THE HEALTHY CITIES FOCUS ON HEALTHY AGEING

REPORT PRODUCED AT THE REQUEST OF THE REGIONAL DIRECTOR

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HEALTHY CITIES AND URBAN GOVERNANCE PROGRAMME

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Executive Summary: 10 Facts and Commitments

1. Healthy Ageing is a core Phase IV theme and the 51 cities of the WHO Network are committed to work systematically on Healthy Ageing
2. The other two core themes, Healthy Urban Planning and Health Impact Assessment have strong cross-cutting links with Healthy Ageing and will help cities address important determinants of Healthy Ageing
3. Healthy Ageing was also adopted as core theme by the European National Healthy Cities Networks with access to more than 1400 cities
4. HCP has adopted an evidence-based approach to Health Ageing which takes into account WHO, UN and EU strategies and plans and which draws on city experiences and innovative thinking
5. The HCP approach to Healthy Ageing consists of four main objectives: promoting awareness about Healthy Ageing; promoting participation of older people in decision-making; creating, enabling and health enhancing environments for older people; and ensuring access to services and support, including preventative and palliative.
6. The city of Stockholm is the lead city for Healthy Ageing and the Stockholm Ageing Research Centre, with its Director Prof. Lars Anderson, who is also Director of the National Institute for the Study of Ageing, provides expert and analytical support to HCP.
7. Many Phase IV cities are already doing innovative work on Healthy Ageing
8. HCP was responsible in the current biennium for BCA work on Recommendations for National Policies for Older People in POL and CZE
9. The HCP publications: The Solid Facts of Palliative Care *and* Better Palliative Care for Older People have been very well successful: wide dissemination of 10000 copies; high number of website downloads; one of the most frequently ordered EURO publications; two editorials in BMJ and JRSM; citations in important national policy documents; many requests for copyright to translate in other languages
10. City and HCP deliverables by the end of Phase IV or earlier include: profiles for healthy ageing; increased awareness of healthy ageing concept and visibility for WHO in cities; case studies; training courses and resource materials; improved evidence base; tested guidance on structures and processes for healthy ageing; the solid facts of healthy ageing; booklet on media advocacy on ageing issues; guidelines on healthy urban planning and ageing.

Essential Background

- Healthy Cities is about health in the urban context in its broadest sense and it is based on the importance of local action and local governments in health development.

- In the European Region local governments increasingly assume responsibilities for areas related to health services and care and areas affecting the determinants of health.

- In certain priority areas, local action is the key to the achievement of most health outcomes (e.g. healthy ageing, physical activity, accidents and pollution).

- The Healthy Cities and Urban Governance programme (HCP) has evolved over time to respond to new WHO priorities and to changing socio-political, demographic and health

systems contexts in Europe. Healthy Cities is a dynamic concept. It's planning and action cycles are based on 5-year phases to allow enough time for focused delivery and strategic reorientation.

- Each phase has especially emphasised a small number of core themes (2-3). In parallel and throughout the four phases the healthy cities approach has been related to three overarching elements: action to address equity, solidarity and the determinants of health; action to promote participative governance and inter-sectoral cooperation; and action to promote systematic and comprehensive policies and plans.
- Phase IV has three core themes: Healthy Ageing; Healthy Urban Planning; and Health Impact Assessment.
- The choice of core themes was the result of consultation with the Regional Director and the WHO HC Network. There are strong cross-cutting links between the three themes.
- Cities belonging to the WHO Network pay annually to WHO a significant amount in fees for technical support, services and additional staffing.

TAKING HEALTHY AGEING FORWARD THROUGH HEALTHY CITIES

Concept of Healthy Ageing (HA) – a new strategic approach

In most cities, as at the national level, ageing issues are still seen in terms of providing health and social services. On the whole the concept of healthy ageing may be clear to the experts, but is not always widely understood by decision makers and the public. Accordingly, in-depth discussions of the concept have been carried out and reported in successive meetings organized by HCP.

