



HEALTHY AGING IN PRACTICE: How Age-Friendly Cities & Communities Can Contribute to an Age-Friendly World

JUNE 2023

a contribution to the
**Decade
of healthy
ageing**



TWINNING AGREEMENT

Age Friendly Ireland & New York City Department for the Aging

Anchored in the Principles of the Dublin Declaration, this Agreement will commit to share knowledge on Age Friendly Programs contributing to the Decade of Healthy Ageing

Age Friendly Ireland (AFI) and the New York City Department for the Aging (NYC Aging) note that it is critical to bring together talents and resources to ensure that their environments are designed to be Age Friendly, and that their actions and leadership are required to create policies and co-designed solutions that respond to the need of the world's ageing population.

Age Friendly Ireland and NYC Aging, building on the historic 2011 Dublin Declaration on Age Friendly Cities and Communities, recognize the importance of Age Friendly principles being embedded for healthy ageing and acknowledge that:

- Cities and communities worldwide need to prepare for the demographic shift of a growing ageing population. It is projected that by mid-century, over 2 billion people will be over the age of 60.
- People are living and working longer than ever. As a result, we need societies that allow all people to live and participate fully in society as they grow older, with intergenerational linkages to learn and age together.
- Age Friendliness adopts a life course approach and ensures age inclusiveness is recognised as a key element within the WHO Age Friendly Framework across the eight domains, and highlights the centrality and fundamental importance of the meaningful engagement of older people throughout the Age Friendly cycle.
- The Dublin Declaration provides cities, counties, and communities with the political framework to address the challenges and opportunities associated with increasing ageing populations.
- This Agreement will contribute to the renewal of the Dublin Declaration where the two parties work together to reinvigorate and support the implementation of the Dublin Declaration.
- New York City's Cabinet for Older New Yorkers, launched in September 2022, is an example for cities worldwide as a first-of-its-kind interagency cabinet working on current and future services, projects, and policies for older New Yorkers.
- Age Friendly Ireland is recognised as the first fully affiliated Age Friendly country in the World (2019), recognising that each administrative area has adopted the WHO Framework through a shared service embedded within the Local Government sector.
- The Decade of Healthy Ageing provides cities, counties, and communities with a unique window of opportunity to support them in their efforts to future proof and forward plan for demographic change and population ageing through local and national governments and international organizations.

Consequently, Age Friendly Ireland and NYC Aging will collaborate and share knowledge to:

- Create Age Friendly programs and solutions that contribute to the lives of older people and implement the goals of the Decade of Healthy Ageing.
- Develop policies or initiatives that help people age in place by improving access to necessary services and support.
- Develop policies or initiatives that address ageism and empower older people to participate in the workforce.
- Develop policies or initiatives that improve public safety so older people can participate fully in their local communities.
- Develop policies or initiatives that improve the accessibility of public spaces including museums, stadiums, and airports to allow older people to participate fully.
- Advocate for healthcare policies to benefit healthy aging and empower older people, including second fracture prevention and adult immunization.
- Share knowledge on programs and solutions with other Age Friendly Cities and Communities Network members.

This agreement shall be effective as of **15th March 2023** and remain in force for as long as signatories agree that bringing together talents and resources is critical to ensure that their communities are Age Friendly leading to age-inclusiveness. Age Friendly Ireland and NYC Aging will actively participate in this agreement as the basis for renewal of The Dublin Declaration.

Signed on behalf of New York City and the New York Department for the Aging and Age Friendly Ireland, Shared Service, Meath County Council

On behalf of New York City

Full name

Lorraine Cortes-Vazquez

Title

Commissioner, Department for the Aging

Place

United States of America

Date and signature



NYC Department for
the Aging

On behalf of Meath County Council

Full name

Nick Killian

Title

Cathaoirleach of Meath County Council

Place

Ireland

Date and signature



comhairle chontae na mí
meath county council

Introduction



Now we have a mission to build an age-friendly world for this and the future generations of all the people, and to try and reduce both the gap between life expectancy... but also the gap between life expectancy, and healthy life expectancy...we're living more, but we are not necessarily living better.

Thiago Hérick de Sá, Technical Officer, Demographic Change and Healthy Ageing Unit, World Health Organization (WHO)

In 2011, a group of cities and communities signed the Declaration on Age-Friendly Cities and Communities in Dublin and established the WHO Global Network of Age-friendly Cities and Communities. Reaffirmed in 2013, the WHO Global Network has since grown to 1,445 cities and communities in 51 countries, covering over 300 million people worldwide.

