A development of Healthy Ageing City Model

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Abstract

Today, the elders who age over 60 years are increased in every societies. This accompanies the growth of urbanization leading to health problems, poverty and debth. These problems creates less life's satisfaction, unhappiness in basic living, and less self-care. Consequently, these elders tend to have poor health conditions.

Since the last 2 decades, world's consideration emphasises development concept based on sustainability. These include the model of sustainable and healthy ageing city. Considering this changing in development concept and theory, the author is thus interested in the study of "Healthy Aging City Model". By applying the technique of people's research and development, the author establishes the community learning process, which believe to be the greatest "capital" for the community's reliance for the happiness of all elders.

Introduction

Two of the major demographic trends in the more developed countries and the less developed countries are urbanization and ageing. (Barba & Rabuco, 1997. p.1) Urbanization refers to a process in which an increasing proportion of an entire population lives in cities and the suburbs of cities. (The Urbanization of the World, Origin of Cities: Some Introductory Points, n.d.) The process of urbanization is already advanced in the more developed regions, where 74 per cent of the population lived in 2003. The proportion of population living in urban areas is expected to increase to 82

per cent by 2030. The share of the urban population is lower in the less developed region: 42 per cent in 2003, and expected to rise to 57 per cent by 2030. (United Nations Department of Economic and Social Affairs/Popupulation Division, 2004. p.2) During 2005-2006 in Thailand, the proportion of population living in urban areas was increased to 46 per cent. (Figure 1)
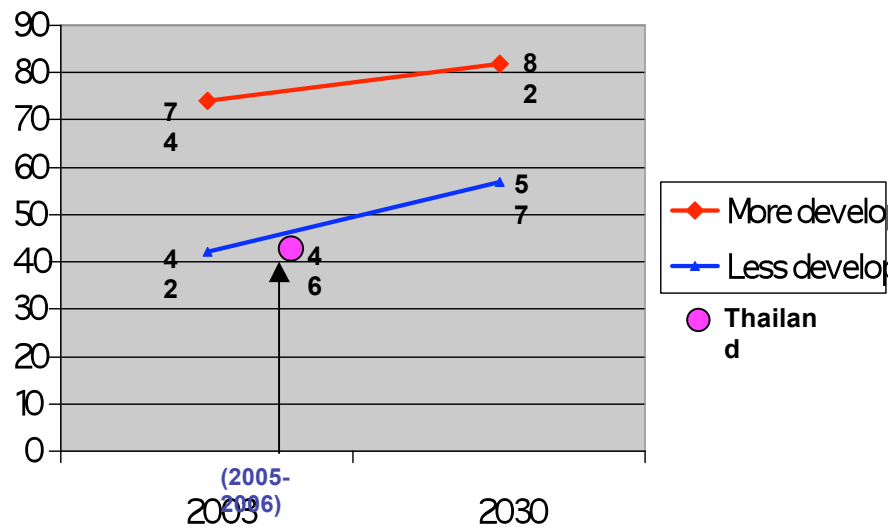
Source: United Nations. (2004). World Urbanization Prospects The 2003 Revision

Figure: 1 The proportion of population

There are three main causes of the rise in urban population in developing countries: rapid overall population growth by natural increase, rural-to-urban migration, and reclassification of rural areas as urban areas. With rapid urban expansion, pressure is exerted on housing, water and sewage facilities, transportation, and distribution of basic commodities. In addition, this creates health and nutrition problems, particularly among those who have recently migrated and are living in slums and shanty towns. (Barba & Rabuko, 1997.p.3)

The problems of ageing become a serious issue. Thus, it is now emerging in less developed countries as a serious issue with the older population, defined as those aged 60 years

and over, projected to increase at unprecedented rates during the next 50 years. (Figure 2) The impact of this demographic change is expected to be more pronounced in the less developed countries than it was in the more developed countries because less developed countries are face with significantly higher rates of population ageing at lower levels of socioeconomic development. The rates of increase in older population are expected to be among the highest in the East and South – East Asia Region(ESEAR). (Mujahid, 2006. p.X)

