

# ISSUE FOCUS

## Community Building and the Human Rights of Older Persons

ASEM Global Ageing Center





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## ACKNOWLEDGEMENTS

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Valuable insight and input were provided by the contributors to this issue – Maitreyi Bordia Das, Yuko Arai, and Vibhu Jain, all at the World Bank; Marketta Niemelä at the Ministry of Social Affairs and Health of Finland; Nga Viet Chu at HelpAge International in Vietnam; Ilenia Gheno at AGE Platform Europe; and Eun Ha Namkung at Ewha Womans University.

We hope that this edition will inspire advocates for the human rights of older persons internationally, and contribute to improving older people's quality of life. We understand the importance of sharing the insights of our contributors at a moment when, in the wake of the pandemic, communities around the world are seeking to re-create themselves and come together to face the challenges of population aging and global uncertainty.



**Eun-Hee Chi**

Executive Director, ASEM Global Ageing Center (AGAC)

## AGAC ISSUE FOCUS ADVISORY GROUP

**The AGAC Issue Focus Advisory Group** is a group of experts focused on ageing and the human rights of older persons. They advise on the themes and topics of Issue Focus publications and provide feedback on the volumes. The advisers share their insights and views, bringing to bear expertise from around the world. Issue Focus addresses issues and agendas of ageing that are relevant to all ASEM partners.

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# INTRODUCTION

**Eunsun Lee**

*ASEM Global Ageing Center*

Both the proportion and the global population of adults aged 65 years or older are rapidly increasing and are projected to maintain this pattern. By 2050, the older population will rise to 16 percent of the global population (from 10 percent in 2022); they will number nearly the same as children under the age of 12 (UN/DESA Population Division, 2022). Concurrently, old and new uncertainties affecting (and maybe imperiling) our lives are escalating across the world; even before the onset of the global pandemic, many people appear to have developed a pessimistic view of life. Prior to COVID-19, more than six out of every seven people worldwide reported a sense of insecurity (United Nations Development Program, 2022b). A study of more than 14 million books published in English, Spanish, and German over the last 125 years revealed that use of language that reflects cognitive distortions (i.e., that reflects thinking patterns strongly linked with internal disorders such as depression and anxiety) has also surged in the last three decades, leading to speculation that people have been collectively agonized by social, economic, cultural (Bollen et al., 2021), and environmental changes or challenges.

## Precious but Precarious Lives

Whereas every person has been declared to be possessed of “the inherent dignity and of the equal and inalienable rights” (United Nations, 1948, para. 1) to actualize their potentiality, many people experience lives that are unbearably vulnerable to uncertain events (e.g., Food and Agriculture Organization of the United Nations & World Food Programme, 2019; Msemburi et al., 2023). Risks rising from “dangerous planetary change of the Anthropocene,” “sweeping societal transformation,” and “polarized societies,” which include natural disasters, health and food crises, the possible ill effects of digitalization, and political, economic, and ideological conflicts, in addition to everyday uncertainty, interact with each other to create a complex dynamic that appears

overwhelming and uncontrollable (United Nations Development Program, 2022a, p. 3). However, the burden of uncertainty is not fairly distributed, and the necessary discussion regarding persons placed in risky situations is arguably being “foreclosed” (Butler, 2004, p. 12) or delayed. This is particularly true for many older persons, as evidenced by the non-existence of a UN convention to protect them, even when factual data clearly describe the rapid increase in the aging population worldwide and their precarious positions.

Older adults are likely to be less able to cope with new uncertainties on top of existing risks; even if their mental resilience is strong (Carstensen et al., 2020), older persons tend to lose this mental advantage at the height of distressful events, becoming physically and psychologically disturbed (Charles & Carstensen, 2010). For example, loneliness – which is often tolerated by older persons, but which is shown to be exacerbated during, for example, a communicable disease crisis – is a leading cause of low quality of life, functional decline, and death among older persons (Perissinotto et al., 2012). Despite the many promises of new technology, the radical societal change that digitalization entails may marginalize older persons due to their lack of experience in the area (UNECE, 2021). Political instability within and across countries has been occurring (Diamond, 2015), and the consequential violence and disorder take a higher toll on older people in terms of physical and psychological harm, as well as mortality, than on other age brackets (Amnesty International, 2019; HelpAge International, 2022).

Furthermore, those subjected to insecure labor (e.g., temporary or part-time jobs), possibly without the rights of full citizens (i.e., denizens, such as migrants or ethnic minorities) and non-wage benefits (e.g., pensions or medical coverage) (Standing, 2014), are already or will inevitably become part of this age demographic. They will eventually face accelerated risks, without adequate resources or protection to mitigate the repercussions, if the paucity of remedies persists.

## Concerns for Vulnerable Others: Us on the Periphery

It is high time that we acknowledge the foreclosure of older persons’ rights in many ways, explicit and implicit, and reorient our societies with these rights at their heart. Not only may it be fair, at least in a normative sense, to rebuild our communities “to the greatest benefit of the least advantaged members of society” (Rawls, 2001, p. 43), but it may also be practical, given the breakneck speed of global population aging. To address the imperative deliberation and action, we present five perceptive articles in this edition of Issue Focus: *Community Building and the Human Rights of Older Persons*.

To begin with, Das, Arai, and Jain propose the forward-looking idea of creating age-ready cities as part of our global efforts at community building. They argue that we should

reflect on the projected future of urbanization in light of aging populations and plan and design the built environment ahead of time accordingly. By so doing, numerous gains would ensue, they argue, including universal benefits across generations, time- and cost-efficient development, an inclusive and participatory society, and the realization of community-based care, as demonstrated in the worldwide examples of countries and cities in the article. Their survey of practical focus areas centers on universal design, housing, multigenerational spaces, transportation, technology, and efficient spatial forms. The concern that resonates through their article is for low- and middle-income countries that lack sufficient infrastructure, national income, and social protection for older persons, but which are expected to age faster than high-income countries.

Niemelä walks us through glittering glimpses of the future in the context of Finland's national endeavor to adopt robotic and smart technologies that can enable aging in place or aging in the home. Finland, a super-aged society (i.e., more than 20 percent of the population is over the age of 65) and a model welfare nation, affirms that it is older people's entitlement to age in their own homes, insofar as these homes are safe and adequate. Niemelä presents a variety of intriguing technological applications that are being tested or already implemented in care settings, including medicine-dispensing robots, exoskeletons, and conversational AI. These are all concerned with assisting older adults' independent living, reducing care professionals' workloads, and enhancing the efficiency of care services management. Though many of these ongoing achievements appear striking, Niemelä emphasizes caveats that include the ethical use of technology for care, co-design environments to enable older adults and care professionals to participate in technological development and employment, and innovation supportive of social and economic sustainability.

Chu expounds on a highly successful and globally acknowledged model of community-based care for older people, namely, the Intergenerational Self-Help Club in Vietnam (ISHC). The strengths of this model, with its thoughtful and seasoned design, are highlighted by the diverse representation of people in the membership, the comprehensive care services, including self-care, homecare, and livelihood activities, as well as the financial viability of the model. This club could be well rooted above and beyond Vietnam, particularly in low- and middle-income countries whose care provisions might lag their rapidly aging populations. This is because mechanisms such as ISHC would significantly complement these countries' health sectors, as Chu argues. Another mainspring of this model may be solidarity and a self-help spirit among members, through which people's concerns are mirrored, presumably after recognizing their own and others' vulnerability.

Gheno updates us on the European side of the story, introducing three recent projects that embrace aspects of human rights-based community building for older people. The first project, Dreamlike Neighborhood, aims to connect local persons, particularly older ones,

by having participants meet on a regular basis and discuss their lives or relevant issues, encouraging each other to contribute to their community. The second project, SHAPES, an acronym for Smart and Healthy Ageing through People Engaging in supportive Systems, explores the lifeworlds of older individuals and ways to empower them in healthcare. This project's goal is to set up an extensive open platform based on EU standards. URBANAGE, the third project, looks into ways to build inclusive and resilient environments by using a co-creation approach among urban planning and business experts and older people. The often neglected concerns of older people can be reflected both in the process and its outcomes.

While there is no obvious cure or distinct victory yet on the dementia battlefield, Namkung points to an extraordinary solution: dementia-friendly communities. As the population of older persons grows, so does the number of dementia-afflicted individuals, compounding the impacts on their families and communities. The total cost of dementia management will undoubtedly rise. Due to their declining cognitive, affective, and behavioral functions, a world full of uncertainty will become harsher for older persons than for others; hence, there is a need to create dementia-friendly communities that will allow older people to lead independent lives without stigma and discrimination. Namkung explains these communities' principles, paying particular attention to World Health Organization-endorsed ideas, in addition to Korea's national initiatives related to these communities. The article proposes several policy recommendations for concerned programs in the Korean context.

We are confident that our contributors' perspicacity will serve as a map and compass to help navigate the labyrinth of demographic shifts and uncertainties that many societies have already entered. Our contributors will, we believe, aid us in reaching and expanding our "circle of concern," usually reserved for those who are interdependent with us in "our imagining of a valuable life" (Nussbaum, 2013, p. 11), to include present and future older persons. Time and again, we must remind ourselves that it is past time to deliberate and act on older persons who should be fully present and actively living in communities. *Alta die solo non est exstructa Corinthus.*

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# Aging and the Built Environment: What Can Cities Do?

**Maitreyi Bordia Das**

**Yuko Arai**

**Vibhu Jain**

*The World Bank*

Aging is a global reality not only in high-income but also in low- and middle-income countries. Planning and designing cities and towns for an aging future promote inclusion and community development, with benefits that extend beyond the needs of older persons. Countries and cities all over the world offer informative experiences on active aging and on designing policies that create age-ready cities for all. In line with these ideas and evidence, the World Bank's new report, *Silver Hues: Building Age-Ready Cities*, delves into the nexus of aging and the built environment and encourages cities to think proactively about and invest for an age-ready future. Discussions and recommendations in the report revolve around six areas: universal design, housing solutions, multigenerational spaces, physical mobility, use of technology, and efficient spatial forms.

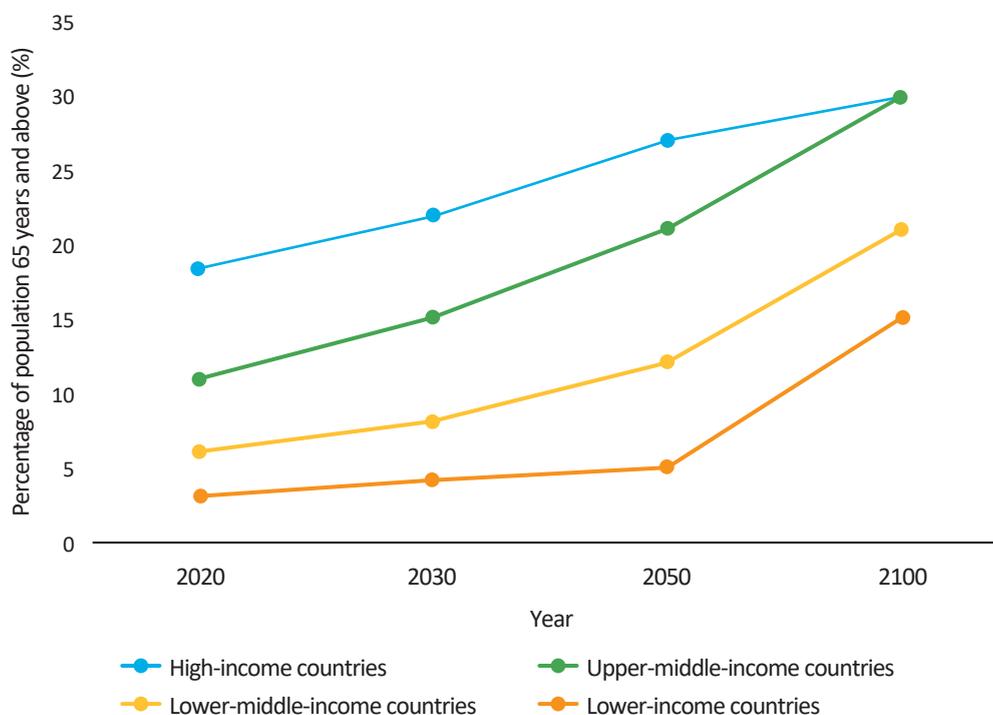
## Aging and Urbanization Are Intersecting Across the World

Aging is predictable and reflects the spectacular progress that society has made in ensuring longevity and lower mortality and morbidity (World Health Organization, 2020). People aged 65 years or over currently outnumber children under the age of five, and by 2050, one in six people will be 65 or older. Simultaneously, the world is becoming more urban: by 2050, approximately 70 percent of the world population will live in cities (UN/DESA Population Division, 2019). Although policy and the public discourse frequently focus on the social and economic challenges of an older age structure, facing these challenges offers significant opportunities to build a more inclusive society.

Today, aging is a visible reality in developed countries, but this will change in the future (Figure 1). It will increasingly become a trend in low- and middle-income countries too: they will in fact experience aging faster than their counterparts in developed countries and will do so with underdeveloped infrastructure, lower levels of national income, and weaker social protection systems (UN/DESA Population Division, 2019, 2020).

