



Background Paper

Innovation for age-friendly
environments in Europe:
joint AFE-INNOVNET
and AFEE workshops
for policy-makers



AFE-INNOVNET
TOWARDS AN
AGE-FRIENDLY EUROPE



REGIONAL OFFICE FOR

**World Health
Organization**

Europe

Background Paper

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Scope and purpose of the workshop

This workshop, jointly organized by the Thematic Network on Innovation for Age-Friendly Environments (AFE-INNOVNET), the European Commission and the WHO Regional Office for Europe, aims to support local policy-makers in making their community more age-friendly. For this purpose the workshop brings together key outcomes that have been developed by two closely related European Commission-sponsored projects: AFE-INNOVNET and the Age-friendly Environments in Europe (AFEE) project and disseminates tools developed by these projects. Both projects support the Action Group on Innovation for Age-friendly buildings, cities and environments under the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) by promoting the design of local action plans and an international exchange on good practice.

The workshop mainly targets policy-makers from local and regional authorities who are interested in the art of developing and implementing action plans on age-friendly environments. It covers a broad range of topics, from participatory approaches to initial assessments and planning to the design of action plans for cross-sectoral cooperation, the definition of outputs and outcomes and the monitoring and evaluation of results.

The workshop has been designed with experts and representatives from communities and local authorities who are relatively new to this policy field in mind. To support the discussions during the workshop, a number of representatives of civil society organizations, research centres, universities, industries and service providers are among the participants, as well as experts and representatives of some of the leaders in this policy field, in order to strengthen mutual learning and good practice exchange and to develop partnership working. The event will provide an opportunity for networking between various initiatives at national, subnational, European and global levels.

During the workshop, participants will exchange experiences with each other, moderators and experts and will work on a number of assignments that link to specific outcomes developed by AFE-INNOVNET and the AFEE project. This background paper introduces the main thematic areas for individual assignments during the workshop and proposes questions for discussion.

At the end of the workshop, participants should be able to:

- understand more fully the challenges and opportunities for embarking on policies for healthy ageing;
- assess the potential for participatory and cross-sectoral approaches to healthy ageing policies and the design of commitments linked to action plans;
- undertake an initial assessment of priority actions, stakeholders, tools, strategies and plans already in place in their communities or local authorities, on which a comprehensive age-friendly strategy and action plan could build;
- judge relative strengths and weaknesses that hinder or enable more comprehensive cross-sectoral and participatory policy action and approaches;
- access European and global repositories of practice examples that can inspire the design of action plans and of sustainable policy processes and structures;
- have a deeper insight into the support that the Covenant on Demographic Change will provide.

AFE-INNOVNET

AFE-INNOVNET is enshrined in EIP on AHA, driven by the European Commission (Directorate-General for Communications Networks, Content and Technology and Directorate-General for Health and Food Safety). To support the scaling-up of existing and future innovative age-friendly environments across the European Union (EU), a large group of partners led by AGE Platform Europe have set up this thematic network to connect stakeholders (public authorities, older people's organizations, service providers, industry and researchers) interested in the promotion of age-friendly environments at local, regional, national and EU levels. The project is funded by the Competitiveness and Innovation Framework Programme's Information Communication Technologies Policy Support Programme (Grant Agreement 620978) (AFE-INNOVNET: Thematic Network on Age-friendly environments in Europe, 2015).

The AFEE project

The AFEE project is a collaboration between the WHO Regional Office for Europe and the European Commission Directorate-General for Employment, Social Affairs and Inclusion with the vision of a Europe where age-friendly cities and communities enable people of all ages to realize their full health potential in a sustainable and equitable way. Its overarching aim is to increase opportunities for health and well-being for older people in their local environments.

