

INVESTIGATOR AWARDS IN Health Policy Research

How Are World Cities Responding to the Challenges of Population Aging?

Victor G. Rodwin, Ph.D.

What do New York, London, Paris, and Tokyo have in common?

A lot, it turns out.

Although they consider themselves unique compared with the rest of their respective nations, they share many characteristics when compared to one another. To begin with, they are the largest cities among the wealthiest nations of the world, and serve as strategic headquarters for transnational corporations and international financial institutions. As centers of media, finance, and other specialized services, they exercise a powerful influence, not only on their own nations, but on the rest of the world. As world cities, their inhabitants are heterogeneous and include some of the wealthiest individuals in their nations, as well as some of the poorest. Moreover, there is evidence of large and growing disparities in income, housing, and health. These cities provide relatively high levels of public services and public transportation, and they attract people from their metropolitan regions, indeed from the world, to their universities, museums, theatres, and libraries. As centers for medical research and specialized care, they also provide access to high-quality health services.

But what is it like to live in such cities and grow older?

Victor G. Rodwin, Ph.D., a professor at the Robert F. Wagner School of Public Service, New York University (NYU), and a Robert Wood Johnson Foundation (RWJF) Investigator in Health Policy Research, developed the idea of studying these world cities to explore a new approach for comparing health care systems. The World Cities Project (WCP), which he co-directs with Michael K. Gusmano, a professor at Columbia University's Mailman School, is a joint venture of NYU's Wagner School, the Mailman School, and the International Longevity Center-USA. WCP research has resulted in articles that compare these cities on topics including infant mortality, heart disease and cardiac care, access to primary care, and urban public health infrastructure.

Rodwin notes that when it comes to comparing the health and health care of populations, researchers generally follow established conventions. They focus on nation-states because data are more readily available from such sources as the United Nations and the Organization for Economic Cooperation and Development. But there are at least three limitations to this approach. First, there are enormous variations in health and health system performance within nations. Second, there is no agreement on the boundaries of what we loosely call "health systems," and the extent to which public health infrastructure is part of the system. Third, it is exceedingly difficult to disentangle the relative importance of health care systems from other determinants of health, ranging from environmental to socio-economic and cultural factors, and the neighborhood contexts of the populations whose health status is examined.

WCP research does not overcome all of these problems. But Rodwin believes that his approach "provides notable advantages for more refined comparisons and cross-national learning" because world cities have more characteristics and problems in common than do nation-states. Given their broad, contextual similarities, comparative analyses of their different health and social service systems can provide insights into the possible effects of these systems on such outcomes as the use of services and health status. While Rodwin admits that it would be imprudent to draw causal inferences from such comparisons, observed differences can suggest promising directions for further research.

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Institute for Health, Health Care Policy,
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55 Commercial Avenue, Third Floor
New Brunswick, NJ 08901

phone: 732.932.3817
fax: 732.932.3819
email: depdir@ifh.rutgers.edu
www.investigatorawards.org

WCP research has defined Paris as the prototypical “urban core” against which the following comparable urban cores for New York City (NYC), London, and Tokyo are matched:

- Manhattan, a borough of NYC,
- Inner London, an administrative part of Greater London that includes its 15 inner boroughs, and
- Inner Tokyo, defined as the 14 wards circumscribed by the Yamanote subway line.

These definitions were guided by five criteria. First, these urban cores represent historic centers of their respective world cities. Second, their populations are similar in size: 1.5 million in Manhattan, 2.0 million in Inner Tokyo, 2.1 million in Paris, and 2.7 million in Inner London. Third, these urban cores combine a mix of high- and low-income populations. Fourth, they function as central hubs for employment, attracting large numbers of commuters. Finally, they are characterized by concentrations of teaching hospitals, medical schools, acute hospital beds, and physicians.

Aging in World Cities

Supported in part by his RWJF Investigator Award, Rodwin has collaborated, mostly with Gusmano, and with thoracic surgeon Daniel Weisz of ILC-USA, epidemiologist Alfred Spira, of INSERM in Paris, and Leland Neuberg, a statistician at Boston University, on a range of empirical investigations that illustrate his approach to the comparative analysis of health systems. A book edited by Rodwin and Gusmano, *Growing Older in World Cities: New York, London, Paris, and Tokyo*, adopts the WCP’s approach to the study of population aging.

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Due to a combination of factors—increasing longevity, declining birthrates, and growing urbanization—cities face a new challenge: how to respond to population aging? Rodwin and his colleagues address two broad themes: the socio-economic and health status of older people and how these have evolved over time; and older people’s living arrangements and use of long-term care.

