

The Impacts of Public Policies on Enabling Safe and Independent Living for Elderly People

Minjun Xie

*Department of Geography and Planning, Queen's University, Kingston, Canada
22sq38@queensu.ca*

Abstract. Aging population has become an important social and political challenge to many countries, as they increasingly face a steady rise in the proportion of elderly populations. This paper will focus on how housing conditions, transportation access, healthcare availability, community services, digital accessibility, and spatial planning can have an effect on the elderly populations' ability to live safely and independently. This paper's analysis shows that "aging in place" policies may deepen spatial inequality when age-friendly improvements to housing, mobility, healthcare, and community support are not adequately provided, that even when physical infrastructure is improved, differences in income, family-care support, disability, and access to public services may continue to produce unequal outcomes among older adults. Furthermore, through a comparison of Canada, China, and Singapore, this will also paper show that aging policies must be adapted to different geographic, social, and institutional conditions. In short, effective "aging in place" policies should bring together physical infrastructure, community-based services, targeted financial support, and local participation so that the elderly populations can remain not only in their familiar places, but can do so feeling safe, connected, supported, and able to maintain a meaningful life.

Keywords: Public policies, older adults, comparison of Canada, China, and Singapore

1. Introduction

The aging population has become a major social and political challenge that many policy makers are forced to face, especially in countries that are facing an increase in the proportion of elderly populations; by improving the support systems for the elderly populations, the respective government's fiscal pressure on public institutional care can be reduced, while helping the elderly populations to preserve their memories, routines, identity, and the sense of belonging. These policy makers are now under increasing pressure to seek ways to better support these elderly populations' health, dignity, independence, and social connections. A widely adopted practical solution to this nowadays is "aging in place", as it calls for the government to assist the elderly population to remain as long as possible in their familiar surroundings such as their homes, communities, or families, instead of placing them in institutional care facilities. This option to remain at home is important to many elderly populations, as their homes are not just simply a physical space, they also act as a carrier for their memories, identities, and sense of belonging.

This option for "aging in place", no matter how important it is to many elderly populations, cannot be only determined by one's personal preferences alone. It also heavily depends on whether or not the surrounding environments of the elderly populations can provide the medical and social conditions required to support them. Thus, "aging in place" is also a public matter, as it depends on how a community is organized and planned, and is tested through the elderly populations' accessibility to spaces such as roads, sidewalks, hospitals, parks, grocery stores, and community spaces.

The key issue here therefore is that these communities can differ significantly in their capabilities to support elderly populations. For example, in a pedestrian friendly and well-organized community, "aging in place" is without a doubt an excellent option for the elderly populations, as it provides the most excellent local environment for elderly populations to maintain their dignity and independence, while also preserving their memories, identities, and sense of belonging. In contrast, elderly populations that live in car dependent, or poorly organized, under-funded communities, may be forced to face long travel distances to obtain essential goods, inaccessible housing, inadequate healthcare, and fewer spaces for societal interactions. In this case, a policy that was originally meant to support independence and preserve the stories of the elderly populations may instead increase their isolation and vulnerability.

Previous research has deeply analyzed age friendly communities, built environments, housing design, mobility, neighbourhood services, and the meaning of home for the elderly populations, suggesting that housing, transportation, public space, and the local community's design and operation can all have an effect on the elderly populations' independence and well-being [1]. In addition, age-friendly neighborhoods must consider not only the infrastructure of the community, but also about the social participation, accessibility, and quality of life of the elderly population [2]. Finally, scholars of gerontology background also called for closer attention to urban aging, inequality, and participation in local environments [3]. Building upon this research, this paper will focus on how the policies related to "aging in place" still need significantly greater attention towards spatial inequality and uneven public service delivery.

This paper will use a literature based, qualitative method to closely analyze how aging in place is determined by not only personal preference of the elderly populations and their families, but also depend on neighbourhood conditions, public infrastructure, and policies enacted by the local government. This paper will argue that "aging in place" must not be simply understood as one's ability to remain at home, it instead should be understood as a community space-based public policy challenge. Without accessible housing, reliable transportation, nearby healthcare, and strong community services, having aging in place may deepen spatial inequality in receiving public services across urban and rural areas. In addition, the differences in the elderly populations' income levels and family care support will still have an effect even with an improved infrastructure.

2. Current status and policy analysis

Providing the elderly populations with the option for "aging in place" has indeed become a widely accepted policy across many countries, however, it is often much more complex in practice. This is because that although the benefits of "aging in place" are real, they should not be assumed to occur automatically in practice. For example, research shows that elderly Canadians often describe growing older while remaining in their own homes as being independent, in control, safe, having a sense of belonging, and that their homes are connected to their very identities and normal routines [4]. This thus leads to a limitation of the current policies, which is that they often treat the elderly populations as a uniform group that has little difference. However, in practice, the elderly

populations' life is significantly influenced by their local conditions, as access to housing, hospitals, grocery stores, pharmacies, parks, and community spaces can all determine the amount of support that the elderly populations receive. In order to gain easy access to all of these things for the elderly populations, the community must be centered around walkability, public spaces, and service accessibility [5].

