



## Age-friendly cities and communities

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# A

## Age-Friendly Cities and Communities: New Directions for Research and Policy



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### Definition

An age-friendly city and community is one in which policies, services, and structures related to the physical and social environment are designed to support and enable older people to “age actively” – that is, to live in security, enjoy good health, and continue to participate fully in society (World Health Organization 2007).

### Overview

Two dominant forces are shaping social and economic life in the twenty-first century – population aging on the one side and urbanization on the other. Population aging is taking place across all countries of the world, albeit at varying levels of intensity. The proportion of those aged 60 years and over in the global north increased from 12% in 1950 to 23% in 2013 and is expected to reach 32% in 2050. In the global south, the share of

older persons increased slowly between 1950 and 2013, from 6% to 9%, but is expected to accelerate in the coming decades, reaching 20% in 2050 (United Nations [UN] 2019). Of equal importance has been the spread of urbanization, with over half of the world’s population (55%) now living in urban areas, with this expected to increase to more than two-thirds by 2050 (UN 2019). Understanding the relationship between population aging and urban change has become a major issue for public policy. The case for such work is especially strong given that cities are where the majority of people (of all ages) now live and where they will spend their old age. A report from the Organisation for Economic Co-operation and Development (OECD) (2015: 18) makes the point that:

Designing policies that address ageing issues requires a deep understanding of local circumstances, including communities’ economic assets, history and culture. The spatially heterogeneous nature of ageing trends makes it important to *approach ageing from an urban perspective*. Cities need to pay more attention to local circumstances to understand ageing, and its impact. They are especially well equipped to address the issue, given their long experience of working with local communities and profound understanding of local problems. (emphasis added)

This argument raises an important challenge for policies relating to aging and their impact on communities across the world. One significant policy response has come from the World Health Organization (WHO), through its approach to

developing what has been termed “Age-Friendly Cities and Communities” (AFCCs). These have been defined as environments that are supportive to the needs of people as they grow old. This work has produced an impressive record in respect of the number of communities engaged with age-friendly discussions; the development of indicators for measuring the effectiveness of age-friendly interventions (World Health Organization 2015); work around issues relating to co-production with older people (see Buffel and Doran 2018); and support for interdisciplinary working linking urban design, architecture, sociology, social policy, and related perspectives (see, e.g., Buffel et al. 2018; White and Hammond 2018).

But despite many positive signs, age-friendly work faces a number of tensions at the present time, notably in respect of, first, achieving its goals in the context of economic austerity and its impact on local authorities; second, reaching out to socially excluded groups within low-income communities; third, responding to the pressures arising from rapid urban development; and fourth, the impact of inter-generational divisions operating in the context of housing and related problems within urban neighborhoods.

### **Influences on Developing Age-Friendly Communities**

The take-up of the age-friendly model can be attributed to several factors. First, the idea of improving the environments in which people live found support in policies associated with the idea of “lifetime homes” and “lifetime neighbourhoods”; these highlighting the need to improve support for people who either by choice or the absence of alternatives were likely to “age in place” (Golant 2009). Second, the problems facing older people in locations such as inner cities, the subject of various studies in the early 2000s, reinforced the case for interventions taking an age-friendly approach (Klinenberg 2002; Newman 2003; Scharf et al. 2005).

Third, the emphasis in social policy on community rather than hospital or residential care focused attention on the quality of home and neighborhood environments in maintaining support for vulnerable groups. Finally, a mixture of “demand” and “supply” side factors also supported the implementation of the age-friendly model: the former reflected in interest among older people in expanding the range of housing options in retirement (cohousing being one example) and the latter in terms of financial products (e.g., reverse mortgage schemes) which allow the equity in housing to be converted into cash to support home improvements and related needs. In short, the argument might be that if aging populations (and aging cities in some cases) were the driving factor behind the adoption of the age-friendly model, this was underpinned by a range of research and policy developments supporting this approach (Fitzgerald and Caro 2014; Moulaert and Garon 2016; Buffel et al. 2018).

