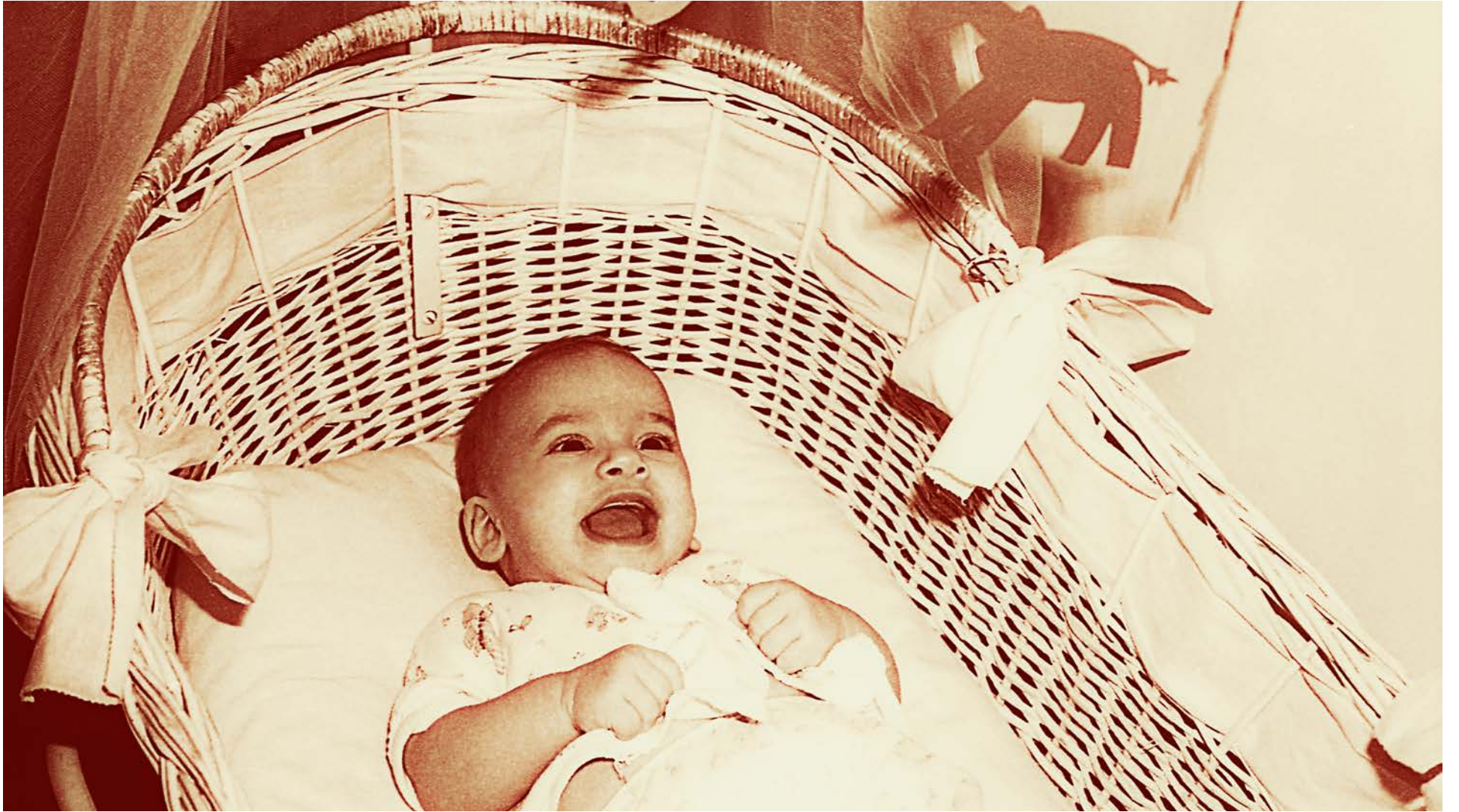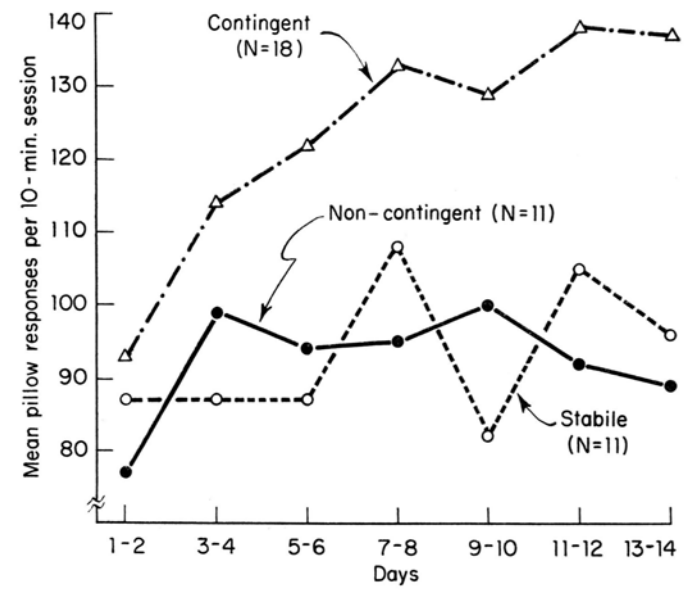# Designing Age-Friendly Communities: From Research to Practice

Valerie Greer, AIA, LEED AP, NOMA
Assistant Professor, School of Architecture
University of Utah
2 October, 2024
Regional Solutions
Salt Lake County Planning Department
valerie.greer@utah.edu

Apartment Noise, Auditory Discrimination, and Reading Ability in Children[1,2]
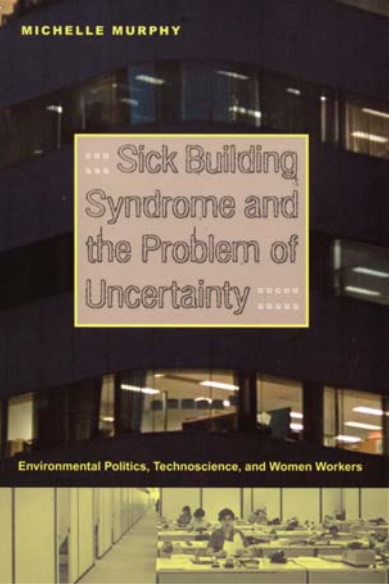
SHELDON COHEN
University of Oregon

DAVID C. GLASS
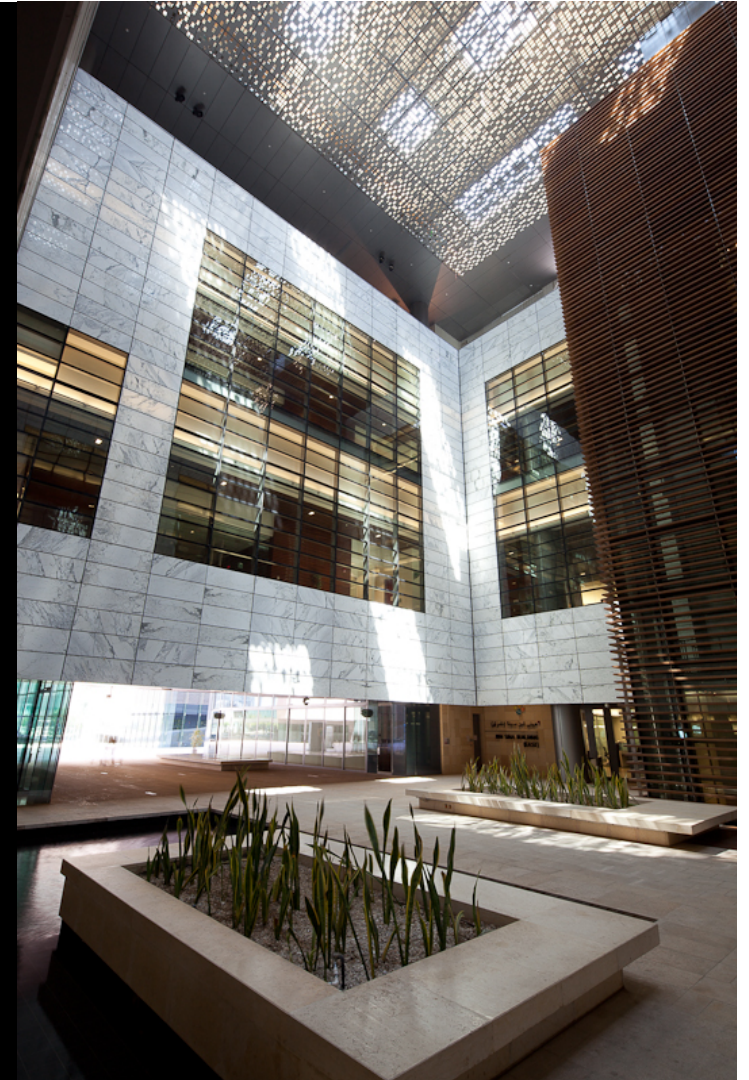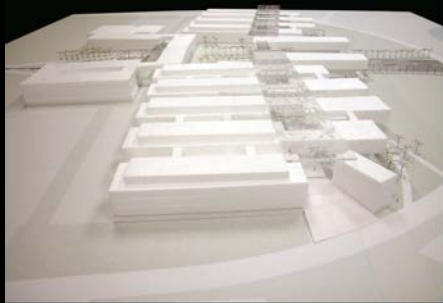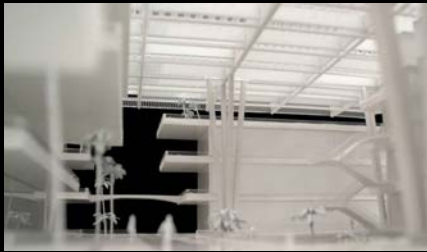*The University of Texas at Austin*

