

This is a raw transcript of the Flagship Urban Solutions session on Inclusive Cities of the World Cities Summit, held at Marina Bay Sands, Singapore, on 3 July 2012. The panel comprised:

- **Mary Ann TSAO** – MODERATOR
President & Director, Tsao Foundation
- **Alex ROSS**
Director, World Health Organization
- **CHIA Wee Boon**
CEO, NCS Pte Ltd
- **Emi KIYOTA**
President, Ibasho
- **Gary LAWRENCE**
Vice President, Chief Sustainability Officer, AECOM
- **Mohamad Maliki Bin OSMAN**
Senior Parliamentary Secretary, Ministry of National Development, Singapore

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Dr Tsao: “Thank you very much for that kind introduction. Good afternoon ladies and gentlemen. I actually am indeed very privileged to be the moderator in this session as inclusive cities particular context of population ageing will address one the most important and urgent challenges in the 21st century because indeed as you will hear later we are facing unprecedented demographic shifts and people across the world are living longer than ever. And this heart on longevity is not longer just a preview of the developed countries but very much in the developing world as well, and especially in Asia. Already 70 per cent of the older people live in developing nations and more than half of the world’s older people already live in Asia and we’re just beginning to age. And contrary to common belief, many, many older people, the vast majority of older live in cities and increasingly will be doing so. And of course most cities as they stand now are not built to be inclusive and they tend to inequitably alienate and isolate older people and render them far more dependent and less productive than necessary. So this afternoon, we actually a stellar panel of speakers who will share with us insights on how to create really inclusive cities and a major factor in how can positively transform our ageing experience and begin to reap the benefits of longevity rather than dealing with the burdens of ageing. So today the topics addressing, being addressed in this session will range from macro policy level from WHO, into urban planning, built environment design, innovation and strengthening digital connectivity across the generation into actual experience right here in Singapore in planning implement strategies for inclusive communities.

Now I'd like to just introduce our five speakers. Our first speaker will be Mr Alex Ross. Mr Ross is the Director of the WHO Centre for Health Development Kobe, Japan, which is a global WHO centre for excellence that conducts research on impacts and implications of social, economic and environment challenge on health policies in urban sector. And in the area of ageing, Kobe Centre focuses on advancing technological and social innovations to address issues of ageing population across the world. Mr Ross' area of expertise is in public health policy, specialising in health systems and prior to his joining the Kobe Centre, he served as director for partnership at WHO headquarters in Geneva where he led the development of WHO's partnerships policy and nurture WHO's engagement on global health initiatives, UN agencies, NGOs and the private sector. Our second speaker is Mr. Gary Lawrence.

Mr Lawrence leads AECOM's sustainability efforts by managing its extensive resources and skills in sustainability for projects across the enterprise. He is also a spokesperson for the Organisation of Thought Leader on sustainability issues and frequently presents at conferences around the world on topics including age-friendly cities, sustainable transformation and adaptation and resilience. And prior to joining AECOM, Mr. Lawrence held various positions involving urban planning, city planning, including being the strategies leader at Arup, leading the Sustainable Strategies and Solutions Inc. and serving on the faculty of the University of Washington's College of Architecture and Urban Planning. He was also planning director for the city of Seattle, where we all know is a wonderful city, where he led development of one of the world's first comprehensive plan, "Toward Sustainable Seattle". And his 20 years of global sustainability experience also include serving as advisor to various Presidents and Prime Ministers' office, including for the US, Brazil and UK and the OECD on matters of sustainable development, economics and environmental policy.

Our third speaker is Dr Emi Kiyota, a good friend actually. Dr Kiyota is an environmental gerontologist, the first of the kind I've ever met and specializes in organizational culture change. She's an architect by training. Dr Kiyota's work was focused on initiatives to improve the quality of the built environment for a long-term care and ageing services. She's a consultant to numerous age-friendly design projects for senior housing, hospitals, and clinical care centers in the United States, Europe, Asia and Africa, including one in Bhutan with me. She is also the founding director of Ibasho, a new non-profit international organisation, embodying the Japanese concept of "a place where one feels at home being one's self." Dr. Kiyota is recent recipient of Bellagio Fellow from the Rockefeller Foundation which focuses on an 'Innovative Response to Global Aging'.

The fourth speaker is Mr Chia Wee Boon. Mr Chia is the Chief Executive Officer of NCS. He provides leadership to all NCS's businesses and cell functions in Singapore and globally and Mr Chia has over 25 years of accumulated experience in business development sales across diverse technology streams and industry vertical. And prior to joining NCS, he held various senior leadership positions in Hewlett Package including Senior Vice President for Worldwide Alliance Sales in the Technology Solutions Group and managing director of HP Singapore and Southeast Asia. Mr Chia is also a member of various policy and planning committees and has previously served in the National

Heritage Board, International Enterprises Singapore, Singapore Land Authority and the Singapore Greenplan 2012 planning committee.

And finally last but not least, our Mohamad Maliki bin Osman. Dr Maliki is currently the mayor for the Southeast District of Singapore and the Senior Parliamentary Secretary for Ministry of National Development where he also serves as chairman of the community improvement projects committee. He is also the Deputy President of Safra, the Vice Chairman of the Reach Panel, the National Youth Guidance Rehab Committee and a member of the board of the National Community Leadership Institute. Now I'd like to remind our speakers that each speaker will have 10 minutes and the reminder will be flagged to you at two minutes before your time is up. And finally I would like to have the privilege of inviting our first speaker, Mr Alex Ross, the director for WHO Centre for Health Development Kobe to share his insights on impact of population ageing, implications for cities and the global network of age-friendly cities. Alex."

Mr Ross: "Good afternoon and welcome. In a conference of urban planning where we think about infrastructure and large scale engineering and design, today we're actually going to be speaking about the people and in this case, a very important segment of the population which we often think of ourselves perhaps but also certainly our parents. This is the ageing population and our goal is nothing less than to think about healthy and productive ageing for as possible and to redefine the concept of ageing and also to think of this as keeping everybody in place or ageing in place meaning in our homes, our communities and our environments. I'm going to run through a number of slides and you have them so you can study them perhaps a bit more but I'd like to set the stage a little bit for our discussion today. We are in a tipping point in history to use the term of a famous author where for the first time ever in history, we are now having a population over 65 greater than the population of children under five. And this trend is irreversible and as I said the first time in history with high implications for all of our countries around the world and this is a global dynamic.

