Age-friendly cities

Introduction

With the world’s population growing older and increasing numbers of people living in cities, it is important that urban environments are conducive to active and healthy ageing. In order to take a systemic approach to healthy ageing in cities, the World Health Organization (WHO) developed the “Age-friendly cities” project in 2006. It brought together 33 cities in 22 countries for a project to help determine the key elements of the urban environment that support active and healthy ageing. The resulting publication, Global Age-Friendly Cities: A Guide, provides a framework for assessing the age-friendliness of a city (World Health Organization, 2007). The project was further developed by the establishment of an age-friendly cities network, where cities around the world can commit to continually assessing and improving their age-friendliness.

This edition of the CARDI Focus On series examines the current state of urban environments for older people, particularly in Northern Ireland (NI) and the Republic of Ireland (ROI), where both Belfast and Dublin are age-friendly cities. It looks at the progress of the age-friendly cities programme and what...
policymakers can do to improve the urban environment for our ageing populations.

Key findings

- The WHO age-friendly cities project lists eight factors which contribute to a city’s age-friendliness, some relating to the physical environment and some relating to social inclusion and participation. (World Health Organization, 2007).

- An assessment tool to monitor the impact of age-friendly developments on the health, quality of life, well-being and independence of the older population is required (Kumaresan, 2011).

- The key challenge for policymakers is to ensure that the built environment, agents for social engagement and older people’s services are all prepared for the ageing population in cities across the island of Ireland.

- Age-friendly initiatives in cities around the world can provide examples for ROI and NI to follow, such as the barrier-free public buildings and spaces law in Japan and the Age-Friendly NYC Commission, a high-level public-private partnership working to make the city of New York more age-friendly.

What makes an age-friendly city?

WHO cites eight areas which can be used to assess the age-friendliness of a city, some relating to the physical environment and some relating to social inclusion and participation.

Figure 1: Age-friendly cities topic areas

(World Health Organization, 2007)
WHO also provides checklists that cities can use to see if they meet the age-friendly requirements under each topic area. For example under social participation, venues for events should be accessible for older people, there should be consistent outreach to include people who may be socially isolated, activities and attractions should be affordable, and a city should be offering a wide variety of activities to appeal to a diverse population of older people.

Considering what contributes to a city’s age-friendliness, Lui et al. (2009) examined existing literature and mapped out the common factors associated with communities that can be considered age-friendly. In terms of physical factors, the built environment, housing and public transport emerge from the analysis as key factors that can maximise independence and the mobility of older people. Promoting social and civic engagement through employment, community planning, involvement in activities and good communication and information contribute to building an age-friendly environment from a social perspective. The authors conclude that an age-friendly environment is one where social and physical facilities and services are integrated and mutually enhancing to support people to age well (Lui et al., 2009).

In addition to developing the physical and social environment, empowering and involving older people themselves as the main actors in enhancing neighbourhoods and developing them into age-friendly places is essential in creating a favourable place in which to grow old (Verté, 2012).

Scharf (2011) notes that there can be an increased risk of loneliness in urban areas due to several factors:

- Urban design, which can limit the capacity of older people to build social relationships.
- Urban population change, which can disrupt those social relationships.
- Urban social problems (e.g. crime, loss of services, poor transport) (Scharf, 2011).

As loneliness can be a big factor in social isolation and social exclusion, an age-friendly city should be one which fosters social relationships among older people in both the physical and social environments.

In the contribution of the city of London to the WHO project prepared by King’s College London, the boroughs of Waltham Forest and Newham were assessed for their age-friendliness through focus groups with people aged 60 and over. Several strengths were identified as contributing to age-friendliness including: community centres which provide social activities for older people, good public transport, quality housing provision and a safe physical environment. Barriers to age-friendliness were identified as the behaviour of the general public, a fear of crime, lack of information on opportunities for healthy and independent ageing, a lack of home help and a lack of public toilets (Biggs & Tinker, 2007).

