Global Report on Aging

Special Issue 2005

IN THIS ISSUE

2 >> **From The CEO** Nurturing Communities

4 >> **From The Editor** Affecting Change Globally

6 >> **Care at Home**

8 >> **Time to Stay in the Neighborhood**

10 >> **Design for All**

12 >> **Get Moving! Mobility in Europe and North America**

14 >> **As Developing Cities Grow, Where Do Older People Go?**

16 >> **Evolution of Living**

18 >> **The Law of Accessibility in a Rapidly Aging Nation**

20 >> **Living Communities & Aging in Place**

23 >> **International News Highlights**

What the Leaders Are Saying

AARP Global Aging Program Events

WORLD PERSPECTIVES

The Promise of Livable Communities

By Gordon Campbell, Premier of British Columbia, Canada

In British Columbia we enjoy one of the healthiest natural environments, one of the best health care systems in the world, and a strong growing economy. Those are all factors behind the fact that British Columbians enjoy the highest rate of life expectancy of any province in Canada. We believe that's an achievement to celebrate.

But, we also know our aging population is both a great asset and an enormous challenge. British Columbia has one of the fastest aging populations in Canada, and within 25 years the number of British Columbians over age 65 will double and account for nearly one quarter of our population. This has a major impact on our economy, our communities, and our support systems.

This is why we're making it a priority to put in place the structures and policies now that will allow us to proactively meet the needs of British Columbia's growing seniors population. We've made a focused effort to put in place a continuum of care for our seniors, with assisted living options for those needing additional supports as they age, as well as more traditional residential and acute care. In terms of prescription medical treatments, British Columbia's Fair Pharmacare program provides subsidies of up to 100 percent for prescription medications needed by low income seniors. Under this new program, 280,000 lower income British Columbians pay less or no premiums.

But, the impact on our health care system is only one element of a growing senior population. The fact is, more and more seniors are living healthier, more active, and more independent lives than ever before.

(Continued on page 3)

Nurturing Communities

People overwhelmingly want to live in their own homes and communities as they age. Most, in fact, do so. But many others confront housing and transportation barriers that take that choice away from them and that make it difficult or impossible to remain independent and involved in society.

The challenge, then, is to create livable communities, with appropriate and affordable housing, adequate options for mobility, and the community features and services that can facilitate personal independence and continued engagement in civic and social life.

To some extent, we can expect the marketplace to resolve these issues. The growing number of older consumers as the baby boomers age will create demands that smart businesses will hasten to answer. But, experiences of other countries in creating livable communities teach us that good community planning and sound public policy are also essential. In Italy, for example, the National Program for Housing has funded a number of recent initiatives that include "Neighborhood Agreements" whereby some city councils promote urban regeneration and housing renovation plans supported by basic technology tools.

Housing plays a unique role in the lives of older Americans. It is where older Americans spend most of their time, and so its design is critical to aging with independence. Both the private and public sector should seek the goal, not merely of retrofitting houses, but of designing and building homes that meet new specifications capable of serving homeowners over a lifetime. This is the case in Japan, where in 1995, the Construction Ministry began officially recommending design guidelines for housing to help prepare for their aging society. Today, those guidelines are linked to government housing loan programs, and the Japanese people have come to accept the concept of designing for their future needs.

Housing for adults age 50+ also should create choice to the maximum possible extent. At its best, it would give older persons options—to remain in a life-long home, to buy an apartment, to move into an assisted living facility or retirement community. Yet many do not have those options. Unfortunately, in many countries like the US, the affordable housing stock is diminishing as the need increases, and communities are losing the diverse and affordable housing that is essential to meet the needs of all its residents.

Public policy and private actions can help remedy these problems. For example, new models of community design in the US and internationally incorporate best practices that promote livable communities. Residential land use and smart growth policies are in place in many places and provide ways to establish the priorities that an aging society will need. Housing authorities can be pressed to issue tax-exempt bonds to finance the construction of assisted living facilities. Public funding for housing development can be tied to features that help older Americans maintain their independence. Older homeowners can obtain reverse mortgages to cover some of the costs of home repairs and conversions. States and localities can help with affordability by limiting the property tax burden for low-income older Americans.

The availability of supportive services influences whether a person can remain in the community, and also the types of activities in which to engage. A livable community promotes the inclusion of residents in its social and economic life. Such communities have the physical features, programs, and readily accessible services that enable older residents and those with disabilities to remain independent and a part of community life. In Sweden, the Valgossen project found that by building appropriate information technology into dwellings, people could stay in their own homes and communities longer.

Transportation is the crucial link between individuals and their communities and is essential for independence. For most older people, mobility is a crucial component of quality of life; therefore, having affordable, easy-to-use, and flexible transportation options is essential. Without mobility, older Americans pay the price of isolation—in poorer physical and mental health. In an automobile culture, creating a range of mobility options is a daunting task.

Transportation experts are seeking ways to improve the driver, the vehicle, and the driving environment. This begins with policies that help people drive safer and longer. Refresher training classes, such as the AARP Driver Safety Program, are a start. In addition, highway construction policymakers must evaluate and act on criteria to improve visibility (e.g. lettering, color, size, and location of traffic signs) and enhance driver safety (e.g. left-turn lanes, protected turn signals, and traffic calming measures).

Livable communities also must have alternatives for those who cannot or choose not to drive. Despite the need for transportation alternatives, the availability of public transportation is limited, particularly in rural areas. For non-drivers of any age, public transportation, walking and bicycling paths, and specialized transportation for individuals with varying functional capabilities, can make the crucial difference in living independently and involved in community life or becoming increasingly isolated.

Efforts to ensure that older persons have affordable and appropriate housing, supportive community features and services, and adequate mobility options require public and private sector collaboration. We can learn much from other countries' experiences. International dialogue can help us determine which investments, activities and collaborations work best. We must develop effective strategies for making market forces and public policies more responsive to investment in livable communities. We are making progress, but we still have a long way to go. ◀

William D. Novelli
Chief Executive Officer, AARP

WORLD PERSPECTIVES

The Promise of Livable Communities *(Continued from page 1)*

When we consider the resources and opportunities that seniors want and expect from their communities, a list of needs extends far beyond health issues.

That's why we've established a new Premier's Council on Aging and Seniors' Issues. The Council will provide advice to government on how we can work together to support the independence and quality of life for British Columbia's aging population.

One of the issues the Council will look at is the need to re-examine our notions of work and retirement. Older citizens who have worked hard all their life and contributed to society deserve the support that a caring, affluent community can provide them when they retire. When this occurs, they tell us, everyone benefits—seniors from continued income and the sense of accomplishment and independence that comes with the working life, and society from access to the wisdom and experience that comes with age. ◀

Affecting Change Globally

Over the past year, AARP has developed an ambitious 10-year Social Impact Agenda that informs all of our efforts—both domestic and international—with a positive social change mission. We believe that aging is not about standing still, but taking an active stance in maintaining your independence and control of your life after 50. This benefits both the quality of life for the individual and the society that includes older persons. We, at AARP, are marshalling our full intellectual and organizational resources to push this agenda and integrate it into the spectrum of areas crucial to the aging population including economic security, health and supportive services, livable communities, and global aging.

We believe that aging is not about standing still, but taking an active stance in maintaining your independence and control of your life after 50.

A focus on livable communities—those that actively promote the inclusion of the aging population with all other citizens in social and economic life—is a fairly new concept for us, but one that we felt was particularly important to address. Aging will change every aspect of our societies' communities and infrastructure, and it is imperative that our perspectives change too. What are the appropriate strategies in urban planning and development that take into account the specific needs of the swelling aging population? As you will see from reading this issue of the *Global Report on Aging*, communities across the world are starting to ask this key question and are answering it in novel and exciting ways. From Canada, Japan, and the Netherlands, we will present detailed accounts of initiatives that are being taken to allow for physical mobility and accessibility for seniors. These articles are filled with fresh ideas that we hope can serve as models for establishing livable communities elsewhere.

AARP also encourages the creation of livable communities by promoting interdisciplinary discussion and action on cutting-edge planning and development issues. These include mobility and accessibility solutions that allow older residents to remain independent and actively engaged in community life. To facilitate further dialogue on this issue, we are convening an international conference this spring entitled, "Universal Village: Livable Communities in the 21st Century," that will bring together top policymakers, planning experts, architects, and others from around the world to discuss their experiences and ideas for achieving livable communities. Through this conference, we hope to share best policy practices and innovations taking place in nations across the globe.

AARP's involvement in the area of livable communities began several years ago when the US-based National Association of Home Builders (NAHB) worked with us on educating home builders and designers about the specific housing needs of older persons and about home remodeling solutions that allow residents to "age-in-place." The concept of aging-in-place means remaining in one's home

safely, independently, and comfortably, regardless of age, income, or ability level. To equip builders with a specific body of knowledge allowing them to tap into aging-in-place market, AARP designed a special training program whose successful completion culminates with a *Certified Aging in Place Specialists* (CAPS) certificate. The program has been enormously successful and is growing every year.