If we look at some population pyramids to see this trend and this world data, it's just not just the developed nations, in 1950, five per cent of the population was over 65. It's just a little bit over 7.6 per cent, which we define as an ageing society. In a few years, it's actually going to be, in 2050 in 30 years, it will more than doubled to 16 per cent of the whole population. That's an aged society. When you get to 22 per cent, you are the super-age society and the one country that actually demonstrates actually today is Japan and very closely, it will be Korea and China and many other countries, including Singapore if we look in the not-to-distant future. Now, populations have been getting older for some time. All right, this is just a very quick colourful representation of that and as you can see the population has been getting older for some time but what's interesting at the bottom two lines are Brazil and China. These are not just Japan and Singapore and the United States and Europe and so this is, the median age is actually going up as I said as we're getting over 65. For those who are already at 75 years of age and 2010 is that red line. If you look out for the next 40 years, what's interesting is that if you're 75, you can expect to live at least another 15 years, if not more. Again, this is a worldwide trend with many countries implicated and again China and Brazil being reflected in that.

Now real ageing, perhaps the correct misconception is just beginning and this is something that's an issue that again, people think that we've already had a big problem. I hate to say it but it's actually going to get worse. You're looking at the percentage of the population over 65. Japan is going to go from 23 per cent to 40 per cent and look at the other countries, China, India, Brazil, Australia, they are all creeping up in a very rapid way and what is also interesting is that it took 100 years for France to go from seven per cent of their population to 14 per cent of the population over 65. Japan took 20. If you look at the other end of the spectrum, you've got a few more countries there such as again, Brazil, Thailand, China. They're going to take less than 20 years. If you're an urban planner, you got to start thinking right away about how you actually design your systems to accommodate this very rapid growth in the population ageing with all of its commensurate impact. If you look at ageing, just a kind of another picture to show you in the middle bubble if you will, 2000, 2050. This is the function of the fertility rate as well, which very low in Japan but you also see in Italy. So many countries also have to grapple with this demographic shift that are actually essential to thinking about the community, the people and fundamentally also about markets if you think about it in business terms.

Now another side of this public policy, which is absolutely critical is the concept of old age dependency. This is the number of working people who are supporting one elderly person. In Japan again, a very good example but it's not just Japan to be clear, 1965 had nine people for one, 2012 it came down to two to one or roughly 2.4 to one, it's going down to one to one. As you can imagine, there's very, very large implications for this and this is not just the only country, as I mentioned Korea and China. Now you add another factor which you've heard again and again at this conference is that you're looking at the population in the world that is also highly urbanised. How those two come together will vary by individual country and individual location. It's not a one size fits all but suffice to say, if you make the assumption that you got a highly urbanised ageing population, there are also major implications that are again for all the urban planning and social issues.

Now for the World Health Organisation, we have actually presented a series of recommendations about thinking about an ageing society for countries and communities. The one that is actually promoting health across the life course, the second is about the way of health and social services with primary healthcare and long term care with many different models and palliative care. And most importantly for us in this environment here and today's meeting, age friendly environment and age friendly cities that I will mention and describe that foster health and participation of older people in the community that can be both economically and socially. Finally, to reinvent how we think about ageing, to fundamentally redefine it. So what is the life course? The life course is simply put that what, there are two populations we need to worry about, the ones who are ageing now but for anyone involved in public policy and healthcare and social care and education, it's also about the children today and what they need to do to remain healthy and productive in their lives when they too will reach to be 70 years old. So each of these has a series of intervention and a series of implications and I just invite you to reflect on this as you think about this in your different programmes.

Now moving on to the concept of the various social services, this is not an audience that is generally involved in this. However, we do need to think about how those systems interact with the other social and community based systems and we can really spend a lot

more time on this but I won't. Suffice to say that we are working on this and many others, many of our speakers are in social and technological innovation, how do you use both, the technology but also the service delivery innovations to make it a difference in people's lives. And finally it is actually this concept of ageing and place. Our goal is to keep people not in a hospital or nursing home, it is keeping in the home, in the community and fundamentally then to start encouraging that. Now as I mentioned cities have a lot of implications. There's chronic diseases, there's home-based care, there's ageing in place. There's a lot of other issues here that you can look through in the handouts. But equity and social inclusion are very important issues for us, measuring what's happening also in the equity dimension and this is very, very important for a local policy and public policy, and urban planning, how we bring the sector together to talk to each other is critical. The imperative for many is about reducing cost but for us it's about public health and it's about maintaining the young people, the health and well being for as long as possible with their dignity in their community.

And in terms of age-friendly city movement, a number of years ago WHO brought together 33 countries where we had run quite a large system of talking to the elderly, talking to healthcare givers and asking them what would constitute to be an age-friendly environment in the future. They came up with eight dimensions that are represented on the slide. Outdoor space and buildings and how you design those. Transportation systems, are they age-friendly? Communication and information in the world of IT, housing clearly with the shelter issues and all the implications thereof, respect and social inclusion, a very, very equal level dimension, social participation, civic participation and employment and then finally health. So health is one of the eight dimensions but each of these constitute at the creation of something called the healthy cities movement. Here's a guide you can get it on the web, it's listed there and this guy actually goes into details about taking apart these dimensions. Two years ago, we re-launched a global network of age friendly cities of which there are now 49 cities around the participating which is a platform for how people can share information and there is a website on the handout where you can get more information. It is simply a way of sharing it's not an accreditation system but it is a way of cities talking to each other and we are providing that platform for this movement and hopefully it will grow so please if you have questions we can into more detail.

A side point about centres that we've developed a tool to measure equity and I just say this because information is important and there are different dimensions of indicators which are mentioned throughout the meetings in other settings. But this is something that we can also provide for individuals who might be helpful but it's a planning tool, very simple to use. When you take this with the city planning for ageing populations, it becomes a very powerful tool because fundamentally you need to know where people are, what's happening to them and then to tailor the intervention under long term planning that's required over 20 or 30 years. Now we think of transportation policy, there's a lot more discussion around this when we start to look at various ways of trying to make something age-friendly. Safety, crime issues, public lighting, simple things of a bench with handrails to sit down, the green spaces, these are the types of things that you have think about as population also simply remaining productive for longer. This is not a disability programme, this is about individuals but they are slower. There's a lot of issue around dementia, the use of technologies. But from transport, there's a lot of work to be done.

And New York City which will obviously become very popular at this meeting for the award that they received have a very innovative programme called Active City Guidelines or Active City Design which we have been using and a lot of this, they actually been a pioneer in age-friendly cities as well. There's a whole series of programme that they've been working with the community. As I mentioned, I'll talk about this perhaps in the questions and answers, but innovation is a large part of this but that's a different set of issues. I'll close with two quick slides about a city in Japan, which is Kashiwa City, which tries to demonstration to you the complexity of all the different aspects of trying to develop a model community that that brings in all the different aspects of housing, for example retail stores, social services and to bring it down with the welfare division and the city health services, urban renaissance agencies as they have it, the prefecture cities and city government and together they are actually trying to develop this model town essentially near Tokyo to focus on their elder population. And with that, I'll say thanks and you can come visit us at these websites and have answer questions."