The discussions were informed by relevant WHO, UN and EU strategies and plans; a review of the scientific and gray literature undertaken by the Swedish Institute for the Study of Ageing and Later life; and assessment of city approaches to ageing and health issues. As an academic interest area, ageing is relatively young; nevertheless, important international policy documents and agreements already exist to guide the work[1,2,3] . The International Plan of Action on Ageing 2002 covers three priority themes: older people and development; advancing health and well-being into old age, and; ensuring enabling environments. The World Health Organization has drawn up 'Active Ageing: A policy Framework'[4] which identifies three areas for action - health, participation and security - at the international, national, regional and local level. It is guided by the United Nations Principles for Older People; independence, participation, care, self-fulfilment and dignity[5]. The European Union has been encouraging active ageing policies and practices to tackle the economic, employment and social implications of ageing[6]. It is also worth mentioning

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[1] *International Action Plan on Ageing*. Second World Assembly on Ageing, Madrid, Spain, 8-12 April 2002. Available from: http://www.un.org/esa/socdev/ageing/waa/

[2] *Regional Implementation Strategy*. UNECE Ministerial Conference on Ageing held, Berlin, Germany, 11 to 13 September 2002. Available from: http://www.bagso.de/mica/RIS_e

[3] Strengthening Active and Healthy Ageing Fifty-eighth WHA Agenda item 13, 25 May, 2005

[4] Active Ageing: A policy Framework. World Health Organization, Geneva 2002. Available from: http://www.who.int/hpr/ageing/ActiveAgeingPolicyFrame.pdf

[5] United Nations Principles for Older Persons. Available from: http://www.un.org/esa/socdev/iyop/iyoppop

[6] Ageing policy of the European Union. Available from: http://europa.eu.int/comm/employment_social/soc-prot/ageing/index_en

the work on ageing of the EU sponsored Megapoles network. Its publication[7] highlights examples of work from European capitals (including several WHO Healthy Cities) in three priority areas: social isolation; dementia, safety and security.

While building on much of the valuable work done in the past, HCP will take *a comprehensive strategic approach* to healthy ageing. The majority of older people are healthy, living independent lives and contributing to society.

The approach is characterized by[8]:[9]

- A shift from the traditional approach of delivering services to a passive population, to an approach recognizing the rights of older people to health enhancing living conditions and access to services and support, irrespective of economic or social circumstances;
- Breaking down the stereotypes of the 'burden of older people' to focus on the capacity and continuing contribution of older people;
- Embracing a life-course approach, recognizing the impact of earlier life experiences on the way in which people age.

The aims of this approach are:

- To keep older people healthy for as long as possible;
- To support older people who need care;
- To develop strategies to ensure that future generations age healthily.

<table>
<tr><td colspan="2">Overall Goal of HCP HA strategy
To generate strong local political commitment and to introduce policies and planning processes that will ensure a holistic and well-balanced approach to the health development and care needs of older people. Cities will develop healthy ageing strategies that will be structured around the following four objectives:</td></tr>
<tr><td>Objective 1 To raise awareness and create a common understanding of the concept of healthy ageing, raising awareness and visibility of age issues within cities and generating debate in relation to policies and plans for improved health.</td><td>Cities will generate and create awareness of ageing within cities through the production of profiles, which identify the health, living and social conditions of older people including the issue of age-discrimination. These will draw on both qualitative and quantitative data collection and analysis.</td></tr>
<tr><td>Objective 2 To actively engage and involve older people in influencing, advising and monitoring city sector policies, initiatives and service provision.</td><td>Cities will put in place mechanisms which will support older people, particularly socially disadvantaged groups, to participate and 'have a voice' and contribute to decision making processes that affect their living conditions, quality of life and care. Cities will put in place intergenerational initiatives which provide social and practical support to older people. They will also develop a range of leisure, educational, and cultural activities that encourage older people to remain mentally, socially and physically active.</td></tr>
<tr><td>Objective 3 To create health enhancing living environments that support healthy ageing outcomes by being well-designed, accessible and safe, taking into account the functional capacity of ageing and disadvantaged groups</td><td>Cities will assess systematically the impacts of urban plans on older people. Urban planners will introduce methods and processes of assessing plans to ensure transport, housing and spatial planning to support the physical and social needs of older</td></tr>
</table>

