



Age and dementia friendly cities

What is this?

Age-friendly cities enable people of all ages to actively participate in community activities and treat everyone with respect, regardless of their age. This makes it easy for older people to stay connected, healthy and active and to provide appropriate support to those who can no longer look after themselves.¹

Dementia is an umbrella term used to describe a number of progressive illnesses that affect a person's memory, reasoning, behaviour and ability to carry out everyday activities.² Dementia friendly communities aim to be accessible, inclusive, welcoming and supportive to people affected by dementia, enabling them to contribute to and participate in society.³

Why is it important?

In all developed countries, people are living longer due to improved health care, lifestyle, nutrition, and education. The proportion of people aged over 65 years is growing and older people are generally healthier than they were several decades ago.⁴

Although older people are less impaired than they were in previous generations, ageing remains associated with increasing disability and limited ability to carry out normal activities of daily living. Older people may experience complex problems from chronic illness, injury or after an episode of acute illness. Disability and functional decline reduce people's independence and can make them isolated if they lose the ability to drive or become less mobile, or lose confidence participating in activities that maintain social connections. As our population ages, the number of older people with disabilities is growing and will be larger than it has been previously.⁵

A sense of belonging and contributing to a group or community is crucial for a person's health and wellbeing at any age and ability. Maintaining strong social relationships helps people stay healthy and well.⁶ Retaining good health is the cornerstone of independence for older people and an important basis for positive ageing, but the factors that determine health are much wider than health services alone.

Data

New Zealand's population will continue to gradually get older due to a combination of people having fewer children and people living longer. The large number of people born in the 1950s and 1960s, known as "baby boomers", are now moving into older age which is also contributing to our older population.



The number of people aged over 65 in New Zealand doubled between 1984 and 2014 and is projected to double again by 2039. By 2041, there will be between 1.28–1.37 million people aged over 65. By 2032, it is expected that 21–22 percent of New Zealanders will be aged over 65, compared with 14 percent in 2014.⁷

According to the 2013 census, 15.5% of the people in Canterbury are aged over 65, which is slightly more than the national average of 14.3%. The median age (where half the population are younger and half are older) in Canterbury is 39.9 years compared to 38.0 years nationally. In Canterbury, 4.4% of Māori are aged over 65. This is a little lower than the national average of 5.4%.⁸

Disability increases with age. The 2013 disability survey found that 59% of people in New Zealand aged 65 or over self-reported that they had a disability; compared with 28% of people aged 45-64 and 16% of people aged 15-44. Physical impairment is the most common type of disability and is the one that increases most with age. 49% of adults aged over 65 reported a physical disability, compared with 7% of adults aged under 45 years.⁹

Approximately 40,000 people in New Zealand have dementia.¹⁰ Due in part to the correlation between ageing and dementia, the figure is expected to treble by 2050.²

Impact on inequalities

Low lifetime income, lack of savings, and lack of home ownership are contributing factors to a lack of financial security in older age. Low income also affects people's ability to purchase homes in neighbourhoods which offer a range of services close by, such as public transport, medical and community services or shops. Māori and Pacific people are disproportionately affected as they have lower median incomes and higher rates of unemployment than other groups.¹¹ Māori and Pacific people are therefore likely to face greater difficulties in old age. For example, being unable to afford to keep warm during cold weather. Māori and Pacific people also have a lower life expectancy and experience age-related illness earlier than other ethnicities.¹²

In 2013, 28.8% of people aged over 65 lived alone.¹³ This number has been rising and is expected to continue to rise, reflecting longer life expectancy, smaller family sizes, higher rates of separation and divorce, and a greater likelihood that adult children will move to find work elsewhere.³ Older people who live alone, particularly those on low incomes or who lack informal care, are the most likely to experience isolation as their mobility and/or ability to drive declines and they are less able to socialise. This can be especially difficult for people living in areas where public transport is poor.¹⁴ Having adult children who act as carers is a protective factor for older people, but this is likely to reduce in coming decades due to the reasons noted above.¹⁵



Older women live alone more often than older men, mainly because they live longer. In 2013, women made up 54.1 percent of people aged over 65 in New Zealand and men 45.9 percent. The percentage of women increases as age increases. Of people aged 65–74 years, 51.6 percent were women, 75–84 years, 54.6 percent were women and 85+ years, 64.3 percent were women.¹⁶

Older people who live alone may avoid going out without someone to accompany them if they live in areas where there are poor facilities for pedestrians or where they feel vulnerable to harassment. Perceptions of fear about personal safety from crime, poor street conditions, and noisy traffic have all been associated with fear of going outdoors. This can lead to a reduction in physical activity, increased social isolation and a decline in functional abilities.

