Key messages

- Addressing health inequalities related to ageing at urban level requires an intersectoral and systems approach, as well as the commitment of all stakeholders involved, including policymakers and communities.

- It is crucial to tackle the narrative on ageing (ageism) through messaging and communication, and avoid older people being perceived homogeneously as “vulnerable”.

- In the recovery from the pandemic, it is important that social and economic considerations go hand-in-hand, and that older people are included in the digital and green transitions.
The urbanisation and the ageing of our populations are interlinked - our cities are becoming older, too. This has important implications for public health, both in terms of physical as well as mental health. Cities’ capacity to moderate the exposure and vulnerability to risk factors and to exploit better the assets of urban settings can play a vital role in fostering healthy ageing. This is crucial to reduce the demand for healthcare and social welfare and ensure resilient health systems, and it is also an equity issue – it is our duty to make sure that no one is left behind. EuroHealthNet and the MINDMAP project organised a joint webinar to explore these issues.

The webinar aimed to:

- Reflect on the impact of urban environments on health and wellbeing, and the challenges and opportunities offered by cities to promote healthy ageing, including through concrete examples.
- Consider how to ensure an inclusive recovery and future pandemic preparedness, including through EU priorities and instruments.

Key points mentioned by the four speakers are included below, and their slides in full are available [here](#).

### Panel discussion & debate – Exploring challenges and opportunities of healthy urban ageing

**Frank Van Lenthe, Professor of Social Epidemiology at the Department of Public Health, Erasmus University Medical Center Rotterdam (Coordinator of MINDMAP project)**

Frank introduced the MINDMAP project, which aims to identify opportunities offered by the urban environment for the promotion of mental wellbeing and cognitive function of older individuals in Europe, investigating urban determinants of health and policies promoting healthy ageing. It has built on existing data (cohort studies), harmonised across Europe, allowing for cross-city comparison and learning. Some of the key takeaways are that:

- It is important to understand what policies actually do and through which routes they impact mental wellbeing, and to ask policy-relevant questions of the data. (Example: in Eindhoven, they found little evidence of changes in the amount green space being linked to changes in mental wellbeing in the past decade, probably due to minor changes in the amount of green).
- For older populations, policies that offer social participation offer promise to improve wellbeing. (Example: an evaluation of the introduction of free bus fares increased transport use and as a result reduced depressive symptoms).
- Adopting a systems approach is fundamental, given the complexity of the changing situation, and different impacts and unintended consequences. This allows researchers and stakeholders to identify outcomes from evaluations, and to show policymakers what works and what doesn’t.

During the discussion, Frank reflected that the new EU4Health budget should seek to ensure that other transitions including the digital and climate transitions are also truly inclusive, including of older people.
Giuseppe Costa, Professor of Public Health, Turin University Medical School, Head of Regional Epidemiology Unit (MINDMAP partner)

Seven MINDMAP cities have been involved in a process of stakeholder engagement. Giuseppe zoomed-in on the example of Turin, providing the following details:

- Stakeholder engagement evolved in three phases: co-investigation of health inequalities at city level (50 representatives), co-decision to set targets and priorities at city level (15 high-level officials), and co-creation/implementation at neighbourhood level (in 2 communities of practice).
- Specifically, this process allowed stakeholders to rank 23 actions according to their expected impacts on reducing social inequalities in premature mortality and do-ability. They decided to focus on inequalities in diabetes, using a new chronic disease strategy as a window of opportunity for action. Two local communities of practice (one of health professionals, and one of local community actors), have committed to co-investigate causes and solutions.
- Some of the key factors for success were: the commitment of city policymakers, intersectoral work to identify promising initiatives, communication through story-telling to motivate local stakeholders.

The COVID pandemic presents a window of opportunity to act to reduce health inequalities amongst the elderly. Similar processes used in MINDMAP can be implemented to engage stakeholders in this case.

Paul McGarry, Assistant Director, Greater Manchester Ageing Hub (EUROCITIES working group Urban Ageing)

Greater Manchester aims to apply the WHO model of healthy ageing, adopting a cross-sectoral multidisciplinary approach in a team made up of policymakers, researchers, businesses, etc. (more information here). Paul shared some thoughts on how to live with COVID-19 and build back better:

- Ensure that older residents have priority opportunities to be digitally included.
- Manage messaging and reach people - One practical step they have taken to reach those who do not have internet access is to print and distribute 70,000 copies of the “Keeping well at home” booklet (providing advice on physical and mental wellbeing).
- Focus on older workers, too – it is harder for older people to get back into work if they lose their jobs, impacting families and communities.
- Tackle the narrative on ageing (ageism), working with communications experts.
- Focus on the social recovery as well as economic recovery, through a neighbourhood approach.
- Understand and highlight inequalities in the city, including cumulative inequalities (ageing).

During the discussion, Paul highlighted the importance of speaking with older people in the places they live and work, and of political support (see here for Manchester). He also mentioned the examples of the European programme led by ROSEnet (Reducing Old-Age Social Exclusion: Collaborations in Research and Policy), and ACPA (Adapting European Cities to Population Ageing: Policy Challenges and Best Practices).
Julia Wadoux, Policy Coordinator for Health, New Technologies and Accessibility, AGE Platform Europe

- Messaging is very important. During the pandemic, older people have often been described as vulnerable and fragile – but it is more the environment that is putting them in a vulnerable situation. This is a challenging time for a paradigm shift in messaging. The messaging at AGE Europe has also focused on not creating additional divides, notably between generations. Messaging at global level (e.g., from the UN) on respect and rights of older people can be used at local level to legitimate decisions and initiatives that have an impact on older persons.

- The Commission has recently launched a report on the impact of demographic change, which looks notably at ageing not just through a social protection narrative, but also looking at hooks and assets. One key element highlighted by the Commission is how to coordinate between the green and digital transitions. In the coming months, the EU will release a green paper on ageing and a long-term vision for rural areas.

- The WHO will launch a decade of healthy ageing (2020-2030) on 1 October which will offer many opportunities to work, exchange and advance to improve lives of older persons and their communities.

Follow up

This report is being shared amongst the broad EuroHealthNet stakeholder community, as a key follow-up to the webinar. Further webinars will be organised in the coming months, to continue the exchange within the EuroHealthNet Partnership. EuroHealthNet will draw on the outcomes of this webinar to inform its work on healthy ageing, as well as in its outreach to the European Commission on this issue.