World Health Organization

Meeting Report Prepared by the WHO Centre for Health Development, Kobe, Japan

Age-friendly City Core Indicator Guide Pilot Site Meeting

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EXECUTIVE SUMMARY

Since 2012, the WHO Centre for Health Development has been leading a project to develop a tool for selecting and measuring indicators to assess a community's age-friendliness. During 2014-2015, a global pilot study was conducted in which a diverse group of 15 communities from around the world used a draft version of this tool – "Measuring the Age-friendliness of Cities: A Guide to Using Core Indicators" – to measure the core indicators described in the tool in the context of their own community. After completing this exercise, the pilot sites met in WHO Headquarters in Geneva over two days to discuss their experiences and perspectives as a group and in greater depth. They corroborated the information they provided in their written reports about the piloting and clarified issues that should be addressed before the tool is finalized. The meeting was attended by a total of 25 participants, including representatives of 13 of the 15 pilot sites, international experts, and WHO staff members. Each pilot site was given the opportunity to present their work, focusing on a specific topic, and to offer insights that are relevant to the broader group. Several key issues emerged during the discussions, including the importance of champions, shared ownership, use of rigorous methods, local adaptation of the indicators, equity, and sustainability. Specific recommendations for revising the tool were also discussed. The inputs from this meeting will inform the synthesis of the pilot site reports which in turn will form the basis for finalizing the indicator guide.

BACKGROUND

In view of the global trends in population ageing and urbanization, the World Health Organization (WHO) has been promoting the creation of physically accessible and socially inclusive community environments with a focus on older persons. At the center of this effort is the Age-friendly City initiative. Following the publication of "Global Age-friendly Cities: A Guide" in 2007, WHO launched the Global Network of Age-friendly Cities and Communities in 2010.

In order to support communities' monitoring and evaluation activities, a project was initiated to develop technical guidance on metrics for assessing age-friendliness. In 2014, after three years of formative research and consultation, the WHO Kobe Centre (WKC) completed drafting a new guide (the Guide) on using core indicators for measuring the age-friendliness of communities with a focus on the urban setting. This draft Guide was translated into English, French, Spanish and Chinese.

As a critical step before finalizing the Guide, a pilot study was undertaken from December 2014 to May 2015. A total of 15 pilot sites spanning all 6 WHO regions were selected for the study through an open call for proposals. The objective of the pilot study was to field test the Guide and assess the extent to which the core indicators are relevant and feasible to measure in diverse contexts. It also examined whether the Guide is easy to understand and useful for local assessments and decision making. Each pilot site submitted a final report at the end of the study.

The pilot site meeting was designed to obtain clarity from the pilot sites on the issues that should be addressed in order to finalize the Guide. The meeting also allowed the pilot site representatives to meet in person and directly exchange experiences and perspectives. This not only facilitated peer-learning, but also provided valuable insights for WKC to gain deeper understanding of the pilot study results. The results of this meeting will inform the synthesis and final report on the pilot study, which in turn will form the basis for finalizing the Guide.

MEETING OBJECTIVES

1. To corroborate the information given in the pilot site reports.

2. To identify issues that need to be addressed in order to finalize the Guide.

2. To facilitate peer-learning and networking among the pilot sites.

METHOD

PARTICIPANTS

The meeting was attended by a total of 25 participants, including representatives of 13 of the total of 15 pilot sites, international experts, and WHO staff members. All WHO regions were represented. The full list of participants is included as Annex 1.

BACKGROUND MATERIAL

The main inputs for this meeting were the draft Guide, which all pilot sites had used in the study, and all of the final reports submitted by the pilot sites. These were shared with the meeting participants in advance. The meeting came just after the final reports had been submitted; thus, a synthesis report was not yet available at the time of the meeting.

The draft Guide and final pilot site reports (with permission of authors) are available by request from Megumi Kano, Technical Officer, Urban Health, WKC: kanom@who.int

MEETING PROCEDURES

The meeting consisted of two days with four sessions each. Each session had a theme which focused on a specific aspect of the pilot study: I) Background and overview; II) Piloting process – stakeholder engagement, indicator selection and data collection; III) Physical environment indicators; IV) Social environment indicators; V) Equity and impact indicators; VI) Adaptation to diverse contexts; VII) Impact of pilot study and sustainability; VIII) Other content and dissemination of the Guide. The meeting programme is attached as Annex 2.

