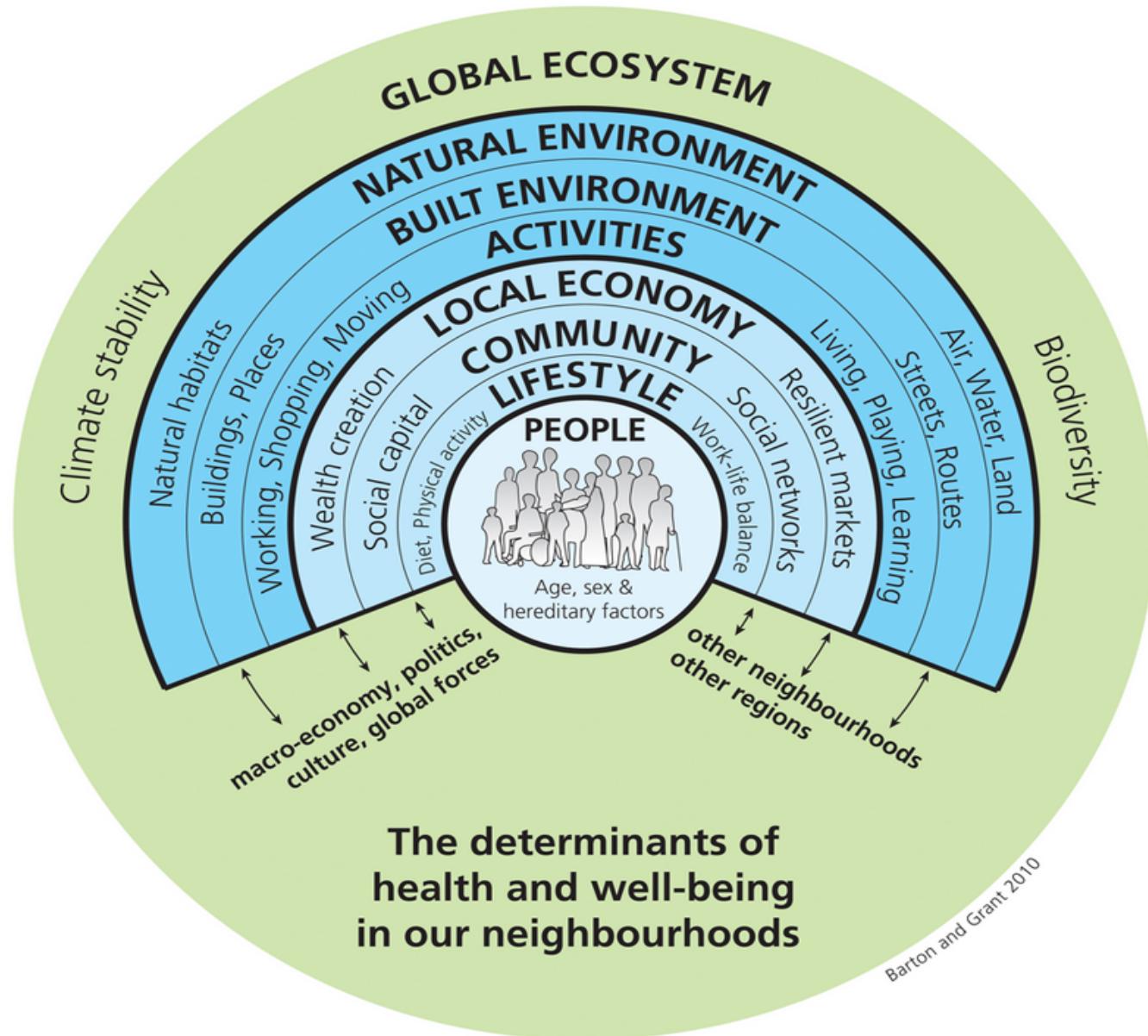
Social and structural determinants of health



“Social stratification likewise determines differential access to and utilization of health care, with consequences for the inequitable promotion of health and well-being, disease prevention, and illness recovery and survival.” (WHO, 2008)



Conceptual framework of the determinants of health



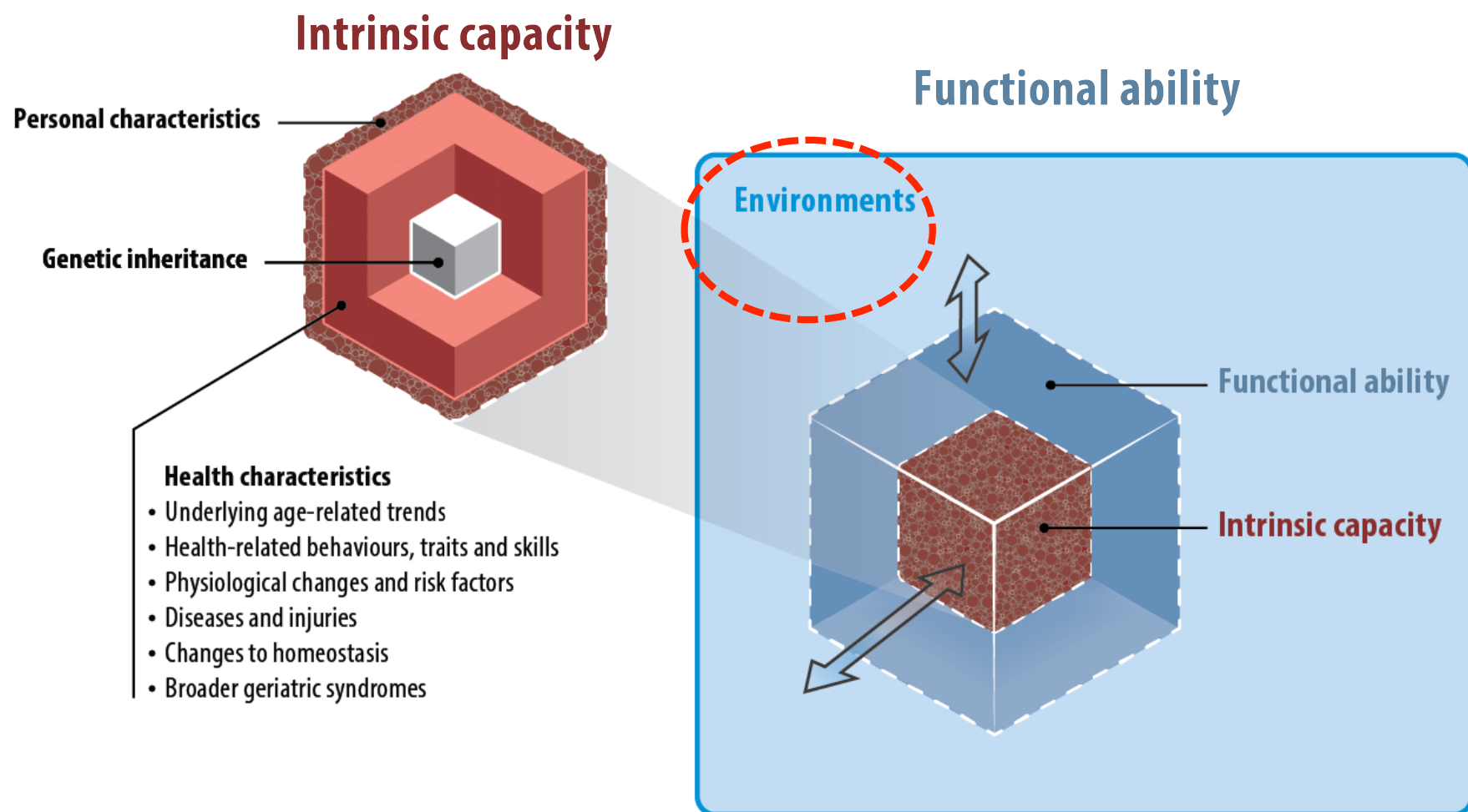
Being “healthy” in old age: a paradigm shift