### **Development of the WHO Age-Friendly Program**

The origins of the AFCC movement can be traced back to the United Nations (UN) *irst World Assembly on Ageing*, held in Vienna in 1982. Convened by the General Assembly of the UN, the assembly marked a significant milestone in the development of aging strategies. The conference event highlighted increased international focus on issues arising from population aging, illustrated in the adoption of the first international instrument on aging: the *Vienna International Plan of Action on Ageing*. This document called for an international response to the needs of a rapidly aging world population and invited governments to act upon multiple issues affecting older people’s well-being (e.g., employment, income, health and nutrition, housing, education, environment, social welfare) (UN 1983). While this instrument provided a significant advance in formulating aging policies and programs, its development

was rooted in medical and epidemiological perspectives. As Kalache (2016: 67) argues, at that time “the preoccupation [in work with older people] was almost entirely disease-oriented, [...] conveying the firm message that health in older age was synonymous with disease, decline and disability.”

A second milestone came with the development of the 1986 WHO *Ottawa Charter for Health Promotion* which stimulated a shift toward a more socio-ecological approach to health. The charter was adopted following the first International Conference on Health Promotion held in Ottawa (Canada) in 1986 and rapidly became a key document for health promotion strategies. Kickbusch (2003: 383) suggests that “The Ottawa Charter for Health Promotion [...] exerted significant influence - both directly and indirectly - on the public health debate, on health policy formulation and on health promotion practices in many countries [...] [It] initiated a redefinition and repositioning of institutions, epistemic communities, and actors at the ‘health’ end of the disease-health continuum.” The charter stressed the importance of involving multiple actors (e.g., governments, social and economic sectors, voluntary organizations, communities) in the promotion of health and proposed different strategies to achieve this goal. Among them were three that became central to the development of the age-friendly approach: first, the importance of reorienting health and social services toward the perspectives of users; second, strengthening community action; and, third, creating supportive environments throughout the life course (WHO 1986, 2015).

Twenty years after the first World Assembly on Ageing, the UN General Assembly met to review the outcomes of the Vienna International Plan of Action. Held in Madrid, in 2002, the Second World Assembly on Ageing focused on three specific topics: older persons and development; advancing health and well-being into old age; and ensuring supportive and enabling environments (UN 2002). This event led to the adoption and publication of two major policy documents, the *Madrid International Plan of Action on Ageing* and the *WHO Active Ageing: A Policy Framework*, both of which provided the

foundation for the AFCC program. The Madrid Plan identified the creation of enabling and supportive environments as a major priority for work in the field of aging. The WHO (2002) defined an age-friendly city as one that could promote active aging, defined as “. . .the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO 2002: 12).

### **The Global Age-Friendly Cities Project**

The “age-friendly city” program was introduced for the first time in 2005 during the International Association of Gerontology and Geriatrics (IAGG) World Congress of Gerontology and Geriatrics held in Rio de Janeiro (Brazil). The idea was formalized with the launch of the WHO Global Age-Friendly Cities project in 2006 carried out in 33 cities across the global north and south. The aim of this project was to identify the core features of an age-friendly city from the perspective of older people, caregivers, and local service providers (WHO 2007). A total of 1485 older adults (60 years old and over), 250 caregivers, and 515 service providers (drawn from the public and the private sectors) took part in 1 of the 158 focus groups conducted in various cities around the world (Plouffe and Kalache 2010).

All focus groups and community assessments were developed using the same research protocol (known as the Vancouver Protocol) (WHO 2007). This recommended that each city should conduct a minimum of five focus groups: four with older residents and one with informal caregivers representing older people with disabilities. Researchers were encouraged to recruit people from different backgrounds (e.g., different age groups, gender, levels of autonomy, and ethnic groups) but with two main criteria guiding the formation of the groups: the age of the participants and their socioeconomic status. Participants were firstly divided in different age groups (60–74 years old or 75 and over) and then divided a second time according to their socioeconomic status (low or middle), forming a total of four groups. Older residents who agreed to take part in this study were then asked to describe how they experienced their city and to identify features that



**Age-Friendly Cities and Communities: New Directions for Research and Policy, Fig. 1** Themes explored in the WHO *Global Age-friendly Cities: A Guide* (2007)

impeded or contributed to its age-friendliness. Parallel to these interviews, researchers were also invited to talk to service providers and other groups, with contact made with professional staff in public municipal or regional service, representatives from the business sector, and voluntary organizations.

Findings from the focus groups identified eight domains which needed to be addressed in order to increase the age-friendliness of cities: *housing, transportation, respect and social inclusion, social participation, social and civic engagement, outdoor spaces and buildings, community support and health services, and communication and information* (WHO 2007: 9) (see Fig. 1). Each of these domains was further defined and presented under the form of a “checklist of core features.”

