

**INSTITUT PENYELIDIKAN
PENUAN MALAYSIA
(MyAgeing™)**

MALAYSIAN RESEARCH INSTITUTE ON AGEING

Malaysian Research Institute on Ageing
Universiti Putra Malaysia
43400 UPM Serdang
Selangor Darul Ehsan

☎ : +603 9769 2750
☎ : +603 9769 2744
✉ : myageing@upm.edu.my
🌐 : <http://myageing.upm.edu.my>



AGE-FRIENDLY CITY TAIPING | FINAL REPORT



AGE-FRIENDLY CITY TAIPING

FINAL REPORT



**INSTITUT PENYELIDIKAN
PENUAN MALAYSIA
(MyAgeing™)**

MALAYSIAN RESEARCH INSTITUTE ON AGEING



AGE-FRIENDLY CITY TAIPING

Final Report

Prepared by

Malaysian Research Institute on Ageing,
Universiti Putra Malaysia

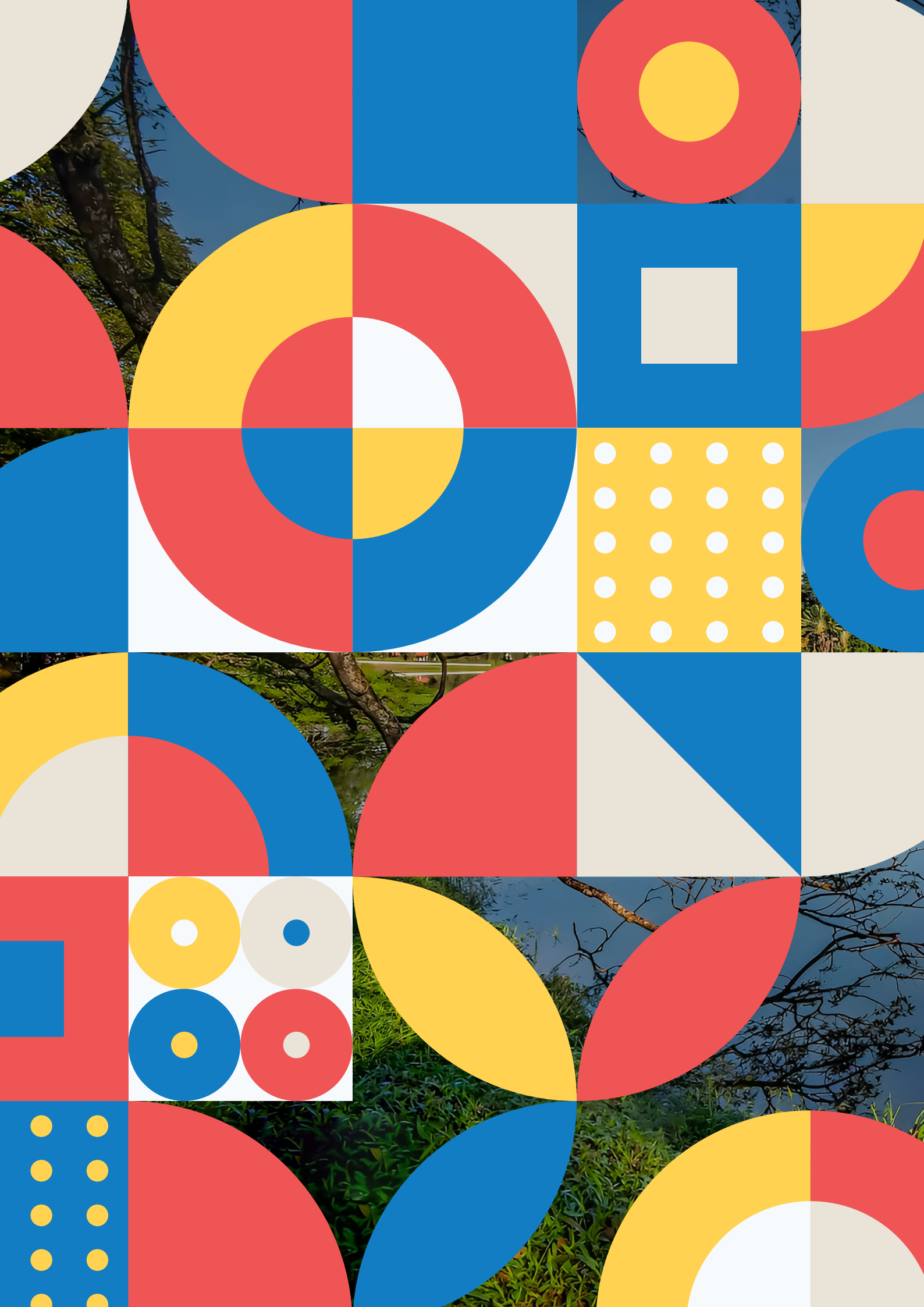


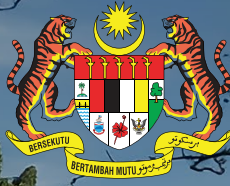
UPM
UNIVERSITI PUTRA MALAYSIA
BERILMU BERBAKTI

**INSTITUT PENYELIDIKAN
PENUAAN MALAYSIA
(MyAgeing™)**

MALAYSIAN RESEARCH INSTITUTE ON AGEING

June 2022





AGE-FRIENDLY CITY TAIPING

Final Report

Prepared by

Malaysian Research Institute on Ageing,
Universiti Putra Malaysia



UPM
UNIVERSITI PUTRA MALAYSIA
BERILMU BERAKTI

**INSTITUT PENYELIDIKAN
PENUAAN MALAYSIA
(MYAGEING™)**

MALAYSIAN RESEARCH INSTITUTE ON AGEING

June 2022

AGE-FRIENDLY CITY: TAIPING (MYIC 2019 042)

LEAD CONSULTANT

1. **Prof. Dato' Dr. Tengku Aizan Hamid** (Social Gerontology)
Research Fellow, Malaysian Research Institute on Ageing, UPM

CO-CONSULTANTS

2. **Prof. Dr. Sharifah Norazizan Syed Abdul Rashid** (Town Planning)
Department of Social and Development Science, Faculty of Human Ecology, UPM
3. **Assoc. Prof. Dr. Rahimah Ibrahim** (Aged Care Services) Deputy Director,
Malaysian Research Institute on Ageing, UPM
4. **Prof. Ir. Dr. Siti Anom Ahmad** (Gerontechnology) Director, Malaysian
Research Institute on Ageing, UPM
5. **Assoc. Prof. Dr. Sumarni Ismail** (Conservation Management) Architecture
Department, Faculty of Design and Architecture, UPM
6. **Prof. Dr. Esther Gunaseli Ebenezer** (Psychogeriatrics), Universiti Kuala
Lumpur Royal College of Medicine Perak (UniKL RCMP)
7. **Mr. Chai Sen Tyng** (Senior Research Officer) Social Gerontology
Laboratory, Malaysian Research Institute on Ageing, UPM
8. **Ms. Siti Farra Zillah Abdullah** (Senior Research Officer) Social
Gerontology Laboratory, Malaysian Research Institute on Ageing,
UPM

ACKNOWLEDGEMENT

This consultancy project is funded by the Government of Malaysia through the Economic Planning Unit (EPU), Prime Minister's Department development fund, channeled through the United Nations Development Programme (UNDP). We are grateful for the support by the UNDP Malaysia Country Office team, especially Mr. Asfaazam Kasbani, Ms. Herlianna Naning, Ms. Norhafiza Shafie, Ms. Jun Faredda Jabar and Mr. Faizal Adli Zainudin. We are also thankful for the input by the WHO Malaysia Country Office team, especially Dr. Taketo Tanaka.

The project team wishes to acknowledge the strong support and involvement of the Ministry of Women, Family and Community Development and Taiping Municipal Council in this project. We would like to express our appreciation for all the support received in the completion of the project.

The engagement of various stakeholders from ministries, agencies, and non-governmental organisations in providing vital information has earned our gratitude.

We would also like to acknowledge Ms. Juliana Affandi Tan and Mr. Edvard Loh of Innate Ideas Sdn. Bhd., the media facilitation team, who have been extremely helpful during the data collection process. Thank you as well to Dr. Foong Hui Foh and Dr. Sarah Abdulkareem Salih, our Post-doctoral Researchers, for their expertise in analyzing and interpreting the data.

Our appreciation is extended to everyone at the Malaysian Research Institute on Ageing, Universiti Putra Malaysia, who provided invaluable administrative assistance.

Last but not least, we would like to express our heartfelt appreciation to those who have substantially contributed, directly or indirectly, to the success of this project.

"With Knowledge We Serve"

Thank you.

EXECUTIVE SUMMARY

The project on an age-friendly city for Taiping, Perak, is a pilot model for the Malaysian Government to address two emerged trends in the Country; rapid ageing population and increasing urbanization. It will be used as a guide for replication in all states, cities, and towns in Malaysia. There are no specific country-level models for Age-Friendly Cities and Communities as each city and community is unique. However, the World Health Organization (WHO) has recommended that each country and community develops a framework that addresses the different levels of government parts, inter-ministerial collaboration, multisector cooperation, funding, and sharing and advisory groups. The project aims to engage various stakeholders in Taiping City to establish empirical evidence for the development of age-friendly indicators relevant to the local situation in line with WHO guidelines. A mixed-methods data collection was adopted in the project, including desk review, face to face focus group discussions, online discussion, workshop, online baseline assessment survey, site observations and public opinion.

THE STAKEHOLDER CONSULTATIONS

The stakeholder consultations showed gaps in the linkages of policy delivery due to unfamiliarity with policies and different priorities at the state level. Therefore, the suggestion was to look at the role of state EXCO in translating federal policies and programmes. The EXCO for local authorities will focus on the specific target groups such as children and youth, disabled, older persons and other sectors of the population in the community. At the state level, the EXCO will interact with the Local Authorities PBTs to ensure that activities under their portfolios are implemented. The EXCO may mobilise other parties to implement policies and seek funding for the activities/agenda.

There is also a need to establish a powerful mechanism or structure in the form of Cabinet Committee or AFCC Action Council with the Implementation Coordination Unit (ICU) as the Secretariat. The ICU has the mandate to coordinate and monitor implementation programmes from Federal, State, and Local authorities up to village levels. Nevertheless, there is a need to identify the key champion to lead the initiative. The participants did not identify a specific Ministry but said it must be a central body.

The top-bottom and bottom-up approaches in the implementation of AFCC were also highlighted. There is also a need to create awareness of the need for AFCC at all levels of government and society. AFCC is seen as part of the strategy to prepare for the aged nation status. AFCC is seen as an action-oriented program that needs proper guidelines for implementation as Malaysia will be an aged nation by 2030 or earlier.

ONLINE FGDS

The online FGDS suggest using the existing governance structure to implement the AFCC Program. The leading agency recommended is the Kementerian Pembangunan Kerajaan Tempatan as Federal Ministry that works to coordinate local governments in terms of policy standardisation and coordinating channeling of funds. PLANMalaysia will be the leading agency spearheading spatial and land use planning matters and practices. It will function at three levels of the government (federal, state, and local) in ensuring the ideal service, development, and conservation of land. This would be a perfect way to link the local government to the federal government. However, according to WHO age-friendly cities and communities, local authorities should be the champion for age-friendly initiatives.

ON-SITE FGDS

In the on-site FGDS, five themes were discussed which are essential to enhance the framework for the AFCC of Taiping:

1. In terms of outdoor spaces, the City should enhance flexible moving around the City without the physical barriers of varying road levels, obstructions, and curbs to increase mobility for people with physical disabilities. There should also be sufficient outdoor seats and pocket parks for people to take a rest as well as accessible public toilets. These features help people with limited physical function access urban spaces and buildings and are important for an age-friendly environment. One of the main issues was maintenance of public amenities. Regular maintenance is needed in areas where there is poor lighting. Another issue recognized in the City was uncontrolled development. Too much development can lead to the destruction of the natural environment.

2. Regarding transportation, there are three major issues, including car traffic congestion, difficulty in car parking, and lack of public transportation. There is increased concern regarding traffic and congestion, especially during peak hours and festival/holiday seasons. During this congestion, it will be more difficult for PWD and older people to move around safely in the City. It is difficult to find parking in the City area. This would pose a problem for the elderly, especially those who have to attend the hospital or do some transactions at the bank. There is also a concern regarding public transportation. Public transportation in the outskirts of the City may be discontinued; and people in rural areas who want to take the public bus may have to walk quite a distance (around 3-4 kilometres) to the pick-up location.
3. Affordable housing, and homes for the elderly are the main issues. Participants note that housing prices are increasing. Low-cost housing is limited, and the distribution is also subjected to mismanagement.
4. Regarding social environment, three sub-themes emerged: social participation, respect and social inclusion, and civic participation. Peaceful atmosphere is a key feature of Taiping, a City that many of its residents appreciate and those who have previously lived in Taiping would come back again to their hometown to retire and grow old. The participants consider an age-friendly environment as a place that allows people to grow old with ease and comfort. However, the participants mentioned the need to create more activities and facilities for older people to occupy their time in the City. Taiping is strong in social cohesion and respect of older persons. They live in harmony and are friendly as well as supportive of each other regardless of ethnic background. It is common for the Taiping folk to greet others, especially while hiking. Multi-racial harmony and helping others regardless of ethnicity and religion are also recognized in the City of Taiping. For civic participation, there is a need to enhance opportunities for employment for younger people, PWD and older people. More PWD training centres and awareness of employees are needed. There are quite a number of volunteer programs in the community, but more intergenerational programs should be encouraged.
5. Regarding social and health services, there are some issues in the City such as way-finding, crowd, and lack of ambulances. There is also a need for caregiver training in view of the ageing population and the increase in the number of older persons needing care.