New York, London, Paris, and Tokyo have the largest concentrations of older people (roughly 1 million who are 65 years and over) in their respective nations. Their “oldest old”—those 85 and older—is the fastest-growing segment of this population. These cities already include neighborhoods in which the percentage of those 65 and older is greater than 20 percent, the level that the U.S. Census Bureau projects for the entire United States in 2030. “As a result, these cities can serve as social laboratories in which to test innovations that address the health and social needs of cities with aging populations,” Rodwin says.

Beyond what they share, these cities also differ in important ways, particularly with respect to key national, health, social, and long-term care policies that influence how they care for their growing number of vulnerable older people. Differences in history, politics, and culture have led to different responses to these problems.

After exploring how these world cities are addressing the challenges, as well as the opportunities posed by population aging, Gusmano and Rodwin highlight five policy issues raised by the unprecedented numbers of the oldest old in these cities:

- Can we afford to allow frail older people, particularly those who require institutional long-term care, to remain in the urban cores of world cities? Since the price of real estate is so high in these areas, investment in long-term care facilities tends to be in the outlying areas of these cities, leading to a dispersal of frail older people from the urban cores to nursing homes far away from their communities. Such policies separate frail older people from their friends, neighbors, and their usual sources of medical care.

■ How can we implement central government policies, while at the same time developing local policies to fill in the gaps left by higher levels of government? Even the centralized unitary states of Japan, France, and the United Kingdom have been unable to meet the needs of the oldest old without close collaboration with local government, nonprofit organizations, community and neighborhood organizations, and families.

■ How can we cope with diverse older people, taking into account increasing ethnic minorities and inequalities in socio-economic and health status? All four cities, even less diverse Tokyo, have recognized that the oldest old are a heterogeneous group.

■ How can we best provide information to older people and give them voice? In all four cities, municipal governments have invoked the rising importance of providing older persons with information about the multiplicity of services available to them and involving them in plans for the future.

■ How can we support the oldest old—mostly women, often living alone—and identify the most isolated and vulnerable among them? The attacks of September 11, 2001; the flooding of New Orleans; and the European heat waves of 2003 and 2006 highlight the vulnerability of older people in cities and the importance of understanding the health, social and long-term care systems in urban areas.

Rodwin concludes that New York, London, Paris and Tokyo can be exciting though difficult places in which to grow older, depending on the neighborhood in which one lives and one's economic circumstances. City governments can only do so much to address many of the elements that influence the health of older people—the institutions, the neighborhood characteristics, and other social factors. This is where national policymaking comes in. Yet local governments will always be left with the difficult challenges of how to provide social care for older people.

Quality of life for older people, particularly those who are most vulnerable, will depend largely on the character of the built environment and the social cohesion of the neighborhoods in which they reside. No city can afford to ignore these issues. Indeed, Gusmano and Rodwin are now working with the New York City Department for the Aging on a geographic needs assessment designed to assist the agency with its planning and outreach efforts.

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*To order a copy of *Growing Older in World Cities*, edited by Victor G. Rodwin and Michael K. Gusmano, please contact Vanderbilt University Press at 800-627-7377 or www.vanderbiltuniversitypress.com.*

About the Investigator

Victor G. Rodwin, Ph.D., is director of the World Cities Project (WCP), a joint venture of the International Longevity Center (ILC-USA), Columbia University's Mailman School and New York University's Wagner School, where he is professor of health policy and management.



Before launching WCP, Dr. Rodwin directed the Wagner School's Advanced Management Program for Clinicians and its International Initiative. He has taught at the University of California (UC)-Berkeley, at UC-San Francisco's Institute for Health Policy Studies, University of Paris-IX, and at other institutions. He was also the recipient of a German Marshall Fund Award, and a National Institute of Health Fellowship.

Dr. Rodwin is a member of the National Academy for Social Insurance. He is the author and editor of several books, including *Universal Health Insurance in France: How Sustainable?, Japan's Universal and Affordable Health Care, Public Hospital Systems in New York City and Paris* (with D. Jolly, C. Brecher, and R. Baxter), *The Health Planning Predicament: France, Quebec, England and the United States, and The End of an Illusion: The Future of Health Policy in Western Industrialized Nations* (with J. de Kervasdoue and J. Kimberly). He is also the author of numerous articles, book chapters, reports and essays on the comparative analysis of health systems and policy.

Dr. Rodwin received his B.A. in economics from the University of Wisconsin, Madison. He received a Master's degree in public health and a Ph.D. in city and regional planning from the University of California, Berkeley.

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