Each session started off with a brief 10-15 minute presentation, followed by about an hour of group discussion moderated by the WHO Secretariat. Each pilot site was assigned to present in one of the sessions focusing on the given theme. Pilot sites were provided with guidance and feedback on their presentations in the lead-up to the meeting. In both the individual presentations and in the group discussions, participants were encouraged to derive generalizable conclusions and recommendations which would inform the finalization of the Guide.

At the end of the two-day meeting, a brief questionnaire survey was administered to the representatives of the 13 pilot sites present. The survey was designed to assess the overall opinions of the pilot sites on the usability and usefulness of the Guide.

The meeting was conducted in English.

KEY TAKEAWAY MESSAGES

Several issues were raised in the discussions throughout the meeting that have implications for the final content and format of the Guide, as well as for the success of the Guide in terms of reaching its target audience, enabling them to use the core indicators, and ultimately having the desired impact of helping demonstrate the value of local age-friendly initiatives worldwide. The perspectives that emerged on these issues are summarized below as key takeaway messages from the meeting.

THE IMPORTANCE OF CHAMPIONS

Many of the pilot sites pointed to the importance of having champions as a key success factor for the pilot project and for the age-friendly initiative more broadly. Champions played a pivotal role in facilitating collaboration across and within departments or agencies, in engaging the community, in securing or providing resources, and in procuring data, among others.

Champions took many forms – a champion within the community, a champion within the bureaucracy, a champion in executive leadership of the city, etc. Seeking a champion in elected office or in the bureaucracy may be enabled in part by linkages or alignment with their other priorities. Champions outside of elected office were seen as a necessary component of sustainability. Conversely, the absence of a champion was also strongly felt in certain sites.

THE IMPORTANCE OF OWNERSHIP

There was consensus on the importance of broadly secured 'ownership' of the age-friendly initiative and the indicators, within the older adult community, across different political ranks, sectors and partners. In some sites, it was reported that fostering a sense of co-ownership with other departments or agencies secured more cooperation with procuring data and other forms of assistance. In one site, they had promised to co-publish the indicator assessment results with the other agencies in order to prevent any feelings that this activity was just taking other people's work, and to dispel any misconceptions about how the data would be used.

All sites agreed that it was important for older adults and the communities to feel ownership over the process and the results. This took many forms. In some cases, town hall meetings or focus groups were organized to gather inputs from the community beforehand and to let them know their inputs were essential to the process. The results were later taken back to the community to review the results together. In others, representatives of the older adult community were asked to join the leadership of the project.

Such broad ownership of an age-friendly initiative and the indicators can contribute to the sustainability of the work in the face of political leadership change.

ON MAINTAINING RIGOUR

It was agreed that it is important to maintain rigour when gathering data for the indicators. Several of the sites used different data sources and data collection methods, including large-scale household surveys, routinely collected administrative data, direct field observations, focus group discussions with volunteers from the older adult community, and others. The utilization of various modes of data collection often contribute to a more multidimensional understanding of an issue and also help to validate and improve the quality of data. It was noted that all are important inputs, and should be conducted at sufficiently high standards of rigour to maximize the validity, reliability, and ultimately the value of the data.

Specifically, concerns were raised about the risk of bias in information obtained from focus groups and surveys, unless they are carefully designed to be statistically or qualitatively representative of the population of interest. For example, it was noted at one site that a growing proportion of older adults do not leave their homes to engage in town hall meetings or focus group discussions, making these instruments potentially biased and lacking in consideration for the views and needs of potentially vulnerable groups. Similarly, if a survey is conducted, consideration should be given to how it can be optimized for inclusivity and representativeness of the sample.

It is also important that indicator measurement is a sustainable and replicable process. This will allow for the accumulation of data which, in turn, would enable data comparisons over time and space. This is critical for assessing progress and achievements, as well as setbacks. If new surveys, or other instruments, are thought to be necessary for measurement, the implementer should consider how this might be institutionalized or resourced in the future.