BASELINE SURVEY

The eight domains outlined in the WHO Global Age-Friendly Cities and Communities guide are covered by the baseline survey, which is a crucial tool for assessing the age-friendliness of a community or city. This information is critical for identifying priorities and taking action to enhance age-friendliness in the community or city. The eight domains in enhancing the framework for the AFCC of Taiping are as follows:

1. Outdoor spaces and buildings: there are noted issues with walkability and mobility around the town that relate to the road or street conditions and parking issues. The public buildings also have problems in providing good seating areas for waiting and toilets.
2. Transportation: it seems to be a major concern for many residents. The lack of public transport services and the routing of buses were of high concern.
3. Housing: the common housing type amongst the respondents was terraced houses, followed by rural houses. Many people in Taiping own their homes or jointly own with family members. In addition, many of them were residents of the area for rather long. Overall, the internal home environment supports the free movement of the owners. However, many of them wish to have modifications to their home to live comfortably and safely; nevertheless, they cannot afford to make the change.
4. Social participation and empowerment: overall, the activities and events in Taiping cater for diverse population needs. However, there seems to be an issue with not getting information regarding events in the area.
5. Social inclusion: Taiping is very strong in this dimension as there were high respect and social cohesion among the respondents. Good support social environment and close-knit neighbourhood ensure they are safe and respected in the background and not isolated.
6. Communication and information: modern information technology seems to be the main medium of information among Taiping residents. The internet, mobile telephones and TV news were the three highest recorded sources of information utilized daily. Printed media seems low in their usage.
7. Civic participation: many people in Taiping are employed. However, the movement control order had restricted their attendance in educational classes. Opportunities for volunteerism are an important matter in Taiping.

No gender differences were noted in volunteerism except for social movement activities, i.e. environmental issues and human rights.

8. Community and health services: overall, most people use public health facilities, private health clinics for health treatment and pharmacies to get their prescription drugs. In terms of community services, those that need services do get them. However, some welfare assistance was influenced by gender.

SITE OBSERVATION

There are 12 sites (of five categories) observed in Taiping City, Perak, to recognize the age-friendly activities and communities.

1. For commercial sites, regardless of their design aspects, the observed commercial sites showed a high level of social environment (e.g., coherence and social support), especially for people in need and older people. However, there is a need to enhance accessibility to wheelchair users and provide Tactile Walking Surface Indicators (TWSI). The sites and surrounding paths and streets should provide proper hardscapes, such as providing rest seating areas.
2. For recreational sites, the observed sites showed a quite good level of older people engagement. Intergenerational relationships and cooperation are reflected in various social and recreational activities involving older persons and younger people in Taiping. However, there is a need to enhance the accessibility of the older adults to the mentioned sites, especially for wheelchair users.
3. For religious sites, the observed sites were easily accessible by older people, providing proper facilities for older adult users. However, there is a need to provide an adequately accessible WC that meets the specifications of MS 1184: 2014.
4. For governmental sites, the observed sites showed the importance of collaborative social work to support the senior community. There is a high level of awareness in the social, communal work and activity, and civic volunteering participation in helping each other. On the other hand, at the technical level, specific enhancements could be done on the site level to enhance pedestrian crossing from the surrounding areas.

5. For commercial hospitality, the observed site showed easy accessibility by older adults. However, there is a need to enhance wheelchair and disabled users' service through proper front desk counter, paths handrails, and TWSI.

The observation showed an overall lack of access for wheelchair users, especially in commercial buildings. There is also a need to enhance Tactile Walking Surface Indicators (TWSI) in most observed sites. The City's main roads could be improved by providing a proper signage system and street furniture. Overall, Taiping City and the community showed a high level of awareness in the social, collaborative work and activity, enhancing the concept of the age-friendly community. Technically, a simple enhancement of the City buildings and facilities could improve Age-Friendly Malaysia.

In summary, the mixed top-bottom and bottom-up approaches are suggested for delivering AFCC Malaysia. The top-bottom triangle reflects the connection between the three levels of government and the relationship between the international agenda under the UN system as Malaysia is a member state of the UN body. The bottom-up triangle reflects the interrelationship and involvement of the communities and businesses in developing the Plan of Action at the local level. Champions need to be appointed to spearhead the initiatives to conduct workshops with state executive councilors and various related stakeholders to come up with projects and plans to realise the initiatives. For Taiping, the MPT would be the champion for the AFCC initiative. A steering committee is recommended to be set up with a proper structure and with appointed/elected stakeholders that have AFCC interests at heart.

There is a need to develop a Plan of Action (PoA) with a structured set of actions designed to achieve the agreed goal. The plan of action will have an in-built indicator to measure achievement and monitoring of activities. The committee will need to adopt the 4 STEPS cycle recommended by WHO to implement AFCC. AFC Taiping will not happen overnight and will take a few years to see results. Nevertheless, the inclusive approach and ownership of activities will sustain the motivation to achieve the age-friendliness.

The AFCC Reference Group for Malaysia (AFCC RGM) can be developed to hasten the achievement and creation of an age-friendly environment in Malaysia in unison with achieving the aged nation status. This group's international and local expertise can provide valuable advice, social innovations, and models that can be adopted and adapted to the local situation.

The overarching goal of AFCC Malaysia is to achieve sustainable cities and communities in Malaysia by 2030. There are eight WHO Age-friendly Domains divided into three sectors representing the physical environment, social environment, and service sectors. The consultants proposed that for the program to be implementable, three ministries should be alternate chairs of the inter-ministerial task force. Based on the three sectors, the main lead ministries are the Ministry of Women, Family and Community Development (MWFCD), the Ministry of Housing and Local Government (KPKT) and the Ministry of Health (MOH). The framework adopts 15 principles that will ensure self-responsibility and active citizenship while the citizens themselves enjoy affordable, equitable and safe services provided by the government, business, and non-government organisations.

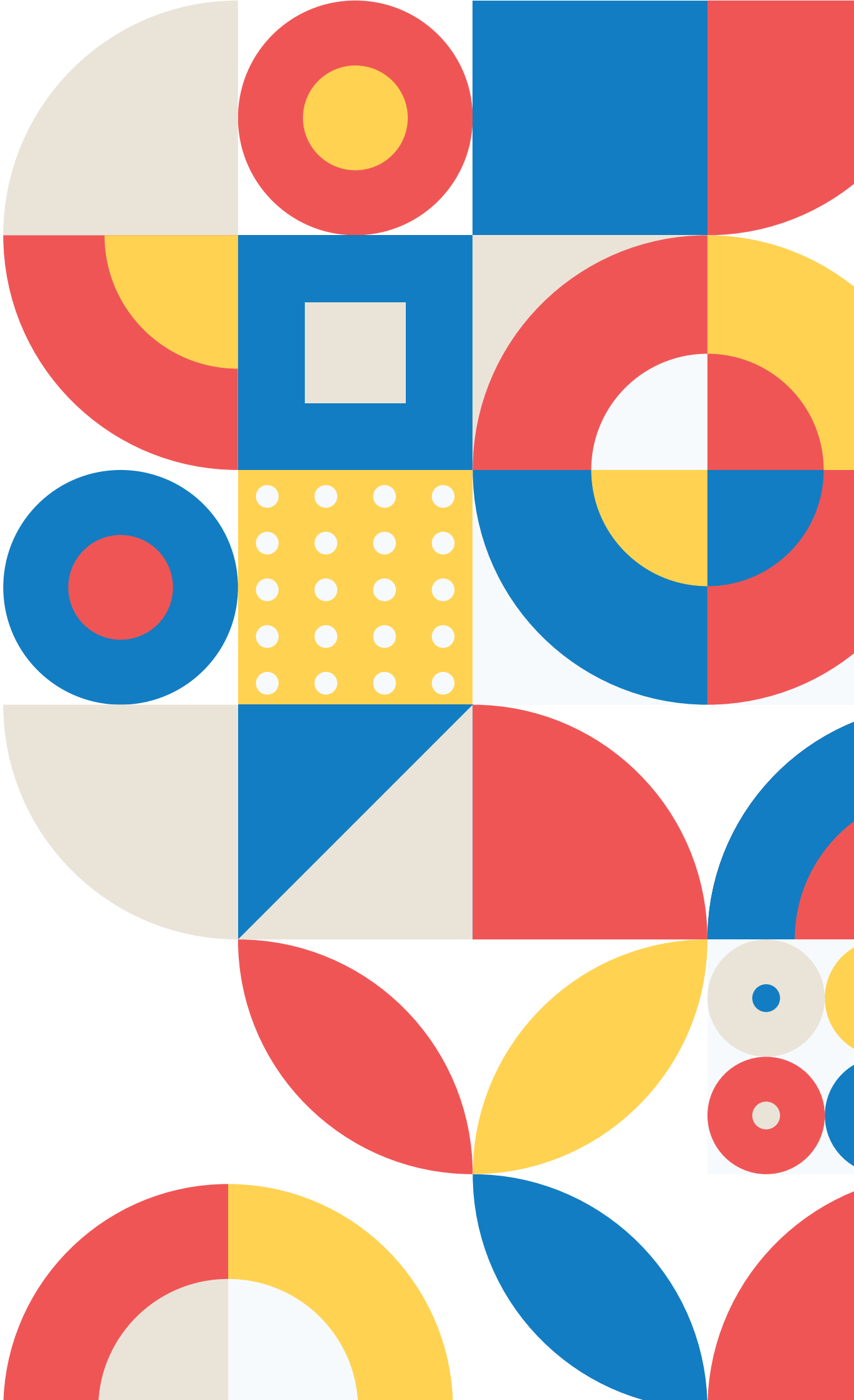


TABLE OF CONTENTS

Acknowledgement	v
Executive Summary	vi
List of Tables	xvi
List of Figures	xix
List of Pictures	xviii
List of Abbreviations	xix

1.0 Introduction

1.1 Background	1
1.1.1 Objective	1
1.1.2 Output and Outcome	2
1.2 Rationale of the Project	3
1.3 Taiping As Pilot Site for AFC	6

2.0 Literature Review

2.1 Evolution of Age-Friendly Cities and Communities	10
2.1.1 Benefit of AFC	14
2.2 Population Ageing and Development	14
2.3 Desk Review of Selected Countries	19
2.4 Desk Review of Selected Cities	26
2.4.1 Akita, Japan	31
2.4.2 Jeju, South Korea	35
2.4.3 Melville, Western Australia	42
2.4.4 Wan Chai, Hong Kong	50
2.4.5 Toronto, Canada	58
2.5 AFC Initiative In Asean Countries	66

2.6 Local Related Policies	71
2.6.1 National Social Policy, 2003	72
2.6.2 National Health Policy of Older Persons, 2008	74
2.6.3 Persons With Disabilities Act, 2008	75
2.6.4 National Family Policy and Plan of Action, 2010	76
2.6.5 National Policy of Older Persons, 2011	77
2.6.6 Smart Cities Initiatives, 2020	78
2.6.7 National Physical Plan 3, 2016	79
2.6.8 National Urbanisation Policy 2 (NUP2), 2016-2025	80
2.6.9 National Community Policy, 2018	80
2.6.10 National Housing Policy, 2018	81
2.6.11 National Transport Policy 2019-2030	82
2.7 Other Local Initiatives and Related Movements	83
2.7.1 Urbanice Malaysia	84
2.7.2 City Architecture for Tomorrow Challenge (CATCH)	84
2.7.3 Think City	85
2.7.4 Child-Friendly Cities Initiative	85

3.0 Methodology

3.1 Method	86
3.2 Timeline	91

4.0 Results

4.1 National Framework for Age-Friendly Cities and Communities	93
4.2 Preparatory Activities for the Development of Plan of Action Towards Age-Friendly Taiping	93
4.2.1 Stakeholder Consultation	94
i. Focus Group Discussion	94
ii. SWOT Analysis	119
iii. Online Focus Group Discussion	124
4.2.2 Commitment Letter	137
4.2.3 Baseline Assessment	137
i. Focus Group Discussion	138
ii. Baseline Survey	145
iii. Site Observation	218
4.2.4 Other Initiatives Towards Age-Friendly Taiping	228
4.3 Capacity Building	228

5.0 Recommendations

5.1 National Framework for Age-Friendly Cities and Communities	231
5.1.1 How To Transform City and Community to Become More Age-Friendly	251
5.2 Plan of Action for Age-Friendly Taiping	253
References	274
Annex	279