The AFEE project complements the WHO framework for age-friendly environments with a focus on action of local and regional authorities that can lead to more age-friendly environments. The Age-friendly environments in Europe report – a series of 9 booklets to be presented at the workshop – presents a synthesis of evidence from a broad range of research and practical experience, including from resources and tools on age-friendly environments that have been developed across Europe at local, regional, national and international levels. The project encourages local and regional authorities to take comprehensive action that can lead to more age-friendly environments through the design, monitoring and evaluation of age-friendly actions in participatory cross-sectoral ways of working.

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The Covenant on Demographic Change

As one of its core goals, AFE-INNOVNET committed to launch an EU Covenant on Demographic Change by the end of 2015. The overarching goal of the Covenant will be to engage local and regional authorities and other relevant stakeholders in developing environments that support active and healthy ageing, thus improving healthy life expectancy, enhancing independent living of older people and creating a society for all ages (AFE-INNOVNET, 2015a). The Covenant will aim to foster synergies between relevant stakeholders in cooperation with existing initiatives such as the WHO Global Network on Age-Friendly Cities and Communities (WHO, 2015b), the WHO European Healthy Cities Network and EIP on AHA.

Workshop assignments/questions for discussion 1

Please provide a brief statement of your main expectations of this workshop: for your policy work, what is the most important insight you expect to gain?

Examples include:

- an initial assessment of the relative strengths and weaknesses of the policy environment for age-friendly initiatives (see the section on different entry points and critical success factors, pp. 12–13);
- information about channels for cross-country exchange on age-friendly environments and the way of working of the Covenant on Demographic Change;
- specific guidance on the outcomes by AFE-INNOVNET and the AFEE project;
- guidance on sources for practical examples;
- a clearer picture of participatory processes and how to engage a broad range of stakeholders.

Introduction: why age-friendly environments matter

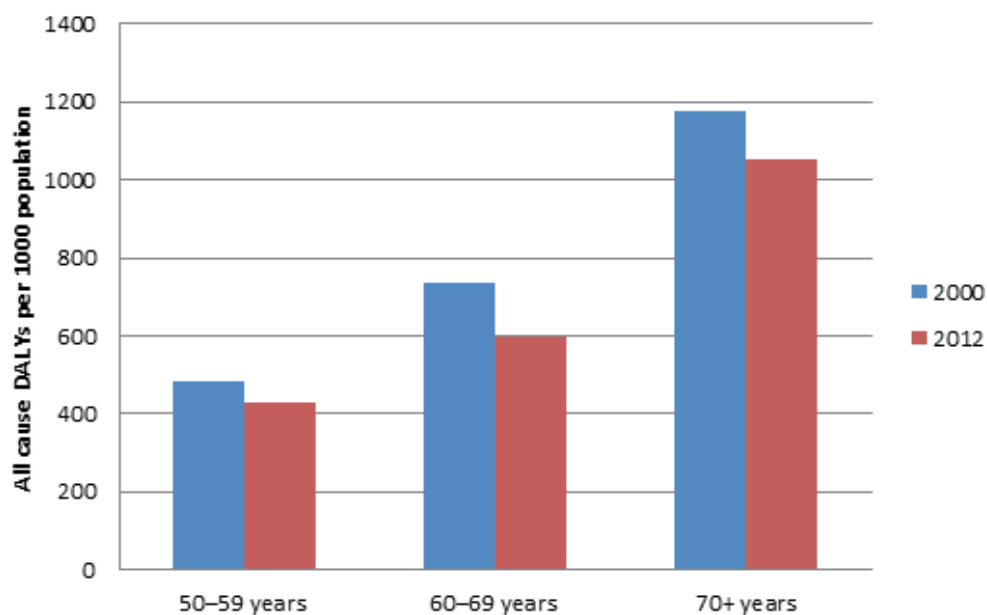
Europe is ageing – at different speeds and patterns, and with different implications for cities, communities and other local authorities. In 2010, 17.4% of the population in the European Union were aged 65 years or older; this share is projected to reach 30% around 2060. The WHO European Region, comprising 53 Member States, already has the highest median age in the world. There are many opportunities for policy interventions of communities and local authorities to better respond to this ongoing demographic revolution (WHO, 2015a).