An Ageing World

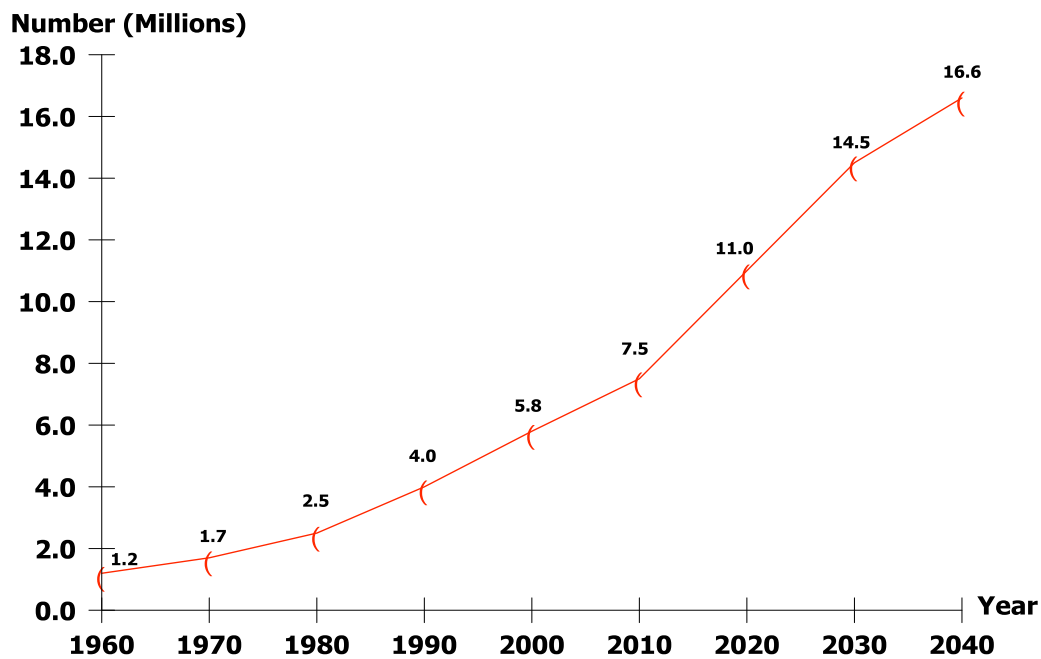| Population 2050	2000	2025
Total	6.0 7.8	8.9
More developed countries 1.2	1.2	1.2
Less developed countries	4.7	6.6
60+	0.6 1.2	2.0
More developed countries 0.3	0.2	0.3
Less developed countries	0.4	0.9

Source: World Health Organization Ageing and Life Course

Figure 2 The numbers of population ageing in more developed countries and less developed countries

The numbers of population ageing in Thailand are continuous increasing from 1960-2040. (Figure 3)

Population ageing is the outcome of declining fertility and improving life expectancy. (Mujahid, 2006. p.X)

Number of Population Aging in Thailand : 1960 - 2040

Number (Millions)

18.0	
16.0	16.6
14.0	14.5
12.0	11.0
10.0	
8.0	7.5
6.0	5.8
4.0	4.0
2.5	
2.0	1.7
1.2	
0.0	Year

1960 1970 1980 1990 2000 2010 2020 2030 2040

Source: Health Department, Ministry of Public Health: 2008.
Figure 3 The numbers of population ageing in Thailand : 1960 - 2040

The problem of elderly in urban concerning the health and quality of life.

In 2008, the elders who age over 60 years are increased in every societies. This accompanies the growth of urbanization leading to the health problems, poverty and debt. These problems provide less life's satisfaction, unhappiness in basic living, and less self-care. Consequently, these elders tend to have poor health conditions.

In all countries worldwide, poverty is the single greatest to a secure old age. In less developed countries, the problem

associated with old age are poor diet, ill-health and inadequate housing, which are all exacerbated by poverty. Furthermore, due to changes in lifestyles in the developing world, chronic illness is becoming endemic among many older people, because technical advances in medicine have far outran social and economic development that allows for relatively disease-free living in developed countries.(World Health Organization Regional Office for South-East Asia, 2004. p.1)

Changes in age –structure accompanying population ageing have reduce the support base for older persons. Though traditional family ties continue to remain strong in the most of the countries, reduced family size, nuclearisation of families and migration have weakened the capability of the family to provide care for older parents/relatives. (Mujahid, 2006. p.XII)