Results were published in a guide entitled the *WHO Global Age-friendly Cities: A Guide* (also known as the WHO checklist). This guide has since become one of the most frequently used tools to assess levels of age-friendliness of cities and communities in contrasting environments across the world (Plouffe et al. 2016).

### The Global Network of Age-Friendly Cities and Communities

To encourage implementation of recommendations from the 2007 project, the WHO launched the “Global Network of Age-Friendly Cities and Communities” (GNAFCC). Since its launch in 2010, the GNAFCC has had a rapid increase in membership, reaching over 800 cities and communities in the global north and south by

2019. In addition, there are 11 affiliated programs associated with the GNAFCC; these including networks of AFCCs at regional or national levels working directly with local communities and organizations that promote the AFCC framework through knowledge generation and information sharing. They play a significant role in supporting AFCC worldwide and serve as catalysts at the national and regional level by promoting the approach and providing guidance and support to cities and communities who wish to become more age-friendly – in the local language, within the local policy context, and by providing opportunities to meet face-to-face in the local area (WHO 2017).

By providing (via their website, [www.agefriendlyworld.com](http://www.agefriendlyworld.com)) a platform for discussion and document sharing, the GNAFCC aims to “foster the exchange of experience and mutual learning between cities and communities worldwide” (WHO 2017). Once membership of the network has been approved, members are invited to use the network’s website to share their experience and present successful initiatives brought about in their region. In return, the network supports members by connecting cities and communities, providing research and policy tools and access to various publications.

In 2018, the WHO published a report entitled “The Global Network for Age-Friendly Cities and Communities: Looking back over the last decade, looking forward to the next” (WHO 2018). The report features 11 case studies of cities within the network and explores the steps that have been taken over the last decade. As the report analyses and details the steps toward cities and communities have taken toward becoming more age-friendly, it also looks toward a vision of the future – to reducing inequalities, to cities and communities making measurable changes, and in strengthening WHO’s Global Network and partnerships.

### European and North American Age-Friendly Initiatives

The WHO Network has been supported by a range of other age-friendly groupings, including international NGOs such as the International

Federation on Ageing<sup>1</sup> (IFA) and various other organizations. In North America these include the American Association of Retired Persons (AARP) *Livable Communities* and the National Association of Area Agencies on *Age-sponsored Livable Communities Initiative*. In the case of Europe, *Age Platform Europe* has occupied a leadership position in supporting age-friendly initiatives. In 2012 there was the launch of the campaign “Towards an Age-Friendly EU by 2020,” driven by the “goal to shape a fair and sustainable society for all ages.”<sup>2</sup> Arising from this work was the identification of the need for a network which would bring together a variety of stakeholders across Europe to exchange knowledge and good practice. This was advanced initially through the *AFE-INNOVNET Thematic Network on innovation for age-friendly environments* (2014–2016), an EU-funded group which brought together a range of countries and cities across Europe. The work of the network led to the launch (in 2015) of the *Covenant on Demographic Change*, an EU-wide association of stakeholders committed to “...cooperate and implement evidence-based solutions to support active and health ageing as a comprehensive answer to Europe’s demographic challenge.”<sup>3</sup>

### Challenges to the Age-Friendly Model

Notwithstanding the many achievements arising from age-friendly initiatives, the present context raises significant problems for implementing high-quality programs. Interest in this work from the early 2000s occurred at a time of economic growth with an expansion in public sector programs targeting groups such as older people. Support for these was thrown into reverse with the financial crash of 2008 and the application of neoliberal policies, these leading to a scaling

<sup>1</sup>[www.ifa-fiv.org/age-friendly](http://www.ifa-fiv.org/age-friendly) (accessed 23 January 2018)

<sup>2</sup>[www.age-platform.eu/articles/towards-age-friendly-eu](http://www.age-platform.eu/articles/towards-age-friendly-eu) (accessed 23 January 2018)

<sup>3</sup>[www.age-platform.eu/special-briefing/covenant-demographic-change-officially-launched](http://www.age-platform.eu/special-briefing/covenant-demographic-change-officially-launched) (accessed 22 January 2018)



back of the welfare state and related forms of public investment (Gamble 2016; McBride and Evans 2017). Thus, the growth of age-friendly programs has come at a time when many cities are experiencing substantial reductions in physical infrastructure and services, notable examples being the closure of libraries, cuts to day center provision, and the tightening of eligibility for support for home and residential care (Buffel and Phillipson 2016; Toynbee and Walker 2017). Economic pressures facing the local state have significant implications for the scope and extent of growth that might be expected of age-friendly programs. The handling of cuts to public services will be a major test for the ideals and initiatives associated with building supportive communities for older people. One response might be to argue that the existence of the GNAFCC raises the possibility of building coalitions between and within cities and communities aimed at protecting services for older people. This would mean accepting that a precondition for interventions to develop “age-friendly” communities will be ensuring that key areas of support and services remain intact. Golant (2014, p. 13) makes the point that it is important to “[. . .] ask whether communities have acquired the structural capacity – that is, resources and opportunities – to accommodate the needs and goals of their aging populations and to help improve their physical and psychological well-being.”