The likelihood that people may live with one or several functional limitations grows with increasing age, but this does not mean that older people in general are frail and dependent. On the contrary, a large European study estimated the prevalence of frailty in the age group 50–64 years to be 4.1%, increasing to 17% in those aged 65 and over (Santos-Eggimann et al., 2009). This prevalence varies between and within countries, indicating that the social, political and physical environments and the health and social care systems in which people live matter. Moreover there is, indeed, reason for optimism, as there is some evidence that the burden of disability is decreasing also in older age groups (Fig. 1).

The additional years of life come with new opportunities – for older people, their families and societies as a whole. Older people contribute in many ways to their families and communities and more can be done to foster this potential. Evidence indicates that the contribution older people make to society in high-income countries outweighs the costs of ageing and long-term care. It is time to change people's attitude to ageing (WHO, 2015a).

The well-being and quality of life of older people depends on ageing in good health. Health and healthy ageing is not the absence of disease but the functional ability of people to do the things they value most (Nordenfelt, 2001; WHO, 2015a). This depends on both the level of physical and mental health of individuals and the support provided by the environment in which a person lives and grows older. Among the factors that negatively influence the functional ability of older people are isolation and loneliness, lack of resources or barriers of access to high-quality and affordable health and long-term care services.

Fig. 1. Disease burden in disability-adjusted life-years (DALYs) in the WHO European Region by age group, 2000 and 2012



Source: WHO Global Health Estimates 2014

“Healthy ageing is the process of developing and maintaining the functional ability that enables well-being in older age.”

WHO, World report on ageing and health, 2015a



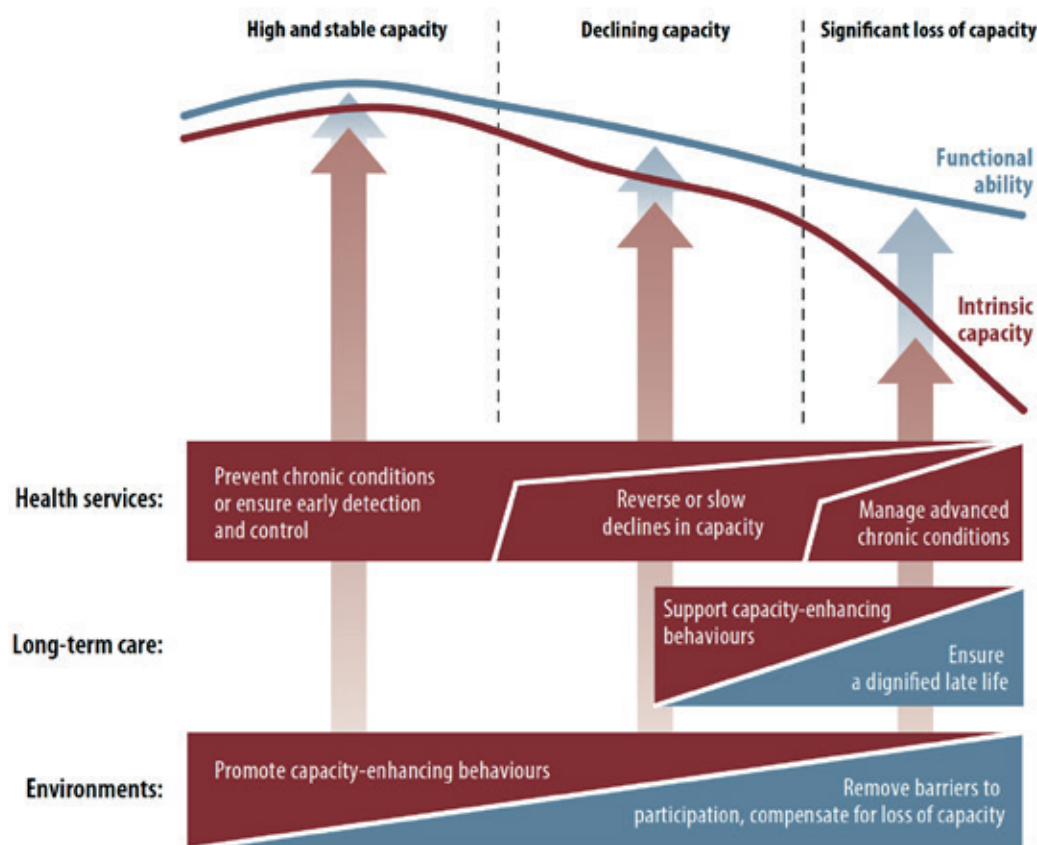
The EU 2020 vision of a smart, sustainable and inclusive society calls for mainstreaming of active and healthy ageing in policy innovation to address the challenges and opportunities of demographic changes of populations as a key priority (European Commission, 2010; AFE-INNOVNET, 2015b). An important component of the policy response at the EU level is EIP on AHA, a Europe-wide multistakeholder collaborative effort with the headline target of extending healthy life expectancy in Europe by two years by the year 2020. It aims to improve the well-being, quality of life and health of European citizens and the effectiveness and sustainability of health and social care systems and services. To achieve these goals, EIP on AHA explores new ways in which initiatives for active and healthy ageing can contribute to fostering economic competitiveness and employment in Europe.