The challenging study of Healthy Ageing City Model

The WHO Regional Office for Europe established the Healthy Cities programme in 1986 with the aim of drawing together the principles of health for all and strategic guidance of the Ottawa Charter for Health Promotion into a framework that could be applied to the local urban context. The Healthy Cities movement has spread to 1,000 cities worldwide. This approach engages local governments wishing to join the movement and call their city a "Healthy City" in political commitment, institutional change, capacity-building, partnership-based planning and innovative project to improve health. (World Health Organization Regional office for Europe, 2007. p.64)

In the WHO Euro region, the programme has evolved over four five-year phases. In response to the Health 21 agenda, healthy ageing become a core theme of the Phase IV (2003-2008) Healthy Cities Network. The overall goal of the

healthy ageing theme is to generate strong political commitment locally and to introduce policies and planning to ensure a holistic and well-balanced approach to the health and care needs of older people. Becoming a "healthy- ageing city" involves acknowledging the right of people of all ages to live a healthy, safe and socially inclusive lifestyle and to enjoy equality of opportunity and treatment in all aspects. (World Health Organization Regional office for Europe, 2007. p.64)

Examples of Healthy Ageing City

The Model of Healthy Ageing City is existing in countries around the world. To provide examples of possible model, the researcher offers an idea of such cities.

Healthy Ageing in Hume City, Melbourne Australia – Strategic Direction 2007-2012 is a partnership initiative jointly funded by Hume City Council and other key stakeholders. The strategies aim to build the capacity of local aged care service system and promote partnership to develop appropriate environments for healthy ageing. The strategic directions are : (Healthy Ageing in Hume City, 2007. p.11)

- Establish the Hume Aged Care Integrated Planning Framework
- Build the capacity of the age care service system inclusive of
  'Whole of Government' policies and resources
- Promote restorative health and positive ageing in the community
- Provide accessible and culturally responsive services
- Grow the knowledge of the service system in Hume City

- Develop a sustainable aged care and health workforce in Hume City
- Establish environments for healthy ageing in the community and at home

Northern Collaborative Project, Healthy-Ageing Community: a Vision for the Northern Metropolitan of Adelaide, South Australia. It targets the government and non government sector agencies, all of whom are responsible for the formulation of policy and programming. It approaches health can only be created and sustained through a 'community setting approach' and the participation of multiple sectors. Healthy ageing extends beyond the health and community services sectors as the well being of older Australians is affected by many different factors including socioeconomic status, family and broader social interactions, employment and participation, housing and transport.
(The Northern Collaborative Project, 2004. p.4).

Twiss and Kleinman (2007) studied in the title of "A healthy community perspective on aging well". The Center for Civic Partnerships conducted research on what communities can do to improve the health and quality of life for older adults. Six key domain were identified: community involvement; varied housing options; transportation; employment; lifelong learning; and supportive services.