AARP also had a hand in co-developing America's voluntary EasyLiving Home Certification program. This is a first-in-the-nation effort to spur basic home design modifications to greatly benefit the independent living needs of an aging population. It rewards homebuilders who help break ground in the movement to make homes easy to live in and easy to visit. The program's first incubator project is taking place in Georgia, but its implications resonate on a national level.

Internationally, the Global Aging Program at AARP looks towards the international community for innovative solutions to support a growing community of older persons. We meet with policymakers and experts who are responsible for issues related to pensions, health care, employment and more recently, livable communities within their nations. Last Spring, we conducted a fact-finding mission to the Netherlands, long considered a pioneer in community-based delivery of health care.

In May of this year, I conducted a similar fact-finding mission to Sweden with our CEO William Novelli. We're looking towards Sweden for its best practices, such as its progressive approaches to long-term care, a topic we plan to address in an upcoming issue of the *Global Report on Aging*. Also, here in the US, the Swedish pension reform model has been cited extensively in the public debate over the future of our own Social Security system. We plan to study the Swedish model in depth to determine what lessons might be important for American policymakers.

The concept of aging-in-place means remaining in one's home safely, independently, and comfortably, regardless of age, income, or ability level.

As part of our program's involvement in the international public debate on pensions, we recently partnered with the *Financial Times* on convening an international conference call that featured a discussion with Mr. Adair Turner, Chairman of UK's Pension Commission and one of the most prominent voices affecting the UK in the international pension debate. In July, as part of our "Reinventing Retirement" series of conferences and forums, we will host opinion leaders in Washington, DC, for a conference on balancing risk in national retirement systems. I invite those interested in learning more about our events to often check with our website www.aarp.org/international where you will find conference summaries and proceedings as well as other research relevant to the topic of global aging. ◀

Ladan Manteghi
Director, AARP International Affairs

Care at Home

By Britt Mari Hellner, PhD, Senior Researcher, The National Board of Health and Welfare, Unit for Elder Care, Sweden

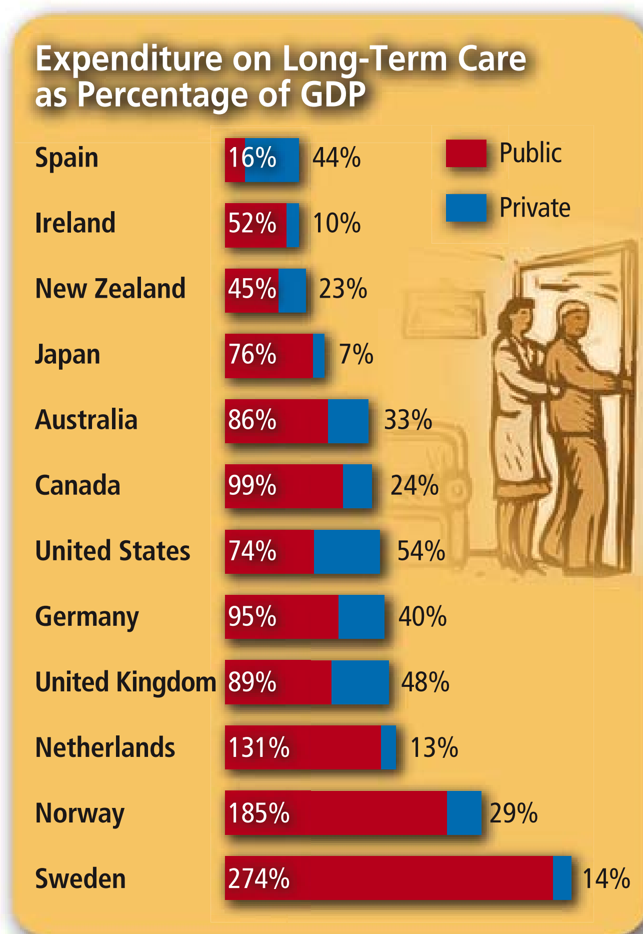
Sweden has the highest proportion of old people in the world. 1.5 million are age 65+. This is 17.2 percent of the entire population. The number of people age 80+ is 475,000 or 5.2 percent of the population. If the tendency toward low mortality rates persists, the true number of persons age 80+ may turn out to be between 550,000 and 600,000 in 2010.

In Sweden long-term care is a public responsibility and for the most part financed by taxes.

Life expectancy has increased very fast over the past fifty years. A woman age 65 in Sweden in 2003 had a life expectancy of 20.3 years, while a man had 17. In contrast to the earlier situation, male life expectancy is now rising more rapidly than female. Most of this increase concerns life expectancy after age 50.

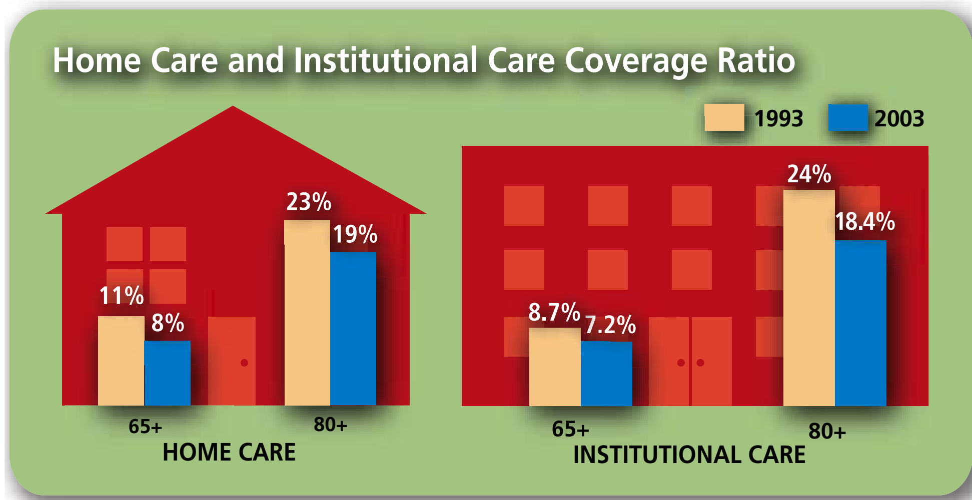
One important question related to future care needs is if we get older with improved health or if poor health will increase due to longevity. There are three common theories to describe care needs in relation to health in the population. According to the most optimistic theory—*compression of morbidity*—the years with poor health will decrease if the number of years in good health increases faster than the total number of years of life. This might be wishful thinking. Still hopeful is the theory of *postponed morbidity*, which states that the period of poor health will not increase as the mean age for onset of poor health is postponed and life expectancy increases. This is an acceptable prospect. The third alternative, the theory of *expanded morbidity* is more pessimistic telling us that we will live longer also with poor health. An increasing number of old people with serious health problems will survive due to good medical treatment. Thus, increased life expectancy will give us more years with poor health due to severe diseases like dementia and the need for elder care and medical treatment in old age will continue to increase. Even if we do our best to prevent illness, longevity in itself is a risk factor.

In Sweden, long-term care is a public responsibility and for the most part financed by taxes. The users pay a low fee, on the average 5 to 6 percent of the cost. Everyone, regardless of income should be able to afford elder care. Public expenditure on long-term care for older people is nearly 3 percent of the GDP. As shown in the figure below, it is much higher than in other OECD countries.



Source: OECD, Long-term care for older people, 2005

To meet the needs of an aging population the Swedish Government and Riksdag (parliament) have decided on a policy for elder care based on home care. There is an ongoing development with a decreasing number of beds in long-term care institutions and increased resources directed to home care. Today, and even more in the future, elder care will be provided by home care. Institutional care will probably be more or less reserved for people with dementia related diseases or other conditions difficult to care for in a private home.



The large majority of Swedes manages their chores and lives independently in old age. Up until age 80, few people need elder care. In 2004, 128,000 persons age 65 and over were provided for by home care. Elder care institutions housed 110,900 people. An illustration of the coverage ratio for home help and institutional care is given in the figure above. It shows clearly how the need for elder care increases with age. The coverage ratio is considerably higher for people age 80 and over than for all people over 65. The ratios are the same for home care and institutional care. Formal long-term care is well developed in Sweden with regard to coverage ratio, content, and quality. Still, informal care, provided by relatives, has an even larger coverage ratio. The figure above also shows diminished utilization of long-term care from 1993 to 2003. This decrease is above all due to stricter assessment of care needs. This also means that old people are more frail and dependant today in terms of physical functioning as well as cognitive capacity when moving to institutional care.

Sweden is different from most other countries with regard to the variety and complexity of needs that can be satisfied by home care.

Home Base Service and Care:

- Home help (including domestic chores and personal care)
- Home nursing care
- Meals on wheels
- Technical aids
- OT/PT
- Day care
- Security alarms
- Transportation services
- Housing adaptations
- Snow removal and gardening
- Handy-man service

Home help includes a wide range of services, from help with domestic chores to advanced nursing care. For a frail, but fairly healthy old person who lives alone, a security alarm connected to a home help center might be just the right level of support to continue an independent life. Transportation services enable people with disabilities to participate in normal life. Meals on wheels are often combined with other services provided by home help as house cleaning and laundry. Most receivers of home help however have larger needs and get help with personal care and medication. For people with dementia there are day care facilities. There are also facilities for short-term care either for rehabilitation purposes or as relief-care.