The International Longevity Centre hosted a symposium in 2011 which examined the different experiences of ageing in urban environments in the UK and Japan. The experience of ageing in cities in both places was found to be similar. Benefits of ageing in Japanese cities include good public transport networks, the fact that barrier free access to public buildings is a legal requirement, and high quality health and social care. The disadvantages of urban living for older people in Japan include the pressures of living in high-rise
apartment building, limited resting areas in open areas, a lack of public toilets, accidents in the streets with cars and bicycles and the decline of small businesses such as local shops (International Longevity Centre, 2011).

Alley et al. (2007) argues that the communities where older people live are often not designed for their needs. They highlight several factors which can contribute to the age-friendliness of a community: accessible and affordable transportation, housing, health care, safety and community involvement opportunities (Alley et al., 2007).

**How to assess age-friendliness?**

The WHO checklists on the age-friendliness of cities allow for self-assessment but do not provide a ranking of cities in order of their age-friendliness by external assessment. There are also no indicators to monitor the progress of a city in becoming more age-friendly. For example, a city may meet the criteria for age-friendliness but we do not know if this has an impact on the health or independent living of older people in that city.

At the first international conference on age-friendly cities in Dublin in September 2011, it was suggested that a tool for assessing the age-friendliness of cities should be finalised through the development of core indicators by researchers, practitioners and policymakers. Some suggestions for indicators are “Urban HEART”, a health equity assessment and response tool developed by WHO; use of data from the WHO Study on Global Ageing and Adult Health (SAGE); and a benchmarking system to evaluate Japanese policies on healthy ageing, the Japan Gerontological Evaluation Study (Kumaresan, 2011).

In assessing the age-friendliness of an environment, the key indicators should be based on the living conditions and quality of life of older people over time. The elements of an assessment could include:

- Is the physical health of older people improving?
- Is the income of older people sufficient for a decent living standard in the city?
- Can the public transport system be accessed by older people to enable them to move around the city?
- Is the quality of housing adequate, particularly in eradicating problems such as fuel poverty?
- Does the local environment, including public parks, spaces and buildings support older people in independent living?
- Is the physical environment safe?
- Is the healthcare system accessible and affordable?
- Are community services sufficient to combat social isolation and exclusion?

An assessment tool which can be compared across different cities will enable a measurement of how age-friendly cities actually are, and whether or not they are contributing to the health, well-being, quality of life and independence of the older population.
Why age-friendly cities matter: key statistics

Republic of Ireland (ROI)

- 38% of the ROI population live in rural areas while 62% live in cities or towns. Among the population aged 65 and over, 42% live in rural areas and 58% live in cities or towns (Central Statistics Office, 2012).

- The fastest ageing areas in ROI are cities, with Limerick city increasing by 1.5 years and Galway and Cork cities both showing an increase of over one year between 2006 and 2011 (Central Statistics Office, 2012).

- In 2009, the weekly gross income of an older person living in an urban area was €479.61, compared to €376.89 in rural areas, a difference of more than 27%.

- 6.8% of the population aged 65 and over in urban areas are at risk of poverty, compared to 12.5% in rural areas. However, there is a higher rate of consistent poverty among older people in urban areas, 1.4% compared to 0.8% among rural dwellers (Central Statistics Office, 2011).

- The Irish Longitudinal Study on Ageing first results found that lower levels of satisfaction were expressed by rural dwellers regarding the quality of public transport. The measurements of quality of life found no significant variation between Dublin, other cities and towns, or rural areas (The Irish Longitudinal Study on Ageing, 2011).

Northern Ireland (NI)

- 68% of the NI population lives in urban areas and 32% in rural areas (NISRA, 2011). In 2007/08, 29% of rural households had one or more person over the pension age (Rural Development Council, 2011).

- Research indicates that among older age groups, more people live alone in urban areas than in rural areas. Of people aged between 60 and 74, 73% of those who live alone do so in urban areas. For people aged 75 and over, 68% of the ones living alone live in urban areas (Evason et al., 2004).

- Belfast has the highest proportion of pensioners at risk of poverty, 25% after household charges compared to 18-19% in the rest of NI.