**Figure 1**

*Probabilistic Population Projections for Older Persons by Income Group, 2020–2100*



*Note.* From *Silver Hues: Building Age-Ready Cities* (p. 31), by M.B. Das, Y. Arai, T.B. Chapman, & V. Jain, 2022, World Bank (<https://openknowledge.worldbank.org/handle/10986/37259>). CC By 3.0 IGO. The data in the figure are obtained from *World Population Prospects 2019*, by UN/DESA Population Division, 2019 (<https://population.un.org/wpp/>); *World Population Ageing 2019*, by UN/DESA Population Division, 2020 (<https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Report.pdf>). Copyright 2019–2020 by the United Nations.

Cities play a critical role in creating the conditions for an equitable and prosperous society and economy. Most cities that have a large older population are acutely aware of the actions they need to take, but younger cities may find it challenging to envision aging. More importantly, the concern is not about whether a city is already aging or not yet aging – *an age-ready city is a city for all*. It has universal benefits: not only for older persons,

their families, and caregivers but also for the city as a whole. In other words, investments in age-readiness have significant co-benefits. For example, a ramp toward a metro station makes the space accessible not only for a person in a wheelchair or for someone with limited mobility but also for persons carrying heavy loads, parents wheeling strollers, and others who need extra help. Thus, we believe that it is crucial for countries – those that have a large aging population and those that will see aging in the coming years – to think about how their cities and towns can be planned and designed for *an age-ready future*.

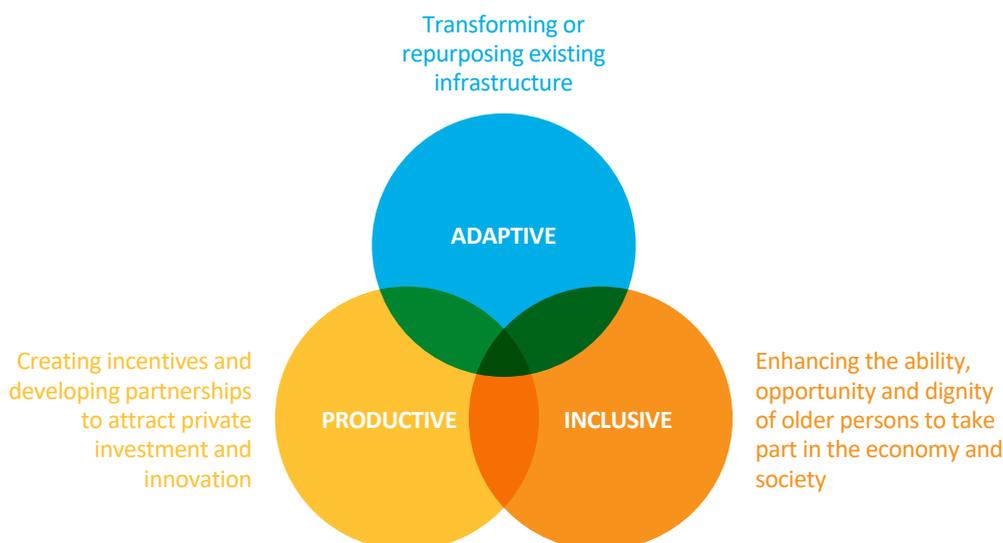
Essentially, all cities are growing older, regardless of whether the fact their population is aging is visible. What can younger cities that will age in the next decades learn from their older counterparts? How can they become age-ready? This is the subject of our report *Silver Hues: Building Age-Ready Cities* that was released earlier this year and that speaks mainly to cities that will need to invest in age-readiness. Another important contribution of our report is that it focuses on the role of the built environment in fostering community development (Das et al., 2022).

*Silver Hues* comes at a time when the world is looking at a post COVID-19 future. A clear opportunity exists to incorporate age-readiness into how we plan and design cities in the post-pandemic world. This is also true for World Bank projects, as different countries are slowly but surely starting to voice their needs to prepare for an aging future. We encourage cities around the world, as well as World Bank teams in all regions, to start integrating age-readiness into their vast array of lending projects (e.g., in education, health, public administration, infrastructure, financial and private sector development, agriculture, and environmental and natural resource management) and technical assistance activities (e.g., in the areas of telecommunications, agricultural support, earthquake preparedness, and social services management) (World Bank, n.d.-a, n.d.-c).

The report thus provides a roadmap for cities and towns as they prepare for an aging future. An important message of *Silver Hues* is that cities need to think proactively about and invest in an age-ready future; it also provides a framework for the built environment that can help policy makers to design *adaptive*, *productive*, and *inclusive* cities in which these attributes are interdependent and synergetic in their implications (see Figure 2).

## Figure 2

*What Kind of a City Is Age-Ready?*



*Note.* From *Silver Hues: Building Age-Ready Cities* (p. 6), by M.B. Das, Y. Arai, T.B. Chapman, & V. Jain, 2022, World Bank (<https://openknowledge.worldbank.org/handle/10986/37259>). CC By 3.0 IGO.

## What Is the Role of Infrastructure in Fostering Strong Communities That Enhance the Lives of All Residents?

The built environment is an important facilitator for the inclusion of older persons and for creating communities that ensure the well-being of all residents. At the same time, COVID-19 provided an opportunity to devise new forms of technology that allowed older persons to stay connected with their families and friends as well as to access social and other services. Furthermore, the pandemic has entailed a fresh look at nursing homes for older persons – for instance, these homes require living in close quarters and can spread communicable diseases. Based on various ideas and experiences from around the world, *Silver Hues* highlights the role of six elements of the built environment: universal design, housing solutions, multigenerational spaces, transportation, use of technology, and efficient spatial forms (Figure 3). Each of these allows for people of all ages to come together for work, social relations, and everyday activities. They help to end the social isolation that older persons often face and allow for mixed-generation spaces. Solutions that emanate from these elements focus on the built environment to promote inclusion and community development through age-ready and multigenerational public spaces.

**Figure 3**

*Six Elements of the Built Environment*



*Note.* From *Silver Hues: Building Age-Ready Cities* (p. 40), by M.B. Das, Y. Arai, T.B. Chapman, & V. Jain, 2022, World Bank (<https://openknowledge.worldbank.org/handle/10986/37259>). CC By 3.0 IGO.

## **Universal Design**

Universal design is defined as the process of designing all products and buildings to be both visually pleasing and usable to the greatest extent possible by everyone, regardless of age, ability, or situation. This definition, initially outlined by Ronald Mace, a renowned American architect, has been accepted by several institutions, including the United Nations (e.g., the Convention on the Rights of Persons With Disabilities) (Imrie, 2012). But how can cities implement the principle of universal design? A good start would be to understand the barriers to accessibility and then seek to break them down through better design. Next, cities can revise their building codes and regulations that guide new construction

and retrofit existing buildings. Singapore introduced the Code of Accessibility in the Built Environment in 2007 (Yuen, 2021b). The country's 1990 Code on Barrier-Free Accessibility in Buildings was applicable for new buildings only; the revised 2007 code extended the directive to newly built public spaces, existing public housing, and government buildings. Minimum standards were also raised in the updated codes (Yuen, 2021b).

## *Housing Solutions*

Safe, convenient, and accessible home spaces support older persons to live independent and dignified lives. The housing for this group of people therefore must be affordable and appropriately designed and must allow them access to public transport, essential services such as healthcare and shopping, and public spaces for social interaction and economic activities. In the 1980s, local governments in Japan initiated home modification support programs that provided grants to homeowners to enable them to make their houses universally accessible (Yuen, 2021a). By the 1990s, the programs had scaled up, with 70 percent of Japanese municipalities having offered such grants for home modification to residents under their jurisdiction (Makigami & Pynoos, 2002).

## *Creating Multigenerational Spaces*

Social interaction and community living are key for older persons to thrive. This can be achieved by multigenerational spaces, creative housing solutions, recreational facilities, public amenities, and community groups that can facilitate greater interaction between generations, thus providing a better quality of life – for older and younger persons alike. Examples of such initiatives include Vietnam, which has 3,000 Intergenerational Self-Help Clubs, where people of all age groups interact and which have more than 160,000 members (Gharib, 2020). In another innovative program, the Old Partner Program in Shanghai, volunteers aged 50–75 years support older adults aged 75 years and over who live alone (Das et al., 2022). Cities in Romania are refurbishing parks, installing fitness equipment and chess tables near playgrounds, and providing indoor spaces for community activities that appeal to people of all ages (Marin et al., 2021). Kang (2021) documents the measures implemented in Seoul and other parts of Korea with a focus on active aging as well as the policies designed to support not only older persons but also other generations and to provide universal benefits. For instance, in the One-Roof Multigeneration Homes Program, older persons living near universities overcome their loneliness by leasing out rooms to students who in return get secure housing at affordable prices.

## ***Better Transportation***

Transportation is the pillar of everyone's daily life, allowing residents to meet their basic needs, work, socialize, and access public services. With an increase in the aging population and an intention to provide access to all age groups and vulnerable populations, policy makers will need to prioritize making public transportation economical, accessible, and environmentally friendly. Interventions could range from clear signage and barrier-free entrances to concessionary fares and transportation policies for older persons. Germany realized this and, with the aim of making public transportation barrier-free by 2022, amended its Passenger Transportation Act in 2013. The central government of Romania and the European Union are making mobility sustainable by incentivizing local public administrations (Marin et al., 2021). Their initiatives include introducing more efficient and accessible buses, trolley cars, and, in some cases, trams.

## ***Efficient Spatial Forms***

Effective spatial planning allows resources and services to be located in concentrated and dense settings. This facilitates accessible provision of services, optimizes land use, and fosters community. One example of an efficient spatial form is the concept of the *15-minute city*; this concept suggests that neighborhoods should be dense, mixed-use, and walkable – everything a resident needs to do should be within a 15-minute radius (C40 Cities Climate Leadership Group, 2021). Cities in China, including Guangzhou and Shanghai, have realized the idea of 15-minute community “life circles” by incorporating it into their master plans. Transit-oriented development (TOD) is another concept for achieving efficiency in urban forms; here, clusters of housing, facilities, and amenities are developed around transportation hubs (C40 Cities Climate Leadership Group, 2021). This creates compact and mixed-use neighborhoods that are accessible by public transportation but also promote walkability. Being able to access economic and social activities within short distances enables older persons to build community and live active lives, leading to greater well-being.

## ***Technology***

The world is being transformed by technology ranging from digital platforms to complex applications, robotics, artificial intelligence, and machine learning. Technology can make life easier for older persons and for their caregivers and service providers by enabling older persons to live independently and improving their social connections and access to services.

City governments can use technology in the designing, tracking, and monitoring of their infrastructure and services. Furthermore, the technology sector is expected to be the primary source of innovation and business in the silver economy. In this regard, the *smart city*, which adopts “an approach to making the best use of data, technologies, and available resources to improve city planning, management, and service delivery, to engage citizens, and to enhance accountability” (World Bank, n.d.-b, para. 2), is a good illustration of a desirable concept for bringing efficiency into residents’ daily lives (see also Mulas et al., 2015). As an example, *Kashiwa-no-ha*, a Japanese smart city built over 273 hectares, embodies the important principle of leveraging technology to create healthy and long lives for its citizens. In a convenient location within a shopping mall near the city center, older persons assist others in measuring health indicators such as blood pressure, gait, and balance; the data are fed into a system of individual medical records for assessment (Yuen, 2021a).

*Kashiwa-no-ha* highlights another important aspect of developing spatial forms – social collaboration with residents, especially older and vulnerable groups of people, through a monthly city planning meeting with local residents, for instance. Involving older persons in the planning process not only brings a greater sense of belonging and inclusion but also connects the community, as members share their challenges and needs. This city has successfully developed a holistic framework and a multi-action intervention plan by responding to the diverse needs of older persons, among other partners. The solutions designed include a focus on supportive care, social life, and the spatial living environment, all of which take into consideration aging as a future challenge and prepare the city to be age-ready. As Japan’s next generation model for urban development, this city turns on the pivots of urban livability and social improvement (Yuen, 2021a).

## Lessons

In essence, we have learned the following from the experiences of countries and cities around the world:

- Efforts to enhance age-readiness can pay future dividends. A proactive approach is more cost- and time-efficient, given how expensive and time-consuming it can be to retrofit infrastructure and entire urban forms. This is good for people, good for cities, and good for balance sheets.
- Infrastructure and social services that support multigenerational interaction help in building an inclusive community at city and neighborhood levels.
- The first step for countries where aging is new to the agenda is to put the topic of age-readiness on the table in policy dialogue.

- Although aging does not equal disability, older persons are over-represented among persons with disabilities. Disability inclusion can become an anchor and an effective entry point to enhance age-readiness for cities that are still in the early stages of aging.
- Countries around the world have shown that there are myriad ways to design cities with a built environment that is age-ready, enabling older persons to stay in their homes and familiar environments and continue to be integral and productive members of society.
- Urban spatial forms need to be modified and updated to meet the demands of changing demographic trends as populations age.
- Community-based care is gaining increased traction and offers a third solution to the binary concept of home-based and institutional care. Age-ready cities provide the built environment that supports the implementation of this solution.
- Age-ready cities can only be designed when the voices of older persons are heard and reflected in decision-making.