There is the possibility to provide home care to people with extensive and complex needs of care around the clock. Of those age 65+ with home care, 3.5 percent (4,500 persons) receive help more than 120 hours per month. The clients receiving home care to such an extent have care needs comparable to people living in nursing homes. For this group, home care means a possibility to age in place in spite of frailty and ill health in old age.

To meet the needs of an aging population traditional long-term care is not enough. We have to develop new strategies and integrate the knowledge on health promotion and prevention. We need to develop methods to support an increasing number of healthy elderly to maintain their functional ability. That is an important challenge! ◀

Time to Stay in the Neighborhood

By Daniëlle Harkes, Executive Manager, Expertise Centre on Housing and Care, The Netherlands

The Netherlands is one of the most densely populated countries in the world, with just over 16 million inhabitants; nearly four million (about 23 percent) are aged 55+. The population of the Netherlands is aging rapidly—a trend expected to peak some 20 years from now, when baby boomers reach old age.

> *Older people prefer to stay in their own home as long as possible and only seek support from community-based services and care when necessary.*

In the 1960s, approximately 10 percent of the population was age 65+. By the 1990s, this percentage rose to nearly 15 percent, and estimates conclude that, by 2030, as many as 25 percent of the country's inhabitants will be age 65+. Experts project another demographic shift in the Netherlands, where, before 2020, the portion of relatively younger, more active, and healthier seniors will grow the fastest. However, after 2020, the portion of comparatively older seniors in declining health will grow faster than any other demographic. This will have major consequences for demand for elderly care services.

About 7 percent of Dutch residents over 65 live in a nursing home or residential home. This figure, when compared with neighboring nations such as Germany (2.2 percent), Denmark (4.4 percent), and Great Britain (5.3 percent), indicates that the Netherlands has a higher rate than most European countries of elderly living in some form of residential care facilities. Based on these figures, the Dutch government has made a priority of relieving the growing pressure on senior care services by encouraging self-sufficiency in elder lifestyles, promoting seniors to continue living in their own homes, and by promoting arrangements for informal and community-based care.

Living On Your Own

It is not only in the government's interest to encourage more elderly citizens to be self-sufficient and live on their own. Older people prefer to stay in their own home as long as possible and only seek support from community-based services and care when necessary. Increasingly, seniors live longer, more active, and vigorous lives than in years past. They are also better educated and many have achieved positions of relative prosperity. As a result, they demand a greater say in matters concerning their health and welfare and expect a wider range of services and care. They want to choose for themselves how to live in old age.

To meet these demands, the range of services at home has expanded considerably in recent years from domestic (e.g., washing and dressing) to intensive (e.g., nursing and care). Anything and everything is available for the consumer. Furthermore, a lot of effort is being put into the physical adaptation of existing homes to increase accessibility and autonomy for people with mobility impairments. A government-subsidized campaign seeking to increase accessibility has resulted in valuable practical experience, but remains constrained by small production numbers. Newly built homes are generally accessible, but add only one percent per annum to the Netherlands' housing stock.

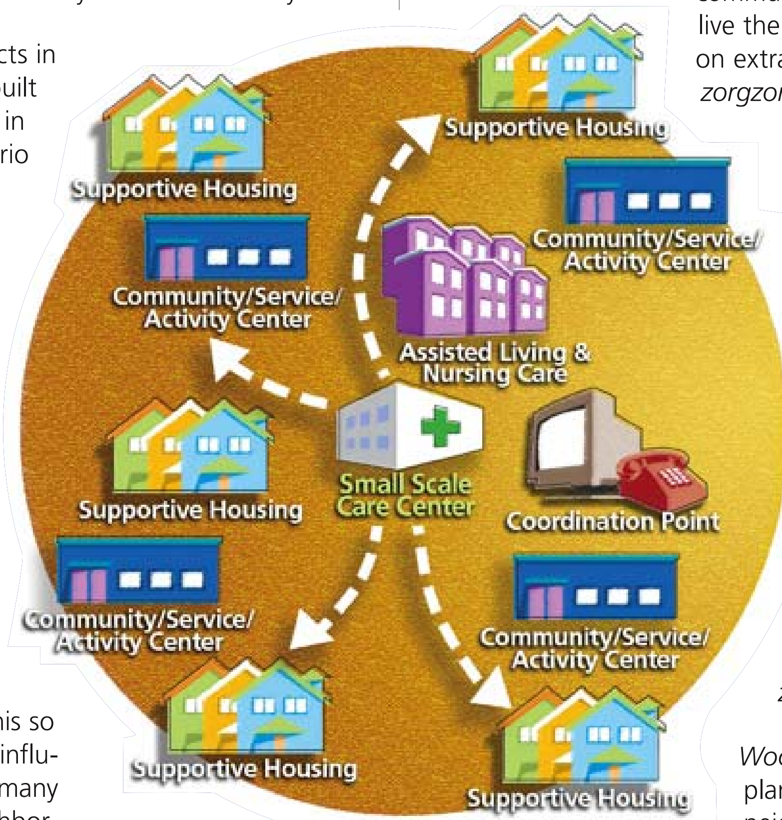
Recently, the welfare aspect of staying at home as long as possible has received more attention. Many older people experience poor quality of life, even though their houses may be adequately accessible and in-home professional assistance can be provided. The problem is that their social network is less active, and they don't feel safe or needed outside their homes. Loneliness and depression are likely to be more prevalent. Recognition of this problem has resulted in the development of integrated community designs for housing and care.

Being Part of a Community

People with mental or physical handicaps want to live in a 'normal' neighborhood, use ordinary services, and participate in society. Since the 1990s, smaller care institutions and home help, integrated into a larger community, are replacing the secluded, large-scale institutions 'in the

woods'. The question is how to equip a neighborhood for universal accessibility while accommodating those needing extra services and care for as many as 24 hours a day.

In 1995, a group of architects in the Netherlands who had built large-scale care institutions in the past developed a scenario for neighborhoods where nursing and residential homes for the elderly were replaced by community-based arrangements for housing and care (STAGG). The starting point was a community of 10,000 people. Based on the average need of special housing, services, and care, they made a spatial translation of the kind and the amount of housing, services, and care necessary in both urban and rural settings. This so called STAGG-scenario has influenced the development of many projects on integrated neighborhood services (*woonzorgzone*, literally, service zone in Dutch). In 2001, the STAGG scenario was revised to include services and housing for people with mental and physical handicaps.



STAGG-Scenario
for an Urban Neighborhood with Approximately 10,000 Inhabitants

The concept of 'integrated neighborhood services' or 'the inclusive neighborhood' is based on the following principles:

- "There is no special citizenship for people with disabilities"— People who need extra care and services are citizens like others and have the same rights;
- "Ordinary for special and special for ordinary"— People with disabilities can use ordinary services to the greatest extent. The special services they bring into the neighborhood can be used by other inhabitants as well. In turn, this stimulates integration and upgrades the level of services available to residents; and
- "Housing goes before welfare and welfare before care"— If housing and welfare services are well looked after and if people have accessible homes and can meet other people and be part of a community, then there will be less demand for institutional care.

Making the Neighborhood a Place to Stay

The *woonzorgzone*, or service zone, is a typical, all-inclusive community. All manner of people can live there, including those dependent on extra services and care. A *woonzorgzone* doesn't look special. The level of housing adaptation, accessibility, and safety of public space and services is higher than the standard, but you don't see that at first glance. What makes the neighborhood special is the cooperation between the local government; the executive parties, such as a housing corporation; welfare and health care organizations; and the local residents themselves. They weave the invisible web that makes the *woonzorgzone* work.

Woonzorgzones are now being planned in approximately 60 neighborhoods and villages all over the Netherlands. They are all specially designed to meet local circumstances. The concept of the *woonzorgzone* is a guiding principle rather than a blueprint.

These principles already have been realized in several *woonzorgzone* projects, most notably:

- IJburg in Amsterdam, a newly built neighborhood on islands in the IJ-lake;
- Moerwijk in The Hague, an old neighborhood with significant social problems and in need of renewal and housing stock upgrading; and
- Trynwâlden in Friesland, a rural area with seven villages and a few hamlets.

The majority of *woonzorgzones* are currently still under development. In some medium-sized towns, a decentralized zoning concept for the entire town is planned, similar to Leeuwarden in Friesland and Spijkenisse in South Holland.

(Continued on page 22)

Design for All

By Julia Cassim, Research Fellow, Helen Hamlyn Research Centre, Royal College of Art, United Kingdom

On October 1, 2004, long after the enactment of the Americans with Disabilities Act, Part 3 of the Disability Discrimination Act (DDA) came into effect in the United Kingdom—an important milestone for disabled and older people and a crucial bargaining tool for those involved in inclusive design. All share a vision of a world where none is excluded or marginalized by the failure of design to meet their aspirations and their physical, cognitive, and emotional needs.

But beyond the social or moral case for inclusive design lie other compelling rationales. Legislation has spurred increasing numbers of good practice inclusive design exemplars internationally, primarily in environments, services, and products and underscored a reality the corporate world ignores at its peril—the stark economic and demographic realities of the world, present and future.