How age-friendly environments unlock the potential of healthy ageing

To reach these European goals, urgent and comprehensive public health action is needed in all sectors of society and government. Local governments have a pivotal role in creating environments that support the capacities of older people, as well as health care and long-term care systems that are better aligned to ageing populations (WHO, 2015a).

Population ageing is today’s opportunity for societies to reorient themselves and unlock the potential of healthy ageing. WHO proposed a shift in thinking about ageing with *Active ageing: a policy framework* (WHO, 2002), published as its contribution to the Second World Assembly on Ageing, and more recently with a re-cast concept of healthy ageing at the core of the *World report on ageing and health* (WHO, 2015a). Actions to promote healthy ageing go beyond the elimination of disease to the promotion of health throughout the life-course and support for continued functioning into old age (Fig. 2).

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



Source: WHO (2015a) Global report on ageing and health, Geneva: WHO.

Supportive environments are crucial across the life-course. Three principles can be drawn from the life-course approach to healthy ageing (WHO Regional Office for Europe, 2015).

- Maximize intrinsic capacity: start as early as possible.
- Maintain the peak: it is never too late for prevention, rehabilitation and effectively managing chronic conditions.
- Minimize loss and maximize functional ability: create and maintain supportive environments and develop integrated systems of care.

Policies on healthy ageing ensure that age-related declines in intrinsic capacity do not translate into similar declines in functioning; for example, by providing support to compensate for loss of capacity such as removing barriers to participation and offering opportunities for a more active role in families, neighbourhoods and society more generally.

Workshop assignments/questions for discussion 2

Please reflect on your motivation for participating in this workshop: why should you engage in age-friendly environments, taking into account the most relevant opportunities and challenges in your community/regional authority?

Examples include:

- the speed and scale of demographic change and its underlying causes, including migration, both within the local environment and across borders;
- (growing) inequalities in the health and well-being of older people between neighbourhoods, within communities and between urban and rural/remote areas;
- trends in socioeconomic parameters since the economic and fiscal crisis after 2008 and trends in public finances at different levels of government;
- plans for urban renewal for all generations and the creation of smart and sustainable cities;
- untapped potential for better use of technical and social innovation in the field of active and healthy ageing.

What makes a community or local authority age-friendly?

Awareness is growing that urban and rural environments have often not been designed with people in mind who are living with chronic conditions or at risk of frailty. In too many cases they can create barriers for older people.

The bottom-up movement of age-friendly environments has long realized the importance of action and the potential of healthy ageing. Age-friendly communities foster healthy and active ageing at the local level by adapting structures and services to the needs of older people with varying capacities (AFE-INNOVNET, 2015c; WHO, 2015b).