## Conclusions

Inclusion and community living are important aspects of older persons' lives and are promoted by attributes such as affordable housing, better transportation, accessible public facilities, multigenerational spaces, and easy-to-use technology. These attributes are, in one way or another, all influenced by the planning and design of spatial forms and built environment elements. These attributes can enable social interaction, inclusion, and safety through the effective use of design that makes the city ready for an aging future.

*Silver Hues* highlights the importance of the built environment to promote community living for an aging population based on experiences from different countries. There are many lessons articulated in the report whose usefulness in aiding learning cannot be sufficiently emphasized.

Aging can be anticipated, so cities need to be ready for the changing age structure; advanced planning and creative use of resources focused on built environment elements are imperative for community development. A built environment based on universal design principles paves the way for long-term social and economic benefits for all age-groups, including older persons. To achieve age-readiness, barrier-free designing should be the norm for constructing or retrofitting public and private facilities and spaces. Because older persons thrive in socially connected environments, developing spaces such as homes and community spaces, multigenerational public areas and parks, and spatial forms that allow for social interaction and economic benefits should be prioritized for an age-ready future.

These measures contribute to inclusive, safe, and active aging. Access to community through barrier-free public transportation and innovative technological solutions aids older persons to live independent and inclusive lives. All of these interventions should be part of a larger, overarching spatial plan that is efficient and cost-effective and that promotes social connectedness for age-readiness.

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# The Use of Robotic and Smart Technologies in Finland to Support Older Adults Living at Home

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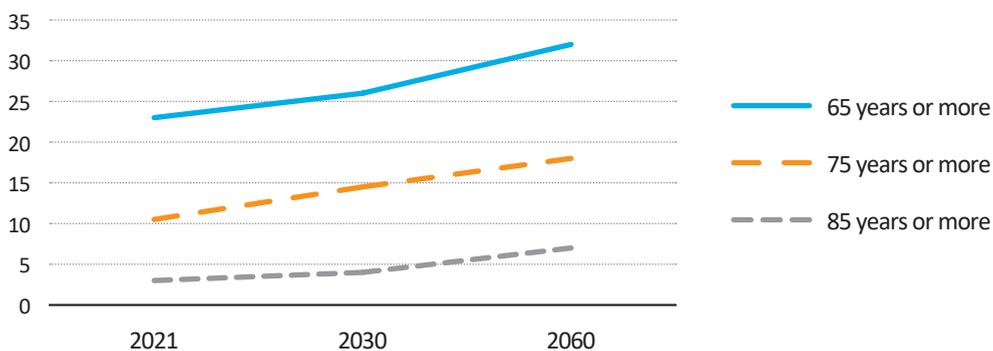
Ministry of Social Affairs and Health, Finland

## Aging Finland: Supporting Older Adults' Well-Being at Home

Finland is one of the super-aged societies in the world. Currently, 23 percent of the population is 65 years or older (Statistics Finland, 2021), and the country is aging faster than expected due to the low birth rate (Valkonen & Lassila, 2021). The population is still slowly growing from the current 5.5 million people, but is expected to start to decrease in the 2030s. According to recent projection data, almost one-third of the population (32 percent) will be 65 years or older by 2060 (Finnish Institute of Health and Welfare, 2022a) (see Figure 1).

**Figure 1**

*Population (%) Aged 65+, 75+, and 85+ in 2021 and Projections for 2030 and 2060 in Finland*

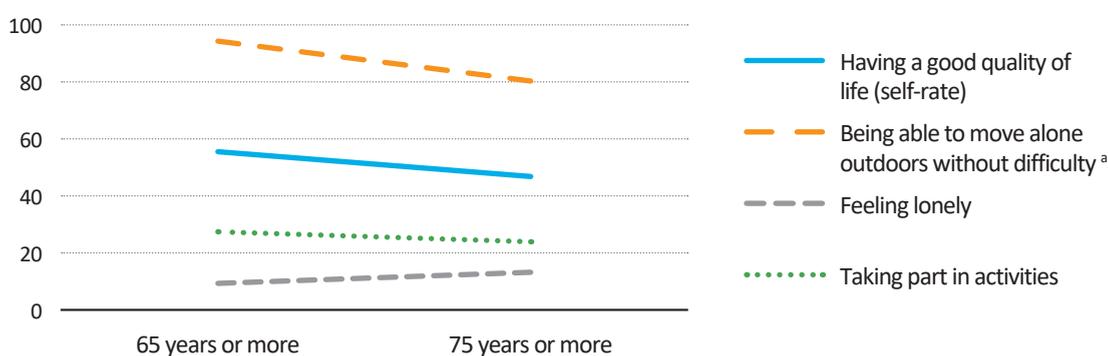


*Note.* The 2060 projection data are from 2018. Otherwise, all data points are from 2021, by the Finnish Institute of Health and Welfare (THL) Sotkanet, 2022 (<https://sotkanet.fi/sotkanet/en/index>). CC by 4.0.

Of the population aged 75 years or more, almost half (47 percent) feel that their quality of life is good – but this is fewer than those aged 65+ years, where the figure is 56 percent (Figure 2). Older people’s ability to move outdoors decreases, their participation in activities decreases, and their sense of loneliness increases. An aging population implies an increasing need for social and healthcare services. In particular, the oldest age group (i.e., 85+ years old) requires the most from social and health services (Kapiainen & Eskelinen, 2014).

## Figure 2

*Four Indicators of Health and Welfare of Persons Aged 65+ or 75+ (% of All Persons of the Same Age)*



*Note.* <sup>a</sup> The ability to move alone outdoors without difficulty has been measured with data from age groups 65–74 and 75–84 years from 2013. Otherwise, all data points are from 2020, by THL Sotkanet, 2022 (<https://sotkanet.fi/sotkanet/en/index>). CC by 4.0.

To prepare for the aging population and its consequences, the Finnish government has set up strategic national goals for the coming years alongside measures that should be taken to maintain the sustainability of the society in terms of economy and social welfare. The *National Programme on Ageing 2030* (Ministry of Social Affairs and Health of Finland, 2020) outlines measures to sustain the functional capacity of older adults in general as well as to increase the functional capacity of those older people that are still working in order to prolong their working lives. The measures also establish the role of voluntary work as a recognized part of welfare services and make housing and living environments more age-friendly. Developing client counselling and case management, as well as homecare and service integration, should increase the cost-efficiency of services. It is national policy that older people are entitled to continue living at home as long as this is safe and meets the older person’s needs.

Utilization of technology is one of the key measures prescribed in the National Programme on Ageing 2030. The goal is to increase the use of technology, artificial intelligence (AI), and robotics in order to support independent living and the well-being of older adults,

decrease the workload of care professionals, and enable more efficient ways of organizing care services. In line with national policy, technology should in particular assist older adults to live safe, healthy, and comfortable lives at home. Technology and digitalization increase the availability of services and enable new forms of care and other services to be brought into the home.

Many technologies and digital services are already in common use in care services for older adults. According to the national survey of care organizations carried out in 2020, telecare technology to provide remote homecare services is in use in all Finnish counties (Josefsson & Hammar, 2022). Approximately half (47 percent) of all homecare operational units were reported to provide at least some homecare visits for their clients remotely. Most often, these remote services included support for eating and medicine-taking, and provided rehabilitation and recreational services at the client's home. According to the survey, 42 percent of the units used telecare technology to provide medical care at home via a remote physician. Furthermore, the Finnish Institute of Health and Welfare's 2020 national follow-up survey of care services for older adults (personal communication, October 12, 2022) revealed that safety technologies were common in homecare and home hospital care units. (A home hospital, also known as a hospital-at-home service, provides clinical services to acute in-patients at their homes.) 99 percent of the units had a wearable safety wristband in use, and 53 percent provided a localizing safety technology (GPS) for their clients. Door alert systems installed at the client's home were in use in 69 percent of the units.

To further increase the utilization of more advanced technology, robotics, and AI in care services for older adults, the government has provided funding to some regions and healthcare districts specifically to pilot, implement, and evaluate new technologies that can support older adults to live at home. (Healthcare districts are joint municipal authorities responsible for organizing the care services in their region or county.) Importantly, the districts are also developing new care processes based on these technologies, new practices that support the implementation or use of the technologies, such as centralized device management and improved logistics, and new tasks, like that of a special "technology ambassador," a care professional who shares their knowledge with their peers and encourages them to use technology. These activities are taking place under a national programme called *Technology Supporting Smart Ageing and Care at Home* ("KATI" is the Finnish acronym) (Finnish Institute of Health and Welfare, 2022b). The programme is coordinated by the Finnish Institute of Health and Welfare (THL), which carries out an overall assessment of the impact of the technologies in terms of the well-being of service clients, the work satisfaction of care professionals, and costs. The aim is to identify and share the best technology-related practices nationwide. The districts participating in the programme test and implement dozens of different technological and digital service applications – although as of yet not many robotic or AI technologies are included.

## Robotic Applications in Care Services for Older Adults

According to the multi-disciplinary research carried out in the national project *Robots and the Future of Welfare Services* (reviewed in Niemelä et al., 2021), many older adults are interested in robots and are capable of learning to use robots for assistive and care tasks. They perceive that robots could improve their independence and safety, assist them with household tasks, and help them engage in social relationships. Care professionals especially appreciate robots that reduce their physical workload, for instance, in carrying and lifting tasks.

Robots applied in care are so-called service robots: they run partially or fully autonomously (or through teleoperation) in a physical environment, performing useful tasks in different service contexts (International Federation of Robotics, 2022). Care robots operate in care environments to perform services for people's well-being. The current state of robotics technology allows for only single-purpose or simple multi-purpose care robots. There are already a number of this kind of care robot applications on the market that can be used in various care environments and services (Niemelä et al., 2021). For instance, the older adult at home can benefit from a robot that cleans or dispenses medicine, from robotic rollators and spoons, or from a social robot that assists in everyday tasks and communication; homecare workers can use exoskeletons that support their ergonomics; assisted living facilities can provide lifting robots to assist the workers, social and tele-presence robots to entertain their residents, and other robots that assist communication or provide rehabilitation, therapy, and remote care; large care facilities may benefit from transportation robots that free care workers from carrying tasks; and rehabilitation services can apply wearable or fixed exoskeletons to assist the training of the patient.

Care robots have huge potential to support older adults in their physical, cognitive, and social tasks at home and outdoors. In practice, however, many robotic applications or services are still too immature to be used either in a domestic setting, or in care settings where vulnerable users are likely to be technically untrained and where the need for safety, privacy protection, and data security is high. In general, collaborative practices have not been established well enough among the actors that are developing and designing the robotic service and those who are adopting it for integration into the care service. Many care robots are expensive, and to justify the cost, purchasers in care organizations need reliable information about the quality and impact of the robot in its intended use. But valid, high-quality studies that are able to demonstrate the positive (long-term) effects of care robots still tend to be very few (Niemelä et al., 2021).

Kyrki and colleagues (2021) argue that in the short term, promising new robotic applications are likely to be based on either adding autonomous/robotic functions to existing non-robotic devices or adapting existing robot hardware, such as industrial manipulators or

mobile logistics robots, to new applications in care. Robots are more likely to become common initially in institutional settings with their structured environment than in the more unpredictable environment of an individual home. In the future, however, robots providing personal assistance, for example, robotic mobility aids and robotic personal hygiene aids, will potentially mature sufficiently to provide tangible benefits for older adults living in their own homes.

## Technologies Implemented in Real Service Use for Older Adults at Home

Many different technological applications, including some robotic ones, are currently being piloted or implemented in the context of the KATI programme to support homecare services for the well-being of older adults living at home (Anttila et al., 2021). These technologies include:

- *Monitoring systems installed in the home or on the person* to monitor their safety and daily activity indoors and out. The system includes various sensors that can detect movement, sleep, doors being opened, water and electricity consumption, and a fall inside the apartment. The wearable application helps monitor outdoor activity, may include GPS localization, and frequently offers an emergency call function.
- *Medicine-dispensing robots* to support independent medicine-taking. The device can store several days' or weeks' worth of medication. The robot reminds the person of the medication and delivers personalized doses at the right time. If the dose is not taken, the robot withdraws the dose inside for safety and alerts the care personnel.
- *Remote health measurements*. Vital sign measurements (e.g., blood pressure and blood sugar) are taken at home by the older person using a smart meter. The measurement data are automatically transmitted via wireless to the information system of the care personnel.
- *Video call services for remote homecare and social visits*. The COVID-19 pandemic greatly accelerated the implementation of a video call service for older adults. As mentioned earlier, almost half of homecare units provide remote care for their older clients. Often, the care service is supplemented with activities that support social well-being: the same technology allows the older adult to join virtual coffee mornings or remote exercise classes, and enables videocalls to relatives.

The use of these technologies in the home provides a lot of data that can assist the well-being of the older adult. The sensors and devices are increasingly being integrated into the Internet of Things (IoT) and other integration platforms that combine data from different

sources into a useful summary for professional use. These platforms can also be used to control devices remotely – for example, to detect problems in the use of the devices at the client’s home – and reconfigure their settings if needed or where appropriate. The combined data of a person can be analyzed with AI algorithms to identify longer-term trends in health and activity as well as to alert the professional observer to exceptional conditions. AI can be used to provide support for decision-making, such as recommendations for care actions.