ON STANDARDIZATION *VS* ADAPTABILITY

The issue of standardization and comparability of the indicators has been a recurring theme throughout the core indicator development process. Standardization of the indicators, including reference values, can help establish a set of aspirations. It can spark healthy competition by enabling comparisons, benchmarking, and target-setting among cities in widely different contexts.

In this meeting, however, nearly all sites stressed that the adaptability of the indicators was a greater priority and a necessary quality in order to ensure that the measurement is meaningful in their local context, and that currently available data can be utilized. It was acknowledged that standardization even within a city may not be possible, much less across cities. The more important form of comparability and standardization for the pilot sites was within the local context – across place, population groups and over time – for self-improvement. This also makes it possible to identify subpopulations or areas that are doing better than the rest of the city, which is critical for assessing equity and establishing attainable goals for the city.

It should be made clear in the Guide that the indicators are not intended as prescriptive recommendations or guidelines, but rather they are meant to be locally adapted. It should be clear that adaptation is not wrong when it can make measurement more meaningful for

tracking local issues or serving local policy needs. Some indicators may need to be measured by proxy. Some data may not be available at the city level and will have to be sought at higher or lower levels of government (provincial, regional, national, or community level). However, the indicators should not be modified simply because measurement of the core indicators as defined in the Guide is inconvenient, or it is not possible due to lack of data. In some cases, documenting the lack of data for a particular indicator can be considered an important indicator in itself (i.e. lack of government transparency or responsiveness).

ON EQUITY

There was strong agreement that equity should be emphasized by implementers of the Guide. Specifically, this means comparing data for different population groups and geographic areas within a community to identify inequalities in the indicator values. Identifying the most vulnerable or least advantaged population or area within a community was a commonly used approach for assessing equity. This identifies the group or area in the community that is most in need, and when limited resources are available to address equity, it helps direct resources to those with the greatest needs. However, there was some concern that this could lead to interventions that only focus on the most vulnerable group at the expense of the rest of the population. Alternatively, comparing the population average to the best performing sub-group or sub-area within a community can signify both the highest attainable level of an outcome within a community and the extent of population-level improvement needed or possible to achieve that level. This type of analysis is more conducive to population-based intervention strategies that can benefit the whole spectrum of the population and can avoid potential stigmatization of the most vulnerable groups or areas.

An equity analysis that takes into account both place-based and person-based features were also considered to be important, especially in terms of their implications for the intervention strategy. The age-friendliness of a particular area may vary according to the characteristics of the people who live there (e.g. age, race/ethnicity, socioeconomic status) as well as the spatial aspects of the area (e.g. geographical features, built environment). Thus, both dimensions should be considered in analyzing equity (e.g. disaggregation by neighborhood and by age group) as well as in designing interventions to improve equity.

The pilot sites pointed out many challenges for conducting the equity analysis. They felt that the importance of the equity analysis could be emphasized more in the Guide; the explanation of the equity measures in the Guide was difficult to understand; the data limitations did not allow them to disaggregate the data in ways they wanted to, if at all; and the results of the equity analysis were difficult to communicate in an easily understandable and meaningful way to a lay audience.

ON SUSTAINABILITY

Institutionalization of the indicator assessment process was viewed as a key to its sustainability. In order to institutionalize it, future financial and human resources should be budgeted. Institutional memory is also important to ensure that the initiative can 'live' beyond the scope

of one person or one department. People come and go, and institutionalization depends on others not only buying in, but understanding how to implement such a process. Institutionalization may also require that it is built into the policy or bureaucratic processes. Tying the indicator collection into existing workflows, rather than setting it up as an independent project, was seen as a way to reduce burden and enhance sustainability.

Identifying champions and developing broad community ownership, as mentioned earlier, were also seen as important factors for sustainability especially in a changing political environment.

SUMMARY OF RECOMMENDATIONS FOR REVISING THE GUIDE[1]

ON BACKGROUND AND OBJECTIVES

- Be clearer about the objectives and intended use of this Guide and core indicators. Specifically, explain how it is not meant to be a prescriptive set of guidelines to be strictly followed but rather something to be adapted, as necessary and appropriate, to build an indicator set that is most meaningful and relevant in the local context. It should be clear that it is not a reporting requirement for members of the Global Network of Age-friendly Cities and Communities, but rather a tool for them, and even those beyond the network, to use for defining a locally appropriate indicator set. Inter-city comparisons are something to be aspired but not an immediate priority.