Now, in the Decade of Healthy Ageing, on March 15, 2023, Age Friendly Ireland and New York City signed a Twinning Agreement, committing to share knowledge on age-friendly programs, building upon the original Dublin Declaration. Following the signing of the Twinning Agreement, Age Friendly Ireland and the Global Coalition on Aging hosted a roundtable where experts from Ireland, New York, and around the world shared their experiences and insight in building age-friendly and inclusive programs, especially within the Decade's four action areas: combatting ageism, age-friendly environments, integrated care, long-term care.

Ireland is recognized as the first age-friendly country in the world, with full commitment across all administrative areas to develop communities as age-friendly. New York City has committed to serving its 1.6 million older adult residents through its Department for the Aging (NYCAging) and the first-of-its-kind interagency Cabinet for Older New Yorkers, which is composed of members of 17 agencies throughout city government advancing initiatives to ensure New York is age-inclusive and accessible.



Older people are not a homogeneous group, and there are differences between places like the size and scale of a city like New York and Ireland, but when it comes to the needs of older people—we all want the same things. We want positive aging. We want to live in our own homes and communities. We all need engagement and social interaction, and opportunities to access health care and public buildings and services. It doesn't matter if you're a 90-year-old rural farmer in Ireland, or somebody who's a city dweller in New York. Our needs are the same as we age...It's important that we consult and listen and co-design solutions that meet the needs of a diverse population.

Catherine McGuigan, Chief Officer,
Age Friendly Ireland

Working across sectors is critical to supporting older adults and building age-friendly cities and communities—while having a department or ministry of aging is an excellent first step for many communities to focus on the issues related to aging, the success both Ireland and New York have seen is rooted in collaboration between and among government agencies and services. Older adults have full lives and actively participate in their communities, so their needs span across focus areas: departments, agencies, or ministries of education, public safety, health, arts and culture, and community programs all must be integrated into age-friendly planning and strategy.

Roundtable Participants

Amal Abou Rafeh

Chief of Program on Ageing Section,
United Nations Department of
Economic and Social Affairs (UNDESA)

Susan Beane

Executive Medical Director,
Healthfirst

John Beard

Irene Diamond Professor of Health
Policy and Epidemiology, Director,
International Longevity Center—
USA, Butler Columbia Aging Center,
Mailman School of Public Health,
Columbia University

Jackeline Bodden

Lieutenant, NYPD Community
Affairs Bureau and Community
Affairs Division

Lorraine Cortés-Vázquez

Commissioner, NYC Department
for the Aging

Emer Coveney

National Programme Manager,
Age Friendly Ireland

Patricia D'Antonio

Vice President of Policy and
Professional Affairs, Gerontological
Society of America

Stephanie Firestone

Senior Strategic Policy Advisor,
Health & Age-friendly Communities,
AARP International

Tracy Garcia

Senior Director of Strategic
Partnerships, NYC Department of
Youth and Community Development

Wendy Garcia

Deputy Commissioner of Equity
and Inclusion, NYPD Office
of Equity and Inclusion

Jocelyn Groden

Associate Commissioner, Bureau
of Social Services & Bureau
of Direct Services, NYC Department
for the Aging

Barbara Hannah Grufferman

President, Best of Everything Media

Thiago Hérick de Sá

Technical Officer, Demographic
Change and Healthy Ageing Unit,
World Health Organization (WHO)

Michael Hodin

CEO, Global Coalition on Aging

Kitty Hughes

Chairperson, National Network
of Older Peoples Councils (Ireland)

Cynthia Hutchins

Director of Financial Gerontology,
Bank of America

Kassim Javaid

Associate Professor and University
Lecturer in Metabolic Bone Disease,
University of Oxford

Brian P. Kennedy

Arts Consultant

Surya Kolluri

Head, TIAA Institute

Sylvia McCarthy

Head of Communications,
Age Friendly Ireland

Catherine McGuigan

Chief Officer, Age Friendly Ireland

Joseph Musgrave

CEO, Home and Community
Care Ireland

Anne Pasternak

Shelby White and Leon Levy Director
of the Brooklyn Museum

Lois Privor-Dumm

Senior Advisor, Policy Advocacy
& Communications and Director
of Adult Immunization at the
International Vaccine Access Center
(IVAC), Johns Hopkins University

Anne Rizzo

International Relations Officer,
Age Friendly Ireland

Sara Salman

Population Affairs Officer,
United Nations Economic
and Social Commission
for Western Asia

Healthy Aging

Building networks to support healthy aging is crucial to age-friendly cities and communities. These networks can take many different forms, based on the needs, structures, and resources of communities. A critical need for age-friendly cities and communities is preventative healthcare through adult vaccination and bone health programs. In addition, developing community care programs and public health communications to build awareness and healthy lifestyles will enable older adults to remain and thrive in their communities.



