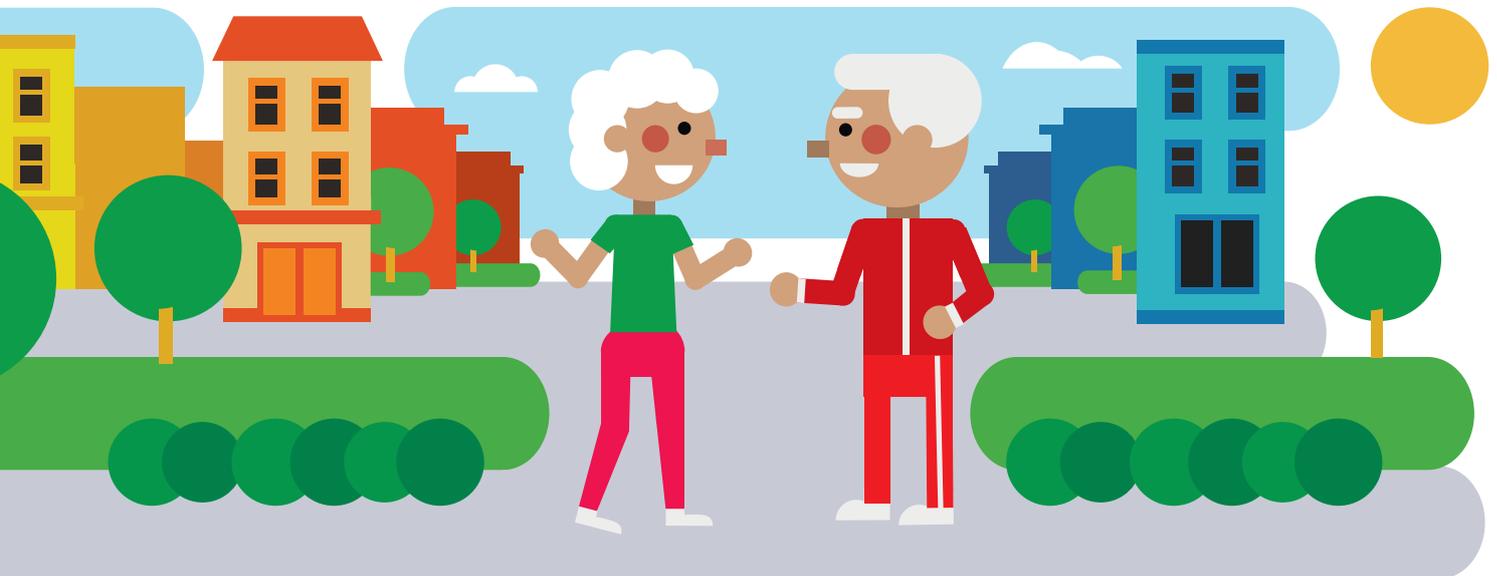


HelpAge

International



Ageing and the city:

making urban spaces work for older people



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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

We would like to thank all contributors to this report, particularly the older women and men who participated in focus groups.

Ageing and the city: *making urban spaces work for older people*

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Foreword

Cities can be dynamic, socially progressive and economically powerful places, bringing many benefits to residents. These include social and cultural diversity, a strong civil society, better public services and greater economic opportunities. However, urban residents do not enjoy equal access to these benefits. Many people are marginalised and excluded – socially, economically and spatially – particularly in older age, due to ageist attitudes and behaviour and the lack of inclusive planning and development decisions. This exclusion is exacerbated during times of humanitarian emergency and response.

As this report highlights, older persons in cities are too often subject to systematic social, economic and spatial marginalisation and exclusion. Traffic-dominated streets and air pollution, limited public transport, unsafe green spaces, social isolation, insecure incomes, poor health, inaccessible buildings, and insecure or inappropriate housing can all deny older persons their right to lead safe, dignified and independent lives.

To guarantee the human rights of all residents, including older persons, national governments and city authorities must adopt and implement non-discriminatory, inclusive legislation, inter-sectoral policies and emergency preparedness and response plans. Participatory mechanisms that engage with organisations representing older persons must be established to ensure the full and effective participation of older persons in policy and other decision-making processes.

These measures should also take into account the diversity of people's experiences in older age. Our cities must be inclusive of all older people and their intersecting social identities such as ethnic origin, disability, sexual orientation or gender. This is necessary to ensure inclusive urban social, economic and physical environments that protect and promote human rights throughout every stage of people's lives, including in older age.

Building on the Sustainable Development Goals, the New Urban Agenda delivered through Habitat III provides an important opportunity for national governments and other stakeholders to renew their commitments to protecting and promoting the rights of older persons in urban contexts.

Arun Maira

Chair, HelpAge International



Executive summary

Today, more than half of the world's population live in cities, with this proportion set to rise to two-thirds by 2050. The global population is also ageing rapidly, with the numbers of people aged over 60 set to pass the 1 billion mark over the next decade. A significant and growing number of the world's urban residents are older people – more than 500 million. These two trends – urbanisation and population ageing – are occurring most rapidly in low- and middle-income countries.

Research shows that for older people, cities present physical, social and economic barriers that prevent them realising their right to live in dignity and safety, or enjoying their surroundings. Groundbreaking initiatives to make cities more appropriate for older persons, such as the World Health Organization's Age-friendly Cities and Communities model, have led to improvements in a number of cities.

Physical accessibility is absolutely essential, but thinking beyond this, what makes shared urban spaces and streets truly inclusive and liveable? What is the relationship between our health in older age and the physical, social and economic urban environment? What makes older people living in cities feel vulnerable to crime or disaster, and how does this affect their daily lives or the assistance they receive in times of crisis? These are some of the questions explored by this report.

The challenges facing urban populations have been rising up the international development agenda. Major global processes – Agenda 2030 and the Sustainable Development Goals, the World Humanitarian Summit and the New Urban Agenda (as part of the Habitat III process) – are united in calling for inclusive urbanisation. Priorities include enabling older people to participate in planning and decision making, to have access to safe and affordable public transport, and to enjoy pleasant, safe and accessible green and public spaces.

Building inclusive cities

Focusing on low- and middle-income countries, this report aims to stimulate discussion about some of the actions that governments and city authorities can take to build truly inclusive cities. It draws on the programme experience of the HelpAge International network across a range of settings, including in Kiev (Ukraine), Beirut (Lebanon), Bogotá (Colombia) and Bishkek (Kyrgyzstan). The research process involved a literature review, engagement with a range of experts and a series of focus group discussions with older women and men in Rio de Janeiro (Brazil), Mexico City (Mexico), Sukkur and Peshawar (Pakistan).

The rich detail captured in these focus groups helped to inform the three key themes explored in this report:

- **Reclaiming urban spaces for all people** and challenging urban development strategies that prioritise cars and other traffic, which make for hostile and unwelcoming urban spaces that limit physical activity and social interaction.
- **Healthy ageing in urban environments**, focusing on combating the rising incidence of non-communicable diseases (NCDs), the impacts of air pollution, and how community-based support can help the increasing numbers of people living with dementia.
- **Urban safety and security in older age** in a context of urban environments increasingly becoming sites of social, economic and political tensions.