LIST OF TABLE

Table No.	Table Title	Page No.
Table 1.1	Percentage distribution of older persons in urban and rural by census years	5
Table 1.2	Population ageing by district, Perak, 1980 - 2020	7
Table 1.3	Profile of older persons (60+) in the District of Larut and Matang, Perak, 2010 & 2020	8
Table 2.1	Comparative practices of selected countries in the development and implementation of AFCC	20
Table 2.2	Selected cities and selection criteria	26
Table 2.3	Development and implementation of AFCC in selected cities based on the four steps programme cycle	27
Table 2.4	Activities committed by Jeju: 2009-2019	37
Table 2.5	Key activities and initiatives taken at the beginning of the journey	42
Table 2.6	Common issues raised under each program area theme, Toronto, 2012	62
Table 2.7	Related Malaysia government policies	71
Table 3.1	Method, data type, source and data analysis	86
Table 3.2	Gantt chart	92
Table 4.1	Distribution of participants by levels and agencies	95
Table 4.2	SWOT analysis and source of authority	121
Table 4.3	Distribution of participants by groups and agencies	125
Table 4.4	Group division and description of FGD I	138
Table 4.5	Group division and description of FGD II	139
Table 4.6	Survey's structure and number of questions	147
Table 4.7	Percentage distribution of participants' demographic and socio-economic information	149
Table 4.8	Distribution of sample by perceived age-friendliness level	151
Table 4.9	General perception of age friendliness	153
Table 4.10	Comparison of average score of perceived age-friendly environment of Taiping against the countries in Tirapat et al. 2020's study	159
Table 4.11	Levels of perceived age friendly environment by country	164
Table 4.12	Percentage of frequency of users or visitors to selected business premises in Taiping	172
Table 4.13	Percentage of frequency of users or visitors to selected social spaces in Taiping	173
Table 4.14	Mode of transportation to get around Taiping	174
Table 4.15	Perception of importance of services/facilities related to transportation in the community	175
Table 4.16	Percentage distribution of reasons for having problems with transportation	176
Table 4.17	Percentage distribution of attendance to social activities in the past 12 months	177
Table 4.18	Percentage distribution of reasons for not attending community events	179
Table 4.19	Percentage distribution of important considerations for social-related activities in the community	180
Table 4.20	Percentage distribution of types of housing	181

Table No.	Table Title	Page No.
Table 4.21	Percentage distribution of ownership of current residence	182
Table 4.22	Percentage distribution of importance to live independently in your own home	183
Table 4.23	Percentage distribution of home modification to live comfortably and safely	184
Table 4.24	Association between home modification and age groups	184
Table 4.25	Percentage distribution of move into other accommodation that is more suitable to needs	185
Table 4.26	Percentage distribution of frequency of use of different sources of information	186
Table 4.27	Percentage distribution of preferred information on services available and events around Taiping	187
Table 4.28	Percentage distribution of frequency to find information on the services needed	188
Table 4.29	Percentage distribution of average frequency of internet use in the last 3 months	188
Table 4.30	Percentage distribution of importance of information and communication in the community	189
Table 4.31	Association between perceived importance of several facilities and gender	189
Table 4.32	Percentage distribution of prevalence of social isolation among respondents	191
Table 4.33	Percentage distribution of types of proximity to children	192
Table 4.34	Percentage distribution of agreement on social cohesion items	192
Table 4.35	Percentage distribution of current employment status	193
Table 4.36	Percentage distribution of felt discrimination at the workplace or applying for a job	194
Table 4.37	Percentage distribution frequency of involvement in unpaid voluntary work in the last 12 months	195
Table 4.38	Association between voluntary activity participation with gender and age group	195
Table 4.39	Percentage distribution of problems finding suitable voluntary work	197
Table 4.40:	Percentage distribution of importance to have activities in the community	197
Table 4.41	The association between perceived importance of several voluntary works with gender and age	198
Table 4.42	Percentage distribution of chronic diseases	200
Table 4.43	Percentage distribution of types of disability	200
Table 4.44	Percentage distribution of needing medical examination for self during the past 12-months	201
Table 4.45	Percentage distribution of utilization of healthcare facilities	201
Table 4.46	Percentage distribution of types of assistance when needed	202
Table 4.47	Association between social assistance with age and gender	203
Table 4.48	Percentage distribution of life satisfaction items	207
Table 4.49	Percentage distribution of perceived aspect of development in Taiping	208
Table 4.50	Frequency of each theme mentioned by the respondents	209
Table 5.1	Proposed Plan of Action for AFC Taiping	254

LIST OF FIGURES

Figure No.	Figure Title	Page No.
Figure 1.1	Level of urbanisation, Malaysia	4
Figure 1.2	Level of urbanisation by state, 2010	4
Figure 1.3	Distribution of older persons in urban and rural by state, 2010	5
Figure 2.1	Eight domains of the WHO's Age-Friendly Cities and Communities Framework	11
Figure 2.2	Dimensions of the age-friendly community discourse	13
Figure 2.3	Milestone in the development of international guidelines for global population ageing issues	15
Figure 2.4	Frequency of mention by themes and priorities, Toronto, 2012	61
Figure 2.5	Example of lissue, recommendation, and action in the TSS, 2013	64
Figure 2.6	Accountability Model of the Toronto Seniors' Strategy, 2013	65
Figure 4.1	Four steps to becoming an Age-friendly City	94
Figure 4.2	Strengthening linkages between federal, state and local policies and programme through EXCO and voices of the people	117
Figure 4.3	Mean score and standard deviation (SD) of WHO Age-friendly Cities and Communities 8 Domains	158
Figure 4.4	Problems encountered by Taiping residents while walking	170
Figure 4.5	Percentage distribution of difficulty with walking without using aids	171
Figure 4.6	Percentage distribution of problems encountered by Taiping residents while entering public buildings	172
Figure 4.7	Perception of problems getting appropriate transport to take you places	176
Figure 4.8	Percentage distribution frequency of community activities which appeal to diverse population	179
Figure 4.9	Percentage distribution of possibility that you or someone in your immediate family might become seriously ill from COVID-19	206
Figure 4.10	Percentage distribution of substantial threat to the household's finance due to the COVID-19 outbreak	206
Figure 4.11	Percentage distribution of rating of Taiping as a place to live	208
Figure 5.1	The mixed top-down and bottom-up approach in delivering AFCC	232
Figure 5.2	Parallel track of the 4 steps process	234
Figure 5.3	Roles and responsibilities of different levels of government to implement and replicate AFCC Malaysia	236
Figure 5.4	Proposed national framework for AFCC Malaysia	238
Figure 5.5	Joined-up governance for AFCC Malaysia	241
Figure 5.6	Structure organization for AFCC Ireland	249

LIST OF PICTURES

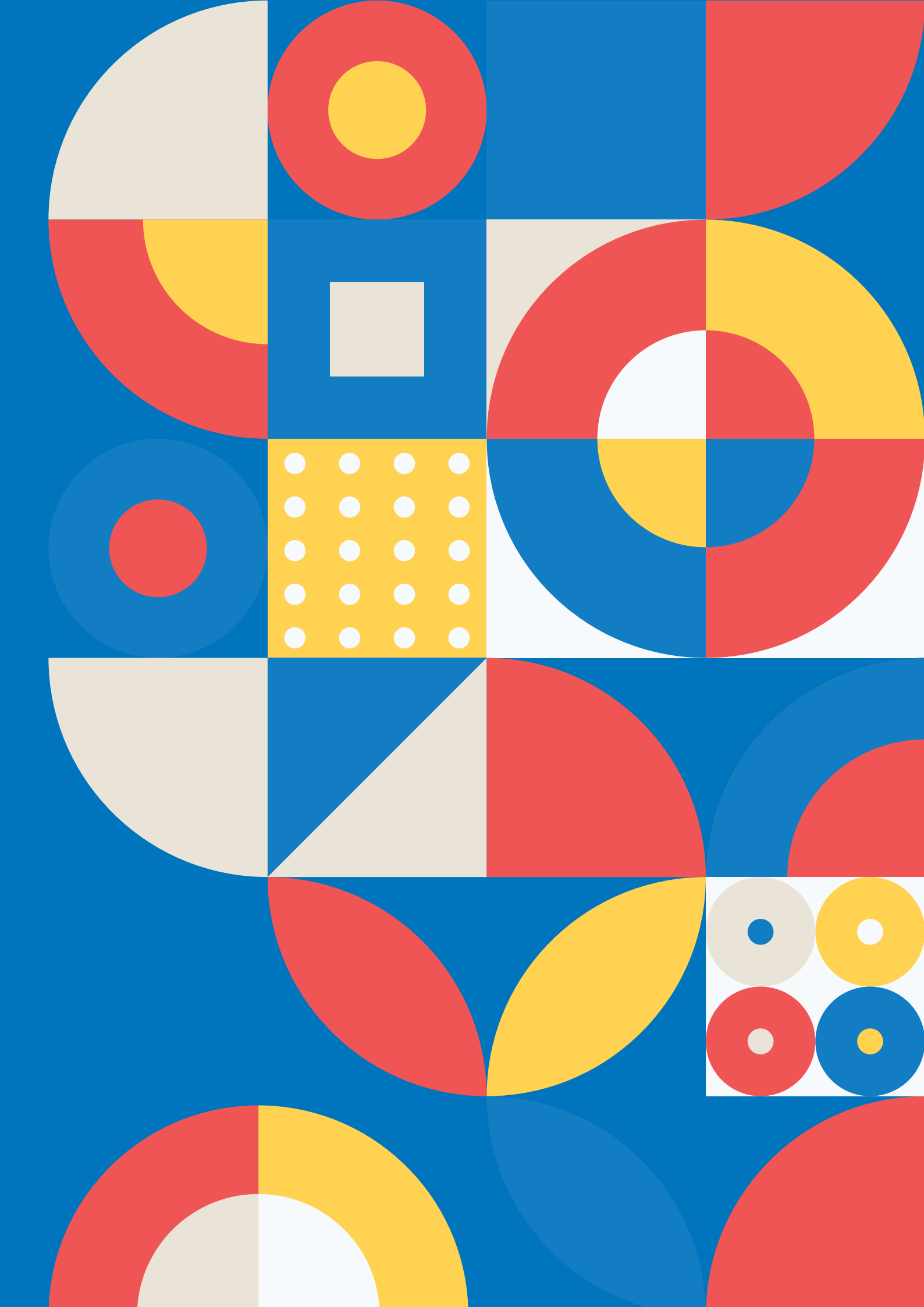
Pictures No.	Pictures Title	Page No.
Picture 4.1	Observed lifts in Taiping Central Shopping Complex, Taiping, Malaysia	220
Picture 4.3	Observed older adults in the Indian temple Kamunting, Taiping, Malaysia	223
Picture 4.4	Observed activities in the OBJ office, Taiping, Malaysia	225
Picture 4.5	Main entrance, Hotel Perdana, Taiping, Malaysia	226

LIST OF ABBREVIATIONS

AFCC	Age-friendly Cities and Communities
AWA	Alzheimer's Western Australia
CLC	Centre for Liveable Cities, Singapore
DECC	District Elderly Community Centre
DLGC	Department of Local Government and Communities
DOSM	Department of Statistics Malaysia
EXCO	Executive Council
FGD	Focus Group Discussion
HKCSS	Hong Kong Council of Social Service
HKHA	Hong Kong Housing Authority
HKHS	Hong Kong Housing Society
ICU	Implementation Coordination Unit
ITBq	International Tourismus-Börse
KPKT	Ministry of Housing and Local Government
KPWKM	Minister of Women, Family and Community Development
MAFCC	Malaysian Age-Friendly Communities and Cities
MCO	Movement Control Order
MOH	Ministry of Health
MOT	Ministry of Transport
MoU	Memorandum of Understanding
MPT	Majlis Perbandaran Taiping (Taiping Municipal Council)
NCLG	National Council of Local Government
NEC	Neighbourhood Elderly Centres
NGO	Non-Governmental Organisation

