

**AGE FRIENDLY INITIATIVE**  
Miami-Dade County

## Advisory Committee Meeting

Miami-Dade Age-Friendly Initiative  
Tuesday, December 5, 2017, 1:00 p.m. – 3:00 p.m.

AARP Florida  
3750 NW 87th Avenue, Suite 650, Doral, FL 33178  
Dial In Option: 305-330-4986, Pin: 28369



# Miami-Dade

*Age-Friendly Initiative*

**The Miami-Dade Age-Friendly Initiative is a collaborative effort to create a community where older adults of all ages can stay active, engaged, and healthy with dignity and enjoyment.**

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Miami-Dade County

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## AGENDA

1:00 PM – 3:00 PM

- Welcome & Introductions

1:00 PM

- Age-Friendly Network Steps Update

1:10 PM

- Age-Friendly Action Plan

1:20 PM

- WHO Decade of Healthy Aging

2:30 PM

- Partners Updates & Announcements

2:40 PM

- Get Involved & Closing

2:50 PM



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## AGE-FRIENDLY NETWORK PLANNING PHASE STEPS



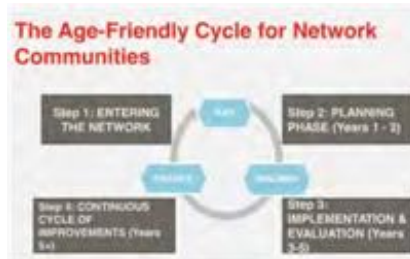
Baseline Assessment (Survey)



Update Age-Friendly Action Plan including Indicators



Involve Older Adults throughout the process



WHO Global Network  
for Age-friendly Cities  
and Communities



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## AGE-FRIENDLY SURVEY

- Presentation to Miami-Dade Board of County Commissioners on November 7, 2017
- Share results with key groups
- Share on website & social media
- Use to review & update Action Plan



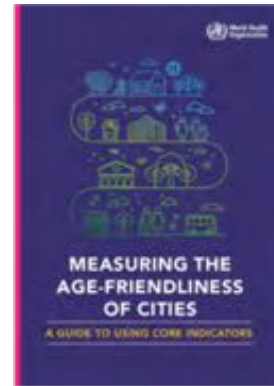
## UPDATE TO AGE-FRIENDLY ACTION PLAN

- Incorporate findings from the survey
  - Areas of Urgency:
    - Housing
    - Transportation
    - Employment
    - Community Support & Health Services
- Incorporate Indicators
- Identify Assets & Opportunities
- Identify Additional Priorities



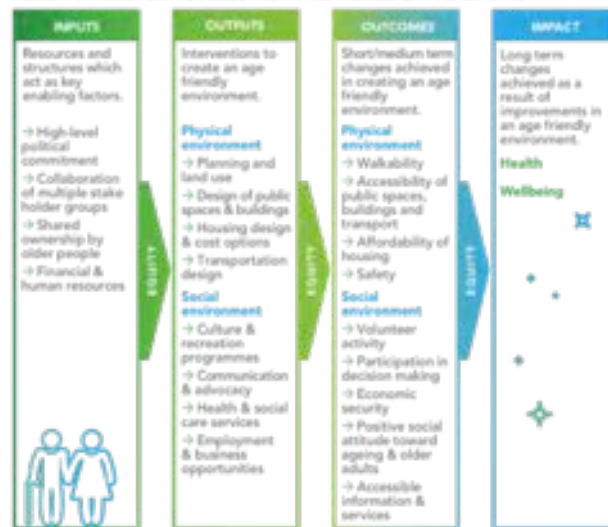
## CORE INDICATORS: MEASURING THE AGE-FRIENDLINESS OF CITIES

- This guide sets forth a **framework and a set of core and supplementary indicators to inform the selection of a local indicator set to monitor and evaluate progress in improving the age-friendliness of urban environments.**
- This is the product of a structured approach carried out between 2012-2015 involving literature reviews, two expert consultation meetings, several rounds of peer review, a preliminary pilot study which generated inputs from over 40 communities across 15 countries, and a final pilot study involving 15 communities across 12 countries.
- Designed so that the indicators can be measured comparably across cities and countries, but also be adapted to various local contexts, depending on the user's needs and objectives.