Young people are traditionally seen as the core target market for goods and services, despite the distinctly different picture painted by demographics. This shows a graying consumer landscape where they are fast becoming a minority. Their parents and grandparents are the new majority with money to burn, a fact that manufacturers and service providers worldwide have been slow to acknowledge with only 5 percent of marketing focus in the UK targeted their way, a figure that reflects realities elsewhere.

By 2020, half the adult UK population will be age 50+. Add to these numbers the 10 million disabled people covered by the DDA and their own estimated purchasing power of £80 billion ($152 billion), and suddenly this new combined majority becomes a very attractive prospect indeed.

Their consumer profile, however, is quite different from the stereotypical image held by marketing departments who forecast and articulate the rationale for new products. Traditionally, this new majority is seen through the distorting lens of assumption and ignorance and defined by decrepitude and lack of style. At the Helen Hamlyn Research Centre, a center for inclusive design at the Royal College of Art (RCA), we call those age 45+ Yo-Yos because they are both young and old simultaneously. They are exemplified by Mick Jagger and Madonna, who clock in at 62 and 46 respectively. Yo-Yos are product-literate, technology-literate, and very picky. They aspire to the same mainstream products as their children and grandchildren, but unlike them require a level of inbuilt functionality that takes into consideration the physical and sensory changes that are taking place in their bodies—their failing eyesight and hearing and their creaky joints that no amount of exercise, cosmetic improvement, or determination can deny. What they want are products that enhance and enable their diverse lifestyles, but which do not stigmatize them in stylistic terms. It is a vision shared by disabled people too, those most affected by failure of design to meet these needs and aspirations. It is here that inclusive design has such a key role to play, and it is a market wide open to manufacturers and service providers if they just take off their blinders.

We put this case and another one to the designers we work with at all levels of the profession, from students at the RCA, the new graduates who join us for a year as Research Associates, to well established designers in professional practice. We call it the creative case—namely the huge benefits that accrue from ongoing partnerships with people they would not normally consider. Leading the pack are people with disabilities who do everyday things in very different ways. Like designers, they are lateral thinkers and problem solvers par excellence. The severity of their disability offers designers radical scenarios, which force them to go back to first principles and not merely reconfigure something cosmetically. We have found that when these two groups of 'out of the box' thinkers combine talents, magic can happen as it does every year in the DBA Inclusive Design Challenge, an annual inclusive design competition which we organize with the Design Business Association—the major trade association for designers here. For the past five years, teams from the UK's leading design firms have worked with people with severe disabilities to develop new inclusive products and services for the mainstream market—ones that will benefit consumers along the whole spectrum of age and ability and represent innovation in its purest and most exciting form.

Past winners of the Challenge have included Factory Design's 'Factory Wares' saucepan, developed for users with severe arthritis and visual impairments in mind. Its primary handle shifts the weight of the pan from a point at the wrist to the underside of the lower arm—a safe and supportive solution that is both funky and functional and could be applied to other everyday 'tools' from do-it-yourself to gardening. Another graphic product/design winner in 2002 was the 'c' system—a tactile 'smart' clothing tag system developed by Coley Porter Bell to allow visually impaired consumers to shop independently for products, such as clothing, where color is important. The design team members based their solution on the use of that neglected and throwaway interface, the swing tag. They devised a tactile code of 59 symbols representing color that could be embossed on the tag or silk label of the garment and used with a reader that would scan product information contained in the bar code and deliver this in an audio format.

The winner in 2004 was Pearson Matthews' Clevername—a radical redesign of the humble sticking plaster that is intended for one-handed use and changes the way in which injured users interact with it. By eliminating the secondary wrapping and redesigning the way it is folded and packed, the plaster can be directly accessed from the pack and placed on the wound.

The results of the Design Challenge and our other programs have shown that adoption of an inclusive approach can be a sure route to innovation, in terms of product and service development. Increasingly, too, we have involved other design disciplines such as communication/graphic design, where inclusive exemplars are still thin on the ground. STIK, an entry in last year's Challenge, was based on a problem endemic to the creative industries—the high percentage of dyslexics. Twenty-five percent of students at the RCA are affected. A design team from branding specialists Corporate Edge developed a four-part communications toolkit to enable dyslexic designers to communicate and capture their ideas, which they now use in-house to great effect. As each year passes, new and exciting prototypes and a cadre of dedicated alumni are generated who can articulate the inclusive case to their clients.

For the past five years, teams from the UK's leading design firms have worked with people with severe disabilities to develop new inclusive products and services for the mainstream market…

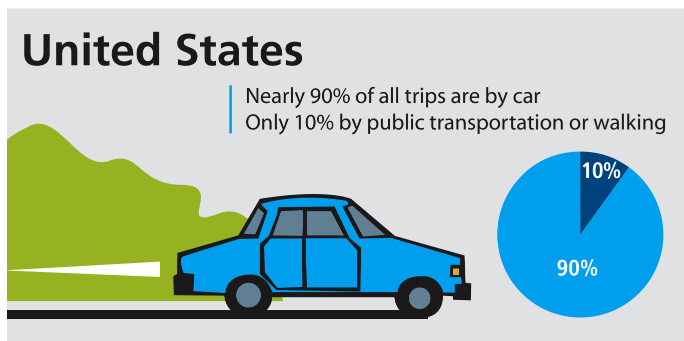
Legislation will continue to push, demographics and economic realities will pull, and new markets will be created as a result of increased understanding of what consumers at all levels of the population really want, as opposed to what marketing departments think might be the case. It is a win-win situation for all concerned, but it first requires that the hearts, minds, and imaginations of designers be engaged. We have found that by placing the user at the center of the equation from the beginning, empathy and understanding follow, and with it good design. Elementary, my dear Watson! ◀

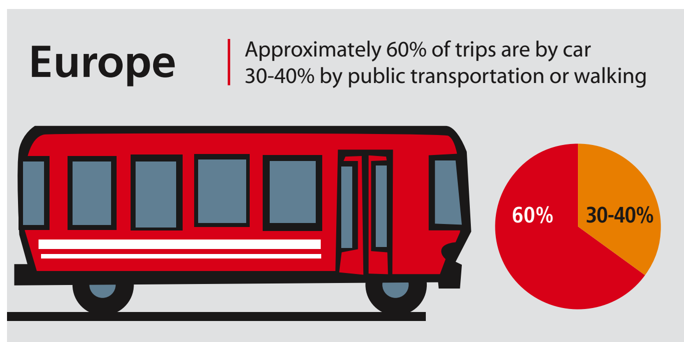
Get Moving!

Mobility in Europe and North America

By C G B (Kit) Mitchell, Retired, formerly Transport Research Laboratory, United Kingdom

Independent mobility is necessary to enable older people to reach the services they require and to live full and satisfying lives. It is fundamental to livable communities. In both the United States and Britain, when people retire, the number of trips they make each day for non-work activities increases. Only after the age of about 75 does the number of non-work related trips fall with increasing age, although the distance traveled reduces earlier.





There are great differences between the ways older people remain mobile in Europe and the US. In the US, for adults of all ages, about 90 percent of all trips are by car, with typically 15 to 20 percent of trips as a passenger for those age 20 to 60, and 30 percent for those age 75+. Only about eight percent are as pedestrians and two percent by mass transit. Contrast this with Europe, where typically 30 to 40 percent of all trips are by non-car means of transport, and this percentage increases with age to 40 to 50 percent for people in their early 70s. In Britain, walking accounts for 20 to 25 percent of all journeys for people in their 40s, rising to 35 percent for those over 75.

In all countries, as people age beyond 60, they tend to make fewer trips as car drivers. Older drivers also avoid driving in stressful conditions, such as at night, in busy town centers, and on highways. A preferred alternative is traveling as a car passenger with family or friends, but other alternatives include taxis, local public transport, Service Routes (community buses) and dial-a-ride. Because people use alternative modes throughout their lives in Europe, seniors are not quite as isolated as older Americans when they have to stop driving.

For short trips, walking, like cars, offers the spontaneous ability to, provided that local facilities are within a comfortable walking distance (say, half a mile). In some countries, bicycles also offer spontaneous mobility. A mode that is increasing in importance in Europe is powered pavement vehicles (scooters and powered wheelchairs), which are being used for local trips of several miles in good weather.

The area in which people live affects how they travel: in large cities, there is more walking and use of transit, and less car travel; in rural areas, there is much less use of buses. In Britain, people age 70+ make more trips on foot than as car drivers, except in rural areas. People in their 60s in all areas except London make most trips as car drivers. But in most areas, the second most frequently used mode is walking, even in rural areas.

The Pedestrian Environment

Creating a pedestrian-friendly environment that encourages walking is a high priority for independent mobility. Hills, narrow or uneven sidewalks, and crossing roads, affect everyone, though people with disabilities are more affected. Other features, such as curbs, steps, and crowds, affect mainly people with more severe impairments. Crossing roads is one of the major deterrents to older pedestrians. Medians make crossing roads much easier for older pedestrians, as the pedestrian only has to worry about traffic from one direction at a time.

