

Urban Life and Ageing Society

Raffaella Petrini

Two global phenomena are profoundly impacting our modern societies, and raising new and complex challenges for our life in common, including the need to redesign welfare systems and restructure the provision of goods and services. The first phenomenon is population ageing. For the first time in history, the majority of the world inhabitants can expect to live beyond 60 years. According to the United Nations (2015), last year one in eight people worldwide was aged 60 years. By 2030, the over 60 are projected to account for one in six people globally and by the middle of the twenty-first century, it will be one in every five people. Life expectancy is thus universally increasing, while fertility rates are decreasing. Therefore, older people constitute a growing segment of society, with consequences that extend particularly to the area of health care, due to the dramatic growth of dementia and other long-term neurodegenerative diseases. The second phenomenon can be identified in the current human development model, which defines an “urban civilization,” and has recognized the year 2007 as a turning point in mankind’s social history. It is then, in fact, that the percentage of residents in urban areas and those in rural areas appeared to reverse for the first time, with over 3.3 billion people – that is an average of more than 50% of global population – living in urbanized areas. By 2050, 66% of the world’s population is expected to be urban, thus reversing the global rural-urban population distribution of the mid-twentieth century (United Nations 2014:7)¹.

While the city offers multiple benefits to its community members, especially in terms of the variety of services available, its negative effects, pollution, traffic, and increasing waste, can affect citizens’ quality of life, especially the elderly. Current research claims that a positive residential environment can support

resilience by providing social resources that contain the impact of life stressors and foster a sense of well-being (Beard and Petitot 2010). When the European Commission and the United Nations Economic Commission for Europe, or UNECE, introduced the Active Ageing Index as a tool to assist national institutions in developing policies for active ageing, they indicated the “enabling environment” – including social connectedness – as one of the most relevant domains for measuring positive active ageing outcomes². Based on the result of a crosscutting consultation on the topic of ageing, launched by the Italian Ministry of Education and later presented in a Position Paper, “built environment priorities” were identified in order to protect vulnerable citizens, especially older adults (Ministero dell’Istruzione, dell’Università e della Ricerca 2014:18). The Organisation for Economic Co-operation and Development (OECD) reaffirms that cities can become partners for effective policies in ageing societies, not only by promoting the well-being of their older residents, but also by attracting the younger people who guarantee their economic and social dynamism (2015:50-57).

Therefore, special international attention has been reserved for promoting active and healthy ageing in urban environments, so that as citizens grow older, they can continue to contribute to society and be able to take care of themselves for as long as possible. Moreover, greater coordinated efforts have been made to improve senior citizens’ quality of life and to meet their multiple needs in a more vulnerable stage of life. The aforementioned urban criticalities can thus be counterbalanced by greater mobility, cultural and leisure opportunities, and technologically advanced health care facilities. More specifically, the Italian Ministry of Education has indicated four privileged areas of research for optimizing complex urban sys-

tems: focusing on the development of single building; urban and territorial planning; mobility; and user-friendly information and communication technology (ICT) facilities (Ministero dell'Istruzione, dell'Università e della Ricerca 2014:18-21).

The reduced size of households and the varying degrees of autonomy in elderly citizens require the adaptation of housing and health care facilities. From this perspective, the 16 Design Criteria for the Lifetime Homes Standard developed in the United Kingdom represent practical criteria for new building models and for policies of *ageing in place*³. Careful territorial planning has also been fostered in the attempt to create attractive, sustainable and economically viable urban areas. In this perspective, the Joint Programming Initiative (JPI) Urban Europe was established in 2010 to pursue and strengthen European research and innovation in the field of urban development, especially through coordinated solutions among member countries. The Bilateral Project SoURCE was intended precisely to “reshape” the city by segmenting its environments into “sustainable urban cells”, organized according to the needs of their residents (Cumò 2013)⁴. These urban cells are structured to form local communities where distance between citizens and their needs is remarkably reduced. Therefore, an integral aspect of development is the spatial distribution of health care facilities, for both second and third level care ensuring prompt response to emergencies, together with the distribution of recreational spaces, such as parks, pedestrians' zones and seniors' centers. Accessibility should be additionally granted to places of worship or spiritual value, as well as to educational sites, leisure facilities and retail stores. Evidence shows that good street design and effective public transport encourages individuals to remain engaged with their local community and maintain supportive social networks (Beard and Petitot 2010). Transportation, housing, and outdoor spaces and buildings are three of the basic eight “interconnected domains of urban life” identified by the World

Health Organization (2014) as necessary elements of an age-friendly cities framework⁵.

