Editorial

WHO's city networks: From healthy to age-friendly

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C.H. Doevendans. WHO's city networks: From healthy to age-friendly. Gerontechnology 2016;14(3):125-126; doi:10.4017/gt.2016.14.3.013.00 The Age Friendly City-network of WHO is a continuation and further specification of the Healthy Cities-network and especially a challenge to architecture and urbanism, a call for a new approach. How can we learn from different approaches of cities? And can design play a significant role?

Keywords: Age Friendly Cities, WHO-network, urbanism, design, action research

The approach of older adults and the built environment shows a remarkable evolution. It started by examining the option of senior cities, enclaves for the elderly based on a specific lifestyle of the senior. 'Communities as heterotopias'[1]. In contrast, the paradigm of the Age Friendly City (AFC) tries to release the older adult from the isolation of the senior city. The assumption is made that the built environment Movement of the city should meet the requirements of elderly people as an integral part of that city, and the elderly not only as a (statistical) group, but as individuals. A specific role is assigned to urbanism, especially urban design.

The network

AFC is propagated by a network of the World Health Organization. In Global Age-friendly Cities; A Guide[2] the ambition of AFC is based on the concept of active ageing: 'the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age'. Many cities joined the network, and by doing so, they emphasize the meaning of the subject as a policy area and the need for exchange of knowledge and experience based on research findings.

Networks always have been important in establishing new approaches in urbanism. The ideas that shaped the modern city arose from networks of ambitious urban professionals intending to solve the unhygienic living environment of the industrial city. The Healthy Cities network of WHO was born from an initiative of members of the Modern Movement in architecture and urbanism. This Movement to a large extent was responsible for the ideas that shaped the modern city. But in the post war period the approach was evaluated as too shallow and instrumental, as the main focus was purely on utilist or functionalist principles. A call was made for a more humanistic approach, including health in a broad sense. In conferences and (design) seminars at Harvard and the White House the theme was

debated extensively. Health was seen as synonymous of 'progress' and general well being, and recognized as a worldwide issue. Out of these debates the Healthy City-network of United Nations and WHO was formed[3].

The AFC-network can be considered as a next step, a continuation and specification of the long lasting attention of urbanism for issues of health and well being. Many cities have joined this network and both policies and research have been initiated, and reports been composed.

Examples of cities

London, for instance, published 'An Age Friendly City – how far has London come?'[4]. This report follows the angles and policy areas the WHO-network has stipulated in its 'Guide to Housing'; Outdoor environment and neighborhoods; Transport; Social, cultural and civic participation; Employment, skills and income; Community Support and health services; Communication and information; respect and social inclusion. The reflections on the different themes, although focusing on London, are a useful general introduction to the problematic of AFC.

The city of Oslo approached the AFC-problematic through Universal Design. It demonstrates the meaning of design, a method at the heart of urbanism. But how applicable is the method of Universal Design in urbanism?[5]

The city of Manchester recognizes the contribution of Research by Design and started cooperation with the Manchester Metropolitan University Design Lab and the Manchester School of Architecture. An Age-friendly Design Group, consisting of a mix of members, was established[6]. One of the aims of the group is to develop our understanding of age-friendly design. The initiative to start this Research by Design is part of an extensive cooperation program of local government, knowledge institutes and civil

organizations, a mix of professionals and 'layman': users of the built environment, especially elderly people, maybe not layman, but the ultimate specialists[7].

Finally we mention the city of Amsterdam. The established urban approach of survey-methodology is applied to the AFC-problematic. Until now the urban survey, especially the quantitative-demographic variant that focuses on distribution of facilities hardly pays attention to care facilities[8]. A specific survey has been executed to formulate the problem, and policy statements were made. Crucial is the starting point that the elder person should remain part of the urbanity of the city of Amsterdam. In this respect the concept of city streets is important. These carriers of services and facilities at the level of a city district should link the districts to the city as a whole. The municipality of Amsterdam also started cooperation with a knowledge institute, the University of Applied Science of Amsterdam, as well with user groups, as in Manchester. By walking in the city, field studies were executed as a form of qualitative research and as a first start of 'action research'[9] The city itself becomes a laboratory, a Lifeworld Lab, where knowledge is produced by methods of survey, qualitative research and citizen science. Elderly people became involved as volunteers. In workshops students tried to find solutions for problems and wishes that came to the foreground. It was notable that young students did not have a natural affinity to the problematic of the AFC. A generation gap has to be bridged, and this is certainly one of the tasks of universities and polytechnics.

Conclusion

The Amsterdam approach made clear that we have to be reluctant with general solutions, as neighborhoods are different. City parts were built in specific periods of urban development and carry the characteristics of these periods. Uniform measures for the built environment of nineteenth century tissues of urban blocks, twentieth century garden cities and post war modern city extensions must be avoided.

The Age Friendly City is a challenge to spatial disciplines such as architecture and urbanism. In the future Gerontechnology journal would like to contribute to the debate by showing specific approaches of cities, research findings and design solutions.

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