Another issue can be that the current "aging in place" policies may unintentionally cause inequality if they do not account for income, housing security, health status, family support, and access to public services of the elderly populations, since older adults with stable housing, financial resources, nearby services, and strong social networks are more likely to benefit from remaining in their communities, whereas for the elderly populations that are facing poverty, insecure housing, limited mobility, language barriers, rural isolation, or weak service access, the same policy goal may be much harder to achieve. Neighbourhood environments affect older adults not only practically but also emotionally, as safety, walkability, noise, and social atmosphere influence whether older adults feel comfortable and included in public space [6]. Policy makers therefore must evaluate communities not only by whether social services exist, but also by whether older adults can actually use and experience them in positive ways.

The current policies face challenges not simply on whether the elderly populations should be encouraged to remain at home, but whether or not the "aging in place" policies can effectively respond to the unequal conditions in which many elderly populations live in. The current standardized policies could be inadequate in fitting all the varying demands of high-income elderly individuals living in cities, low-income elderly populations living in rural areas, and elderly populations with disabilities. Thus, if older adults cannot easily reach healthcare, lack safe public spaces, or have no reliable transportation, remaining at home may become a form of isolation rather than independence.

3. Actions for change

To have a more effective policy in response to the challenges caused by the aging population, policy makers should narrow their focus down to specific local areas, instead of the current broad, often national level policy commitments.

The first method can be to improve the general housing conditions for the elderly populations, so that they can be safely provided the option for "aging in place". This improvement is required as modern housing are often not designed for those who have limited mobility or chronic diseases, which in this case are the elderly populations. The stairs, bathrooms, narrow entrances, and simply the high rent that are associated with the house can turn the most familiar places for the elderly populations into a source of risk, instead of security. Policy makers should make sure that their policies on the elderly populations are not aimed only at keeping the elderly populations in their familiar spaces, but should also aim to ensure the accessibility, affordability, and proximity to social and medical services that supports the independence for the elderly populations [7]. The government could achieve this through increasing its subsidies for home renovations and modifications and expanding the overall supply of elder friendly rental housing. In the meantime, governments must recognize that economic subsidies need to direct more towards the low-income elderly populations who live in rural villages and towns, as adding ramps and improving quality of bathrooms in rural detached housings are comparatively much more expensive than modifying apartments in urban area, and that access to public services are much harder. In addition, the government must also thought for those fighting against poverty, and mandate for a universal safety standards in housings designed for the elderly populations, such as adding protective materials to areas that the elderly

population might injure themselves, expanding the entrances to allow easy access for elderly individuals, or hiring more social workers to better support and help the elderly populations in need of assistance. With all of this implemented, the improved neighbourhood that considers both housing conditions and social services can thus increase the willingness and ability for an elderly individual to remain in their communities [8].

A possible graph can be used to compare the share of residents aged 65 and older with indicators of how affordable local housing is, such as the average rent or housing cost burdens. The purpose of this would be to show whether or not those areas with a larger number of elderly populations face stronger housing pressure. Which in the case that it does appear so, it would support the argument that housing policy for "aging in place" should include not only physical home modification, but also affordable and accessible rental options, especially for the low-income elderly populations.

A second method can be to improve the mobility of the elderly populations, as their independence relies on whether or not they can safely and affordably move throughout their communities, and receive care when needed. If a community does not have accessible or affordable transit options, such as narrow, poorly maintained sidewalks and road crossings, expensive public transports, or that the neighbourhood was designed around cars, elderly populations may partially or completely lose access to food, healthcare, or social connections. Furthermore, elderly populations living alone in communities that do not have someone assigned to accompany them could face additional barriers such as losing access to medical care or other public services for those with disabilities or cannot operate online appointment services. Thus, to make sure that never happens, policy makers should respond with creating safer sidewalks, longer pedestrian crossing times, more benches, better lighting, reducing fares for elderly populations taking public transports, and mapping out safe transit routes that are friendly to elders, while also ensuring the provision of in-person booking options for services, and community volunteers tasked with accompaniment for the elderly populations. These spatial interventions may seem small, but it is these small spatial interventions in the local environment that contributed significantly in building age friendly communities [5]. Their effect could be increased even further when combined with other improvements such as accompaniment offered by the community volunteers and low-cost local mobility services,

A possible map can be used to illustrate healthcare access could be to overlay the spatial distribution of older adults with the locations of clinics, hospitals, pharmacies, and social services. This can be useful as it would help show whether or not the elderly populations are concentrated in areas with sufficient nearby healthcare access, or whether some communities face greater distance barriers.

A third method can be to use Geo-spatial data, such as the ones obtained using the Geographic Information System (GIS), to map out where several of the previously mentioned issues overlap. This can help evaluate age friendly environments by showing the unequal patterns [9]. For example, a neighbourhood that has a high proportion of older adults, low transit access, high rent, few healthcare facilities, and limited access to parks or libraries may need more urgent attention than an area that has only one issue. However, assessing Geospatial equity should rely not only on spatial measurement, but also on a combination of field visits and direct, first-hand responses from the elderly populations in the local area, ensuring the policy reflects both mapped service gaps and actual experiences. Thus, connecting Geo-spatial analysis with local participation, inequality, and the lived experiences of older adults as research on an aging population is of absolute importance [3].