MC: "Thank you very much, Mr Ross. I now like to welcome Mr Gary Lawrence, Vice President and Chief Sustainability Office for AECOM to share his insights on how successful urban design can improve the lives of city dwellers. Mr Lawrence, thank you."

Mr Lawrence: "It's a great pleasure to be here. Thank you very much for inviting me. I had the honour in participating in the last liveable cities, age-friendly cities discussions in Dublin last year and I learnt an incredible amount there and well, what I learnt most of all is I don't know nearly as much about this as the people in the room but I will try to focus on some key issues we think are important. You've heard from Alex a whole bunch of statistics. I'm not going to dwell on these but there's one thing that we find is a barrier to actually including well and frail adults and public policy considerations and that is our distributed governance models make those kinds of public policy discussion where you're actually having to think at regional scale for mobility and access systems and I always try to substitute the words 'mobility' and 'access' for transportation. So you can be inclusive of the whole delivery, you can be inclusive telecommunications, all these other things that have to do with for participation and society. The governance issues are a barrier in many instances.

Our infrastructure is also barrier. Not necessarily new infrastructure but old infrastructure. Alex mentioned New York, I happen to live on Manhattan. The subway system is really useful but it's also for the most part really old. When the elevators are broken, the escalators are broken, it's very hard for older adults to use that system as a real alternative. So investments in infrastructure are a key part of this discussion and there are other things that I'll focus on. We talked about how 22 per cent of the global population will be 60-plus by 2050. One of the things I've been thinking about is preparing for this is what used to be them is now me, having past 60 and thinking about how my life relates to this has been very important and as one of my colleagues says that I'm also on the statistics of the overweight now being a greater number than the malnourished. The way we design cities contributes directly to this overweight activity, lack of mobility and access as people become home-bound because they don't have the services locally that induce them to walk. We create urban environments that are hostile to walking in many instances, those sort of things and there's a lot of discussion going on

about that and I'm not going to go into any of these health things other than the relationship between age and poverty is one of the things we often talked about that is also a key to solving this problem. When older people are among the poorest in all societies, then that's not true necessarily in the most developed cities in the West, but it's true in the rest of the world. Figuring out how through private initiative and public investment you actually create the capacity to solve problems, the resources will be there and is a key thing.

What are the physical characteristics? Well, the transportation links, going to mobility and access now, actually are focused on not what transportation and urban planners think ought to be built but what users actually need. We have a lot of conventional wisdom about how systems ought to be designed and in most cities the systems are originally designed to get workers from outside of the central city into the central city. In most regions, the real free opportunity to participate in life is interconnection between suburbs, not people coming under the central cities as metropolitan areas grow. So rethinking those set of questions is key. Green space is of course a critical issue. It's a critical issue not just for livability, it's critical issue for addressing greenhouse gases and critical for addressing heat island effects. We are looking with a number of our urban clients at the relationship between their growth and health islands because heat is a real killer for particularly frail elderly. How do we have actually have economic activity, how do we have growth, where do we need green rooms, where do we just paint the room white because the reflection of the sun actually reduces heat island as much as the green roof but the green roof are better for capturing rainwater and filtering it. There are all sorts of things that I can bore you to death with, those sort of things.

Access to sustainable energy and water, one of the key things being discussed in the UN these days is energy-food-water nexus. And as the probabilities associated with climate change suggest that much of our prime agricultural land may be going out of production in the next 50 years. The issue of nutrition for older adults in urban places becomes more and more critical and there's a lot of consideration going on now about the growing of urban food. There is a Dr Despommier (?), an Emeritus Professor at Colombia University that has actually done a study that New York City has accepted. With 35, 32 storeys towers in New York, we could feed the eight -plus million people in the city so long as they weren't eating beef. That's going to be an important consideration for us, not only for reducing greenhouses gases but for public health as the availability of the agricultural land gets less and less. These are the things that I think are pretty self-evident. We've been asked to provide you some case studies but before I do that, I want to talk about something that came up in the discussions in Dublin.

Back when I was the planning director in the city of Seattle we did a lot of research on users and one of the things we discovered was that things that benefitted older adults in urban form and mobility and access systems, curb hikes, increasing public safety, shading all that sorts of stuff also had benefits for young adults with children. So many of the things that we talked about in urban design are not technical problems because we know technically how to do many of them. There are small political problems. They are problems that no one believes actually need to be solved because they don't understand how they fit within the context of their lives. So here is just one sort of political suggestion. In order to make cities more liveable for older adults, you're going to have to

form coalitions with other groups and parents with small children is a group that elected officials pay very close attention to. So I'll be thinking about how as you're moving this agenda forward and it's absolutely necessary that you move the agenda forward, that as the older population increases and their political influence grows, also the young adults will benefit from the same sort of investments in urbanisation and they need to be working together on this so you don't create a notion that there is an opportunity cost and by investing in things better things for older adults you're diminishing the amount of money you can invest for young people and children.

So in Eakins, South Carolina, 20 per cent of their population is 65 or older. They have a senior commission that advises the mayor. They've done something like change their bus system so that people who were otherwise stranded now have access and they also change the formation of the coaches so that it's easy to get on and off them, those sorts of things. They haven't gone so far as make them real alternatives to driving which is to have places to put groceries and those sort of thing but that's coming along. In London, London is doing an incredible amount of work in increasing their accessibility. London is a very tough environment to work in because it's old and it's been built and designed for certain kind of lifestyle and it's now having to be retrofitted. That's one of the issues for all of us. As we think about urban design, we start focusing on new cities. When the key issue is retrofitted to existing cities by 2050 about 75 per cent of the housing stock in 2050 already exists, so how are we going to transform that? That is something that AECOM works on.

I'm getting the end. And Masala Finland, they actually are going whole hog in terms of a barrier-free construction and actually redesigning their cities so that older adults have in terms of equity the same amount of freedom of movement, the same opportunity to participate, the same opportunities to achieve health as anybody else in the population and I think that Masala is a great model to look at a smaller scale than New York or London or those sorts of places. We think in AECOM that sustainability is about optimising conditions for human development over time. As we look at these demographic, we're a company with 45,000 people, \$8 billion in revenue. We're engaged in almost every aspect of the human drama, energy, transportation, all those sorts of things. For us, this is an important thing to think about not only because of the moral ethical considerations but for us it's a business issue. If we can understand and this well enough to help our clients understand that their investments need to be inclusive making things better for the ageing population, then we won't be doing our job in giving them good advice. So again, I want to thank you very much for inviting me. I look forward to the questions and answers and I also look very much to the rest of our speakers. Thank you."

