Building Age Friendly Community in Lucas County and City of Toledo: Role of School of Social Work A Presentation at IFA 12th Global Conference on Ageing at Hyderabad (India), 10-13, 2014 by Sudershan Pasupuleti, Ph.D. **Professor & Hartford Geriatric Faculty Scholar** The University of Toledo, Ohio, USA Phone: 419.530.5338 sudershan.pasupuleti@utoledo.edu



Outline of the Presentation

- Significance of community for older adults and demographic trends
- Challenge of aging population in our community/America
- Evolution of "Age Friendly Community"
- Characteristics of Age Friendly Community"
- Process for making Toledo City and Lucas County as "Age Friendly Communities"
- Role of School of Social Work in building age friendly communities and
- A call for creating a world-wide network of educational institutions to build age friendly environment.

Demographic Trends: A Snapshot

- The proportion of global population aged 60 will double from 11% to 22% in 2050.
- Need for this dialogue is heightened in the backdrop of demographic trends.
- Older Americans (65 and older) will double between 2000 and 2030.
- 8% increase of Older Americans (from 34.8 million today (12%) to 70.3 million (20 percent) in total US population when the Baby Boomers turn 65.
- Nearly 19 years of life expectancy after reaching age 65 (19.2 years for females and 16.3 years for males).
- **40% of the older adults** who reach 65 will survive until 90 years.

Significance of COMMUNITY for Older adults

- Aging in familiar (known) environment has distinct advantages for the well-being and health of older adults.
- They feel emotionally connected with the physical surroundings and people.
- Most people wish to grow old in their own homes, and their own communities (urban or rural).
- For this to happen, they need safe, supportive, and friendly environment.
- Currently they are many concerns and challenges such as:
 - Facilities not designed for needs/ changing needs of older adults;
 - Communities may contain barriers in services and programs;
 - No or poor planning to create supportive environments; and
 - No or poor appropriate infrastructure

Comprehensive response....

- Decisions based on economics often result in not only unfriendly and inaccessible facilities and services as well as challenging environment for older people.
- Most older adults (80 % or more) want to remain in their in own homes and communities as long as possible and stay physically and mental ly active.
- It takes efforts to create supportive environment for all age groups.
- Age friendly community is comprehensive approach to meet the needs of older adults in their communities by moderating environment to be compatible with older individuals' strengths and deficits.

- WHO's project was conceived in June 2005 at the opening session of the XVIII IAGG World Congress of Gerontology and Geriatrics in Rio de Janeiro, Brazil.
- WHO's **Age Friendly Community (AFC)** is **an inclusive initiative** that is growing and evolving as more communities throughout the world become involved. A **web-portal is dedicated to serve as a resource** and point of connection for the latest developments relating to the Age Friendly movement.
- An AFC adapts its structures and services to be accessible and inclusive to the needs of people of all ages with capacities and abilities. An age friendly community encourages *Active Aging*, through optimizing opportunities for older people to be healthy, active and secure in their living environments.

- The **Global Age-Friendly Cities project** was developed by Alexandre Kalache and Louise Plouffe, WHO headquarters, Geneva, Switzerland, and the report was produced under their overall direction.
- The **research protocol was implemented in the following 33 cities world-wide** which includes only city of Portland from the USA.
- WHO regards active ageing as a **lifelong process shaped by several factors** that, alone and acting together, favor health, participation and security in older adult life.
- WHO Brasilia Declaration on Ageing in 1996, "healthy older people are a resource for their families, their communities and the economy".
- Older people in particular require **supportive and enabling living environments to compensate for physical and social changes** associated with ageing.

- Three priority directions of the Madrid International Plan of Action on Ageing endorsed by the United Nations in 2002 (9).
- 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.

- In an age-friendly city, policies, services, settings and structures support and enable people to age actively by:
 - recognizing the wide range of capacities and resources among older people;
 - anticipating and responding flexibly to ageing-related needs and preferences;
 - respecting their decisions and lifestyle choices.
 - protecting those who are most vulnerable; and
 promoting their inclusion in and contribution to all areas of community life.

- The rate of decline of capacities (physical and mental) is largely determined by factors related to lifestyle, as well as external social, environmental and economic factors.
- Secure neighborhoods allow children, younger women and older people to venture outside in confidence to participate in physically active leisure and in social activities.
- **Families experience less stress when their older members** have the community support and health services they need. The whole community benefits from the social/civic participation of older people.
- **The bottom-up participatory approach involves older people** in analyzing and expressing their situation to inform government policies.
- Supply, organization and financing of many health and social services are decided by the state or national government rather than the city.
- Health and support services are vital to maintaining health and ^{2/26} independence in the community.