AND

JEROME E. SINGER
State University of New York at Stony Brook

This study examined the relationship between a child's auditory and verbal skills and the noisiness of his home. Expressway traffic was the principal source of noise. Initial decibel measurements in a high-rise housing development permitted use of floor level as an index of noise intensity in the apartments. Children living on the lower floors of 32-story buildings showed greater impairment of auditory discrimination and reading achievement than children living in higher-floor apartments. Auditory discrimination appeared to mediate an association between noise and reading deficits, and length of residence in the building affected the magnitude of the correlation between noise and auditory discrimination. Additional analyses ruled out explanations of the auditory discrimination effects in terms of social class variables and physiological damage. Partialling out social class did, however, somewhat reduce the magnitude of the relationship between noise and reading deficits. Results were interpreted as documenting the existence of long-term behavioral aftereffects in spite of noise adaptation. Demonstration of postnoise consequences in a real-life setting supplement laboratory research showing the stressful impact of noise on behavior.

MICHELLE MURPHY

Sick Building Syndrome and the Problem of Uncertainty

Environmental Politics, Technoscience, and Women Workers

"Our own
bodies are our
most sensitive
tool for knowing
the world."
-Sarah Robinson,
Architecture is a Verb
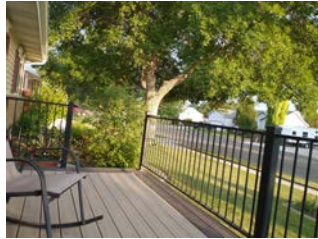
'Zip Code Paradigm:' Life Expectancy at Birth
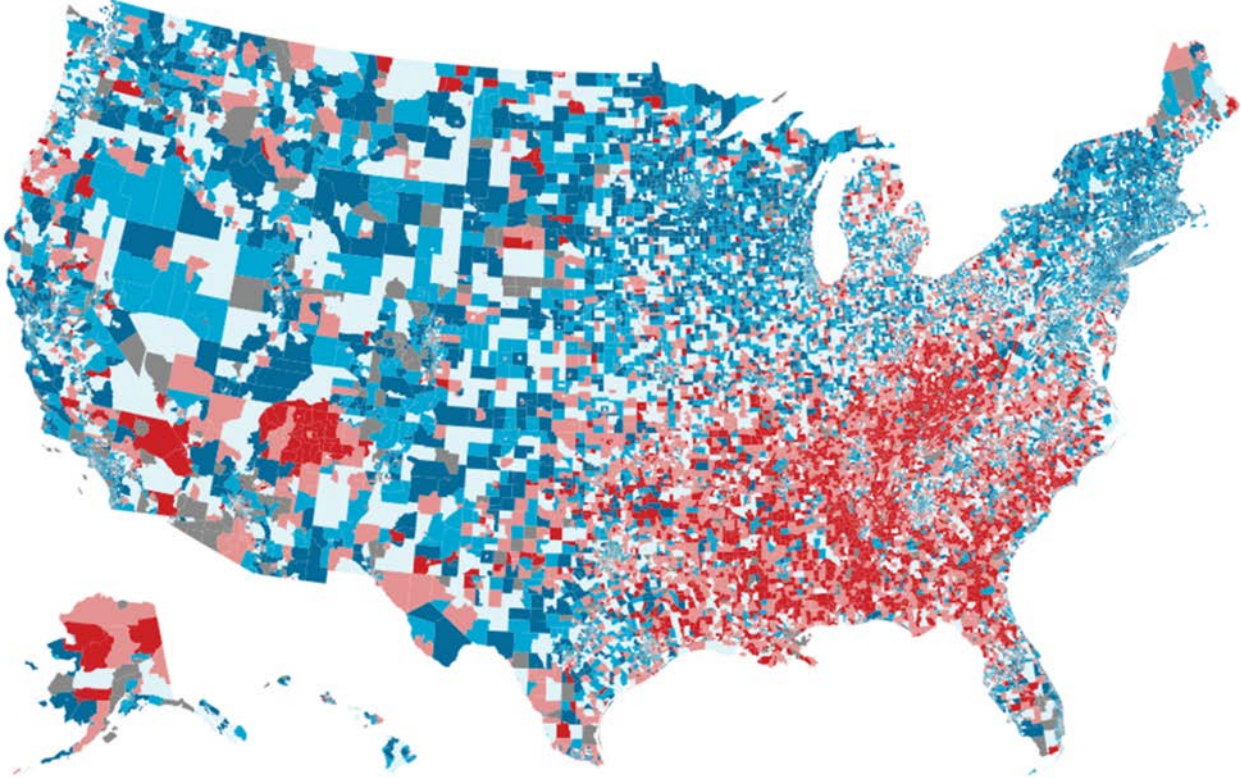
Life Expectancy at birth (Quintiles)

| 56.9 – 75.1 | 75.2 – 77.5 | 77.6 – 79.5 | 79.6 – 81.6 | 81.7 – 97.5 |

This is not a 'natural' phenomena

What is an age-friendly place?

Image above:
Global Age-friendly Cities: A Guide: 8 domains from the World Health Organization
Image right: University of Utah campus in Salt Lake City

Where are age-friendly cities and communities located?

As of January 2019, the WHO Global Network of Age-Friendly Cities and Communities included more than **800 member cities and communities in 40 countries,** benefiting more than 228 million people worldwide.

WHO Global Network of Age-friendly Cities and Communities

- Member cities and communities
- Countries covered in the Network
- Not applicable

0   875   1,750   3,500 Kilometers
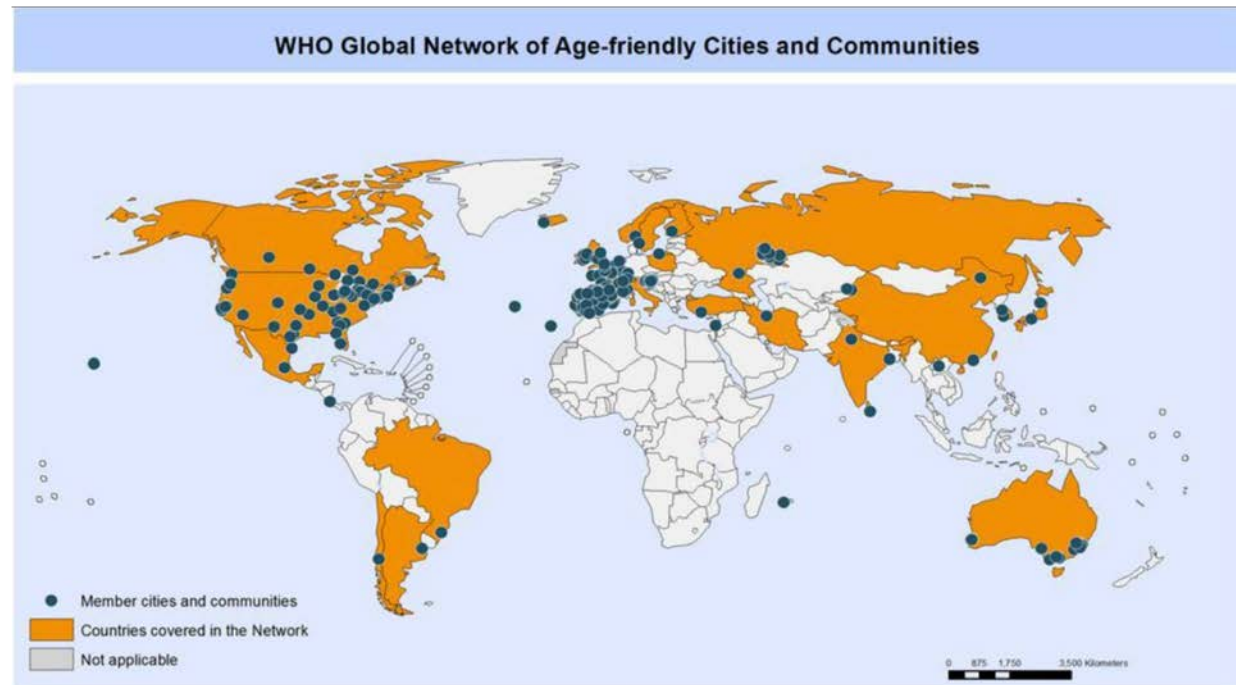
Why do age-friendly places matter?