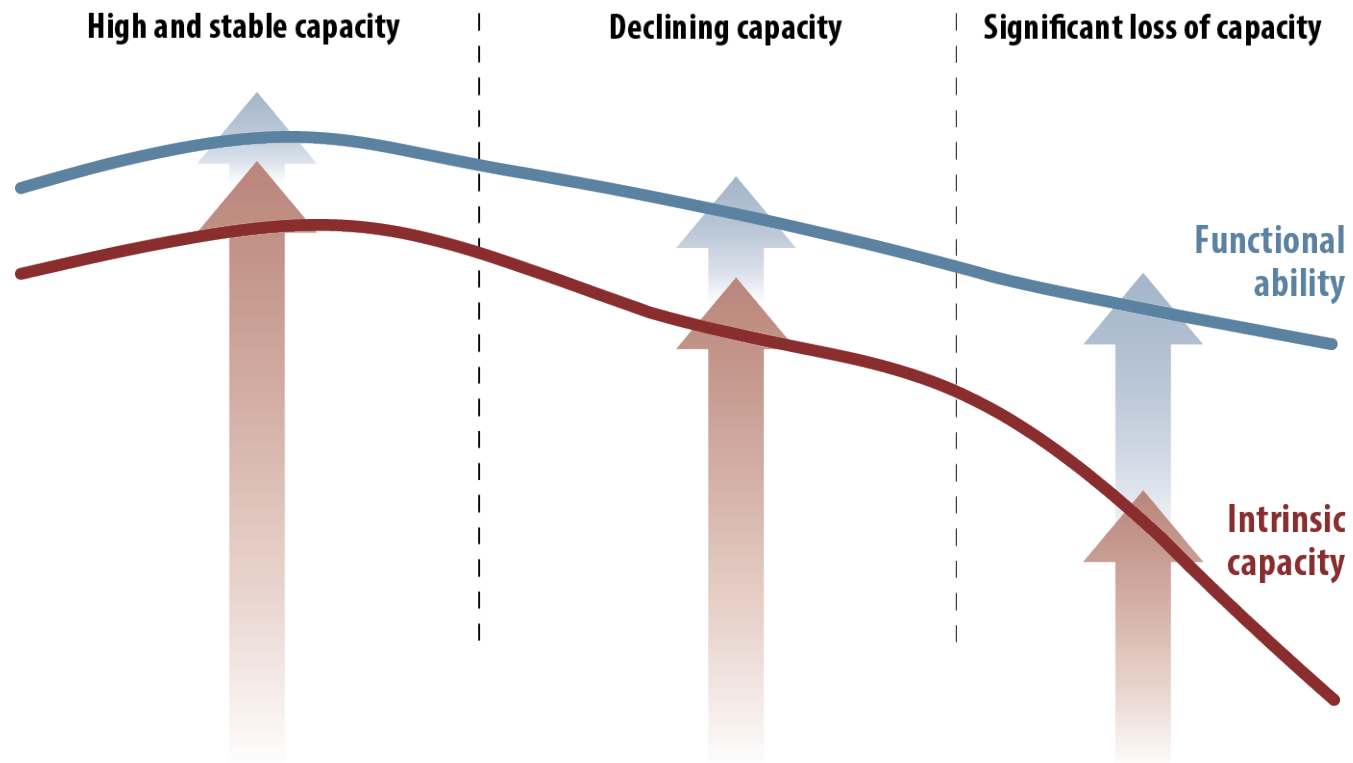
Healthy Ageing is the process of developing and maintaining the **functional ability** that enables wellbeing in older age

Health is a state of complete physical, mental and social well-being and **not merely the absence of disease or infirmity.**