MC: "Thank you Mr Lawrence. Next up we have Dr Emi Kiyota, President and environmental gerontologist at Ibasho. Dr Kiyota will share with us her insights on how the design community can respond to the care needs for growing number of seniors."

Dr Kiyota: "Hi, good afternoon. I will like to actually take you to a little bit more from the perspective of older people. After discussing about macro level, I would like to bring you to more micro level. If you could stay with me, senior centre, age care facilities, adult daycare centre, nursing homes. Are you excited about your older age? If you, I hear this

smile enough. If you think it is a little bit funny I think we have a little bit of problem as a society because I worked with an architect because I design housing for older people and I hear it all the time that I don't live into this place. I design this place but I don't live there. I think our mindset of 'we' and 'them' or 'I' and 'them' has to change and that is the talk I would like to actually focus on so that you can actually see this problem as a part of your problem because ageing is really not a disease. It's a part of life course so that happens to me, happens to everybody. So we should really stop thinking about what we have to do to make other people's home. Why should design community respond? Do we have to respond maximising the number of elders in a limited space to have inclusive cities? Do we want to build better institutions than we have? Do we want to create a place where we feel familiar especially this is a big topic for people with dementia. Or simply do we want to create the place where we would like to live?

I would like take you to the development of a nursing home actually was like. It is actually modeled after acute care model so this is not working, okay. So when you look at it, in acute care model, your objective is to cure and you would like them to go back to the society and being a productive life and the main objective is to save life. But when you think about how elderly care has to be done, the objective has to be really to provide dignity of life until the end of their life. They cannot, a lot of diseases you cannot cure. What we have to really focus on is that we have learn to live with disabilities and we should not over-medicalise the service for the older people. Sometimes we have we confusion when we're talking about housing for older people. They think it's nursing home. There should be much more option than that and older people's housing shouldn't always be connected to medical institutions because when you look at this, acute care is really objectively valued. It is almost like doctor will say this is successful, you will see statistics, this hospital is successful, a society is successful to cure this disease. But what older people want cannot be, a lot of times you cannot measure it because what they want is a quality of life. This is much more subjective values.

So transition of the older, eldercare I would like to go through. It used to, it started with institutional care. I was born and raised in Japan and moved to United States and studied about eldercare for the last 20 years. So when I started studying about eldercare, it was about the institutional care. It is about the medical model and it what you get as a resident is unified care, it's collective care. And the design field, how they reacted was to create efficient, convenient, hygienic and totally safe place. We have great intention to care for older people. That's how we, okay, that's how we design. It seems like it's not working. Okay, last 20 years, we are realizing that we don't want to live in a hospital-like place, I would like to live in a home. So there is a movement called Personal Centre Care. We try to provide social medical care because as much as we try to provide a social model, we still need some kind of medical care. So it is much more individualized and design field actually responded to be, to create a much more comfortable setting just to provide more orientation and safe and comfort.

What I would like you to think about it, I just called it the Ibasho concept. Why I chose Ibasho I did want to have any negative time attached to any of the concept at this moment. I will like to leave it up to you. But I think what we have to really move towards, I think that's what we want is that integration model. We really want to be part of the community, how design field has to respond is much more than comfort and privacy.

That is a very basic but really have to start thinking about how can we integrate elders with them and how can we really encourage ownership among community. And really simply we don't want to be marginalized and multi-generational and culturally appropriate and just simple thing like normal place to live in. So where we're going, where our society is going? I should probably say where should our society going with this list. We would like to go from segregation to integration. Care to lifestyle, we think that we as a nice people will care for you older people. Nobody wants that. So we really have to respect rather than the care, it is the lifestyle. And again, providing care, we should think about how can we empower them and how can they have a sense of belonging and it is okay to be inter-dependent. Independent is being respected so much, that's that people want but it cannot really keep, you cannot keep until you die so we have to accept interdependency, sense of ownership, elders as a social asset. We should really learn to provide eldercare with positive attitude and simply multi-generational community. So how can we actually design it for this direction?

This is what I think. I think we have to embrace imperfection, here is why. Long-term care for older people is very convenient, is very efficient, systematic and hygienic. I will tell you a home. It is very inconvenient, it is inefficient and it's terrible and not always clean. I've been hearing throughout this conference older people want to stay at home although we know a home is not perfect. I think healthcare, we strive too much on perfection so as designers, we design, over-design too much, we assume too much. I think we have to really have to take a step back just think about normalcy one more time. So I will show quickly a good practice in Asia. I have very limited time so I will give you slides later if you would like to see more pictures. One of the place in Kyoto, this is a living room. I'm just going to show you the image. This is a living room trying to create a sense of home. I think it's kind of hard to say, how they adapted dementia, this is severe dementia, 75 people living in this house within six households. They usually sign up with a red door, yellow door and number one and two. How they did it was just change the design for the entrance, which is very culturally appropriate. So it is very normal but they still cannot still identify it. So what they did, they don't hire interior architect. It's really the same floor plan, patients, residents and staff members they work together. So what they do is to give about \$5000 a year so the staff member can actually change the room because that's what we do and this is one of the universal design feature I would like to cover. You see this black line, it is actually recess so you can grab any anywhere but it is part of the design so you can open grabbing any part of the black line by it doesn't look like it's accessible door.

A lot of places in Japan is integrating café for community people to come and this is the kitchenette, one of my favourites. Actually, I walked in here and I said, well, this is just like my home. It is comfortably messy because kitchen has everything and this to me shows sense of Ibasho to me. This old woman, this is where she belong and nobody bothers her because that's her place. So this is another organisation, about designing for non-stigmatised design. This is like a regular normalcy that you can see actually, entrances and this is a nurse station, that's how you can normalise it and this is pre-school because right next to the nursing home they have pre-school and the regular house that older people live first floor and younger people live upstairs and they try to preserve the three. And the last project that I wanted to show you is about the after tsunami in Japan, we have a lot of older people living in temporary housing units and it was supposed to be

two years but we are projecting about five to 10 years. So a lot of older people are still just withdrawn in their house and this is, I just chart this one year later the tsunami. A lot of things are still damaged and nothing is built so this is a temporary housing.

So what we try to do, just try to exercise what we believe in as Ibasho really try to empower older people and just look into what they can contribute. So this is going to be design built together and operate by over 75 years and elderly because in Japan 65 are the young people. So this is the workshop what we're doing. So what we do is just to facilitate and architects are doing, sitting in the back and taking notes because this is their project, it's not the designer's project and this is part of the environmental sustainability issues. We are saving this old farmhouse because otherwise, this is going to be burnt down and it's going to be trash. So we wanted to create as a part of, as a sense of their pride because all these elders who are going to come is going to be, they are the ones that fill up the houses.