Generally speaking, accessibility signifies the ease with which various destinations may be reached using a transport system. The Third Report on Economic and Social Cohesion, which listed accessibility as an indicator of disparities among regions, also defined equality of access to services as a key condition for territorial cohesion (European Commission 2004:27-36). The Strategic Research and Innovation Agenda (SRIA) of JPI Urban Europe (2015:21), in establishing its long-term strategy through 2020, has reiterated the fundamental importance of transport services. Among its priorities, JPI Urban Europe has recorded accessibility and connectivity as correlated functions that enhance both the directness of routes to destinations within a network, and travelers' ability to utilize this network, especially when they become older and less physically or emotionally apt.

The mobility of goods and people is often assumed to be in conflict with environmental sustainability. The research instead emphasizes that through the lens of accessibility and connectivity the joint pursuit of mobility and sustainability goals may be allowed. Innovative mobility, including self-driving vehicles, pricing policies, and tailored transport solutions for impaired older citizens, represent another promising area of research, keeping in mind that if the primary goal of a transport system is not one of movement but of access, transport policies should focus on mobility reduction.

Improved accessibility for ageing city residents, however, depends not only on modern integrated transport systems, but also on alternatives to personal mobility. Mobility surrogates as specified by the SRIA require the use of ICT not only for creating *smart homes*, but also for facilitating teleworking and on-line shopping, with potentially positive impact on both the ageing citizen's utility and the environment (JPI Urban Europe:42-43). The use of ICT, which is included in the Active Ageing Index precisely under the

“enabling environment” domain, requires adequate training for the elderly and can be beneficially applied to the realm of health care. Telemedicine, in fact, has been increasingly used for providing homecare devices, collecting data and monitoring the care needs of elderly patients at home, enabling them to remain in their homes as long as possible. In the attempt to bring governments and industries together to design sustainable blueprints for health care systems, Intel Health and Life Sciences is working to pioneer the concept of community home-based elder care service platforms in China (OECD – Global Coalition on Ageing 2015: 9-10).

One last relevant aspect that must be briefly pointed out here is of an ethical and cultural nature. Connectivity has, in fact, well-known social implications and mobility, too, as a factor of cohesion, affects social activities and strengthens social ties in urban environments. Mobility surrogates and communication media as enhanced by the technology available are, no doubt, extremely useful tools for building community in the city and averting social isolation, which represents one of the major factors of fragility in the ageing process. However, neither the effective technical reshaping of the city territory, nor the development of a more efficient, integrated transport and communication system should lead us to overlook the fundamental need for a cultural shift towards nurturing relationships of mutual care which, as the essential *substratum* of any human society, should animate the interactions of citizens and neighbors⁶. This attitude of concern towards the more vulnerable and dependent community members remains a necessary condition for effective age-friendly cities. Then, as clarified in the latest social encyclical, even environmental limitations can be “compensated for in the interior of each person,” who, in his or her own vulnerability – be it physical, psychological, economic and/or social – continues to feel “held within a network of solidarity and belonging” (LS 2015:148). This cultural shift appears ever more urgent today, when life in the city is affected not only by the various

demands of its ageing residents, but above all by threats of violence and mistrust.

Bibliography

Beard, J.R. and C. Petitot. 2010. “Ageing and Urbanization: Can Cities Be Designed to Foster Active Ageing?” *Public Health Review* 32(2): 427-450.