- Global demographic transformation: population of people age 60+ will nearly double in the next 30 years

- Quality of life: vast majority of people age 65+ wish to age in place rather than relocate to congregate care

- Places shape health equity and inclusion: older adults are among the most diverse groups of people in society
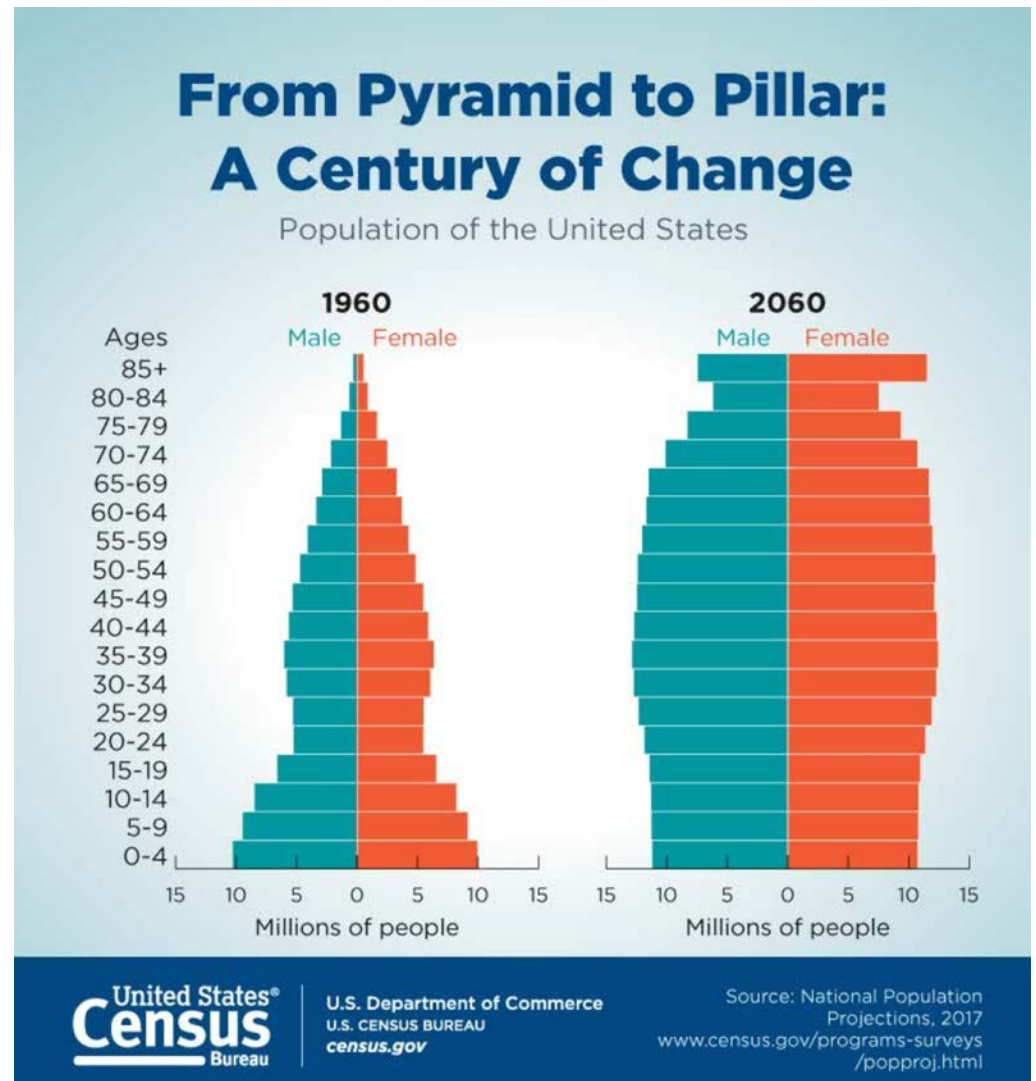
Image: 2020 Profile of Older Americans (2021).
Administration for Community Living (ACL) and the Administration on Aging (AoA).

From Pyramid to Pillar: A Century of Change
Population of the United States

1960 — Male / Female
2060 — Male / Female

Ages: 85+, 80-84, 75-79, 70-74, 65-69, 60-64, 55-59, 50-54, 45-49, 40-44, 35-39, 30-34, 25-29, 20-24, 15-19, 10-14, 5-9, 0-4

Millions of people

United States Census Bureau
U.S. Department of Commerce
U.S. CENSUS BUREAU
census.gov

Source: National Population Projections, 2017
www.census.gov/programs-surveys/popproj.html

Three participatory action research (PAR) methods aimed at co-creating knowledge of age-friendly places

'Instead of conceiving older people as a social problem or burden, the new discourse constructs ageing as a positive process and emphasises the active roles older people continue to play in society (Biggs, 2001; Powell & Edwards, 2002). This focus on active participation and engagement of older people is an antidote to the conception of old age as an inevitable period of withdrawal from social roles and relationships. This new discourse on ageing has redirected policy discussion from economic or welfare issues to matters of social inclusion, engagement and community development (Audit Commission, 2004; Joseph Rowntree Foundation, 2004)' (cited in Lui et al., 2009, p. 119)

- Sidse, Carroll, "Co-creating Age-friendly Cities and Communities," Royal Danish Academy

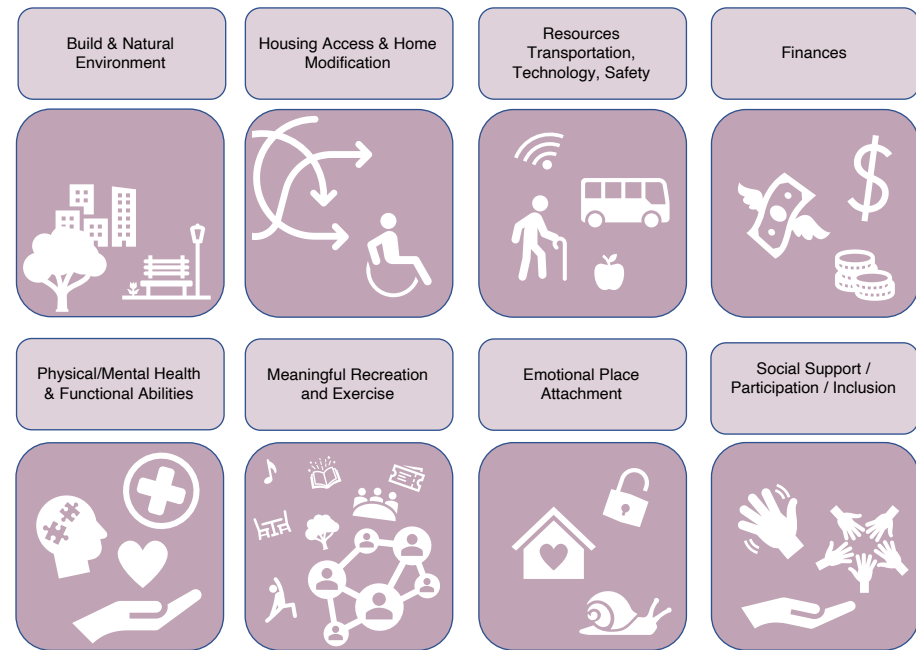| Engagement process	Research topic	Dates
Photovoice	Aging in place	2021-2022
Symposium	Age-friendly communities	2022-2023
Intervention pilot	Nature RX and mental health	2022-2023

1. From Sheltered in Place to Thriving in Place:

Aging in the 'Right' Place during the Pandemic

Background:

- While aging in place involves supporting older adults to live as long as possible in their homes and communities, aging in the "right" place recognizes that where an older person lives impacts their ability to age optimally and must match their unique lifestyles and vulnerabilities

Purpose:

- Identify how older adults describe aging in the "right" place while being sheltered in place during the pandemic (2021)

Build & Natural Environment	Housing Access & Home Modification	Resources Transportation, Technology, Safety	Finances
Physical/Mental Health & Functional Abilities	Meaningful Recreation and Exercise	Emotional Place Attachment	Social Support / Participation / Inclusion

Golant, S.M. (2015) Aging in the Right Place. Baltimore, MD: Health Professions Press, Inc.