Key Attributes of An Age-Friendly Community/City

- 1. Accessible care
- 2. A wider range of health services
- 3. Ageing well services
- 4. Home care
- 5. Residential facilities for people unable to live at home
- 6. A network of community services
- 7. Volunteers wanted
- 8. Other issues

Two principles should characterize age friendly community.... Flexibility:

• Communities vary in terms of emphasis. E.g. a rural community may require better transportation for service access, while an urban community may focus on walkability.

Inclusiveness:

• An age-friendly community, however, is not only for the

retired or the frail; it provides a continuum of support for

residents of all ages and all levels of ability.

TABLE 1. Select Characteristics of Elder-Friendly Communities Identified byOlder Persons(Alley et al., 2007)

Study	AARP (2003)		City of Calgary (2001)	Northwestern Illinois (2000)	Feldman & Oberlink (2003)
Outcome	Characteristics of elder- friendliness	elder- in elder-		Characteristics of elder- friendliness	Characteristics for aging in place
Characteris- tics of an elder-friendly	Safe neighborhoods	Door-to-door transporta- tion	Seniors valued & respected	Transportation for seniors unable to drive	Financial security
community in order of importance	Hospital	Outdoor maintenance service	Opportunities to stay active	Affordable housing & housing alternatives	Health and health care
	Doctors' offices	Health monitoring service	Programs that build commu- nity & provide volunteer opportunities	Churches with an active social ministry outreach	Social connections
	Place to worship	Accessible public transporta- tion	Services to help "make ends meet," (e.g., home repair services & affordable health care)	Senior organi- zations that provide both services and recreational programs	Housing and supportive services
	Shopping center	Home deliv- ered meals	Safety, includ- ing home & community environment	A safe and caring community	Transportation and safety

Process and Stages of Age Friendly Community

- There is a Global Network of Age-Friendly Communities/Cities.
- There is a process that we need to go through to become age friendly city/community as part of that global network.
- The program targets the environmental, social and economic factors that influence the health and well-being older adults in our communities. The guide can be accessed from www.who.int/ageing/publications

Process and Stages

- 1. Planning (1-2 years)
 - Establishing mechanisms to involve older people and stakeholders
 - Baseline assessment
 - Development of three-year plan
 - Identification of indicators of progress
- 2. Implementation stage (3-5 years)
 - On completion of stage 1 (no later than 2 years) after joining the network, the communities/cities submit their action plan to WHO for review and endorsement.
 - Three years for the implementation of plan.
- 3. Progress evaluation (end of year 5)
 - Progress reports are expected against the indicators and feedback is provided.
- 4. Continual improvement
 - Progress on the indicators will lead to last stage.
 - Identify successes and remaining gaps for further action

<u>The guide can be accessed from:</u> <u>www.who.int/ageing/publications</u> Initial steps undertaken in Toledo.....?

- Formed a task group with key people from different agencies in the city including city council and county officials, area office on aging and health department and Center for Successful Aging at the Univ. of Toledo.
- Bringing different stakeholders together
- Discussed the methodology of age friendly community and developed an instrument for assessing age friendliness of the City/County.

Methods

- **Survey**ed different parts of the city with help of the instrument designed to measure age friendliness.
- **Brainstorming** elder friendly solution (ideas) and present the ideas to city administration and county officials.
- **Involved stakeholders** in designing the study, data collection and discussion of results.
- Discussed the results using focus groups with the older adults and asked for suggestions on low scored items for improving age friendliness in the city.



Age Groups	Frequency	Percentage
55-59 years	144	30.70
60-74 years	172	36.67
75-84 years	108	23.02
85 and 85+ years	42	8.95
Total	471	100.00

Gender

Gender	Frequency	Percentage
Male	201	42.80
Female	261	55.65
No response	8	1.69
Total	471	100.00

Ethnicity

Ethnicity	Frequency	Percentage
Caucasian (Non-Hispanic)	266	56.71
African American	112	23.88
American Indian/Native American	15	3.19
Hispanic/Latino	42	8.95
Asian American	14	2.98
Others	18	3.83
Total	471	100.00

Educational level

Educational level	Frequency	Percentage
Less than High School	5	1.06
High school	190	40.33
Undergraduate	125	26.53
Graduate	109	23.14
Other	39	8.28
No response	2	0.42
Total	471	100.00

Income and Health

Income	Frequency	Percentage
Below \$12,000	44	9.34
\$12,001-18,000	75	15.92
\$18,001-24,000	72	15.28
\$24,001-36,000	52	11.04
\$36,001-48,000	63	13.37
\$48,001-60,000	78	16.56
\$60,001 and above	69	14.64
No Response	18	3.81
Total	471	100.00

Perceived health status	Frequency	Percentage
1 - Best health	64	13.58
2- Better	179	38.00
3 - Average	122	25.90
4 – Not poor	61	12.95
5 - Poor	27	5.73
No response	17	3.60
Total	471	100.00

Living arrangement

Living arrangement	Frequency	Percentage
Live alone at home	155	32.90
Living with family	209	44.37
Living in institutional arrangement	44	9.34
Others	18	3.82
No Response	37	7.85
Total	471	100.00

Outdoor spaces and Buildings

II.	OUTDOOR SPACES AND BUILDINGS	SA	A	UD	D	SD
1.	There are sufficient crosswalks, sidewalks, and biking trails in our neighborhood?	113 (23.99)	174(36.94)	66 (14.01)	84 (17.83)	23(4.88)
2.	The pavements and sidewalks in the neighborhood are well maintained?	79 (16.77)	164 (34.81)	93 (19.74)	104 (22.08)	23(4.88)
3.	Wheelchairs and walking aids can be used safely on the pavements and walking paths?	61 (12.95)	166 (35.24)	99(21.01)	99(21.01)	36(7.64)
4.	Bicycle lanes and walking paths are separate in my community?	56 (11.88)	138 (29.29)	85 (18.04)	116 (24.62)	65(13.80)
5.	There are sufficient sitting benches in our neighborhood?	41 (8.70)	121 (25.69)	92(19.53)	126 (26.75)	78 (16.56)
6.	There are well-shaded trees?	86 (18.25)	183 (38.85)	101 ((21.44)	57(12.10)	24(5.09)
7.	Government, community buildings, and shopping centers in Toledo are accessible with wheel chair facilities, automatic door openers, and lightweight entrance doors?	71 (15.07)	202 (42.88)	95 (20.16)	60 (12.73)	20 (4.24)
8.	There are seating arrangements or chairs for elders in shopping centers	59 (12.52)	204 (43.31)	84 (17.83)	84 (17.83)	30 (6.36)

Transportation

III.	TRANSPORTATION	SA	Α	UD	D	SD
9.	Community has scheduled transportation facilities to hospitals, shopping or other places of interest?	36 (7.64)	188 (39.91)	132 (28.02)	75 (15.92)	21 (4.45)
10.	"Dial a Ride" is an accessible facility in the community?	47 (9.97)	127 (26.96)	158(33.54)	66 (14.01)	36 (7.64)
11.	Receive help while getting into and out of the vehicle?	31 (6.58)	114 (24.20)	150(31. 84)	79 (16.77)	70 (14.8 6)
12.	The cost of transportation is affordable?	32 (6.79)	117 (24.84)	143 (30.36)	101 (21.44)	46(9. 76)
13.	Community offers transportation facilities to nutrition sites?	34 (7.2)	124 (2.97)	162 (34.39)	80 (16.98)	31 (6.58)

Housing

IV.	C.HOUSING	SA	A	UD	D	SD
14.	The community where we live is crime free for elders?	54 (11.46)	148 (31.42)	85 (18.04)	123 (26.11)	51 (10.82)
15.	Housing costs for elderly are affordable?	30 (6.36)	125 (26.53)	137 (29.08)	122 (25.90)	40 (8.49)
16.	Services like ombudsman support and other housing services for elderly are in the community?	30 (6.36)	116 (24.62)	200 (42.46)	71 915.07)	28 (5.94)
17.	Prefer to live in a universal housing design exclusively for seniors?	49 (10.40)	111 (23.56)	135 (28.66)	92 (19.53)	57 (12.10)
18.	Heating facilities in homes are good?	52 (11.04)	187 (39.70)	134 (28.45)	66 (14.01)	17 (3.60)
19.	Falls and accidents within the home are due to structure and design of homes?	36 (7.64)	187 (39.70)	134 (28.45)	66 (14.01)	17 (3.60)

Social participation

V	SOCIAL PARTICIPATION	SA	Α	UD	D	SD
20.	Community has cultural programs including elderly people in the community?	56 (11.88)	178 (37.79)	129 (27.38)	69 (14.64)	20 (4.24)
21.	There are fellowships and social gatherings in religious organizations where I live?	93 (19.74)	212 (45.01)	95 (20.16)	257 (54.56)	13 (2.76)
22.	Are you willing to volunteer with other age generations in libraries, school and faith based organizations?	83 (17.62)	178 (37.79)	87 (18.47)	79 (16.77)	31 (6.58)
23.	A phone call from someone daily will make me feel not isolated?	70 (14.86)	181 (38.42)	107 (22.71)	70 (14.86)	27 (5.73)
24.	Information regarding upcoming programs and events are updated regularly?	47 9 9.97)	165 (35.03)	126 (26.75)	98 (20.08)	17 (3.60)
25.	Transportation to events or programs are arranged.	46 (9.766)	128 (27.17)	152 (32.27)	89(18.89)	28 (5.94)2

