

# How Can Older People Survive in an Ever-Changing Urban Community

Prasert Assantachai, M.D.

Department of Preventive & Social Medicine, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok 10700, Thailand.

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Since rural health has been highlighted and promoted by health policy makers over the past few decades in nearly every developing country, especially through primary health care in the rural communities, urban health has long been overlooked and neglected with the myth that people who live in the urban setting have already enjoyed the available health infrastructure. However, with the trend of fast-growing development in the city, this affects the life-style and environment of people who live in this environment and are not prepared to adapt their way of life in time with the pace of change. The scenario of modernized life-style of working people could be easily seen in big cities reflecting the successful development under the theme of globalization.

Nevertheless, the adverse scenario can also be experienced among those under-privileged people, e.g., older people, who cannot catch up with the opportunity and changes in this ever-changing urban community. Not only the physical deterioration that older people suffer from, but also the co-existing reduced mental health reserve that makes older people difficult to adapt their in-grained habit to the ever-changing development in big cities. The consequences of urbanization in the cities are, therefore, health inequalities, urban poverty and the emergence of slums and informal settlements. A billion people now live in the worlds urban slums.<sup>1</sup> As such, any initiative to draw the attention of both municipal authorities and national authorities to the emerging consequences of urban health would certainly benefit those who are in need, in our case the older people.

On 7 April 2010, World Health Day, the World Health Organization will launch the campaign under the theme of "Urbanization and Health" as well as "1000 cities - 1000 lives" trying to draw attention of health personnel worldwide to the problems of urban health.

The logo designed for the worldwide campaign is shown here (with permission).

The world's population living in cities exceeded 50% for the first time in history in the year 2007. Moreover, the urban population of Asia is expected to double between 2000 and 2030.<sup>1-2</sup> Regarding the percentage of Thai older people aged 60 years old or more who live in Bangkok, the biggest city of the country, the percentage increased from 9.6% in the year 2003 to 10.9% in the year 2007.<sup>3</sup> Another alarming fact revealed that older people who lived alone increased from 3.6% in the year 1994 to 7.6% in the year 2007 and those who lived with their spouse only, increased from 11.6% to 16.3% during the same period.<sup>4</sup> These vulnerable groups of older people would find it difficult to cope with the ever-changing way of life in big cities without the assistance of their younger generations.

Currently, since urban health is a comparatively new concept to health personnel, its definition and frameworks urgently need to be established. In addition, the roles of each sector involved in urban health should also be clarified. As such, the strategies of effective inter-sectoral collaboration must be addressed and implemented as older people experience multifaceted health problems for which the expertise of each discipline is needed. In conjunction with the theme of "Active Aging" proposed by the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002, three strategies could be integrated for those who live in an urban setting as follows.<sup>5</sup>

## 1.Prevention of chronic disease

Up to 19% of the older people living in the community suffered from at least one chronic health problem. The most common chronic diseases listed in order were



joint pain 30.8%, hypertension 23.4%, diabetes mellitus 12.8%, dyspnea on exertion 13.9%, sleeping difficulty 13.9%, memory impairment 11.6%, constipation 8.8% and heart disease 7.3%. Chronic lung disease was found to determine hospital admission with the highest ratio of 2:13 (95% CI: 1.11-4.10). Therefore, prevention of hospital admission among the Thai elderly should involve preventing cigarette smoking, promoting healthy dietary habits, fall prevention and early detection of hypertension.<sup>6</sup> Meanwhile, no regular exercise had the highest adjusted odds ratio of 2.38 (95% CI: 1.61-3.51) determining poor quality of life among Thai older people.<sup>7</sup> In short, the adverse outcomes of the older people were caused by preventable chronic diseases rather than ageing per se. Health promotion and disease prevention across the life span must be provided and be easily accessed by the older people living in big cities.

## 2. Access to age-friendly primary health care

Since the most common functional impairment among Thai older people was inability to use public transport, the primary health care organized at the community is vital to their access of health care.<sup>8</sup> All levels of disease prevention, namely, primary prevention (health promotion for the healthy), secondary prevention (early detection and prompt treatment) and tertiary prevention (rehabilitation and management to prevent disability) must be implemented in order to minimize the impact of chronic diseases and functional decline.

