BUILDING AGE-FRIENDLY COMMUNITIES: NEW APPROACHES TO CHALLENGING HEALTH AND SOCIAL INEQUALITIES

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SUMMARY

In this proposal we make the case for **implementing locally-based 'age-friendly environments' that facilitate improvements in the independence, participation, health and wellbeing of older people, and, in so doing, reduce social and health inequalities.**

Our recommendation is based on important, evidence-based work by the World Health Organization[1] to develop constructive responses to local, age-based inequalities. Their 2007 Age Friendly Cities initiative aims to encourage *"…active ageing by optimising opportunities for health, participation and security in order to enhance the quality of life as people age"*.

As we argue throughout this paper, this strategic approach can help tackle vital issues in improving the lives and health of older people. In our proposal we:

- Apply the principle that place matters. This ranges from lower life expectancy in more deprived neighbourhoods, to the environmental factors that support and influence daily independent living, health and wellbeing.
- Help address issues that older people living in urban areas face, for example, around social integration, access to services and leisure, and urban design that promotes mobility.
- Demonstrate that it is never too late to address issues of fairness – or equity – in the social determinants of health amongst the older generation. We recognise that taking action on behalf of older people can combat social disadvantage, facilitate social wellbeing, enable people to continue to contribute to the communities in which they live, and, crucially, influence healthy life expectancy.
- Advocate the participation of older people themselves, such that the people who will ultimately benefit most are engaged from the start in identifying priorities.
- Explain that localised action allows for greater tailoring to specific circumstances, environmental context and evidence; and for greater community engagement, participation and partnership.

Significant opportunities for action on ageing and the built environment are emerging in the UK and other countries, where central governments are devolving responsibilities for health and social policy.

We cite Manchester and York as examples of two cities striving to become age-friendly – the latter with a particular focus on dementia. It is vital that rigorous evaluation of end results is carried out, such that learning can be applied and best practice shared.

Introduction

The 2010 Marmot Review, *Fair Society, Healthy Lives*,[2] identified the building of *"sustainable communities and places"* as a key area of action relevant to all stages of the life course. Place matters to all age groups, but may be especially important for younger and older age groups. Both spend a large proportion of their time in the home and surrounding neighbourhood. The physical environment may itself assist in ensuring positive physical and mental health, especially for those experiencing chronic ill health, cognitive frailties, or feelings of loneliness resulting from the loss of partners and friends.

This contribution reviews initiatives associated with the development of age-friendly communities, with a particular focus on policies targeted at older people living in urban areas. Ageing and urbanisation are themselves closely related. By 2030, two-thirds of the world's population will be residing in cities. Furthermore, by that time, the major urban areas of the world will see 25 per cent or more of their population comprised of people aged 60 and over.[3]

Throughout this proposal paper, developing an age-friendly approach in cities will be assessed for the positive outcomes it can produce in terms of facilitating independence, social participation and wellbeing, especially for those rendered vulnerable by social disadvantage. The discussion also:

- highlights interventions in urban environments to promote wellbeing and quality of life in older age;
- reviews evidence about the social inequalities affecting the lives of older people and the way these can be exacerbated or mitigated within communities; and
- gives practical examples from two UK cities – Manchester and York – that are developing positive responses to ageing populations.

Social determinants of ageing

In the 2010 report *Fair Society, Healthy Lives,*[2] Sir Michael Marmot and his colleagues highlighted the importance of social determinants for addressing disparities in health outcomes for people having varying 'social positions' across the life span. They found that both life expectancy and disability-free life expectancy were considerably lower for people living in neighbourhoods with high levels of deprivation. Examples included the contrast in life expectancies for men aged 65 and over in different geographical locations around the UK. In the London Boroughs of Kensington and Chelsea and Westminster, this was found to be 22.7 years and 21.2 years respectively, compared with 13.9 years in Glasgow City and 15.5 years in Manchester and Liverpool. From 2004–06 to 2008–10, life expectancy at age 65 years in the UK increased by an average of 1.0 years for men and 0.9 years for women, with the gaps between areas increasing over this time.[4]

In response to such differences, Marmot argues for actions over the life span from early childhood health and good education, through to work opportunities and healthy communities – and that this should be combined with health promotion and support from health and social services. The central message is that actions to improve people's life chances, particularly if taken early in life, can improve health outcomes and address inequalities.