[7] Available from: http://www.megapoles.com/reports/megapeng.pdf
[8] Delivering the phase IV Core Themes, Revised Paper following Udine Network meeting (October 2004) and Advisory Committee Meeting (January 2005), HCP/EURO, 19.4.2005
[9] Reports of the Udine Business Meeting (October 2004) and of the HA Meeting in Stockholm (June 2005)

	people and promote independent and socially inclusive living.
Objective 4 To promote accessible health and social care services that support independence while providing, where needed, formal care for older people and support to their families and carers. Attention should also be paid on rebalancing preventative and public health services with health and social care services.	Cities will review the provision and access to care for older people and the support available to their families and carers. Equitable access to care and support (including palliative care) especially for the most vulnerable groups will be given priority. Health issues of special importance include mental health and accidents.

The importance of cross-cutting themes

Healthy Ageing, Healthy Urban Planning and Health Impact Assessment are closely interlinked and feed into each other in very practical ways. For example, Healthy Urban Planning in dealing with the environment in which people live, should minimize the threat to the health of older people from accidents on the road and in the home, and by appropriate environmental design should encourage social networking and safe exercise. Similarly, in carrying out a Health Impact Assessment of transport policy for example, cities will estimate the possible impact of changes in such policy on the accessibility of transport for older citizens, and particularly for older people in low-income groups. To ensure that cities will address these links, it was agreed that the work on healthy urban planning and health impact assessment will give special attention to issues relating to the health needs of older people. Much of the information to be collected and presented for the HA profiles (see below) will be of use for all three core themes and for the evaluation of actions taken.

Cities committed to Healthy Ageing

51 cities, in the WHO European Region have applied to join Phase IV of the HCP and of these, 44 have already been designated**.** (See Annex B). Many of these cities already have a good track record of caring for their senior citizens. Camden for example has a comprehensive programme of services that after evaluation by the UK Audit Commission, has resulted in Camden being designated a ‘Beacon Council for Older Peoples’ Services’ in England.

All cities joining Phase IV have agreed to the three core themes, including Healthy Ageing. In order to push the work forward more rapidly, a number of cities have joined together in Sub-networks around the core themes. Stockholm has been designated the lead city in the HA Sub-network. The Sub-network acts as a nursery for the rapid development of new ideas and ways of working by bringing together cities that have already progressed in this area and wish to exchange experiences with other equally progressive cities. Equally important however, the Sub-network acts as a source for information and training in order to jump-start other cities that are less advanced. Case studies of examples of innovative or interesting action to promote the health of older people are already being collected and training workshops have been planned.

The following cities are members of the Healthy Ageing Sub-network: Stockholm (lead city), Arezzo, Belfast, Brighton and Hove, Brno, Celje, Eskisehir-Tepabasi, Gyor, Jerusalem, Liege, Newcastle, Padua, Rijeka, Stirling, Sunderland, Udine and Vienna.

The added value of action at the city level

Much of the action to be taken to promote Healthy Ageing can only be taken at a local level. Indeed in the OECD[10] report on Urban Policies for Ageing Populations it was stressed and supported by evidence that older people can most realistically be supported 'where they live'. The quality of life and health of older people is heavily dependent on their living circumstances and thus local planning departments and agencies bear heavy responsibilities for older people. The OECD report also states 'the way in which cities design their local policies to deal with the socio-demographic change will in turn contribute to the success of national policies. For example, the barriers to freedom of movement in the physical environment, and improvements to housing to reduce accidents and promote independent living, must be tackled in their immediate surroundings. For ease of accessibility and to avoid unnecessary travel when mobility becomes more difficult, health and support services, cultural and social services, public services such as banks and libraries, shops and recreational activities must be provided near to where they live.

In some cities, hospital services are provided by the national level. Cities can however act as a watch-dog, ensuring that services provided within their boundaries meet the needs of older people, and that there is no discrimination in their access to such services. In a number of cities, voluntary organizations check on quality standards.

Factors which affect income including pensions, and which are relevant for issues of poverty, are frequently organized on a national or regional level. However, even in this area, cities can contribute by action to ensure that older people are aware of their rights to supplementary income for example, or by advice on better budget management. They can provide cheap tickets on local transport, cheaper entrance fees to all manner of recreational activities (theatres, swimming pools etc.) Cities can contribute indirectly to income improvement by helping reduce unnecessary expenditure, for example on heating poorly insulated homes - the city of Glasgow for example has excellent experience on reducing heating costs in this manner.

The city is also the appropriate level at which to interact with local business on a variety of levels, for example, working conditions and non-discrimination for older workers, accessibility of foodstuffs in local supermarkets appropriately packaged for older people living alone, and sponsorship of local HA activities.

The city is *par excellence* the level at which voluntary activity can be organized. All cities in the network have at least some action to encourage voluntary activity in support of older people, and many have highly developed and wide-reaching voluntary organizations.

A major inquiry by AGE-CONCERN UK which was published this month concluded that there are 5 main areas that are important for the improvement of the health of older people:

1. **Tackling age discrimination** wherever it exists and improving attitudes towards older people.
2. **Eliminating poverty**: inadequate income impacts on quality of housing, heating, access to transport, access to social and recreational activities etc., all of which are important for healthy ageing.
3. **Maintaining physical health**: this enables people to retain mobility and independence.
4. **Maintaining social networks and family contacts**
5. **Involvement in meaningful activities and contributing to family and community life.**

[10] OECD 1992/ISBN 92-64-13758-0

The inquiry also concluded that 'National Governments have a crucial but limited role to play in this, while Local Government, alone or in partnership with other agencies (voluntary and charitable bodies, business, faith groups etc.) have the powers and potential to make an enormous impact'. The inquiry suggested a long list of concrete interventions to address the above five priority areas.

Creating a dynamic profile of Healthy Ageing

Cities have already been working on "City profiles" in previous phases of the HCP and will continue to do so. However, they will need to collect and assess more in-depth information on the health and the conditions (determinants) that affect the health of older people. These profiles on the health of older people will be dynamic and will be used for spreading awareness to politicians, professionals, the media and the wider population about the health of older people as well as for planning, monitoring and accountability. All cities as a minimum will produce profiles, which will include a set of core data (demography, mortality, morbidity and disability preferably for all age-groups.) Prevalence of illness and disability in younger age groups was important in forecasting the position in older age and assessing the scope of early interventions to change lifestyle and compress morbidity in older age groups[11]. Annex A provides a comprehensive template for profiling Healthy Ageing. Of paramount importance is also the need to include the opinion of older people themselves, in relation to how they view their own situation, what they consider to be the challenges to healthy ageing and the kinds of solutions they would like to see.

Working with the academic and research community: producing the evidence and monitoring and evaluating progress

Fortunately most of the cities in the network have local universities or research centres within their boundaries and efforts are being made to establish close links with them, both to provide an insight to effective action for promoting HA and in order to evaluate on-going projects. Stockholm, the lead city for Healthy Ageing, has made available the support of the Stockholm Gerontology Research Centre and the Aging Research Centre (Director and focal point for technical-scientific support to HCP, Prof Lars Anderson), which have recently joined in the 'House of Aging Research' comprising 80 researchers and investigators from various disciplines.[12]

A recent literature review undertaken by the House of Ageing Research as background paper for the HCP meeting on Healthy Ageing on June 20-21, citing 15 key references where the search fields of health, sustainable development and economy overlap. This review indicates that 'Individual differences in health increases as age increases, but these differences largely depend on environmental; factors (life style and/or unsupportive environments). There is very little evidence that infirmity and morbidity can be put down to increasing age. The review also indicated the evidence to support the need for action in cities to provide supportive environments through healthy urban planning.

The dynamic profile presently being developed will be designed to facilitate the monitoring of progress particularly in the Sub-network cities. There are however, already a number of examples of good practice in Phase IV cities in several areas of priority, including on evaluation (see Table 1).

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[11] J. Fries, NEJM 2002, 80:245

[12] The House of Ageing Research, Ageing Research Centre, Stockholm, www.aldrecentrum.se

TABLE 1 EXAMPLES OF CITY HEALTHY AGEING PRACTICES

Belfast

- Belfast designed a comprehensive template for an older peoples' profile which will be ready by the end of 2005. One of the concerns is to provide information indicating points at which older people slip from being healthy and active, to needing a certain amount of support and finally to needing considerable care, so that interventions can be designed to slow down such progression.

Montijo

- A comprehensive package of usage and satisfaction measures has been developed, together with evaluation of individual activities. This method has been awarded a national prize.

Gyor

- A comprehensive approach to evaluation has been developed, including comparisons of users and non-users of services.

Sunderland

- Is presently developing a "single performance management framework" which should facilitate the evaluation of the type of intersectoral action essential to healthy ageing

Brno

- The Healthy Cities Office of the second city in the CZE Republic organizes every year since 1999 an annual 'All Generations March' bringing together citizens of all ages promoting physical activity. The event attracts a lot of media attention and raises awareness about older and disabled peoples needs.

Arezzo and Seixal

- Already made progress towards developing city health plans for older people involving actively older people in the process

Brighton

- In June 2003 elections were held for a Council of nine people of 60 years or over. To make sure that older people from all parts of the city were well represented, the city was divided into 9 zones each electing one member of the Council. The members are each assigned an area of special interest and receive agendas from the various city council committees to keep abreast of policies and make representations if they think that proposed policies may have a detrimental affect on older people.

Dresden

- A Senior Citizens' Committee of 20 members advises the City Council on issues that affect the well-being of older people.

Newcastle

- Newcastle has commissioned an academic overview. As in most of the UK cities, much quantitative data would be easy to extract, but they stress the importance of also recording the views of older people themselves.

Udine

Udine is one of the few cities that explicitly recognize that most older people are healthy and contribute to society. They are described as a 'precious resource'. The city takes a comprehensive approach to evaluating interventions to promote healthy ageing, including screening for risk factors and setting targets for the reduction of risks (e.g. reducing falls in the home), monitoring participation rates, requesting reports from voluntary agencies and the development of an index of effectiveness.

Commitment by the European National Healthy Cities Networks

At the HCP Business meeting in Udine, October 2004, the 29 European National Networks which include some 1400 cities, agreed to work on the following common goals:

- Healthy Ageing
- Active Living/Physical Activity

Obviously, these goals are closely interlinked since active living and physical activity are essential to healthy ageing. National Networks have also great potential for giving national visibility to issues relating to the health needs of older people.

WORKING THROUGH THE WHO BIENNIAL COLLABORATION AGREEMENTS (BCAS)

Czech Republic

The aim of this project is to develop policy recommendations to address in a comprehensive way the health development and care needs of older people in the Czech Republic. The approach will focus on the wide range of factors that enable older people to live healthy, independent, safe, socially inclusive and mentally active lives. Issues of equity, poverty, living and environmental conditions as well as of lifestyles will be taken into consideration.

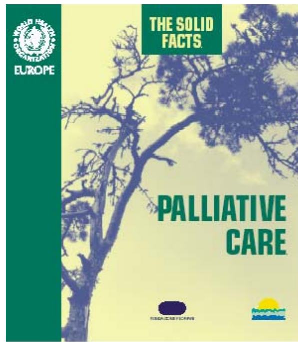
A Task Force has been established to prepare a report/profile on the 'Health and Health Needs of Older People in Poland'. In June 2005, a meeting of all stakeholders was organized to generate a dialogue and an understanding of the healthy ageing concept amongst decision-makers at all levels, different professional groups, the media and the wider community. Representatives from the Government, regional and municipal levels took part. A first draft of an evidence-based plan for health policy development has already been prepared and following consultation, will be further developed.