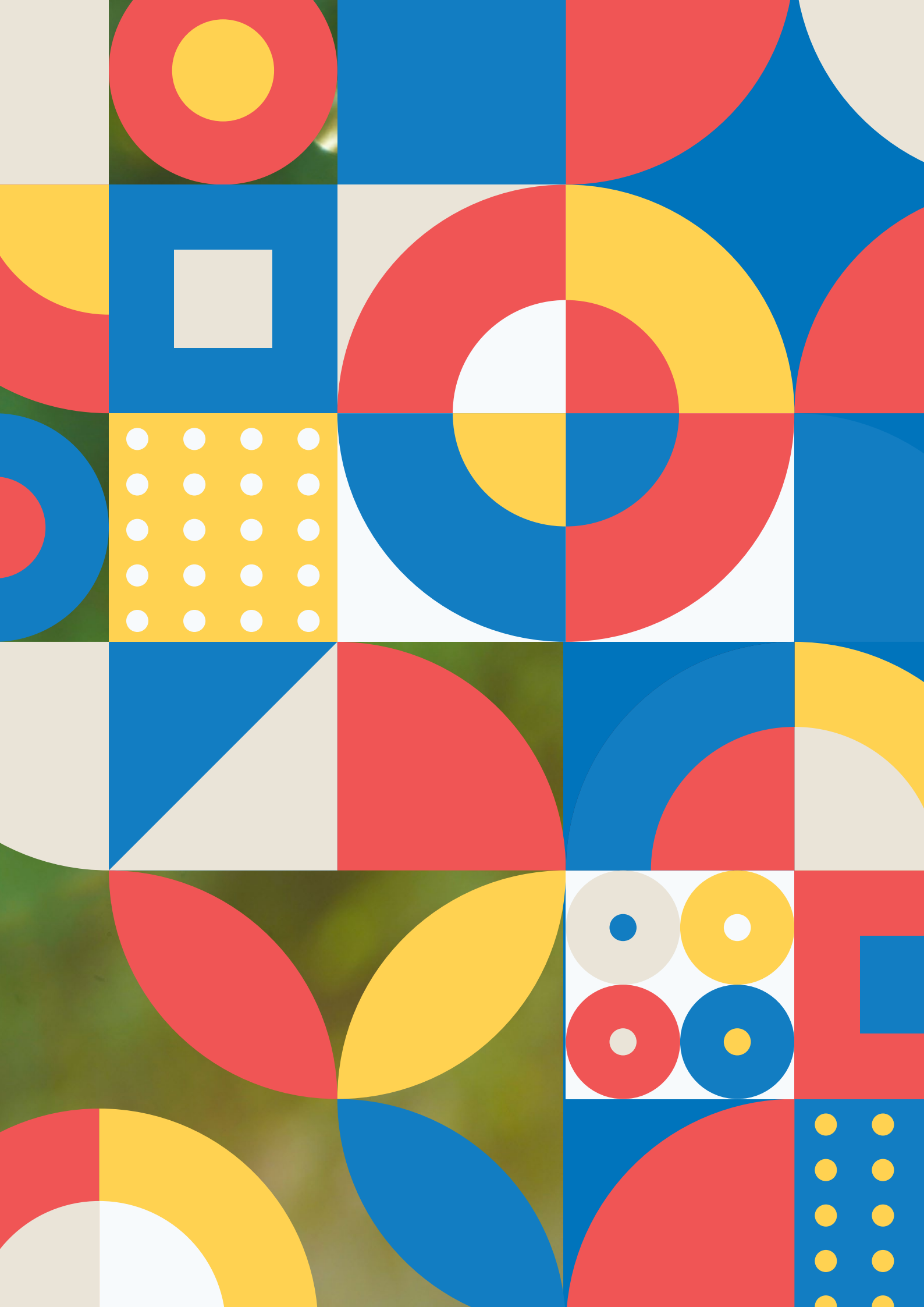
LIST OF ABBREVIATIONS

NPPC	National Physical Planning Council
OBJ	Orang Besar Jajahan
PBT	Pihak Berkuasa Tempatan (Local Authorities)
PHAC	Public Health Agency of Canada
PoA	Plan of Action
PWD / OKU	Persons with Disabilities/ Orang Kurang Upaya
SDG	Sustainable Development Goals
SG	Silver Generations
SMG	Seoul Metropolitan Government
TSS	Toronto Seniors Strategy
TWSI	Tactile Walking Surface Indicators
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
VNR	Volunteer National Reporting
WA	Western Australia
WHO	World Health Organization
WKB	Wawasan Kemakmuran Bersama (Shared Prosperity Vision)





1.0 INTRODUCTION



1.1 BACKGROUND

The report is prepared for the Ministry of Women, Family and Community Development (KPWKM) and the United Nations Development Programme Malaysia country office to provide a progress update and preliminary results of completed activities in accordance with the submitted Work Plan to meet the objectives and deliverables for a Study Paper as specified under the project's Terms of Reference dated 16 September 2019.

1.1.1 OBJECTIVE

The project on an age-friendly city for Taiping, Perak serves as a pilot model for the Government to address two global demographic trends - rapid ageing of populations and increasing urbanisation. The objective is to promote public participation in local planning to develop a framework and action plan with the aim of creating an environment that is child-, elderly- and disabled-friendly.

The project aims to engage stakeholders (public, private & civil society) in Taiping, Perak and establish empirical evidence for the development of age-friendly indicators relevant to the local situation in line with WHO guidelines (WHO, 2007; 2015; 2018). It seeks to build on the status of the Taiping town as a heritage city and to strengthen the role of the Municipality in inclusive planning and development for older persons and their families through an AFCC action plan.

The study will coordinate the inputs of relevant stakeholders as well as the other partners into the agenda, and coordinate dialogues at the Federal, State and local levels as advised by UNDP and KPWKM to develop a comprehensive AFCC national framework.

1.1.2 OUTPUT AND OUTCOME

The project expected outputs are as follows:

- a. A comprehensive framework outlining the elements needed in transforming cities into inclusive and age-friendly cities under SDG 11 and WHO guidelines for replication in other cities.
- b. A study of the baseline assessment of the age-friendliness of the City of Taiping as the project's pilot city, and to develop the indicators based on WHO guidelines for progress monitoring from a combination of desk review, findings from consultations, and quantitative research methods.
- c. Identifying challenges faced by older persons, people with disabilities, and children in their mobility around the City of Taiping, accessing the services, and safety issues.
- d. Developing a set of recommendations and action plans based on the study's findings into transforming the City of Taiping into an age-friendly city.
- e. The study should include, but is not limited to; previous works by government and universities, history, trends, gaps, challenges and opportunities of age-friendly initiatives in Malaysia.

The original contract duration is 15 months or 315 man-days (16 September 2019 - 31 December 2020). Due to the Movement Control Order (MCO) caused by the COVID-19 pandemic and disruptions to fieldwork for data collection, an extension of 17 months, until 31 May 2022, was sought. The following were the expected activities of the project:

1. The Lead Researchers assembles a team of experts to conduct and deliver the study in accordance with but not limited to, the criteria mentioned above.
2. Prepare a suitable workplan and methodology for the project, detailing the scope of the study, the roles and responsibilities of the team, the deliverables and the timeline for the project in close consultation with UNDP and the Government of Malaysia counterparts.
3. Consult and closely engage with the relevant stakeholders for example the Ministry of Women, Family and Community Development (KPWKM), Majlis Perbandaran Taiping (MPT), government agencies/ministries, UN agencies, Non-Governmental Organisations/Non-Profit Organisations/Community-

Based Organisations, and others.

4. Collect, review, and analyse all relevant documents/agreements/policies/laws/ regulations/data/reports/initiatives of government agencies, NGOs and other relevant stakeholders, and best practices of other countries.
5. Provide progress reports monthly (or as needed) to UNDP and KPWKM overseeing this project and attend and present at meetings as required. The template for reporting will be decided upon discussion.
6. Propose and recommend to UNDP and KPWKM for partnerships with relevant stakeholders such as universities, relevant government agencies, experts and corporations.
7. Mobilize partnerships and resources to support the work at both the national and regional levels.

1.2 RATIONALE OF THE PROJECT

Malaysia's rapid population ageing is a testament to success in socio-economic development undertaken since independence and the unintended consequence of development is the ageing of her population. In the 1980 Census, only 34.2% of the country is urbanized (Figure 1.1). After 1991, the rate of Urbanisation accelerated, with the level of Urbanisation increasing to 62.0% in 2000 and 71.0% in 2010. Urbanisation accounts for 78% or 25,361,963 of the population in 2020 (<https://www.worldometers.info/demographics/malaysia-demographics/>).

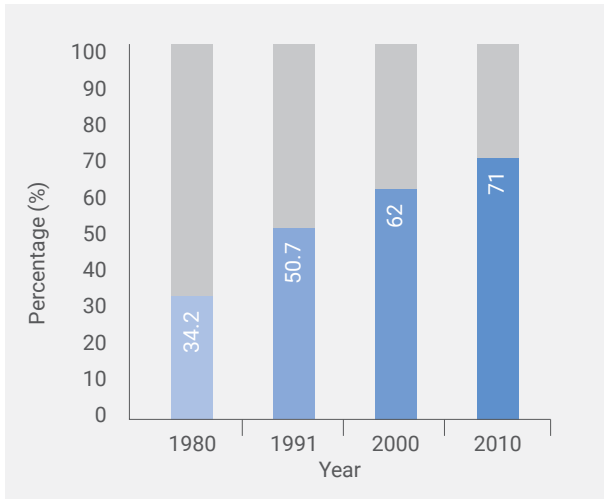


Figure 1.1: Level of urbanisation, Malaysia

Economic development resulted in a high speed of Urbanisation during the last few decades. More economically developed states have a higher urbanized rate. As seen in Figure 1.2, the urbanisation level varies from 42.4% in Kelantan to over 90% in Penang and Selangor and 100% in Kuala Lumpur and Putrajaya. Perak recorded a 69.7% level of urbanisation. It is therefore critical to prepare the state for the risks of Urbanisation in an ageing society.

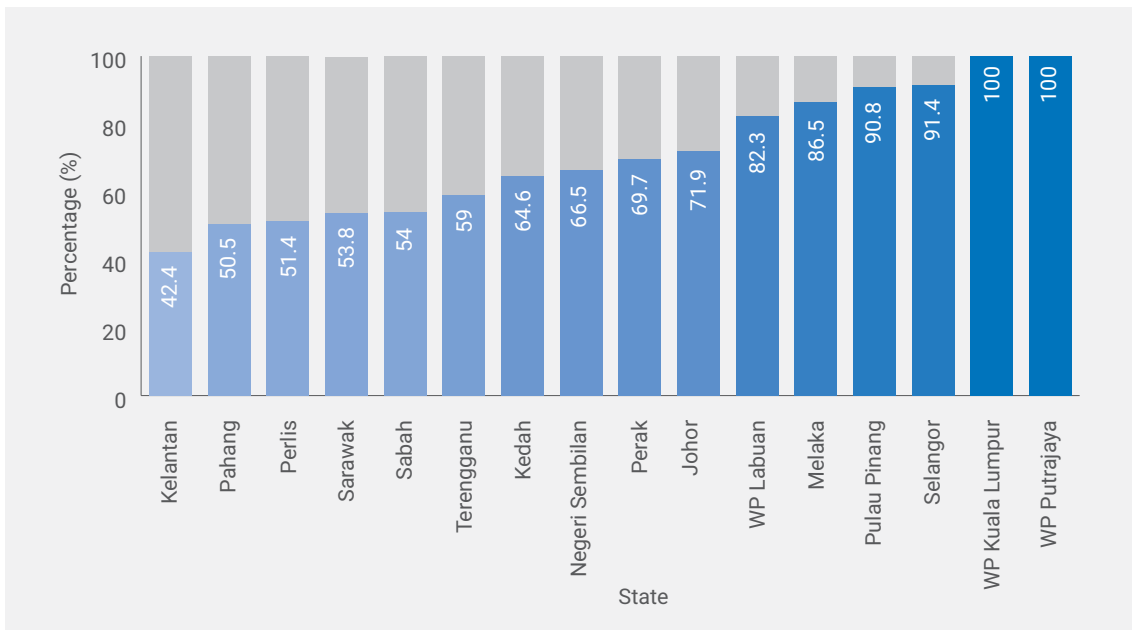


Figure 1.2: Level of urbanisation by state, 2010

With the trend of Urbanisation, the future will see older persons will be concentrated in urban areas and cities. Since 2000, more than half of the older Malaysians lived in urban areas (Table 1.1). According to the 2010 Census, 65.7% of older Malaysians, or 1.47 million, live in urban areas. Figure 1.3 depicts the distribution of older persons in urban and rural areas by state in 2010.

Table 1.1: Percentage distribution of older persons in urban and rural areas by census years

Year	Urban		Rural	
	n ('000)	Percent (%)	n ('000)	Percent (%)
1970	146.9	26.9	399.2	73.1
1980	245.2	32.9	500.0	87.1
1991	470.7	45.6	561.6	54.4
2000	785.3	54.1	686.4	45.9
2010	1,478.1	65.7	773.2	34.3

Source: DOSM, several census years

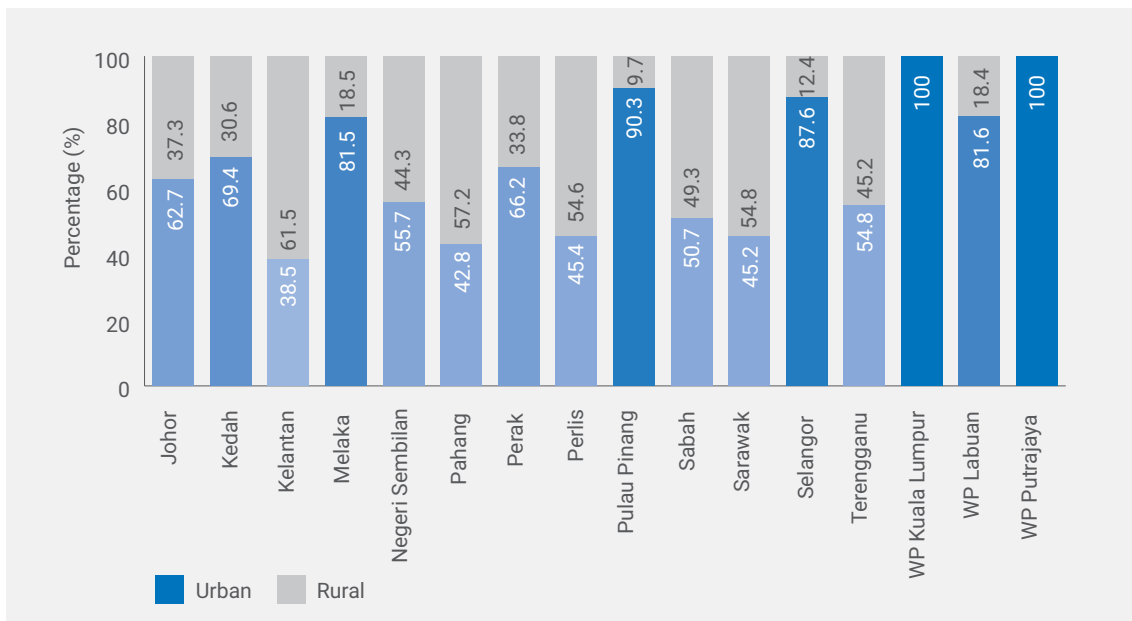


Figure 1.3: Distribution of older persons in urban and rural areas by state, 2010

Urbanisation and ageing are development successes, but continuous efforts are needed so that the needs of the people can be met. Malaysia's preparation for population ageing is stated in the National Policy of Older Persons 2011. The Age-Friendly City Taiping project is one activity toward the realization of the National Policy on Older Person. We have approximately 9 years before becoming an aged nation. Social innovation and experimentation are required to find a feasible solution to ageing that is both inclusive and cost-effective. As a nation, we are aged before becoming rich.