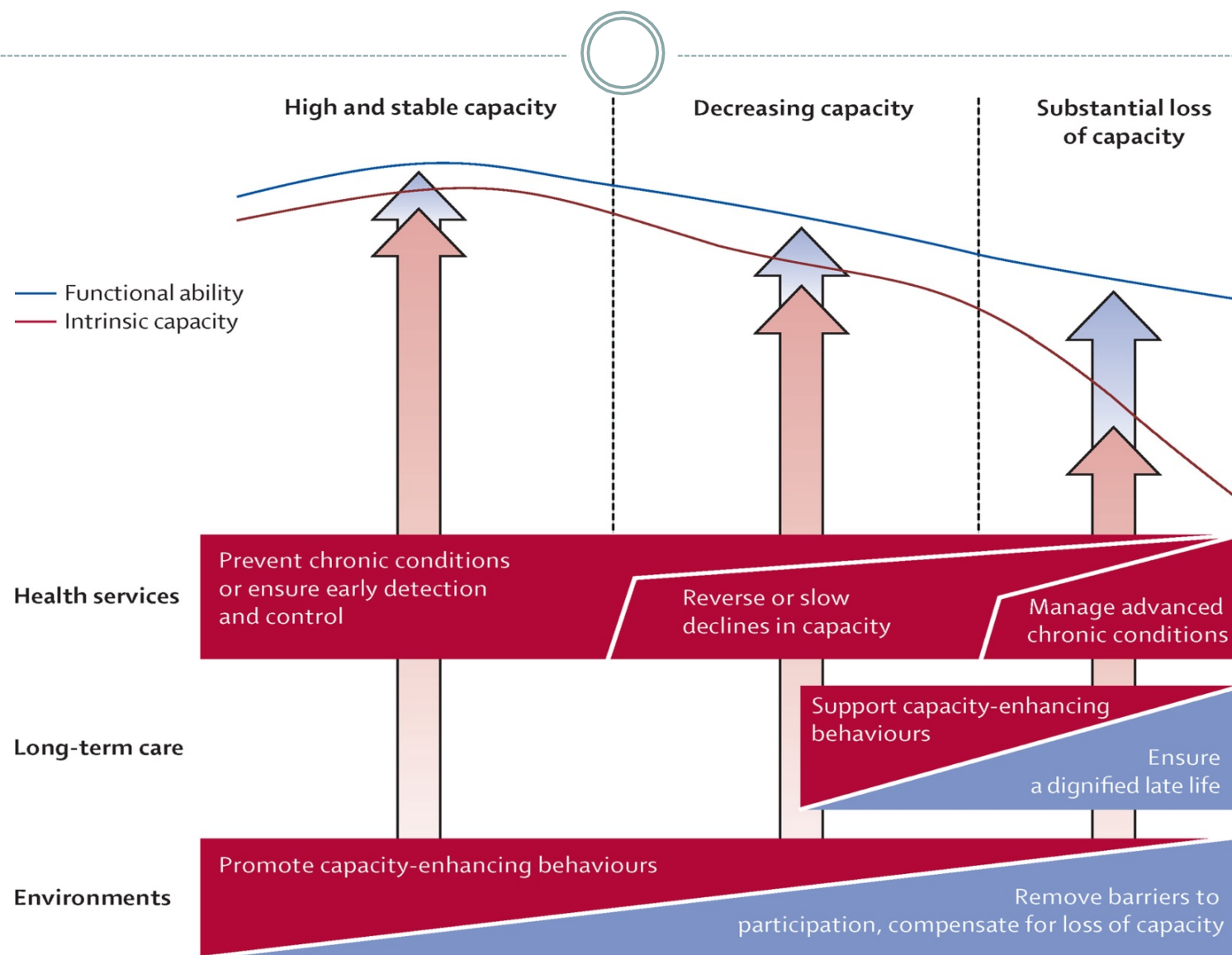
Conceptual model of functional ability



Life course trajectory of health and functioning



Public health framework of healthy ageing

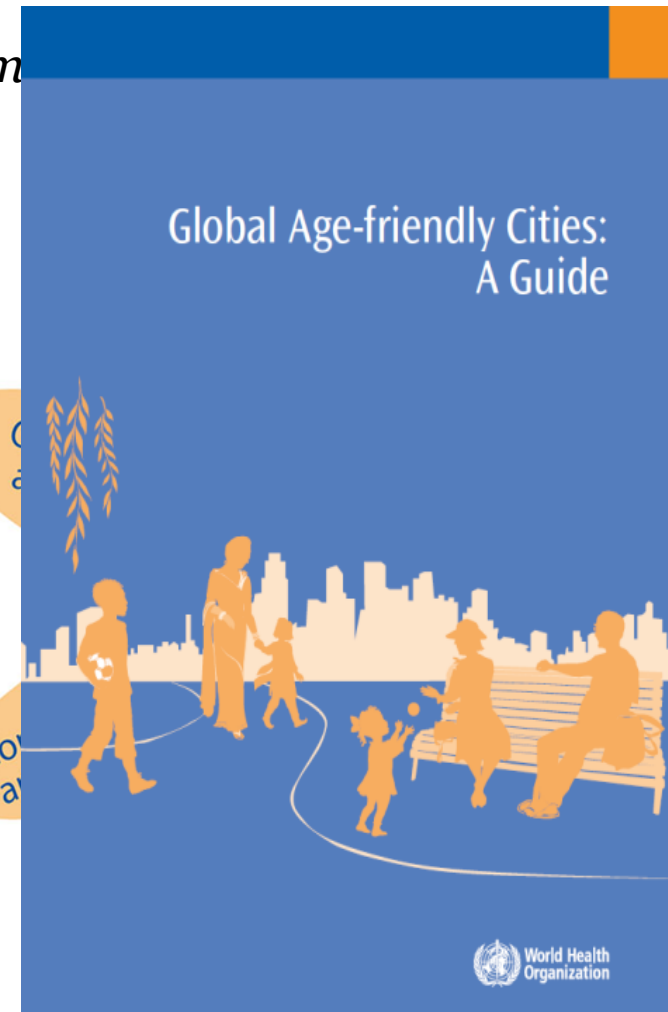


Concept of Age-friendly City



An Age-friendly City is an **inclusive and accessible community environment** that optimizes opportunities for **health, participation and security** for all people in order that **quality of life and dignity** are ensured as people age.