Homecare workers test wearable, passive exoskeletons for better ergonomic support in their work. They can enter a virtual reality (VR) training environment in which they learn typical care tasks in interaction with a virtual homecare client. The training environment can be used with VR glasses or on a computer display.

Although the KATI programme strongly advocates the use of technology in homecare, the only robots so far brought into use seem to be medicine-dispensing robots and the exoskeletons tested by care professionals. There are more care robotic applications in use (or being tested) as well, but they are applied in other care settings than homecare (Niemelä et al., 2021). They include:

- *pet therapy robots*, such as Paro the seal robot, used in residential care for people suffering from dementia
- *small social robots* in residential care for exercising and recreation of residents
- installed and wearable *exoskeleton robotic devices* for walking rehabilitation in rehab institutions
- *tele-presence robots* and *transportation robots* in longer-term trials in care homes

One robot-related technology that can be expected to come into use in care services in the coming years is that of *voice bots* and *conversational AI*. These technologies enable virtual agents that assist and interact with older adults at home. The speaking agent or robot could help an older person access online services and monitor their own well-being, and provide reminders and information, etc. Many global technology companies have taken major steps in recent years in developing speech recognition and production technologies, as well as dialogue management modules and conversational intelligence. Several virtual voice-based assistants are available on the market, and some virtual assistant services are intended especially for older adults (e.g., Amazon Alexa Together). These still have several flaws that significantly decrease their usefulness in the Finnish care service system (Kartinen & Kulju, 2022): for example, their support for the Finnish language is very limited (Apple Siri makes an exception to some extent), their ability to understand the speech (and dialects) of older adults is relatively low (also in English, as noted by Kim & Choudhury, 2021), and sensible conversational content and dialogues for older adults are

still missing. Training the conversational AI would require a mass of relevant speech data, which is not easily available. But if the challenges can be overcome, reasonably intelligent voice bots at home could greatly help older adults cope with the digitalization currently taking place in almost all service sectors in Finland.

## Practices Supporting the Implementation of Technology

It is easy to predict that the number and types of technological solutions to ensure the safety, well-being, and care of older adults at home will continue to increase. Telecare technology and sensor systems that monitor the older person's daily activities and health at home are getting more common. Robotic applications suitable for homecare settings are not common yet, but more will come onto the market. Overall, many care and customer services are being digitalized and provided remotely.

In the context of this development, understanding the needs and conditions of the users of these technologies is crucial. However, both older adults and care professionals are often neglected or misconceived within the field of technology development (Niemelä & Melkas, 2019). Consequently, applications and user interfaces developed for them may not meet their real needs and capabilities, and the technology may be left unused. Therefore, involving both older users and care professionals in the development and design of new technology, as well as its implementation in care services, is of the utmost importance. A number of local living labs, testbeds, and simulation homes are available to facilitate the participation of users in the development process. Some of these co-design environments have also developed virtual and remote participative practices.

Users may be unaware of new useful applications and may lack the skills to use them even if they were interested and willing to learn. This is particularly important when trying to encourage older users to adopt new technologies in order to take care of their own well-being independently. Many cities thus provide local technology showrooms in which various commercial applications are demonstrated and the personnel help the customer to use them. Some showrooms let the customer borrow the technology for longer-term testing at home before deciding to buy. Virtual technology showrooms have been tested by different stakeholders, such as healthcare organizations, for this purpose. For instance, "AADA" (the Finnish acronym for Helping Everyday Life through Digitalization) was an interactive 3D showroom (Figure 3) in which online visitors were informed about and able to try various assistive and well-being technologies via their web browser.

### Figure 3

*A Screenshot of the AADA Virtual Technology Showroom Gives a Hint of a Marketplace in Oulu, Finland*



*Note.* By Northern Ostrobothnia Hospital District. Adapted with permission.

Not only the users but also the care service organizations need reliable information about the new technologies and their suitability for and impact in care in order to support their own decision-making with regard to the technology. A national assessment criteria and method tool, Digi-HTA, evaluates the suitability of novel digital health technologies for the Finnish social and healthcare services. Digi-HTA emphasizes advanced technologies such as mobile health applications and AI and robotic applications (Haverinen et al., 2019). In the assessment, the application or service is evaluated in terms of cost, effectiveness, safety, data security and protection, usability and accessibility, as well as inter-operability and technical stability. AI and robotic aspects are evaluated separately. The evaluation is based on information provided by the technology producer (company), a literature review, and expert evaluation. The Digi-HTA assessment provides online public evaluations of the technologies for decision-makers and users to study.

## Conclusion

Finland is taking major steps in implementing technology, digitalization, robotics, and AI in order to provide sustainable well-being services for its aging population, in accordance with the national policy that states that older people have the right to remain in their homes as long as they are safe and their needs are met. Not many robotic applications suitable for homecare settings are available yet, but telecare technology and sensor and alert systems that monitor the older person's daily activities, health, and safety at home, as well as technologies that support independent living and self-care, such as medicine-taking, are becoming more common. Foreseeably, the application of various technologies to ensure the safety, well-being, and care of older adults at home will multiply in the coming years. Furthermore, the sensor systems, devices, and digital services used at home generate data that can be collected and analyzed by algorithms to understand the health of a person and predict changes in health, both of an individual and the population at large.

Indeed, although installing a care robot in a home is a significant change in the provision of care services, the main impact of technology so far is simply the digitalization of care services and customer interaction. The consequence of digitalization is an enormous increase in the amount and type of personal health and activity data collected from older adults at home and, as a consequence, significantly improved knowledge that can be utilized in care decisions and management. Overall, when applying robotics, AI, or any other technology and digital service innovation in health and social care services, it should be clear that the ultimate aim is to increase human well-being, decrease workload and organizational costs, and increase the cost-efficiency of the services. As a secondary goal, the robotization and digitalization of care services also increase possibilities for innovation and business, thus adding to societal welfare in general.

The application of technology in the care of older adults has enormous potential. In order to ensure that the implementation of technology in care services meets the goals described above, the National Programme on Ageing 2030 proposes national coordination to guide further development (see also Anttila et al., 2021). A national coordination body would collaborate with relevant actors – those responsible for organizing care in their area, care providers, representatives of end users, educationalists, researchers, technology developers, experts, etc. – to facilitate the continuous implementation of technology and to identify and share best practices. In the longer term, the national coordination body should be able to direct technology implementation towards a future in which the use of technology for older adults' well-being and care at home is ethical as well as supporting the social and economic sustainability of this super-aging country.

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# **A Community-Based Care Model for Older People of Today and Tomorrow Case Study From Vietnam: The Intergenerational Self-Help Club**

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## **A Community-Based Response to Population Aging**

Population aging is regarded as one of the most prominent trends of the twenty-first century owing to a decline in birth rates and an increase in life expectancy. More and more countries have been developing adaptation measures, particularly aged care models, to capitalize on this demographic transition. The models are diverse, but a consistent pattern has emerged. That is, institutional care is giving way to community-based and person-centered care (Sakota, 2022). This shift has specific benefits, such as making care services more cost-effective and accessible, promoting healthy aging, actively involving care receivers throughout the care process, allowing for aging in place, and relieving pressure on professional care providers. Furthermore, the life cycle approach has been emphasized more frequently. It represents the importance of caring for older people from their younger years.

In Vietnam, a community-based aged care model has been implemented nationwide since 2016, directly providing long lasting benefits and tailored care services to over 250,000 people (Vietnam Association of the Elderly, personal communication, October 26, 2022). It is known as the Intergenerational Self-Help Club (ISHC). ISHC is a multi-functioning and inclusive community-driven social organization. The model's goals are to (a) protect,

care for, and promote the role of today's older people, and (b) prepare for tomorrow's older people (those who will be 60 years old in the next few decades). ISHC can meet a wide range of care needs (e.g., psychosocial, living support, and clinical), particularly for older people, women, the poor, and people with disabilities. Local community members manage and sustain the club with the support and supervision of local authorities and other stakeholders. As a result, it is affordable, replicable, and adaptable to different local conditions (e.g., rural, urban, and mountainous). ISHC operates based on trust and empowerment in communities, as local people are the best judges of how to care for themselves and others and improve their lives. The model aims to boost local resources, particularly the contributions of older people. The older population, with a lifetime of accumulated knowledge and a high sense of social responsibility, is not a burden on development but an asset that ISHC promotes.

## National and International Recognition of ISHC

ISHC has been recognized both at national and international levels. By mid-2022, there were 4,700 ISHCs in all 63 provinces in Vietnam (Vietnam Association of the Elderly, personal communication, October 26, 2022). The Prime Minister has promoted ISHC replication in two national projects, with a replication target of at least 6,500 clubs by 2025 (Nguyen, 2020). Furthermore, ISHC has been incorporated into the National Plan of Action for Older People for the period 2021–2030, as well as the National Older People Healthcare Program, which runs until 2030. These documents emphasize the importance of channeling care and promotion programs for older people through ISHC at the grassroots level. At the international level, ISHC won the 2020 Healthy Aging Prize for Asian Innovation (community-based initiatives category). The United Nations Department of Economic and Social Affairs (2020) has acknowledged the club model as a Sustainable Development Goal best practice. The World Health Organization has mentioned ISHC in several documents, including the Western Pacific Action Plan on Healthy Aging 2020–2030 (2020). The club has been proven to be an effective and inclusive community development model through various independent studies, such as those by the University of Oxford, England (Oxford Institute of Population Ageing, 2017) and Jeonbuk National University, Korea (personal communication, January 21, 2022). Visitors have come to learn about ISHC from Cambodia, Bangladesh, Myanmar, Indonesia, India, Korea, Japan, the United Kingdom, and the United States, to name a few, and ISHC replication has spread beyond the Vietnamese border.

## ISHC Organizational Structure – Reaching the Unreached

Each ISHC has between 50 and 70 official members and an unlimited number of honorary members and non-member beneficiaries (see Figure 1 for an example of ISHC structure). The model is inclusive and for all ages because of its diverse membership and intergenerational organizational structure. It is required that approximately 70 percent (with a 5 percent variation) of club members be older people (60 years and older), with the remaining 30 percent being younger people. This ensures the continuity of ISHC membership while also creating an environment for multi-generational interaction and support. The club welcomes both male and female members, with around 70 percent of club members being female and 30 percent being male. Female members are given priority entry because older females account for nearly 60 percent of the older population (Vietnam General Statistics Office, 2020) and are the more vulnerable group in society. Members will also be chosen for the club based on their social and economic circumstances. Around 70 percent of club members come from disadvantaged backgrounds, such as being poor or near-poor, having a disability, living with an older spouse only or in skipped-generation families, caring for small children or chronically ill family members, and being victims of domestic abuse, to name a few. The poor and near-poor rates in Vietnam have been declining; however, an increasing number of people, particularly older people, are suffering from loneliness, stress, and mental health problems (Vietnam Ministry of Health, 2019). Unlike conventional community intervention models, ISHC is concerned with social problems that go beyond financial constraints, that are important but not yet fully addressed.

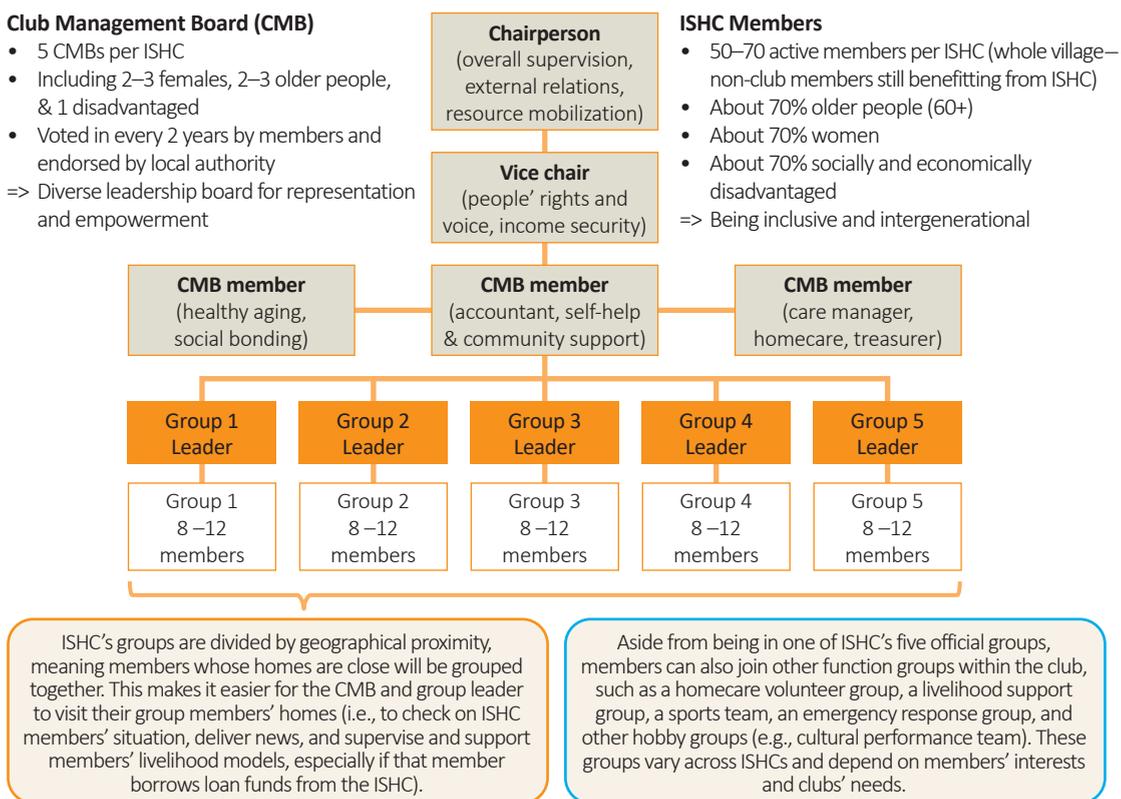
ISHC is run directly by a club management board (CMB) of five people, who are competent ISHC members, elected by other members and endorsed by local authorities and the Association of the Elderly. The Association of the Elderly is a government-funded social organization with a nationwide network that represents Vietnamese older people's voices and advocates for their legal rights (<https://hoinguoicaotuoivn.vn/>). It takes the lead in ISHC replication in Vietnam. Throughout their two-year tenure (which can be extended if they are re-elected), members of the CMB receive capacity building training and oversight from the Association of the Elderly. It is common that members of the CMB also hold other positions in the community, such as village heads, heads of mass organizations, village health collaborators, and agricultural extension staff. This equips CMB members with the knowledge, abilities, and social contacts necessary to manage a club successfully. However, only a couple of CMB members should have several responsibilities of this nature; otherwise, overload may result. It is required that the CMB be inclusive: two to three members are older people, two to three are female, and at least one comes from a disadvantaged group. The CMB distributes responsibilities evenly, based on the strengths and preferences of members. Care activities are overseen by one or two CMB members (i.e., care managers). These individuals serve as the club's focal point for

planning, organizing, and reporting on all care services (including connecting with local care providers such as commune health stations, local hospitals, or social workers).