Evaluations of dementia friendly cities in the UK found that people who develop dementia are at particular risk of ‘multiple marginalisation’, i.e. that issues in addition to their dementia create extra barriers or challenges that can lead to increased isolation. This highlights the need to consider the needs of people from different ethnic groups, genders, sexual identities, and co-existing disabilities.²

Solutions

The World Health Organization (WHO) developed a Checklist of Essential Features of an Age-friendly City that can be used to assess a city’s ability to cater to the needs of older people.¹⁷ The Checklist provides a list of features that would help make urban environments safer and more attractive. Although the checklist highlights attributes that would appeal to older people, most aim to make cities good places for people in general. Features include non-slip pavements, clear signage, good outdoor lighting, ensuring public transport options are affordable and reliable, ensuring there is a variety of housing options, and ensuring a range of affordable events and activities are available. This is consistent with Universal Design¹⁸ and Crime Prevention Through Environmental Design¹⁹ which can be incorporated into buildings and public spaces, to ensure they are accessible for people of all ages and abilities, and reduce the incidence and fear of crime.

The WHO also runs an Age-friendly Environments Programme²⁰ which aims to address environmental and social factors that contribute to healthy ageing. The Programme helps cities and communities become more supportive of older people by addressing their needs across eight dimensions: the built environment, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services.

Research from the United Kingdom² tells us that in order for communities to become dementia friendly we must start with meaningful engagement with people who are affected by dementia. Local research⁸ has been carried out to get the perspectives of people with living dementia on how we might develop a dementia friendly Christchurch. Recommendations included:



- Dementia awareness and education to reduce stigma and promote social inclusion
- Community, health and public transport services that acknowledge and support the needs of people with dementia
- Strong social networks that enable people to socialise and continue to feel part of society
- Building design that is simple and not overwhelming, using colour and contrasting features that make spaces and objects easy to recognise and navigate.
- Easy access to information and advice on what services and support networks are available
- Opportunity to participate in a range of leisure activities and access the outdoors

The Christchurch City Council Ageing Together Policy Statement²¹ recognises the contribution of older people to the wider community, affirms respect for people as they age and upholds their rights to independence, participation, and access to opportunities and resources. The Council has several programmes which provide support to older people including social housing and community support for older people in its urban and rural communities. The rights, needs and expectations of ageing people, their families and carers are incorporated into the Council's strategic and operational planning, and provision of community information, services and facilities.

The Christchurch City Council works collaboratively with community and health providers to provide affordable recreational options that are suitable and enjoyable for older people. Council's Recreation and Sport Centres²² provide a range of classes and programmes suitable for older adults such as tai chi, aqua jogging and low impact exercise classes. These are described in the Older Adults Recreation Guide.²³

One way to create an age friendly city is to ensure the availability of affordable housing suitable for older people. In the coming decades older people are likely to seek diverse living arrangements that find a balance between independence and the need and desire for companionship and practical support. One way to meet this need is the growth of retirement villages. In the Canterbury region there are approximately 60 retirement villages.²⁴ For those able to afford it, living in a retirement village can provide a support system which enables residents to maintain independence and to participate in life more fully, as property maintenance requirements and anxieties about security are lessened.²⁵

For those living with dementia there are practical guidelines to adapt their home to provide a supportive environment as their condition progresses.²⁶

Affordability of goods and services can be a challenge for older people on limited incomes. The SuperGold Card is a free discount²⁷ and concession card available to people over 65 years (and some under 65 who receive pensions). Local discounts include free bus fares during off-peak hours²⁸, allowing older people to continue to participate in society and maintain social connections.



Data limitations

Census data is 3 years old and there is limited information available on the usage of services by older persons.

Connections with other issues

Housing Affordability, Social Connectedness, Public Transport, Access to Primary Healthcare, Income.

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Read about the Te Pae Mahutonga Māori Health Model at
<http://www.hauora.co.nz/resources/tepaemahutongatxtvers.pdf>