Dom

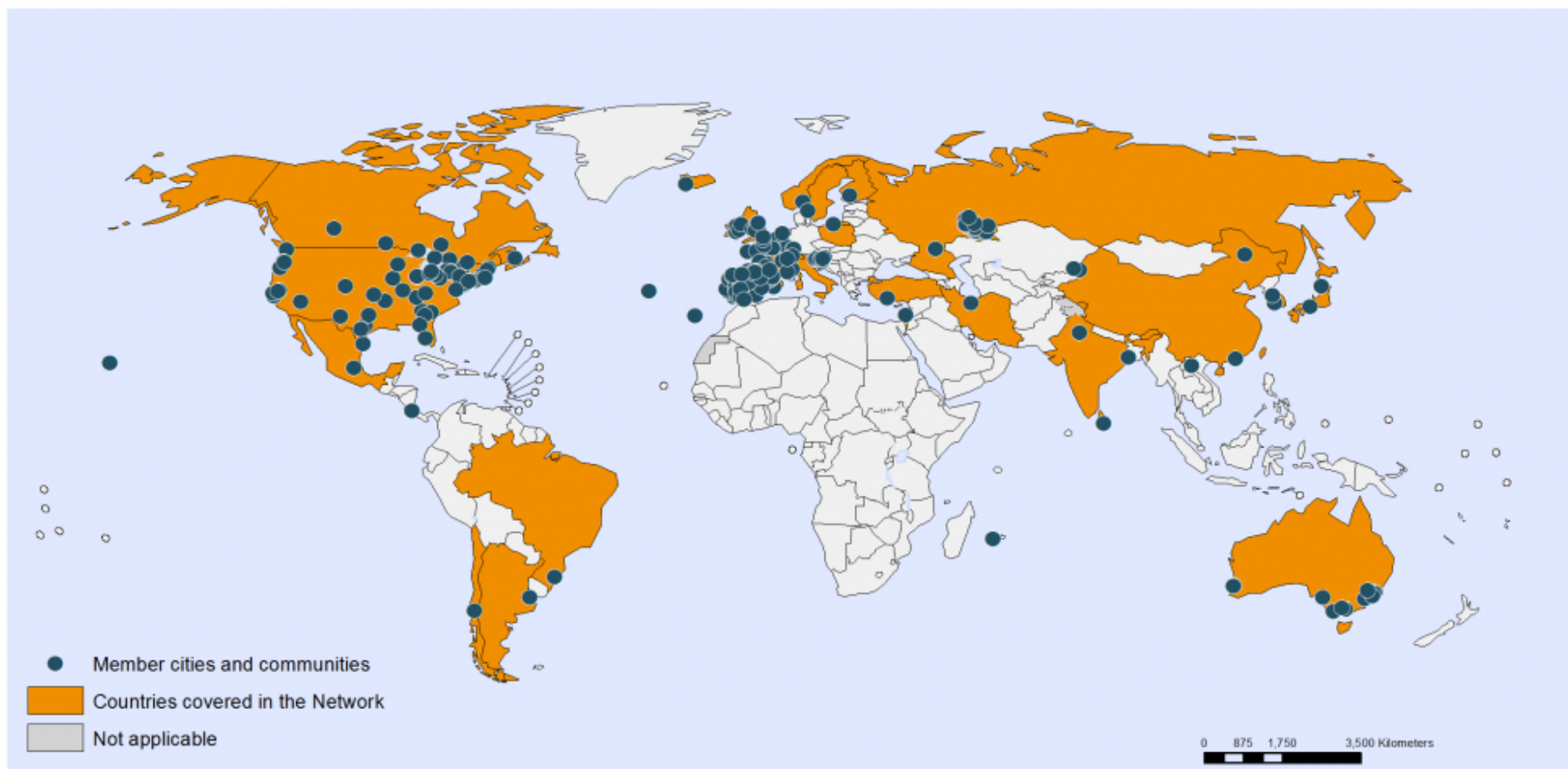


World Health Organization

WHO Global Network of Age-friendly Cities and Communities

400 member cities in 37 countries covering over 146 million people worldwide

WHO Global Network of Age-friendly Cities and Communities



The boundaries and names shown and the designations used on this map 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 and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Health Statistics and
Information Systems (HSI)
World Health Organization



© WHO 2015. All rights reserved.

AGE-FRIENDLY WORLD

adding life to years

Welcome to Age-friendly World



age-friendly
cities and communities
in practice

By local communities, for local communities



What is an age-friendly world?

It is a place that enables people of all ages to actively participate in community activities. It is a place that treats everyone with respect, regardless of their age. It is a place that makes it easy to stay connected to those around you and those you love. It is a place that helps people stay healthy and active even at the oldest ages. And it is a place that helps those who can no longer look after themselves to live with dignity and enjoyment. Many cities and communities are already taking active steps towards becoming more age-friendly. You will find more information about these in our section on the WHO Global Network of Age-friendly Cities and Communities. However, many barriers persist. Some of these are physical, for example, poorly designed buildings or lack of