Whether older age or reduced health result in experience of ill health and disability depends to a large extent on the physical and social environment in which a person lives. Age-friendly environments therefore ideally cover three dimensions across multiple sectors simultaneously: physical environments, social environments and municipal services. These dimensions overlap and contain eight specific key action areas (Fig. 3). An age-friendly environment ideally acts at the nexus, assessing barriers and adapting structures across all key areas of work and all three dimensions in an integrated way with the aim to optimize health, stimulate inclusion and enable wellbeing of older people.

Two main pathways support healthy ageing. Age-friendly environments can:

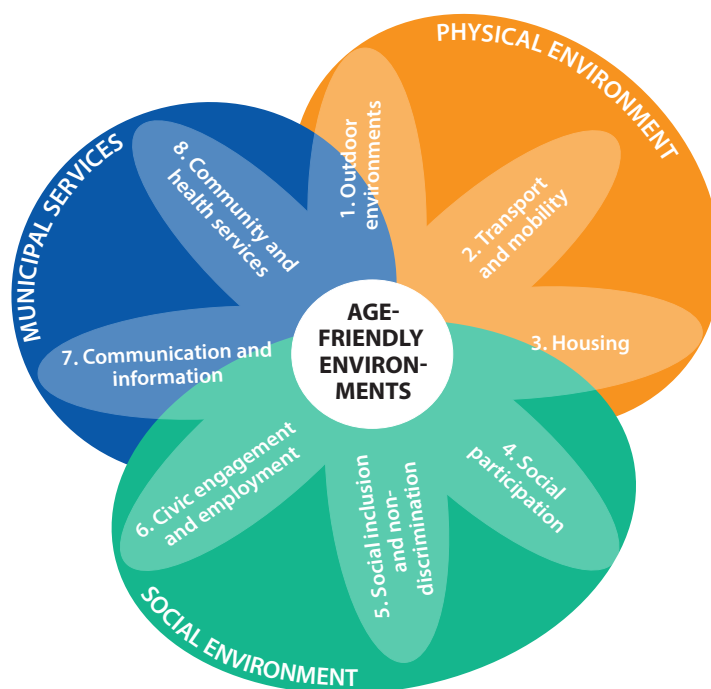
- lower the disability rate;
- increase physical and mental health by supporting healthy behaviours and social participation, enabling access to services and empowering older people to participate and live to the fullest of their capacities.

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"We need to re-think our cities. For cities and environments to be age-friendly, the effective implementation of comprehensive and inter-sectoral policies and planning is required. Regulatory procedures, building codes and mortgage regulations need to take into account the concerns of older persons and reflect their diversity."

Rosa Kornfeld-Matte, the UN Independent Expert on the enjoyment of all human rights by older people

Fig. 3. AFEE domains for age-friendly action



Source: adapted from Jackisch et al. (2015)

Many local governments have started to put in place policies that both enable older people to continue participating in society and avoid reinforcing outdated stereotypes and the inequities that often underpin poor health in older age. Local policies can support older people to participate in society and can enable them to do the things that are important to them in many ways; this is a key aspect of their health and well-being (WHO, 2015a). For example, an older person with somewhat reduced vision and mobility can feel unable to go out if the next shop or café for socializing is not at a safe walking distance, while otherwise feeling in good health and leading an independent life. Moreover, even if feeling unsafe to drive due to impaired vision, she or he can go out to visit friends, family or activities if public transport is easy to use, well signed, affordable and well connected to the local area.

Experience from a growing number of local initiatives has shown that the process of becoming age-friendly is dynamic without a fixed starting point. In many instances it will not be possible to act on all key areas at the same time or on the scale of the whole city or local authority at the same intensity. In order to set priorities, older people themselves are best placed to help local communities become more age-friendly. Both AFE-INNOVNET and AFEE advocate an approach to creating age-friendly cities based on a participatory model engaging older people at all stages of assessment, planning and monitoring of initiatives. Once political commitment has been created, local authorities are encouraged to engage in multi-sectoral action in a systematic way, which will be sketched in the section 'Co-producing age-friendly environments with older people'.

