Making the world age-friendly: one city at a time

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Abstract

Global ageing populations are causing governments, urban planners, architects, other groups, and individuals, including older people, to begin to think about how the urban landscape and its infrastructure must change to meet the needs of older adults. To address this issue, the World Health Organization (WHO) developed the Global Network of Age-friendly Cities and Communities as part of the Age-friendly Environments Programme. This network supports cities seeking to become more “age-friendly” through new structures and opportunities that allow for older adults’ healthy and active ageing lifestyles. To become an age-friendly city and a member of the global network, cities apply with a five-year plan of practical improvements that can vary based upon city resources. By creating and cultivating this network, WHO has started a global trend towards supporting countries to be more inclusive of and sensitive to the needs of older adults. By the end of 2011, over 140 cities indicated their commitment to making their environments age-friendly by joining the global network. It is expected that hundreds more will join the network by the end of 2012 alone, expanding this community mentality and helping to make the world age-friendly, one city at a time.

Introduction

Global ageing is forcing cities around the world to reconsider how they will support their growing older populations. By 2050, almost two billion people will be aged 60 and over. This means the world’s older population will approximately double from 2006 to 2050¹. Perhaps most importantly, this will mark one of the most historic demographic shifts in human history. For the first time ever, people over the age of 65 will outnumber those under the age of five globally². The implications of this historic shift are still not fully known, yet it is important to recognize that the transition will not be uniform across nations.

While developed countries are experiencing a gradual change in the age structure of their population, the most dramatic population shifts will occur outside the developed world in low- or middle-income nations³. By mid-century, 80% of the globe’s older population will reside outside of the “developed” world³. Not only will low-to-middle-income nations share the bulk of the older population, they will also do so at a very rapid rate. In so-called “developing” nations, the aggregate growth rate of the elderly population is over twice that of the “developed” world³. Further, the National Institute on Ageing estimates that although most “developed” nations took approximately 25 to 115 years to transition from 7% to 14% of the nation’s population over 65, many low-to-middle-income countries will make this transition in a brief 20 to 40 years³. While many higher income nations experienced their ageing population shift over the last century (or are currently experiencing it), a majority of low-to-middle-income nations have yet to transition. These trends foreshadow massive

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infrastructural, individual, and family-based challenges regarding ageing populations in the 21st century.

While global populations are expanding and ageing, urban areas are also growing. This unique combination of demographic expansion and urbanization creates a new opportunity over the next century to outfit cities cross-nationally with the tools needed to prepare for expanding ageing populations. Therefore, we ask: What can cities do to ensure that older people will remain independent, socially engaged and enjoy a high level of well-being for as long as possible before requiring more intense care and perhaps institutionalization? The answer comes from a recent initiative by WHO. Specifically, the WHO Ageing and Life-course Programme developed a method of working with cities in order to improve healthy ageing across the globe. Although the world economy is struggling in certain parts of the globe, cities can take important steps that range in cost and commitment in order to improve the quality of life for older adults. Preparing for a boom in the urban ageing population means more than simply reforming global economic policies. Seemingly simple changes to a city environment, such as offering computer classes, creating a map of public toilets, or lengthening the time of crosswalk signals, have the potential to transform the lifestyles of older adults in a manner that enhances well-being and comfort in an ageing world.

The WHO Global Network of Age-friendly Cities and Communities

Redesigning urban environments to foster the health, social engagement and productivity of older people can be a challenge. Therefore, WHO opted to take a global community approach by creating a programme that encourages cities to work to improve the quality of life of older adults. Each city interested in being designated as “age-friendly” by WHO develops and implements a detailed, practical plan for improving the quality of life of its older inhabitants. Although cities promote age-friendly changes independently, they can connect and communicate with other urban locations that have the same age-friendly goal. In this manner, cities learn from the success stories of other urban environments, share strategies, and work together as a global community to enhance and prolong the well-being of ageing adults. This project, which was started in 2009, is known as the WHO Global Network of Age-friendly Cities and Communities (further referred to in this paper as “the Network”) and is part of the Age-friendly Environments Programme (created in 2006).