Change Text Size

A A A

Search

Quick Links

- ▶ Age-Friendly City in Practice
- ▶ Guides and Toolkits
- ▶ News

WHO Global Network

287

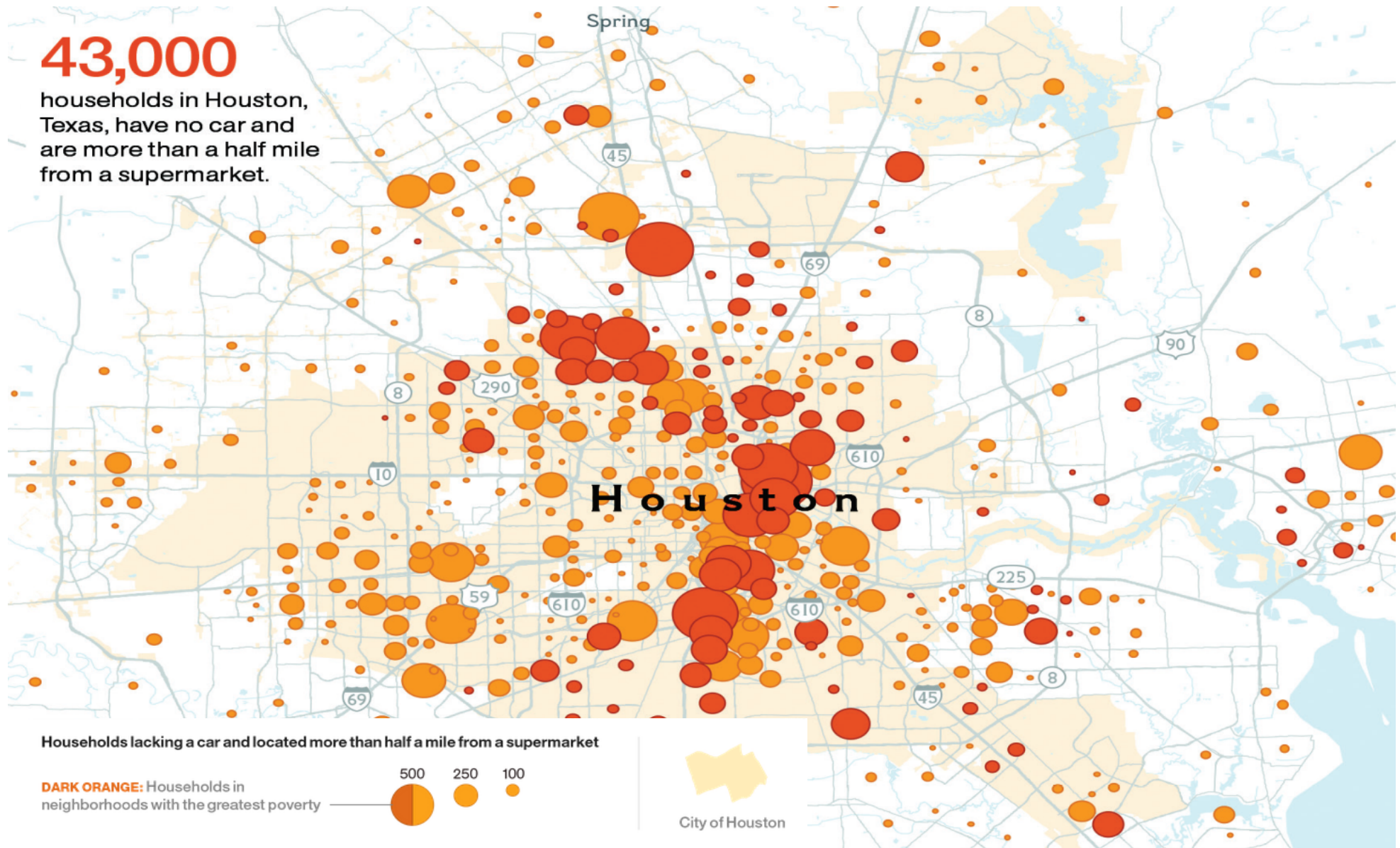
Cities and Communities

12

Many factors in staying mobile



“Food deserts” in the U.S.A.



Source: National Geographic <http://www.nationalgeographic.com/foodfeatures/hunger/>

Functional Ability is the result of different sectors working together



An Age-friendly City is for people of all ages



Age-friendly City Case Studies



- Buffel *et al.* 2014. **Developing age-friendly cities: case studies from Brussels and Manchester and implications for policy and practice.** *Journal of Aging & Social Policy*, 26, 1-2, 52-72.
- Green *et al.* 2015. **Healthy cities as catalysts for caring and supportive environments.** *Health Promotion International*, Suppl 1, i99-i107.
- Menec *et al.* 2014. **Lessons learned from a Canadian province-wide age-friendly initiative: The Age-Friendly Manitoba Initiative.** *Journal of Aging & Social Policy*, 26, 1-2, 33-51.
- Neal *et al.* 2014. **Age-Friendly Portland: a university-city-community partnership.** *Journal of Aging & Social Policy*, 26, 1-2, 88-101.

Local Governance Factors



- Leadership/Champions
- Participatory governance
- Active citizenship
- Social inclusion
- Multisectoral collaboration

Environmental Effects on Health of Older People



- Cerin *et al.* 2017. **The neighbourhood physical environment and active travel in older adults: a systematic review and meta-analysis.** *International Journal of Behavioral Nutrition and Physical Activity*, 14, 15.
- Rosso *et al.* 2011. **The urban built environment and mobility in older adults: a comprehensive review.** *Journal of Aging Research*, 2011.
- Sawyer *et al.* 2017. **Simultaneous evaluation of physical and social environmental correlates of physical activity in adults: A systematic review.** *SSM Population Health*, 3, 506–15.
- Smith *et al.* 2017. **The association between social support and physical activity in older adults: a systematic review.** *International Journal of Behavioral Nutrition and Physical Activity*, 14, 56.
- Yen *et al.* 2009. **Neighborhood environment in studies of health of older adults: a systematic review.** *American Journal of Preventive Medicine*, 37, 5, 455–63.

State of the Art



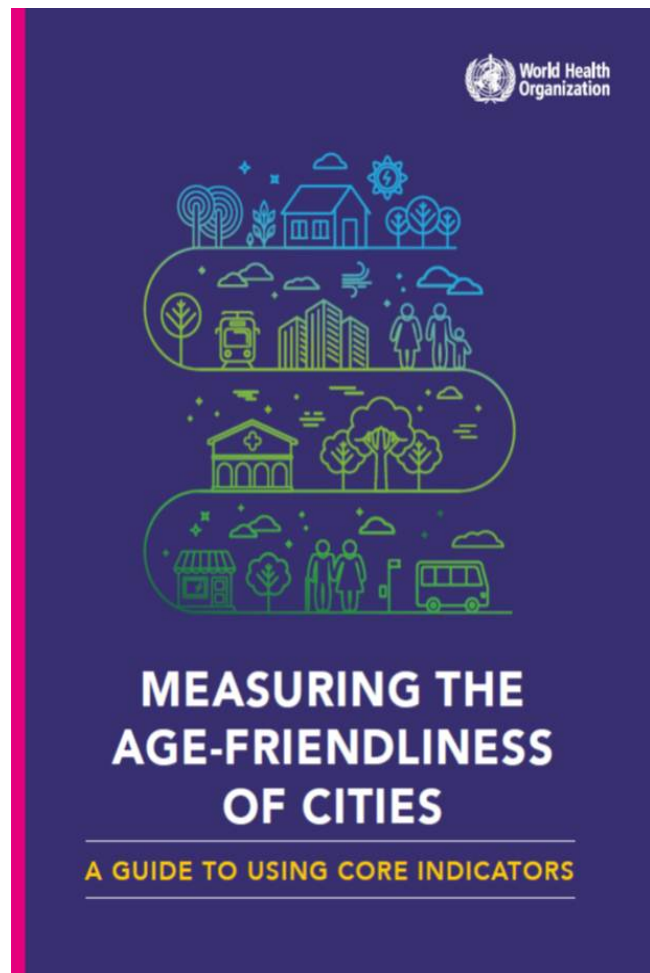
- Physical environment factors that promote mobility and physical activity
 - higher street connectivity leading to shorter pedestrian distances, street and traffic conditions, proximity to destinations such as retail establishments, parks, and green spaces
- Social environment factors affecting physical, mental and self-reported health
 - participation in groups, sense of belonging, trust, social network, neighborhood-level socioeconomic status