Whether you're talking about social determinants of health or you're talking about clinical issues like bone health or vaccination, it takes community workers to really get this out to people in a pragmatic way.

Susan Beane, Executive Medical Director, Healthfirst

Adult Vaccines

As the COVID-19 pandemic clearly demonstrated, infectious diseases continue to pose a particular threat to older adults. According to Amal Abou Rafeh, Chief of Program on Ageing Section, United Nations Department of Economic and Social Affairs, WHO data measured 12 million older adults who lost their lives directly or indirectly because of COVID within 24 months.¹ The pandemic crisis underscored the importance of vaccination and of community education about vaccination. These lessons from COVID must

now be applied to adult immunization more broadly as we seek to increase vaccine uptake and reduce the considerable burden of vaccine-preventable diseases for older adults worldwide.



Investment in immunization for older adults not only makes a difference for that older adult, but it also has social and economic benefits, and makes a difference for society as a whole. You know you're preventing disease. You're preventing secondary infections. You're preventing antimicrobial resistance and hospital acquired infections. You're reducing billions of dollars of costs related to preventable diseases—and you're also helping to keep older adults out of the hospital.

Lois Privor-Dumm, Senior Advisor, Policy Advocacy & Communications and Director of Adult Immunization at the International Vaccine Access Center (IVAC), Johns Hopkins University

In just one example, influenza alone directly causes hundreds of thousands of deaths every year, of which 67% are among adults 65 and older. Beyond its direct costs alone, influenza increases the risk of a heart attack by ten and risk of stroke and pneumonia by eight.^{2,3} Similarly, herpes zoster (shingles) can increase the risk of cardiovascular or cerebrovascular events by 30% and 40% respectively.⁴ Yet, despite the very clear value of vaccination against these diseases, very few countries have reached the WHO-recommended 75% immunization rate for influenza among older adults, and only roughly a third of older adults in the US and UK have received vaccinations for herpes zoster.^{5,6}

Similarly, the COVID experience, with increased testing of respiratory infections, has made healthcare providers and the public more aware of respiratory syncytial virus (RSV) that has long gone under-reported and for which a vaccine will soon be available for the first time. Prevention of RSV could significantly reduce the drain on healthcare resources and burden of pneumonia—which often follows from a case of RSV and can itself be preventable—both in the community and in long-term care facilities.⁷

Vaccines have further social and economic benefits beyond preventing disease: In the United States, maintaining current adult vaccination rates in those over 50 for four major vaccine-preventable diseases—influenza, pneumococcal, herpes zoster (commonly known as shingles), and pertussis—would save an estimated \$49 billion over 30 years, while an increase in adult vaccination could prevent 33 million more cases and save an additional \$13 billion.⁸ Further, vaccinations keep older adults out of the hospital, in their communities, at work, in caregiving, and volunteering.⁹ Preventing infectious diseases also prevents a cascading decline that could lead to falls, which are a risk to bone health, increased frailty, and dependence.

Ultimately, the prevention of disease should be a leading priority for any age-friendly community. A truly age-friendly environment is one that has healthy aging at its core, where adults are empowered and enabled to remain active and engaged—physically, socially,

economically—as they age. Further, age-friendly cities and communities—and in particular, their infrastructure—have a valuable role to play in increasing the uptake of vaccines in adults and helping to realize the vision of the WHO Immunization Agenda 2030, where everyone, everywhere, at every age, fully benefits from vaccines to improve health and well-being. Initiatives that reduce barriers in transportation and mobility in and around the community, that encourage and support full participation among older adults, can support greater access to vaccines for people of all ages. Similarly, ensuring that a community's adults can reach high-quality primary care and that vaccines are readily available at multiple access points—such as at neighborhood pharmacies, local health clinics, senior centers, and the workplace—will further strengthen a community's age-friendliness.

Likewise, improving communication strategies around the benefits of vaccination can help increase vaccination rates. Health workers in the community, including local pharmacists, are key to delivering vaccinations and these messages. They are often an individual's first point of contact with the healthcare system. Community clinics and pharmacies enable people to receive vaccines and decrease hospitalization rates, both from vaccine-preventable diseases and other adverse health outcomes.