Older pedestrians often request signal-controlled crosswalks, but complain of insufficient time to cross. People-detectors at crosswalks can adjust the time of the

pedestrian phase to match the walking speed of slower pedestrians. International studies have shown that measures, such as lower speed limits, roundabouts, and appropriate signal timing for both cars and pedestrians reduce pedestrian accidents.

Buses that Are Easy to Use

Since the early 1980s, local buses in most of Europe have been made easier for older people to use. This has involved providing lower steps at entry and exit, good handrails, widespread use of bright contrasting colors, and plenty of grab-rails attached to the ceiling and backs of seating in the passenger compartment. Although buses did not become accessible for a passenger in a wheelchair until low-floor vehicles were introduced around 1990, they were very much easier than US buses for 95 percent of disabled people who do not use a wheelchair.

Because people use alternative modes throughout their lives in Europe, seniors are not quite as isolated as older Americans when they have to stop driving.

The low-floor bus with a ramp at the entrance has become the standard urban bus in Europe and is accessible to wheelchairs and baby buggies, and much easier for everyone to use. Although the ground clearance at the axles is similar to earlier buses, the long overhangs do cause problems if roads are not of high quality.

A low-floor bus needs to get close and parallel to the curb at a stop, to enable a passenger in a wheelchair to board the bus. This sets the bus drivers a difficult task. If the sidewalk is extended into the traffic about 1½ to 2 metres at a bus stop, the driver can position the bus close and parallel to the curb. Parked cars will not block the stop, and fewer parking places will be lost than if a long length of the curb is kept clear. The sidewalk can be raised at the stop to reduce the step height or even provide level boarding, and the extended sidewalk provides space for a bus stop shelter and seating.

Family of Transport Services

The concept of a family of transport services recognizes that there is no single solution to the mobility of a whole population. It starts with a network of high quality, low-floor accessible buses, often with reduced fares for seniors. These provide the opportunity for spontaneous travel and are relatively inexpensive to provide and use. They do, however, require people to be able to walk to and from bus stops, to move quickly when boarding and exiting, and to tolerate crowding at peak periods.

For people who find mass transit too demanding, the second tier of transport services is Service Routes or community buses. These are scheduled bus services using small low-floor buses on routes that bring buses close to trip origins and destinations to reduce walking distances. Plenty of time is allowed for boarding and exiting, and staff are trained to help passengers if necessary. Service Routes are more expensive to provide per passenger than transit, but less expensive than taxis or dial-a-ride.

For those who need door-to-door service, taxis are provided with user-side subsidies for particular groups of passengers. Europe is fortunate in that there are few places where it is not possible to order a taxi, albeit at a price.

Finally, for passengers who need help from their home into a vehicle, or attention during the journey, dial-a-ride services with an attendant provide mobility for people with the greatest mobility problems. These services are the most expensive to provide and, because their capacity is limited, they can only offer relatively inflexible service.

Underpinning the family of transport services is a comprehensive network of user-friendly pedestrian routes. These need to be available and safe for people and also for those using powered pavement vehicles.

Conclusions

In European countries, walking provides for about a quarter of all trips and local buses provide useful mobility, particularly in larger urban areas. Between the ages of about 60 and 75, the average number of trips a senior takes on foot and by bus increases or is at least constant, while the number of trips he or she takes as a car driver reduces. In Britain, people age 70+ make more trips on foot than as car drivers, except in deep rural areas. In the US, walking only accounts for some eight percent of all trips and local buses for less than two percent. As people age in the US, they walk and use buses less and become even more dependent on car travel than they were in middle age.

Pedestrian infrastructure and local public transport can be made easier for older persons to use, enabling them to retain their independence and mobility. ◀

As Developing Cities Grow, Where Do Older People Go?

By Selman Ergüden, United Nations Human Settlements Programme (UN-HABITAT)

Urbanization and demographic change are two of the important processes taking place in the world, particularly in the developing countries. While the urban population is expected to increase from about 47 percent in 2000 to 56 percent in 2020 globally, the number of older persons living in urban areas is projected to increase at a much greater pace. Around the world, the current ratio—one in 10 persons age 60+—will increase to one in every five persons by 2050. In Europe, where people live longest on average, one out of every five persons is already age 60+; in Africa, however, only one in 20 reaches age 60.

The process of accomplishing longer lives in the recent decades particularly in developing countries is, however, not matched with commensurate improved living conditions. UN-HABITAT's research showed that in 2001, 924 million people, or about 32 percent of the global urban population, lived in slums. These slums were found mostly in developing countries where they accounted for 43 percent of the urban population. That compares to 6 percent in the developed world. Sub-Saharan Africa, amongst the developing regions, had the largest proportion of its urban populations—72 percent—living in slums. These depressing facts also reflect the general living and housing conditions for older persons around the world. If no substantial measures are taken, the slum population of the world is expected to reach more than 1.6 billion by 2020.

The older populations (i.e., age 60+) in developing countries are growing in number. Of the approximately 600 million older persons in the world today, 370 million of them live in developing countries. By 2020, 70 percent of the world's one billion older persons will live in developing countries. Over the next five decades, the number of persons age 60+ in the developing countries will be nine times greater than it is today, and the share of elderly persons residing in urban areas will be 16 times greater. It is a clear picture: cities in developing countries will have more and more older persons in the future.

As elaborated in the Millennium Development Goals, improving living and housing conditions of the poor, vulnerable, and disadvantaged groups is an enormous and urgent task. Achieving these goals is a process where strong commitments, effective policies, and realistic implementation strategies are needed from governments and stakeholders. It is essential that this process has a specific focus on the needs and potential of older persons. This

focus should be an essential component for economic and social development policy at large so as to value all human resources, and encourage them to contribute to national development rather than to simply be passive beneficiaries of it. As the pace of population aging is much faster in developing countries than the developed countries and since this process is taking place at a much lower level of socio-economic development, formulation of above said effective policies and realistic strategies are very important and urgent. Local governments have a fundamental role in this context. They should ensure that all citizens, regardless of age and ability, are able to make decisions regarding their own lives, live independently and carry out their responsibilities as citizens. It is the local level that policies can effectively be turned to reality, improving living conditions of all including older persons. As elaborated in the case of the Philippines (see below), involvement of community organizations and empowerment of people themselves is very important.

Over the next five decades, the number of persons aged 60 and over in the developing countries will be nine times greater than it is today, and the share of elderly persons residing in urban areas will be 16 times greater.

As articulated in the United Nation's Millennium Development Goals, improving the living conditions of poor, vulnerable, and disadvantaged groups is an enormous and urgent task. Achieving these goals will require strong commitments, effective policies and realistic implementation strategies—all of which must focus on the specific needs of older adults and must recognize the potential they hold to empower themselves—from governments and stakeholders, . This approach should be an essential component for economic and social development policy at large, so as to value all human resources and give older persons the ability to contribute more to national development.

Developing countries, whose populations already face socio-economic challenges, are aging at faster rates than developed countries. Therefore, the formulation of effective policies and realistic strategies is very important and urgent. Local governments play a fundamental role: they must ensure that all citizens—regardless of age and ability—are able to make decisions regarding their own lives, to live independently, and to carry out their responsibilities as citizens.

(Continued on page 22)

Coalition of Services for the Elderly (COSE) in the Philippines

The Coalition of Services for the Elderly (COSE) was founded in 1989 to help the elderly poor stay in their communities. Of about 10 million people living in metropolitan Manila, more than three million were squatters. There were about 40 organized elderly poor communities in Manila. COSE empowers the elderly by incorporating a social and income-generating component, as well as a burial insurance program. It has a unique health program in which a community chooses two of their members to become "community gerontologists." For three days, they are trained by a doctor, a dentist, and a nurse, and they receive a kit of instruments allowing them to serve as health workers for their community.

COSE is active in Pasadena, San Juan, a squatter area of 3.5 hectares (roughly 8.7 acres) with a population of about 3,000, including an organized elderly population of 113 members (75 percent of whom are women). Most residents have jobs in the informal sector and many receive remittances from relatives abroad, allowing them to supply most of their own services. The community, which is comprised of tight-knit groups from distant villages, is located on top of the city water reservoir, so inhabitants drink piped water from the reservoir, use bottled gas and charcoal for cooking, and dispose of waste in the adjacent San Juan River. As a result, the most common health complaints are rheumatism, high blood pressure, tuberculosis (and other lung diseases) and diabetes.

COSE has been fundamental in arranging advocacy activities and eliciting the potential inherent in the older population. It has organized demonstrations and influenced the Parliament to adopt a "Magna Carta" for older persons. This was later transformed into the "Expanded Senior Citizen Act of 2003," which created a joint Committee between the government and older persons that meets regularly and oversees the implementation of the bill's provisions.