Pandemic & Challenges to Aging in Place

- Home confinement

- Social isolation & mental health

- Digital divide: access & literacy

- Emergency preparation & home safety

- Caregiver burnout

- Socioeconomic disparities & inequities amplified

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Live Now

What you need to know: Covid Shows Just How Badly We Need to Close the Digital Divide

CityLab | Culture

The 'New Normal' for Many Older Adults Is on the Internet

For some people over 65 facing loneliness and prolonged isolation, expanded tech literacy is a new skill that may stay with them long after lockdowns lift.

By Linda Poon and Sarah Holder
May 6, 2020, 5:00 AM MDT

Research Questions

1. How do older adults characterize aging in the 'right place' during the pandemic?

2. How has the pandemic impacted attitudes and outlooks to aging in place?

n = 17 community dwelling adults ages 70+ average age = 74.5

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James Agutter
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Ivis Garcia
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Natalie Caylor
Undergraduate student RA, College of Behavioral Health Sciences, University of Utah

Jess Van Natter
Graduate student RA, College of Social Work, University of Utah

Photovoice

- Gives individuals voice to discuss salient and complex issues facing their lives and communities

- Gives researchers a way to visualize perceptions and narratives of everyday realities

- Promotes conversations with stakeholders to inform future initiatives

What is Photovoice?

Photovoice

- Photovoice is a way to do research that uses photos to have discussions about "aging in the right place", and what that means to you--particularly in the context of the COVID-19 pandemic.

- After you take photos, you will share these with the researcher and talk about what these photos mean to you.

- This form of research will help us learn from your experiences living independently and your thoughts about housing and community.

How do I Participate?

(1) Take some time to understand how to use the camera, tablet or phone you are using to take photos.

(2) Think about the theme: "aging in the right place", and what it means to you.

(3) Over the course of 1 week, take photographs of moments in your life that reflect the theme of aging in the right place.

(4) Keep track of your thoughts by making notes in the logbook of each photograph! This will help you remember why you took the photo.
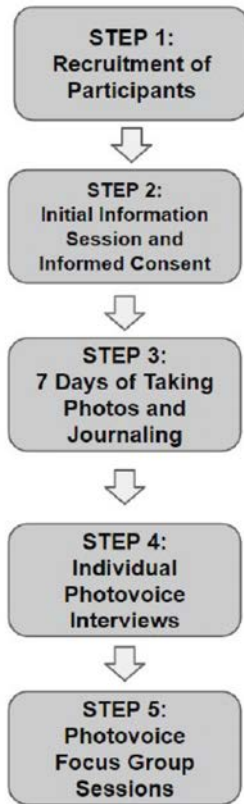
Reflect & Share!

(1) Choose the photos you wish to share with the research team.

(2) Share the stories behind each photo, where it was taken, why you took it, and what it means to you!

(3) Use your logbook to help you remember details about your photos to help with the discussions.

Research Methods: Data Collection

Photovoice

STEP 1: Recruitment of Participants

↓

STEP 2: Initial Information Session and Informed Consent

↓

STEP 3: 7 Days of Taking Photos and Journaling

↓

STEP 4: Individual Photovoice Interviews

↓

STEP 5: Photovoice Focus Group Sessions

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, *24*(3), 369–387.

Research Methods: Data Collection

Connection > Outdoors as a Refuge

Connection > Importance of Companionship

Interviewer: Where was this photo taken, and can you tell me about the contents?

Participant: Sure. Um, so on the grounds, we have a complex here. And, and they make available every, every summer they make available, maybe, I don't know, six or eight different small garden plots. And people can either rent them or I don't know how that works. I guess I'm not a gardener. But, um, but this one lady. I mean, she's amazing. And you can't see me I couldn't get a picture that really captured what I wanted to show. There was actually a pigeon in that in that central bird bath. But I chased it away accidentally, and I didn't get it. But um, but okay, so, so for A first of all, it This illustrates connection even superficially, again, with people as you're aging in place, and opportunities to go, you know, ways to draw you out of out of yourself and out of your out of your place actually. And she had just done this great. I mean, she gathered she has accumulated all these pots, and various, you know, art, you know, bird baths and stuff. And so, yeah, so I took it because, again, it just heartens me to see people. This woman that designer, the gardener said, some people have pets, I've got my garden. I don't have either, but I admire people that do those things.

Interviewer: I love that. Why did you take this photo? What does this photo mean to you? We captured some of that.
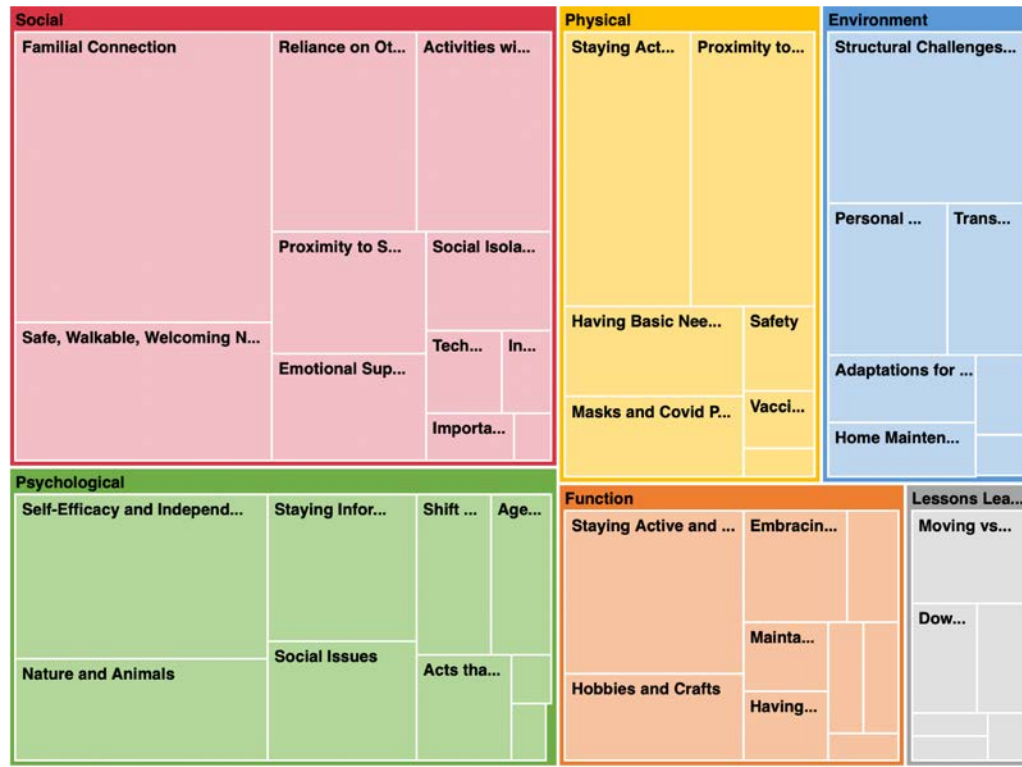
Participant: Okay, let's why. What does it mean? Why did I take it? I took it because I wanted some way. I wanted something to represent the possibilities for connection in the place where I live in the park in the whole complex.

Interviewer: How has the pandemic changed the way you view or value what you've captured here?

Participant: I think it may have increased my appreciation. Because I'm, I'm kind of a loner, not kind of I'm a genuine loner. And I, the isolation part wasn't too hard for me. Until I realized that yeah, it's really hard when you can't see people smile. And, and you, you just, I mean, people are scaring each other, you know, it's a scary thing to be with people. So, this is also a reminder to me. Living in my place, there are so many opportunities to connect with people. And again, it doesn't have to be a long-term deep relationship, but it's just it's other people and appreciating.

Research Methods: Data Analysis

Thematic Analysis

STEP 1: Familiarization with Data

STEP 2: Generating Initial Codes

STEP 3: Searching for Themes

STEP 4: Reviewing Potential Themes

STEP 5: Defining & Naming Themes

Social
- Familial Connection
- Reliance on Ot...
- Activities wi...
- Proximity to S...
- Social Isola...
- Safe, Walkable, Welcoming N...
- Emotional Sup...
- Tech...
- In...
- Importa...

Physical
- Staying Act...
- Proximity to...
- Having Basic Nee...
- Safety
- Masks and Covid P...
- Vacci...

Environment
- Structural Challenges...
- Personal ...
- Trans...
- Adaptations for ...
- Home Mainten...

Psychological
- Self-Efficacy and Independ...
- Staying Infor...
- Shift ...
- Age...
- Nature and Animals
- Social Issues
- Acts tha...

