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PUBLIC HEALTH | SHORT COMMUNICATION

Commentary on holistic approach towards new initiative: Age-friendly cities

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Abstract: World is ageing very rapidly. It is unbelievable that during the next 5 years, for the first time in history, people aged 65 years and older in the world will outnumber children aged younger than 5 years. This change is irreversible and hence healthcare sector is facing major challenges around the globe. Government policies to ensure “Ageing in Place” are evolving with time. Age-friendly cities is a very novel concept which may help elders to spend their later years of life gracefully. I believe that varied opinions/views of healthcare professionals may help policy makers to fabricate holistically the idea of “Age-Friendly Cities”.

Subjects: Education; Health and Social Care; Medicine, Dentistry, Nursing & Allied Health

Keywords: age-friendly cities; long term care; elderly; ageing

Traditional patterns of eldercare have taken a drastic shift due to changes in demographical, social and cultural trends around the globe. World is ageing at a faster pace which is the main reason of making both cities and rural communities age-friendly. The concept of building age-friendly cities is a hot potato that caught the attention of politicians, healthcare leaders and none other than World Health Organization (WHO). Accessibility, safety, age-friendly pavements, age-friendly buildings, adequate public toilets are few major features of making world happier for our seniors (WHO, 2007). Intergeneration bonding is another concept which may fill the gap between the generations in future. Since, every part of the world is trying to cope up with the increasing elderly population, many concept and interventions are evolving. It will take more than a decade to understand the sustainable scenarios to make earth a better place for all generations. Less developed countries are learning from the experiences of more developed countries to foster ageing in place. The main aim of this short report is that may be varied viewpoints of people residing in different parts of the world can make a difference which may help researchers and policy makers in future.

ABOUT THE AUTHOR

Dr Rakhi Mittal is a PhD student in Saw Swee Hock School of Public Health, National University of Singapore (NUS). She did her Bachelors in Dental Sciences (BDS) from India and then Masters of Sciences from Faculty of Dentistry, National University of Singapore. In 2014 she was awarded “NUS Research Scholarship” for her PhD studies in Public Health. Her PhD topic is “Predictors of length of stay, survival, re-hospitalization and healthcare service utilization of home care patients admitted in a multi-professional home medical service from 2000 to 2009”. She has presented papers in conferences and published in reputable journals.

PUBLIC INTEREST STATEMENT

Building age-friendly cities is a very important initiative by Government bodies to ensure that all seniors age gracefully with peace. This concept is evolving and policy makers will take time to understand the need of older population at different stages of life. Less developed countries are learning from the experiences of more developed countries to plant the seed of “ageing in place”. I believe that varied viewpoints of people residing in different parts of the world can make a difference which may help researchers and policy makers in future.

With increasing trend of nuclear families, relationships and bonding among the family members is getting weaker and the situation may become worse. The impact of young migrating professionals is such that their kids struggle to recognize their grandparents. At present each country is struggling to make a favorable place for their senior citizens but while making changes from the very top we need to work from the base of the snag as well. For example, include basic social geriatric knowledge from primary schools; involve grandparents in various school activities and special overseas visa arrangements for parents to stay with their kids/grandkids.

The next challenge faced by developed countries is “Sandwiched families”. Families find themselves in the situation where they have to take care of their elderly parents and their own children. In majority of these cases women has to sacrifice her career/job to take care of both elders and children. This in turn warns the financial security because of one less earning member of the family. Singapore Government tried to mitigate these challenges in their upcoming project “Action Plan for Successful Ageing”. The action plan aims to build an “A Nation for All Ages”. The goal is to work on three key areas: individual level, community level and city level. The novel component of this plan is the features included at individual level to help seniors grow old with dignity and more actively. Re-employment up to age 67, launching “National Silver Academy” to offer a wide range of learning opportunities and Presidents challenge to empower national movement of senior volunteerism are some of the key thrust of Action Plan (Ministry of Health, 2015). These innovative attributes may delay the dependency of the seniors on young family members.

There are serious clinical conditions which creep in as person grows old. Dementia is one of the most common disease which demands more attention and care from the loved ones. General training/knowledge to tackle the issues pertaining to individuals with dementia should be the foremost component of building age-friendly cities. Countries like UK (Leading the fight against dementia, 2016), Australia (Fight Alzheimer’s Save Australia’s, 2016) and Singapore (Ministry of Health, 2016) has already started taking initiatives to educate local shop keepers, hairdressers, police officers to ensure that people with dementia feel understood, valued and able to contribute to their community. More research should be done to analyze the improvement in the social activity of seniors after the launch of these programs.

Besides these major challenges Government should focus on the financing structure of eldercare. At present it is very complex and difficult to consolidate. None of the studies looked in the effectiveness of different models of eldercare because of scarcity of consistent data available. Like the data depository of various diseases there should be easily accessible data depository related to healthcare policies, subsidies and the healthcare service utilization of elderly patients to draw the comparison statistics.

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