Job Opportunities

VI	JOB OPPORTUNITIES	SA	A	UD	D	SD
26.	Job Opportunities for elders are widely available in the community	21 (4.45)	95 (20.16)	111 (23.56)	149 (31.63)	60 (12.73)
27.	For seniors who would like to volunteer their time there are flexible timings and arrangements for them in the community.	50 (10.61)	171 (36.30)	120 (25.47)	91 (19.32)	20 94.24)
28.	The productive contribution of seniors in the past and future are well informed in the community.	43 (9.129)	144 (30.57)	131 (27.81)	115 (24.41)	25 (5.30)
29.	Benefits after retirement are well communicated	38 (8.06)	156 (33.120	127 (26.96)	90 (19.10)	31 (6.58)

Information

VII	INFORMATION	SA	Α	UD	D	SD
30.	Official forms, television captions come in large letters	46 (9.76)	162 (34.39)	102 (21.65)	107 (22.7)	34 9 (7.21)
31.	Service representatives and automated messages give instructions slowly and clearly	41 (8.70)	135 (28.66)	124 (26.32)	108 (22.9)	34 (7.2)
32.	Large buttons and lettering in cell phones, computers and other electronic equipments would be useful to the seniors.	104 (22.08)	187 (39.70)	82 (17.40)	53 (11.2)	20 (4.24)
33.	Information regarding services and benefits to elders are easily available in the community.	34 (7.21)	181 (38.42)	111 (23.56)	61 (12.95)	18 (3.82)

Services and support system

VIII.	SERVICES AND SUPPORT SYSTEM	SA	Α	UD	D	SD
34.	Meal and nutrition programs are available in the community.	72 (15.28)	181 (38.42)	111 (23.56)	61 (12.95)	18 (3.82)
35.	Health care professionals and public health nurses provide visits to home and assisted care facilities.	59 (12.52)	196 (41.61)	112 (23.77)	51 (10.82)	24 (5.09)
36.	Delivery of groceries are provided within the community	34 (7.21)	112 (23.77)	168 (35.66)	90 (19.10)	40 (8.49)
37.	Cooking services are available within the community	38 (8.06)	89 (18.89)	196 (41.61)	80 (16.98)	38 (8.06)
38.	Home services like housekeeping, personal grooming care facilities are available.	63 (13.37)	161 (34.18)	159 (33.75)	64 (13.58)	36 (7.64)

Toledo's Age Friendly City Senior Activities

Picnic at Walbridge

• In partnership with Meals on Wheels, TARPS: \$2 per trip, \$4 per round trip; \$20-trip passes & \$40 passes

Pool Day

• In partnership w/Toledo pools &TARPS: Seniors enjoy private pool time.

Computer Skill Development

• In partnership w/ Toledo Main Library: Learn about emailing and healthy lifestyle websites.

Trolley Day

• In partnership w/TARTA: Seniors tour the city of Toledo w/history tour guide.

Imagination Station

• In partnership w/Imagination Station: Seniors have an early access day into the station.

"Movie & Popcorn"

• In partnership w/Valentine Theater: Seniors have a classic black and white film to view in a private showing.

Senior Community Engagement

Big Gram Big Grap

- In partnership w/ Big Brothers Big Sisters
- Provide life guidance and companionship to youth.

"Read with Me"

• In partnership with Toledo Library and Gerber. Seniors ride on the library web bus to neighborhoods reading to youth.

Senior Task Force

• Distribute hygiene care products twice a year at designated sites.

A-DOPT

• Seniors adopt 4 high risk schools in Toledo and provide afterschool tutoring. In partnership w/Feed Lucas County

Children to provide snacks.

University of Toledo

- UT's Carlson Periodicals (1976)-1993)
- The Internet has the potential for engaging urban seniors in managing their health, UT is trying to make its resources available to seniors, especially health issues.
- UT and local libraries are making efforts to create elder-friendly health web portal.
- Research may be needed to examine how access to health information makes a difference in seniors' health and well-being.

Task Force

- A Task Force is being formed to identify and address the issues of the seniors throughout the community.
- Social work students taking different courses human behavior, social policy, research and practice are helping in research, disseminating information, facilitating discussions among stakeholders and addressing the seniors issues and problems.
- A number of discussions triggered in different units of administration by reviewing what are doing is elder friendly or not – at policy level and implementation level.
- Local school of social work helped in this project from the idea level to execution level.
- Much of age friendly work is very much relevant to teaching social work at macro level.

Elder friendly community movement is..... on the way!

- There are 33 cities in 22 countries are part of the Global network.
- New York and Portland are two cities.
- Atlanta, Houston & New York cities have taken up projects in comprehensive manner.
- AARP has the concept of livable communities is a related concept. They assess communities by this question:
- How would you grade your community for having well-run community centers, recreation centers, parks, and other places where older people can socialize?