- Comparing the average rates of pensioners at risk of poverty in the main urban areas (Belfast, Carrickfergus, Castlereagh, Derry and Lisburn) to other areas indicates that 21% of pensioners are at risk of poverty in these urban areas compared to 22% in rural areas (NISRA, 2011b).

- Older people in NI living in rural areas are more likely to lack central heating, have poor housing condition and experience fuel poverty than their urban counterparts. However, there is little evidence of a rural – urban difference in fuel poverty in ROI (Goodman, et al., 2011).

Age-friendly communities across Ireland
The concept of age-friendly cities across the island of Ireland has now been extended with the introduction of an age-friendly counties programme. Dundalk
in ROI was one of the cities participating in the original WHO initiative on age-friendly cities. Since then, the age-friendly counties programme has been developed by the Ageing Well Network. The aim is to create communities where people enjoy a good quality of life as they age and continue to participate fully in the life of their communities.

County Louth officially became Ireland’s first age-friendly county in 2008 and has since been joined by seven other counties. Each participating county has an age-friendly county programme, involving an alliance of public, private and voluntary agencies and an Older People’s Forum which is open to all older people in the county to join. Each participating county is affiliated with the WHO Global Network of Age-friendly cities (Ireland’s Age Friendly County Programme, 2012). In May 2012, Belfast became the first city in NI to sign up to become age-friendly in accordance with the WHO guidelines (Belfast City Council, 2012).

**International responses: London and New York**

The London response to the age-friendly cities project comes to several conclusions on what policymakers can do to improve the environment in a city for the ageing population:

- Social networks and wide support that goes beyond immediate families is important in a city.
- The focus should be on local environments and having facilities within short travel distances.
- Identifying shared interests between generations will boost solidarity and improve the environment for everyone.
- Good quality community spaces can contribute to a sense of “neighbourhood” for older people (Biggs & Tinker, 2007).

Furthermore the UK national housing strategy argues that creating good ‘lifetime neighbourhoods’ is central to providing positive environments for ageing populations: “They are neighbourhoods where transport, good shops, green spaces, decent toilets, and benches, are consciously planned for people of all ages and conditions in mind. They promote community spirit and civic pride” (Department for Communities and Local Government, 2008).

New York City became the first city to respond to the WHO initiative with an action plan, which focused on accessible transport, improving community centres and increasing the accessibility of public parks. This was followed by the establishment of the Age-friendly NYC Commission, a high-level public-private partnership, which was charged with leveraging
private sector resources to further enhance age-friendliness throughout the city. Based on research as to what older people wanted out of their communities, the Commission develops age-friendliness in the areas of age-friendly business, age-friendly education establishments and Ageing Improvement Districts, which are local community efforts to transform immediate neighbourhoods into age-friendly places (Age-Friendly NYC, 2012).

Policy implications of age-friendly cities for NI and ROI

Existing policies and strategies in ROI and NI are insufficient to meet the challenge of a growing urban population of people aged 65 and over. The aims of the ROI National Action Plan for Social Inclusion 2007-2016 include building viable and sustainable communities; improving the lives of people living in urban and rural disadvantaged areas; and building social capital (Office for Social Inclusion, 2007). In NI, the anti-poverty and social inclusion strategy Lifetime Opportunities has the aim of promoting a healthy and active lifestyle for older people, with accessibility of public services and decent housing seen as key concerns (OFMDFM, 2006). A National Positive Ageing Strategy is due to be published in ROI in late 2012 while an updated ageing strategy in NI is also being developed. Using the WHO topic areas as a starting point, these strategies should aim to ensure that towns and cities across the island of Ireland are ready for the ageing population.

Conclusion

The WHO age-friendly cities initiative is a welcome step in providing guidance for cities in areas which can be developed to make them more age-friendly environments. However, specific indicators on progress, including on the health and well-being of older people in these cities are required in order for the programme to have an impact on active ageing in urban communities. The major challenge that policymakers face is how the built environment, services and agents for social engagement can be developed to prepare for our ageing population in cities.

Bibliography