Research on healthy ageing is demonstrating that action taken on behalf of people at older ages can also combat social disadvantage, facilitate social wellbeing, and enable continuing contributions to the communities in which people live.[5] While socio-economic disadvantage is largely determined earlier in life, the foundations of adequate income, along with affordable and secure housing, can still be achieved in old age. The socio-economic resources that can enable people to buy into housing and neighbourhoods and pay for transport reflect life-long inequalities.[6]

Social class is a major influence on healthy life expectancy i.e. the number of years a person can expect to live free of disability.[7] A life course approach recognises that it is never too late (or too early) to respond constructively to divergent life chances, even as more people live into their 80s and beyond. In response, new research demonstrates the importance for older people of their local environments, and how the processes of 'ageing in place' should be placed in the context of the rapid changes affecting many urban environments.[8]

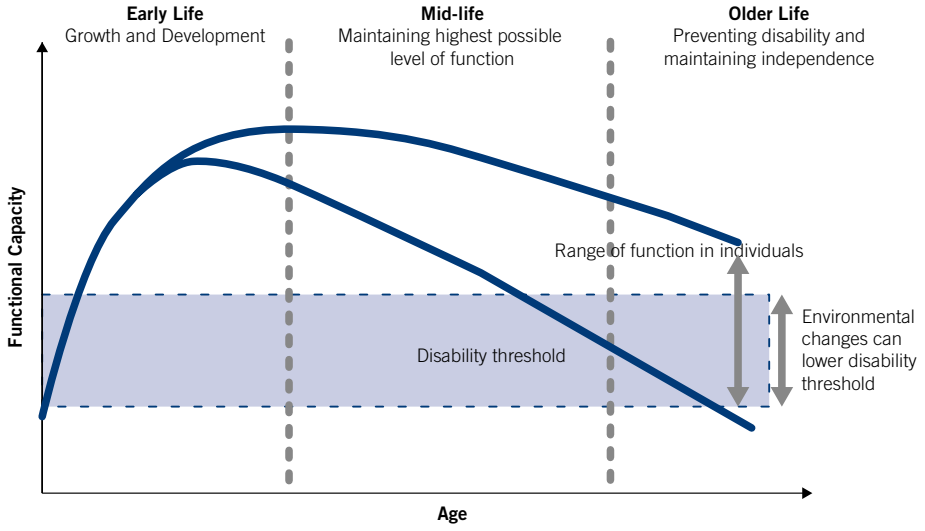
How does age interact with social inequalities?

Risks of experiencing inequality are associated with the range of transitions experienced over a person's life, from childhood and early years to work and retirement, through to late old age. However, a key underlying influence concerns the accumulation of mid-life advantage or disadvantage in terms of health, social, and economic resources. Linked with this are the reduced life chances of a cohort who came of age before post-war improvements in education, careers, housing, health care, and living standards. Their stoicism – which has shaped popular attitudes and expectations for ageing – contrasts sharply with the aspirations of baby boomers (those born from the mid-1940s through to the mid-1950s) who are now moving into retirement. The cohort change is particularly sharp for those women who had their formative years after the rise of the Women's Movement. As people grow older, disparities of wealth and other socio-economic resources are accentuated, with inequalities grounded in gender, class, ethnicity, sexual orientation, and other social divides.[9]

The WHO's 2002 Active Ageing Framework Strategy[10] has led much of the international effort in addressing social determinants of health targeted at older people. Active ageing is defined as *"the process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age"*. The Strategy (see Figure 1) conceptualises ageing across the life course and considers environmental influences on capacities to manage activities of daily living. With advancing age, independence and wellbeing become additionally influenced, for better or worse, by environmental supports and stressors.

The strengths of an environmental approach to ageing well are considerable.[11] If people can maintain independence in supportive environments, there is, as a result, less need for them to require support through locally provided services that can reduce autonomy and dignity, and may prove costly for the individual or the public purse. Having insufficient support can also limit coping and precipitate premature moves to restrictive and expensive care settings.