Evaluation guides for AFC



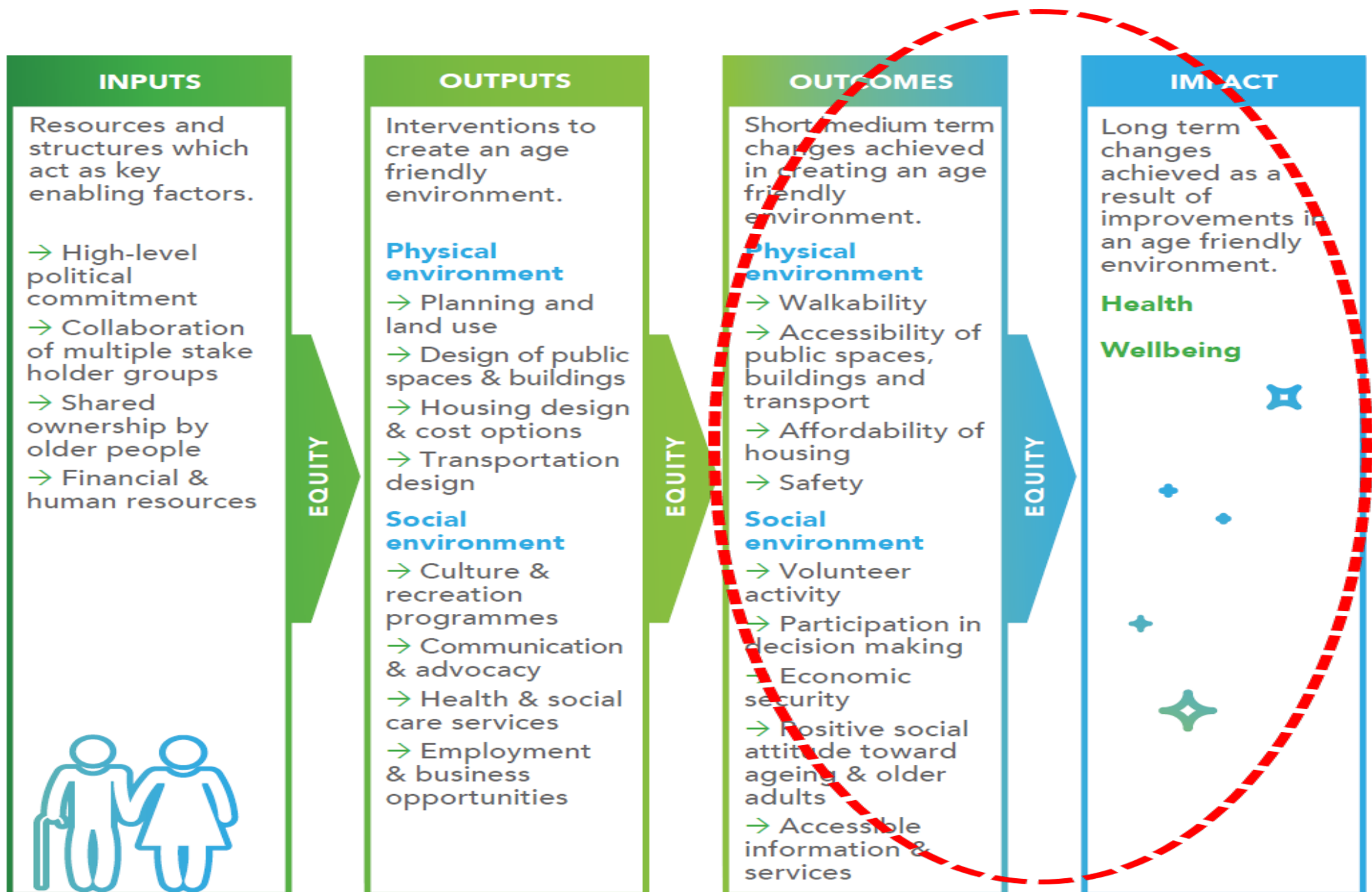
- Handler. 2014. A Research and Evaluation Framework for Age-friendly Cities. UK Urban Ageing Consortium, Manchester.
- Harrell et al. 2014. Is This a Good Place to Live? Measuring Community Quality of Life for All Ages. AARP Public Policy Institute, Washington, DC.
- Neal & Wernher. 2014. Evaluating Your Age-Friendly Community Program: A Step-by-Step Guide. AARP, Washington, D. C.
- Public Health Agency of Canada. 2015. Age-Friendly Communities Evaluation Guide: Using Indicators to Measure Progress. Public Health Agency of Canada, Ottawa.

WHO Age-friendly City Core Indicator Guide



- Identifies a framework for selecting local indicator set
- Defines core indicators
 - Physical environment
 - Social environment
 - Impact
 - Equity
- Examples from pilot sites
- Published in 2015
- Available at: <http://apps.who.int/iris/handle/10665/203830>

