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## ***GROWING OLDER IN WORLD CITIES: IMPLICATIONS FOR HEALTHY AGING***

*Growing Older in World Cities*, edited by Victor G. Rodwin and Michael K. Gusmano (Nashville, Tenn.: Vanderbilt University Press, 2006) is the first book to emerge from the World Cities Project, which the editors codirect. It is the first research project to examine in depth how major metropolitan areas are confronting the challenges of global aging. The project is a collaborative effort of the International Longevity Center-USA; New York University's Wagner School of Public Service, where Rodwin serves as a professor; and Columbia University's Mailman School of Public Health, where Gusmano is an assistant professor. The following article, printed here with permission of the publisher, is adapted from *Growing Older in World Cities*.

By **VICTOR G. RODWIN**  
and **MICHAEL K. GUSMANO**

Declining birthrates, increasing longevity and growing urbanization have created a new challenge for cities: how to respond to an aging population. The World Cities Project was designed to examine whether the four largest cities among the wealthiest nations of the world—New York, London, Paris and Tokyo—offer a model of what other cities will someday resemble as their populations grow older.

Perhaps the four world cities examined here will always be regarded as special cases; however, they share in common a host of important characteristics. Within them live the largest number of older people in their countries, and in some neighborhoods the percent of elders 65 or older far exceeds what the census demographers project for their nations in 2030. Thus, these great cities may serve as laboratories to inquire about the implications of demographic change for health and quality of life, living arrangements and housing, and the provision of long-term care to older adults when they eventually become frail.

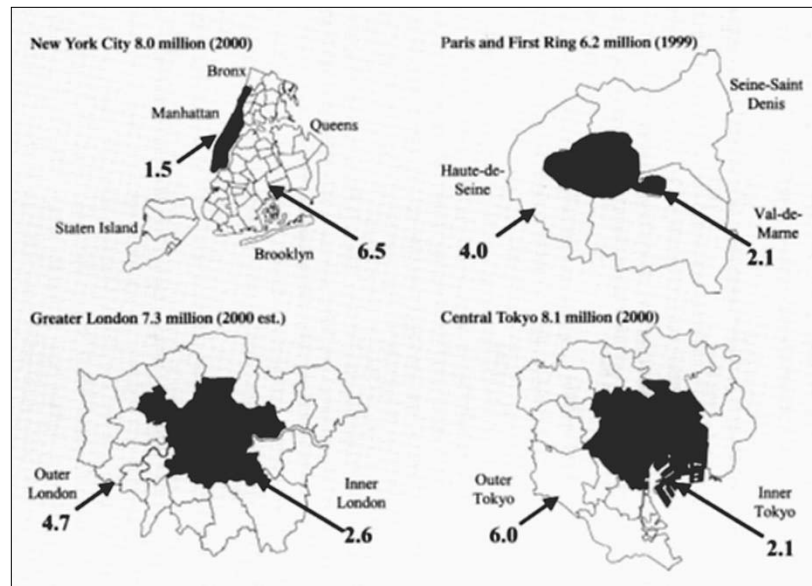
### **POWERFUL INFLUENCE**

New York, London, Paris and Tokyo exercise a powerful influence in the world beyond their national borders. But are these influential centers prepared to meet the challenge posed by what Robert N. Butler has called the revolution of longevity? How will these world cities accommodate this revolutionary demographic change? Are they prepared to implement the innovations in health and social policies that may be required to serve their residents, both old and young? Will they be able to identify the new opportunities that increased longevity may offer? Can they learn from one another as they seek to develop creative solutions to the myriad issues that arise? And, can other cities learn from the experience of these four giants as they confront this challenge?

Most existing studies of health and long-term care systems fail to distinguish rural from urban and dense inner urban from suburban settings. This oversight is problematic not only because most elders live in cities, but also because the institutions serving them in inner urban and suburban areas differ from those serving older people in rural areas. Also, the magnitude of and diversity within world cities suggest that they hold multiple communities of older adults with widely disparate incomes and needs.

The likely causes and consequences of human longevity and population aging have been the subjects of

### Urban Core and First Ring Population Estimates: 1999–2000



This illustration from *Growing Older in World Cities* shows how many millions of people live in the urban core areas and the first ring beyond the inner cities of the four studies studied. Sources: New York: U.S. Census, 2000; Paris and First Ring: INSEE, 1999; Greater London: ONS, 2000; Tokyo: Population Census, 2000.

sustained study worldwide, as well as the topics for important expert meetings of the United Nations (Vienna, 1982; Malta, 1986; and Madrid, 2002). But almost no attention has been paid to the impact of these trends on health and quality of life in cities, where most of the world's population will reside in the future.