Recommendations

The report concludes that a broad range of interrelated interventions can do much to improve urban environments for older people. HelpAge International calls on governments and city authorities to:

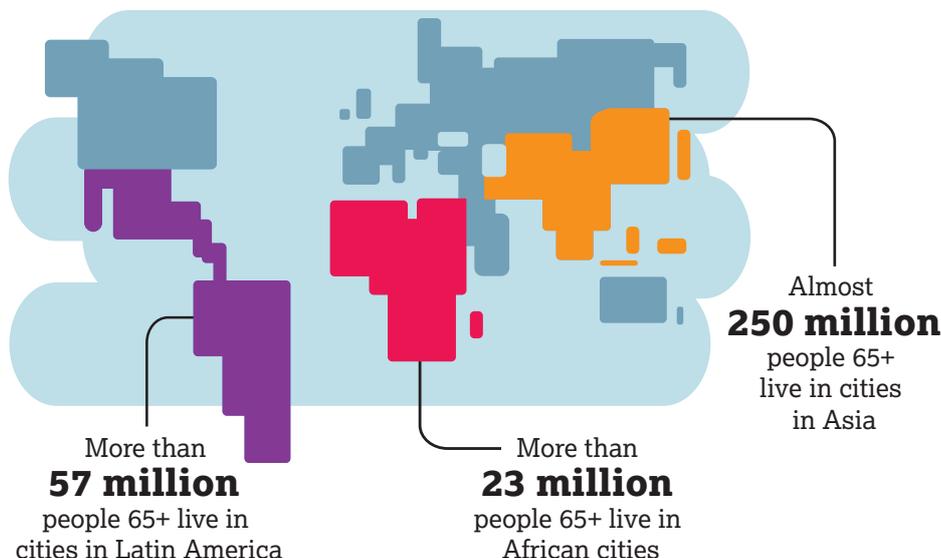
- **Create inclusive and enjoyable shared urban spaces that encourage social activity and provide easier access to services and opportunities for all** by reducing car use and traffic speeds, promoting walking and cycling, developing dense, mixed-use communities, and supporting those engaged in street-based livelihood activities. This also includes providing green and public spaces that encourage physical activity and social interaction, and increasing public transport provision that is adequate, accessible, safe and accountable.
- **Promote healthy ageing and tackle the key risk factors linked with urban living** by tackling the high rates of non-communicable diseases in cities through awareness raising and encouraging physical activity and healthy eating, reducing air pollution from all sources, and creating communities that support people with dementia.
- **Help older urban residents feel safe and secure living in a city** by involving older people in disaster preparedness planning, promoting better coordination between humanitarian actors and city authorities to ensure the specific needs of older people are met in times of emergency, and recognising the specific challenges facing displaced older people. Also, cities should consider crime, personal safety and security in planning and policy decisions, particularly in streets and shared spaces and on public transport.

Key data



People aged over 60 are the **fastest-growing cohort** of urban populations

More than half, 289m, live in low- and middle-income countries:



Source: All data from Urban and Rural Population by Age and Sex 1980-2015, <http://esa.un.org/unpd/popdev/urpas/urpas2014.aspx> (31 August 2016)

Introduction

Population ageing and urbanisation are major global trends that are shaping our world today and for decades to come. More than half of the global population (54 per cent) live in cities, with this figure set to rise to 66 per cent by 2050.¹ The world's population is also ageing rapidly. There are now more than 900 million people aged 60 or over, set to rise to 1.4 billion by 2030. This trend is occurring most rapidly in low- and middle-income countries, which will be home to 8 out of every 10 of the world's older people by 2050.²

More than 500 million people age 65 and over live in cities.³ Yet cities everywhere are failing to address the changes brought by global population ageing.⁴ People living in urban areas face rising inequality and insecurity,⁵ while cities are full of physical, social and economic barriers that prevent older people in particular from fully enjoying their rights and living in dignity and safety.⁶

Some cities have already adopted the World Health Organization (WHO)'s comprehensive and ground-breaking Age-friendly Cities and Communities model to start adapting services and structures so that they are accessible to and inclusive of older people. This is an important tool to help governments and authorities promote older people's health, participation and security, ultimately enhancing quality of life as people age.⁷ However, there is always much more that national and local governments and city authorities can do to promote and protect the rights of older persons so that all residents can enjoy the benefits of urban living.

What makes shared urban spaces and streets, beyond accessibility measures, truly inclusive and liveable, encouraging people to go outside and interact, with the community and each other? And how do existing physical, social and economic structures need to change to achieve this goal? What is the relationship between our health in older age (and the common conditions we associate with ageing) and the broader physical, economic and social urban environment? How is older people's vulnerability to crime and disaster exacerbated in older age when living in cities and what are the consequences on our lives? These are some of the questions this report explores.

Inclusive policy frameworks

The Sustainable Development Goals (SDGs), agreed in 2015, call for inclusive urbanisation that enables older persons to participate in planning and decision making, have access to safe and affordable public transport, and enjoy safe, inclusive and accessible green and public spaces.⁸ The 2016 World Humanitarian Summit heard calls for inclusive disaster preparedness and humanitarian response in challenging urban environments to ensure that older urban residents enjoy their full rights to humanitarian assistance.⁹

The New Urban Agenda, as part of Habitat III (convened in October 2016 in Quito, Ecuador), echoes these calls for measures to help ageing urban populations. Priorities include creating adequate and well-designed public spaces, reducing air pollution, increased investment in public transport, and greater participation of older people in planning and decision making.¹⁰

Together, these global forums provide opportunities for governments and other stakeholders, at national, regional and city levels, to make clear and firm commitments to create inclusive cities that protect and promote citizens' rights throughout the life course, including into older age. They provide a timely opportunity to change "business as usual", whereby older people in urban areas tend to be "overlooked and undercounted" (see opinion piece on next page).



Focus on spaces, health and security

This report highlights the realities of everyday life for older people in urban areas in low- and middle-income countries, focusing on three key themes:

- 1. Reclaiming urban spaces for all** discusses the need to challenge the dominance of cars and other traffic that make for hostile and unwelcoming urban spaces. It argues that urban streets and spaces need to be reclaimed, creating dense, walkable and mixed-use communities that support informal street-based livelihoods alongside greater investment in public transport.
- 2. Healthy ageing in urban environments** looks at key issues around older people's health in cities. It focuses on combating the rising incidence of non-communicable diseases (NCDs), the impacts of air pollution, and how community-based support can help the increasing numbers of people living with dementia.
- 3. Urban safety and security in older age** highlights the consequences for older people of urban environments as sites of social, economic and political tension. It also looks at how responses to humanitarian crises in urban areas overlook the situation of older women and men, and the particular challenges faced by older refugees and internally displaced people. It also looks at how older people are affected by crime and insecurity.

There are case studies to illustrate the key issues, as well as opinion pieces from experts on urbanisation and development. The report concludes with recommendations to help planners and decision makers build more inclusive cities that realise and protect the rights of people of all ages.

Scope and methodology

As well as reviewing the literature on ageing urban populations, this report is informed by the experiences of staff working on programmes across the HelpAge global network. Programmes range from advocacy for more accountable public transport for older people in Kiev (Ukraine), to treatment of NCDs in Bishkek (Kyrgyzstan), and support for older people affected by dementia in Bogota (Colombia).

Focus group discussions held in 2016 with older people in Rio de Janeiro (Brazil), Mexico City (Mexico), and Peshawar and Sukkur (Pakistan) provide a snapshot, with rich detail of how trends in urbanisation and ageing are denying older people their rights and affecting their quality of life on a day-to-day basis. Each focus group comprised 9-13 participants, mainly from low- and middle-income backgrounds.