Source: Five-Year Review of "Living Conditions of Low-Income Older Persons in Human Settlements, 1999"

Evolution of Living

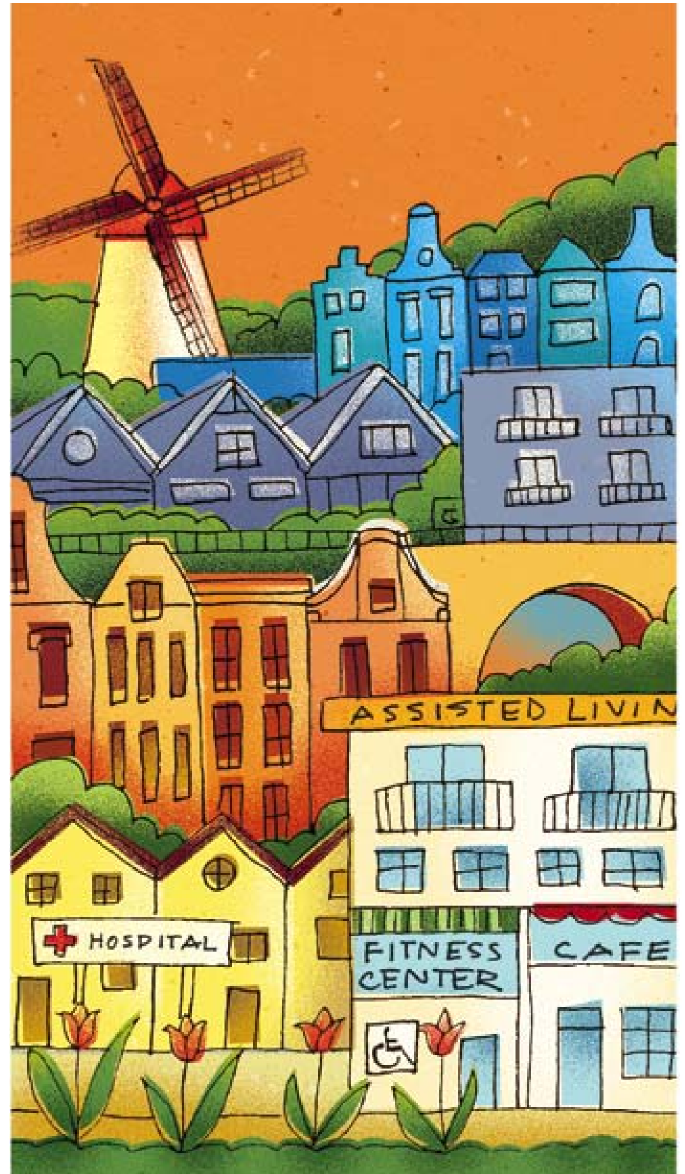
By Wim Bakker, Manager of Research and Development, Living Concepts, The Netherlands

Home-care in the Netherlands goes back centuries. In the 19th and 20th centuries, we saw that “hofjes,” or little gardens, were built where people could spend their old age living in a more or less protected environment. These gardens were often designed in a U-shape and were established by institutions for the care of the poor, by churches, or with bequests from private individuals.

In the second half of the 20th century, residences for the aged came into vogue, often in large buildings with 100 to 250 spaces, where elderly people of around 65 to 75 years of age admitted themselves. These residences for the aged were managed by care institutions that owned the buildings themselves, or housing cooperatives that rented them to the care institutions. These care institutions supplied a complete package to the inhabitants that was the same for everyone in terms of care and services (a ‘package deal’): personal care, domestic help, basic medical care, meals, laundry, and a recreational area where activities were organized. In the 1950s, the inhabitants had their own living/bed rooms (18 to 20 square meters) with a community kitchen and toilet facilities shared with 15 other people. These homes, often recognized from the outside as institutions, were built with government funds. The inhabitants supplied their income and the balance was made up by the government. Although this concept still exists and is still being built, such facilities are now called residential care homes. We in the Netherlands consider this model antiquated. There are 110,000 spaces in these homes in the Netherlands today.

In the 1970s, the emphasis was on building housing complexes—not institutions—for the elderly, and the residents had their own two-bedroom houses measuring, about 60 square meters. Supplementary services consisted of a common meeting and recreation area and the presence of a manager. The inhabitants paid rent for these homes, and they performed their housekeeping chores independently.

Another obsolete concept is the nursing home that originally was established for elderly persons who needed temporary, high acuity nursing care, often after a period of hospitalization. These days, people who are housed in



nursing homes most of the time don’t leave and it is their last residence. Inhabitants are mostly four or six to a room. It often happens that people who are too ill for a residential care facility and need structural nursing care will move to such a nursing home.

During the past 10 years, we have slowly started to develop and realize other concepts. Nowadays, we find that it is best for the elderly to live independently for as long as possible. In the first place, the elderly want to do so, but the government also encourages it, not in the least because of the soaring costs of residential care facilities.

In the Netherlands, *we find it very important for people with functional disabilities and in need of extra care to be integrated and to live as normally as possible*. We consider it a great good for the young and the old, the poor and the rich, the native and the immigrant, and those with or without functional disabilities to live together.

There is a movement within the institutional field whereby groups of people of all kinds who until recently were housed in large institutions in the leafy suburbs are brought back into society—preferably in small-scale housing.

In the field of home-care, this means that when we want to update a residential care facility dating back to the 1950s or 1960s, we will demolish it and build a new assisted-living complex in its place.

To begin with, a modern assisted-living complex looks like a normal contemporary apartment building, not an institution. It consists of modern apartments, each with three or four bedrooms. The tenants do their own housekeeping independently, as much as they can themselves, and even pay rent to the housing cooperative. Common areas are located on the ground floor. These consist of a grand café, an internet café, and a restaurant (where à la carte menus are often offered), as well as a day-center for those who need help with the structuring of their days, a support group for the elderly, and often a physical therapy and/or fitness space. There is almost always a manager. A big difference between this model and the old residences for the aged is that the services in this building are also expressly meant for use by the neighborhood inhabitants. The building means something to the neighborhood. The care is also fundamentally different from the care in a residence for the aged. The care is not offered as a 'package deal' with the housing, in that the housing and care are paid for as a standard fixed package for all inhabitants, but is delivered behind the front door and custom-made, according to the needs of the individual tenant.

For the elderly who suffer from dementia, we will create small-scale housing groups in ordinary neighborhoods. The residents are supported by a full staff that performs normal care like personal nursing, meal preparation, and domestic help. Thus, the inhabitants lead a life that is as normal as possible and can be involved with food shopping, cooking, etc.

In this housing, we also perform technological tests to allow freedom of movement for the tenants as much as possible and to facilitate the much more intensive care that is needed here.

In the Netherlands, we find it very important for people with functional disabilities and in need of extra care to be integrated and to live as normally as possible.

The examples of new concepts stated above form part of an approach that is territorially-aimed and developed in the Netherlands. We call this approach home-care zones or home-service zones. These zones ideally cover a territory of about 10,000 inhabitants that form a cross-section of the average population. In the center of this territory we develop a multifunctional building, often newly constructed, as a center of care and service supply. People who depend on 24-hour care live in this building or directly around it. A bit further, the people who have less need for care; and in the territories that are located the farthest from the center are the people who have no or very little care needs. In this model, we do not just care for older persons, but all people, including young people who suffer from a variety of injuries and ailments. Thus, this is a concept that supports integration wholeheartedly.

These new forms of home-care are being realized in many cities in the Netherlands, but we still have a long way to go. Demographic studies indicate that the number of elderly people in the future will increase enormously. We will also see a surge in the numbers of people with dementia. With that, the problem of affordability is of particular interest. We are also observing an approaching system change where the responsibility for many parts of home-care will be transferred to the municipal governments, while it is now still in the hands of the national government. We anticipate many challenges to come in the future. ◀

The Law of Accessibility in a Rapidly Aging Nation

By Yoshihiko Kawauchi, President, Access Project, Japan

Japan has a very serious challenge: it is aging at a rapid pace. Most experts say that more than 25 percent of the population will be age 65+ by 2014. It took only 24 years for the elderly population in Japan to grow from seven percent to 14 percent. The same demographic change took nearly 114 years in France. Since our society is in the midst of this rapid change, community accessibility and social welfare have become major policy issues.

Japan has taken a number of legislative steps to address these challenges. In 2000, Japan initiated the "Long-Term Care Insurance" system (LTCI) so senior citizens could receive enough care to lead dignified lives in their homes and communities. In 1994, Japan established

In 2000, Japan initiated the "Long-Term Care Insurance" system (LTCI) so senior citizens could receive enough care to lead dignified lives in their homes and communities.

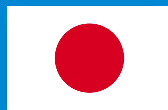
"The Law for Promoting Easily Accessible and Useable Building for the Aged and the Disabled," nicknamed the "Heart Building Law." Revised in 2002, this law provides guidelines for accessibility to designated buildings. In 2000, Japan established "The Law for Promoting Easily Accessible Public Transportation Infrastructure for the Aged and the Disabled," or the "Barrier-Free Transportation Law," which requires public transport to be accessible. These laws and other initiatives led by the government and socially concerned architects, engineers, and advocates are beginning to make Japanese society accessible to all.

Accessibility and Infrastructure

Implemented in 1994, the "Heart Building Law" was revised in 2002. Its original aim was to encourage the proprietors of specialized public facilities opened to public (e.g. hospitals, government buildings, theaters, etc.) to modify the design of entrances, corridors, elevators, stairways, and washrooms to accommodate the needs of those with disabilities. In 2002, the scope and size of buildings were expanded and local governments were empowered to add stricter requirements to the national ordinance. Although it was just a recommendation in 1994, the law is now mandatory if the designated building is larger than 2000 square meters. However, the law is not yet mandatory for smaller buildings, such as small retail and grocery stores and restaurants. Disability rights organizations are currently supporting extending mandatory compliance of the law to smaller buildings.