ON THE CORE AND SUPPLEMENTARY INDICATORS

- Emphasize the importance of the equity analysis. For example, move its description further forward in the Guide.

- Improve the explanation of the equity measures. Provide a concrete example of their calculation.

- Present additional alternative operational definitions for the indicators using examples taken from the pilot sites.

- Suggest data collection methods instead of, or in addition to, data sources.

- Consider adding new indicators: 1) safety, 2) emergency preparedness, 3) social change, as measured by media or policy-maker attitude and attention, and 4) elder abuse, neglect, and fraud.

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[1]Note: Recommendations from the group listed here do not represent consensus among all meeting participants. Nor do they reflect all recommendations that were mentioned during the meeting. The ones listed here are limited to those that were mentioned and supported by at least 2 or more individuals in the group.

ON ADDITIONAL RESOURCES

- Consider removing Annex 2 on Examples of locally developed indicator sets, as there is no direct link with the Guide and its indicators. Instead, replace it with a detailed case example of one of the pilot sites and how they measured the indicators described in the Guide.

ON LANGUAGE AND FORMAT

- Apply professional design and layout to improve the readability and visual appeal of the Guide.

- Use inclusive language (e.g. "older persons" instead of "elderly"; "age-friendly environments or communities" instead of "Age-friendly Cities", when appropriate).

- Target the Guide to a well-informed technical audience. Do not try to appeal to a broad general audience (e.g. limited use of photographic images, etc.).

SURVEY RESULTS

The figure below summarizes the results of the brief questionnaire survey that was administered at the end of the two-day meeting. All of the 13 pilot sites represented at the meeting completed the survey. The survey responses were aggregated and presented as mean values on the 5-point response scale (Figure 1).
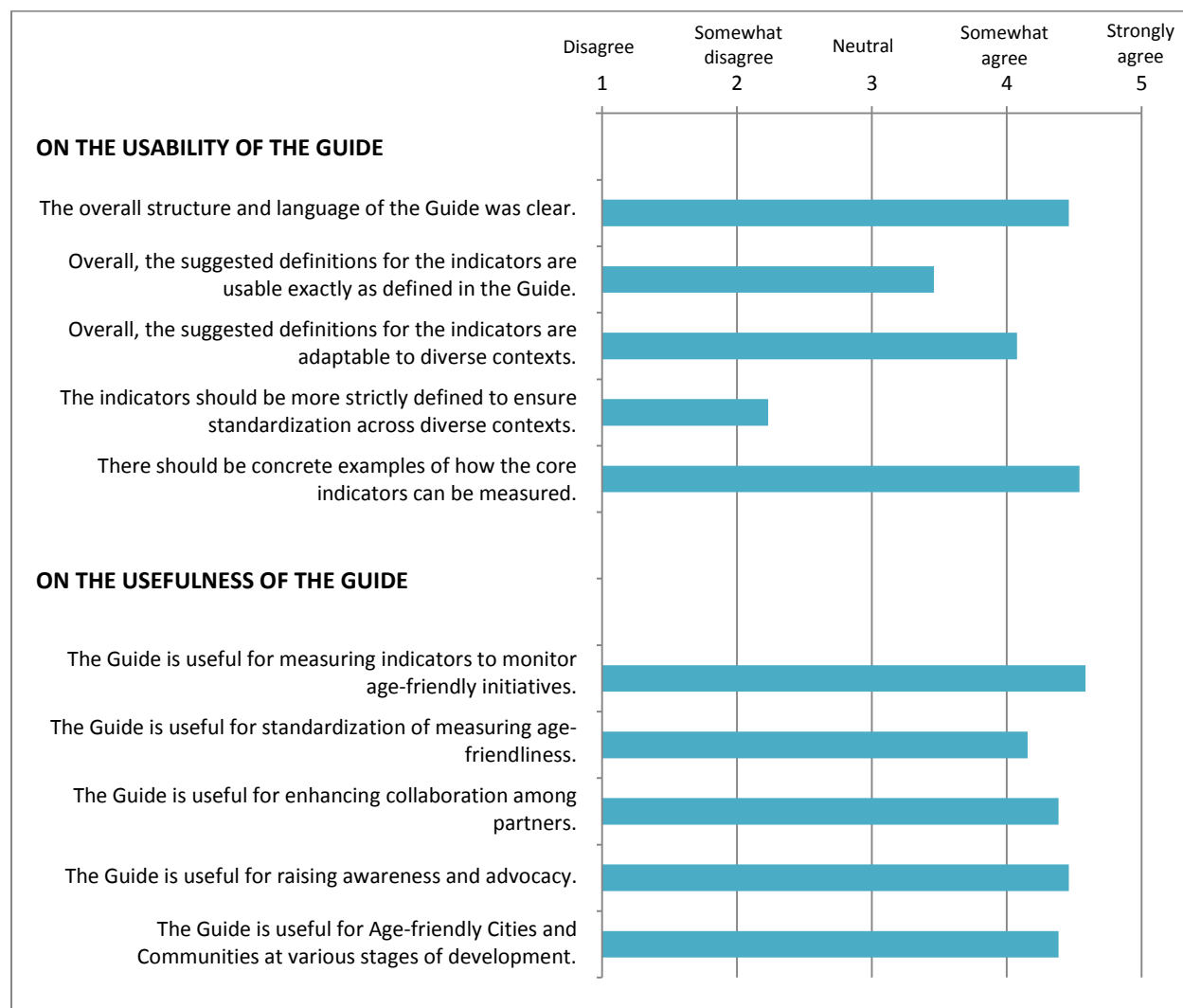