Function
- Staying Active and ...
- Embracin...
- Mainta...
- Hobbies and Crafts
- Having...

Lessons Lea...
- Moving vs...
- Dow...

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Research Methods: Data Analysis
Five Code Categories & Explanations

| Environmental	Functional	Physical	Social	Psychological
Home adaptations, maintenance, transportation, aesthetics and personal space	Activities, hobbies, crafts, music and the arts; ways to pursue goals and quality of life	Health, exercise, safety; access to nature and the outdoors; physical and mental welfare; self care	Activities with friends; family connections; intimate partners; emotional support	Connection to inner beliefs; personal philosophies; self actualization
Having control over everyday living environments; agency and independence; a sense of a home base	*Maintaining everyday habits and routines; embracing new experiences; getting out of the house/home*	*Staying active; being intentional about maintaining mental health; eating well; taking precautions vs virus*	*Being socially active and connected; contributing to relationships; being with people who matter; alternative ways to gather*	*Accessing sacred spaces; being drawn outside of ones self; maintaining perspective, hope, optimism and goodwill*
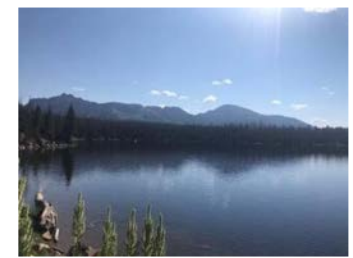
Theme 1: "Staying close to those who are close to you"

"[M]y daughters, who both work in the medical field, they were extremely cautious during the pandemic. So, [my outdoor patio] is where we hung out with our masks for a year and a half until we got vaccinated... that was our meeting place, and we had dinner out there...we had a fire and we weren't out there for very long in the winter, but **we at least got to go out and say, hi**.

Theme 2: Balancing social connectivity with safety
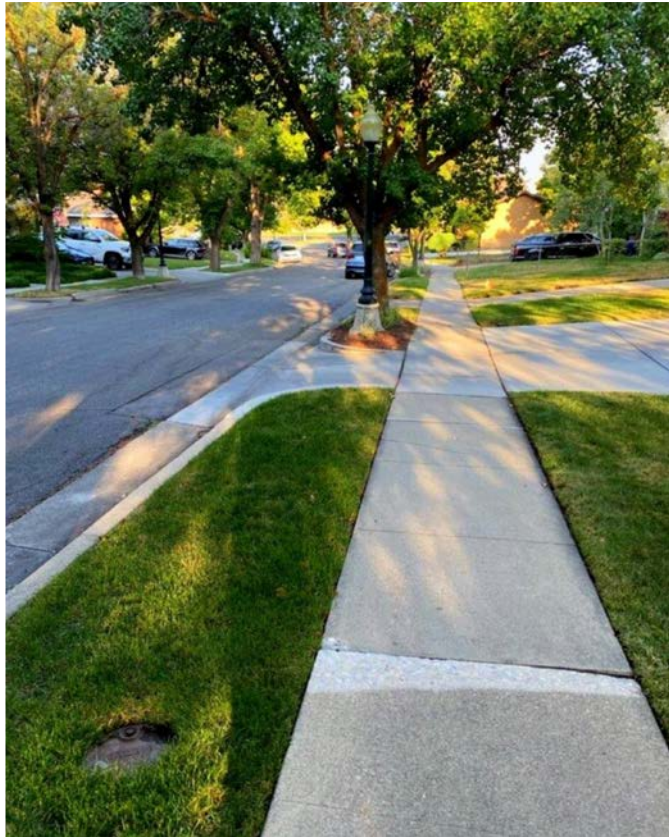
"One of the things that I really like where I live is there are at least four or five single women in my age group on my two-block street. And. . . during the pandemic, we were hollering across the street together, and that was great. And I think that's very important **to be able to be in a place that you feel that you can have longevity with**, that you might not have to move."

Theme 3: "To get outside and just breathe fresh air"
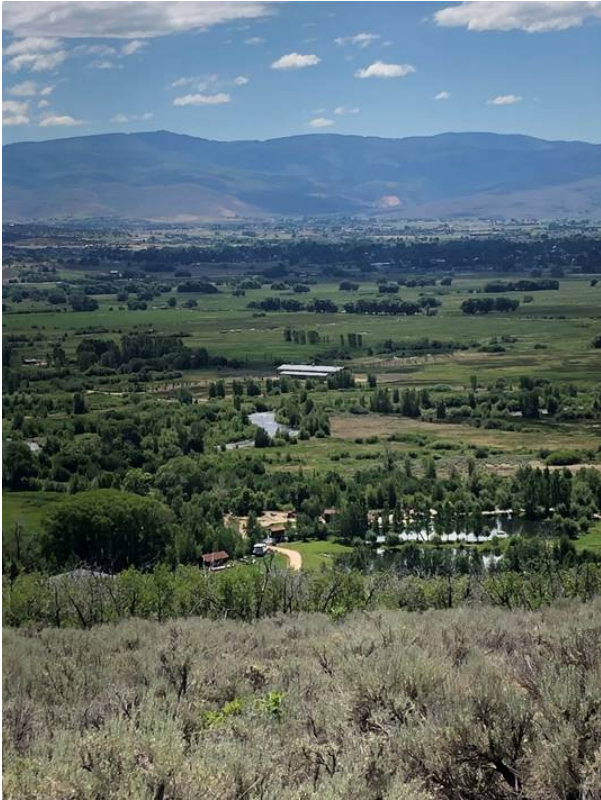
*"I want to walk in some **place that raises my spirits**, as well as keeps me healthy from walking...especially when **isolation gets too much**."*

*"We like to bike and during the COVID it was the only activity we could do safely and on our own outdoors...and so we continued to do that in an effort to stay healthy and **enjoy our larger community and what it provides**'*

Theme 4: Openness to new ideas

"It's the one part of the pandemic that, to be honest, I liked because I was able to take more classes. Whereas before, I had to think of the time taken to get there and the money, and I'd had to work around the other schedules; whereas this time, I could take whatever. I could just schedule it, and...they Zoom it."

Theme 5: Nurturing perspectives through inner beliefs

I'm not a true Buddhist but I like their philosophies about life and death and transition, and constant change...it really helps me as I age...and [the Buddha statue] **just reminds me to laugh and smile when things get weird,** *and [during the pandemic] they were pretty weird.*

Finding 1: Performative aspects of place
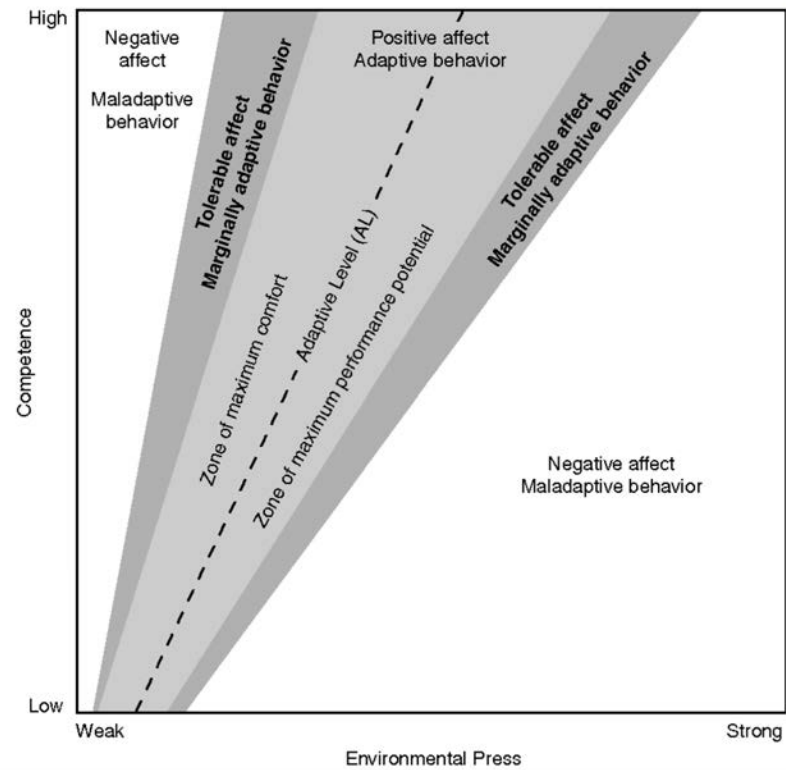
Lawton, M. P. (1977). An ecological theory of aging applied to elderly housing. *Journal of architectural education*, *31*(1), 8-10.