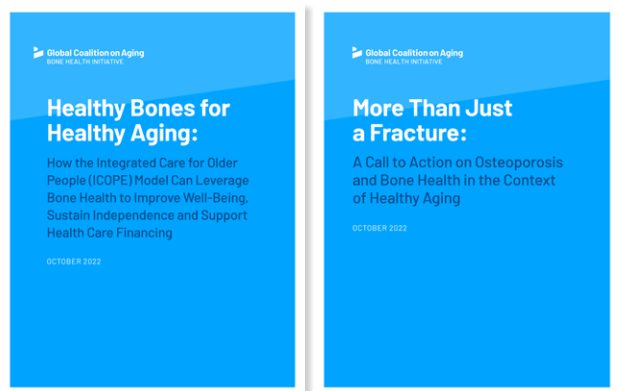
Bone Health

Bone health is critical to the health and wellbeing of older people, to pain-free mobility, and to their ability to stay in and contribute to their communities. Maintaining good bone health enables older people to stay active and independent longer by preserving the strength and agility required for everyday tasks from basic self-care such as washing and dressing to cooking, cleaning, and for participating in work, recreation, and travel. Fractures, particularly broken bones from low energy trauma known as fragility fractures, seriously threaten older people's wellbeing and functional ability. By 2025, 13.5 million older people will suffer fragility fractures every year, and billions worldwide are spent on osteoporotic fractures, not including the cost of informal familial caregiving.^{10,11,12} If fractures are untreated, the risk of another fracture increases—older people are two to four times more likely to suffer a second hip fracture after a first, and a new study suggests half of patients over 60 never return to their prior level of mobility after a fall-related

hip fracture and mortality rates increase by 95%.¹³ This underlines the urgency of secondary fracture prevention, acting to improve bone health after the first fracture, as people that suffer from a fracture are an easily identifiable group with a high risk of sustaining another fracture.

Addressing these fragility fractures is best managed by establishing fracture liaison services (FLS), which are comprehensive healthcare programs including systematic identification, assessment, and care management. These programs also introduce preventative measures to address balance, muscle strength, and other fall risk reduction strategies. Integrating healthcare improvement through collection of internationally agreed key performance indicators helps to target programming and identify gaps: Ireland is the second country in the world to have a performance dashboard, providing crucial data to assess the care older adults receive after a fracture and ensure the best possible care and equity in access.¹⁴

In October 2022, the Global Coalition on Aging's Bone Health Initiative published two white papers on bone health in the Decade of Healthy Ageing. They are available on the [Decade of Healthy Ageing Knowledge Platform](#).



Falls are something that age-friendly or age-inclusive communities can do something about. But this needs to be at an environmental level. It's not just leaving it for the individual.

John Beard, Irene Diamond Professor of Health Policy and Epidemiology, Director, International Longevity Center—USA, Butler Columbia Aging Center, Mailman School of Public Health, Columbia University

Beyond specific healthcare programs, communities at large can assess their accessibility, which benefits people with disabilities as well as older adults who may be at risk of falling. Fall prevention is an environmental issue. In addition to implementing prevention

programs for individuals, communities can and should assess and implement elevators, handrails and grab bars, curb cuts, and improve or maintain sidewalks to improve their age-friendliness. The city of New York is implementing universal design in new construction for accessibility, while Ireland has conducted a walkability study with older adults and planning engineers. Cross-sector collaboration, such as with departments of transportation and housing or other governmental agencies, can enable these changes and ensure that older adults are able to continue to live, work, and engage in their communities.

Additionally, prevention programs could be set up by employers—including government services—to ensure that screening for osteoporosis is part of regular health screenings for older employees, as well as standardizing occupational health plan pathways so if employees do have fracture, they are screened and treated for osteoporosis.

Ultimately, bone health needs local, regional, and national action. One example of successful action on the national level that positively affects age-friendly cities and communities is the decision by the Japanese government to institute reimbursement for “Evaluation for Continuous Secondary Fracture Prevention” in their healthcare system. By doing so, the government recognized the huge impact of fragility fractures

due to osteoporosis and bone health deterioration and increased the sense of urgency felt by all stakeholders in the healthcare system.¹⁵ Age-friendly cities and communities can and should push their national governments to ensure that fracture prevention is embedded in their healthcare systems.



There’s a crack in many health policies around the world. They tend to forget about osteoporosis. We know that about half the people who fall over and break a bone have got osteoporosis and need treatment—if you don’t treat them, their bones will get worse, and then they have really bad fractures. They lose more mobility, have increased care needs, and so on, but there are really simple treatments to stop that: we can act after the first fracture, so we can prevent the second.