OPINION

Urban poverty in older age: overlooked and undercounted

Development approaches often fail to adequately recognise the challenges facing low-income urban residents, including in older age. Financial measurements of deprivation routinely underestimate both the number of people living in poverty in cities and the extent of their deprivation. Alternative measurements of poverty often conflate the proximity of services and infrastructure with accessibility, affordability and adequacy.

Ensuring that no one is left behind requires more than listing older people as another vulnerable group; it requires the meaningful involvement of older people in data collection, decision making, design and implementation. Data collection must include people of all ages and move beyond solely income-based indicators of wellbeing to reflect the realities of living in a city. Prioritising investment in urban services and infrastructure is vital but it must take into account the views and experiences of older people.

David Dodman *Director of Human Settlements Group, International Institute for Environment and Development (IIED)*

Reclaiming urban spaces for all

Key messages

- Cities must move away from car-oriented development models that create hostile, unwelcoming and polluted urban spaces. They should adopt people-centred planning and policies that create inviting, safe and healthy spaces that encourage social activity, walking and cycling, and are inclusive of all urban residents.
- Communities should be walkable, dense and mixed use, encouraging social and economic activity at street level. People need access to a variety of goods and services close to their homes, while authorities should support opportunities for street-based livelihoods, which many older people (particularly women) rely on.
- Planners and decision makers can combat urban isolation in older age by designing inclusive urban spaces to encourage and support participation in city life and the creation of stronger communities.
- Investment in adequate, accessible, affordable, safe and accountable public transport – particularly for older people and for women – is vital, not just for getting around safely but to create pleasant, people-centred urban spaces.

This section considers some of the main challenges facing older men and women in cities in their everyday lives – travelling, working, shopping, socialising, looking after their families, and enjoying leisure time. It focuses on the poor quality of public spaces in many low- and middle-income countries, as well as problems with accessibility, affordability and accountability of public transport services.



“Streets are busy and we have to step into traffic when there is no space. Broken and uneven pavements mean we risk falling and injuring ourselves. There are no toilets for us to use and few places to sit down and have a rest – benches without backrests mean we have to sit back to back!”

Older woman, Mexico City, Mexico

Unwelcoming, unsafe and polluted

Many city mayors and governments in low- and middle-income countries are pursuing the same car-oriented development strategies previously adopted by high-income countries that are now proving so problematic.¹¹ In many low- and middle-income countries today, private car ownership is rising steeply¹² and road infrastructure prioritises vehicles and economic activity at the expense of safety and liveability, particularly for the most vulnerable street users.¹³ Strategies based on building more roads and highways to cope with traffic demand have largely failed.¹⁴

Streets and cities full of cars and other vehicles are unhealthy, unwelcoming and unsafe. Older women in Mexico City and Rio de Janeiro described how fast, oncoming traffic made them feel intimidated and anxious. Yet only 13 per cent of the world’s population live in countries where a national speed limit applies and where local authorities have the power to reduce this limit to ensure safe speeds on local roads.¹⁵ Air pollution, discussed in more detail later in this report, disproportionately affects older people.¹⁶ It causes more than 7 million deaths a year¹⁷ and affects people’s quality of life. For example, older women in Sukkur, Pakistan, told us they did not enjoy going outside because of heavy traffic and pollution.

Inadequate and unsafe pedestrian infrastructure

Many urban communities are fragmented, separated by busy and impassable roads and highways.¹⁸ Pedestrian infrastructure (pavements, public spaces and bridges) are often insufficient, poorly maintained, dirty or obstructed, such that crossing busy roads can be difficult and dangerous.^{19, 20} Older women we spoke to in Mexico City and Rio de Janeiro reported that broken and narrow pavements made it difficult for them to walk to the pharmacy, buy food or catch public transport. Nearly 300,000 pedestrians and cyclists are killed each year in low- and middle-income countries.²¹ Older people are more likely to sustain serious or fatal injury in a road accident.²² In Dhaka, pedestrians (of all ages) accounted for 86 per cent of all road fatalities in 2011.²³

These factors collectively discourage street-based social life and activity.²⁴ If older people do not feel confident that they can use city streets and public spaces safely, their ability to live independently and participate in city life will be limited.²⁵

Safe, welcoming and pleasant urban spaces

Governments, planners and other stakeholders can make a huge difference to the quality of life of older urban residents by designing cities for people, not private traffic, and making cities more inviting. Celebrated architect and urbanist Jan Gehl is a strong advocate of designing urban spaces for people (including pedestrians and cyclists) rather than vehicles. He argues that good urban design means life can be experienced at walking pace, not at the speed of a car or bus.²⁶ He points out that seeing older people using pavements and public spaces is a strong proxy indicator that a city has been successfully designed at the human scale.²⁷

Physical accessibility for all citizens, of all ages, is a vital component of inclusive cities and efforts are underway in many countries to improve accessibility. However, planners must go beyond simply providing sufficient space for people to move around the city. Interventions to reduce traffic, improve air quality, prioritise walking, cycling and public transport have shown that it is possible to create inviting cities where people enjoy spending time. This breathes life and social activity into streets, supports meaningful and valuable social contact, and provides opportunities for all residents to participate fully in city life.^{28, 29}

Designing inclusive cities requires planners and authorities to shift away from car-oriented development models towards people-centred urban planning alongside greater investment in public transport. The Group of 77 low- and middle-income countries, along with China, called for action on this in the lead-up to Habitat III.³⁰



Sustainable Development Goal 11

calls for universal access to safe, inclusive and accessible green and public spaces, in particular for women and children, older persons and persons with disabilities, by 2030.

“We remember being able to move freely, go anywhere in the city we wanted to and walk all day when we were young. Our motivation and energy still exists, if only we were provided with streets and pavements that are accessible and easy to walk along.”

Older man, Peshawar, Pakistan

Walkable, dense and mixed-use communities

Focusing on walkability, density and mixed use in existing and newly emerging communities supports healthy ageing and enables older people to participate fully in city life. In many urban areas, communities are continually growing and developing organically, with vibrant street-based activity and social ties. Urban planners need to support rather than undermine this organic form of community development.

Walking and cycling

In many parts of the world, walking is the only form of transport available to older people.³¹ But there are many barriers that prevent older men and women enjoying walking around in cities. For example, older people with hearing loss may not be able to identify approaching traffic which can make them feel anxious; street crossings may not provide enough time to cross safely; and uneven and poorly maintained pavements may increase the risk of falls.³²

Older women we spoke to in Mexico City said that access to services and basic infrastructure – such as benches or public toilets – can make the difference between going for a pleasant walk or deciding to stay at home. Research from Dhaka shows that older women tend not to use pedestrian bridges over busy highways, particularly when feeling tired or unwell, carrying goods, or wearing a sari.³³

There are numerous ways to make roads and pavements safer and more inviting for urban residents, including older people. The Complete Streets movement, for example, advocates allocating separate road space for walking, cycling and improved public transport, highlighting the benefits for people of all ages in terms of inclusion, safety and health.³⁴

There is evidence that planners are beginning to adopt new approaches that favour people over cars. In Delhi, India, in contrast to previous policies that prioritised road expansion, the state government recently announced its intention to prioritise pedestrians, cyclists and public transport users (in that order) over private vehicle users, who only account for 1 per cent of road users.³⁵

Dense, compact and mixed-use communities

Higher urban density helps create lively and walkable communities. It also supports the development of mixed-use communities because a broader range of services and opportunities for people of all ages become feasible and sustainable.³⁶ This is particularly useful for older people who, as already noted, often have little choice other than to walk when they want to get somewhere. Older women and men may also have complex health and care needs, which would be more manageable if the services they need are readily available in their neighbourhood.