1.3 TAIPING AS PILOT SITE FOR AFC

According to the population projections, Malaysia will be an aged nation by 2030, with a declining number of younger age groups and a rising proportion of people aged 60 and over due to declines in mortality and fertility. Among the states in Malaysia, Perak is the “oldest” state with 14.9% of its population aged 60 and above in 2020 (Table 1.2).

The State of Perak is a constitutional monarchy with a unicameral state legislature. It is divided into 12 administrative districts (Daerah). The capital city of Perak is Ipoh, situated within the Kinta district. Taiping is the second largest town after Ipoh and is located within the Larut, Matang and Selama district. Taiping was once the capital of Perak before Independence (1876 - 1937) and is well-known as a heritage town with many historic firsts.

Between 1980 and 2020, the percentage of older persons aged 60 years or over in the district of Larut and Matang grow from 6% to 15.3%, a rate second only to Kinta in Perak. The last Census have shown that there are 28,991 older persons under Taiping Municipal Council in 2010, making up about 11.8% of the total population in the local authority area. Compared to the Census in 2000, the elderly have increased by 67.1% from 17,299 older persons or 8.72% of the total area population then.

Table 1.2: Population ageing by district, Perak, 1980 - 2020

District	1980		1991		2000		2010		2020 *	
	N ('000)	%	N ('000)	%	N ('000)	%	N ('000)	%	N ('000)	%
PERAK	112.7	6.5	146.2	7.8	184.4	9.4	274.0	11.9	385.8	14.9
Batang Padang	8.8	6.5	10.5	6.8	13.0	8.5	20.1	11.5	27.3	14.2
Manjung (Dinding)	8.5	5.9	11.2	6.6	14.0	7.3	21.5	9.5	33.2	12.5
Kinta	39.2	6.9	49.9	8.0	66.0	9.4	91.6	12.2	146.6	17.2
Kerian	9.0	5.8	12.2	8.2	15.1	9.9	20.3	11.5	23.6	11.7
Kuala Kangsar	10.3	7.0	13.2	9.0	16.4	11.4	22.1	14.2	26.8	16.0
Larut dan Matang	14.9	6.0	20.7	7.6	25.4	9.3	39.4	12.1	56.9	15.3
Hilir Perak	12.5	6.2	15.5	7.7	18.3	9.6	25.5	12.6	34.3	15.5
Ulu Perak	4.0	5.7	5.2	6.4	6.8	8.2	9.1	10.1	11.3	11.0
Perak Tengah	5.4	7.5	7.7	10.2	9.5	11.5	10.5	10.5	8.9	7.8
Kampar	-	-	-	-	-	-	14.0	14.5	16.9	15.8
MALAYSIA	759.6	5.5	1,046.7	5.6	1,451.2	6.2	2,248.6	7.9	3,440.9	10.6

Source: Tabulated from DOSM (1988, 1995, 2001, 2011, 2017)

The 2010 and projected 2020 population profiles of the Larut and Matang district where Taiping is located is shown in Table 1.3. An estimated 56,900 older persons aged 60 years or over are residing in the Larut and Matang district, with an almost even distribution between older Malays (49.6%) and older non-Malays (49.6%). Similar to national trends, the ethnic Chinese community in Taiping is ageing more rapidly wherein 22.6% or one-fifth consisted of older persons. In addition, the old age sex ratio is also skewed with 117 older males for every 100 older females.

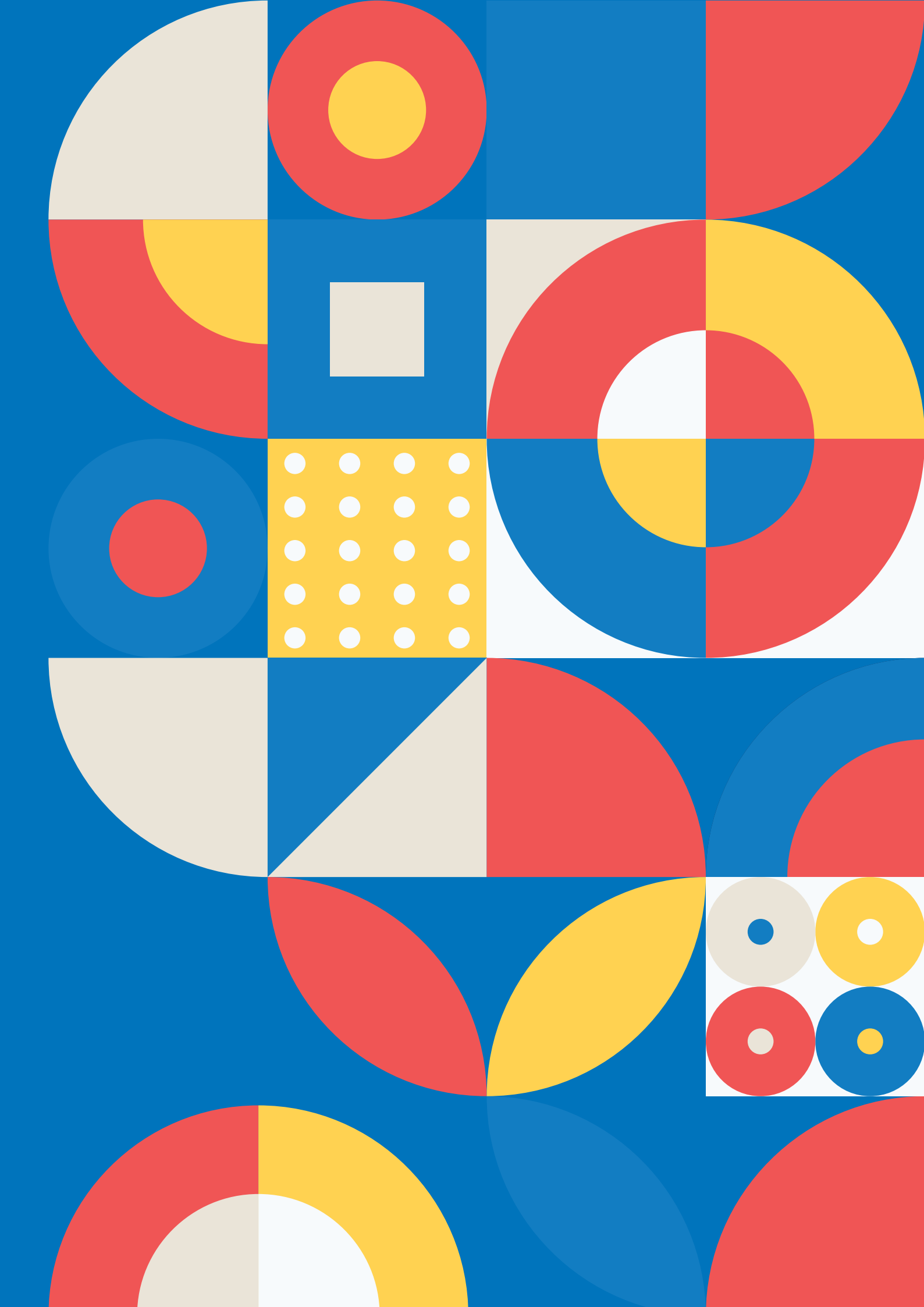
Table 1.3: Profile of older persons (60+) in the District of Larut and Matang, Perak, 2010 & 2020

Ethnicity / Nationality	2010				2020			
	N 60+ ('000)	% 60%	Sex Ratio 60+	OADR	N 60+ ('000)	% 60%	Sex Ratio 60+	OADR
Malaysian	39.8	12.1	97.5	12.6	56.3	15.5	95.5	15.9
Malay & Bumi.	21.3	10.3	85.2	11.0	28.2	12.6	83.1	12.5
Chinese	14.4	16.8	120.0	17.1	22.4	22.6	117.5	24.6
Indian	4.1	11.3	87.0	10.9	5.8	14.6	78.8	14.6
Non-Malaysian	0.2	2.7	100.0	1.4	0.3	3.9	50.0	-
Total	40.0	11.9	97.5	12.2	56.9	15.3	95.9	39.0

In 2019, Taiping volunteered for the implementation of the first phase of the Age-Friendly City pilot project in Malaysia. The age-friendly city of Taiping, Perak serves as a model for the Government to address the rapid ageing of populations and increasing urbanisation in Malaysia. This process will be developed based on the World Health Organisation Guidelines on Age-Friendly Cities (WHO, 2007; 2015; 2018). The lessons generated from Taiping will be used to form national policies as Malaysia prepares for the future.

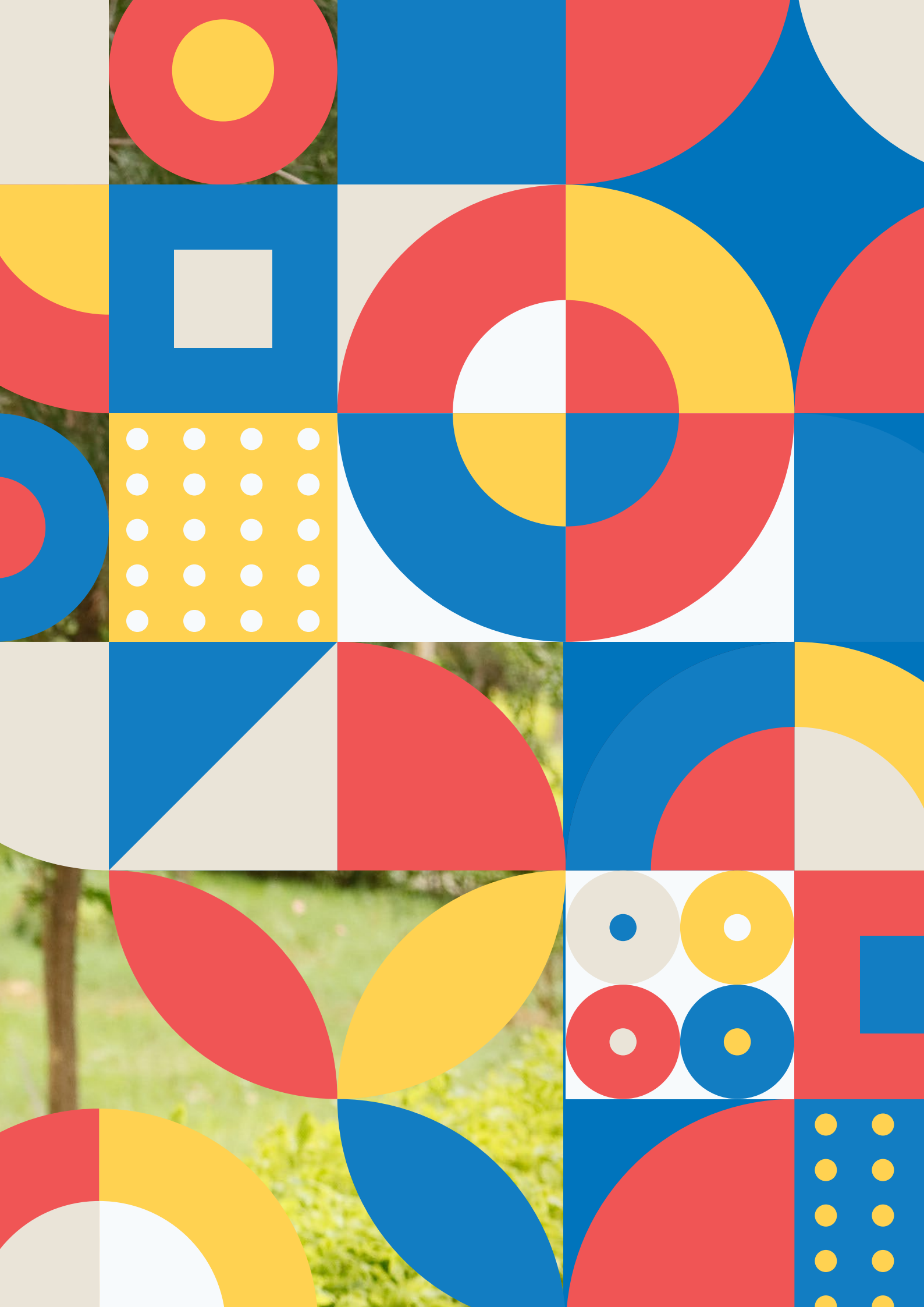
It all started when the Taiping Municipal Council showed interest in turning the town into an age-friendly city with the support of the Malaysian Research Institute on Ageing (MyAgeing™), UPM. The call supports the 11th SDG goals to make cities, communities and human settlements age-inclusive, safe, resilient and sustainable. On 27 December 2017, a meeting was held between officers of the Taiping Municipal Council and MyAgeing™, UPM to deliberate on potential collaborations to develop Taiping as an age-friendly city. A community town hall meeting was subsequently organized on 21 February 2018 at Taiping to solicit feedback and ideas on the initiative and the event was well attended by local community leaders, businesses and representatives of civil society groups. Both parties exchanged letters of collaboration and a Memorandum of Understanding (MoU) was officially signed on 9 April 2021.