Finding 2: Importance of 'third places' or 'sites of significance'
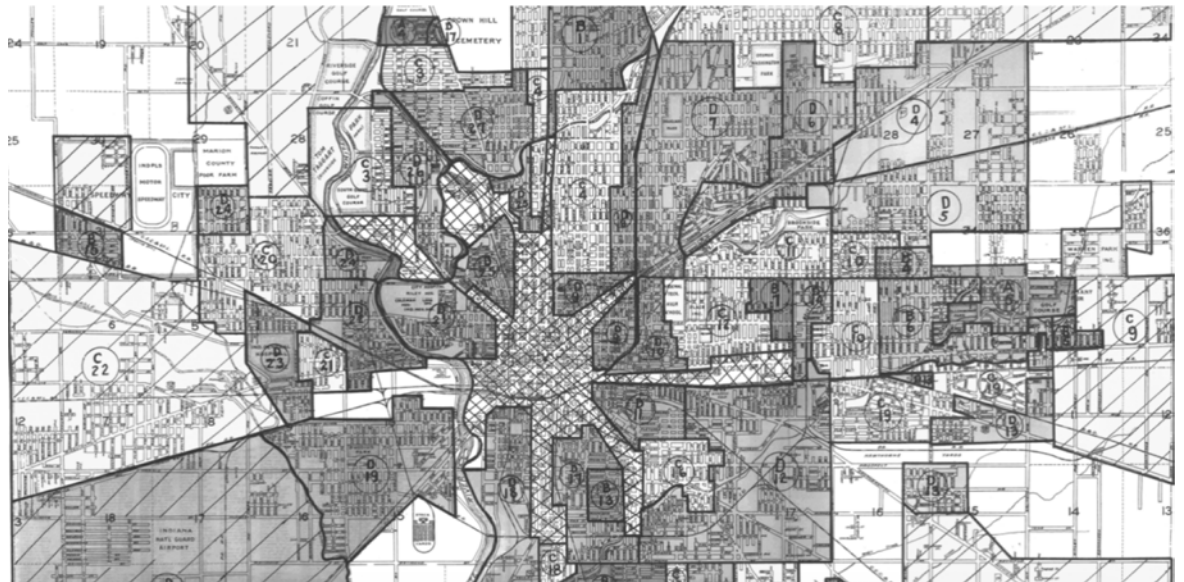
Finding 3: Prosocial behavior & meanings

"*I've been knitting a lot of scarves and a lot of these little washcloths. . . and then the end product goes to the Assistance league for them to give away or sell. . . I think aging in place isn't just doing for myself. I think you need to still think of other people.*"

2. Age-friendly Communities as Platforms for Equity, Health & Wellness

Background:

- There is a need to design physical and social environments that promote aging well across the lifespan

- Older adults and non-white individuals are disproportionately affected by health, social, and environmental injustices that compound over a lifetime

Purpose:

- Investigate place-based environments including age-friendly housing, campuses, and health systems

- Create an interdisciplinary lens for design, equity, safety, technology, transportation, climate, and economics

Age Friendly Communities as Platforms for Equity, Health & Wellness

Symposium Directory
September 22 & 23, 2022

Research questions

People live longer and healthier than ever before but in places that were designed for significantly shorter lifespans. How can the places we live transform as rapidly as our aging population, and create age friendly futures for people of all ages?

Co-Chairs

- Valerie Greer, Assistant Professor, College of Architecture and Planning, University of Utah

- Linda Edelman, Professor, College of Nursing, University of Utah

Cynthia Beynon
Assistant Professor
Annie Taylor Dee School of Nursing
Weber State University

Teneille Ruth Brown
Professor of Law
S.J. Quinney College of Law,
University of Utah

Jorie Butler
Assistant Professor
Department of Psychology
University of Utah

Ashley Cadiz
Graduate Student
Interdisciplinary Gerontology Program
University of Utah

Sarah Canham
Associate Professor
College of Social Work
College of Architecture & Planning
University of Utah

Kara Dassel
Associate Professor
College of Nursing
Dean, Interdisciplinary Gerontology Program
University of Utah

Keith Diaz Moore
Dean & Professor
College of Architecture & Planning
University of Utah

Jackie Eaton
Associate Professor
College of Nursing
University of Utah

Rob Ence
Executive Director
Utah Commission on Aging

Tim Farrell
Professor
Division Associate Chief, Age Friendly Care
School of Medicine
University of Utah

Beth Fauth
Associate Professor
College of Nursing
Utah State University

Katarina Friberg Felsted
Associate Professor
College of Nursing
University of Utah

Nels Holmgren
Division Director
Adult & Aging Services
State of Utah

Andy Hong
Assistant Professor
College of Architecture & Planning
Director, HARP Lab
University of Utah

Paul Leggett
Division Director
Adult & Aging Services
Salt Lake County

Alan Ormsby
State Director
AARP Utah

Heather Podolan
Academic Program Manager
Center on Aging
University of Utah

Angela Romero
State Representative, District 26
Utah House of Representatives

Corinna Tanner
Assistant Professor
College of Nursing

Goals & Agenda

Promote diverse attendance

Online

Rural stakeholders

Marginalized populations

Students

Foster engagement and idea generation

Panel discussions

Breakout room

World Cafe

Generate learning

Student engagement and ideas competition

Book

Collect and disseminate knowledge through publication

Thursday, September 22

2:00p	Welcome Dr. Linda Edelman & Valerie Greer
	Opening Remarks Dr. Michael Good
	Introduction of Keynote Speaker Dr. Tim Farrell
2:30p	Keynote: Creating an Age-friendly Ecosystem Dr. Terry Fulmer
3:30p	Question & Answer with Dr. Terry Fulmer, Moderated by Dr. Linda Edelman & Valerie Greer
3:45p	Break
4:00p	Small Group Discussions
	1. What are age-friendly strengths of your community? 2. What are age-friendly challenges in your communities face? 3. What older adults in your community are most at risk to experience challenges listed above?
4:45p	Reflections & Conclusions Moderated by Dr. Linda Edelman & Valerie Greer
5:00p	Adjourn
5:30p	Networking Reception Spy Hop Rooftop, 208 W 900S, Salt Lake City.

Friday, September 23

9:00a	Opening Remarks Dr. Keith Diaz Moore
9:15a	Age Friendly Neighborhoods Mike Watson Regional Perspectives: Rob Ence & Dr. Keith Diaz Moore
10:00a	Age Friendly Campuses Dr. Joann Montepare Regional Perspectives: Dr. Beth Fauth & Dr. Katarina Felsted
10:45a	Age Friendly Health Patricia D'Antonio Regional Perspectives: Nels Homgren & Dr. Tim Farrell
11:30a	Break
11:45a	World Cafe Dr. Sarah Canham
	1. What are facilitators to age-friendly neighborhoods/campuses/health? 2. What are barriers to age-friendly neighborhoods/campuses/health? 3. What are key priorities and innovations to moving ideas forward?
1:15p	Break
1:30p	Awards Ceremony: Koi Pond Student Ideas Competition Ashley Cadiz
2:00p	Discoveries & Conclusions Moderated by Dr. Linda Edelman & Valerie Greer
3:00p	Adjourn

Attendance & Evaluation

- 113 unique attendees from 24 unique states
- 78% of participants indicated their work focused on older adults/aging
- 52% of participants indicated they have specialized training in aging/gerontology
- 27 students

	Familiarity with Age Friendly Pre-Survey (n=41)			
Statement	1. I am familiar with the concept of Age-Friendly in general.	2. I am familiar with the concept of Age-Friendly Health Systems.	3. I am familiar with the concept of Age-Friendly Neighborhoods.	4. I am familiar with concept of Age-Friendly Campuses.
Mean	3.98	3.63	3.38	3.08
SD	1.29	1.39	1.27	1.35
	Familiarity with Age Friendly Post-Survey (n=44)			
Statement	1. I am familiar with the concept of Age-Friendly in general.	2. I am familiar with the concept of Age-Friendly Health Systems.	3. I am familiar with the concept of Age-Friendly Neighborhoods.	4. I am familiar with concept of Age-Friendly Campuses.
Mean	4.30	4.09	3.98	3.75
SD	0.88	1.05	0.93	1.08

REFLECTIONS

WHAT AGE-FRIENDLY ISSUES FACE *your* COMMUNITY

LACK OF INTERPRETIVE SERVICES

LANGUAGE BARRIERS

AFFORDABILITY

TRANSPORTATION
- CROSSING COUNTY LINES
- COST

ACCESS

CHALLENGES

PEOPLE AREN'T GIVEN AGENCY OR VOICE

SOCIAL ISOLATION

VIRTUAL RESOURCES
• BROADBAND
• AFFORDABILITY
• TRAINING

ACCESS TO CARE

CAREGIVER TURNOVER

RESPONSIVENESS

SOCIAL NETWORKS ie: FAITH-BASED ORGS

FAMILY + COMMUNITY FOCUS

STRENGTHS

RURAL REACH

FREE BUS SERVICE

AGE-FRIENDLY IN UTAH + PORTLAND

GOOD SERVICES FOR SENIORS

PORTLAND: VILLAGE MOVEMENT— COUNCILS WITH OLDER ADULTS "NEIGHBORS HELPING NEIGHBORS"