So this is what is inclusive city. It's not about elders and city. There are so many layers. We have to provide people to feel a sense of community in different layers. Otherwise it is going to be very hard for people to belong to and this is a message for designers, so as stakeholders. I've seen many, many times people want innovative design, innovative buildings or innovative cities. We have to make sure to write a play before we design a stage. Otherwise, you cannot appropriately design it and I would like to end with this slide that Mother Theresa found these issues in Japan when she visited. Being wanted, loved and cared for, forgotten by everybody, I think that is a much greater hunger, much greater poverty than a person who has nothing to eat. I walk and I see it every single day when I'm in the States. I see this poverty in the eyes of the elders, in the one of the wealthiest countries and I would like, I wanted to share this story with the people in Singapore because you're one of the wealthiest countries. I would not like to see poverty in the elder's eyes. Thank you very much."

MC: "Thank you very much, Dr Kiyota. Our next speaker is Mr Chia Wee Boon, Chief Executive Officer of NCS Singapore. Mr Chia will share his insights on how we can reach out to the seniors in IT to enable an inclusive society and the importance of establishing a digitally connected city."

Mr Chia: "Good afternoon, ladies and gentlemen. It's my pleasure to be here and I'm going to be very focused on the technological aspect of how we could cater for the ageing community. There's a huge increase in obviously senior population and I would call it the silver segment. I would put to you that technology, the ICT technology, policies and infrastructure can be in place, can be installed and implemented so as to allow the senior citizens to lead a more meaningful and more productive life. So I'm going to throw a technology spin to this. Let me put to you that there are essentially three main needs, I know it's not exhaustive but needs of the senior citizens. One, as you get older, the proportion of money that you spend on healthcare increases and therefore should be catered for and how technology could help track that. Secondly, it's in the area of helping to lead, helping senior citizens to live independently, actively and meaningfully. So in this regards, we would like to examine how technology could help enable a continual employment and e-learning and last but not least, how senior citizens could live securely and in a very connected world.

So let me first touch on healthcare and I'm going to break it up into three stages so to speak. When you're a bit more aged but healthy, the focus is on preventive medicine. You want to be informed, you want to be educated about what is happening to healthcare and to make sure that you know the symptoms of specific diseases before it hit you. And to that end, today, technologies are available to allow people to keep their medical records, to keep their latest medical screening records. So how many of you actually here do medical check-ups? I'm sure you do. How many of you all actually keep a record and then go back all the way to about a decade and see how it has been trending? Practically very few, I don't. I've been doing this for the last I think 20 years or so and each time I want to do it, I got to go back to my records if they are still available. Well, today medical records are available and more importantly there are analytic tools will let you see and analyse trends of how your medical records or how your health records have changed over the years. So that's preventative before you ever need to go to the hospital and if you need to go to a hospital either reactively, not planned or on a pre-planned procedure, you want to go to a hospital where medical practitioners, healthcare professionals are focused on patient care. So most of the time, many of the medical practitioners are very inundated with either administrative roles or they're doing what you called asset management – where is the next available bed, where is the equipment that's meant for specific patients and so on.

And what I put forward to you is the technologies today are available for hospital administrators to construct a truly digital hospital and I'm not talking about the energy management and so on. I'm talking about the hospitals where the moment you arrive, the medical records are available. When you need to do a preplanned appointment, it is done for you and when you're there and if you are there on an unplanned basis that beds are treated as part of inventory management and the most available bed will be given to you the fastest and within the shortest waiting time, all these with the focus of patient experience as opposed to having to wait for doctors. And the last area is what I would call post-discharge. You leave the hospital you may need a step down care either at home or in a community hospital. In this regard, what you want is to have somebody to monitor your condition, somebody for you to be able to pump vital signs or vital records to a command centre that can measure your heart rate, your blood pressure, your cholesterol level and so on. All these with the idea of proactively manage it cost effectively and all these with a focus of two things for the aged population.

One is accessibility to high quality patient care and number two is lower cost of healthcare. The second area is in facilitating senior citizens to live independently, meaningfully and financially independently as well. First area is employment so technologies today are available for senior citizens who want to work either fulltime or part time and if they want to do part time at home or in office premises. All these are about choices. Today, technologies are available for senior citizens who are in their active employment could be very technically knowledgeable and want to continue to be employed and still contribute to customer service as an example. The technologies today with the availability of broadband high-end telephony systems, video conferencing and communication services, all these basics are already in place. What we need is careful planning, what we need is enterprises, companies to pre plan and embrace the silver segment as part of their workforce. Another area in living independently is in e-learning.

The availability of tools for e-learning with gaming technology today, they are available. I got two minutes left so I'm going to go through the last two slides.

So in the area of digital divide, what you want to do is to be able to embrace and have appliances and technology well within an environment where the citizens live. So today for the safety of the civil segment, integrated surveillance systems actually are available to allow detection alerts to be made available, it could be cardiac arrest, it could be a fall and if there's a way alert a specific response centre, that would be ideal and that again is available. Another area here is about relationships. Many of the older citizens obviously want to continue to have relationships and with relatives and friends from as far away, from afar, across countries and obviously across neighbourhoods. I'm sure many of you have used Skype, Gmail video, all these are basic technologies today available to the young and old alike. So as a final comment, I want to make – technologies are on its own not an end by itself. They are for us enabler for productive and meaningful lifestyle for senior citizens and governments have got an equal responsibility to design aged population friendly policies as much as enterprises and business will do things hopefully and implement employment policies that will embrace the aged as part of their workforce. So all these with the idea of embracing and enabling the aged population to live a more productive and a more meaningful lifestyle. Thank you.”

MC: “Thank you, Mr Chia. I'd like to invite our fifth and last speaker, Dr Mohamad Maliki bin Osman, Senior Parliamentary Secretary for National Development and Mayor of Southeast District to share his insights on building a city for all ages.”

Dr Maliki: “Very good afternoon. It's tough to be the last speaker after four speakers. I'll try my best. Afternoon everyone, well as an academic, politician and community leader, I've been involved in ageing issues for a long time now in Singapore particularly. Over the last two decades the government's efforts to prepare for population ageing have evolved to become more comprehensive and systematic. This is critical given the very pace in which Singapore's society ageing. So this afternoon, it's my pleasure to share with you Singapore's vision of a city for all ages. I like to start by observing that the city for all ages ultimately an inclusive city. An inclusive city enables all members in society, young and old rich and poor, to feel a sense of belonging and be appreciated as productive and full participants of our community. An inclusive society is alert to our demographic shifts and ensures that our people's interest and future needs are taken care of. An inclusive society is not just a city with impressive physical infrastructure but it's also an endearing home. So why has inclusiveness becomes a buzzword for Singapore today?