Framework for selecting local AFC indicator set



Age-friendly City Core Indicators

EQUITY MEASURES

Difference between population average and highest attainable level of outcome

Difference between two reference groups

AGE-FRIENDLY ENVIRONMENT OUTCOMES

Accessible physical environment

Neighbourhood walkability

Accessibility of public spaces and buildings

Accessibility of public transportation vehicles

Accessibility of public transportation stops

Affordability of housing

Inclusive social environment

Positive social attitude toward older people

Engagement in volunteer activity

Engagement in paid employment

Engagement in socio-cultural activity

Participation in local decision-making

Availability of information

Availability of health and social services

Economic security

IMPACT ON WELLBEING

Quality of life



Global Pilot Study, 2014-15



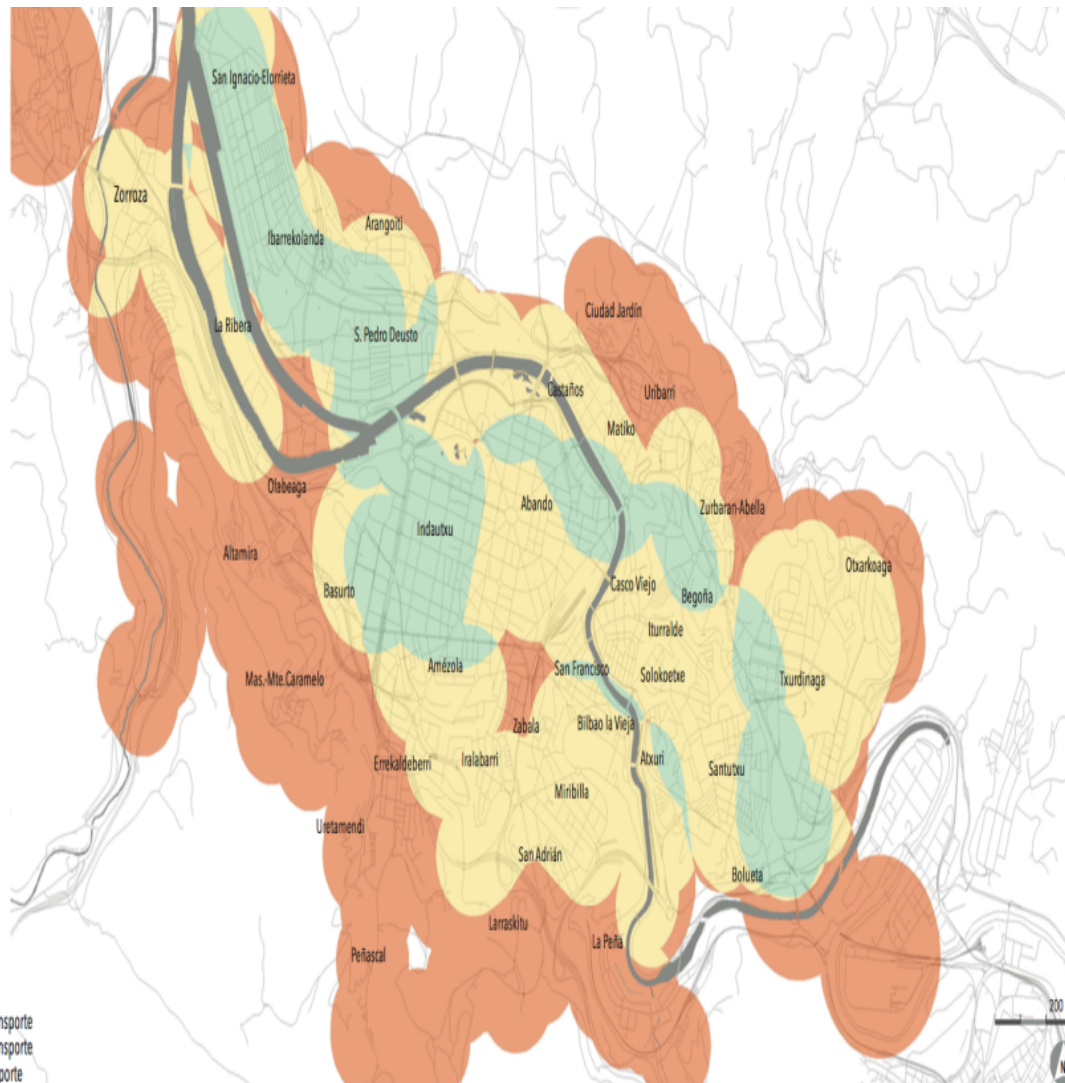
● Entire city or town assessed

■ Specific districts or neighbourhoods assessed

Bilbao, Spain


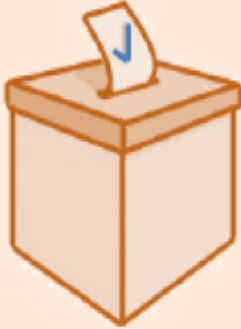

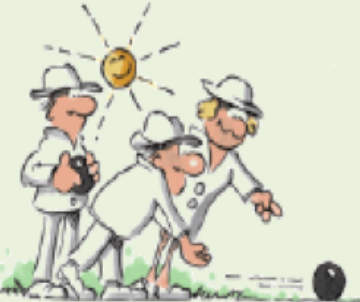
Improving mobility and transport that is healthy for people and the environment