Kassim Javaid, Associate Professor and University Lecturer in Metabolic Bone Disease, University of Oxford

Age-Friendly Settings

The adaptations required by aging societies aren't limited to health care issues or programs—older adults must have a place in all aspects of life, which means planning for and instituting accessibility as well as programming. This applies in settings such as museums, stadiums, airports, and all the places where older adults are and should be. Traditional considerations of accessibility, which benefit not only older adults but all people including people with disabilities, are the first component of creating age-friendly settings. This means structural changes like elevator access, ramps, accessible seating, and more. Ireland is leading the way with the world's first age-friendly stadium, [Croke Park Stadium](#): the stadium has improved its accessibility through access routes, seating and signage, and provides staff training and discounted tickets for older fans.

“

Many museums have programs for people living with dementia and for their carers. They do not have strong programs for the 85% of active older Americans who are cognitively fit. The reason for that is ageism. It exists in many American institutions, not just museums. Only 2% of philanthropic foundation dollars in America go towards any type of aging programs or services. Museums have children's centers. They have family centers. But they don't have centers for older adults, and that is simply to do with ageism.

Brian P. Kennedy, Arts Consultant

Accessibility is just the beginning of consideration for age-friendly settings, however—in addition to addressing the physical requirements for access for older people, cultural institutions should also consider

their programming, and how they can engage and support older people. Many museums have educational programming directed towards children, and similar programming for older adults can combat social isolation and enhance engagement and community. The Brooklyn Museum, with the support of the Vitality Arts Project for Art Museums, a grant program for creative aging programs, is building age-inclusive programming and addressing ageism.

“

All our initiatives follow that WHO four step process of engaging and understanding, planning strategically, acting and implementing, and finally and most importantly, evaluating and monitoring progress. Our world first initiatives include the first age friendly stadium, train station, tourist destination, airport, and housing development, among a host of others. Each of these initiatives have been rolled out, keeping the older person at the center of the journey and striving to achieve a better environment that will benefit people at all ages of the life course.

Anne Rizzo, International Relations Officer,
Age Friendly Ireland

“

Museums in particular are places where generations can come together, and be in conversation, engage, learn, celebrate together. That's very, very special. We know that art is good for us. and we know how powerful it is when people of all backgrounds, all ages, all races, all social economic backgrounds can come together...and how powerful that is for the spirit. These programs are incredibly important.

Anne Pasternak, Shelby White and Leon Levy Director
of the Brooklyn Museum



The Elders Series by Malik Afegbua

Art itself can also be used to address ageism—highlighted during the roundtable, Nigerian artist Malik Afegbua used AI to create “The Elders Series,” a virtual fashion show blending traditional and high fashion to combat stereotypes of older adults.

Age-friendly communities should consider the possibility of partnerships with artists and cultural centers in their communities to help combat ageism and present and explore alternative, positive attitudes towards aging.

Malik
Afegbua

Age-Friendly Cities and Private Sector Partnerships

Businesses are important partners in age-friendly communities, from ensuring that older adults can continue to participate in the workforce to ensuring they have the tools necessary to prepare for when they do choose to leave the workforce. Ireland has over 3,000 age-friendly businesses in its [business recognition program](#) that supports both local and larger businesses. The age-friendly workplace program includes step-by-step guidance to address workplace challenges, including addressing ageism in the workplace, mentorship programs, and developing more flexible approaches to retirement to help retain the most experienced segment of the workforce.

“

We are currently developing Ireland’s first age friendly workplace recognition program. The program will address workplace challenges. We know there is a clear need for workplace succession planning, there’s a challenge with pension funding, and there is both a need and desire for older people to work longer. Workplaces need to be more flexible in their thinking, and policies that are inclusive and respectful of older workers need to be implemented, in order to maintain a happy and comfortable working environment for older people for longer, which ultimately benefits industry, business and society as a whole. The economic benefit of retaining older workers in the workforce for longer cannot be underestimated, and indeed must be addressed in the years ahead given the well documented demographic change on the way.

Sylvia McCarthy, Head of Communications, Age Friendly Ireland

We all age—it’s critically important for all adults to plan for later life and to understand longevity literacy. Many people will live longer than they expect and must prepare financially. This is important no matter what kind of pension system the community may have, particularly as people around the world live longer than ever before, and companies can be integral partners in ensuring that members of the community reach older adulthood prepared for their later years—whether those later years include a full retirement, a flexible retirement, or a new phase in their careers.

“

When we think about our life journey, we should also think about how our finances will look throughout that journey. Too often, we trade long-term plans for short-term needs. Take caregiving, for example. Many people must often choose between their families and their finances, which could mean dipping into their savings accounts or scaling back on their retirement savings. That could have ripples for years to come. There’s no right or wrong answer, but we need to examine the entire puzzle, evaluate the priorities and the trade-offs and ensure we’re not putting our own future needs at risk. Retirement planning needs to be holistic and include three legs of the stool—longevity literacy, health, and social connections. We need all three for longevity fitness.

