Building an Age Friendly Community: Strategies to Enhance Planning Through Online Communication

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ABSTRACT

Many communities are responding to population aging by investing in ways to make their cities more “age-friendly.” A key component of this effort revolves around collaborative communication strategy. This article reviews the World Health Organization (WHO) efforts through its Global Network of Age-Friendly Cities and Communities to engage and assist cities in planning for the future. In collaboration with partners from developed and developing countries, WHO identified features of age-friendly cities in eight domains: outdoor spaces; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services. The author discusses how one city, Bowling Green, KY, is implementing the WHO framework. Particular attention is paid to how strategies are being developed to increase communication and information sharing around the last domain, health care. This article concludes with implications for using online modalities to enhance planning for age-friendly communities.

Keywords: Age Friendly Community, Global Network, Health, Rural, Web, World Health Organization (WHO)

INTRODUCTION

In the next two decades, more Americans will live into advanced age and the large Baby Boomer cohort will move into retirement. By the year 2020, about one in five Americans will be over age 64 (Vincent & Velkoff, 2012). An aging population presents opportunities for communities because many older adults are committed, long-time residents who contribute their time, energy and assets. Communities can use planning to create and sustain an environment that takes advantage of this human capital. If communities support aging in place through appropriate infrastructure, older adults can be empowered to continue as active citizens for many years. “Aging in place” refers to individuals growing old in their own homes with an emphasis on using environmental modifications to compensate for limitations...
and disabilities (Pynoos, 1993). Supporting an age-friendly aging in place environment is very geographically-centric. The authors assert that with appropriate communications strategies, best practices could be shared globally.

**Age Friendliness in a Healthy Global Village**

The past few years have seen a rapid growth of interest in where and how individuals live as they grow old and many initiatives and pilot projects targeted at helping their residents remain healthy as they age. Under the umbrella of age friendly, some major cities (e.g., New York City, Atlanta, Baltimore, and San Francisco) have developed public-private partnerships among city government, nonprofit organizations, and sometimes local businesses to improve the quality of life for older residents. Some county governments (e.g., Boulder County, Colorado; Montgomery County, Pennsylvania; Westchester County, New York) have engaged in extensive strategic planning initiatives, soliciting input from older adults, government employees, and service providers, among others. In addition, a number of national initiatives (e.g., N4A and Partners for Livable Communities’ Aging in Place Initiative, Robert Wood Johnson Foundation’s Community Partnerships for Older Adults, and Visiting Nurse Service of New York’s AdvantAge Initiative) have provided funding and expert assistance to communities attempting to respond more effectively to the aging of their residents.

These efforts draw upon frameworks proposed in the context of the healthy cities movement (de Leeuw, 2001, 2009; Donchin, Shemesh, Horowitz, & Daoud, 2006; Plümer, Kennedy, & Trojan, 2010). The WHO healthy cities’ initiative was designed to enhance community infrastructure in order to promote health (WHO, 1986), with elements of action defined as: political commitment to the initiative; establishment of organizational structures to manage change; commitment to developing a shared vision; and development of partnerships (Plümer et al., 2010).

**Links between Healthy-Age Friendly Cities and Health Status for Older Adults**

Evidence suggests that policies, programs, and infrastructure changes that address components such as these can improve the health and well-being of older residents and allow them to age in their familiar homes and communities. For example, infrastructure changes designed to improve the walkability of a neighborhood, such as improved street lighting and traffic calming measures, increase physical activity in community residents (Heath, 2006). In addition, aging-friendly programs may reduce long-term care costs. For example, making simple home modifications, such as installing nonslip flooring, have been associated with a reduction in monthly Medicare costs (Stearns et al., 2000).

Initiatives which have built upon the healthy cities movement have implicitly linked the health of the individual with communication strategies, community infrastructures and resources. The concept of an aging-friendly community is being promoted on a global scale through the World Health Organization’s Global Network of Age-Friendly Cities and Communities (WHO Global Network) initiative. Through this project, cities throughout the world have engaged their older residents and other stakeholders in processes to identify the core features of an aging-friendly city, develop initiatives to incorporate these features into their city, and provide guidance to other communities who want to become more aging friendly (World Health Organization, 2007). Since the inception of this project, there has been rapidly growing interest in how health care and services can be incorporated into the concept of age-friendliness on the part of policy makers world-wide (Plouffe & Kalache, 2011; WHO, 2010).

In large part to nurture this growing global movement, the WHO developed the Global Network of Age-friendly Cities and Communities (WHO, n.d.b) in 2012 to foster the exchange of experience and mutual learning between cities.
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