I think part of the reasons is that Singapore one of the fastest ageing population in the world. We need to be inclusive to preserve our social compact, support our families and more importantly remain a good home for all Singaporeans. Today the population of seniors above 65 years old is around 300,000. This figure will triple to reach nearly a million in 2030, just less than 20 years from now, about one generation later. As with any rapid change, there will be unique challenges and opportunities. I'll share three key challenges and opportunities. First, our demand for healthcare will grow significantly over the next two decades. This is driven primarily by population ageing and the government's efforts to provide better care not just in the hospitals but also in the community and at home. Our healthcare spending is estimated to double in the next five

years. Second, we will need to do more to support family members as primary care givers. The trend of smaller families, more globally distributed family members and more women at work mean that there will be fewer family caregivers. There should also be good opportunities and options for single elderly to age in place. Third, we can expect more of our seniors to live longer and with vigour and strength. Our baby-boomers are educated and materially better off than their pre-war generation. They should have opportunities to live meaningful and active lives. We should tap on and support this important silver resource.

Our strategies for a city of all ages or for all aged can only be effective if it enables our seniors to live they way they want to. As with any member of society but probably more so for the seniors, we want to engage, we want them to age gracefully and with dignity. For us to do so, we need to be healthy and independent. We also want to live close to our family members, engage with friends and neighbours and be given every opportunity to lead meaningful lives. Therefore in planning for an ageing population, we have sought to be mindful of the following key points. First, supporting an ageing population is a collective responsibility of society driven by dynamic partnership between the government, the grassroots and the community. Second, we should develop good urban solutions that integrate services and the built environment. These are the platforms to collectively support our population. We need to cater for the diverse needs of our seniors and their caregivers. Third, our aged care should be affordable, accessible and of good quality. Quality aged care encompasses intuitional care, community-based care and home-based care. Let me elaborate each of these points in detail.

First on the collective responsibility. To adequately and effectively support our ageing population, we need to establish a strong and dynamic partnership among the government, grassroots local community to champion and drive strategies and programmes to support our seniors. At the national level, we recognise that the whole of government approach is required to respond respectively to the opportunities and challenges of ageing. There is already an inter-agency ministerial committee to look into long-term solutions and develop suitable strategies. While public agencies tackle broader strategies at the national level, we have expanded our outreach to seniors and grassroots leaders, non-profit organisations and community volunteers. Being closer to the ground, they are able to identify micro level needs and introduce the required solutions. For a start, we have set up a city for all ages project office to coordinate among various partners. We have identified four precincts in our public housing estates with higher senior population – Marine Parade, Whampoa, Taman Jurong and Bedok, these are local names. Our first project, pilot project started in Marine Parade at the southeastern side of Singapore. Over the next few years, next five years we will be working with our partners to implement locality-based projects. If successful, we'll scale this up islandwide.

But while our strategies and programmes are well-intentioned, senior are only able to live well and happily if they feel rooted within the community. How do we promote this sense of rootedness? One way is to build and strengthen what we called micro communities. Community development researchers have found that the success of building communities is inversely related to that size of the community, the smaller the easier. The aggregation of strong micro-communities will result in a strong and cohesive larger community. There are three building blocks to make building and enriching micro

communities possible. First, we need to make effort and be genuine at getting to know one another at a deeper and personal level amongst residents in that community. Over time, we formed connections with each other and build trusting relationships and thirdly we can share and are able to understand one another's needs and galvanise community resources to respond to these needs. The strengthening micro communities will enhance the social capital of our seniors in that community.

To better illustrate how micro community work, let me share with you a programme called the community outreach programme for the elderly (COPE), which was implemented in the southeast district for which I am also the mayor. Under Cope, we brought in students together with our seniors. Students provide services such as hairdressing, home repair, manicure, pedicure, body massage to the seniors from the same geographical community. This collaboration has allowed students to interact with the seniors on a regular basis. To date, about 200 seniors have benefitted from this initiative. I've also been fortunate enough get to know many senior and meet seniors who live active and keep learning and are eager to give back to society or to the community. At the senior's learning camp which we organized at the district, seniors gamely participate in a variety of activities, even bravely tackling the tree-top adventure walk and the high net. They also exhibit a strong spirit of volunteerism, participating as senior ambassadors to reach to out to the larger community.

Within the social infrastructure of micro communities, we will know that our larger community are functioning. How do we know that our larger communities are function well? From my observations, the hallmarks of a strong and effective community are when for example we're able to tap on one another's kindness and strengths to assist the needy. That is the heightened sense of trust, reciprocity and a community, which are ingredients to what we called strong social capital. It is when for example a cab driver to prepared to help and transport a wheelchair-bound elderly or neighbour to and from hospital, a housewife helps an elderly neighbor with marketing chores daily that we see elders being cared for and supported by members of their own community. When our people build strong bonds and relationships across all groups for all times, at all times for example youths help seniors living alone in their homes, clean their homes and bring them to community activities and remain active and connected and when different partners come together to work for the good of the community, providing much needed services to the elderly. This collective building of our communities to support our ageing population takes time and effort. In a densely populated city like Singapore, the proximity in which our residents live can both be an opportunity or a challenge in building strong communities. Much effort must be invested in building relationships where mutual support is the desired outcome in the community, enabling our seniors to age in place with dignity.

Let me talk quickly on the second key issue, which to integrate built environment and services. What we are driven to achieve as a collective whole is to create a liveable environment that can help our seniors age in place. It is driven by the fundamental principle that accessibility is the key enabler to help our seniors to age in place and integrate services with the built environment. Seniors can remain independent and maintain essential links to families, friends and the larger community. We're enhancing accessibility at three levels. The first level is to enhance the immediate living quarters of

our seniors. By making the common areas and home environment safer, seniors feel confident to move around on their own. This year for example we introduced a senior-friendly initiative known as Ease or enhancement for active senior. Under this programme, seniors or their caregivers may choose to install a range of home enhancements. We have piloted Ease at the Marine Parade estate have received very positive feedback. The second level is within that vicinity of the senior's homes. Public housing built before 1990, not all floors are served by lifts or elevators. As our population ages, this has posed inconveniences to residents who are physically less mobile. About 10 years ago, we introduced the Lift Upgrading Programme to ensure that lifts stop at every floor. More than 5000 housing blocks have been identified for the LUP or the lift upgrading programme. That programme is targeted to complete by 2014 so almost all blocks of public housing are now accessible on every floor.