Density (as opposed to endless urban sprawl) also makes public transport more sustainable, less expensive and more effective.³⁷ In Mumbai (India), research shows that dense, mixed-use neighbourhoods concentrated around a relatively extensive railway system have led to 51 per cent of all journeys being made on foot and 78 per cent of vehicular journeys made on public transport.³⁸

Achieving more compact and dense communities requires planners, authorities and governments to invest in infrastructure, adopt age- and gender-sensitive design, respect the existing fabric of communities and develop a mix of private and public spaces.³⁹ Density does not always mean high rise though; it means designing inviting public streets and spaces, and having a critical mass of people who want to use them.⁴⁰

CASE STUDY

Beirut, Lebanon: Neighbourhood characteristics and older age

Our recent research findings suggest a strong correlation between the safety, attractiveness, friendliness and efficiency of neighbourhood features and older individuals' social engagement and participation in physical and social activities. Beirut is generally a pedestrian-unfriendly city, which restricts the mobility of older people as well as other groups with specific needs (including people with disabilities and parents with young children). Limited access to public spaces means older people have fewer social ties within communities.

Lebanon has also seen a significant increase in its refugee population in recent years, with an ever-increasing number of older refugees moving to cities such as Beirut. Many have minor or more severe disabilities and may also be marginalised socially and have reduced relationships and interactions with people in host communities.

Campaigners in Beirut are now calling on the municipal government, elected officials and civil society organisations to address accessibility and participation in the urban environment to ensure that everyone, including refugees of all ages, can take part in city life.

Mehran Madani *Assistant Professor of Landscape Architecture, American University of Beirut*



Street-based livelihoods in older age

Many people living in urban areas rely on informal, street-based activities for their livelihoods, such as selling food or small goods at the roadside or moving goods and people around. This is particularly the case for people in low- and middle-income countries and for people in older age.^{41, 42}

Women tend to be more disadvantaged and marginalised when it comes to formal job opportunities and informal income-generating activities because of their limited access throughout the life-course to education, land and other productive assets, and financial services.⁴³ Older men and women often face age discrimination from employers, forcing them into low-skilled and low-paid work. For example, one study showed that more than half of older women and two-thirds of older men living in informal settlements in Nairobi were engaged in such work.⁴⁴ Pollution and fast-moving vehicles often mean that older people engaged in street-based activities risk injury or death simply in order to earn an income.⁴⁵



“We try to earn some money through activities like labour work, pushing carts, selling fruit and vegetables.”

Older man, Sukkur, Pakistan

OPINION

Informal street-based livelihoods

Most workers in low- and middle-income countries earn their livelihood in the informal sector in later life – through street-vending, selling vegetables and cooked food, waiting for small-scale construction work, or working as rickshaw pullers. The informal sector is an especially important livelihood source for older women, many of whom are widows or supporting aged spouses and impoverished relatives.⁴⁶ In urban areas, public spaces provide essential access to customers.⁴⁷ It is common for older people earning low and irregular incomes to work 60-80 hours per week, often doing physically challenging work in dangerous conditions – such as trying to sell goods on roads with narrow or no pavements and fast-moving traffic.⁴⁸ Very few informal workers are covered by a pension scheme.

Local authorities and planners often ignore the work that older people do and the livelihoods that provide their income. They frequently introduce urban renewal policies that are detrimental to older people’s income. Policy and planning decisions should avoid displacing informal, street-based livelihood opportunities and instead improve the safety and economic viability of those activities. These measures should go alongside social protection measures such as providing a meaningful pension. This would enable older women and men to tailor their work to their wishes, needs and capacities – enabling them to choose whether they work, what kind of work they do, and how many hours they work.

Penny Vera-Sanso *Senior Lecturer, Development Studies and Social Anthropology, Birkbeck, University of London*

Shared urban spaces that combat social isolation

As well as promoting physical activity, which is good for health,⁴⁹ lively public and green spaces provide opportunities for social interaction, which can strengthen community cohesion and help combat the isolation older people often feel.⁵⁰ A survey of 10,000 older people in India, for example, found that those living in cities were more likely to feel lonely and socially isolated, particularly those aged over 80.⁵¹ Older people may feel isolated due to a lack of confidence to go outdoors, even in their immediate neighbourhood.⁵² Research in informal communities in Nairobi found that 36 per cent of older women (who often take on responsibility for caring for children or other family members) and 60 per cent of older men lived alone – 2.5 times higher than the national average – indicating that older urban residents on low incomes may be at greater risk of social isolation.⁵³

Peaceful and safe urban spaces also provide opportunities for calm reflection, which can promote better mental health. Such spaces are also important for the increasing numbers of urban residents living with dementia, which is discussed in more detail later.

“Being at home all the time gives us too much time to think and can make us feel depressed and lonely. Going out to visit a park or shopping at a market helps stop this, especially if we can meet other people there.”

Older man, Peshawar, Pakistan



Sustainable Development Goal 11

calls for access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.

Public transport as a key component of a liveable city

Investing in better public transport makes sustainable and safe transport available to all urban residents, regardless of their age or income. Public transport is particularly valuable for older people as it can help them maintain social connections and access healthcare and other vital services.⁵⁴ Older people we spoke to in Mexico City, Peshawar and Rio de Janeiro reported relying heavily on public transport to get around. Without it, they would find it difficult to attend family events such as funerals and weddings, and access health services.

However, simply providing public transport is not sufficient to meet older people's needs; accessibility of vehicles and affordability of journeys are important factors. Research shows that urban residents on low incomes make significantly fewer journeys than those on higher incomes. This limits people's ability to access livelihood and employment opportunities, visit friends and family, and attend health and other services.⁵⁵ Women in particular rely on public transport to make more complex journeys to fulfil their multiple roles such as looking after their family and earning an income.⁵⁶ Many cities recognise how important public transport is by providing subsidised or free travel for older people.⁵⁷

Many older people, particularly in low- and middle-income countries, also rely on informal forms of transport, such as rickshaws and small buses. These often provide easier physical access and a more localised service; door-to-door options are particularly useful when walking to public transport stops may not be an option.⁵⁸

Accessibility, affordability and accountability

The older people we spoke to often found it difficult to access public transport: high steps made it difficult to get on a bus or train, there was little time to sit down before the vehicle started moving again, and journeys were often bumpy and uncomfortable. Older women in Mexico City spoke of getting back pain from uncomfortable seats, while older people in Peshawar said journeys were expensive. Some older men and women said they could not afford to use public transport.

OPINION

The benefits of focusing development around public transport

Ensuring that cities are inclusive and offer the best standard of living for all citizens is a great challenge of modern times, for governments and society as a whole. Cities and neighbourhoods that are most successful in embodying the concepts of equity and access to opportunities and services are those that have embraced the concept of “transit-oriented development” – compact, higher density, mixed-use, walkable development that is centred within a half mile of a transit station – instead of individual vehicle-based models. We must ask then, if more than half of trips around the world are non-motorised,⁵⁹ why is so much public funding and financing destined to infrastructure for cars?