NATIVE AMERICAN ELDERS ARE RESPECTED + VALUED IN THEIR COMMUNITIES

SOCIAL + CULTURAL ISOLATION

MULTIPLE CHRONIC CONDITIONS

MORE DIVERSE EDUCATIONAL POOL- SO PEOPLE CAN SEE THEMSELVES

PROVIDE TECHNOLOGY

WORK WITH AAA + FIRE FIGHTERS

PEOPLE WITH LANGUAGE BARRIERS

FIND FUNDING FOR DEVICES

OLDER ADULTS MOST AT RISK

PEOPLE LIVING IN RURAL AREAS

HOSPITALS AT HOME CAN BRIDGE GAPS

MARGINALIZED GROUPS

AGE FRIENDLY COMMUNITIES SYMPOSIUM • SEPTEMBER 22-23 · 2022 • #AGEFRIENDLYUTAH

AGE FRIENDLY CAMPUSES

DR. JOANN M. MONTEPARE, PhD • DR. BETH FAUTH • DR. KATARINA FELSTED

AFU APPROACH
GRASS ROOTS
WIDE LENS
DIVERSE
SOLIDIFY CONNECTIONS

OPPORTUNITIES

MAKE AGING EDUCATION ACCESSIBLE TO YOUNG PEOPLE

CREATE AGE-FRIENDLY PROGRAMS ON CAMPUSES

ENGAGE WITH OLDER LIFE-LONG LEARNERS

PROMOTE LIFE-LONG LEARNING AND INTERGENERATIONAL EXCHANGE

HOLISTIC HEALTH FOR THE WHOLE COMMUNITY

ARTS + CULTURAL ACTIVITIES

HEALTH + WELLNESS

SUMMER CITIZENS PROGRAM

COMMUNITY ENGAGEMENT

BUILD INTO VISION AND STRATEGIC PLAN

CONNECT TO LOCAL COMMUNITIES

RAISE AWARENESS

RECOGNIZE NEEDS OF AGING CAMPUS MEMBERS

INTEGRATE AGING INTO CURRICULUM

CONNECT AGING TO DEI EFFORTS

ENGAGE FACULTY

BUILD AN AGE INCLUSIVE CAMPUS

DRAWN BY: GraphicRecordingStudio.com

AGE FRIENDLY COMMUNITIES SYMPOSIUM • SEPTEMBER 22-23 • 2022 • #AGEFRIENDLYUTAH

AGE FRIENDLY COMMUNITIES AS PLATFORMS FOR EQUITY, HEALTH + WELLNESS

WORLD CAFÉ

AND

CLOSING DISCUSSION

THE TIME IS NOW TO MAKE IMPORTANT CHANGES

AGE-FRIENDLY SHOULD BE THE BASIS OF THE STATE PLAN!

BRING OUR RESEARCH FINDINGS BACK TO THE GROUP TO ADVANCE THE FIERCE DRIVER OF NOW.

HOW PROVIDERS + PATIENTS ACCESS INFO

NEED FOR PROGRAMS TO HELP OLDER BLIND POPULATION

INCORPORATE AGING INTO DEI EFFORTS

ACCESS TO OUTDOOR SPACES - PARKS, TRAILS

LITERACY

ROLE OF TECHNOLOGY

LACK OF WELL TRAINED HC PROFESSIONALS

NEED FOR TECHNOLOGY (ESP. RURAL AREAS)

A DEDICATED LEADER TO SPEARHEAD THE MOVEMENT

VOLUNTEER

BRING OLDER ADULTS TO CAMPUS

ACCESS

HEALTH

A 3RD PLACE: COFFEE SHOPS AS WAITING ROOMS

HOUSING COSTS + NEEDS

NEED FOR INTERGENERATIONAL RESOURCES

CAMPUSES

ADULT DAYCARE ON CAMPUS

LANGUAGE BARRIERS

ADAPTABLE HOUSING

TRANSPORTATION BARRIERS

NEIGHBORHOODS

BETTER INFRASTRUCTURE

ALL 3 SHOULD BE ARMS DISTANCE APART

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AGE FRIENDLY COMMUNITIES SYMPOSIUM • SEPTEMBER 22-23 • 2022 • #AGEFRIENDLYUTAH

Priorities established from the World Cafe

Strengths

Cross Sector Collaboration	Strong sense of community
Programs that promote wellness around 4Ms	Intergenerational learning opportunities

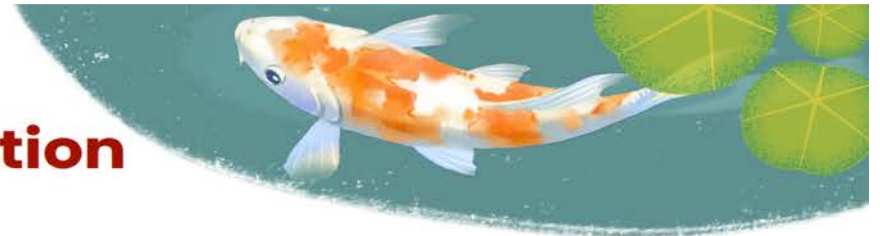## Challenges

Siloed health care systems/resource/access

Cost of living

Lack of urban planning (housing/ transportation)

Ageism

Local buy-in (mistrust)

"Koi Pond" Age-Friendly Communities Student Competition

- Developed by a Masters in Gerontology Student and student advisory board

- Invited teams of 2-4 students to develop an innovative idea or solution to a current aging issue that exist within their communities, neighborhoods, campuses, health care, and/or environments.

- Teams submit a 3-5-minute video to pitch an idea or solution.

- 13 teams from 5 schools

How 'Grandhouse' Works

https://youtu.be/MGlWTfXU2Zg

Key Takeaways

Meeting folks in my community interested in this work. This blew my network for age-friendly work wide open!

Just get started with the work. One step at a time. Small changes in age inclusive care can make a huge difference.
We have to be inclusive of all when educating people about age inclusivity. It starts with young children and family values.

Age inclusivity starts with me and my attitude towards aging. So many ideas to process and it was impressive to hear what others are doing.

We are way **behind the curve** for making these changes in time to address current inequities.

I learned a ton about program and resources related to age friendly communities, ecosystems, universities, etc.

There are **many assets within the age friendly community** that can be utilized to help fill gaps.

Language surrounding **agism**, learning that this will be an ongoing "wave" we will all have to adapt to slowly as the population increasingly ages, knowing that the world is not set up for accommodating aging and we have our work cut out for us!

Age Friendly Ecosystem and how the multiple areas work together (health system, university, and communities, etc.)

We need to take advantage of the work being done in the **crosswalks between organizations/systems**.

having a holistic approach to age-friendly places, research and policy; remembering we are all aging - it is a spectrum!

That our organization can be more proactive in including the age-friendly best practices in our work.

The need to work between platforms to create a robust and resilient age-friendly ecosystem

interdisciplinary connections to the age-friendly goals - how it can all work together beyond just one area

The importance of collaboration and bringing together those who are working in similar spaces rather than working in silos

That the bureaucracy around aging services is almost impenetrable.

Age-friendly approaches should be embedded across multiple parts of society.