At the broadest level, we have put in place a concerted effort to improve our housing estates and making them barrier free. Enhancement works include barrier free features such as ramps and leveling up steps, improving connectivity between blocks, key precinct facilities and amenities and linking excess routes to traffic crossings and transportation nodes. In 2007, our Buildings and Construction Authority has established the universal design guide. New buildings are required to design for basic accessibility. To encourage private sector participation, a \$40 million accessibility fund has been set aside to upgrade buildings built before 1990 to be barrier free. Today slightly over 100 private owned buildings have been retrofitted with basic accessibility and more will be upgraded over the next few years. Enhancing the physical environment to be more accessible is only part of the solution to enable seniors to age in place. The hardware must be joined with the software. Over the years, we have built senior activity centres at the foot of our HDB or public housing buildings across the island. These centres provide social and healthcare services as well as organized activities and programmes to help to promote social interaction amongst our seniors and to prevent social isolation.

Beyond such centres, there are many other projects being introduced to encourage seniors to live actively and healthily such as People's Association wellness programmes which empowers senior to take charge of their own health by going for regular health screening, engaging in activities and staying socially connected through their interest groups. Moving forward, more community based programmes and services will have to be made available with the competition for limited space and changing aspirations of diverse population. The strong and trusting relationship among residents in the community is critical to buffer any difficulties in the provision of such community-based facilities. The third issue I would like to address of affordability and accessible aged care. Beyond improvements in the built environment, we need to ensure that the aged care are accessible, affordable and of good quality. Like many countries in the world, our healthcare has traditionally been focused on institutions such as hospital and nursing home. While they were built to meet demands, government has given emphasis to ageing in place and care in the community. This I feel is the right direction in aged care.

Aged care should be accessible and serve both seniors and the caregivers. So better support home and community-based aged care services, we will be increasing the capacity of day and social rehabilitative places. Aged care should also be of good quality. We've been expanding one stop integrated daycare and facilities to provide social care

and rehabilitative services. 11 agencies are reviewing the standards and guidelines and building our pool of manpower to ensure good quality service. Aged care also needs to be affordable. More subsidies have been introduced by the government to help support not just the poor but those who are in the middle income, for example to help Singaporeans who may need more assistance, the quantum of Medifund grants available annually has been increased from \$80 million to \$100 million. In addition, Medisave accounts will provide a one-off top-up this year to offset the increase in Medishield premiums. This is estimated to be \$380 million and will benefit Singaporeans insured under the national Medishield insurance scheme. Further as part of the introduction of the annual GST voucher scheme, the elderly Singaporeans aged 65 and above will receive an annual Medisave top-up of up to \$450 each. The government will expand subsidies in the intermediate and long-term care sector which is expected to be more than doubled by 2016. We must also continue to be innovative to meet the needs of our seniors. One of the projects we are working on is to establish senior's group homes. These are retrofitted HDB apartments which allow seniors to live in groups of two or three for mutual support and have sufficient privacy to live independently. Services can also be more efficiently delivered.

I would like to just conclude very quickly by sharing about the Marine Parade pilot project, which feature elements of our vision of a city for all ages. I've already shared the Ease programme where we upgraded the apartments of our seniors which was pre-piloted at Marine Parade. It has received good responses from our seniors. To identify and tailor what was required, we consulted our seniors to receive feedback. Our programmes must be grounded with the felt needs of the people. For example, we assume that ramps across steps would help reduce falls and allow wheelchair users to move around their homes. However, adjustments were needed because some seniors were not used to it and would trip over them. So before we enhance the physical environment, the feedback is sought from every senior. We've worked with seniors to improve infrastructure at the precinct and town level. A group of seniors volunteered to walk around the town at different times of the day and night identifying gaps for improvements. They came up with around 300 suggestions. Some improvements include additional handrails at main footpaths and ramps, additional senior-friendly fitness corners and larger block numbers to ease reading. The point is there where we want to make it a city for all ages, a precinct for all ages, you need to engage the very people who are going to live in that particular community. At the town level, improvement includes larger signboards, more rest stops at strategic locations for the elderly and longer times for road crossing. It needs to be sensitive to elderly's needs.

From these experiences, we learnt that we only provide our seniors effectively if we communicated openly and work with them. Beyond improvement to infrastructure, community programmes supplement our efforts to meet the needs of the seniors. We organize four screening sessions and educational talks to share how they can take a more proactive approach to live healthily through exercise. Seniors were also asked to keep fall and exercise diaries to track physical activities and record falls. Volunteers from the grassroots organisations and other senior groups were also roped in to help visit frail seniors for follow-up. So the Marine Parade project is a good illustration of how a dynamic partnership among the government, grassroots volunteers and local community can work together effectively. More importantly, seniors can and want to be involved in

improving their homes and immediate surroundings. When we build an inclusive city, a city for all ages, we are building a home that our seniors and people can endear to, feel belonged and connected with. We are also building a community that is mutually respectful and supportive.

To support our ageing population, it is a collective responsibility among the government, grassroots and community. Seniors themselves are not just recipients of care but also contributors and shapers of our city. To support this aspiration, our urban solutions are geared towards providing a safe, accessible and supportive environment for seniors to age gracefully. Many of these urban solutions also support the very young and the middle aged, especially those who are caregivers. Likewise, aged care is not just for the seniors, but also for the caregivers. This way, our vision for city for all ages is truly one which is for every resident in Singapore. There is a common saying that Rome was not built in a day. Similarly, Singapore's city for all ages will take time to develop, and we are committed to make this vision a reality. But we can do so only with the collaborative effort of the government, the people sector and the community. Thank you for your attention."

MC: "Thank you very much Dr Maliki. I'd now like to invite Dr Tsao up on stage for a very brief panel discussion as well as our other speakers please. I just like to remind everyone that you can log on to Pigeonhole if you want to submit your questions that. Otherwise there are two microphones in the aisles. Can I ask to please keep your questions concise as well as introduce yourself before asking the question? We have about 10 minutes for the discussion so once every one is seated, Dr Tsao please. Do we have any questions? Sir, can you please ask your question at the microphone? Thank you."

Q: "Yes, thank you. Denny Martin (?) from the International Federation for Housing and Planning. I've got two points which I think haven't heard much about, one how do we finance these or how do we finance these good projects and how will we finance all the good intentions? And secondly a bit linked to this, the employment of aged. I think there's a whole army of people out there older than 65 who are desperate to work and that would make them more inclusive. I should point out by the way in a parallel session one of the moderators is Sir Peter Hall who just turned 80 and you should see how productive he has been in the last 15 years. Thank you."

Dr Tsao: "Thank you. I think question is rather popular question. The question is this is all wonderful to create inclusive community, cities, so that people can live through well throughout their life course inclusive of all ages. But how do we do it? I think probably Dr Malaki had talked about the political will. There are certainly from others from Seattle, WHO's age-friendly cities initiative, how do you actually make it happen? What does it take?"