Figure 1: WHO Active Ageing Strategy, 2002



Source: WHO, 2002

What do we know about the impact of the environment on older people?

A variety of factors may result in the increased vulnerability of older people to what environmental gerontologists term the '*press*' of the neighbourhood environment.[12] Key factors include: length of exposure to damaging environmental effects; increased biological, psychological, and cognitive vulnerability; and changing patterns of spatial use. Older people may be highly sensitive to changes in the physical and built environment, given its significance for the maintenance of identity, and because of the amount of time spent in the home and neighbourhood. This has been shown in one study[13] to be as much as 80 per cent of the time of those aged 70 and above. Older people demonstrate strong attachment to their home environment, which is also significant in terms of preferences to ageing in place, mobility and daily activities, and health risks such as falls.[11]

Urban areas may pose health and social risks for some groups of older people. Many of these are shared with other age groups, but, in some cases, are felt in a more intense form because of the vulnerabilities associated with age. Studies[14] note that older adults residing *"…in physically deteriorated neighbourhoods [are more likely] to perceive that social support is less available to them…[in comparison with] elders who reside in better-maintained neighbourhoods".* Furthermore, this work shows the extent to which problems associated with the built environment (such as poor maintenance of buildings, and limited access to shops and facilities) have been shown to increase levels of psychological distress, even after controlling for variables such as age, gender and financial difficulties.

Studies[15] also emphasise the importance of planning dementia-friendly outdoor environments. They demonstrate evidence that such places can have a positive effect on cognitive as well as physical abilities. They also note research which *"…suggests that 'walking' helps to (at least) maintain cognitive functioning in those with dementia and that the practicalities of getting "out and about" in neighbourhoods, such as navigating through local environments, play a pivotal role in maintaining a person with dementia's sense of*

self and wellbeing". Research suggests that the 'walkability' of neighbourhoods has an important bearing on promoting the level of physical activity required to maintain fitness and prevent obesity and chronic disease. At the same time, older people have identified neighbourhood barriers and facilitators for physical activity in the areas of safety and security, accessibility, comfort of movement, and peer support.[16]

Developing age-friendly cities: what kind of interventions can be introduced to improve the lives of older people residing in urban communities?

The WHO[1] suggests that "*making cities more age-friendly is a necessary and logical response to promote the wellbeing and contributions of older urban residents and keep cities thriving*." Research[17] suggests that communities can be considered 'ageing-friendly' *"…to the extent that they enable elderly community members to reside in familiar residences for as long as they wish (i.e. age in place), while having opportunities to meet age-related needs through participation in community life*." They list a range of environmental modifications to support 'ageing in place', including:

- promoting opportunities for social integration and leisure activities;
- urban design that promotes interaction and mobility for pedestrians;
- affordable and accessible housing that allows older adults to remain in familiar neighbourhoods; and
- a wide range of transport and mobility options.

Evidence can now be found from a range of cities, illustrating specific actions to improve the lives of older people, focused around outdoor space, transport, housing, civic participation, community and health services and other features central to the built environment. The WHO website[18] provides ongoing information on international innovations in age-friendly cities. Two examples are used here from the UK – Manchester and York – to illustrate local interventions to promote the age-friendly approach.[19]

Manchester[20] was in the first wave of urban authorities to join the WHO programme. The city is attempting to implement the WHO framework in the context of high levels of poverty and ill health experienced by older people living in the city. Based on the Income Deprivation Affecting Older People Index (IDAOPI),[21] around 37 per cent of older people in the city are living in poverty (compared with 22 per cent for England as a whole). The age-standardised mortality rate for all causes of death in 2008–10 among people aged 65–74 years in Manchester was 64% higher than that of England as a whole (at 2.793 per 100.000 compared to 1.703 per 100.000 respectively).

In response to the above, the Manchester programme has developed along three core lines:

- First, it has a clear vision or narrative for an age-friendly city that focuses on empowering older people within their local neighbourhoods.
- Second, it has gained support from local politicians and senior officers within the local authority.
- Third, it has developed an integrated approach, drawing on a cross-section of departments and agencies to develop age-friendly initiatives.