## 3. Creation of age-friendly environments

With the campaign of the World Health Organization on "1,000 cities-1,000 lives", all big cities worldwide are invited to join the program. The check-list of essential features of age-friendly cities is provided as the targeted area for consideration and improvement.<sup>9</sup> These include:

### 1. Outdoor spaces and buildings

- Pavement : non-slip, wide enough for wheelchairs, well-maintained, free of obstructions, reserved for pedestrians and have dropped curbs to road level.
- Public area : clean, pleasant and available in the community
- Green space : sufficient in number, safe and well-maintained
- Outdoor safety : good street lighting, police and community volunteer patrols
- Pedestrian crossing : sufficient in number, safe for different types of disability, equipped with non-slip markings, visual and audio cues and adequate crossing times
- Car driver : give way to pedestrians at intersections and pedestrian crossings
- Necessary services : grouped together and accessible
- Green channel : separate queues or fast track for older people
- Building : accessible, ramps, railings, non-slip floors, sufficient seating and toilets
- Public toilet outdoor/indoor : sufficient in number, clean, well-maintained and accessible

### 2. Transportation

- Public transportation : reliable, frequent (in-

cluding at night and at weekends and holidays), affordable and consistent cost, with easy access to all city services

- Public transport vehicle : clean, well-maintained, accessible, not overcrowded, equipped with priority seating for older people
- Public transport stop and station : appropriately located, accessible, safe, clean, well-lit and well-marked with sufficient number in seating and shelter
- Public transport information : complete and accessible to older people about routes, schedules and special needs facilities
- Bus driver : stop at designated stops beside the curb to facilitate boarding and wait for older passengers to be seated or get off the bus before driving off
- Taxi driver : courteous and helpful to older passengers
- Parking and drop-off area : safe, sufficient in number, conveniently located, available priority parking and drop-off spots for older people with special needs

### 3. Housing

- Housing : sufficient, affordable, well-constructed, safe, comfortable shelter from the changing weather, close to public services and the community
- Interior environment : non-slip, freedom to move in all rooms and corridors, available and affordable home modification options and supplies to fulfill the needs of older people
- Housing for frail and disabled older people : sufficient, affordable, with appropriate services

### 4. Social participation

- Older people clubs : sufficient in number, easy access by public transport, clean, well-maintained, supervised by local authorities and open to all without discrimination
- Social activity : regular events held at times convenient for older people, can be attended alone or with a companion, affordable without hidden or additional participation costs
- Public facility : adequate, appropriately arranged for older people with or without special needs
- Local community spot : all public recreation centers, schools, libraries, community centers and parks are designed to be age-friendly

### 5. Respect and social inclusion

- Local community activity and event : all generations including older people are attracted by accommodating age-specific preferences and needs
- Service staff : courteous and helpful to older people
- Public and commercial services and products : easy access, affordable, to suit varying preferences and needs of older people
- Older people centered : older people are regularly consulted by service staff on how to serve them better

- Public attitude : older people are depicted positively in media without stereotyping
  - Recognition : well recognized by the community for their past as well as their present contributions to the society
6. Civic participation and employment
- Older volunteer : available range of flexible options with recognition, training and compensation for personal costs
  - Healthy older employee : well-promoted, available range of flexible and appropriately paid opportunities
  - Self-employment option : promoted and supported
  - Local community business (OTOP - one tambon one product) : older people are recruited, trained and supported according to their capabilities
  - Workplace environment : adapted to meet the needs of older people
  - Decision-making body : older people are recruited by public, private and voluntary sectors
7. Communication and information
- Distribution : effective, regular and widespread distribution of information reaching all age groups in the community
  - Printed information : large lettering with the main ideas shown by clear headings and bold-face type
  - Oral information : accessible to older people especially those who are at risk of social isolation, getting one-to-one information from trusted individuals
  - Communication style : simple, familiar words in short, straightforward sentences
  - Electronic equipment (mobile telephone, radio, television, bank and ticket machines) : not too sophisticated, large buttons and big lettering
  - Computer and internet : wide public access, at no or minimal charge in public places, friendly-designed for older people
8. Community and health services
- Range of health and community support service : safely constructed and fully accessible to promote, maintain and restore health of older people
  - Delivery of service : coordinated, administratively simple
  - Staffs : respectful, helpful and well-trained to serve older people

- Economic barriers impeding access to services : minimized and those who are in need should be screened and receive appropriate help
- Community emergency planning : the vulnerabilities and capacities of older people are taken into account

In conclusion, with the rapid ageing of population and increasing urbanization especially in Asian big cities, older people tend to be affected adversely by health inequalities and urban poverty due to their physical and mental health deterioration, functional decline and social adversity, e.g., lower income, living alone or living with older spouse only. The international campaign under the theme of "Urbanization and Health" as well as "1,000 cities-1,000 lives" organized by World Health Organization in the year 2010 will shed the light to this previously neglected but increasing threat toward older people living in big cities worldwide. Three strategies of Active Ageing, namely, chronic disease prevention, access to age-friendly primary health care and creation of age-friendly environments should be put into action in conjunction with the 8 domains of global age-friendly cities. Although all these initiatives need some resources, which are usually limited when it is allocated for older people, improving healthy environment would also be friendly to all age groups to live in as well as to promote the increasing number of older tourists from abroad whose spending could benefit to the tourism industry of the country.

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