Lam Ching Choi (1999. p.2) studied in the title of "Promoting a 'Healthy City' for Elderly People in Tseung Kwan O, Hong Kong. This paper aims to present the experience of Haven of Hope Christian Service and the Steering Committee in promoting 'Healthy City' for elderly people in the local district. Their Seven principles have been laid down to guide the implementation of 'Healthy City'. The principles include: Inter-sectoral collaboration; Community participation; Equity in health; Health promotion; Primary
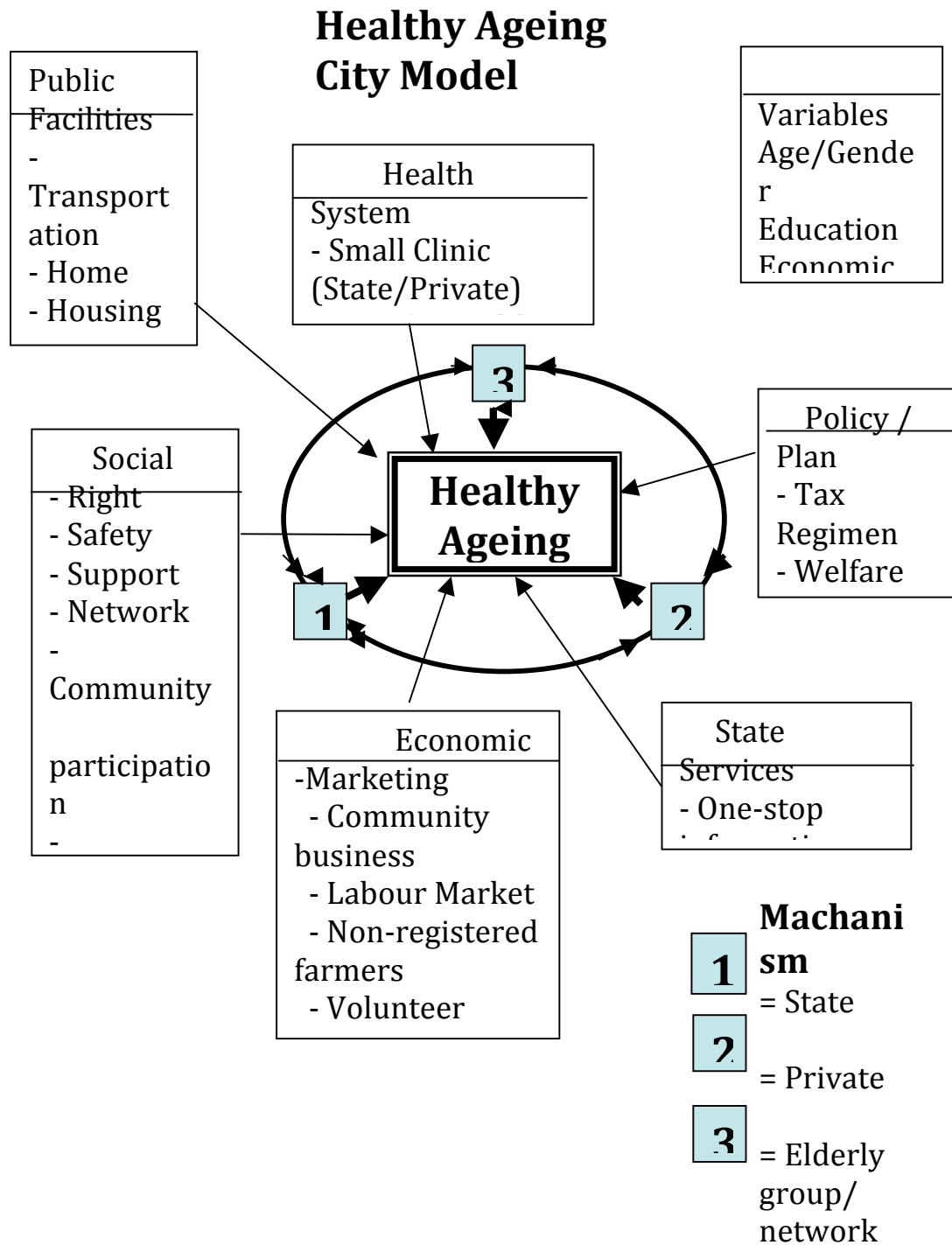
health care; Evidence-based approach; International cooperation.

Healthy Ageing: InterAction Plan (2006-2009) of Belfast Healthy Cities, Northern Ireland

The aim of the plan is to promote and improve the health and wellbeing of older people through integrated planning and to encourage organizations to tailor services which specifically meet the needs of older people. These highlighted six individual and one cross cutting theme as priorities: Transport; Community Safety; Home Safety; Housing; Poverty/Fuel Poverty; Health Promotion; Community support network as a cross cutting theme. (Belfast Healthy Cities. 2006. p.11).

On Creating a Legacy: Healthy Aging Project - A Strategic Plan On Achieving Outcomes (2005-2009) was developed by Hawaii Department of Health (United States of America), other public and private sector agencies, and individual and community member. The mission is to improve the health status of older adults and the guiding principles are to promote community involvement and ownership of activities; assure that cultural and ethnic diversity are respected and differences in process are embraced; measure outcomes through the collection of quality data; focus on the prevention aspect of activities; encourage partner involvement in planning, delivery and evaluation of initiatives; support the development of infrastructure that will sustain efforts and activities. (Healthy Aging Partnership Steering Committee, 2004. p.1-8).