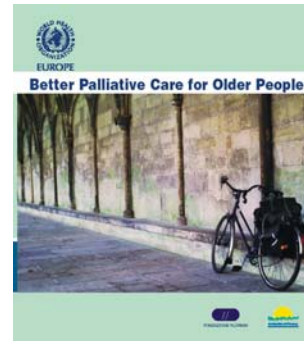
Poland

In June 2005, a meeting of the main stakeholders to discuss the healthy ageing issue was organized. A wide range of highly interesting presentations included: mental health, cardiovascular diseases, cancer, diabetes, accidents, osteoarthritis, physical activity, use of medicines, dementia; exposure to violence, care and security, palliative care, accommodation, access to outdoor environments, social networks, influence and participation of older people. This generated an evidence basis for health policy development that appears to be both visionary and pragmatic.

Following this meeting an assessment report is being prepared to outline recommendations for the Ministry of Health. This report will be sent for consultation to the main stakeholders in the summer of 2005. The report will be discussed in November this year in Warsaw so that policy recommendations can be presented to the Ministry of Health on solving specific health needs of older people. If possible, this event will be presented via mass media.

HCP Palliative Care Publications





The Solid Facts of Palliative Care (PC) and the Better Palliative Care for Older People publications have been very well received. The purpose of these two publications in the Solid Facts Series has been to present the concepts of palliative care supported by the best available evidence and linked to policy recommendations to policy makers and professionals in an easy to understand way. The booklets were prepared by an international team of specialists. More than 10000 copies were widely disseminated by EURO and HQ. Solid Facts of PC full downloads in 2004 = 2298 and in 2005 = 2429 (ranking 14 from all EURO publications). Better PC for Older People full downloads in 2004 = 2791 and in 2005 = 2468 (ranking 17). During 2004-2005, 123 requests were made to EURO for 373 hardcopies. Examples of visibility include: Two editorials in BMJ (2004; 329:248 – 31 July) and the Journal of the Royal Society of Medicine (September 2004:97(9)). The European Federation of Older Persons (www.eurag-europe.org) supports and promotes the policy recommendations in the booklet on PC for Older People. The NHS Modernisation Agency in the UK also recommended this publication in its report 'Supportive and palliative care for advanced heart failure', December 2004. The International Longevity Centre in the USA and the Project Death in America, issued press releases to announce the launch of the booklets. There have been several requests for the copyright to translate the booklets in other European languages.

Expected deliverables in Phase IV

As has been seen from the above, the HCP can be expected to have an important impact on Healthy Ageing in countries, working through the local level. Specific, concrete deliverables are expected, some of which have already been achieved:

- Establishment of a sub**-network of cities** to working together and collectively develop new approaches to Healthy Ageing, and to share this experience with other cities. (This Sub-network is already in operation)
- **Profiles for Healthy Ageing** – All cities in the Phase IV Network are expected to produce such profiles, thus providing the basis for needs assessment, planning, monitoring and awareness spreading on Healthy Ageing. The profiles will cover quantitative and qualitative information and they will be available on line.
- **City strategies for healthy ageing –** Cities will strive to develop comprehensive strategies for addressing the health development and care needs of older people.
- **Case studies on good and innovative practices –** Documenting and publishing case studies covering the various aspects and applications of the Healthy Ageing approach, including cross-cutting initiatives with the other two core themes. For example case studies on awareness of HA concept; empowerment and participation of older people; urban designs supportive to older peoples needs for independence, mobility and security; inter-generational projects; access to care and supportive services; prevention of accidents, physical activity schemes; etc