The project seeks to build on the status of Taiping town as a heritage city and to strengthen the role of the Municipality in inclusive planning and development for older persons and their families. In March 2019, Taiping has been recognized as among the top three sustainable cities in the world, ranking after Ljubljana, Slovenia and Vancouver, Canada in the 'Best of Cities' category during the 2019 Sustainable Top 100 Destination Awards at the International Tourismus-Börse (ITB) travel trade show in Berlin, Germany.





2.0 LITERATURE REVIEW



This section undertakes a comprehensive review of the expanding literature on age-friendly cities and communities. Additionally, it investigates the different facets of the AFCC development and implementation in selected countries and cities. The initiatives carried out in ASEAN countries, as well as related policies and other initiatives in Malaysia, are also reviewed.

2.1 EVOLUTION OF AGE-FRIENDLY CITIES AND COMMUNITIES

It is widely recognized that the planning and design of environments and cities to be “age-friendly” can influence the health and well-being of people as they age, not just for the elderly but for the whole of the community (Atkins, 2016). The terms “age-friendly” and “active ageing” have been used to describe some of the initiatives of liveable cities since the 1940s (Atkins, 2016; WHO, 2007). The active ageing term is used to define the process of optimizing opportunities for health, participation, and security to enhance the quality of life as people age (Atkins, 2016; WHO, 2007). To enhance active ageing, various initiatives have emerged in Europe and the US such as the Healthy Cities Project, AdvantAge Initiative, Life Time Homes, Age-Action, LifeTime Neighbourhoods, and so on (Steels, 2015; Atkins, 2016; WHO, 2018). The WHO, through the Healthy Cities Project, has emphasized the relationship between health and the built, natural, and social environments as well as the role of local government in promoting active living for all ages. The active ageing and Healthy Cities concept formed the basis for the World Health Organization (WHO) Global Age-friendly Cities or/and Communities project launched in 2006 (WHO, 2007; Steels, 2015). Age-friendly cities refer to inclusive and accessible urban environments that promote active ageing (WHO, 2007). In 2005, the WHO launched a Global Age-friendly Cities Project in 33 cities around the world in 22 countries including Argentina, Brazil, Canada, Jamaica, Mexico, Puerto Rico, USA, Kenya, Jordan, Lebanon, Pakistan, Germany, Ireland, Italy, Russia, Switzerland, Turkey, United Kingdom, India, Australia, China, and Japan. This program of WHO has grown from a qualitative research programme in 2006/07 to the mentioned network of cities and communities. This project is presented in a guide for Global Age-friendly Cities, offering a checklist of city features that influence the health and quality of life of older people in cities

(WHO, 2007; Steels, 2015; Atkins, 2016). These features revolved around eight domains (Figure 2.1) that overlap and interact with each other including outdoor spaces and buildings, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services (WHO, 2007; McGarry, 2015; Atkins, 2016; Hoof et al., 2018). Age-friendly cities should encourage active ageing by improving opportunities for health, participation, security, and quality of life. These cities also contribute to making housing, transportation, public spaces, and recreational facilities more inclusive and accessible which makes ageing in place possible.

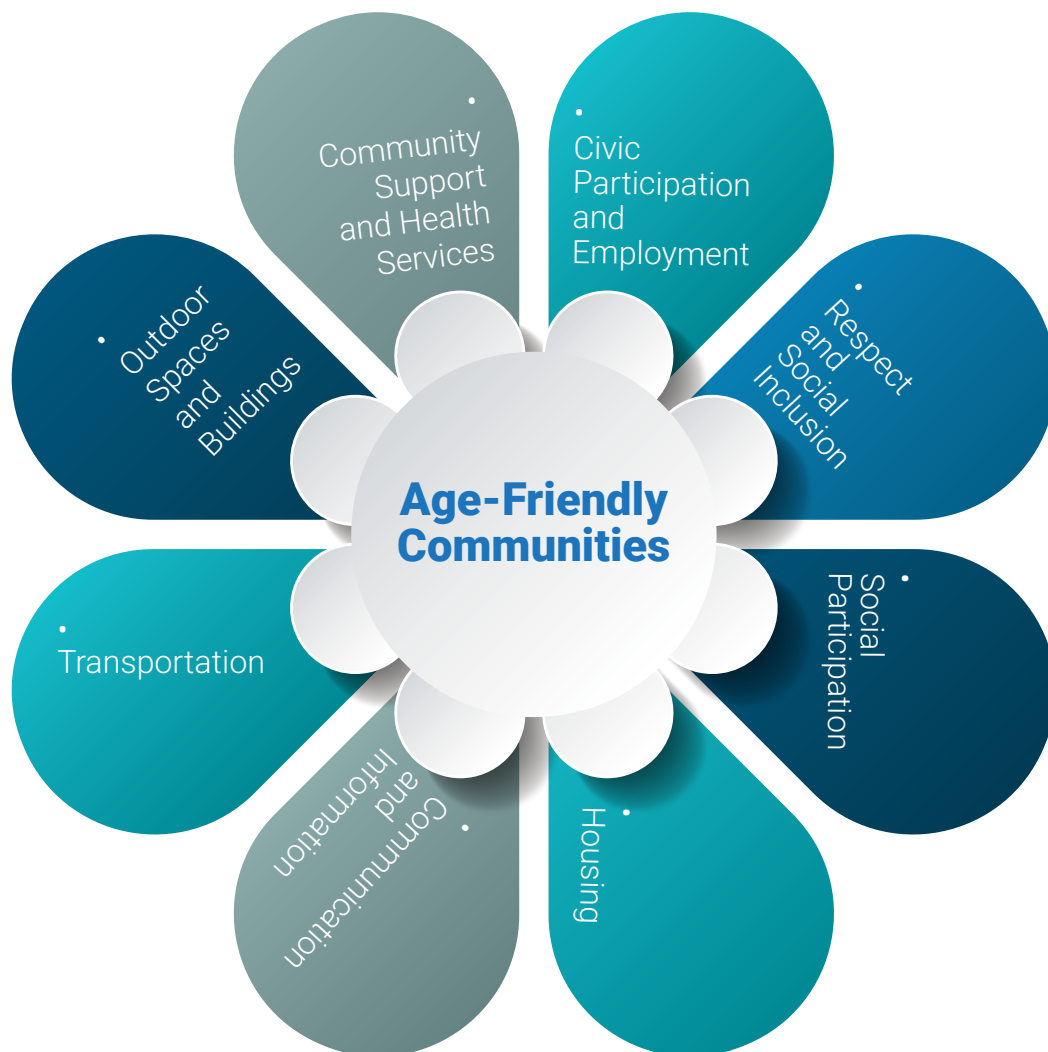


Figure 2.1: Eight domains of the WHO's Age-Friendly Cities and Communities Framework

The WHO Global Age-friendly Cities: A Guide document (WHO, 2007, pg 11) provides a checklist of core age-friendly characteristics that applies to both developed and less developed cities and presents a universal standard for the age-friendly city. Nevertheless, the checklist is not a system that ranks one city's age-friendliness against another's. The checklist can be used by cities to conduct self-assessments and to chart progress toward being age-friendly. Naturally, some cities will have features less than the core and some have more features than the core. Nevertheless, cities can work towards improving the features they lack. Cities can adopt and adapt practices of other cities to become more age-friendly. Nonetheless, no city provides a gold standard in every feature. The checklist is not a technical guideline or a design specification. It is rather a key feature of every area of city life that citizens experience in cities at different stages of development.

On the other hand, "ageing-in-place" is a critical component of AFC concepts and is understood as the ability of people to live independently in their homes and communities with access to accessible and affordable services (WHO, 2007; McGarry, 2015; Hoof et al., 2018). The age-friendly city should also be committed to social inclusion, where older people are involved in society and made them feel valued and comfortable in the city in which they live. Where, all the resources and opportunities created by a city should support older people's well-being and quality of life (McGarry, 2015; Hoof et al., 2018). Ageing-in-place should be enhanced by comprehensive planning and a wide range of support services in the community, as well as by removing the barriers that segregate older people and limit their activities (McGarry, 2015; Hoof et al., 2018). An essential feature of the WHO AFC approach is that it embraces two facets combined bottom-up and top-down approach as a two-dimensional continuum (Figure 2.2) (Lui et al., 2009). These two axes represent a continuum between an emphasis on physical infrastructure, stress on the quality of the social environment, and encouraging all sectors, especially the public sector, to respond to these requirements (Lui et al., 2009). Recently, the interest in the WHO's AFCs programme has been growing with the collaboration of various local authorities all over the world. However, the WHO AFC domains depend on the social, economic, and political environments and level of government (Lui et al., 2009; Atkins, 2016; Buffel and Phillipson, 2018). Where, national and local governments through levels of policies play a

critical role in determining the well-being of people as they age (Lui et al., 2009; Atkins, 2016; Buffel and Phillipson, 2018).

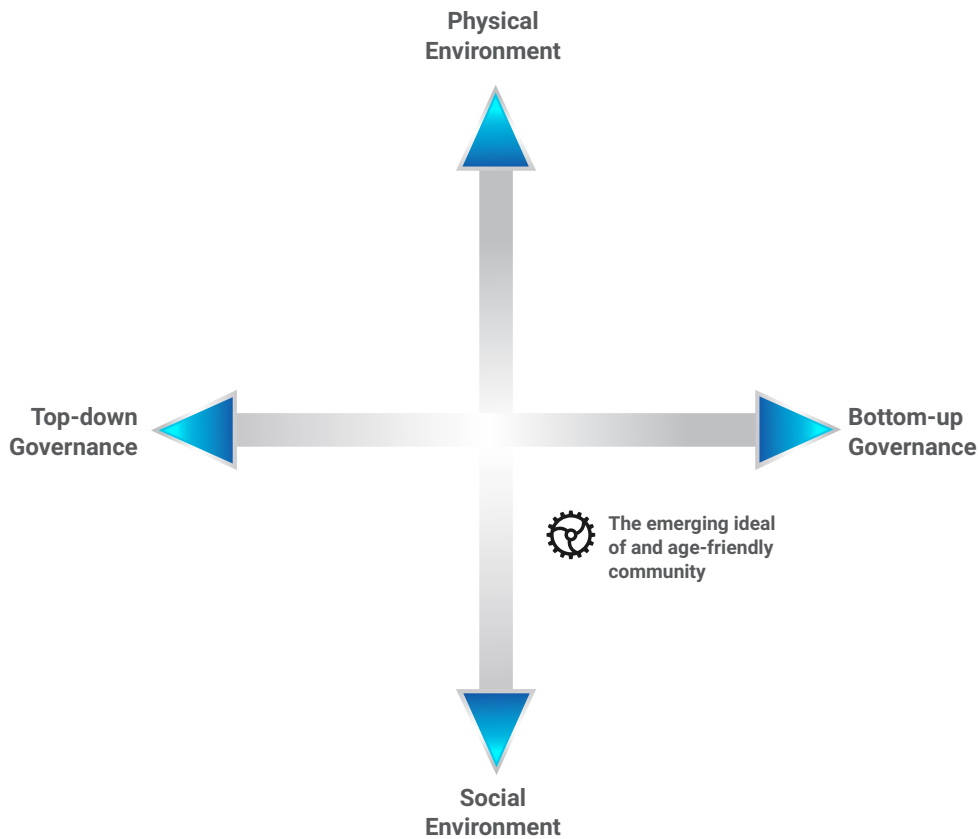


Figure 2.2: Dimensions of the age-friendly community discourse

In general, the concept of age-friendly relates to listening to all generations to understand what they want and need as they age. A city, or any local or regional authority, is age-friendly when it enables people of all ages to actively participate in community activities, treats everyone with respect, regardless of their age and capacities and protects the most vulnerable ones. It is a place that helps people stay healthy and active even at the oldest ages. In addition, physical and social environments, as well as the delivery of health and social services, are determining factors to ensure people can remain healthy, independent and autonomous long into their old age.

2.1.1 BENEFIT OF AFC

SO THAT WE CAN...	COMMITTED TO
PREPARE cities and communities for demographic change	... adapting city and communities structures to the needs of a growing older population and preparing cities to meet the challenges of demographic change.
FOSTER healthy ageing and reduce inequalities	... enabling older people to live longer and healthier lives while fostering more productive societies.
DESIGN and ADAPT natural and built environment for residents of all ages with different capacities	... creating an age-friendly community is barrier-free, designed for diversity, inclusive and cohesive, and benefitting all ages.
ENHANCE solidarity among generations within communities and facilitate social relationships and bonds between residents of all ages	... enhancing inter-generational solidarity by creating opportunities for residents from different backgrounds and demographics to interact and get to know each other to facilitate community integration – making older people more socially included and involved, as well as reaching out to older people at risk of social isolation

Source: who (<https://extranet.who.int/agefriendlyworld/>)

2.2 POPULATION AGEING AND DEVELOPMENT

The age-friendly cities and communities are developed within the context of population ageing and development and can be summarised as shown in Figure 2.3.