4. Comparison between countries

The countries of Canada, China and Singapore all have their distinct policies when it comes to population aging. By examining the three, scholars can find out that policies focused on supporting the elderly populations must be adapted to fit the conditions of different nations, such as their level of development and social services.

In Canada, many of its elderly population have a strong attachment with their familiar place and communities, often linking it with their memories, identities, and sense of belonging [4]. In addition, its elderly populations live across a wide range of geographical spaces, from the extremely remote communities such as those living in the province of Nunavut or Yukon, to extremely urban centers such as Vancouver, Toronto, or Ottawa, and everything in between. These two things means that for those living in major cities or settlements, access to hospitals, public transits, public spaces, and social programs are generally much easier than those living in rural or remote areas, whereas those living in rural or remote areas tend to have lower living costs and do not need to worry about displacement from their familiar environments, unlike their urban dweller counterparts. Thus, Canada shows that policies for the elderly populations must be flexible enough to respond to the urban affordability issue, rural service gaps, and the general liking of its elderly populations to remain in familiar places.

For China, the aging of its population occurred alongside rapid urbanization, internal migration, changing family structures, and uneven regional development, which all of these things had an impact on the delivery of social and medical services. On the policy level, China has already developed a multi-layer elderly care system that is based on providing home care as the foundation, community support as the main focus, and institutional care as a supplement [10]. However, the actual development of this system remains uneven. For example, the construction of community-based elderly care facilities in rural areas of central and western China has in general lagged significantly behind that of eastern urban centers. In addition, there is still an emphasis on traditional family support, such as children supporting their parents after retirement by purchasing them a house, but smaller households and labour migration have made informal care less reliable for many elderly populations. Thus, in China's case, housing and public services all has an influence on whether older adults are willing or are able to remain in their familiar places [8]. Age-friendly neighbourhood environments are also closely related to quality of live among elderly populations in China [11].

Singapore is perhaps the most unique example, as its compact urban areas and stronger planning allow housing, transportation, healthcare, and community services to be coordinated more directly and efficiently, showing how integrated planning can strengthen community-based support. "Aging in place" in Singapore can be therefore understood through wider networks of social relationships, spatial connections, and service systems rather than through the home alone [12]. However, Singapore's model cannot be fully transfered to other geographically large countries such as China or Canada, especially in their vast rural regions where population densities are much lower than that of their cities, and service deliveries are much more dispersed. However, Singapore's model is not entirely irrelevant to these countries, as high-density urban areas in major Chinese and Canadian cities may still learn from Singapore's effective integration of public housing with age-friendly facilities, neighbourhood services, and community care.

Together, these cases show that there is no single universal model for how to enact policies that support the elderly populations.

5. Conclusion

This paper argued that aging in place should be understood as a place based public policy challenge instead of simply being a personal choice to remain at home. For many elderly populations, familiar homes and communities are closely tied to memory, identity, dignity, routine, and their sense of belonging. However, remaining at home does not automatically produce independence or well-being. "Aging in place" can only be beneficial as a meaningful policy goal only when the surrounding environments of the elderly populations are able to provide accessible housing, safe mobility, close by healthcare, and social services, support, and practical ways to reach them. In the case of some or all of these criteria being absent, "aging in place" may in fact become a source of isolation and vulnerability rather than security for the elderly populations.

This paper's analysis suggests that current "aging in place" policies need to move beyond broad and standardized approaches, as older adults can differ significantly in income level, health condition, family care support, disability status, digital ability, and geographic access to services, causing policies that appear equal in principle may still produce unequal outcomes in practice. Thus, governments should implement changes to their policies in many fields. Housing policies should combine home modification subsidies, affordable rental housing for the elderly populations, and stronger support for low-income older adults in rural areas, where modification costs and service barriers may be higher. Mobility policy should address not only sidewalks, crossings, and public transit, but also need to include volunteer accompaniment, affordable community transport, and non-digital or in-person service booking options for the elderly populations. In addition, utilizing Geospatial assessment such as the Geographic Information System (GIS) can help identify disadvantaged areas, but its mapping must be connected to field visits, older residents' feedback, targeted fiscal investment, and the priority placement of community medical services, in order to deliver adequate support.

This paper is however limited by its reliance on existing works and policy analysis rather than original interviews, surveys, or fieldwork with actual elderly individuals. It also focuses on only three countries' cases, meaning that its conclusions cannot fully represent the vast diversity of aging societies worldwide. Future research could include actual community-based mapping utilizing Geospatial mapping tools such as the GIS, interviews with the elderly populations, and more detailed and numerous urban rural case studies. Looking forward, policy on age should not only aim on helping elderly populations to stay in place, but should also make those places safer, more connected, more affordable, and more capable of supporting a meaningful later life.

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