The Japanese government has decided to revise the "Barrier-Free Transportation Law." In Japan, we have approximately 9,000 public transportation stations. Every station that is newly constructed or thoroughly remodeled has to comply with accessibility requirements. Towns or cities in Japan with stations that serve more than 5,000 passengers per day can assess their transportation infrastructure, including the roads and pedestrian paths that lead to the station, and draw up a plan that designates areas and contents of improvement. Major public transit hubs need to be more accessible to the general public, including the roads and pedestrian paths that lead to the station.

According to the government, 500 stations have already drawn up improvement plans, but this is just 20 percent of all targeted stations. We need to develop new methods to encourage them to develop action plans to address the needs of people with disabilities. This is not all bad news. There is a steady increase in the number of stations that are accessible—in 2000, only 29 percent were accessible for wheelchairs through elevators or other means, but by 2003 the number had risen to 44 percent. We hope that in five years, the government's



Japan's Increase in Wheelchair Accessible Train Stations

2000 29% 2003 44%

goal that all 2,700 stations will be wheelchair accessible will be realized.

The Barrier-Free Transportation Law also establishes a series of accessibility regulations that all public transport operators must adhere to. Most importantly, the law involves users in the planning process to determine the consensus needs of all individuals. Japanese citizens strongly support the current systems instituted under this law. Improvements to the law are slated to add to and strengthen the current accessibility regulations as well as update the goals based on progress completed thus far.

> *The government's belief that it can create a society where all people can live healthy and comfortable lives is a true possibility.*

Conclusion

Policy reforms are moving too slowly to meet the rapid pace of Japan's aging society. We need to work harder and harder. The Ministry of Health, Labor and Welfare has said that we are at the door to the super-aged society.

By the middle of the 21st Century, 33 percent of the Japanese population is expected to be age 65+. Japan aims at making this a super-aged society like no other the world has ever seen. The government's belief that it can create a society where all people can live healthy and comfortable lives is a true possibility. However, if the Japanese government intends to meet this goal, it will have to hasten its decision-making and implementation processes in the immediate future. ◀

Livable Communities & Aging in Place

By Robert H. McNulty, President, Partners for Livable Communities, USA

As the baby-boom population continues to age, the United States must become aware of the challenges that await such a demographic. This unprecedented demand on health, social services, and housing accommodations is a unique opportunity that we must recognize and begin to address. US policy-makers and practitioners can also learn much from policy innovations and practices taking place in countries facing similar demographic challenges.

This paper serves to briefly introduce critical issues which must be addressed to support citizens—from the United States and in other countries—desire to age in place.

Housing

There are many reasons for encouraging older persons to remain in their own homes. The strongest argument is that older adults overwhelmingly report that they want to grow old in their homes and communities. Additionally, providing home and community services that enable older adults to age in place has shown to be the most cost-effective model for aging.

In the United States, every year, millions of unwilling older Americans move to institutional facilities prematurely because there are no resources available to help them continue to live at home. Improved assistance programs and housing options that will allow seniors to age in their neighborhoods and remain involved in their communities is crucial.

New Housing Options Needed

There are several solutions to the rising housing problems. Accessory apartments, more appropriately known as "granny-flats" can be complete apartments within a single-family home or a smaller, more separate structure on the same lot that functions as an apartment. In the US, most zoning ordinances do not allow this land use in single-family zones but cities and states are slowly seeing the benefits. Advocates say by creating this type of affordable housing, shortages decrease, wealthy communities can still prosper and more units generate higher property tax revenue. Other solutions include co-housing, home sharing, taxation, and financial tools such as reverse mortgage that can pay for home modifications and health care. There are many advantages to the solutions mentioned but communities must make the general public aware of such opportunities.

Transportation

The separation of home and the public realm also produces problems regarding flexible transportation options and fulfilling daily needs. As the baby boomers age, communities will have to come to terms with land use patterns that assume that seniors can drive themselves anywhere at any time just as younger people do. While many urban and metropolitan areas have a variety of public transportation options, the majority of their public systems are not fully integrated or have significant gaps in service and access.

Many government and advocacy group policies and programs focus on keeping seniors actively behind the wheel. Public programs are mostly geared toward giving seniors

a ride, not toward providing other transportation options. Helping seniors to stay behind the wheel is necessary. Most seniors will tend to travel by car for reasons of health, comfort, and convenience. Yet, by continuing to focus on driving, we are deliberately creating places with the built-in necessity for driving, and thereby eliminating options.

Recreational Opportunities

Recreational opportunities for elders can have a profound effect on the physical, mental, and emotional state. Community centers and gyms that have catered to an older population have had great success. Group classes like meditation, yoga, water aerobics, weight lifting, biking, and even dancing allow seniors to get their heart rate up, make friends and commit to a healthy lifestyle.

Social, Cultural, and Educational Enhancement

Social Opportunities

As daily interactions begin to taper off with old age, many seniors do not make an effort to find alternative sources of social interaction. Studies have shown people who experience social isolation have been linked to declines in their physical and mental well-being. Factors like financial or health status should not quell social interactions of seniors within a community. It is important for a community of non-government organizations, health and social services and private industry to help foster a social network for seniors in a community.

Cultural Opportunities

As cultural opportunities for the elderly expand, there will be a great need to highlight the uniqueness of culture within each community. In the United States in 2000, an estimated 84 percent of the population 65 and older were non-Hispanic white, 8 percent non-Hispanic black and 6 percent Hispanic. By 2050, minorities will have increased substantially—64 percent will be non-Hispanic white, 16 percent Hispanic, 12 percent non-Hispanic black and 7 percent non-Hispanic Asian and Pacific Islander. An increase in minorities is a strong indicator that seniors will want to have many different cultural options as they age. Current cultural opportunities may not reflect the changing demographics, leaving an important population without services. Bi-lingual events may prove to be an essential aspect of cultural opportunities. Organizations should view diversity within the aging population as an important way for seniors to share cultural differences with each other.

Educational Opportunities

While some elders may think their school days have long expired, there are several benefits to allowing the elderly to have educational opportunities. In a US News & World Report article, scientists found "intellectually challenging work boosts cognitive skills in older adults even more than in younger people." Mental workouts can stimulate brain cells, which ultimately result in minimal cognitive losses. The article cites reading, classes, interesting jobs, travel and a challenging partner brain-food for the elderly. Communities that capitalize on educational facilities like reading, classes and technology information sessions will help elders stimulate their brains.

From Universal Design to Universal Communities

In recent years, urban design has become a more pressing issue for cities, suburbs and even rural areas. Design issues pertaining to the specific needs of the aging can benefit all people, not just the elderly. Modifications of a physical urban environment allow seniors to be more independent in their everyday activities.

Universal design is expanding from the streets of communities to homes. Houses have four-feet wide hallways, a master bedroom on the first floor, door handles rather than knobs and easily reached light switches and entry into the house that does not have steps are but a few key concepts. For the high percentage of people who want to stay in their own homes but may encounter problems in the later years, this solution allows independence and stability for seniors.

What's Needed Next: Local Leadership

There are many factors that play into the success of an elderly-friendly community. While grass-roots campaigns are critical, local leadership and key community stakeholders can produce policy changes more easily. Powerful leaders who champion an issue usually increase public awareness and raise legitimacy, resulting in increased services and funding.

Many economists view baby boomers retirement as a huge marketing campaign for communities. Boomers are not the stereotypical retirees who are content to spend their last years in a seaside condo. Interested in film festivals and lectures, cooking classes and skiing, elderly people are seeking locations that can support their present and future lifestyles. In a study done by the University of Illinois, seniors highlighted five main characteristics of an elder-friendly community. Transportation, affordable housing and housing alternatives, strong senior-serving organizations that provide services, social and recreational activities, churches with an outreach program and a safe community were listed as most important factors. For communities to supply these features, local governments must first assess their elderly-friendly status as a whole. ◀

Time to Stay in the Neighborhood *(Continued from page 9)*

Development of integrated service concepts for the elderly and handicapped isn't easy. Many actors with different roles and budgets have to take coordinated action. It remains vital to society at large to create integrated service zones that work together. But the gradual change of the Dutch health care and welfare systems from being centrally coordinated and controlled to a market-based system stimulates competition between suppliers. It is difficult to find a balance between cooperation and competition. The worlds of housing, care, and welfare are not well acquainted with each other and cultural differences can cause misunderstandings. It takes time for the partners to get to know and trust each other.

The small problems of coordination and trust only cause minor delays in the development of *woonzorgzones*, however. The concept remains incredibly popular, primarily because the *woonzorgzone* gives us a community model that serves the interests of all citizens. It is a demand-oriented approach, transforming the neighborhood into a place for all to live. ◀

As Developing Cities Grow, Where Do Older People Go? *(Continued from page 15)*

Policies, when implemented at the local level, can effectively improve the living conditions of all citizens, including older persons.