A focus on developing housing around public transport provision fosters dense and compact neighbourhoods. Safe and complete streets and sidewalks enable cycling and promote active and vibrant pedestrian realms with mixed land uses shared with diverse businesses and services. All this ensures that citizens, regardless of their age, have more equal access to the advantages of living in cities. It gives people greater independence and a better quality of life, particularly older people, who are often marginalised by automobile-centred environments.

Ramón J Cruz *International Policy Program Manager, Institute for Transportation and Development Policy*

In other cases, older people who are entitled to discounted or free public travel said they were ignored by transport operators who tended not to stop to pick up older people, as they saw little financial incentive for doing so or were under pressure to stick to a timetable (see case study below).^{60,61}

Older people should not have to accept a lesser-quality service from transport operators. As the following case study from Ukraine shows, older women and men in urban areas can take part in initiatives to improve accountability of service providers and claim their rights and entitlements to safe, accessible transport.

CASE STUDY

Kiev, Ukraine: Making public transport providers more accountable

In the Ukrainian capital, Kiev, transport services – including the metro, trolleybuses, trams and buses – are provided by the municipal government and private sector operators. Municipal transport services are nominally free for older people. However, the civil society organisation Turbota pro Litnih v Ukraini (TLU) has found that in practice, some private operators are failing to pick up older people at waiting points. Moreover, they are providing poor-quality, inappropriate and discriminatory services.

TLU has implemented various initiatives to encourage older people to take an active role in improving public transport services in nine Ukrainian cities. These include a red card system, through which users can report poor and discriminatory services to bus operators. The organisation has also trained older volunteers to hold advocacy meetings with council officers responsible for transport services in Kiev.

A number of improvements have been secured, including free off-peak travel on all services for older people, longer green lights to allow people more time to cross roads, the extension of a bus route to a poorly served district, and bus stops in different places so that older people can more easily reach local health centres.

Galina Poliakova *Turbota pro Litnih v Ukraini*

“Buses are very difficult to use. The steps are very high, there is often nowhere to sit or to store the trolley we use to carry our shopping. The bus seats are hard and uncomfortable and cause back pain and discomfort during bumpy journeys. Bus drivers often don’t stop to collect us as they know we do not have to pay.”

Older woman, Rio de Janeiro, Brazil



Healthy ageing in urban environments

Key messages

- Governments and planners need to encourage physical activity and promote healthy eating to address high rates of non-communicable diseases (NCDs) in urban populations.
- More than 7 million people die each year due to air pollution. Reducing emissions and vehicular traffic in cities will improve the health of all urban residents, particularly older people who are disproportionately affected.
- The increasing numbers of people living with dementia require careful consideration during planning. Greater investment in raising public awareness is vital for creating inclusive communities.

As well as the widely recognised social and economic determinants of health, other factors have a significant impact, including the natural and built environment, climate, housing quality, and transport infrastructure.⁶² Health risks associated with urban life include poor and crowded living conditions, poor food and unsafe water, and inadequate sanitation and solid waste disposal.⁶³ WHO has warned that while there is increased availability of healthcare services in cities, this does not ensure affordability or utilisation – both of which are exacerbated by inequality, exclusion and marginalisation.⁶⁴ Consequently, urban areas are increasingly characterised by health inequalities.⁶⁵

This section focuses on three aspects of healthy ageing in urban environments: improving treatment of NCDs; the health consequences of air pollution; and how best to support the rising numbers of people living with dementia. HelpAge's work in Bishkek, to improve treatment of people with NCDs (see case study box on the next page) highlights just how important this issue is. Older people we spoke to in Peshawar and Sukkur (Pakistan) felt strongly that air pollution harmed their quality of life. Our work in Bolivia shows how community support for urban residents living with dementia can be strengthened (see case study box on page 19).

Non-communicable diseases

NCDs – including cancer, cardiovascular disease, chronic respiratory diseases and diabetes – are now the most common cause of death and disability, accounting for two out of every three deaths worldwide.⁶⁶ The Secretary-General of the United Nations has highlighted unplanned urbanisation and ageing populations as leading to a rise in the risk factors of NCDs, particularly in low- and middle-income countries.⁶⁷ Today, two out of every three people with diabetes live in an urban environment. Of the 34 million deaths worldwide each year attributed to an NCD,⁶⁸ three out of four are people aged over 60,⁶⁹ while three out of four deaths occur in a low- or middle-income country.⁷⁰

NCDs are exacerbated by unhealthy urban lifestyles, in high-income as well as low- and middle-income countries. People now spend less time doing physical activity (partly due to over-reliance on motorised transport), do less physically intensive work,⁷¹ and have limited access to green public spaces. Yet these risk factors for NCDs can all be mitigated by policy and planning interventions.⁷² Unhealthy diets and increased alcohol and tobacco use have also been highlighted by UN Habitat and WHO as key factors driving NCDs and broader health inequity in urban environments.⁷³

The term “obesogenic environment” refers to the role of environmental factors in determining nutrition and physical activity.⁷⁴ Overnutrition and undernutrition alike are key drivers of NCDs in low- and middle-income countries.⁷⁵ Urban living can reduce people's ability to make healthy choices as foods high in fat, sugar and salt are often cheaper and more readily available than more nutritious foods.^{76, 77} Easy and affordable access to adequate, nutritious and safe food is consequently a precondition for reducing NCD rates in cities.



“The day centre is an oasis for us. We feel safe and it gives us an opportunity to socialise and participate in some physical activity. Many of our chronic health conditions have improved since coming here.”

Older man, Rio de Janeiro, Brazil



These issues can affect women and men disproportionately and in different ways. For example, women are more likely to be obese than men and, in some settings, cultural constraints prevent women doing more physical activity. On the other hand, men are more likely to be affected by increased alcohol and tobacco use – although rates of smoking among women are increasing.⁷⁸

Older people are often invisible in debates and initiatives around NCDs.⁷⁹ Governments and planners need to do more to involve people of all ages and backgrounds in strategies to prevent, detect, diagnose and manage NCDs across the life course (see case study box on HelpAge’s support for self-help groups in Kyrgyzstan). During times of crisis, chronic NCDs can become life-threatening. Ensuring access to health services during emergencies and continuity of treatment should therefore be key considerations in resilience and emergency response planning, at local and national levels.⁸⁰

CASE STUDY

Bishkek, Kyrgyzstan: Advocacy around non-communicable diseases

Non-communicable diseases (NCDs) such as diabetes and heart disease disproportionately affect people in low- and middle-income countries. These diseases are associated with ageing and rapid, unplanned urbanisation.⁸¹

Across Kyrgyz cities, including Bishkek, Tokmak and Kant, HelpAge is supporting 89 self-help groups in which older people are learning how to adopt healthier behaviours and lifestyles and manage type 2 diabetes. They work with local medical staff to carry out community screening for diabetes.

The groups also take part in awareness-raising campaigns, including World Health Day, World Diabetes Day and the International Day of Older Persons. As a result of the groups’ activities as part of the global Age Demands Action on Health campaign, the mayor established the Bishkek Gerontological Centre to provide tailored services for older people. In addition, the Kyrgyz government adopted a national prevention and control programme, calling for concerted and coordinated action on NCDs.