ISHC is village or residential area based, which makes its services easily accessible for local residents, particularly those with mobility issues. For easier management and member engagement, the club has subgroups and several interest or function groups, as some members may not be confident at first and find it more comfortable to raise their voice in a smaller group of people. Every month, club members gather at least once in a meeting to reconnect with each other, learn new knowledge and skills, have fun through games and cultural performances, review past activities and club fund expenditures, discuss who needs help and how they can help one another and the community, and plan for upcoming activities. The meeting is less than two hours long and is organized in venues such as the village communal house, which everyone can access easily (including older members and members with disabilities). Matters are discussed openly, with members voting for final decisions. This increases local ownership of, and joint responsibility for building, the ISHC.

**Figure 1**

*An Example of ISHC Structure*



*Note.* By HelpAge International in Vietnam.

## ISHC's All-Inclusive and Comprehensive Care Services

The ISHC has eight major activity areas (see Figure 2) that work together to provide comprehensive care for club members and non-members and improve people's overall well-being. For example, social bonding activities help reduce older age solitude, which has been proved to impose severely detrimental effects on physical and mental health (World Health Organization, 2021). A healthier individual will have more capacity to work, thus improving their income security. This distinguishes ISHC from traditional community intervention models that focus on one or two specific areas of work. Furthermore, ISHC's multi-functionality increases its attractiveness and flexibility. The club can be implemented in a variety of settings and integrated into the local socio-economic development strategy. Other activities may be added as members see fit and are interested in.

**Figure 2**

*ISHC Care Activities*



*Note.* By HelpAge International in Vietnam.

Understanding care needs is the first step toward creating an effective aged care model. According to a national survey, only 15 percent of older people have difficulty caring for themselves (Vietnam General Statistics Office, 2021). Most older people are still active, and many are the mainstay of their families and households. The majority of older people's care needs fall along the continuum of self-care and homecare (Vietnam National Agency for Science and Technology Information, 2021). As a result, ISHCs provide numerous health promotion activities, self-care skills and knowledge (e.g., nutrition for people with hypertension and risk factors for diabetes), as well as community-based care services. To increase members' enthusiasm and create a friendly learning environment, CMB members use interactive communication methods such as quizzes, games, group discussions, and age-friendly materials (with pictures and larger text). The skills to organize engaging activities are taught to CMB members through CMB training (which normally takes place before or right after ISHC establishment). The Association of the Elderly is primarily responsible for organizing this training. Local resources will determine the training's duration and content, although it is advised that it lasts three to five days and recurs every three to four months in the first one to two years after the ISHC's establishment. The CMB is also trained to monitor and record, in the ISHC health book, basic health indicators such as blood pressure and body mass index; also, in some ISHCs, the pulse rate and diabetes risk of members. This allows CMB and ISHC members to keep track of their health status, detect any abnormal changes, and seek timely medical attention. The overall strategy is to foster an environment that encourages active aging and active health screening, rather than passively dealing with health issues that arise.

For a number of the community's residents who need more intensive care and support services (e.g., those who are bedridden, housebound, weak, severely disabled or live alone), or for families who require additional assistance in caring for sick family members, ISHC provides homecare services. Following a study published in 2021 by the Vietnam Institute of Social and Medical Studies and the Ministry of Health, older people rate homecare as the most appropriate type of care (compared to nursing homes and day care centers) (Long et al., 2021). Each ISHC has a team of five to ten homecare volunteers who provide services to four or five needy community members twice or more times per week. Volunteers' activities include befriending (which is always top of the list and is highly appreciated by care receivers), personal care (e.g., grooming, bathing, feeding, changing bed sheets), helping with the activities of daily life (e.g., shopping, preparing meals, cleaning, transportation, taking medication, household repairs), healthcare (e.g., screening basic health indicators, giving massage). Furthermore, through ISHC, care receivers can gain better access to additional support such as health insurance, social pensions, cash, in-kind donations (e.g., food, assistive devices, household appliances), and referrals to healthcare facilities, among other benefits. The CMB or local health personnel take charge of training homecare volunteers and obtaining agreement from care receivers for the provision of

services. Some villages have retired doctors and nurses who are also invited by the club to become volunteers or assist with training and supervision. Volunteers' home visits are documented in a book-keeping system, which specifies the activities carried out and their frequency. The care managers oversee all care activities and homecare volunteer groups, meet with volunteers every month for updates and problem identification, and come up with plans and solutions, including connecting with local health service staff and other relevant stakeholders for further support when needed.

A question often raised is the issue of compensation for volunteers when there is no charge on care receivers. The presence of the ISHC helps simplify the situation. Firstly, the club takes care of volunteers. They are members of an organization that promotes community solidarity and a self-help spirit, which in turn make people feel included, happier, healthier, and motivated to contribute. Volunteers of ISHCs are entitled to all member benefits, including participation in cultural performances, regular health promotion activities and check-ups, access to loans, birthday celebrations, and sick visits. As a result, volunteers enjoy various benefits as they deliver their volunteer services. In addition, volunteering is rewarded with public recognition, both within and outside the ISHCs, occasionally in the form of certification and gifts, and volunteers have opportunities to develop their personal skills.

Secondly, regardless of age, gender, or condition, anyone can become a volunteer, and any help is treasured, reflecting a Vietnamese saying: "The whole leaf envelops the torn leaf; the less torn one covers the more torn one." This approach makes use of what people already have at their disposal to support each other, which unlocks more resources. For instance, many may not have a whole morning to give to care provision, but they do have thirty minutes to go over and check on a care receiver. One may not be wealthy enough to give cash, but they have spare rice or blankets to share. Older people can make excellent volunteers because of their patience and sympathy for the physiological characteristics of care receivers. In fact, many older people prefer to have an older friend visit them. Additionally, while one volunteer cannot provide all the care services needed, they can collaborate with other helpers. On average, a care receiver has two volunteers. This is done to reduce workload as well as to ensure that care receivers are not left alone with one care provider at any given time (to reduce the risk of abuse).

Finally, as previously mentioned, volunteer tasks are mostly the simple, necessary, daily living supports that many people can perform. The volunteers are often close neighbors of the care receivers, which saves them time and money on travel.

ISHC and community members can propose care needs (for themselves or others) at club meetings, through subgroup leaders, volunteers, or directly to CMB members. When such requests are received, the CMB will confirm with relevant stakeholders and care receivers, assess the situation in greater depth, discuss solutions among ISHC members, and then

organize and supervise. When available ISHC resources are not enough to perform the tasks, the CMB will either go back to their discussion with ISHC members, prioritize more urgent cases, call for donations from the community, collaborate with local stakeholders, or seek assistance from authorized bodies such as local authorities and social organizations (e.g., the Vietnam Women's Union, the Association of the Elderly, and the Red Cross).

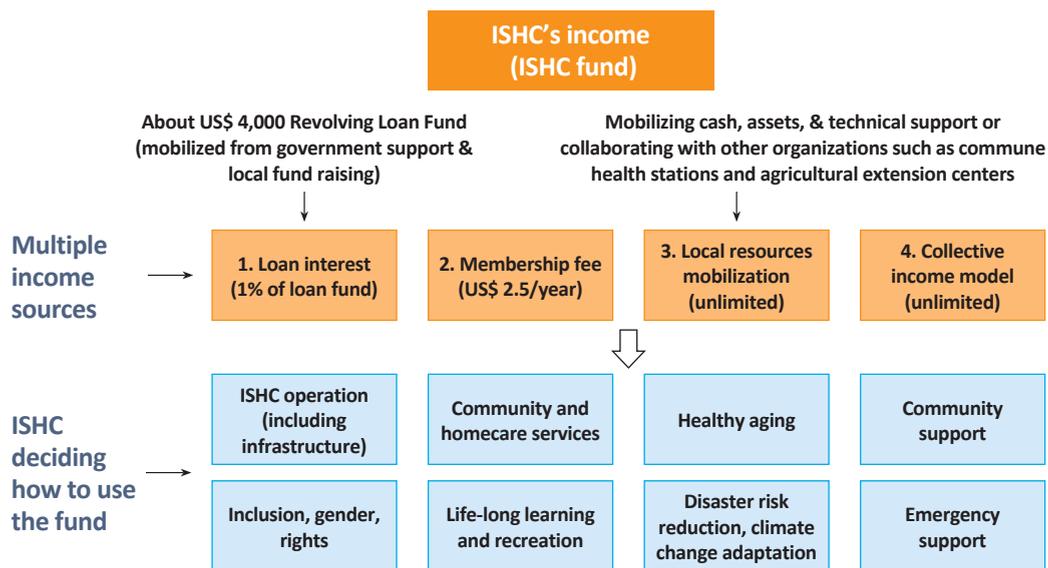
In the context of rapid population aging in low- and middle-income countries like Vietnam, community mechanisms such as ISHCs are significant sources of care provision. They are considered as the extended arm of the health sector at grassroots levels, helping doctors and nurses perform remote care and improving community healthcare in general. In the long term, the ISHC can develop a paid care assistance component, where existing volunteers will become formally trained personnel capable of more complex services. The potential is significant, and many provinces in Vietnam have included ISHC in the health and care collaboration program between provincial departments of health and the Association of the Elderly.

## ISHC's Financial Sustainability

ISHC is self-sufficient, relying on three to four sources of income (Figure 3). The first revenue stream comes from membership fees, which range between two and three dollars per year. This fee allows even the most disadvantaged members to join. Loan interest is the second (and usually the largest and most frequent) source of income. It is recommended for each ISHC to have a revolving loan fund of at least 4,000 USD when it is established. This sum is derived from the government's public development funds (e.g., the older people's care and promotion fund, the poverty reduction fund) or from local contributions (e.g., ISHC members, benefactors, the private sector). ISHCs lend money to needy members and then reinvest the interest in the club fund (50 percent of the interest is used to replenish the loan fund and 50 percent to cover club operating expenses). The ability of the ISHC to solicit donations is the third source of income (e.g., in cash, in-kind, or in forms of technical support). As an ISHC grows in reputation through the practical benefits it provides to the community, it can attract donations. This fund also serves as an emergency fund for problems that arise unexpectedly, such as natural disasters that destroy members' crops or public health hazards such as COVID-19. Finally, strong ISHCs can organize collective livelihood models, where members pool their time and effort to invest in a business, and use the proceeds to benefit club funds. Club members themselves make decisions on how to spend club funds in accordance with club regulations (issued by the Association of the Elderly, with modifications for each club if needed). The older (and more capable) the club, the larger the club fund. Generally, ISHCs will be able to care for more people as time goes by.

**Figure 3**

*ISHC Sustainable Framework*



**CMB members are responsible for a monthly public financial report.**

*Note.* By HelpAge International in Vietnam.

## Lessons Learned

Firstly, the club can only function well if local authorities, public service providers (e.g., health, education, agricultural extension, or social protection agencies), and the local community in general understand, support, and promote the club's design and benefits. This can only be achieved with careful orientation and needs assessment before ISHC establishment, as well as continuous reporting and sharing of ISHC activities during its operation.

Secondly, the ISHC must have a strong CMB that is monitored by a capable Association of the Elderly. The ISHC's performance depends substantially on its leadership, so the CMB must be chosen carefully and receive adequate training. The qualities expected of ISHC leaders include willingness to help, enthusiasm, good communication skills, and open-mindedness.