Surya Kolluri, Head, TIAA Institute

Employers also have a role to play in supporting caregivers, particularly those in the “sandwich” generations who may be providing care to both children and older parents. Women especially bear a greater burden of caregiving, and creating an age-friendly community requires ensuring women and all caregivers have the support they need to continue their careers while also providing family caregiving.



Caregivers in particular, most of whom are women, suffer in silence. They don’t communicate their needs to their employers, even though employers can play a huge role in supporting [them]. Employees don’t talk about these issues and most don’t have these support systems in the workplace. We’re all going through this, but we don’t talk about it.

Cynthia Hutchins, Director of Financial Gerontology,
Bank of America

Professional caregiving is an industry that has been transformed by the aging of society. As people live longer and longer, the need for in-home care grows, especially as the vast majority of older people want to remain at home or in their communities as they age. OECD has recognized the challenges of building the health and social care workforce globally, with “low pay, high turnover, and part-time work” providing challenges to recruiting and retaining workers to support all those who need care.¹⁶ In Ireland, as of July 2022, more than five thousand older adults were

waiting for home care because of a lack of available care workers, according to the Department of Health’s Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants. Professionalizing the care workforce, recognizing the validity and importance of this work, and developing a more structured career path that enables caregivers to build a career are critically important to ensuring that members of the community can age within the community. Enabling older adults to stay at home with the appropriate care rather than in residential care reduces costs and burden on the healthcare system as well as providing older adults the ability to remain connected to their social support system.



Around 70,000 people in Ireland receive home health care services on a daily basis. The workforce is a key enabler for this...and a career path is key. We need to collaborate between jurisdictions. Right now, home care services in many countries are time and task based. It’s a medical model, e.g., you have 30 minutes to do this check in and the assigned tasks. The current model is thus a lot less about the social enablers we’ve talked about. Part of what we need to do is address the lack of career structure for home health and home care workers.

Joseph Musgrave, CEO, Home and Community Care Ireland

Intergenerational Community Engagement

Forging intergenerational connections and ensuring that younger and older generations have shared spaces in which to learn and share their experiences is an integral tool in combatting ageism. These shared spaces may take many shapes, such as in age-friendly settings like stadiums or art museums, or in more traditional locations, like schools and community centers.



The NYC Department of Youth and Community Development (DYCD) realized that there were physical spaces where intergenerational New Yorkers were co-existing, but weren't sharing activities and building community together. With our partners at NYC Aging, DYCD is piloting 'My New York Story' at 10 Cornerstone centers, where young adults are 'teaching up' and older New Yorkers are 'teaching down.' The younger generation learns from an older person's lifetime of experience, and in turn, the older folks are brought up to speed on technology. In the opening weeks of the initiative, DYCD facilitated the roundtable discussions—the project took on a life of its own.

Tracy Garcia, Senior Director of Strategic Partnerships,
NYC Department of Youth and Community Development

New York City's Department of Education recently [launched a pilot](#) in public schools in which ageism was added to the curriculum, and its community centers are developing programs to bring generations together in bidirectional mentorship. In Ireland, a homeshare program provides young adults reduced rent, older adults social support, and companionship for both.

Older adults play a critical caregiving role in their communities, with 1 in 9 older adults the primary caregiver or point of contact for children in public school in New York City, while younger generations may share caregiving responsibilities for their older relatives. The New York City Department for the Aging provides older adult primary caregivers with the Grandparent Resource Center. The Department for the Aging and the NYC Department of Youth and Community Development have united to bring programming to community centers and New York's more than 300 older adult centers (OACs) to bring generations together. In Ireland, a high level of volunteerism among older adults as well as children and young adults bring together generations working to support their communities.

Together, older and younger people can challenge their preconceived notions about each other and find a newfound, shared and stronger community, which will make it easier to make other needed changes as a united front. Specific programming helps to create these opportunities.

Public Safety

As our societies age, it is important to rethink how we may approach public safety to support this. This can include traffic lights giving longer time to pedestrians, encouraging people to report crimes or other incidents when they occur, and paying particular attention to financial scams and fraud that often target older adults in particular.



Safety should not be twinned in your mind with crime. Reducing crime and being safe means a lot more. Good foot paths, traffic management, prompt calls to police or health services make for peace of mind.