The following provides an overview of each of the eight domains of age-friendly environments, stating their overall strategic goal and the main headline areas for policy interventions and age-friendly actions.

1. Outdoor environments

The goal of interventions in this domain is to plan and design the built environment and public spaces with awareness of the needs of older people, recognizing their diversity. To support ageing in place, initiatives to create age-friendly outdoor environments focus on retrofitting existing neighbourhoods in addition to following good practice in the design of new neighbourhoods.

Action areas include:

- barrier-free public spaces and buildings that are accessible and useable for people with impairments;
- support for community interaction and personal independence;
- places to be and stay outdoors;
- urban environments that support belonging, continuity and sense of self.

2. Transportation and mobility

The goal of interventions in this domain is to promote safe, accessible, appropriate and reliable transport services and infrastructure for active living. The aim is to enable people to maintain their mobility, independence and connections as they get older.

Action areas include:

- infrastructure for active mobility and walkability;
- public transport;
- on-demand services and other support to improve mobility.

3. Housing

The goal of interventions in this domain is to provide adequate, accessible, safe and affordable housing; a more seamless continuum of housing choices; and support for ageing in place.

Action areas include:

- combatting inequity of housing through affordable housing and housing options that meet the needs of ageing populations;
- creating wide housing choices that support independent living;
- alternative models of living;
- setting and enforcing standards for newly built houses;
- support for relocation;
- provision of support for home assessments, repair and maintenance and housing adaptations;
- security and safety at home.

4. Social participation

The goal of interventions in this domain is to promote older people's participation in social life and to combat loneliness and isolation. This can be achieved by creating, maintaining and promoting supportive environments that enable social interaction and active lifestyles and by providing opportunities for meaningful social activities that encourage older people to leave their homes and maintain supportive social networks.

Action areas include:

- a range of opportunities for social participation that are accessible for older people;
- supportive environments for socialising and provision of opportunities for social contact in the community and neighbourhood;
- multilevel interventions;
- life-long learning;
- multisectoral collaborations.

5. Social inclusion and non-discrimination

The goal of interventions in this domain is to create environments that are socially inclusive places, where all people – regardless of age, gender, social position, health or disability – are respected and have opportunities to participate and contribute. To enhance equity, it is crucial to complement population-based interventions with targeted efforts, reaching out to people most at risk of poor health and exclusion, understanding their specific needs and promoting their health and quality of life.

Action areas include:

- respect and non-discrimination;
- combatting social exclusion;
- targeted action for individuals in vulnerable situations;
- social capital;
- intergenerational spaces and activities.

6. Civic engagement and employment

The goal of interventions in this domain is to make better use of the potential of ageing societies by creating more and better opportunities for older people to engage in political, economic and public life.

Action areas include:

- engagement in political life and decision-making;
- engagement in economic life and employment;
- engagement in public life through co-creation and volunteering.

7. Communication and information

The goal of interventions in this domain is to assist older adults in accessing timely, reliable, relevant and understandable information about their community, ways of engagement, available services and health through word of mouth, general press or use of information technology.

Action areas include:

- age-friendly information;
- a clearing-house for health-related information;
- health literacy;
- public events and information sources;
- addressing the digital gap.

8. Community and health services

The goal of interventions in this domain is to promote and provide older adults with a broad range of easily located and accessible health and community services, such as preventive screening, nutritional guidance, mental health, affordable meals and help with everyday activities, home care and residential care facilities.

Action areas include:

- community action of coordination and integrated care provision
- health services, including health promotion and prevention services
- home care and support to informal care
- residential care facilities
- ambient assisted living and “ICT for ageing well” services
- emergency planning and disaster preparedness

Workshop assignments/questions for discussion 3

Reflecting on one or several of the eight domains of age-friendly environments, please provide an initial mapping of existing actions, strategies, action plans and targets.