This argument may be especially relevant for communities affected by the impact of economic recession combined with the changes associated with deindustrialization (Phillipson 2010). In such cases, successful implementation of age-friendly policies may require substantial initial investment both in community infrastructure (e.g., in the quality of the built environment, transportation, care services) and in improving the economic well-being of residents (e.g., through targeted income support programs).

Economic investment in communities must also be linked to developing a broader framework within which age-friendly work should be located. Thus, current interventions rightly focus on the importance of areas such as the physical environment, transportation, and housing.

However, underpinning these activities must be policies and initiatives which acknowledge the wider economic and social context influencing age-friendly activity. The next section of this entry reviews a range of areas for extending the work and aspirations of the age-friendly movement.

## **Advancing Age-Friendly Interventions**

A starting point for extending the scope of age-friendly activity would be to strengthen collaboration with the range of movements campaigning to improve urban environments. The growth of age-friendly work has been led (e.g., in the UK) mainly by departments within local government; in other countries (e.g., the USA), non-governmental organizations have played a more influential role.

Although this has led to a significant expansion in projects, the range of partnerships with non-age-related organizations has been limited, especially those, for example, leading urban regeneration schemes, property developers, and the business sector more generally. This was less an issue when economic conditions were favorable for developing age-friendly programs; however, the context of austerity has created a need for forging a broader range of partnerships as a means of protecting existing as well as accessing additional resources.

One line of development would be to establish links with groups working on initiatives such as “smart cities,” “healthy cities,” and “sustainable cities” (UN-Habitat 2016; Ramaswami et al. 2016). The age-friendly movement has been weakened; it might be argued, by operating separately from other urban projects, with the division between the “healthy” and “age-friendly” cities programs – both WHO sponsored – an obvious example. Moreover, encouraging links between different urban programs might help expand the range of age-friendly interventions. For example, ideas from the “smart” and “sustainable” cities movement around supporting alternatives to cars, increasing energy efficiency, and reducing pollution should also be a central part of making

cities “age-friendly.” Engagement with this type of work has the potential to produce both further resources for the movement and adding to the sustainability of existing projects.

A second area for development concerns grounding age-friendly work in policies which challenge social inequality. A key task for future activity must be to ensure equal access to basic necessities for daily living and the decision-making processes underpinning urban life, explicitly addressing gender, social class, ethnic, and other inequalities affecting the older population. In the Global North, the age-friendly brand has been adopted in various guises in many (mainly) white communities but is much less evident among black and minority ethnic groups (Lehning et al. 2017). However, it is precisely the latter that experience the most disadvantaged and least age-friendly communities. It will be difficult to take age-friendly policies seriously unless there is closer engagement with those neighborhoods and groups of older people abandoned in the face of urban change (Scharf et al. 2005).

The diversity of health issues experienced by older people also raises important issues for age-friendly work. A relevant question here is: do age-friendly initiatives reach out to people with all types of health conditions or are they focused predominantly on the “healthy,” i.e., those involved in different forms of “active aging”? (Golant 2014). To date, it is the latter who have dominated the development of the movement. But this raises questions about whether the goal is to create “inclusive” rather than “exclusive” communities (Gonyea and Hudson 2015). If the former, then age-friendly initiatives must have the capacity to support people diagnosed as “frail” or with dementia and associated conditions (Grenier 2007). This would argue against the trend of developing separate “dementia-friendly communities” or similar. Rather, the approach should acknowledge the variety of groups for whom age-friendly issues are relevant and the need to build environments which support and reflect the diversity which characterizes an aging world.