Cumo, F., ed. 2013. *SoURCE (Sustainable Urban Cells)*. Università La Sapienza. Roma. Access: 26 July 2016 (https://web.uniroma1.it/citera/sites/default/files/allegati_notizie/source.pdf)

Donati, P. 2016. “Un nuovo habitat, una nuova cultura dell’umano”. Pp. 59-95 in *Incontra Dio nel cuore della città*, edited by Pontificium Consilium Pro Laicis. Città del Vaticano: Libreria Editrice Vaticana.

Francis. 2015. *Laudato Si’*. Vatican City: Libreria Editrice Vaticana.

European Commission. 2004. *A New Partnership for Cohesion. Third Report on Economic and Social Cohesion*. Access: 2 August 2016

(http://ec.europa.eu/regional_policy/sources/docoffic/official/reports/cohesion3/cohesion3_en.htm)

JPI Urban Europe. 2015. *Transition towards Sustainable and Liveable Urban Futures*. Access: 26 July 2016 (<http://jpi-urbaneurope.eu/downloads/jpi-sria-def-pdf/>)

Ministero dell’Istruzione, dell’Università e della Ricerca. 2014. *Moving Forward for an Ageing Society: Bridging Distances*. Rome: Palombi.

OECD. 2015. *Ageing in Cities*. Access: 28 July 2016 (<http://www.oecd.org/regional/ageing-in-cities-9789264231160-en.htm>)

OECD – Global Coalition on Ageing. 2015. *The Silver Economy as a Pathway for Growth. Insights from the OECD-GCOA Expert Consultation*, Manchester, 26 June 2014. Access: 4 August 2016 (<https://www.oecd.org/sti/the-silver-economy-as-a-pathway-to-growth.pdf>)

United Nations. 2014. *World Urbanization Prospects: The 2014 Revision*. Access: 5 August 2016

(<https://esa.un.org/unpd/wup/Publications/Files/WUP2014-Report.pdf>)

_____. 2015. *World Population Ageing Report*. Access: 28 July 2016

(http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf)

WHO. 2014. *Age-Friendly World*. Access: 2 August 2016

(<https://extranet.who.int/agefriendlyworld/age-friendly-in-practice/>)

http://www.who.int/ageing/projects/age_friendly_cities_network/en/ [accessed: 27 July 2016].

⁶ In his contribution to the XXVII Plenary Assembly of the Pontifical Council for the Laity, Donati (2016:60-63) expresses a serious concern about the modern cultural tendency to modify or “transcend” the human identity, by eroding fundamental social relationships.

NOTES

¹ The *2014 Revision of World Urbanization Prospects* was issued by the Population Division of the Department of Economic and Social Affairs of the United Nations, which since 1988, every two years, has been publishing projections of the urban and rural populations of all world countries and of their urban agglomerations.

² The Active Ageing Index (AAI) – a project started in 2012 and directed by the European Commission's Directorate General for Employment, Social Affairs and Inclusion (DG EMPL), together with the Population Unit of the United Nations Economic Commission for Europe (UNECE) – is meant to quantify the potential of older people for active and healthy ageing across countries. It compares the level to which older people live independent lives and their actual capacity to actively age. The Index comprises 22 indicators grouped into four distinct domains: a) Employment; b) Participation in Society; c) Independent, Healthy and Secure Living; d) Capacity and Enabling Environment for Active Ageing. More information is available at URL:

<http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home> [accessed: 5 August 2016].

³ The Lifetime Home Criteria developed in the early 1990s by a group of housing experts involve parking, approach to all entrances, and communal stairs and lifts. The complete list is available at URL: <http://www.lifetimehomes.org.uk/pages/revised-design-criteria.html> [accessed: 26 July 2016].

⁴ The Project (2010-2013) was approved within the Executive Programme on Scientific and Technological Cooperation between the Italian Republic and the Kingdom of Sweden.

⁵ In 2006 the World Health Organization (WHO) began a programme on Age-friendly Environments. In 2009 the *WHO Global Network of Age-friendly Cities* was designed with the task of connecting municipalities and foster evaluation of age-friendly initiatives. Today 33 countries belong to the network. More information is available at URL: