This session was focused on the challenges and opportunities related to the projected increase in elderly populations in the decades ahead. The presentation by Nicola Pontarollo, Carolina Foglia and Maria Laura Parisi focused on a project funded by the Regional Studies Association Small Grants Scheme on Pandemic, Cities, Regions & Industry. The presentation entitled ‘Building (Back) Better Cities for Aged People in Europe’ by used data from the ‘Perception Survey on the Quality of Life (QoL) in European Cities, 2019’ to determine the dependent variables identifying if a city is a good place to live for older peoples. Creating an age friendly environment is the most important vector according to modelling performed by the authors. The presentation can be viewed online here: https://www.youtube.com/watch?v=tFOlwUPLYfk

The other two presentations in the session focused on the health practices of elderly people in the Liguria Region (Italy), which is demographically one of the
oldest regions in the country. Lucia Leporatti, Cinzia di Novi, Rosella Levaggi, and Marcello Montefiori presented on ‘Older Patients’ Drug Utilization in Times of Covid-19: Stockpiling and Adherence’. Using a dataset from January 2019 to December 2020 the authors focused on compliance and stockpiling of medication from people living with diabetes mellitus. Emanuela Rubba, Lucia Leporatti, and Marcello Montefiori presented on ‘Ageing and Socio-Economic Implications of Rheumatoid Arthritis: A Regional Study’ using a similar dataset but analysing drug treatment for rheumatoid arthritis. The authors argued effective medical treatment can mitigate functional impairment and the reliance on support services. Both presentations provided insights on how policy can better target the elderly to improve drug adherence and reduce the accompanying burden on health systems.

All three presentations have policy implications for regional and urban readiness regarding liveability for elderly populations. Where Pontarollo, Foglia and Parisi focused a little more explicitly on participatory mechanisms to include older people in decision-making about their livelihoods, such participation is also crucial for healthy ageing. The need to lower pressure on health systems is coextensive with improving liveability for the elderly. In the question and answers, it was observed that the tourism industry already targets and finds value in elderly consumers and that other sectors could follow. Although not discussed explicitly in the presentations, social and cultural understandings of ageing impact liveability and health. For instance, within Indigenous social and legal frameworks, Elders play an important role in maintaining social infrastructure and their labour becomes more in demand as they age (see The Aboriginal Community Elders Service and Harvey, 2003; Radford et al., 2019). In a European context, researchers have found that healthcare assumptions regarding Sami impact on culturally competent care for elderly Sami (Blix, Hamran and Normann, 2013) and that this group are particularly sensitive to healthcare measures that may restrict their labour and cultural activities (Minde, 2017). As with the tourism sector, there is scope to more fully account for the role of health and environmental variables as well as qualitative perceptions of the value of ageing to better align policy and planning domains with a whole-of-life approach (that includes younger and older populations) to ageing well.

References

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