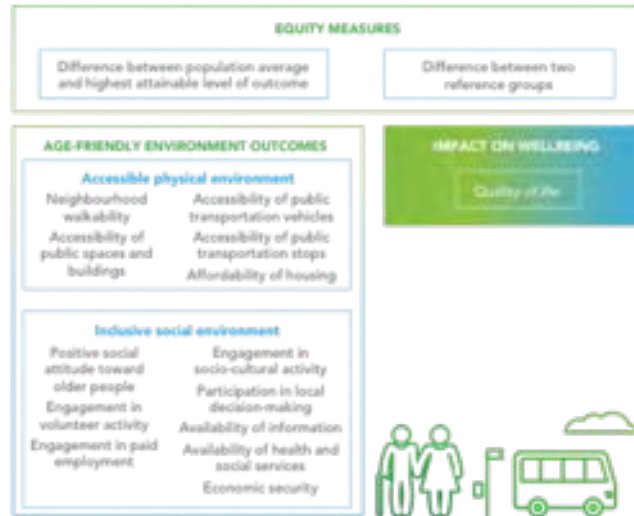
## FRAMEWORK FOR SELECTING INDICATORS

FIGURE 1. A FRAMEWORK FOR SELECTING AN AGE-FRIENDLY CITY INDICATOR SET



# WHO CORE INDICATORS

FIGURE 2. CORE INDICATORS OF AGE-FRIENDLY CITIES



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WHO, Measuring the Age-Friendliness of Cities: A Guide to Using Core Indicators, [http://www.who.int/kobe\\_centre/publications/AFC\\_guide/en/](http://www.who.int/kobe_centre/publications/AFC_guide/en/)

## EQUITY INDICATORS

| DIFFERENCE BETWEEN POPULATION AVERAGE AND HIGHEST ATTAINABLE LEVEL OF OUTCOME |   |
|---|---|
| <b>Definition</b>   | The difference between the population average and the level of outcome achieved by a subgroup which has the best outcome or the highest socioeconomic position in the population of interest.   |
| <b>Calculation</b>  | <p><b>Population attributable risk (PAR):</b> Using subtraction, calculate the absolute difference in the outcome rate between the subgroup with the best outcome and the total population for a measure of absolute inequality and improvement possible.</p> <p><b>Population attributable risk percentage (PAR%):</b> Divide the population attributable risk by the overall rate in the total population for a measure of relative inequality and proportional improvement possible.</p>   |
| <b>Suggested data source</b>  | Data on the age-friendly city core indicators disaggregated by geographic or socioeconomic subgroups (e.g. gender, age, income, neighbourhood).   |
| <b>Comments</b>   | <p>This indicator shows the level of improvement possible, or needed, in order for everyone in the community to enjoy the highest level of outcome already achieved by a subgroup in the same community.</p> <p>Other reference groups could be selected based on any geographic or socioeconomic subgroups of interest from an equity perspective. This measurement can be used for ordered or non-ordered groups, and can take into account subgroups of different sizes. Other more complex measures are also available for producing a single number that is an expression of the amount of inequality existing across all subgroups of a population. See reference below for more guidance on measuring and reporting health inequalities.</p> |

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## EQUITY INDICATOR EXAMPLE

### DIFFERENCE BETWEEN POPULATION AVERAGE AND HIGHEST ATTAINABLE LEVEL OF OUTCOME

#### Example

In La Plata, Argentina, self-reported health was measured as one of the impact indicators. The proportion of older adults, aged 60 and older, who reported good health (including 'good', 'very good' and 'excellent' health) was compared between the total population of older adults and the subpopulation of highly educated (a completed secondary education or more) older adults. A large proportion (70.4%) of highly educated older adults reported good health, setting a benchmark for the highest attainable level of self-reported health status in the local population of older adults.

The PAR was calculated as 10.9, which is the difference in percentage points between the population average (59.5%), or baseline, and the benchmark set by the highly educated group of older adults (70.4%). The PAR% was calculated as 18.3 (10.9/59.5), which is the PAR expressed as a proportion of the baseline.

This analysis, which takes into account the entire population, indicates that the population average of older adults' self-reported health can potentially improve, or needs to improve, by 10.9 percentage points, or by 18.3% from its current baseline, in order to reach the level of self-reported health exhibited by the subgroup of highly educated older adults living in La Plata.

Older adults with a high level of education  
(Local benchmark for highest attainable level of health)



Figure. The level of improvement possible in self-reported health status among older adults using highly educated older adults as the benchmark, in La Plata, Argentina, reported as of March 2015.

## EQUITY INDICATOR

### DIFFERENCE BETWEEN TWO REFERENCE GROUPS

**Definition** The magnitude of difference in a specific outcome between two reference subgroups in the population.

**Calculation** *Difference:* Subtract the mean value of the outcome of interest in one reference subgroup from the mean value of that indicator in the other reference subgroup for a measure of absolute inequality.

*Ratio:* Divide the mean value of the outcome of interest in one reference subgroup by the mean value of that indicator in the other reference subgroup for a measure of relative inequality.

**Suggested data source** Data on the age-friendly city core indicators disaggregated by geographic or socioeconomic subgroups (e.g. gender, age, income level).

**Comments** When the two reference groups are the subgroup with the best outcome or the highest socioeconomic position (i.e. the best-off) and the subgroup with the worst outcome or the lowest socioeconomic position (i.e. the worst-off) in the population of interest, this indicator shows the difference between the lowest and the highest attainable levels of outcome in the population of interest. It can also be used to assess gender equity by comparing women and men, or for comparisons of other subgroups of interest.

Simple measures that make pairwise comparisons of two population subgroups are straightforward in nature and easy to both produce and understand. For a description of inequality that exists across the entire population, other more complex measures should be used, although complex measures do not necessarily present a substantially better assessment of inequality than the simpler measures. See References below for more guidance on measuring and reporting health inequalities.