Source: HelpAge International, Kyrgyzstan

Exposure to air pollution

Heart disease, stroke, acute respiratory infections and lung cancer are the primary causes of more than 7 million deaths globally each year attributed to air pollution.⁸² Accounting for more than 1 in 10 (12.5 per cent) of all global deaths,⁸³ the impact is particularly significant in large urban centres in low- and middle-income countries.⁸⁴

Older people are disproportionately affected⁸⁵ by exposure to air pollution. A natural decline in lung function and capacity associated with ageing means that older women and men are more likely to suffer from exposure to air pollution, particularly fine particulate matter.⁸⁶ Analysis of hospital data from Latin America, Asia, North America and Europe shows increases in mortality and hospital admissions due to cardiovascular and respiratory conditions during spikes in air pollution levels, particularly for people aged over 75.⁸⁷ Preliminary research also suggests that long-term exposure to air pollution may damage brain structures and impair cognitive functioning in older age.⁸⁸

There is much that governments and planners can do to improve the health of older urban residents, particularly given that many of the factors affecting public health are interrelated. As research shows, new and expanded roads simply create more traffic and congestion, and more pollution, with unacceptable consequences for urban residents' health.⁸⁹ There are healthier and more sustainable policy options, including investing in safe, accessible and affordable public transport and promoting walking and cycling. Encouraging people to cycle or walk can help prevent diabetes, heart disease and some cancers, and can even help tackle depression.⁹⁰

“Pollution hurts our eyes and causes headaches. When levels are high, we have to stop doing our exercises. Many older people suffer from diabetes because we have poor diets and don’t exercise enough, although the city gives us access to better doctors that can help.”

Older woman, Mexico City, Mexico



Spatial dimensions of dementia

Globally, there are 46 million people living with dementia – a figure that is predicted to double every 20 years. A new case is diagnosed every three seconds.⁹¹ More than half (58 per cent) of people living with dementia live in low- and middle-income countries.⁹² Common symptoms include forgetfulness and memory loss, losing track of time, disorientation, and becoming lost in familiar places.⁹³ These spatial dimensions of dementia mean that the design of urban environments is crucial in determining how people experience the illness.⁹⁴ For example, difficulty using transport unaccompanied can mean that people living with dementia are limited to the facilities and services available in their immediate locality.⁹⁵

There is much that service providers and planners can do to mitigate the impacts of dementia among older urban residents.

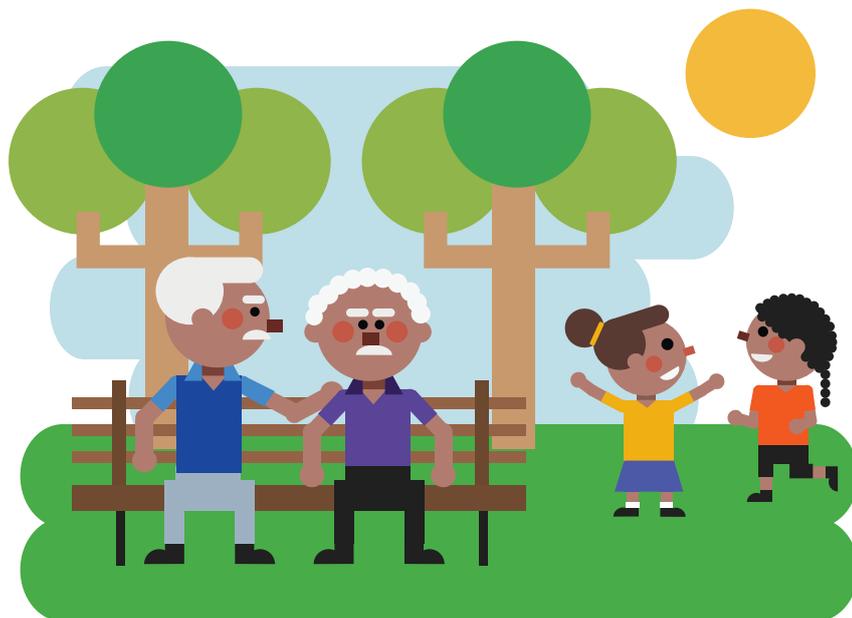
Neighbourhood design to help people with dementia

Research shows that communities with diverse characteristics and recognisable landmarks help people living with dementia recognise their environment more easily.⁹⁶ Similarly, street layouts that avoid repetitive grids in favour of legible and recognisable streets, with good visibility, can support wayfinding.⁹⁷

Mixed-use communities (combining residential areas with business, retail, municipal and other types of premises), with easily identifiable points of service provision within walking distance of housing, can also help. Providing sufficient welcoming and safe green and public spaces can provide sanctuary for people of all ages when the activity of street life becomes overwhelming.⁹⁸ They offer space for calm reflection and relaxation, as well as opportunities to socialise.

Cohesive communities and community-based support

Community-based work to support people with dementia in urban Bolivia and Colombia shows that making cities and communities socially inclusive is another part of the solution (see case study box). Initiatives in Japan show the value of dementia awareness training at the community level.⁹⁹ Working with service providers (private and public) as well as family, neighbours and other community members to improve their knowledge and awareness of the challenges of living with dementia in urban areas can help ensure greater inclusion and more effective care.¹⁰⁰



CASE STUDY

Urban Bolivia and Colombia: Better care for older people living with dementia

More than 40,000 people in Bolivia are estimated to be living with dementia.¹⁰¹ The vast majority of cases are undiagnosed. As in many countries, mental health care – particularly for different forms of dementia – remains a low priority.

A recent project by HelpAge International found that public awareness, recognition or understanding of dementia was low. A lack of economic resources meant some older people with dementia had been abandoned or excluded by their families. Volunteer groups organised information services at fairs and markets in Cochabamba and Santa Cruz de la Sierra. The project advocated for better training of health staff and increased screening and diagnosis. It emphasised the need for communities and families to work together with service providers to raise awareness of dementia and improve services.

In the Colombian capital, Bogotá, the project provided clear and easily understandable guidance to families and carers of people with dementia and signposted them to other resources and sources of support available in the community.

Source: HelpAge International, Fundación Horizontes (Bolivia), Fundación Acción Familiar Alzheimer Colombia

Urban safety and security in older age

Key messages

- Urban areas are increasingly at risk of humanitarian crisis. Older people are disproportionately affected by humanitarian disasters and have more complex nutrition and health needs which can make them more vulnerable. Humanitarian response efforts need to identify and address the specific needs of older urban residents.
- There needs to be stronger cooperation between humanitarian actors and local authorities, recognising and building on the existing capabilities of individuals, households and communities, to ensure that every person who needs humanitarian assistance receives it.
- There should be greater recognition of the challenges facing older urban residents displaced from their homes. These include lack of access to services, high costs of food and accommodation, and disrupted social ties.
- Urban planners and policy makers should address crime (and the fear of crime) in the streets and on public transport, recognising that this is a significant concern for older women and men. Feeling unsafe discourages older people from participating in city life and can prevent them from maintaining social ties with friends and family.