- **Training -** courses and the necessary training modules are to be developed on issues such as:
    - Concepts and approaches to Healthy Ageing for policy makers and public health professionals
    - Including in HIA aspects related to Healthy Ageing
    - Healthy Ageing approaches for Urban Planners
    - Peer reviews
- **Improved evidence base -** Apart from the information being collected through the profiles, and the case studies, three main ways will improve the evidence base:
    - Sharing of the results of specialized literature reviews (the first of these was made available in Stockholm, June 2005)
    - Utilization of the HEN resources and networks
    - Continued evaluation of the HA interventions in cities (mechanisms for evaluation are already in place in some cities)
- **Policy and planning guidance for Healthy Ageing** to produce in partnership with the Stockholm House for Ageing Research and the HA Sub-network
- **Examples of handbooks and guidelines for older people** Dissemination through electronic means and conferences
- **Guidelines on Healthy Urban Planning and Ageing** to produce in partnership with HCP Collaborating Centre in Bristol and the Milan, which is the lead city on Healthy Urban Planning
- **Booklet on media advocacy on ageing issues** to produce in partnership with the World Health Communication Associates (Franklin Apfel).

Several cities can already show examples of good practices in certain areas and some have also produce resource materials and guidance documents for various aspects of Healthy Ageing. This knowledge and experience will be shared and discussed and used for learning and further development.

Annex A

TEMPLATE FOR PROFILING THE HEALTH AND THE LIVING CONDITIONS OF OLDER PEOPLE THAT WAS PRESENTED AND DISCUSSED
AT THE STOCKHOLM HEALTHY AGEING MEETING IN JUNE 2005

The discussion around the various indicators included in the template provided an excellent basis for the understanding of the scope of Healthy Ageing approaches.

A. Demographic and health situation

Demographic trends and forecasts

- ✓ population 50+ (by gender and five-year age-groups)
- ✓ by small-area residence if possible
- ✓ birth/death rates, natural increase, migration
- ✓ dependency ratio
- ✓ household status (married, widowed, divorced, single, living alone or with others etc)
- ✓ living in residential institutions

Health

- ✓ life expectancy at 50, 60, 70 by gender
- ✓ mortality by cause, age, gender
- ✓ self-reported morbidity
- ✓ mental illnesses
- ✓ capacity for self-care – need for personal care
- ✓ behaviour (smoking, alcohol use, exercise, nutrition)

B. Access to health and support services

Health services

(whether provided through national, regional or municipal systems)

- ✓ access to and quality of primary care
- ✓ disease prevention, health promotion
- ✓ hospital discharge by cause and length of stay (include comparison with other age-groups) (Check possibility for reflecting socio-economic inequities)
- ✓ age-discrimination in relation to health care
- ✓ use of pharmaceuticals (including information on whether correctly used)
- ✓ home nursing
- ✓ health insurance coverage
- ✓ is cost a barrier to use
- ✓ special equipment

Social welfare and other care services

- ✓ domiciliary care (social workers, homehelps etc.)
- ✓ meals-on-wheels etc
- ✓ day-centres, social centres etc
- ✓ library and other cultural services
- ✓ residential care (including quality of care)
- ✓ nursing homes, terminal care (including quality of care)
- ✓ care givers (including care for the carers, elderly carers)

C. The social picture – vulnerabilities and strengths

Income and social position

- ✓ level of income (gender issue particularly important)
- ✓ security of income (i.e. type of income – from employment, pension, private income, supplementary benefits, family support etc.)
- ✓ those receiving financial or other city and state benefits
- ✓ elderly giving financial and other support to family members

- ✓ older people's support to grandchildren etc
- ✓ older people as volunteers
- ✓ wealth
- ✓ influence in the wider family
- ✓ influence in the community (% who vote in local elections, age of city councilors, leadership in NGOs, local business leaders etc.)

Housing and environment

- ✓ home ownership, rented
- ✓ meeting costs – rent, heating
- ✓ housing facilities (bath, shower, cooking/heating facilities etc.)
- ✓ type of housing in the city (high-rise, small houses etc – opportunity for socializing)
- ✓ access to green space (garden, parks etc.)
- ✓ information on health risks (i.e. poor lighting, damp, dangerous stairs, heating facilities etc.)
- ✓ provisions for home improvement
- ✓ special housing
- ✓ access to public buildings (ramps etc.), safe pavements, are streets well lit?
- ✓ access to public transport (ramps, shallow steps, cheap tickets etc.)
- ✓ car ownership
- ✓ special transport facilities
- ✓ safety – speed of traffic lights (can an older person get across in time?), traffic accidents, crime levels
- ✓ access to services (shops, medical services, banks, cultural activities etc)
- ✓ urban planning (does it meet needs of older persons?)