## EQUITY INDICATOR EXAMPLE

### DIFFERENCE BETWEEN TWO REFERENCE GROUPS

#### Example

In New Haven, Connecticut, USA, the proportion of older adults, aged 60 and over, who reported volunteering at least once in the past year was compared between those with an annual income of less than US\$30 000 and those with US\$30 000 or more.

Older adults with higher income reported more volunteer participation. The absolute difference in volunteer participation was 14 percentage points, and the relative ratio of participation was 1.4 (49.0:35.0). This pairwise comparison revealed the magnitude of inequality in volunteer participation between the financially better-off and worse-off older adults living in the area.



Figure. A comparison of self-reported volunteer participation rates among older adults, aged 60 and older, by income level, in the Greater New Haven area of Connecticut, USA, reported as of March 2015.

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WHO, Measuring the Age-Friendliness of Cities: A Guide to Using Core Indicators, [http://www.who.int/kobe\\_centre/publications/AFC\\_guide/en/](http://www.who.int/kobe_centre/publications/AFC_guide/en/)

## AGE-FRIENDLY DOMAINS OF LIVABILITY



Adapted from: Suzanne Garon, University of Sherbrooke

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### Review by Domain:

- Survey Results
- Vision
- Indicators
- Strategies
- Potential Partners
- Disaster Preparedness



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### Review by Domain:

#### **Vision**

- What do you want to see?
- Does the Vision encompass all you want to see in this domain?

#### **Indicators**

- Do these indicators tell the whole story? What else would you like to see?
- Do we have the data available to look at equity in this area? What social stratifiers would you recommend utilizing to disaggregate the data and assess inequities?

#### **Strategies**

- What additional strategies are missing?
- Please rank top three strategies (suggested and in Action Plan) based on need.
- Who can complete or lead the strategies above?

#### **Potential Partners**

- What additional partners are missing or need to be included?

#### **Disaster Preparedness**

- How can an age-friendly community facilitate emergency/disaster preparedness in this domain?







## OUTDOOR SPACES & BUILDINGS

### **Vision for Miami-Dade County:**

Older adults have a safe and enjoyable physical environment in which to live and be active.



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## TRANSPORTATION

### **Vision for Miami-Dade County:**

Older adults utilize a variety of types of transportation they want and need to move throughout the community.



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## HOUSING

### **Vision for Miami-Dade County:**

Housing for older adults is affordable, accessible, and adapted to their needs and interests.



## SOCIAL PARTICIPATION

### **Vision for Miami-Dade County:**

Older adults enjoy a wide range of opportunities for social participation.





## RESPECT & SOCIAL INCLUSION

**Vision for Miami-Dade County:**  
Older adults feel welcomed and valued in all community settings.



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## CIVIC PARTICIPATION & EMPLOYMENT

**Vision for Miami-Dade County:**  
Older adults have a wide range of employment and civic engagement opportunities.



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## COMMUNICATION & INFORMATION

### **Vision for Miami-Dade County:**

The community is aware and knowledgeable about the presence, value, needs and wants of older adults and older adults have access to information they want and need.



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## COMMUNITY SUPPORT & HEALTH SERVICES

### **Vision for Miami-Dade County:**

Older adults are supported by quality health care, community-based wellness and supportive services.



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### Next Steps

- Workgroups
- Partners
- Planning for 2018 & Beyond



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## WHO Decade of Healthy Aging 2020-2030

**10** PRIORITIES  
TOWARDS A DECADE  
OF HEALTHY AGEING



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## WHO Decade of Healthy Aging 2020-2030

1. Build a Platform for Innovation and Change
2. Support country planning and action
3. Collect better global data on Healthy Ageing
4. Promote research that addresses the needs of older people
5. Align health systems to the needs of older people
6. Lay the foundations for a long-term-care system in every country
7. Ensure the human resources necessary for integrated care
8. Undertake a global campaign to combat ageism
9. Make the economic case for investment in Healthy Ageing
10. Develop the Global Network for Age-friendly Cities and Communities

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## Partner Announcements & Updates

- Age-Friendly Municipalities
  1. Cutler Bay
  2. Palmetto Bay
  3. Pinecrest
  4. City of Miami
  5. Potential Future Cities: Miami Beach, Miami Lakes, Doral, South Miami
- Advisory Committee Partner Announcements
  - Older Adult Advocacy Committee
  - Elder Issues Committee
  - Additional Updates

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## GET INVOLVED

### • WAYS TO GET INVOLVED

- Join a Workgroup/Sub-Committee
- Complete Advisory Committee Form
- Share your projects, events, and updates
- Help share age-friendly information

### • Next Advisory Committee Meetings

- Tuesday, March 6, 2018
  - 1:00 – 3:00 pm
- Stephen P. Clark Center, 111 Northwest 1<sup>st</sup> Street, Miami, FL 33128
- Conference Room 29A (29<sup>th</sup> Floor)



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# THANK YOU!

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