#### HIGH CONCENTRATION

Among cities in the United States, New York has the highest concentration of people over age 65—close to a million. London, Paris and Tokyo have the highest concentration of elders in their countries. These cities already include neighborhoods in which the percentage of those ages 65 or older is greater than 20%, the level the U.S. Census Bureau projects for the entire country in 2030. As a result, these cities can serve as social laboratories in which to test alternative interventions that address the health and social needs of urban aging populations.

A key emerging concern is that each of these world cities has a large and growing segment of elders who live alone. Inner Tokyo has the lowest rate of people ages 85 and older living alone (23% in 2000), compared with Inner London and Manhattan (55% in 2000) and Paris (60% in 1999). In all four cities, percentages of elders living alone are higher in the urban cores, especially for the population ages 85-plus. The high incidence of living alone among older women in the urban cores of world cities raises intriguing concerns. Given the great disparities in each of these cities, it is likely that some elders living alone are doing quite well while others are isolated and vulnerable.

Perhaps the most striking aspect of living alone in world cities is the high percentage of women ages 85 and higher who live alone in Manhattan, Paris and Inner London. Data on characteristics of elders in New York and London indicate that gender, ethnicity and race are important factors in distinguishing among older individuals who live alone. In New York City and Greater Paris, women are almost twice as likely to live alone as men. In New York City, percentages of living alone are significantly lower among older Hispanics and Asians and slightly lower among African Americans than among their white counterparts. Likewise, in Greater London, percentages of living alone are higher among the white population than among the black Caribbean, Indian and Bangladeshi populations.

#### VULNERABLE ELDERS

New solutions to the challenge of population aging must also operate within the context of growing urban poverty. Although poverty among elders is a serious problem everywhere, impoverishment is becoming concentrated in urban areas around the world and reaching unprecedented levels. Between 1970

and 1990, the share of low-income people living in cities almost doubled in Latin America (from 36% to 60%). It also increased from 56% to 72% in the United States, according to the U.S. Census Bureau. Because the majority of new urban dwellers in developing countries are poor, it follows that the rest of the developing world will also see a huge increase in its share of urban poverty as urbanization increases.

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.

In Manhattan, the volume of services for older New Yorkers was cut, in some cases severely, in the days immediately following the terrorist attacks. Services supported by philanthropic funds, such as the city's Meals-on-Wheels program, were among the hardest hit because donations were redirected toward various World Trade Center relief efforts. At least 6,000 older people lived in the immediate vicinity of the World Trade Center—24,000 if one includes the entire area below Canal Street affected by the attacks. Many frail elders in this area who depended on home help and nursing care found themselves cut off for days from such assistance. For some, these services were their only link to the outside world, leaving them with an overwhelming sense of vulnerability when they had to do without.

### CONVERGENCE

A number of prominent scholars suggest that the social and economic characteristics of world cities are converging. According to this literature, the mobility of capital on a global scale makes it difficult for these cities, or the nations in which they exist, to address the need to devote resources to growing social challenges for fear of driving business out of the city. The forces of globalization exacerbate the so-called privileged position of business in capitalist democracies. Because domestic capital has more "exit options" as the result of globalized production, there is at least the perceived risk or credibility of risk of domestic capital flight if domestic tax and expenditure policies do not favor short-term profitability.

If this economic convergence model is correct, a common pattern of retrenchment of social welfare programs is likely to emerge in all of these cities. Critics assert, though, that the convergence hypothesis advanced by much of the literature on global cities underestimates the power of the state and fails to account for important differences in various nations' social welfare programs.

Future scholarship in this area should address the following questions: To what extent do the pressures of globalization make it difficult for these cities, and the nations in which they exist, to respond to the needs of their aging populations? To what extent are the policy responses to population aging and the scope of available services for older people similar across these cities?

The unprecedented convergence of population aging and urbanization presents great challenges and opportunities for cities and their older residents. However, many of the institutions, neighborhood characteristics and other social factors that influence the health of older people may be beyond the reach of city government and so must be addressed at the national level. Cities are limited in their ability to redistribute income and address neighborhood-level poverty and inequality. Similarly, many environmental issues must be addressed at a regional level.

We should not, however, overestimate the capacity of national welfare states to serve those who fall through the cracks of a host of health and social welfare programs. Cities and other local governments are always left with many social problems that are not addressed adequately by the national government. With regard to older people, particularly vulnerable older people, their quality of life will depend largely on the quality of the built environment and the social cohesion of the neighborhoods in which they reside. No city can afford to ignore these issues in the future. ❖