What types of age-friendly changes are the most beneficial for older adults, families, care-givers, and service providers concerned with older adults’ health and safety? In order to address this question, WHO began by conducting a focus group project that allowed older adults, as well as care-givers and service providers, from 33 cities located around the world to identify traits of their urban environment that could be altered to foster active ageing. Through these focus groups, ageing scholars identified eight key areas for potential city environment improvement that collectively address opportunities to better older adults’ physical, social and cultural landscapes. These eight domains for improvement include: (i) outdoor spaces and buildings; (ii) transportation; (iii) housing; (iv) social participation; (v) respect and social inclusion; (vi) civic participation and employment; (vii) communication and information; and (viii) community support and health services. Following this study, WHO developed the eight domains into a detailed guide for cities seeking to join the community of age-friendly cities. This tool, called “Global Age-friendly Cities: A Guide,” helps individuals and groups such as governments, citizen groups, the private sector and voluntary organizations coordinate to achieve age-friendly status for their city. Cities that have submitted a detailed, practical, WHO-

Regional Health Forum – Volume 16, Number 1, 2012
approved plan for age-friendly status are considered to be members of the Global Network of Age-friendly Cities and Communities, which was formally established to “link participating municipalities, foster evaluation of age-friendly initiatives, and provide technical support”3, 7.

Specifically, the WHO guide to age-friendliness emphasizes the concept of “active ageing,” which is “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” through material and social means6. Broadly, WHO views older adults as an asset to society and seeks to encourage families, communities, and local and national economies to work together to create positive outcomes for older adults cross-nationally. In other words, the practical goal is for cities seeking the Network membership to focus on redesigning urban structures, public policy, and community services in a manner that acknowledges the diverse capabilities and lifestyle decisions of ageing individuals, while promoting timely responses to the “needs and preferences” of older people6. In addition, these redesign features should aim to protect the most at-risk older adults and encourage the inclusion of all older adults as important, contributing members of the city’s local community. On a more detailed level, participation in the Network requires the city to formally commit to a process of continual improvement3. The role of WHO headquarters, regional offices, and country offices within the Network includes:

1. Coordination of the Age-friendly Cities programme,
2. Identification and dissemination of best practices,
3. Development of implementation guidelines,
4. Technical support and training, and
5. Review of progress and plans.

Cities can either join the Network independently, or in coordination with other cities in the country as part of a national programme, provided they develop a plan for age-friendly improvements. Cities can remain members of the Network as long as they demonstrate continual improvement towards their stated age-friendly goals. By the end of 2011, 41 individual cities, which are not part of a national programme, had joined the Network. By March 2012, it is expected that at least 30 more individual cities will apply for membership. Some WHO Member States have taken the initiative to establish their own programmes at the national or state/provincial level. For example, Canada has a national programme but Quebec has a separate provincial programme that does not fall under the Canadian national programme. WHO works with these national programmes to ensure that participating cities become members of the WHO global network. Eight national programmes have been established and the total number of member cities within these national programmes is increasing rapidly. As of the end of 2011, there were over 100 cities with several hundred more planning to seek membership within the first quarter of 2012.

**Network membership**

Prior to applying for membership in the Network, cities are not expected to have completed any activities towards making them age-friendly. Rather, cities must show that they plan to address the eight domains previously discussed over the span of five years. Age-friendly status is accomplished through four stages over those five years, forming a cycle of continual improvement. Recognizing that all cities and their populations are different, the cyclical process is flexible and allows for the diversity of cities around the world. Assessment of action plans and progress will take into account the financial and social circumstances of each city and region. Initially, prospective member cities are required to complete an online application form, which includes submitting a letter from their Mayor or
municipal administration, to the WHO headquarters in Geneva indicating their commitment to the Network. (The online application can be found here: http://www.who.int/ageing/application_form/en/index.html.) Applications to create a national programme follow nearly the same procedure, except that management of national programmes must be conducted in coordination with the WHO global network in order to ensure smooth management of cities’ applications and coordinated activities as a national group. A brief description of the four stages required during the five-year cycle follows.

Planning (Years 1-2)

There are four activities that must be accomplished in the first stage.

(1) Involving older people

The key piece to ensuring that programme is effectively developed to meet the needs of the intended user is to involve the user—in this case, older adults—at every stage of programme development, implementation and evaluation. Reflecting on issues of ageing and urbanization as they relate to age-friendly city redesign, Beard and Petitot note “If older people can maintain their health until the last years of life, and if they live in an environment that allows their ongoing productive engagement in society, ageing populations might instead be considered an overlooked societal resource”3. Cities should establish a mechanism to involve older people through the cycle. For example, older people can help to assess a city’s strengths and weaknesses based on the checklist provided by WHO and found on the WHO website. They can also provide suggestions for change and participate in implementing projects. Following assessment and implementation, older people can continue to contribute by helping to monitor a city’s progress as advocates or advisers6.