Employment – occupation

- ✓ employment or other occupation, by type of employment
- ✓ unemployment (50+)
- ✓ age-discrimination in the workplace & labour market
- ✓ training possibilities
- ✓ flexible retirement age
- ✓ preparation for retirement
- ✓ possibility for part-time-employment
- ✓ older workers' programmes
- ✓ adaptation of workplace

Education

- ✓ level of education
- ✓ possibilities for life-long education
- ✓ age discrimination
- ✓ informal education (provisions through TV, video, libraries etc)
- ✓ older people as educators/trainers, transmitters of tradition

Social inclusion

- ✓ participation in decision making (city forum for older people, mandatory representation on decision-making bodies etc)
- ✓ subsidized costs for cultural activities (entrance fees to museums, theatres etc)
- ✓ holidays
- ✓ mutual support networks

Special groups

- ✓ older migrants
- ✓ ethnic minorities

Developmental issues

- ✓ use of modern technology (internet, GPS etc)
- ✓ impact of city development on health and social inclusion/exclusion of older people
- ✓ research re older people in the city

ANNEX B

Populations in Phase IV WHO Healthy Cities Network - 2005

Designated Cities

	City	Country	Population
1	**Amadora**	POR	177 167
2	**Arezzo**	ITA	323 011
3	**Belfast**	UK	279 240
4	**Bologna**	ITA	910 592
5	**Brighton**	UK	247 817
6	**Brno**	CZH	369 299
7	**Brussels**	BEL	1 006 749
8	**Bursa**	TUR	1 194 316
9	**Cankaya**	TUR	800 000
10	**Celje**	SVN	63 439
11	**Copenhagen**	DEN	501 664
12	**Dresden**	GER	472 620
13	**Geneva**	SWI	178 400
14	**Glasgow**	UK	619 141
15	**Györ**	HUN	130 480
16	**Helsingborg**	SWE	121 197
17	**Jurmala**	LVA	58 975
18	**Kuopio**	FIN	89 049
19	**Liege**	BEL	182 475
20	**Liverpool**	UK	457 219
21	**Ljubljana**	SVN	264 265
22	**Lodz**	POL	783 022
23	**Manchester**	UK	386 778
24	**Milan**	ITA	1 369 000
25	**Montijo**	POR	27 408
26	**Newcastle**	UK	143 418
27	**Padua**	ITA	200 445
28	**Pecs**	HUN	172 000
29	**Poznan**	POL	581 698
30	**Rijeka**	CRO	141 063
31	**San Fernando**	SPA	40 379
32	**Sandnes**	NOR	57 694
33	**Seixal**	POR	32 402
34	**Sheffield**	UK	434 468
35	**Stirling**	UK	43 332
36	**Stockholm**	SWE	770 284
37	**Stoke on Trent**	UK	256 875
38	**Sunderland**	UK	295 000
39	**Turin**	ITA	830 587
40	**Turku**	FIN	177 078
41	**Udine**	ITA	93 955
42	**Viana do Castelo**	POR	15 583
43	**Vienna**	AUS	1 553 789
44	**Yalova**	TUR	78118

Applicant Cities[13]

	Cities	Country	Population
1	**Aydin**	TUR	168 452
2	**Avanos**	TUR	13 487
3	**Camden**	UK	198 027
4	**Eskisehir/Tepebasi**	TUR	557 028
5	**Horsens**	DEN	58 096
6	**Jerusalem**	ISR	700 745
7	**Kadiköy**	TUR	662 000

[13] There are an 20 additional cities that have submitted letters of interest but have not sent in a full applications yet