Thirdly, throughout the maturation process (typically one and a half to two years), ISHCs require close monitoring and evaluation from the Association of the Elderly and other stakeholders to ensure that the correct design is followed. Because ISHC is intended to be long-lasting, its development cannot be rushed or cut corners. Moreover, during the early months of establishment, an ISHC may require external guidance. The Association

of the Elderly serves as a liaison between ISHCs, promoting peer support and healthy competition (in countries without an Association of the Elderly, a relevant independent or local government body should be assigned the task).

The mandatory presence of the ISHC revolving loan fund is the fourth critical element. This fund ensures the ISHC's independence and long-term viability. Quality is preferable to quantity. If funds are limited, the strategy is to invest in a small number of ISHCs first to gain experience and generate community interest. Once established, the strengths, sustainability, and significant social position of the ISHC model will generate local support more easily.

Finally, ISHC should be continually integrated into local policies, programs, and mechanisms to improve cost-effectiveness and service quality. In Vietnam, the Association of the Elderly has adopted ISHC as a performance indicator. The ISHC has been integrated into national and provincial healthcare programs, helping to shape Vietnam's integrated community-based care system.

## Conclusion

The ISHC model was developed in response to Vietnam's status as one of the world's fastest aging countries (World Bank, 2016a, 2016b) while remaining a developing country with lower-middle income. With challenges come breakthrough solutions. This solution began with recognizing opportunities (such as a more experienced workforce) and truly understanding the characteristics of older people today, who are healthier and more educated than in the past. ISHCs can provide relevant and comprehensive care and support services for people in need, utilizing local resources with support from local authorities. So far, the success of ISHC has been widely attributed to its ability to address ageism by tapping into older people's interest and willingness to contribute. The answers are within the aging population; all that is required is a platform to bring out their strengths.

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# For a Rights-Based Approach to Community Building

**Ilenia Gheno**

*AGE Platform Europe*

Embracing a human rights-based approach may sound abstract and far from everyday life. Yet, such an approach can be implemented at the grassroots level and proves extremely relevant for sustained community building. This is true for all generations, but it is especially important when we are older. AGE Platform Europe (AGE) is a European umbrella organisation of and for older people, with over 110 members from across the European Union (EU), that voices the needs and concerns of older people and campaigns for a human rights-based approach to ageing. In this paper, we introduce the key features of three European projects to which AGE has been contributing as a partner. These projects embrace a positive narrative around ageing, support older people to participate actively in their communities, and empower them in many aspects of their lives – all of which are elements of human rights-based community building.

## Where Top-Down and Bottom-Up Initiatives Meet: Close to Home

The United Nations (UN) defines human rights as articulated basic human wants, sustaining the notion of dignity and equality of the human person (Office of the United Nations High Commissioner for Human Rights, 2012). In practical terms, taking a human rights-based approach is about making sure that people's rights are put at the very centre of policies and practices. But this cannot be implemented only as a top-down approach, made of standards, laws, and conventions. It has to include a bottom-up flow of participation, accountability, non-discrimination, empowerment, and legality (PANEL – the essential principles of a human rights-based approach) (Scottish Human Rights Commission, n.d.).

And such a flow starts from our communities, from our own neighbourhoods, from ourselves – as Eleanor Roosevelt, chair of the committee created by the United Nations Commission on Human Rights to draft the Universal Declaration of Human Rights, said so eloquently in *In Your Hands: A Guide for Community Action*, her speech of March 27, 1958, that marked the tenth anniversary of the Declaration at the UN in New York:

Where, after all, do universal human rights begin? In small places, close to home – so close and so small that they cannot be seen on any map of the world. Yet they are the world of the individual person: the neighborhood he lives in; the school or college he attends; the factory, farm or office where he works. Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world. (as cited in the Office of the United Nations High Commissioner for Human Rights, 2012, p. 9)

## **Dreamlike Neighbourhood (2020–2022): A Framework for Meaningful Community-Building Encounters**

Even though the way they are nurtured and cherished differs across cultures and geographical latitudes (at least in Europe), neighbourhoods and local connections shape the way we are and the way we grow across our lifespan. Our relationships in our local communities are precious. Local networks give us a sense of belonging, offer security, and shape and support our identity. Furthermore, neighbourhoods are living entities that evolve with the people in them, and this process does not stop at a certain point in time. Our neighbourhoods have a role in the way we grow old.

The EU-funded Dreamlike Neighbourhood project embraced this perspective in its work to connect people, and especially older people, at the local level (<https://www.dreamlike-neighbourhood.eu>). For those of us with mobility issues, with health-related restrictions, or who live alone and are at greater risk of social exclusion and loneliness, local communities can be a precious source of support. They offer opportunities to connect with others and exchange services or simply a kind word and a smile.

Started in 2020, the project facilitated neighbourhood groups in four cities: in Austria (Vienna), Slovenia (Ljubljana), the Netherlands (The Hague), and the Czech Republic (Prague). Older people met regularly and supported each other in (re-)connecting with their talents and dreams, facing the challenges of everyday life, and finding ways to contribute actively to their communities (Figure 1).

## Figure 1

*The Dreamlike Neighbourhood Project: An Example of Group Activity in a Neighbourhood of the Hague, the Netherlands*



*Note.* Participants exchange their dreams and wishes. From *Impressions From Our Activities*, by Dreamlike Neighbourhoods, 2022 (<https://www.dreamlike-neighbourhood.eu>). Reprinted with permission.

The Dreamlike Neighbourhood project encouraged participants to perceive their own neighbourhood as a powerful antidote to loneliness and a great contributor to well-being and health. For example, the Slovenian Third Age University, a partner in the project, facilitated neighbourhood groups in Ljubljana in the form of study circles. Participants met once a week. The mentors used and encouraged different types of learning, for instance, study excursions, group discussions (with prompts such as newspaper articles, pictures, or videos), interviews with experts, and meetings with urbanists and decision-makers. Participants focused on different aspects of older people's living in a limited city area (their neighbourhood) and discussed issues such as "How do the city and the neighbourhood impact them, and how do they impact the city?" This approach was supplemented by team-building methods (i.e., bringing people together to work as a team) and other activities to encourage exchanges between participants. Dušana Findeisen, the head of the institute for research and development of education at the Slovenian Third Age University who mentored the neighbourhood groups, said, "Our participants tell each other their personal stories of living in the town or their neighbourhood. Once they entrust each other and other people with their story, they cannot be strangers anymore" (Dreamlike Neighbourhood, 2022, p. 14).

## **Ageism: A Key Challenge for Older People in Community Building**

Despite their key role in shaping our identity and quality of life throughout generations, our communities and neighbourhoods suffer from chronic structural challenges, such as poor access (e.g., inaccessible public spaces and gentrification); organisational issues (e.g., lack of coordination between communities, shortage of human and material resources, insufficient funding, and administrative barriers); and they are actors in, and witnesses of, prejudices and stereotypes affecting diverse groups of people (LGBTQI+ people, persons with disabilities, children, and older people, among others).

With respect to the very large and diverse group of older people, ageism is particularly widespread. The World Health Organisation (2021), in its *Global Report on Ageism*, states that globally, every second person is ageist towards older people. Besides being widespread, ageism is also subtle, embedded in everyday life to the point that most people are not aware of the phenomenon and its impacts. Ageism affects people of all ages, and it is so unconsciously accepted that it is hard to recognise its effects on the enjoyment of our human rights. But it has far-reaching consequences for people's health and well-being because ageism is associated with fewer years in good health, slower recovery from disability, and cognitive decline. Ageism reduces older people's quality of life while increasing their social isolation and loneliness, as well as their poverty and financial insecurity (World Health Organization, 2021).

In this context, neighbourhoods play a crucial role in counteracting ageism and in empowering individuals and communities. The Dreamlike Neighbourhood handbook, compiled from contributions gathered across four countries over 24 months, makes clear that everyone needs neighbourhoods that do not marginalise their residents but make them visible and honour them. It is a matter of conceiving and implementing spaces and networks that celebrate inhabitants and invite each of us, in our diversity, to connect, contribute our ideas and talents, and co-create our (social) environment. In short, we need "neighbourhoods that enable and empower us to live and age well" (Dreamlike Neighbourhood, 2022, p. 3).

## **AGE Platform Europe: Paving the Way for Empowerment**

The greater political and societal focus on communities, neighbourhoods, and care, brought about by the COVID-19 pandemic, has created an opportunity for wider debates around better community building and more equal societies. AGE believes the views of older people, and especially those with care and support needs, have most often been

overlooked in these debates. Through its policy work (from the European Year on Active Ageing and Solidarity Between Generations in 2012 to more recent work on the European Care Strategy in 2022) and its project work (over ten European projects on a yearly basis), AGE raises awareness of the fact that older people have skills and talents to contribute, works to counteract the negative narrative around old age and ageing, and supports the involvement of people as they age in EU and national policies and research. In line with a rights-based approach, this involves, first and foremost, listening to older people and their representative organisations. AGE encourages the participation of older people in public debate to define the direction the EU should take in order to enable a true societal exchange (<https://age-platform.eu/>).

The Office of the United Nations High Commissioner for Human Rights states in its human rights indicator guide:

Human rights standards and principles as a value-based, prescriptive narration, essentially anchored in the legalistic language of the treaties, are not always directly amenable to policymaking and implementation. They have to be transformed into a message that is more tangible and operational. Indeed, there is a need for human rights advocates to be equipped with an approach, methodology and specific tools that ensure a better communication with a broader set of stakeholders. (2012, p. 2)

AGE has taken up the UN's challenge of finding ways to communicate the human rights of older people to a wide public. AGE calls for policies, environments, and systems that empower people at all stages of their lives, enable their participation, support their autonomy, and respect older people as full and equal citizens. Being an association of and for older people, AGE consults and works with its members, setting up opportunities for older people to participate directly in the European debates that concern them the most. Participation of older persons in policy-making is necessary for inclusive, empowering, and appropriate policies and efficient decision-making.

Luckily, the Dreamlike Neighbourhood project is not an isolated experiment. More European initiatives promoting an empowered vision of age and ageing have seen the light. In particular, AGE is a partner to two EU-funded projects, Smart and Healthy Ageing through People Engaging in supportive Systems (SHAPES) and URBANAGE, both of which aim to change the narrative surrounding ageing and contribute to community building for all generations. These two projects will be briefly presented in the following sections.

## SHAPES (2019–23) Looks Beyond the Individual: An Ecosystem Approach

If we look beyond the individual and acknowledge the environment in which we live, we see that the comprehensive ecosystem of a person needs to be embraced. (The term “ecosystem” here refers to an environment populated by a diverse set of stakeholders, products, devices, services, and human features.) The EU Horizon 2020-funded project SHAPES works to understand the realities of older individuals and to design and support age-friendly environments through technologically enabled and integrated products and services (<https://shapes2020.eu/>). (Horizon 2020 is a research and innovation programme funded by the EU that runs until 2022.) SHAPES investigates older people’s realities and how they can be empowered to meet their health and care needs. This investigation, known as an Innovation Action (IA), brings together 36 partners across 14 European countries and intends to build, pilot, and deploy a large-scale, EU-standardised open platform. The integration of a broad range of technological, organisational, clinical, educational, and societal solutions seeks to facilitate long-term healthy and active ageing and the maintenance of a high-quality standard of life.

Considering the whole ecosystem of a person (the *Lebenswelt* or “lifeworld of individuals” as expressed in the project), the process of empowerment necessarily addresses social, cultural, political, and economic determinants, all the way up to the governance systems that model such complex contexts. Informed by the literature and by consultations with older people, the project sheds light on some challenges to empowerment in decision-making at the community level (e.g., in the relationship between patient and healthcare professional and the ramifications of this relationship for family, caregivers, and the wider society). The project also highlights how socioeconomic and educational status, cultural background, generational factors, and institutionalised ageism all play a significant role in empowerment.

For older people, the dynamics of empowerment in relation to decision-making in health and care, for instance, are heavily affected by ageist attitudes, environments, and structures, leading to discrimination, exclusion, and denial of rights as people age. Furthermore, ageism can intersect with sexism and ableism, among other forms of discrimination; older people with disabilities and older women face multiple and intersecting challenges, prejudices, stereotypes, and forms of discrimination. In terms of gender equality in medical disciplines, for instance, women have historically been underrepresented among both patients and health care professionals (Maas, 2020). As a result, women’s medical diagnoses are often reported to be undetermined or to take longer to establish than men’s. On average, women live longer than men, but as they age, they begin to suffer unhealthy conditions years earlier than men. Overall, gender disparities in sociocultural

factors may have a disproportionate influence on health and well-being and in numerous diseases (Maas, 2020). However, these disparities are not well prioritised; in addition, the perspectives of LGBTQI+ persons in relation to health and care are neither widely visible nor extensively studied.