According to the above examples, the researcher conclude all variables emerged from the theoretical concepts as follow:

Healthy Ageing City Model

Public Facilities

-
- Transportation
- Home
- Housing

Health

System
- Small Clinic (State/Private)

Variables
Age/Gender
Education
Economic

Policy /
Plan
- Tax Regimen
- Welfare

Social
- Right
- Safety
- Support
- Network
-
Community

participation
-

3

Healthy Ageing

1

2

Economic
-Marketing
 - Community business
 - Labour Market
 - Non-registered farmers
 - Volunteer

State
Services
- One-stop

Machanism

1 = State

2 = Private

3 = Elderly group/ network

Population Ageing in Thailand

Thailand's rate of growth in the older population during the last quarter of the 20 century at 3.7 per cent per annum was among the highest in the ESEAR. At the turn of the century, with older persons constitution 8 percent of the total population. Thailand had the second most aged population in South-East Asia. It is projected that Thailand's older population will continue to increase at a rapid rate and its proportion in population will increase to 17 per cent in 2025 and 27 per cent in 2050. the Government's growing awareness of the emerging challenges is reflected in the increased priority given on the issues relating to older persons. (Mujahid, 2006. p.53)

Following the Vienna Assembly on Aging (1982), Thailand established the National Committee for the Elderly which developed the National Long-term Plan covered health, education, income and employment, and social and cultural aspects. Later, a Working Committee on Policy and Action for the elderly was set up to formulate the Essence of the Long-term Policies and Measures for the Elderly (1992-2011) to help accelerate welfare actions of state organizations. (Mujahid, 2006. p.53)

Following the inclusion in the Constitution (1997) of the provisions that the elderly (60+) with the insufficient income have the right to receive aid from the State and that the State shall provide aid to the elderly and other vulnerable groups, the Government established the National Commission on the Elderly in 1999. It also created a Bureau of Empowerment for Older Persons under the office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups. Ministry of social Development and Human Security as the focal point on population ageing in Thailand. The Commission formulated the Second National Plan for Older Persons (2002-2021) which focuses on the preparation for quality ageing, the well being of older persons, social security for older persons and research to

support policy and programme formulation. These policy instruments, together with the Act on Older Persons 2003 provide the policy framework for welfare promotion, protection and empowerment of older persons throughout the country. (Mujahid, 2006. p.53-54)

The Government provides social welfare assistance of 500 bath (approximately US $ 15) per month to poor and destitute older persons. It has also created and Older Persons' Fund with an initial outlay of 60 million bath. Adults who take care of their old parents have been given entitlement to tax exemptions up to specified maximum based on their income. (Mujahid, 2006. p.54) The Thai government has provided free health care programmes for the elderly, particularly the health service under the Ministry of Public Health which cover more than 80% of all health care in the country. Geriatric clinics are also provided in general hospitals. Some geriatric hospitals have been develop by the private sector. (World Health Organization Regional Office for South-East Asia, 2004. p.86) The Ministry of Public Health is encouraging community hospitals to run elderly clinics periodically and to provide home health services by visiting older persons in their own place. Government initiatives also include support to strengthen income security at old age, life-long education, day centres for health care and promotion, family assistance, counseling, and other social activities for elderly, promotion of healthy behaviours from younger ages and creating awareness among the community by organizing social activities for older persons. The Government seeks to bring changes in the society's views on ageing – a "paradigm shift" on ageing and "ageism", looking at these not in a "negative" but "positive" light. (Mujahid, 2006. p.54)

For groups of the elderly at district level, Elderlys' Clubs have been initiated for creating appropriate activities in communities. Now there are approximately 4,000 Elders'

Clubs in Thailand. This project is very effective in improving the quality of life of the elderly. The Clubs are the centre of network of elderly groups in the community and also raise self-awareness of the elderly and the community in issues concerning older people. The government encourages participation from the community for activities in these clubs. A volunteer system will be encouraged for strengthening these activities. The rapid urban growing have effected to of urban community. (World Health Organization Regional Office for South-East Asia, 2004. p.87)

In conclusion

Considering this changing in development paradigm, the author is thus interested in the study of "Healthy Aging City Model". By applying the technique of people's research and development. The people's research and development is the learning process of the people in community that can understand themselves and societies. They join together to find the data that can know their origin and identity and understand their own capability and how to use social capital, learn how to use social capital, learn how to manage their expense. They can design their own community master plan and be able to move policy planning to implementations. The author establishes the community learning system, based on healthy urban aging ideology. The model is expected to bring community self reliance for the happiness for all elders.

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