The complexity and diversity of urban environments means that cities are increasingly becoming sites of social, economic and political tensions and conflict.¹⁰² This section considers how older people in cities are affected by the increasing number of humanitarian crises,¹⁰³ and what can be done to help older women and men displaced into urban areas due to conflict and humanitarian crisis in their home areas. It also considers the impact on older people of high rates of urban crime and violence in low- and middle-income countries.¹⁰⁴

Older urban residents and disaster response

UN Habitat reports that humanitarian crises are increasingly affecting cities and urban environments.¹⁰⁵ Conflict is increasingly becoming urbanised, with cities acting as key strategic sites in confrontations between opposing regimes, ideologies and militias.¹⁰⁶ In addition, the United Nations Office for Disaster Risk Reduction (UNISDR) warns that urban growth is taking place in locations prone to earthquakes, droughts and floods – risks that will continue to increase as climate change gathers pace.¹⁰⁷ Many cities in Africa, Asia and Latin America are most at risk from small-scale as well as large-scale disasters.¹⁰⁸

Older people at greater risk

Older women and men are at greater risk of exposure to disasters in urban areas. Spatial factors such as the physical/built environment can increase the risks facing older people.¹⁰⁹ Numerous factors, many of which could be mitigated by proactive planning and policy, exacerbate older people's vulnerabilities during times of crisis. These include informal and unplanned urban growth,¹¹⁰ insecure customary and informal land rights,¹¹¹ poor-quality housing,¹¹² badly designed infrastructure,¹¹³ poor transport infrastructure¹¹⁴ and ineffective local governance.¹¹⁵

Figures from recent disasters confirm that older people are disproportionately affected by humanitarian crisis.¹¹⁶ For example, 38 per cent of deaths caused by Typhoon Haiyan in the Philippines in 2013 were people aged over 60, despite only 7 per cent of the local population being in this age group. Similarly, 56 per cent of those who died as a result of the Japanese earthquake and tsunami in 2011 were aged 65 and over, despite only 23 per cent of the population being in this age group.

Sustainable Development Goal 11 calls for the adoption and implementation of inclusive climate change adaptation, resilience and disaster risk management plans.



“We remember the big earthquake in 1985. The streets were shaking and power lines sparked. But we still don’t feel prepared if another earthquake happens. For some of us, it is difficult to get downstairs when there is an earthquake alert, so we stay where we are. If you can get out, you get out. If not, you stay there and die because nobody is going to come and help.”

Older woman, Mexico City, Mexico

In the United States, 75 per cent of those killed by Hurricane Katrina in New Orleans in 2005 were aged 60 or over, despite only 16 per cent of the local population being in this age group.

Older people in urban areas are particularly vulnerable during times of crisis if they live alone, become separated from their families, or have physical disabilities. They may be cut off and excluded from service provision, suffer physical and psychological distress, and be less able to have any complex health and nutrition needs met.¹¹⁷

Humanitarian response that meets older people’s needs

Reviews of humanitarian responses to disasters – including the Haiti earthquake in 2010 and Typhoon Haiyan in 2013 – show that humanitarian actors do not yet have the capacity, skills and experience to deal with crises in complex urban settings.¹¹⁸

Urban contexts require more complex and coordinated disaster response, as recognised at the recent World Humanitarian Summit.¹¹⁹ Disaster risk management needs to be more age- and gender-responsive, as well as being mainstreamed into regular urban planning and local governance initiatives.¹²⁰ Urban responses may also require less direct service delivery and more engagement with existing services – for example, supporting local government (where willing and able) and the private sector to ensure a quality response, and putting greater emphasis on building both the existing social capital of individuals, households and communities as well as the skills and capacities of humanitarian actors.¹²¹

Sustainable Development Goal 11 calls for access for all to adequate, safe and affordable housing.

Urban displacement in older age

Around the world, the majority of displaced people now live in cities as opposed to refugee camps.¹²² The United Nations High Commissioner for Refugees (UNHCR) reports that more than 60 per cent of the world's 19.5 million refugees and more than 80 per cent of the 34 million internally displaced persons live in urban areas.¹²³

People sometimes make the false assumption that urban refugees do not require the same assistance as those living in camps as they can find jobs, access services and fend for themselves.¹²⁴ This overlooks the unique challenges facing refugees and internally displaced persons living in cities,¹²⁵ which are often exacerbated by having no legal status or residency rights.¹²⁶ HelpAge research on the crisis in Syria found that some families chose to live in urban areas due to better employment opportunities and access to services, but they faced a greater financial burden in doing so because basic goods and accommodation were more expensive.¹²⁷

Many urban refugees still face difficulties in accessing vital services,¹²⁸ a lack of livelihood opportunities, and disrupted social ties and support, leading to isolation.¹²⁹ They may also experience poverty and harassment,¹³⁰ often living in overcrowded, informal settlements on insecure land.¹³¹ Despite their large numbers, the dispersal of urban refugees in densely populated urban areas can make them invisible to humanitarian actors and thus difficult to reach.^{132, 133}

HelpAge research on Syria found that older refugees – particularly those who are injured or disabled and have chronic health conditions – are particularly vulnerable. Displacement is also likely to take a bigger toll on the health and mental wellbeing of older refugees – the Syria research found that 77 per cent of older refugees were affected by an impairment, injury or chronic disease, while 65 per cent reported experiencing psychological distress.¹³⁴ UNHCR research confirms that reduced physical mobility, weakened vision and chronic illnesses make older people particularly vulnerable during times of displacement.¹³⁵

Disrupted social connections

Older people who become displaced from their homes can become socially isolated and physically separated from their families.¹³⁶ Refugees and internally displaced persons do not have the same social connections that many other low-income urban families rely on.¹³⁷ HelpAge research on Syria found that refugees in urban areas felt they had less support from the local community than refugees in rural areas, were more socially isolated, and had a smaller support network.¹³⁸ Urban refugees and internally displaced persons can also feel unwelcome and marginalised in an unfamiliar city, which can make them less confident to travel to parts of the city beyond their immediate neighbourhood.¹³⁹



Percentage of people aged over 50 who do not feel safe walking alone at night where they live:

Venezuela 88%

Moldova 51%

Morocco 29%

Source: Global AgeWatch Index 2015

“Many of us have been victims of crime, in the streets and on public transport. We feel more vulnerable because we are women and older. It makes us very hesitant to go out at night. We often carry some spare money separately so that we can hand something over to thieves.”

Older woman, Mexico City, Mexico



Crime and personal security

Urbanisation has led to increasing levels of crime and violence, particularly in low- and middle-income countries.^{140, 141} UN Habitat reports that fear of crime and violence is the most significant day-to-day concern of urban residents;¹⁴² data shows that 60 per cent of urban residents have fallen victim to a crime in the past five years.¹⁴³ Women are more likely to be victims of crime than men.¹⁴⁴ Similarly, older people we spoke to in Mexico City, Peshawar and Rio de Janeiro were particularly concerned about the risk of theft and physical attack, in the streets and on public transport, particularly at night. Data collated for the HelpAge Global AgeWatch Index shows that in the majority of low- and middle-income countries, most people aged over 50 reported not feeling safe walking home alone at night.¹⁴⁵

Fear of crime

The older people we spoke to in Mexico City and Rio de Janeiro said they felt most vulnerable walking down quieter back streets and using public transport. They said their anxiety was exacerbated at night when walking along poorly lit streets, when in unfamiliar surroundings, and when walking on broken or uneven pavements and surfaces, which slowed them down and meant they could not concentrate on what was happening around them.