Kitty Hughes, Chairperson, National Network of Older Peoples Councils (Ireland)

In an excellent example of how agencies beyond those specifically responsible for aging can impact older adults' lives, the New York City Department of Transportation (NYCDOT) has implemented a number of changes to improve pedestrian safety. These changes directly benefit New Yorkers of all ages, but especially older adults, who make up less than 15% of the population but over 45% of annual pedestrian fatalities, according to NYCDOT's [Pedestrian Safety and Older New Yorkers](#) report.¹⁷ To improve the city's walkability, the Department of Transportation is implementing raised crosswalks for increased visibility and awareness as well as reducing the height difference between the sidewalk and the road; curb cuts for wheelchair and reduced mobility accessibility; and turn calming treatment, a yellow, raised road marking which helps enforce correct turning to increase visibility of pedestrians to drivers. Ireland has imple-

mented similar improvements to walkability, including a study with older people and planning engineers and adjusting traffic light timings for pedestrian crossings. Cities and communities looking to improve age-friendliness should consider the examples of Ireland and New York and directly involve older adults and their experiences to implement and target changes to better serve them.

The New York City Police Department (NYPD) has also launched initiatives to build community relationships and empower older adults. NYPD Safety Officers conduct community patrols in a new public safety initiative, and the NYPD provides a curriculum and training, developed in partnership with the Department for the Aging, to its officers on engaging with older adult New Yorkers. Unfortunately, older adults are often targeted for scams; the NYPD provides education to help older adults protect themselves. When crimes do occur, the NYPD provides alternative forms of reporting, as some older adults do not wish to report crimes committed against them. Creating relationships with older adults is critical for public safety officers in all communities, and communities have an opportunity to establish programs in partnership with the older adults who live in them.



While New York City is the most diverse in everyday residents, we [the police force] look the same way. Our Police Department resembles the community they serve. This is also true of the aging community.

Wendy Garcia, Deputy Commissioner of Equity and Inclusion, New York Police Department Office of Equity and Inclusion

Conclusion

The critical element for improving the age-friendliness of cities and communities is cooperation: bringing people together to discuss policies and strategies to advance healthy aging across government, the private sector, and throughout communities.

Each piece of the healthy aging puzzle intersects—from vaccination’s impact on bone health and from bone health’s impact on mobility for transportation needs and public safety and beyond. We will all age; addressing ageism begins in communities with building bridges between generations, using art and education and all of the aspects of our everyday lives. Identify best practices in partnership with the older people in your community: this may be through surveys, walkability studies, or through community conversations elevating the voices of older people. Where aren’t they being included in the conversation? What are the existing programs in your community that work and could be expanded? What needs have not yet been met and recognized? What examples have been implemented elsewhere that could be adopted in your community?

Through the roundtable, New York City identified the potential for a “bone health dashboard” as in Ireland, to track bone health data for healthier communities, while Ireland could adopt the Committee on Aging approach from New York City to foster interdepartmental programming and cooperation. Sharing best practices between and among diverse communities builds better communities for all.

KEY TAKEAWAYS:

1. The value of bone health is under-recognized.

Good bone health is critical to healthy aging, and addressing fragility fractures and preventing secondary fractures keeps older adults living and participating in their communities. Age-friendly communities should enact policies that support and ensure access and reimbursement for fracture liaison services as a key element of supporting good bone health.
2. Adult vaccination is a key part of a community's healthy aging strategy.

Not only do vaccinations prevent the specific diseases they target, they protect against increased risk of heart attack, stroke, and many other serious and detrimental health outcomes. Vaccines also save healthcare systems and communities money. Age-friendly communities should implement life-course immunization as core element of health policy, with childhood immunization programs continuing into adulthood vaccination for healthy longevity.
3. Age-friendly environments protect the health and wellbeing of older adults.

Accessibility in urban planning—from public transportation and stadiums to airports and museums—and including older adults in cultural and entertainment venues and programming ensures that older adults are welcome and able to participate in their communities. Cross-generational engagement is key to combatting ageism.
4. Older adults must be included in community planning.

Engage older adults in the community when assessing best practices and implementing change. Older adults provide invaluable insight into their own needs and how best to address them.

For more on building programs for age-friendly cities and communities, please read WHO's [National programmes for age-friendly cities and communities—a guide](#).