The example below (COSE) illustrates the importance of involving community organizations to empower local citizens.

The following are steps that local authorities should take to formulate a policy framework that focuses on the needs of older persons and fully utilizes their potential in urban development and governance:

- Local authorities should establish a mission statement that clearly expresses their responsibilities towards older persons.
- Based on this mission, local authorities should establish a set of principles to guide decision-making, set priorities, and allocate resources between competing demands.
- Local authorities should assess the physical, institutional and systemic barriers to addressing the needs of older persons. The assessment should incorporate both present and future considerations, and it should draw upon input from the public—including that of older persons.
- Local authorities should develop policy and program alternatives (based on their assessments and within their investment parameters), which should include clear objectives, implementations strategies, and time schedules. They should identify and encourage partnerships whenever possible.
- Local authorities should establish independent evaluation groups, including representatives from the older population, which can monitor program activities and report on progress.

"Active aging" and "aging in place" are two important concepts in the formulation and implementation of policies related to older persons in human settlements. "Active aging" is the idea that as people age, the community should support and enhance their capacities so that they can remain productive members of society and the economy. National and local policies should increase the number of options available to individuals, including effective life-long learning opportunities and access to mainstream community activities. Evidence shows that quality of life increases with levels of activity as people age. Likewise, active lifestyles also increase older adults' capacities to manage and finance their own needs.

"Aging in place" is the idea that older persons should have the option to remain in their own homes, societies, and environments as long as possible, thus avoiding—or at least reducing—the need for institutional arrangements. These policies should incorporate improved housing conditions, such as senior-friendly home improvements or shared living arrangements, as well as associated services. Elements such as these will help to sustain activity levels and, therefore, reduce dependency. In addition to adequate housing and environmental conditions, social integration should be a key element of public policy. ◀

Global

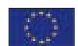
A report by the Population Reference Bureau highlights the challenges an aging population poses for all countries. Individuals 65 and over already constitute nearly one fifth of European countries and within the next few decades, the number of older adults will outnumber the number of children in many industrialized countries. Developing countries will also see their share of the population growing older. By 2050, 1.2 billion of the nearly 1.5 billion people age 65 or older will reside in less developed countries.

Australia

Experts warn that declines in Australia's birth rate will not be reversed by a large influx of immigrants. A recent survey of Australians attitudes regarding children found that only 33.9% of women and 45% of men believed that their lives would not be complete without children. The country has seen a decrease in fertility rates to 1.75 children per woman, below what is the widely held replacement rate of 2.1 necessary to sustain the population. Demographers point to the failure of other countries to raise birthrates above 1.5 when rates have fallen below this level and suggest that reforms in family support policy when the fertility rates are still at a moderately high level are crucial in stemming the tide of such trends.

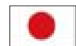
China

For many rural elders, life without a pension or Medicare system means an ever greater dependency on family members, both immediate and extended. The one child rule has had the consequence of forcing young couples to support four elderly parents. While China's urban population over the age of 60 is 9.68%, the rural population is 1.24% higher, with the elderly and near-elderly constituting 10.92% of rural populations. The absence of a social security system in most rural areas means that the majority of rural elders must depend on themselves or look to their children for means of support. Advocates of a comprehensive social security umbrella point to the inequity of the existing system, highlight the plight of rural elders who must live in poor living conditions while their life expectancies rise.



European Union

Among EU countries, only Malta and Cyprus saw increases in their populations. The demographic shifts in growing elderly populations and fewer working-age adults will have substantial effects not just in the costs associated with an aging society but also in prosperity, urban planning, housing, public transportation, voting and living standards. By 2030, the EU's population of older adults will have risen by 52.3%, or 40 million, while those between 15 and 64 will decline by 6.8%, or 20.8 million.



Japan

A declining birthrate will contribute sharply to the shrinking of Japan's population within the next few decades. With a birthrate of 1.29 in 2003, government officials estimate the population will begin to decrease as early as 2007. These demographic shifts are a significant concern for the nation's social security system, including pension benefits and medical insurance.

Netherlands

The Dutch Prime Minister spoke out against the rising number of citizens who opt for early retirement. Early retirement schemes account for nearly one-third of Dutch pension costs, and 61% of the population in the age group ranging from 55-65 do not work at all. The enactment of the life-course savings scheme will severely limit early retirement schemes while using tax incentives to make work, care and education easier. The scheme will allow individuals to take a year's time out three times during their working career and support themselves with 70% of their salary.

New Zealand

A "golden age card" for people over 65 is a feature of the New Zealand First policy for senior citizens announced by Leader Rt Hon Winston Peters. The new electronic card will record the holder's entitlements and guarantee, among other benefits, a retirement income that will never fall below 65% of the net average wage for married couples and incrementally move towards 72.5%.

South Korea

The number of people in their 50s holding jobs rose to an all-time high in March, as an increasing number of older Koreans choose work past retirement age. The number of workers aged between 50 and 59 reached 3.5 million in March, up 7.6% from a year before, according to the National Statistical Office (NSO). The number of those in their 50s with jobs accounted for 15.5% of the total workforce in March, up from 14.6% a year earlier, the NSO said.

United States

Health expenditures on individuals in their last six months of life are far greater in the United States than in Europe, but they have not led to better outcomes. According to the Johns Hopkins University Bloomberg School of Public Health:

- The United States spends about two-and-a-half times more per capita than Europe on end-of-life care.
- Higher per capita spending results primarily from costly and lengthy stays in hospitals and expensive treatments.
- But most spending in the last six months of life is of very little value to the patient.

AARP® Global Aging Program

Global Report on Aging

Editor-in-Chief:
Ladan Manteghi

Executive Editor:
John Gray

Managing Editors:
Bradley Schurman
Holly Schulz

Contributing Editors:
Kimberly Wolf
Amanda Thompson

FOR MORE INFORMATION:
www.aarp.org/international

OR CONTACT:

AARP
Office of International Affairs
601 E Street, NW
Washington, DC 20049
USA
Tel: +1 202 434 2402
Fax: +1 202 434 2454
E-mail: intlaffairs@aarp.org

AARP is a 35 million member non-governmental organization representing and addressing the needs and interests of persons age 50 and over. We lead positive social change and enhance the quality of life for people age 50 and over through social policy, group buying arrangements, communications, advocacy, and community service.

Copyright © 2005 by AARP.
All rights reserved.

WHAT THE LEADERS ARE SAYING

"To cope with the low fertility rate and the aging population, we have to map out a long-term population policy to prepare the post-unification era through economic, demographic and environmental approaches."

Kim Geun-tae, Health-Welfare Minister, Korea

"Given that aging populations could reduce the EU's growth potential by as much as 1 percentage point by 2040, failure to reap the potential gains from the Lisbon Strategy might endanger the European social model as we know it. The "no-reform" option is simply too expensive to afford."

Joaquin Almunia, EU Commissioner, Economic and Monetary Affairs

"If the FDA is going to attack 70-year-olds and stop their medications, there's a big problem in that country."

Tony Howard, President of CanaRx, in response to the United States FDA's seizure of Canadian prescription drugs.

"There is a waste of people, particularly between 50 and pension age who still have a lot to offer. They are disproportionately likely to be unemployed and disproportionately likely to be on long-term disability benefits, even though they say they'd like to work."

David Willetts, Shadow Secretary for Pensions, United Kingdom

AARP GLOBAL AGING PROGRAM EVENTS

JUNE 15, 2005

Universal Village: Livable Communities in the 21st Century
AARP Global Aging Program with the support of Fannie Mae will organize an international conference on livable communities with a focus on mobility and housing issues. The international conference will also feature innovative programs and services from around the world and highlight new reports (domestic and international) on livable communities.
Sponsor: AARP
Washington, DC, USA

JUNE 22, 2005

Prescription Drug Importation: Can it Really Help America's Seniors?
With the continued escalation of pharmaceutical costs in the US and abroad, issues like parallel trade, importation, and safety have taken center stage. This forum will address the impact of importation on pharmaceutical costs and the safety of imported medications.
Sponsor: AARP
Washington, DC, USA

JUNE 27-29, 2005

IAHSA Sixth International Conference: Creative Solutions for an Aging Society—Sharing the Wisdom
Given growing concerns that aged care systems around the world will soon be unable to cope with increased demands, the conference is particularly critical for future success in the delivery of long-term care. In order to respond to the increasing needs and challenges placed on aged care services, providers, in partnership with consumers, are best positioned to thrive through sharing innovations and adapting successful models.
Co-Sponsors: AARP and the American Association of Homes and Services for the Aging (AAHSA)
Trondheim, Norway

JULY 18-19, 2005

Reinventing Retirement: Balancing Risk
In this conference, presenters and participants will evaluate the efforts by several developed countries to balance the risk in their retirement systems. Through several panel discussions, private and public pensions will be examined as well as health and long-term care programs that help create a complete retirement security system.
Sponsor: AARP
Washington, DC, USA

See full event proceedings at **www.aarp.org/international-events**
International events calendar can be found at **www.aarp.org/international-calendar**

Questions about upcoming AARP Global Aging Program events should be directed to **intlaffairs@aarp.org**