An ecosystem is more than the sum of its parts. It includes relations among the parts and across time. From the findings of the SHAPES project, it is evident that sustaining empowerment across people's lifespans, in both individual and social ecosystems, depends on four principles derived from analysis of the lifeworld of individuals (SHAPES, 2021):

- participation – providing older adults with the ability to choose (or be included in making choices) on the issues that impact on their lives
- process – raising awareness among older adults and engaging with change at all stages of life (life-course approach)
- practice – recognising and enabling older people's contributions (moving away from stigma and discrimination)
- purpose – providing opportunities to live according to one's own intentions (person-centredness)

These general principles, coupled with individual indicators for empowerment (e.g., having a sense of personal identity, having a sense of choice and control, having a sense of usefulness and being needed, and retaining a sense of worth), have been investigated at pilot site level within the SHAPES project. The individual empowerment indicators show that it is not only important to provide an opportunity for older individuals to make a choice; it is also important that they act on that opportunity and translate their choice into an intended outcome. SHAPES delivers an environment that fosters empowerment, providing capacity-building tools (e.g., methods, approaches, processes, applications, technologies, and information) to help realise goals and desired outcomes when older individuals are empowered to make decisions on their health and care.

The URBANAGE project, which will be briefly discussed in the following section, sets out to adapt and transform urban contexts through co-creation with older people and all the relevant stakeholders. This project incorporates the four principles of participation, process, practice, and purpose into its design of age-friendly cities.

## URBANAGE (2021–2024): Towards an Age-Friendly Ecosystem

One practical example of a community-based ecosystem is offered by the EU Horizon 2020-funded URBANAGE project, which aims at co-creating research and technologies for more age-friendly cities (<https://www.urbanage.eu/>). This initiative, started in 2020 and gathering 16 partners across Europe, intends to set up a new ecosystem, comprising older people, researchers, civil servants in the field of urban planning, and businesses, around the common goal of ageing well in cities. Data analysis, modelling, and simulation tools are used to envision better accessibility and safety in all physical environments, including public spaces, streets, public transport, and housing, as well as in the location of public equipment and services or access to community services. Among other tools, URBANAGE is experimenting with “UrbanDigital Twin” technology, a synchronised, virtual representation of the real world that mirrors what is happening in near real-time. This predictive tool enables the creation of scenarios that model benefits and impacts in advance, helping urban planners and policy-makers to make optimal decisions about services and policy actions (e.g., proposing alternative routes for older people, optimising work processes, reducing economic costs, or improving maintenance works).

As the environments that shape our personal ecosystems, cities should be equipped to design their evolution and progress towards more inclusiveness and resilience. Cities, like all the places in which we live, should embrace the principles of participation, process, practice, and purpose in order to meet the challenges of the present. But they can only do so if they envisage and explore potential pathways with the people who will benefit from these developments. Older people have a role to play: their input can contribute to fighting stigma around ageing, counteracting ageism, and conceiving a multigenerational future for our cities and neighbourhoods.

To support such a co-creation approach, AGE contributed tailored guidelines for engaging with older people, derived from URBANAGE's initial work with 33 older citizens in Helsinki (Finland), Santander (Spain), and Flanders (Belgium). The guidelines contain general recommendations for older citizen engagement, recommendations regarding digital citizen engagement, and additional recommendations on gamification techniques (URBANAGE, 2022) (Figure 2).

This work is in line with the Age Equality Strategy of AGE (AGE Platform Europe, 2021), aimed at ensuring the active participation of older persons as equal partners in shaping, implementing, and monitoring policies, laws, and public programmes that relate to their rights and interests. Working for the cities of tomorrow means going beyond issues of physical accessibility (e.g., accessible and affordable public transport, infrastructure, built and outdoor environments, and door-to-door mobility) and digital accessibility to

challenge social exclusion more comprehensively. It is a matter of adopting a broad life-course perspective, adapting to the changing needs of every one of us across the lifespan and spaces.

## Figure 2

*The Front Cover of URBANAGE's Policy Brief*



*Note.* From *Older Adult Engagement Practices for Age-Friendly Cities*, by URBANAGE, 2022 (<https://www.urbanage.eu/engagement>). Reprinted with permission.

For this reason, with the support of its members and thanks to the evidence gathered via the European projects and practices described in this paper, AGE supports a more comprehensive approach to EU policy-making. AGE urges consideration of the connections between housing, health, environmental issues, energy poverty, long-term care, accessibility, poverty, and social inclusion, among other factors. Such consideration must be underpinned by the direct participation of people of all ages in the decision-making process at individual, community, and ecosystem levels.

In essence, the three projects discussed in this paper have empowered older people by increasing their capacities – whether to become more involved in their neighbourhood or to use and profit from new technologies – and thus their confidence. These projects allow

more older people to be physically and digitally included in their society, which is a great way for them to grow stronger, gain resilience, and participate in community building on an equal footing with any other age group: their networks have been strengthened, their competences have been broadened, and their sense of being active and useful has increased. To make such outcomes sustainable and transferable to other contexts, these projects work on sustainability plans or business plans (in the case of Horizon 2020 projects), in which partners discuss how to extend their findings and best practices beyond the project's lifespan by analysing its impact and suggesting ways to implement positive outcomes. In practical terms, it is often a follow-up project that takes the work forward, with a similar consortium of interested external stakeholders. It is through the sharing of good practice, as well as the provision of opportunities to adopt successful strategies, that our societies can evolve for the better.

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# Building Dementia-Friendly Communities in Korea

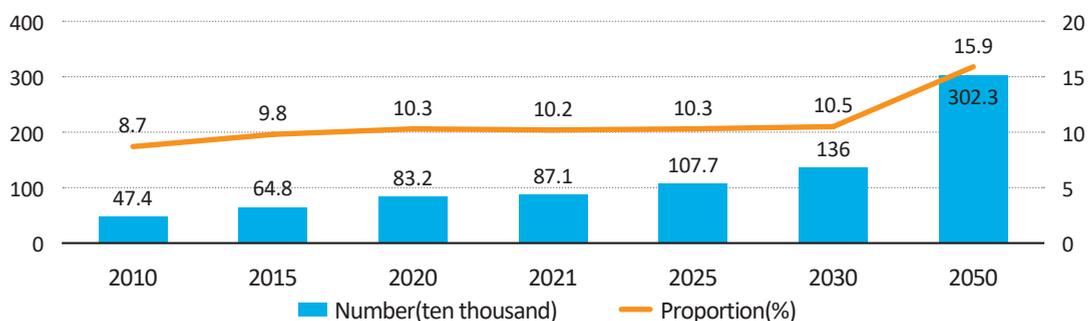
Eun Ha Namkung  
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## Increasing Numbers of Older Koreans Are Suffering From Cognitive Decline and Dementia

Korea is well-known for its rapidly increasing older population. As of 2021, older adults accounted for about 16.5 percent of the total population, and their proportion is expected to increase to more than 20 percent within the next four years (Statistics Korea, 2021). Dementia is a disease that occurs mainly in later life, and with the population aging rapidly, the number of older Koreans with dementia is also increasing. Figure 1 illustrates that there were an estimated 830,000 older Koreans with dementia in 2020, accounting for 10.3 percent of those 65 or older. By 2050, the prevalence rate will increase to about 15.9 percent, and the number of individuals with dementia is predicted to increase to approximately 3.02 million (Korea Ministry of Health and Welfare, 2020).

**Figure 1**

*The Estimated Numbers and Proportions of Koreans Aged 65 or Older With Dementia (2010–2050)*



*Note.* The data are from *The 4th National Dementia Plan: Living Well With Dementia in the Community*, by the Korea Ministry of Health and Welfare, 2020 (<https://www.korea.kr/archive/expDocView.do?docId=39215>). In the public domain.

The term dementia refers to “a set of symptoms such as loss of memory, mood changes and problems with communicating which occur when the brain is damaged by certain diseases, such as Alzheimer’s disease” (Marcinkiewicz & Reid, 2015, p. 3). Due to challenges in many daily activities, such as housekeeping, meal preparation, and shopping, many people with dementia are likely to experience a loss of independence, and thus the condition significantly influences the affected individuals, their families, and their communities (see also Shon & Yoon, 2021). Although there is no known cure for dementia, healthy behaviors (e.g., no smoking and regular exercise) and other protective factors may reduce a person’s risk of developing dementia (Marcinkiewicz & Reid, 2015).

Both in Korea and globally, dementia is an important public health concern, given the significance of its impact on healthcare systems (Shon & Yoon, 2021). Table 1 shows that in Korea in 2019, for example, the total annual cost for dementia management, including direct medical and long-term care costs as well as indirect costs such as lost productivity, was estimated to be 16.5 trillion KRW, equal to 0.86 percent of Nominal Gross Domestic Product (Nominal GDP); this ratio is projected to rise to 3.8 percent of Nominal GDP in 2050 (Korea Ministry of Health and Welfare, 2020).

To address the needs of people with dementia and their families and to prepare its social and healthcare systems to adequately support them, the Ministry of Health and Welfare (MoHW) announced its first National Dementia Plan in 2008. Since then, Korea has been leading the way in making dementia a public health priority, publishing its 4th National Dementia Plan in 2021.

**Table 1**

*Dementia Management Indicators and Figures in 2019*

Indicators	2019 figures
Annual management cost per person with dementia	20.72 million KRW
Number of people with dementia aged 65 and older	794,280 persons
Total annual management cost for people with dementia <sup>a</sup>	16.5 trillion KRW
Nominal GDP	1,913.9 trillion KRW
Ratio of the total annual dementia management cost to nominal GDP <sup>b</sup>	0.86 %

*Note.* Dementia management costs include direct medical costs (e.g., individual co-payment), direct non-medical costs (e.g., nursing fees, transportation fees, medical aids, and office visits), costs of long-term care services (e.g., facility or in-homecare services), and indirect costs (e.g., lost productivity). From *The 4th National Dementia Plan: Living Well With Dementia in the Community* (p. 3), by the Korea Ministry of Health and Welfare, 2020 (<https://www.korea.kr/archive/expDocView.do?docId=39215>). In the public domain.

<sup>a</sup> Annual management cost per person with dementia × number of people with dementia aged 65 and older.

<sup>b</sup> Total annual management cost for people with dementia ÷ nominal GDP × 100.

## **Creating a Dementia-Friendly Community Is Important for the Well-Being of People With Dementia and Their Families**

The 4th National Dementia Plan's overall vision is "living well with dementia in the community" (Korea Ministry of Health and Welfare, 2020, p. 13), and the national plan emphasizes the establishment of infrastructure and services to help people with dementia live safely and comfortably in their own homes and communities. To achieve this goal, one of the main tasks is "to create an environment friendly to people with dementia" (p. 13). As for specific policies to create a dementia-friendly environment, the plan suggests the expansion and improvement of dementia awareness campaigns and education programs, volunteer programs for serving people with dementia and their communities (e.g., the Dementia Partners Program), and the Dementia-Friendly Community Program, all of which will be discussed in more detail below (Korea Ministry of Health and Welfare, 2020).

Creating dementia-friendly communities has been recognized as a crucial agenda for Korea and other countries and global organizations. For example, in 2017, the World Health Organization (WHO) announced the *Global Action Plan on the Public Health Response to Dementia 2017–2025* to suggest a set of actions to promote dementia prevention and help people with dementia and their caregivers receive the care and support they need. In the WHO Action Plan, *dementia awareness and friendliness* are suggested as one of seven critical areas where specific actions are needed to be taken to improve the well-being of people with dementia and their families. To emphasize the importance of creating a dementia-friendly environment, in 2021, the WHO published *Towards a Dementia Inclusive Society*, which offers practical guidance on and tools for creating dementia-friendly communities.

In the following sections, the principles of dementia-friendly communities will be discussed, focusing on the concept adopted by the WHO, and details of the national plan of Korea to create a dementia-friendly environment will be described. Lastly, I will make policy recommendations to improve Korea's current Dementia-Friendly Community Programs.

## **Dementia-Friendly Communities Are Places Where People With Dementia and Their Caregivers Are Empowered to Live Independently, Free From Stigma and Discrimination**

Dementia-friendly communities indicate communities where people with dementia and their caregivers are "empowered to live independently, free from stigma, discrimination, exploitation, violence, or abuse" (World Health Organization, 2021, p. xi). Alternative terms for the concept of dementia-friendly communities include, but are not limited to, "dementia-

capable communities,” “memory-friendly communities,” “living well with dementia in the community,” “sustainable environments for people living with dementia,” “dementia-sensitive living environment,” and “a society conscientious of, and friendly towards, neurocognitive disease” (World Health Organization, 2021). Regardless of the specific terminology, the concept of dementia-friendly communities emphasizes (a) tackling stigma and discrimination and (b) providing the necessary support and resources to guarantee the independent lives of people with dementia (World Health Organization, 2017).

Dementia-friendly communities, according to the WHO (2017), should promote dementia awareness and reduce the stigma associated with dementia. Despite the fact that the population directly or indirectly affected by dementia is growing steadily, people with dementia and their families still suffer from negative attitudes and discrimination. For example, a national survey conducted in 2021 shows that 44.6 percent of Korean adults are reluctant to interact and get along with people with dementia (Lee et al., 2021). This negative attitude is prevalent not only in Korea but also globally. According to a 2019 global survey by Alzheimer’s Disease International, 35 percent of caregivers reported that they had hidden the diagnosis of dementia of a family member for fear of stigmatization and discrimination, and 40 percent of the general public reported that doctors and nurses did not pay adequate attention to people with dementia (Alzheimer’s Disease International, 2019).