(2) Conducting a baseline assessment

Cities are also required to develop a baseline assessment to determine the current age-friendliness of the city. This activity will vary from city to city but could range from a review of current policies to a more detailed activity such as developing a survey to ask older people what they think would make their city age-friendly.

(3) Plan of action

Based on the findings of the assessment, cities must develop a three-year city-wide plan of action. The plan of action will range from city to city and can be as simple as including activities such as installing more park benches and longer street-crossing time. Plans can also be more detailed, such as developing a better social service programme to ensure different city services work together to address the older populations’ needs. Social service programme development can include anything from emergency management to health services.

(4) Identification of indicators

In order to monitor progress on its plan of action, each city must develop its own, specific indicators (WHO is in the process of developing a brief guide on possible indicators). For example, based on the example given above, an indicator can be as simple as stating 20 new park benches will be installed by a certain date. If by that certain date those benches are installed, the indicator shows that the city is progressing in its age-friendliness. If only 10 benches are installed by the goal date, this shows that the city has only partially progressed in its improvement and may need to evaluate why the goal was not met.

Implementation (Years 3-5)

Upon completion of the planning phase and no later than two years after joining the
Network, cities will submit their action plan to WHO for review and endorsement. Upon endorsement by WHO, cities will then have a three-year period of implementation.

Progress evaluation (end of Year 5)

At the end of the first period of implementation, cities must submit a progress report to WHO outlining progress against indicators developed in stage 1.

Continual improvement

Following evidence of progress on the original action plan towards age-friendliness, cities enter the final phase of “continual improvement.” This phase involves the creation of a new action plan and indicators to be pursued over a flexible amount of time (up to five years). At the conclusion of this new period, cities are assessed again for progress. As long as cities maintain steps towards age-friendliness, they can continue to be members of the Network and pursue further cycles of planning, implementation and evaluation.

Conclusion

One guiding principle of the future of WHO’s concept of “age-friendly” is diversity. With the Global Network of Age-friendly Cities and Communities, WHO has established cross-national diversity in its campaign to improve the lives of older adults. Considering the pressing issue of rapidly growing ageing and urban populations—particularly in middle-and low-income nations—this is an important first step. The growing success of this programme can serve as a future model for extending and publicizing this type of practical, sustained approach to age-friendliness in new social settings and geographic locales.

For example, hospitals and workplaces, rural communities, and family households could all benefit from an age-friendly model. Similar to cities, these spaces should “anticipate users with different capacities instead of designing for the mythical ‘average’ (i.e. young) person”. Although hospitals and workplaces may be partially equipped for such scenarios, there is room for “continual improvement.” Like the city model, changes should be structural as well as social. Issues such as available public seating, facilities, and accessible architecture continue to challenge hospitals and workplaces. In addition, improved access to information through available reading materials, technology and so forth could also be enhanced. Such changes would benefit not only older adults, but people of all ages that do not fit the assumption of “average” function and/or physical capabilities. The same types of improvements would also greatly benefit rural communities, which often lack infrastructural advantages and in many nations—due to youth emigration into urban areas—house a high proportion of older adults. Canada is currently developing an age-friendly rural initiative in a number of small towns and villages that may offer new inspiration to the global rural community. Finally, families could also benefit from age-based awareness. Ultimately, the WHO age-friendly model draws from a life-course perspective, which considers the lives of individuals at all ages and values the role of intergenerational relationships. Ideally, age-friendly cities, hospitals and workplaces, rural communities, and households should yield an environment that cultivates intergenerational solidarity.

Overall, these examples indicate that rather than focusing on disablement, the future of age-friendliness can operate as a broader source of empowerment and enablement for a diverse community at global, national, city, local and household levels. Or, in the words of the WHO Guide to Age-friendly Cities, “…respect and consideration for the individual should be major values on the street, at home and on the road, in public and commercial services, in employment and in care settings.” By promoting steady, practical adjustments to cityscapes worldwide, the WHO Age-friendly
Environments Programme and the Global Network of Age-friendly Cities yields measureable improvements to older adults' quality of life cross-nationally. Further, this important initiative has the potential to inspire a paradigm shift in a rapidly urbanizing and ageing world, fostering community support for diversity, one city at a time.

References and bibliography