Endnotes

1. Global excess deaths associated with COVID-19, January 2020 – December 2021. (n.d.). <https://www.who.int/data/stories/global-excess-deaths-associated-with-covid-19-january-2020-december-2021>
2. Paget, J., Groenewegen, P. P., Charu, V., Taylor, R. W., Iuliano, A. D., Bresee, J. S., Simonsen, L., Viboud, C., & Teams, G. I. (2019). Global mortality associated with seasonal influenza epidemics: New burden estimates and predictors from the GLaMOR Project. *Journal of Global Health*, 9(2). <https://doi.org/10.7189/jogh.09.020421>
3. Smeeth, L., Thomas, S. L., Hall, A. J., Hubbard, R., Farrington, P., & Vallance, P. (2004). Risk of Myocardial Infarction and Stroke after Acute Infection or Vaccination. *The New England Journal of Medicine*, 351(25), 2611–2618. <https://doi.org/10.1056/nejmoa041747>
4. Erskine, N., Tran, H. V., Levin, L., Ulbricht, C. M., Fingerroth, J. D., Kiefe, C. I., Goldberg, R. J., & Singh, S. (2017). A systematic review and meta-analysis on herpes zoster and the risk of cardiac and cerebrovascular events. *PLOS ONE*, 12(7), e0181565. <https://doi.org/10.1371/journal.pone.0181565>
5. Seasonal influenza vaccines: an overview for decision-makers. (2020). World Health Organization.
6. Terlizzi E.P., & Black L.I. (2020). Shingles Vaccination Among Adults Aged 60 and Over: United States, 2018. National Center for Healthcare Statistics Data Brief, 370. <https://www.cdc.gov/nchs/data/databriefs/db370-h.pdf>
Shingles vaccine coverage (England): report for quarter 1 of the financial year 2022 to 2023. (2023, February 27). GOV.UK. <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2022-to-2023-evaluation-reports/shingles-vaccine-coverage-england-report-for-quarter-1-of-the-financial-year-2022-to-2023>
7. Falsey, A. R., & Walsh, E. E. (2005). Respiratory Syncytial Virus Infection in Elderly Adults. *Drugs & Aging*, 22(7), 577–587. <https://doi.org/10.2165/00002512-200522070-00004>
8. Carrico, J., Talbird, S. E., La, E. M., Poston, S., Poirrier, J., DeMartino, J. K., & Hoge, C. (2021). Cost-benefit analysis of vaccination against four preventable diseases in older adults: Impact of an aging population. *Vaccine*, 39(36), 5187–5197. <https://doi.org/10.1016/j.vaccine.2021.07.029>
9. Hodin, M. (2023, April 27). World Immunization Week: Best-Kept Secret for 21st-Century Healthy Aging. The OECD Forum Network. <https://www.oecd-forum.org/posts/world-immunization-week-best-kept-secret-for-21st-century-healthy-aging>
10. Policymakers | Capture the Fracture. (2022). <https://www.capturethefracture.org/policymakers>
11. The Economist Intelligence Unit Health-care. (2021). Integrated care pathways for bone health: An overview of global policies. In *The Economist Impact*. https://impact.economist.com/perspectives/sites/default/files/eiu_amgen_bone_health_global_policy_overview_final_2021_3_5.pdf
12. International Osteoporosis Foundation (2021). Key statistic for Europe. International Osteoporosis Foundation. <https://www.osteoporosis.foundation/facts-statistics/key-statistic-for-europe>
13. Barton, D., Piple, A. S., Smith, C., Moskal, S. A., & Carmouche, J. J. (2021). The Clinical Impact of Fracture Liaison Services: A Systematic Review. *Geriatric Orthopaedic Surgery & Rehabilitation*, 12. <https://doi.org/10.1177/2151459320979978>
14. Irish Hip Fracture Database | NOCA. (n.d.). <https://www.noca.ie/audits/irish-hip-fracture-database>
15. Major milestone for secondary fracture prevention announced in Japan. (2022, June 7). International Osteoporosis Foundation. <https://www.osteoporosis.foundation/news/major-milestone-secondary-fracture-prevention-announced-japan-20220607-1345>
16. Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Health Care Assistants. (2022). Department of Health. <https://www.gov.ie/en/publication/492bc-report-of-the-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-health-care-assistants/#>
17. Pedestrian Safety and Older New Yorkers. (2022). New York City Department of Transportation. <https://www.nyc.gov/html/dot/downloads/pdf/pedestrian-safety-older-new-yorkers.pdf>



GCOA represents a cross-section of global business including technology, pharmaceuticals, healthcare, home care, financial, transportation, and consumer sectors. We engage global institutions, policymakers, and the public to drive debate on, create, and promote innovative policies and actions to transform challenges associated with the aging of the global population into opportunities for social engagement, productivity and fiscal sustainability.

For more information, visit
www.globalcoalitiononaging.com

and contact
info@globalcoalitiononaging.com