A third issue is that age-friendly policies are likely to remain restricted in scope unless greater control is exerted over the impact of urban

development and regeneration. At present, discussions around age-friendliness have been disconnected from changes affecting urban environments, where private developers are a dominant influence on planning and design. The result, according to Harvey (2008, p. 31), is that the “quality of urban life has become a commodity, as has the city itself, in a world where consumerism, tourism, cultural, and knowledge-based industries have become major aspects of the urban political economy.” Responding to this issue will require closer integration between age-friendly work and developments in disciplines such as urban sociology, urban economics, and human geography (see, further, Skinner et al. 2017). Understanding optimum environments for aging must be regarded as an interdisciplinary enterprise requiring awareness of the impact of developments such as the changing dynamics of urban poverty on older people; the consequences of urban renewal and regeneration; the influence of transnational migration; and changing relationships between different class, gender, ethnic, and age-based groups.

Finally, consideration must be given to devising new ways of delivering age-friendly interventions at a neighborhood level. The age-friendly domains put forward by the WHO have provided a valuable framework for developing ideas and initiatives. The weakness of current work, however, relates to uncertainty about the best measures to assist the implementation of projects, how best to target isolated groups, how to involve minority groups, and how to ensure the sustainability of projects. Some organizational developments (notably in the USA) which emerged outside the age-friendly movement merit closer consideration, for example, the village model and naturally occurring retirement communities (NORCs). The former is a grassroots approach that engages older community residents in developing membership associations that provide supportive services and social activities. NORCs represent partnerships between statutory and voluntary bodies to enhance services for older people living in geographically defined areas with relatively high densities of older adults (Scharlach 2012; Scharlach and Lehning 2013). The effectiveness of these approaches needs to be



tested in more detailed research than presently exists (see, e.g., Graham et al. 2014); there is also the problem (notably with the village movement) of membership being restricted to financially more secure older adults, with a notable underrepresentation of minority groups. Nonetheless, testing these and similar models might be a valuable way of devising ways of translating the ideals of age-friendly work into sustainable projects within neighborhoods.

## Summary

The creation of AFCCs has become an important concern for public policy, as evidenced by the rapid expansion of the Global Network of Age-Friendly Cities and Communities, and the building for networks in Europe and North America. The movement has been able to achieve significant progress within a relatively short space of time. It has been able to develop a broad, global policy response to the forces of urbanization and aging: encouraging and enabling cities and communities worldwide to develop and adapt age-friendly programs within their local neighborhoods and communities. The WHO has provided a global network of support and dialogue between different communities, cities, and regions, in association with other partners such as Age Platform Europe. Importantly, the WHO has developed a framework for action through its eight domains that ensures that the global policy response to aging and urbanization represents an integrated response (from housing and the built environment to issues around participation, respect, and social inclusion) not one that is confined to health and social care programs alone.

The debate around age-friendly cities has created an important agenda for rethinking the way we both live and manage our urban environments. Some of the questions being raised include: Do older people have a “right” to a share of urban space? How can the resources of the city be best used to benefit the lives of older people? Is the idea of “age-friendly” caring communities compatible with modern urbanization? However, in addition to these questions, we might note some

fundamental issues which the age-friendly movement is likely to face in the next phase of its development. These can be summarized in terms of whether the idea of “age-friendliness” will progress mainly as a form of “branding” for cities concerned with improving their status in comparison with other cities. Alternatively, will the movement begin to engage with the serious problems facing urban environments, such as widening inequalities, the impact of climate change, problems of homelessness, and the lack of affordable housing? Failure to tackle the problems facing cities has the potential to undermine interventions aimed at improving the lives of older people; they almost certainly need a stronger response than presently exists from those involved in age-friendly work.

But the pressures identified should not be seen as undermining in the case for age-friendly interventions. Rather, the question should be: how can aging populations and urban populations work together to resolve some of the major issues facing society? Age-friendly initiatives could drive forward new ideas relating to improving urban environments (e.g., highlighting the impact of pollution); developing new forms of community organization and solidarity (food and energy co-operatives); and supporting inter-generational cohesion (e.g., older people working with younger people in schools and other organizations). The argument is that doing “age-friendly” work also means recognizing and challenging the wider inequalities and injustices which affect city life. Standing apart from these will inevitably weaken both the age-friendly movement and many other campaigns for improving the lives of all of those living in cities.

## Cross-References

- ▶ [Accessible Age-Friendly Environments](#)
- ▶ [AGE Platform Europe](#)
- ▶ [Aging in Place and Quality of Life](#)
- ▶ [Neighborhood Social Environment and Health](#)
- ▶ [Quality of Life](#)
- ▶ [Social Participation](#)
- ▶ [Urbanization and Aging](#)

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