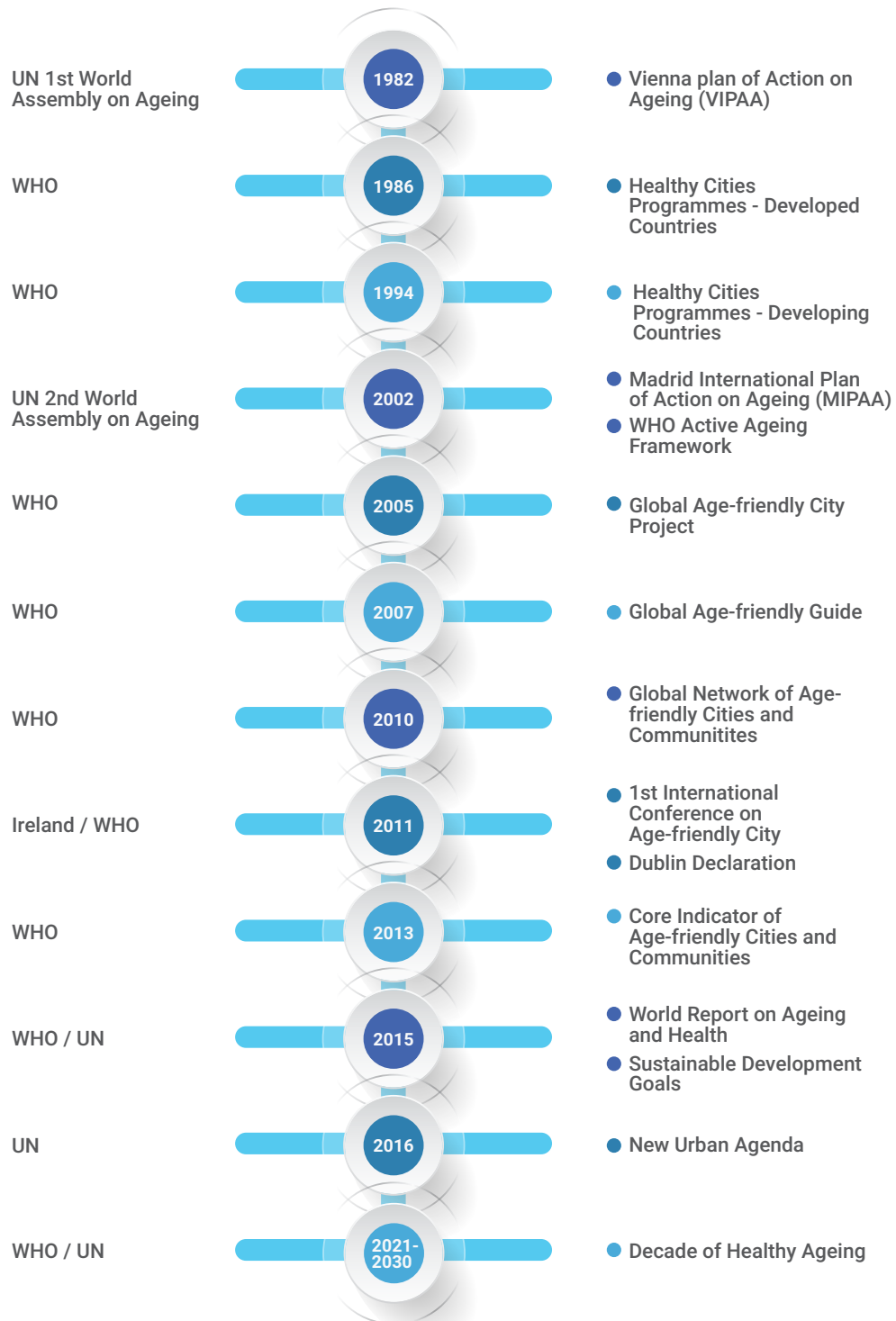


Figure 2.3: Milestone in the development of international guidelines for global population ageing issues

The United Nation's concern with the implications on the growth of the older population in the world resulted in the commencement of the 1st world Assembly in Vienna, Austria in 1982 and the outcome document-Vienna International Plan on Ageing was the 1st international document that provided guides on how the government of the world should address population ageing. Four years after the event, the WHO developed the Healthy Cities programme in 1986 focusing on developed countries (<https://www.who.intranet/healthpromotion/healthy-settings/en/>) and in 1994 the Healthy Cities shifted focus to developing countries. The Healthy Cities project revolves around the interrelationship of the environment where people live and their health status which is termed as settings. Settings, where people live, influence their health status. The rationale for healthy cities is that:

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love”

The Ottawa Charter, 1986

<https://www.who.intranet/healthpromotion/healthy-settings/en/>

The Ottawa Health Promotion charter was integral to the establishment of a holistic and multifaceted approach to Healthy Settings programmes. The focus on setting was crucial for the improvement of public health infrastructures and health promotion throughout the world. Consequently, population health improves and led to the increasing growth of older people in the world. Again, against the backdrop of implications of ageing, the United Nations convened the 2nd World Assembly on Ageing in Madrid, Spain in 2002. The focus of this meeting was on developing countries as the growth of older persons was more rapid than the developed nations. Infrastructures, policies, and social institutions are not in place to address population ageing issues in developing countries. The developing countries were becoming older, before becoming rich.

Two major outcome documents of the Assembly, the Madrid International Plan of Action on Ageing (MIPAA) and WHO Active Ageing Framework were resources that shaped future ageing policies the world over. The Active Ageing Framework was produced to assist governments to develop and strengthen health and social policies in the ageing world. Active ageing is defined as “optimizing opportunities for health, participation and security to enhance the quality of life as people age”. This framework was also used by WHO as a basis for developing age-friendly primary health care services. The concept of ‘age friendly’ relates to services that are accessible and responsive to the specific needs of older persons. WHO noted the influence of environmental and social factors that contribute to active ageing in urban settings and promoted the Global Age-friendly Project in 2005, a precursor to the age-friendly cities and communities’ global movement. In 2010, WHO developed the Global Age-friendly Cities and Communities Network and in 2011 WHO and the government of Ireland, convene the 1st international seminar on Age-friendly Cities and Communities to create a platform for sharing and learning about age-friendly cities and communities’ initiatives. The local authorities in Ireland signed a declaration called the Dublin Declaration in AFCC to develop the local areas as places where older people can live full, active, and healthy lives. Another milestone in AFCC is the development of core indicators as a reference toward age-friendliness in 2013. The eight domains and checklist of indicators are still being used by stakeholders wanting to become an age-friendly environment. At the 2015 United Nations Summit, a new document was endorsed to replace the Millennium Development Goal. The new UN document; Transforming our world: the 2030 Agenda for Sustainable Development. Out of the 17 goals in the document, several goals are relevant in addressing AFCC. These SDG 3 (Good Health and Well-Being), SDG 5 (Gender Equality), SDG 8 (Decent Work and Economic Growth), SDG 9 (Industry, Innovation and Infrastructure), SDG 10 (Reduced Inequalities), SDG 11 (Sustainable Cities and Communities) and SDG 17 (Partnerships to achieve the Goal) goals have a direct relationship with AFCC.

In the same year WHO presented the World Report on Ageing and Health that stressed the need for public action on population ageing and to foster Healthy Ageing built around a new concept of functional ability. Functional ability is defined as the health-related attributes that enable people to be and to do

what they have reason to value. One of the four priority areas for action is the promotion of an age-friendly environment to enhance the functional abilities of older persons. The latest development at the global level is the Decade of Healthy Ageing 2021-2030 which was endorsed by the United Nations in 2021 and one of the ten strategies is the development of global age-friendly cities and communities' networks. Therefore, to echo Margaret Chan during the launch of the World Report of Ageing and Health 2015 stated:

With the right policies and services in place, population ageing can be viewed as a rich new opportunity for both individuals and societies.

DG of World Health Organisation (WHO, 2015).

The United Nations Conference on Housing and Sustainable Urban Development (Habitat III) held in Quito, Ecuador in 2016 discussed the New Urban Agenda (NUA). This conference was endorsed by the United Nations General Assembly in its seventy-first session on 23 December 2016 (United Nations, 2017). NUA focus on rapid urbanization that are experience in the world and to ensure that the growing cities caters of its people. The way the cities and human settlements are planned, design, developed, financed, governed, and managed has the potential to reduce poverty and inequalities and support gender equality and empowerment. In addition, the strategies adopted will promote sustained, inclusive, and sustainable economic growth, at the same time will improve human health and wellbeing, foster resilience and protect the environment (United Nations, 2017). The NUA will guide efforts by stakeholders at country, city, regional and international levels agencies and civil society to ensure ageing urban population are addressed from multiple perspectives that will promulgate prosperous communities for all.

Current international trends state that the number and proportion of urban dwellers

will continue to rise over the coming decades, with growth occurring more rapidly in developing countries (Steels, 2015). The proportion of the urban population in Malaysia rose from 62% in 2000 to 71% in 2010 (Department of Statistics Malaysia, 2011). Rapid Urbanisation means that older persons (65%) live in cities and towns (Department of Statistics Malaysia, 2011). Research conducted by MyAgeingTM has shown that the majority (77.6%) of adults do not plan to move from their current house (Universiti Putra Malaysia, 2017). Older people, as they age, need more specialized and resource-intensive services including strategies and frameworks, and age-friendly initiatives in terms of policies, physical, and social environments (Steels, 2015). As ageing-in-place is the most desirable option, cities must provide a flexible and evolving environment for age-friendly communities to support independent living in old age.

2.3 DESK REVIEW OF SELECTED COUNTRIES

Australia, Canada, Hong Kong, Ireland, Japan and South Korea are among the six countries reviewed for the development and implementation of the AFCC. Table 2.1 provides a summary of the various aspects of development and implementation strategies of the countries reviewed.

Table 2.1: Comparative practices of selected countries in the development and implementation of AFCC

Elements	Australia	Canada	Hong Kong	Japan	South Korea	Ireland
National Framework	None-state level	Pan-Canadian Age-Friendly Communities Initiative	None	None-prefecture level	None-local government level	Age-Friendly Cities & Counties Programme
National Government	Not Applicable (NA)	The Canada AFC Reference Group consists of members from provincial/territorial and municipal governments, seniors, non-governmental organizations, municipal and planning associations, and academics. Public Health Agency of Canada PHAC)-secretariat	NA	NA	NA	NA
State Government	Gov of Western Australia NSW		NA	NA	NA	NA
Local Government / Municipal Government	NA		NA	Municipal gov	Seoul Metropolitan Gov (SMG)	NA
NGO	NA		Hong Kong Council Social Services	NA	NA	NA
Approach	Gov led (Top-down)	Gov led (Bottom-up)	Bottom-up	Gov led- and bottom-up	Gov led (Top-down)	Bottom-up
Implementing Agency	Department of Communities, WA	Age-friendly communities reference group	The Age-Friendly Hong Kong Steering Committee	Health care new Frontier promotion bureau (Me-BYO)	Department of Welfare Services	The Ageing Well Network

Elements	Australia	Canada	Hong Kong	Japan	South Korea	Ireland
Financing	Gov	PHAC & Canadian Institutes of Health Research (CIHR) Institute	Jockey Club	Municipal gov	SMG	The Irish government and Atlantis philanthropist-until 2016.
Policy/ Program/ Initiative/ Law	Age-friendly Communities local government grants program	Pan-Canadian Age-Friendly Communities Initiative.	<ol style="list-style-type: none"> Age-friendly Hong Kong Hong Kong Chief Executive's Policy Address featured building an age-friendly community as a specific policy focus (2016) 	AFC guideline	<ol style="list-style-type: none"> 2020 Ageing Master Plan Seoul Comprehensive Senior Plan Basic Welfare Enactment for Age-friendly Seoul 	Age-friendly Ireland
Monitoring and Evaluation	Change gov, focus change. No national organization	<p>Institutionalized, and developed manuals and guidelines.</p> <ul style="list-style-type: none"> AFC Implementation Guide and Toolbox are good practice platforms. 	No national organization	No national organization	No national organization <ul style="list-style-type: none"> Senior policy monitoring group 	<p>Institutionalized.</p> <p>Strong national and local presence.</p> <p>Shared service team.</p> <p>Manuals and guidelines.</p> <p>Age Friendly Alliances.</p>
Long-term perspective to achieve AFCC						

I. NATIONAL FRAMEWORK

Four of the six countries reviewed did not develop a national AFCC framework to implement AFCC. Only Canada and Ireland developed a national framework to implement AFCC. Canada has the Pan Canadian AFCC Initiative Guide and Ireland has the Age Friendly Ireland Programme. All countries use the resources produced by WHO (2005, 2007) and the Vancouver Protocol to navigate the implementation of AFCC initiatives. Countries adopt and adapt the guide and tailor-made to the country's specific situation and needs. In Hong Kong, the implementing partners are now developing the national framework after the implementation of AFCC in 2015. Ireland developed a national vision for AFCC and named it Age Friendly Ireland. The shared vision of Age-Friendly Ireland encouraged the government, civil society, businesses, and older persons to collaborate and be part of the system to achieve the vision.

II. APPROACH: BOTTOM-UP AND TOP-DOWN

The WHO AFCC framework adopted a participatory and inclusive approach in its implementation. Table 2.1 showed approaches adopted to implement AFCC. There was a strong top-down approach adopted for Australia (state government), Canada (central government), and Japan (municipal government), while in Hong Kong and Ireland, before 2016 it was led by civil society organizations. This did not mean, there were no collaborations among other stakeholders during the implementation stages. Generally, the approach was a mix of top-down and bottom-up collaborations among stakeholders.

III. IMPLEMENTING AGENCY

As shown in Table 2.1, the implementing agencies vary from government agencies to non-government entities. In Western Australia, Japan and South Korea, government entities in charge of AFCC implementations are the Department of Communities, Health care new Frontier promotion bureau (Me-BYO), and the Department of Welfare Services, respectively. Contrary, in Canada, Hong Kong, and the Republic of Ireland the entities involved in the implementation of AFCC are non-government committees. Age-Friendly Communities Reference Group for Canada, the Age-Friendly Hong Kong Steering Committee for Hong Kong, and the Ageing Well Network for Ireland. The composition of

the Committees includes multi-stakeholders such as government agencies, services providers, planners, businesses, institutes, academicians, and older persons. The Committees are formal organizations established to provide guidelines, implementation strategies, policies and evaluate and monitor the progress of the AFCC program. These entities are also responsible for communication and promoting a shared vision and best practice platform.