- Which political frameworks, commitments or targets exist in your community across the domains of age-friendliness? What are the main stakeholders and sectors involved in planning, delivering and evaluating these?
- Where are your community’s strengths in terms of providing an age-friendly environment? What has high political priority? What has been criticized by older people? What are the existing activities and strengths and weaknesses of the community across these domains?
- Have any age-friendly actions or initiatives in your community already shown their first results?

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Co-producing age-friendly environments with older people

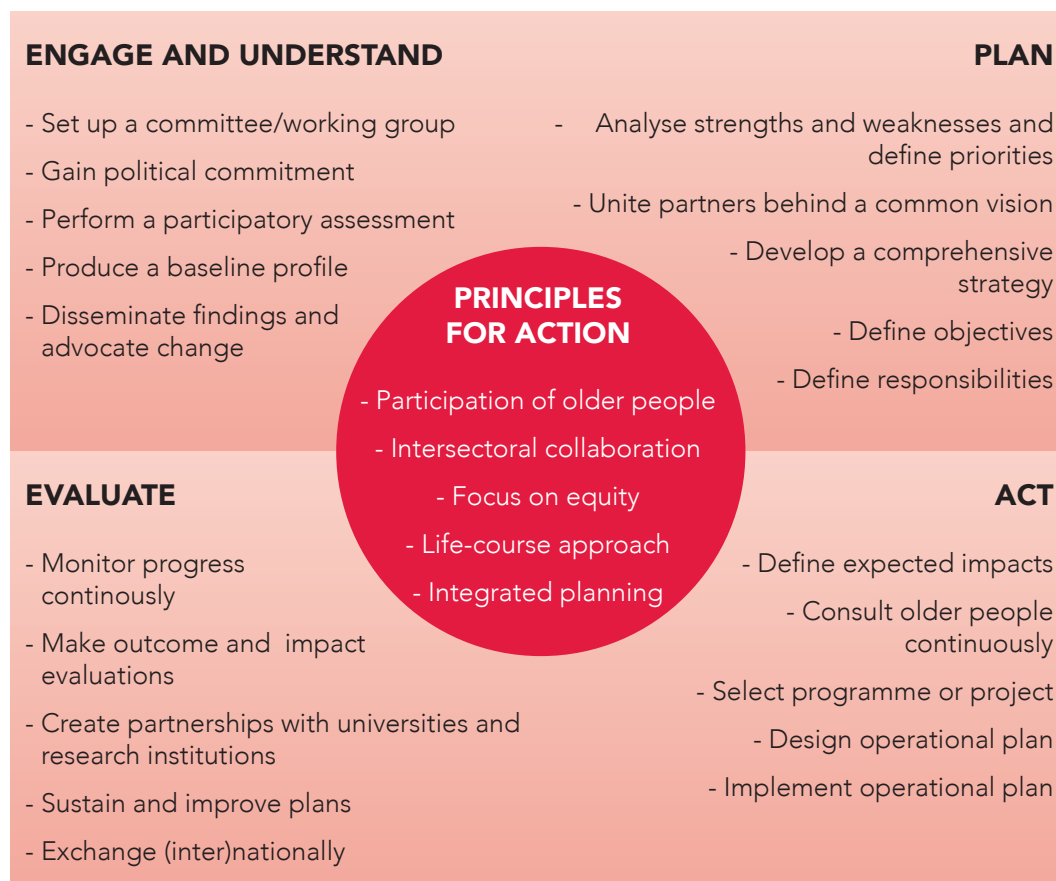
As a conceptual model, age-friendly policy action can be described as a policy cycle following a sequence of steps. Fig.4 illustrates the main policy processes involved, that can be followed from reaching a common understanding to planning and setting objectives in action to evaluation and monitoring, which in turn can lead to a next round in the cycle. In line with the results from AFE-INNOVNET, it underscores a number of core principles for action, such as the participation of older people at all stages of the policy process and the need to reach out to a broad range of sectors and stakeholders for intersectoral collaboration and integrated planning (AFE-INNOVNET, 2015d).