Mr Lawrence: "I would say that there never will be enough money in the world to do this as a standalone project or standalone initiative. What we have to do is I think more strategically about how to leverage investment across systems so that we are achieving these benefits. So the investments we're making in the transportation and investments we're making in the parks systems, investments we're making in housing, all these different things were, there isn't enough money either but as you think about these things

in combination and you think about the play as Emi talked about, what is exactly that we're trying to achieve in society? You can find ways to leverage across systems those improvements that you might not be able to afford system by system. That certainly what we advised our clients is that the same way with disaster adaptation and resilience. And you mentioned another thing that is part of this is doing these things sometimes have a very high labour cost that's associated with getting it done. The productive older adults certainly can be enlisted as part of the solutions to this. You get to all these sorts of issues, labour rules and those sorts of things. But I've seen communities around the world where the designers have gotten out of the way, the older adults have taken and run with it and it's the job of the government to sort of facilitate it rather than say they were in-charge of it."

Dr Tsao: "Mr Ross, you want to talk about from the WHO perspective?"

Mr Ross: "Just very quickly on the employment issue, in Japan right now, there is a very active discussion on what's the role of the public policy to setting the retirement age and implications for pensions and everything else. So one solution is the public policy and what the tone is about expectation from employment. The second is about the value issue is how we value the elderly, how they can work and how companies treat them. It's a market as well as employment that have to be encouraged. In Kobe, we have a silver college devoted totally to individuals who are above 60 years old and so we see lots of examples about educational opportunities which is not about employment but it's also cognitive function over time. And on the financing of projects, fundamentally there is actually a lot of money in the system because cities and communities have to provide for social services and health services for the elderly. The question is how to make that more efficient and be more creative with it. Beyond that, there's the financiers."

Dr Tsao: "I think for the employment issue also perhaps legislation because Singapore is doing as of this year, a legislation basically requiring companies to offer employment of older people beyond their retirement at 62 at this moment and I think there's similar legislation Japan so I think it's a combination of political will recognizing that really you got to run up to people work if you don't offer employment to older people and make it appropriate for them, as well as the private sector. I think there is another question here is really about how can we use IT to better integrate older people across and within societies."

Mr Chia: "Okay, like I said earlier on I think first of all we need to focus on the people who need it and as I said earlier on healthcare is one huge area. Today technology is really in place either for tele-medicine in a hospital's acute care and step down community care and care at home as well. So that's a fairly straightforward in healthcare area. In independent living, meaningful lifestyle, I would submit that continued employment, continued education, lifelong learning, they are all critical items which today quite frankly there's technology in abundance to be deployed and to be harnessed across the industry."

Dr Tsao: "It seems there is a lot of technology available, which leads us to think about what our older citizens need and want and them deploy them appropriately right?"

Mr Chia: "I would add that the right policies have to in place, the right infrastructure. We

were very fortunate in Singapore, the national broadband is in place. That kind of infrastructure has to be in place. The key question again is who pays and how that should that be monetized and then within the people community, accessibility, affordability becomes an issue and last but not least, the corporations. Corporations must embrace the silver segment as a rich source of talent and not just an ageing population. So all these in combination and all these can be enabled by technology.”

Dr Tsao: “I think actually technological solution may also address this question, which is a very real one. For someone who works with the older community is that older people in the community, it’s that older people like to live at home but older people can sometimes become very isolated and extremely lonely older people. It creates actually a very poor quality of life for them and it’s terrible to be alive and lonely and depressed. So how can an inclusive city design from urban planning and other perspectives, technology and design allow older people to live at home with familiar environment and so not be lonely? This applies to several speakers here.”

Mr Lawrence: “Can I just give one example? It ended up being a market based solution as opposed public policy solution. One neighbourhood in Seattle had two grocery stores that were competing against one another and this was a diverse neighborhood not racially but in terms of gender preference and in terms of age. So they figures out that if they had older adults as their checkers during the day, that’s when the older adults shop and they would bring this out, that the family shops after work and the gay community shops at night. So they change who is at the counter depending upon what populations were coming in and they saw themselves as part of the social network of the neighbourhood.”

Dr Tsao: “That’s wonderful.”

Dr Maliki: “I think if I just comment, I think isolation results from probably lack of connection in the establishment of social network the person has over time living in that area. That was the point I was alluding to earlier that in order to ensure that our elderly age in place, it’s not just about making them feel that they can have physical access to different places in the community but also access to the people in the community and that takes time. We need to try to facilitate relationship building between people. People who live in that particular unit for example, they feel isolated because perhaps they’re not connecting with their neighbours sufficiently. So do we encourage them to establish their own network and facilitate that or do we provide social programming that allows for that to happen? I think it has to be done at both levels.

Some people are less comfortable going around on their own and there ought to be active effort on that community level to try to connect to people and this takes time. Because it takes time, it cannot be done only when the person is old and lonely. It has to be done the moment the person moves into that neighbourhood and be connected with that neighbourhood. This concept of micro community that I’ve talked about is really when every member of that particular apartment block for example gets to know each other well enough such that when one elderly person doesn’t come out when she usually comes out, then you know what’s happened or you want to be curious what’s happened to that person. Why hasn’t the person been going through the normal daily process or daily activity. So such connections are critical and I think we have to continue to build in that

importance of setting up the networks, enhancing that social capital that people can have through building those relationships.”

Dr Tsao: “Actually there are many, many good questions but unfortunately, we have 20 seconds left so unfortunate as the moderator, I have to wrap up. I think just broadly looking at the questions, there are many questions about how to create the environment where people are connect in this and this will improve. and how can city planning or urban planning address that. But I would just like to say that when we look at all the comments from the five speakers, there is a central theme. Ultimately, we are creating a city whereby you have good housing, transportation, info communication and all that. Even from WHO’s perspective it’s really ultimately about people, people’s ability to have work, people’s ability to access services and healthcare, people to be included socially and participate and of course it’s about building homes. It’s not about being super efficient but it’s about good homes endearing to the people and community and it’s really not only about older people. It’s in fact about people of all ages.

Frankly, when I had a baby with strollers, my two children are quite close in age, I thought it was difficult to get around and frankly when the places becomes accessible to older people, it also accessible to me and my kids. So it’s really not just for older people, it’s for all ages and I think that’s the important point about creating a good city. It’s not just about meeting their mobility needs but a city that encourages people to walk or to bike, or encourage people to lead a healthier lifestyle and allow them to age well as well, And finally, if course, it’s to create this kind of connectivity we can look and not just about IT, which looks at the many, many solutions. But ultimately it’s about the physical environment allows people to build community and neighbourhoods and connect to the families and individuals. So I think it’s a really huge issue and there are a lot of good questions but unfortunately time does not allow us to give it due justice. So I just want to thank all of you and our panel of speakers and close this session.”

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