The concept of the **age friend ecosystem**

3. Nature Rx Pilot: Identifying barriers and facilitators to implementing nature-based mental health interventions for older adults

Background

- Existing nature prescription programs are often centered on healthy, able-bodied individuals, lacking consideration of older people's unique challenges and needs. (Finlay et al., 2015)

- Approximately 15% of adults aged 60 and over suffer from a mental disorder. (WHO, 2023)

- Mental and neurological disorders among older adults account for 6.6% of the total disability (DALYs) for this age group. (WHO, 2023)
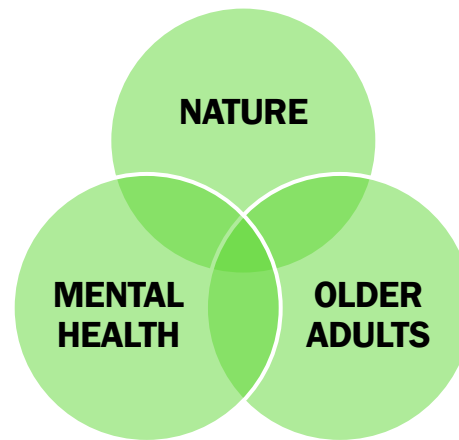
Research question

> **Are nature prescription programs intended for all members of society ?**

Goal

To identify older people's unique challenges and needs when designing nature-based mental health interventions

Aims

- Aim 1: Develop a pilot test, a nature-based prescription program (Nature Rx program)

- Aim 2: Identify barriers and facilitators to implementing the pilot program using qualitative thematic analysis of pre, post and focus group interviews

- Aim 3: Create an implementation plan and guidelines for integrating nature-based interventions into the health care systems

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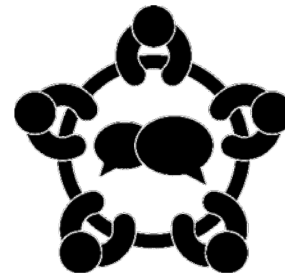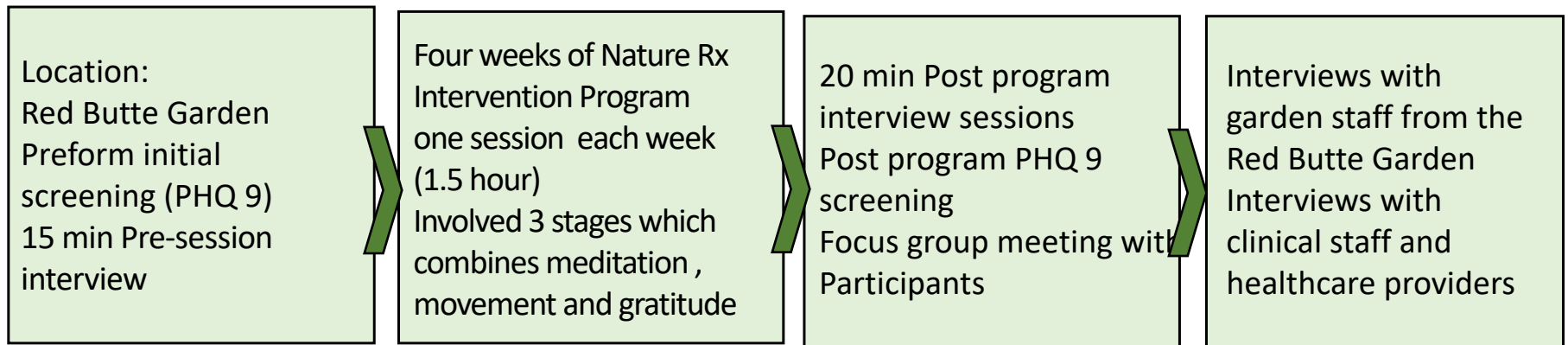
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NATURE RX PILOT STUDY STAGES

Location:
Red Butte Garden
Preform initial
screening (PHQ 9)
15 min Pre-session
interview

Four weeks of Nature Rx
Intervention Program
one session each week
(1.5 hour)
Involved 3 stages which
combines meditation ,
movement and gratitude

20 min Post program
interview sessions
Post program PHQ 9
screening
Focus group meeting with
Participants

Interviews with
garden staff from the
Red Butte Garden
Interviews with
clinical staff and
healthcare providers

Red Butte Garden
THE UNIVERSITY OF UTAH

RECRUITMENT

- Worked with Madsen clinic to recruit participants under treatment
- Contacted other organizations for recruitment:
  - Utah Commission on Aging
  - Gerontology program
  - Neighborhood house
  - Get Healthy Utah
  - Utah Collage of Nursing
  - University of Utah Center of Aging

- Developed a website for sign-ups
- Setting up flyers to advertise the program

Program Flyer

Program Website

PARTICIPANTS SUMMARY

SCREENING CATEGORY	FREQUENCY (%)
Age	68 - 84
Depressive symptoms	
Yes	11 (73%)
No	4 (27%)
Mobility limitations	
No	8 (53%)
Difficulty walking	4 (27%)
Assistive device	3 (20%)
Use of Medication / Therapy	
None	4 (27%)
Medication only	0
Therapy only	3 (20%)
Medication and therapy	8 (53%)
Initial PHQ9 (clinical depression measure)	
No depression (0-4)	0
Mild depression (5-9)	9 (60%)
Moderate depression (10-14)	5 (33%)
Moderately Severe (15-19)	1 (7%)
Severe (20-27)	0

PRE INTERVIEWS

Motivations :
- Curiosity & excitement
- Referred by the therapist in the clinic
- Fondness and attachment to nature
- Heard about similar programs
- Admiration for Red butte Garden setting

Experiences with Nature :
- Walking in local parks or walking in the neighborhood
- Feeling relaxed & relieve stress
- Enjoying Gardens

Expectations :
- Looking forward to the experience
- Concerns about challenges in the activities
- Concerns about darkness and driving
- Concerns about steep paths
- Concerns about bad weather

Challenges:
- Too noisy and crowded in local parks
- Fear of falling and uneven terrain
- poor-quality surface
- Independency on others to visit natural settings

FOREST BATHING PROGRAM

4-week forest bathing session ran from 8/21 – 9/15
The sessions were run by a certified forest bathing instructor using the following format:

- Stage 1: Activating various senses and grounding in nature
- Stage 2: Walking slowly and noticing the surrounding environment and movements
- Stage 3: Giving thanks to what is present in nature and sharing experiences

Stage 1: Pleasure of Presence → Stage 2: What's in Motion → Stage 3: Gratitude Circle

" when I closed my eyes my ears could hear different sounds, they sound of the city close to the sound of the trees it is amazing how even the sounds of the city can be relaxing at this point! "

"I have never touched the soil before. It's an amazing feeling touching the leaves, the grass and the soil each of them feel different [...]
I think about their shapes, I can concentrate on my thoughts."

POST INTERVIEWS: PRELIMINARY FINDINGS

Likes
- Social connection of the program
- Environment of RBG
- Instructor /Guidance in sessions
- Meditation
- Walking with awareness
- Connection with Nature

Challenges
- Difficulties with sitting on the ground
- Steep paths (physical limitations)
- Discomfort with sharing thoughts
- Limitations in hearing (use of hearing aids)
- Unbalanced narrow trails
- Fear of falling

Recommendations for Improvement:

- Mixed views about the content (Variety vs Repetition)
- Preparation
- Type of activities (exercise or Walking vs Meditation or quite time
- Location (accessibility)
- Time change (darkness concerns)

POST INTERVIEWS: LIKES & DISLIKES

"I do meditation and mindfulness quite a bit in my daily life. But I was surprised it was ==powerful to be doing it with others== and to be talking about it with them and the gratitude ceremony made it more powerful."

Group structure is a Motivation to communicate and engage in activities

"It provided me a ==greater desire== to be outside and in nature and I realized the benefits of doing so. I enjoyed just ==being made aware of things around me== and then having the opportunity to ==focus== on them!"

Nature being a facilitator to focus on thoughts

"I really enjoy the ==connection with the nature== and then also with other folks. When other people share their opinion, and it is like mine ==I feel less alone==. I was a bit shy in the beginning but hearing others helped me to ==lower my guard== "

Social engagement vs Isolation

IMPLICATIONS OF FINDINGS

Continuation:
- Positive Addition to the medication or therapy
- Interested in receiving the program on a regular basis
- Need medication for their mental health (ADHD, Depression , anxiety) but the program helped being more at peace!
- Will advocate the program to doctors and recommend it to others

Sustainability:
- Senior centers , health clinics , geriatric clinics, coffee houses etc. to advertise the program.
- Different ways of communication (Radio Services, PBS, Local newspapers)
- Mixed views on self sufficiency : Quite time vs exercise
- Local parks with Proximity to houses vs isolated areas

Three participatory action research (PAR) methods aimed at co-creating knowledge of age-friendly places

'Instead of conceiving older people as a social problem or burden, the new discourse constructs ageing as a positive process and emphasises the active roles older people continue to play in society (Biggs, 2001; Powell & Edwards, 2002). This focus on active participation and engagement of older people is an antidote to the conception of old age as an inevitable period of withdrawal from social roles and relationships. This new discourse on ageing has redirected policy discussion from economic or welfare issues to matters of social inclusion, engagement and community development (Audit Commission, 2004; Joseph Rowntree Foundation, 2004)' (cited in Lui et al., 2009, p. 119)

- Sidse, Carroll, "Co-creating Age-friendly Cities and Communities," Royal Danish Academy

Engagement process	Research topic	Dates
Photovoice	Aging in place	2021-2022
Symposium	Age-friendly communities	2022-2023
Intervention pilot	Nature RX and mental health	2022-2023

Designing Age-Friendly Communities:
From Research to Practice

*"Revolutions, like trees,
grow from the bottom up."*

- Gloria Steinman

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