Moreover, to improve the health and well-being of older people and increase their opportunities for active participation in society, a main challenge is to reach those most at risk – in particular those living on their own or who for other reasons are at risk of social exclusion and loneliness. A focus on equity, therefore, must always be kept in mind. Finally, a life-course approach applies the framework on action outlined in this section with a view to providing support at critical transitions in life and to compensating for decline of intrinsic capacity.

Different entry points and critical success factors

An analysis of policy practice has shown that cities and communities often differ in their local implementation of age-friendly initiatives from the model of cyclical policy process sketched in fig. 4 (Jackisch et al., 2015). This is particularly the case with respect to the timing and relative importance of success factors for local action and the different entry points for action.

Fig. 4. Policy processes for age-friendly action



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Among different entry points that help to set up and sustain action, seven critical success factors were identified:

- political commitment at highest level in the community;
- broad community participation;
- building on an agreed strategy document;
- a publication with a statistical profile that maps the situation of older people for broad dissemination;
- an agreed action programme;
- sufficient resources committed, such as dedicated staff and earmarked budget(s); an evaluation of an earlier initiative having been undertaken and communication with all interested citizens and stakeholder on specific challenges and proposed priority actions.

Experts engaged in age-friendly policy making and implementation have identified these factors as multiple entry points that can all provide an important impetus to age-friendly initiatives, rather than a predetermined sequence as a classical policy cycle would suggest.

The Covenant on Demographic Change will provide a forum where communities and other local authorities can learn from each other on how to put age-friendly policy processes in motion, how to scale up innovative practice, adapt them to their local context, and make them sustainable. The last block of assignment questions reflect on the role and contribution of the Covenant.

Workshop assignments/questions for discussion 4

What are your expectations for support from the Covenant on Demographic Change?

Examples include:

- networking and exchange of experience with other cities/communities/local authorities;
- inspiration in the form of practice examples;
- peer review and advice on action plans developed by your local authority;
- information on opportunities for cooperation under European projects.

Building the evidence base: healthy ageing profiles, indicators and information systems

Indicators at the local government level are essential for “getting things done”, as a tool for policy-makers and planners but also for informing citizens. Considerable complexity, however, surrounds the development of indicators and information tools and sustaining the use of lists of indicators over time. Much has been learnt in recent years in this fast-evolving field. Methodologies and tools to assess social, economic and environmental impacts have only recently emerged (AFE-INNOVNET, 2015b).

The AFEE project suggests that age-friendly actions and initiatives build on a sound evidence base, which, for local authorities would include the following tasks and elements:

- a healthy ageing profile publication for initial assessment and for 3–5 year follow-up, both for planning and communication;
- assessments that include participatory strategies (see AFE-INNOVNET, 2015d); WHO, 2007
- investment in a geographical information system for analysis of variations and inequalities on a geographical scale below the city level;
- links to emerging European indicator systems – notably the Active Ageing Index;
- links to the global age-friendly indicator list developed by the WHO Kobe Centre for Health Development (WHO, 2015c);
- a tailored survey (depending on available resources), based on elements chosen from European survey questions from a range of existing instruments;
- targets linked to action plans.

Building age-friendly initiatives on a sound evidence base and engaging in regular reporting and publications that are accessible to a broader public, is essential for communication with stakeholders, for updating action plans, and for accountability to sponsors.

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List of AFEE booklets presented at the Workshop

- AFEE framework and introduction
- AFEE domain 1: outdoor environments
- AFEE domain 2: transport and mobility
- AFEE domain 3: housing
- AFEE domain 4: social participation
- AFEE domain 5: social inclusion and non-discrimination
- AFEE domain 6: civic engagement and employment
- AFEE domain 7: communication and information
- AFEE domain 8: community and health services

In 2016 an interactive website will make further AFEE outcomes available, relating to:

- principles and policy processes for age-friendly action;
- information systems, monitoring and evaluation.