Figure 1 Summary of survey results obtained from the 13 pilot sites represented at the meeting.

CONCLUSIONS

The pilot site meeting gave validation to the feedback provided in the pilot site reports that were submitted to WKC prior to this meeting. The pilot sites largely agreed that the Guide and the indicators described within it were both usable and useful in their unique contexts. Ultimately, however, it was understood that the indicator assessment must not end as a data collection exercise but should inform policy decisions and interventions.

The meeting added further value by providing an opportunity to discuss some of the key issues that emerged in the pilot study in greater depth as a group, which are summarized in this report. The meeting also gave clarity on some specific issues and recommendations to be considered before finalizing the Guide. These discussions were relevant not only to the Guide and indicators, but also to the Age-friendly Cities and Communities initiative more broadly. Some of the discussions highlighted the need for stronger coordination and coherence among the WHO's various initiatives and tools relevant to Age-friendly Cities and Communities.

NEXT STEPS

- ➢ WKC to develop a synthesis paper on the pilot study.

- ➢ WKC to revise the Guide taking into account the results of the pilot study, including this meeting.

- ➢ Pilot sites and other peer reviewers to review and comment on the revised Guide.

- ➢ WKC to finalize the Guide taking into account the reviewers' comments.

ANNEX 1 List of Participants

#	Name	Title	Organization	Location
1.	Isabella Aboderin*	Head, Aging and Development Program	African Population and Health Research Center (APHRC)	Nairobi, Kenya
2.	Mark Abraham	Executive Director	DataHaven	New Haven, USA
3.	Grace Chan	Chief Officer, Elderly Services	The Hong Kong Council of Social Service	Hong Kong, China
4.	Pierre-Marie Chapon	Expert Consultant	SCET (groupe Caisse des Dépôts)	Lyon, France
5.	Bipin Choudhary	President	The Cradle (The Centre for Rehabilitation and Advancement of Disables)	New Delhi, India
6.	Francisco Dehesa	Director, Department of Social Development	Bilbao City Hall	Bilbao, Spain
7.	Xiaocang Ding	President	Preventive Medicine Association of Jing'an, Shanghai	Shanghai, China
8.	Reza Fadayevatan	Head, Aging Department	The University of Social Welfare and Rehabilitation	Tehran, Iran
9.	Mohammad Mehdi Golmakani	Director General of Health	Tehran Municipality	Tehran, Iran
10.	Alan Hatton-Yeo	Consultant	Ageing Well in Wales	Cardiff, UK
11.	Leanne Horvath	Coordinator, Aged & Disability Services	Banyule City Council	Banyule, Australia
12.	Gail Kohn	Coordinator	Age-Friendly DC	Washington DC, USA
13.	Nick Kushner	Capital City Fellow	Office of the Deputy Mayor for Health and Human Services	Washington DC, USA
14.	Gulnara Minnigaleeva	Associate Professor	National Research University Higher School Of Economics	Tuymazy, Russia
15.	Patricia Oh	Coordinator, Older Adults Services	Town of Bowdoinham	Bowdoinham, USA
16.	Stefania Pascut*	Coordinator, Healthy Cities	Municipality of Udine	Udine, Italy