World Bank research highlights the important relationship between the built environment and urban crime and violence. It suggests that poor street and building design provides opportunities for crime, while insufficient services and infrastructure exacerbate inequality and exclusion, leading to an increase in crime.¹⁴⁶ Residents of informal settlements with limited sanitation infrastructure typically have to use outdoor facilities, which are poorly lit, putting women in particular at risk of violence.¹⁴⁷

In addition to the economic and psychological impacts of crime, WHO warns that fear of crime discourages physical activity and can lead to sedentary lifestyles, with associated health consequences.¹⁴⁸ Older people we spoke to in Rio de Janeiro and Mexico City suggested that fear of crime (along with not being able to afford public transport) meant they stayed at home, opting to keep in touch with family and friends via phone calls rather than travelling to see them in person.

The needs of older women and men must be recognised and addressed in initiatives to reduce and prevent urban crime and violence. This should include acknowledging the consequences of fear of crime in older age, so that personal security becomes a cross-cutting issue that is addressed by decision makers involved in planning, service provision and public transport.

Conclusions and recommendations

As urban populations grow and change, cities must change with them. This report has highlighted how it can no longer be acceptable for car-oriented development to create hostile and unwelcoming public spaces that inhibit social interaction, separate communities and contribute to ill health. Intolerable levels of air pollution, low physical activity and poor nutrition are leading to an epidemic of NCDs. Increasing numbers of older urban residents with dementia are ill-served by communities that are intimidating, confusing and poorly equipped to offer support. Low disaster resilience and being overlooked by responses to humanitarian emergencies mean older people are denied their right to humanitarian assistance. Fear of crime means older people feel vulnerable and see less of their friends and families.

The compelling need for action to create inclusive cities has been recognised in commitments and recommendations set out in the Sustainable Development Goals, World Humanitarian Summit and the New Urban Agenda from Habitat III. Concerted action on the part of governments, city authorities and other stakeholders is necessary to protect and promote people's rights throughout their lives.

The priority areas for action are clear. Urban space must be reclaimed for all residents. People need streets and public spaces that are safe and inclusive, encourage physical activity and interaction between people of all generations, and support street-based livelihood opportunities. Safe and accessible public transport allows older people to visit friends and family and access vital services. Clean air, green spaces and access to healthy and nutritious food mean urban residents can live longer and healthier lives. Communities need to be able to support people with dementia to continue living in their own homes and environments. When humanitarian disasters strike, all urban residents should benefit from the response and have their needs and capacities understood. Day to day, people should be able to feel safe when walking in the street or taking a bus, especially at night.

Achieving these goals will take time, but as a starting point on the three issues highlighted in this report, HelpAge calls on governments and city authorities to take the following action:

1. Create inclusive and enjoyable shared urban spaces that encourage social activity and provide easier access to services and opportunities for all:

- adopt policy measures, economic incentives and strengthened enforcement to reduce car use and traffic speeds
- invest in street infrastructure such as wide and well maintained pavements and cycling facilities to support healthy alternatives to driving
- support the development of dense, walkable and mixed-use communities through effective local government planning capacity and decision making
- support those engaged in street-based livelihoods activities by improving street safety through reduced traffic flow and speeds and consulting with those impacted by planning and development decisions
- provide well-designed and well-maintained green and public spaces that encourage physical activity, social interaction and counteract social isolation
- increase public transport provision that is adequate, accessible, affordable, safe and accountable, particularly for older people and women.

2. Promote healthy ageing and tackle the key risk factors linked with urban living.

- tackle the higher rate of NCDs in cities by raising awareness, encouraging physically active lifestyles and providing access to healthy food choices
- reduce air pollution from all sources by reducing traffic and industry emissions
- create physical and social urban environments that support rapidly growing numbers of people with dementia through considered design of the built environment and investment in community-level training and awareness.

3. Help older urban residents feel safe and secure living in a city, both in terms of their right to humanitarian assistance in times of emergency and their day-to-day personal security.

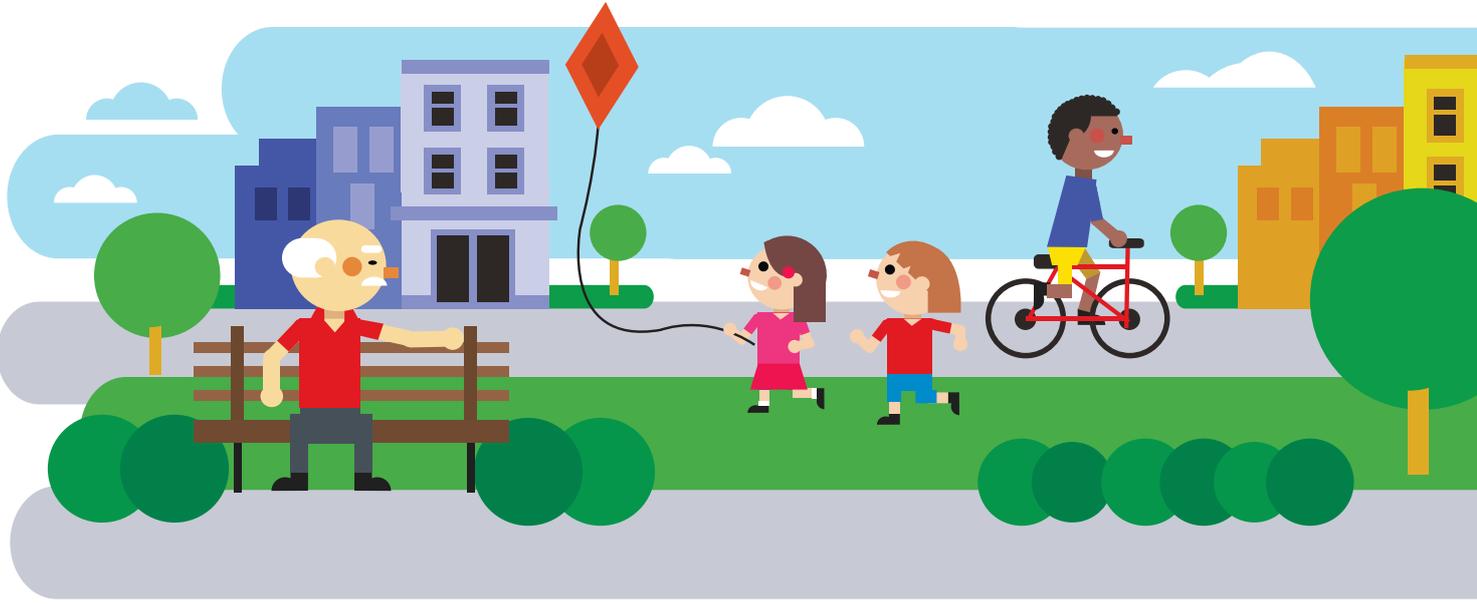
- with regard to humanitarian emergencies, involve older people in disaster preparedness planning, coordination and response activities so that humanitarian responses addresses their specific needs
- promote better coordination between humanitarian actors and city authorities and build on the existing social capital of individuals, households and communities to ensure the specific needs of older people are met during times of emergencies
- recognise and address the specific challenges facing older people living in cities who have been displaced by conflict or environmental disaster, including lack of access to services, high costs of living and disrupted social connections.
- with regard to day-to-day fear of crime, ensure that the safety and security of all age groups is considered in planning decisions and policies, especially related to streets and shared spaces and the use of public transport.



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