medios de transporte
alternativos



Banyule, Australia

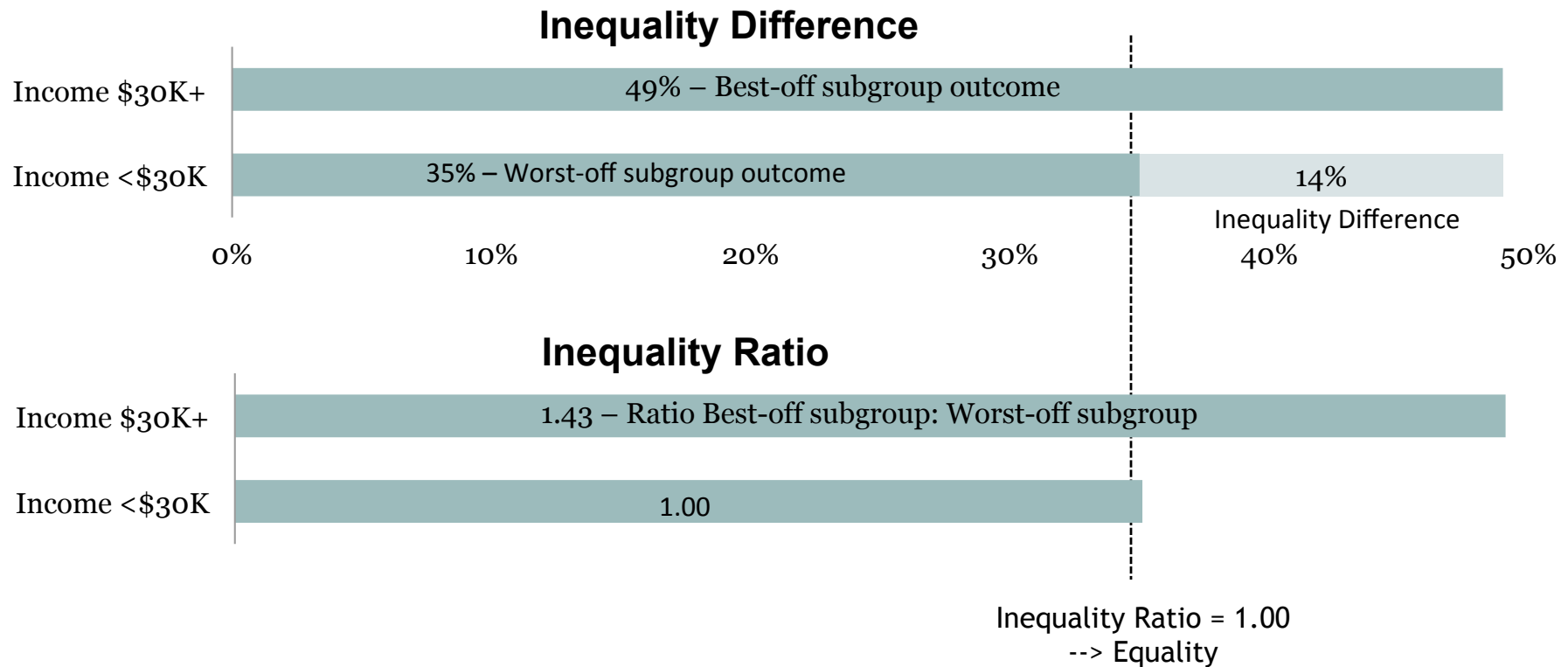
Assessing engagement and participation

<p>Engagement in volunteer activity</p> 	<p>Proportion of older people (aged 60+ years) who reported undertaking voluntary work through an organisation or group in the last 12 months</p>	<p>17.9%</p>	<p>Participation in local decision making</p> 	<p>Proportion of eligible voters (aged 70+ years) who voted in the most recent local Government election</p>	<p>48.0%</p>
<p>Engagement in socio-cultural activity</p> 	<p>Proportion of older adults (aged 55+ years) among all adults (aged 18+ years) that reported participating in arts and related activities in the last 3 months</p>	<p>30.3%</p>	<p>Participation in leisure-time physical activity in a group</p> 	<p>Proportion of adult population (aged 18+ years) who are members of a decision-making board or committee</p>	<p>19.1%</p>
	<p>Proportion of people (aged 55+ years) who participated in arts and related activities in the last 3 months</p>	<p>57.8%</p>		<p>Proportion of older people (aged 60+ years) who are members of leisure centres owned by Banyule Council</p>	<p>5.3%</p>
				<p>Proportion of older people (aged 60+ years) that report participating in sports clubs</p>	<p>12.7%</p>

New Haven, USA

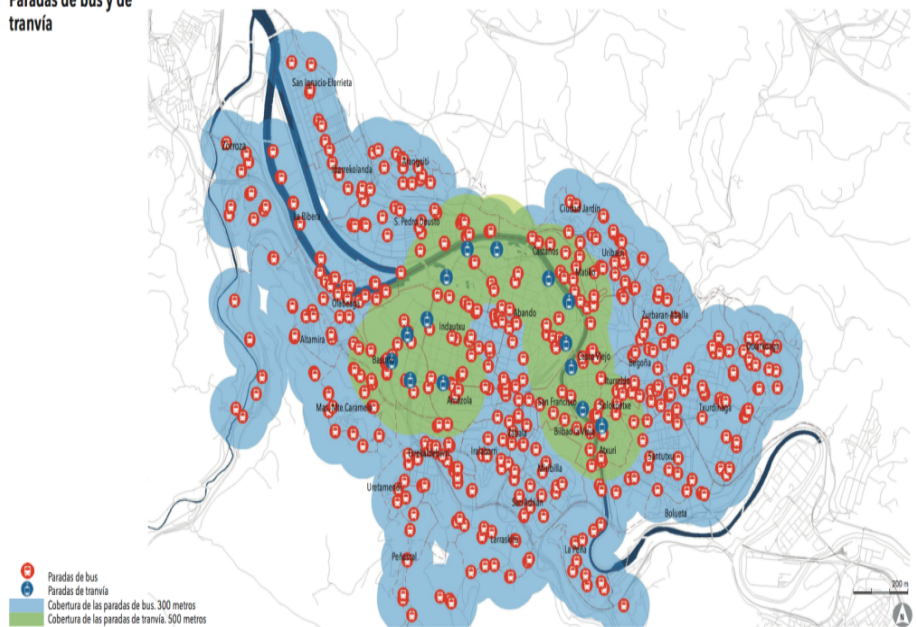
Measuring equity among older people

Social participation: volunteer activity





Paradas de bus y de tranvía



Pilot study findings



- Measuring and comparing indicators were more difficult for social environment indicators
- Citizens' perceptions were considered to be as important as objective measures
- Engagement of older people was a highly valued principle and a practical strategy
- Provided validity and status to the team's work
- Increased awareness within the community and reinforced collaborative relationships

Conclusion: Future Research Needs



- Greater **coherence in research methods** in order to improve comparability and to facilitate evidence synthesis.
- Evaluation of both independent and **interactive effects of physical and social factors** which are modifiable by intervention.
- Evaluation of the **overall social impact** of an integrated set of Age-friendly interventions, demonstrating efficiencies and synergies.
- **Prospective studies** to establish causal associations.
- Assessments of **both objective and perceived measures** and their associations with health outcomes.
- Greater consideration of **neighbourhood environmental factors** in health equity research.
- **Inclusion of older community members as research partners** to enhance neighborhood-level efficacy and to sustain advocacy efforts over time.

WHO Centre for Health Development (WHO Kobe Centre)



Webpage

www.who.int/kobe_centre

E-mail

kanom@who.int

Twitter

[@WHOKobe](https://twitter.com/WHOKobe)



Thank you!