17.	Angélique Philipona	Coordinator	French Network of Age-friendly Cities	Dijon, France
18.	Lisa Raywood	Manager, Health & Aged Services and Community Planning	Banyule City Council	Banyule, Australia
19.	Nélida Redondo	Professor, Social Situation and Quality of Life of the Argentinean Elderly Population	ISALUD University	La Plata, Argentina
20.	Catherine Simcox	Community Planning Consultant	Banyule City Council	Banyule, Australia
21.	Asghar Zaidi	Professor, International Social Policy	University of Southampton	Southampton, UK
22.	John Beard	Director	WHO Ageing and Life Course	Geneva, Switzerland
23.	Josephine Jackisch	Technical Officer	WHO EURO	Copenhagen, Denmark
24.	Megumi Kano	Technical Officer	WHO Kobe Centre	Kobe, Japan
25.	Jaclyn Kelly	Intern	WHO Ageing and Life Course	Geneva, Switzerland
26.	Paul Rosenberg	Technical Officer	WHO Kobe Centre	Kobe, Japan
27.	Lisa Warth	Technical Officer	WHO Ageing and Life Course	Geneva, Switzerland

ANNEX 2 Meeting Programme

DAY ONE

Time	Session
8:30-9:00	Registration (Submission of final presentation file)
09:00-09:15	Welcome and Introductions
09:15-10:00 (09:15-09:30) (09:30-10:00)	**Session I** - Secretariat Presentation of Background and Pilot Study Synthesis - Reactions and Group Discussion
10:00-10:15	*Coffee break*
10:15-12:00 (10:15-11:00) (11:00-12:00)	**Session II** - Pilot site presentations on ***Piloting Process: Stakeholder Engagement, Indicator Selection and Data Collection*** (1) New Delhi, India (2) Udine, Italy* (3) Banyule, Australia - Group discussion and feedback
12:00-13:00	*Lunch*
13:00-14:30 (13:00-13:30) (13:30-14:30)	**Session III** - Pilot site presentations on ***Physical Environment Indicators*** (1) Tehran, Iran (2) Bilbao, Spain - Group discussion and feedback
14:30-14:45	*Coffee break*
14:45-16:15 (14:45-15:15) (15:15-16:15)	**Session IV** - Pilot site presentations on ***Social Environment Indicators*** (1) Dijon, France (2) Tuymazy, Russia - Group discussion and feedback
16:15-17:00	Observer reflections

*Presentation given by WHO Secretariat on behalf of Udine pilot site.

DAY TWO

Time	Session
09:00-09:15	Recap of Day One and Overview of Day Two
09:15-10:00	**Session V** Pilot site presentations on *Equity and Impact Indicators* (1) La Plata, Argentina (2) New Haven, Connecticut (3) Jing'an, China
10:00-10:15	*Coffee break*
10:15-11:15	**Session V (continued)** Group discussion and feedback
11:15-12:30 (11:15-11:45) (11:45-12:30)	**Session VI** - Pilot site presentations on *Adaptation to Diverse Contexts* (1) Bowdoinham, USA (2) Nairobi, Kenya* (3) Hong Kong, China - Group discussion and feedback
12:30-13:30	*Lunch*
13:30-15:00 (13:30-14:00) (14:00-15:00)	**Session VII** - Pilot site presentations on *Impact of Pilot Study and Sustainability* (1) Fishguard/Goodwick, UK (2) Washington, DC, USA - Group discussion and feedback
15:00-15:15	*Coffee break*
15:15-16:15 (15:15-15:30) (15:30-16:15)	**Session VIII** - Secretariat Presentation on *Other Content and Dissemination* - Group discussion and feedback
16:15-16:45	Observer reflections
16:45-17:00	Summary and Conclusions

*Presentation given by WHO Secretariat on behalf of Nairobi pilot site.