Manchester is also promoting initiatives around what has been termed 'life-time neighbourhoods'. This includes work improving:

- public transport, with shelters and seats at bus stops, and toilets at transport hubs;
- community transport for people with mobility problems;
- affordable housing that meets the needs and aspirations of older people;
- accessible and locally delivered services;
- opportunities for taking part in learning;
- green spaces and facilities for outdoor exercise and activities; and
- streets, footpaths, and cycle routes that are clean, well-lit and safe, with adequate road-crossing points.

The importance of creating dementia-friendly communities has also emerged as an important theme in discussions on re-designing urban environments for ageing populations. A dementia-friendly community is defined as one in which people feel safe within their locality; where they have access to local facilities; and where they are integrated with their preferred social network.[21] In the UK, the National Dementia Strategy has focused on a range of outcomes to enable people to live well with their condition, but devotes relatively little attention to the role of the built environment.[15] A number of cities across Europe and beyond are, however, developing a variety of initiatives that recognise the role of supportive communities that can mitigate, as far as possible, the impact of cognitive impairment.

York is taking action to create a 'dementia-friendly' city. The ambition is to be a city which takes steps to support people with dementia at all stages of the illness. The benefits are viewed in terms of boosting the confidence of people with dementia to manage everyday life, as well as reducing some of the negative effects of cognitive losses. Studies[22] identify four essential building-blocks for creating dementia-friendly communities: place, people, networks and resources. Some of the key actions identified for development include:

- highlighting the characteristics of those *places* especially supportive of people with dementia;
- increasing awareness of dementia amongst *people* in the city;
- building *networks* of dementia champions at neighbourhood level; and
- drawing on all of the *resources* within the city to support people with dementia.

Directions for local and national action

The World Health Organization has outlined the global challenges, opportunities, and evidence base for *Good Health Adds Life to Years.*[23] It is clear that national policy goals aimed at addressing inequality and diversity among older people can benefit from local policy development and implementation.[24] Devolved action can take into account the highly variable local environmental context of ageing. It can also enable vulnerable older people themselves to have greater say and involvement in the design of services, and the way in which they are delivered. When considering the impact of population ageing in the future, it is essential to recognise that social disadvantage persists into later life, and that inequalities in health and wellbeing require attention and action over the entire life course. A local approach can facilitate comprehensive and integrated actions that are responsive to local communities, and that are delivered in partnership with them.

Older people may find that their communities, in which they have spent a good part of their life, can present obstacles to achieving a fulfilling existence in old age. On the one hand, cities are increasingly viewed as key drivers of a nation's economic and cultural success. On the other, the reconstruction of cities is often to the detriment of those outside the labour market – especially those on low incomes. Achieving recognition of the needs of different generations within cities, and exploiting the potential of the city for groups of people of whatever age, will be central to implementing an age-friendly approach.

With initiatives aimed at developing 'age-friendly communities' expanding at a rapid rate, research will be vital to evaluate the benefits, or otherwise, of this type of approach. Studies note[17] that there has been limited research to date regarding the actual effects of specific physical and social interventions, and the process by which effects are achieved. In particular, there is a conclusion that:

> *"Rigorous evaluation is needed regarding the ability of initiatives to alter levels of social integration, social support and resource access among programme participants as well as across the broader community"*.

The proposal by Alan Maynard in this publication provides a fuller treatment around the need for more rigorous evaluation, including data on cost-effectiveness.

Conclusion

The **'age-friendly environment' approach we advocate in this contribution offers a new and practical paradigm for facilitating improvements in the independence, participation, health, and wellbeing of older people.** Key to this will be:

- using the 'age-friendly' approach to challenge health and social inequalities at a local level;
- building co-operation amongst a variety of stakeholders, including statutory voluntary, private and not-for-profit organisations; and
- securing the involvement and leadership of older people themselves.

Finally, whilst designing urban environments for ageing populations should and will be a major policy goal for the 21st century, research and evaluation on the impact of those efforts will also be a key requirement for researchers, policymakers and older people themselves.

Note on the authors

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