Lack of understanding of dementia may also cause fear of developing the disease (World Health Organization, 2017). In this regard, the WHO suggests that dementia awareness programs should:

- foster an accurate understanding of dementia and its various subtypes as clinical diseases
- challenge the stigma and discrimination associated with dementia
- educate people about the human rights of people with dementia
- enhance the general population’s ability to recognize early symptoms and signs of dementia
- increase public knowledge of the risk factors associated with dementia

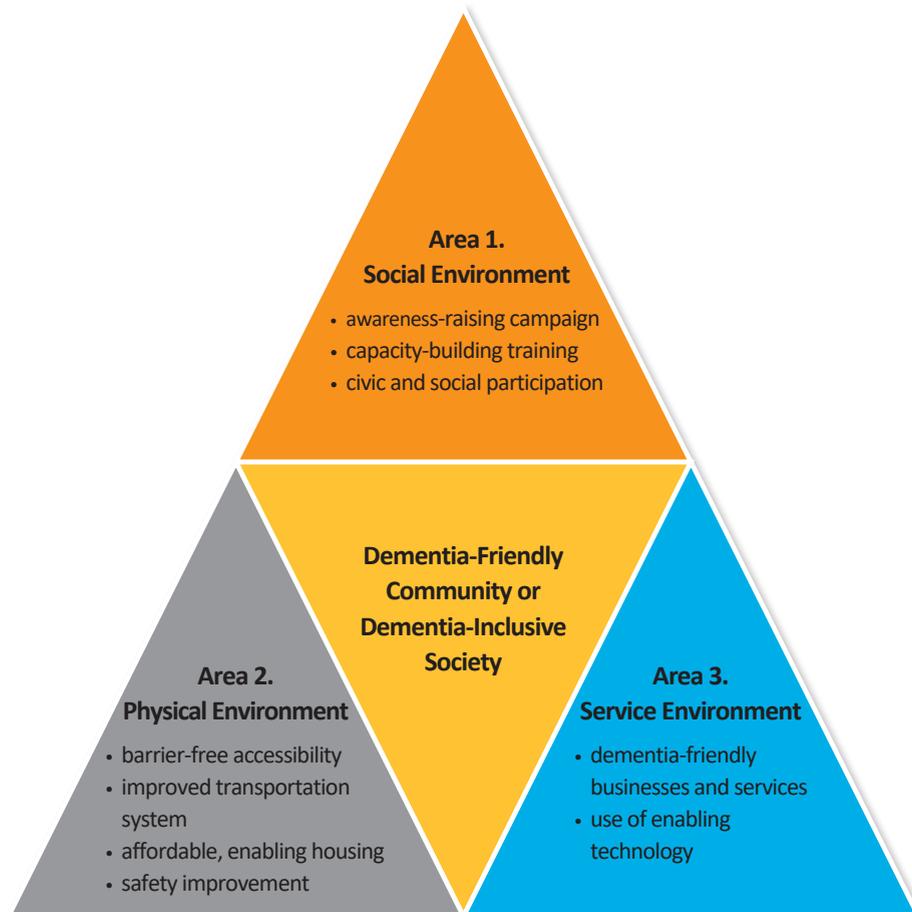
Another element in the WHO’s advocacy of dementia-friendly communities is the creation of an inclusive and accessible community environment to optimize opportunities for health, participation, and security for all people. As some examples of specific key actions, protecting the human rights of people with dementia and reducing stigmatization and discrimination are reemphasized. Also highlighted are the promotion of greater social involvement by people with dementia and the provision of support for their families and caregivers (World Health Organization, 2017).

## Changes in All Social, Physical, and Service-Related Environments Are Necessary to Create a Dementia-Friendly Community

The WHO (2021) suggests that addressing the community environment’s social, physical, and service aspects is necessary to respond well to the needs and preferences of people with dementia and their caregivers (see Figure 2). First, the social environment can be defined as the social relationships and cultural contexts within which individuals or groups of people live. Changes to the social environment are needed to enhance community participation, social inclusion, civic engagement, and employment of people with dementia and their caregivers. Reducing negative attitudes and creating positive social attitudes and norms concerning people with dementia, which were considered in the previous section, can also be categorized as efforts to promote the inclusiveness and friendliness of the social environment.

**Figure 2**

*Key Environmental Components of WHO’s 2021 Publication, Towards a Dementia-Inclusive Society*



Second, the physical environment includes outdoor spaces, transport and mobility, and housing. It refers to a person's immediate physical surroundings, which include built infrastructure and industrial and occupational structures. Areas of the physical environment that can be adjusted as required encompass ambient noise, lighting, indoor air quality, maintenance, and the thermal comfort of the facilities. Universal design may be a valuable concept to create a more inclusive and friendly physical environment for those experiencing barriers and challenges in using and accessing the built environment. (The universal design concept refers to a design that can be accessed, understood, and used to the greatest extent possible by all people, regardless of their age, size, ability, or disability. This is an extension of the concept of barrier-free design, which aims to guarantee equitable, flexible, simple, and intuitive use; requires minimal physical effort; and provides adequate size and space for all, including those using assistive devices or personal assistants.) Specifically, for dementia-friendly communities, the physical environment needs to (a) guarantee equitable access to people with dementia; (b) accommodate the wide range of preferences and abilities of people with dementia; (c) adopt a simple and intuitive design; (d) communicate necessary information effectively; (e) minimize hazards and the adverse effects of accidental or unintended actions; (f) be used efficiently and cause minimal fatigue; and (g) provide appropriate size and space for approach, reach, and use (World Health Organization, 2021).

Services constitute the third aspect of the community environment. According to the WHO (2021), dementia-friendly communities provide services in various areas, including healthcare, finance, public administration, and business. Individual service professionals, such as shop owners, pharmacists, bank employees, and hospitality staff, play an important role in making a community's service environment more dementia-inclusive. Furthermore, the use of technology that enables people with dementia to be involved in society more independently and effectively should be promoted and encouraged. Examples of such technology range widely, from small gadgets like electronic pill boxes that remind people with memory problems to take their medicine to a smart home system that enables people to control lighting, heating, or any other home management function with less cognitive and physical effort. There are also various smartphone applications that have been particularly developed for people with dementia and their families.

## The Creation of Environments Friendly to People With Dementia Is One of the Key National Dementia Initiatives in Korea

As discussed in the previous section, the creation of an environment friendly to people with dementia is one of the key policy goals of the 4th National Dementia Plan (NPD). The 4th NPD proposes two broad areas of action to create a dementia-friendly environment, in line with the WHO's dementia awareness and friendliness goals (Korea Ministry of Health and Welfare, 2020; World Health Organization, 2017) (see Table 3). The first is to improve and extend education programs and campaign activities to promote public awareness of dementia. Specifically, the 4th NPD recommends conducting a periodic survey to assess public understanding of dementia and attitudes toward people with dementia and their caregivers (for a research project related to this recommendation, see Lee et al., 2021). It also recommends developing and disseminating educational materials about dementia symptoms and prevention. The national plan includes actions to increase the number of registered volunteers known as "Dementia Partners," and to improve the volunteer program's management system.

The 4th NPD's goal of creating a dementia-friendly environment means building a social environment friendly to people with dementia. The 4th NPD suggests expanding and improving the current Dementia-Friendly Community Program to achieve this goal. The number of dementia-friendly communities has rapidly increased, with over 300 communities established between 2018 and 2019. However, the quality and specific activities provided by each dementia-friendly community vary. Local dementia centers across the country manage the program, but each center provides different directions and guidance to their respective dementia-friendly communities (villages, neighborhoods, or districts) and requires various types and levels of dementia-friendly activities. Thus, to manage and monitor the program effectively and control the quality of each community registered by the program, the 4th NPD suggests developing a certification process. It also describes specific measures to promote the safety of people with dementia residing in communities, such as extending location-tracking services for those who show wandering symptoms.

**Table 2**

*Key Action Items Related to a Dementia-Friendly Environment in The 4th National Dementia Plan 2021–2025 (the MoHW’s 2020 Publication)*

<b>Establishment of a dementia-friendly society</b>	
<b>Objective 1</b>	<b>Objective 2</b>
<b>Education and promotion to raise awareness of dementia</b>	<b>Creating a social environment that embraces people with dementia</b>
Develop a survey of attitudes toward dementia and provide education to improve public awareness of dementia Expand and scale up the Dementia Partners Program <sup>a</sup> Continue to have local activities and events to raise public awareness (e.g., national dementia awareness day)	Expand and scale up the Dementia-Friendly Communities Program <sup>b</sup> Strengthen the Public Guardianship Program <sup>c</sup> Prevent people with dementia from wandering and strengthen the temporary protection system

*Note.* <sup>a</sup> The Dementia Partners Program is a volunteer training and management program for students and community members who want to provide direct and indirect support to persons with dementia and their families and communities.

<sup>b</sup> The Dementia-Friendly Communities Program is a community certification program (at the level of Korea’s *Eup/Myeon/Dong* administrative districts) to develop, implement, and manage communities to be more inclusive of and friendly toward people with dementia and their caregivers.

<sup>c</sup> The Public Guardianship Program is a service program that seeks out and appoints a guardian for individuals with dementia who require assistance in making medical, financial, or daily living decisions but do not have a suitable person to serve as their guardian.

## Many Actions Related to Building Dementia-Friendly Communities Are Actively Implemented, but Efforts to Improve the Relevant Programs Are Still Needed

Since implementation of the 4th National Dementia Plan began in 2021, expansion and improvement of the dementia-friendly related programs have been under observation. For example, a research project was conducted in 2021 to develop and implement a periodic national dementia awareness survey (Lee et al., 2021). As of November 14, 2022, 1,408,211 persons are registered as Dementia Partners and have participated in many community programs serving people with dementia and their communities (Korea National Institute of Dementia, 2022). In the MoHW's *2022 Handbook on Dementia Management Policy*, the Department provides specific guidance on developing and implementing a dementia-friendly community, particularly guidance on and specific procedures for recognizing and certifying a dementia-friendly community (Korea Ministry of Health and Welfare, 2022). Based on the certification procedure developed by the MoHW, every officially recognized dementia-friendly community is required to conduct continuous monitoring and quality control, supported and managed by local dementia centers. In the beginning, each community is required to organize a steering committee to initiate and implement the certification procedure. At the implementation stage, a certified community should provide public education, awareness-raising campaigns, and community programs for people with dementia, their families, or other community members. A formal evaluation, based on a survey of community members, is also required, in order to assess the effectiveness of the program and maintain certification status.

However, additional efforts to build and scale up dementia-friendly communities are needed. First, the current Dementia-Friendly Community Program needs to be improved. Specifically, the newly-created certification procedure requires more time to evaluate its effectiveness. More specific procedures and actions are necessary in order to provide attractive, accessible, and affordable services in each certified dementia-friendly community. Second, the current framework of dementia-friendly communities in Korea needs to place more emphasis on creating a dementia-friendly physical environment. Although the MoHW's handbook (2022) includes some examples of how to create a dementia-friendly and safe physical environment, these actions are optional in the Dementia-Friendly Community Program and thus may be considered less important by individual communities. Third, central and local governments need to make constant efforts to scale up existing programs in order to promote the sustainability and continuity of dementia-friendly initiatives. Finally, opportunities to listen to the voices of people with dementia and their caregivers should be created through all stages of building dementia-friendly communities.

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## ASEM

The Asia-Europe Meeting (ASEM) is an intergovernmental process established in 1996 to foster dialogue and cooperation between Asia and Europe.

ASEM addresses political, economic, financial, social, cultural, and educational issues of common interest in a spirit of mutual respect and equal partnership. Its foremost event, the ASEM Summit, is a biennial meeting between the Heads of State and Government, the President of the European Council, the President of the European Commission, and the Secretary-General of ASEAN. In addition, ASEM Ministers and Senior Officials also meet in their respective sectoral dialogues.

The initial ASEM Partnership in 1996 consisted of 15 EU Member States, 7 ASEAN Member States, China, Japan, Korea, and the European Commission. Today, ASEM comprises 53 partners: 30 European and 21 Asian countries, the European Union, and the ASEAN Secretariat.

Through its informal process based on equal partnership and enhancing mutual understanding, ASEM facilitates and stimulates progress but does not seek to duplicate bilateral and other multilateral relationships between Asia and Europe.

For more information, visit the ASEM Info Board website ([www.aseminfoboard.org](http://www.aseminfoboard.org)).

## ASEM Partners

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 **Viet Nam**  
Joined 1996





## **ASEM GLOBAL AGEING CENTER (AGAC)**

**ASEM Global Ageing Center (AGAC)** is a specialized international institution based in Seoul, which operates as a global hub for coordinating a wide variety of agendas surrounding the human rights of older persons for ASEM partners. The center aims to address various issues confronted by ASEM partners regarding the human rights of older persons, and ultimately to contribute to the promotion and protection of human rights of older persons through policy research, cooperation, awareness raising and education, and information sharing.

## AGAC ISSUE FOCUS

AGAC ISSUE FOCUS is a biannual periodical that aims to address ageing and human rights issues in a timely fashion. The publication introduces relevant ASEM partner policies and responses to a wider audience in order to promote information sharing and awareness raising, and ultimately enhance ASEM partner cooperation. Each report focuses on a distinct theme that highlights current major concerns to do with ageing and the human rights of older persons in Asia and Europe.

For more information, visit the AGAC website ([www.asemgac.org](http://www.asemgac.org)).

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