IV. FINANCING

Financing of the AFCC programme or initiatives comes from both government and civil society sources (Table 2.1). In Hong Kong and Ireland, the initial funding for the implementation of the programme was from Jockey Club and Ageing Well Network, respectively. The Jockey Club provided financial support for five and half years (2015-2020) and Ageing Well Network funding ended in 2016. Mix funding models have been developed to sustain the AFCC movement in the respective countries. For example, for the top-down approach, the main funder would be the government. Whereas, the bottom-up approach funding would be from the philanthropist i.e. Jockey Club in Hong Kong and Atlantic Philanthropist for Ireland. The funding ties closely with the bottom-up or top-down approach adopted by the countries.

V. POLICY, PROGRAM, MANUALS/ LEGISLATION

The implementing entities produce policy documents, manuals and guidelines specifically related to the implementation of AFCC to create awareness, buy-in processes and shared vision and responsibilities. Examples of these documents are listed in Table 2.1.

VI. STRUCTURE ORGANIZATION OF AFCC

Only Canada and Ireland have developed and instituted structure organization for AFCC. These organizational structures enable Canada and Ireland to roll out the AFCC programme nationwide. There was strong national and local organization representing interest groups. With a national agenda and shared vision, the collaborative governance was able to promote the successful implementation of AFCC in Canada and Ireland. Age-Friendly Ireland 2016 described in detail the organizational structure developed both at national and local governments to pursue the Age-Friendly agenda for the country.

VII. MONITORING AND EVALUATION

Monitoring and evaluation of the AFCC is a crucial element in the implementation process. At the planning and implementation levels, steering committees ensure that the timeline of the Plan of Action (PoA) has in-built monitoring and evaluation strategies. For example, in Ireland, the Ageing Well Network adopted an outcome-based planning approach to conduct Age Friendly County Programme. This way the end is in mind at the beginning of planning and then determine the actions and activities, the means, which will best achieve that end. The contribution of each agency to achieve the end goal will be realised as the end outcome will show that one agency will not be able to achieve the end goal. This force new ways of collaboration and challenge the silo ways of planning. This approach help develop monitoring indicators for progress (Butler and Shannon, nd).

VIII. LONG-TERM PERSPECTIVE OF AFC

The review of literature in the respective countries noted the long-term perspective needed to achieve AFCC. For example, in Australia, the lead agency to implement the AFCC program was the government of the state of Western Australia or New South Wales or ACT. When these officials were no longer in office, the programme collapsed and had to be reinstated several times and until today the AFCC has not become a national agenda (Kendig et al, 2015). Similarly in South Korea, after the submission to become a member of the Global Age-friendly Cities and Communities Network (GNAFCC), the motivation to pursue had dwindled and is just picking up, the Seoul Metropolitan Government (SMG) has developed phased planning of up to 10 years to achieve AFCC Seoul The SMG is now exploring the governance structure to enable the smooth running of the plans (Center of Liveable Cities and the Seoul Institute, 2019).

The participatory and inclusive approach adopted has made the process lengthy. The participatory approach envisioned by WHO (2005, 2007) calls for collaborative governance in its implementation. Moreover, the element of active and healthy ageing, ageing in place, and inclusive considerations require new thinking and strategies for all parties to understand and trust among the stakeholders that force different entities to work in unison to achieve a common goal of AFCC. In the case of Ireland, when the project was initiated,

Ireland was undergoing an economic crisis and had to develop new ways of working and decision-making with limited resources. The shared service and holistic perspective to achieve a goal of Ireland as the best country to grow old in. New methodologies and thinking processes had to be adopted where an issue had to be solved from many angles and looking at the root cause of problems faced by the older persons and finding the best solution to solve the issue. Hence, consensus-building processes and deliberations and the buy-in process had to become part and parcel of the new culture of service delivery and not work in silos.

2.4 DESK REVIEW OF SELECTED CITIES

The five cities reviewed are Akita, Japan; Jeju, South Korea; Melville, Western Australia; Wan Chai, Hong Kong and Toronto, Canada. The countries were selected based on their geographic location and characteristic (Table 2.2). The cities reviewed are summarised in Table 2.3.

Table 2.2: Selected cities and selection criteria

City	Selection Criteria
Akita, Japan	The first Japanese city to join the Global Network for Age-friendly Cities and Communities. One of the oldest cities in Japan.
Jeju, South Korea	Tourism attraction that is in line with Taiping aspiration to become a tourism destination.
Melville, Western Australia	Original pilot cities in the WHO 2007 age-friendly cities project.
Wan Chai, Hong Kong	The use of a bottom-up approach and multi sectoral collaboration in formulating and implementing the AFC framework.
Toronto, Canada	Example of AFC initiative in the Western world.

Table 2.3: Development and implementation of AFCC in selected cities based on the four steps programme cycle

Four Steps Programme Cycle	Akita, Japan	Jeju, South Korea	Melville, Western Australia	Wan Chai, Hong Kong	Toronto, Canada
Commitment Letter	1. Joined Network in 2011	1. Joined Network in 2017	1. Joined Network in 2011	1. Joined Network in 2017	1. Joined Network in 2016
Baseline Assessment	<ol style="list-style-type: none"> 2005 - national census: proportion of total floor area per home 2008 - Akita City Overview (Information & Statistics Section) June 2008 - General Survey of the Elderly (Nursing Care / Welfare of the Elderly Section) Feb 2009 - Akita City Happiness Creation Citizen Awareness Survey Aug 2010 - Questionnaire survey for Akita City Age-Friendly City Plan March 2011 - Percentage of building that are earthquake resistance 	<ol style="list-style-type: none"> 2017 - Survey on the Age-Friendliness of Jeju Island 	<ol style="list-style-type: none"> Forums and Workshops Community Wellbeing Survey (every 2 years) Wellbeing Scorecard 	<ol style="list-style-type: none"> Phase 1 - September 2015 to February 2016 [questionnaire survey, FGDs, "Agefriendly City Ambassador Programme"] Phase 2 March 2016 (3 years) [collaboration with key district stakeholders and provision of professional support from the HKU team to develop, implement, and evaluate district-based age-friendly city projects for enhancing district age-friendliness] 	<ol style="list-style-type: none"> Public consultation 2012 Series of meetings with an Expert Panel and the Toronto Seniors Forum

Four Steps Programme Cycle	Akita, Japan	Jeju, South Korea	Melville, Western Australia	Wan Chai, Hong Kong	Toronto, Canada
Strategic and Action Plan	<ol style="list-style-type: none"> 1. First Akita Age-friendly City Action Plan (2013-2016). Government & Citizen Oriented Action Plan - physical improvement & 'Soft' approaches Second Action Plan (2017-2021) 	<ol style="list-style-type: none"> 1. An Action Plan for Age-Friendly Jeju (2017) 2. The 2nd Action Plan for Age-Friendly Jeju (2021-2025) 	<ol style="list-style-type: none"> 1. First strategic plan Age-Friendly Melville-Directions from Seniors (2007-2009) - Second (2010-2012) - Third age-friendly strategic plan (2013-2017) - Fourth age-friendly strategic plan (2017-2021) 2. An Age-friendly WA: The Seniors Strategic Planning Framework 2012-17 3. Local Government Professionals WA Age Friendly Communities Network 4. Age-friendly Interagency Group (AFIG) 5. Alzheimer's Australia WA Social Innovation Grant 	<ol style="list-style-type: none"> 1. Jockey Club Age-friendly City Project 2016-2019 Wan Chai District Action Plan 	<ol style="list-style-type: none"> 1. The Toronto Seniors Strategy (TSS) Version 1.0, 2013 2. The Toronto Seniors Strategy (TSS) Version 2.0, 2018

Four Steps Programme Cycle	Akita, Japan	Jeju, South Korea	Melville, Western Australia	Wan Chai, Hong Kong	Toronto, Canada
Evaluation	<ol style="list-style-type: none"> 1. Akita City movement: 2011 - Began the elderly coin bus project & support system development project for people requiring assistance 2. 2012 - began nursing care support volunteer system & active listening volunteer development project Citizen movement 3. March 2013 - Establishment of Age-Friend Akita Citizen Association 	<ol style="list-style-type: none"> 1. Jeju Ageing Society Research Center evaluated the 1st Action Plan based on each year's budget execution and a number of each strategy's actual implementations in December, 2019 2. Among the 40 projects, 7 projects were overly achieved; 13 projects were successfully implemented as planned; 14 projects were insufficiently executed; 6 projects were not implemented. 	<ol style="list-style-type: none"> 1. Age-friendly Garden City Shopping Centre 2. Fit for Life Melville 3. Garden City Memory Café 4. Housing Strategy 5. Melville Age-Friendly Business Accessible Network (MAFAB) 6. Living Well with Dementia 7. LoveFest 	-	<ol style="list-style-type: none"> 1. In TSS 2013, 91 recommended actions, 67 were fully implemented, 23 were partially implemented and one was not completed. 2. TSS 2.0 narrowed its focus from WHO's eight (8) domains into five (5) key areas that are clearly expressed as a priority among its residents

2.4.1 AKITA, JAPAN

Japan has the oldest population in the world when one-third of its population is over 65 years old. The country is experiencing a super ageing society in both rural and urban areas. The ageing population a result of low fertility rate and high life expectancy, and this is expected to continue. Thus, this demographic change affected the economy and social services. The government of Japan has responded to this concern through policies improvement intended to restore the fertility rate and make the elderly more active in the society.

World Health Organization (WHO) has strategized to facilitate the inclusion of older persons in an age-friendly world. The age-friendly environment enables all people to participate in the community regardless of their age and treat everyone with respect. It will be easier for older persons to stay connected to other people and helps them to stay healthy and active at older ages. The age-friendly city also provided appropriate support to those who cannot look after themselves. Many cities around the world have started taking active steps toward becoming age-friendly and one of them is Akita City, Japan.

Akita City is located in northwest Honshu Island, Japan. In 2020, its population is about 305,000 and the number is declined over the years since 2000. Thirty percent of the total population is over 65 years old. Akita is an isolated rural district, and this causes the younger generation to migrate to larger cities. Consequently, this spurs the ageing rate in Akita.

In 2011, Akita joined the WHO Global Network of Age-friendly Cities and Communities, and it is the first city that practises age-friendly in Japan. It was initiated by the Akita City Hall together with the Friends of the International Federation on Ageing (FOIFA), Japan. The aim is to shift the dependency of older citizens to the contribution which leads to active lives even though they are old.

The journey to becoming an age-friendly city involves several cycles. This article will review Cycle 1 which consists of baseline assessment, strategy and action plan, and evaluation steps.

BASELINE ASSESSMENT

Akita city submitted their commitment letter to join WHO Global Network of Age-friendly Cities in 2011. Prior to the submission, they had formed a committee for the age-friendly city development. The committee consists of Akita citizens, academicians in urban development and health fields, aged care facilities operators, older persons' organizations and older persons. The function of this committee was to ensure all the requirements/ needs were fulfilled for the age-friendly city development.

Below is the list of basement assessments and its description that had been conducted:

1. National census: proportion of total floor area per home (2005)
 - The census stated that the ideal floor area is 103.7m² with the national average being 91.8m².
2. Akita City Overview - Information & Statistics Section (2008)
 - The assessment looked at the percentage of paved roads. It was found only 87.6% of Akita city roads and 93.4% of the district roads are paved.
3. General Survey of the Elderly - Nursing Care / Welfare of the Elderly Section (June 2008)
 - This assessment focused on the care/ welfare of the older persons. The questions were on the main transportation method to go out, the impression of old and elderly people, level of kindness towards the older persons, satisfaction with home nursing care services and the insurance system.
4. Akita City Happiness Creation Citizen Awareness Survey (February 2009)
 - The survey was divided into sections and they were focusing on the Plan Adjustment section. This section focused on the satisfaction of the citizens with the liveability in Akita City, green spaces, road maintenance, access to public transport (bus/ train/etc), snow removal,

sport activities, lifelong learning, cultural/art activities, city hall counter service and city activities by NGO/volunteers.

5. Questionnaire survey for Akita City Age-Friendly City Plan (August 2010)
 - The questionnaire looked at the social participation, activity contents, employment status of older persons, if working – what is the reason, access to municipal government information, ease of understanding the information and the required measures for older persons and disabled citizens in the future.

6. Akita City Earthquake Resistance Renovation Promotion Plan (March 2011)
 - It has been found that 78% of the buildings in Akita are certified as earthquake resistant.

STRATEGY AND ACTION PLAN

Based on the baseline assessment conducted earlier, both government and citizens were responsible for lining out the action plans. The action plans were based on the following eight basic policies:

1. Organize outdoor spaces, buildings and facilities where people can gather safely.
2. Improve the convenience of transportation facilities.
3. Organize a living environment for the older persons.
4. Encourage social participation by the older persons.
5. Create a region and society where all generations appreciate each other.
6. Increase opportunities for the older persons to work and for citizen participation.
7. Organize an information environment for the older persons.
8. Improve health, welfare, and medical services by organizing a community support system.

The first action plan was the Akita Age-friendly City Action Plan (2013-2016).

The government was responsible for improving the physical facilities and assistance. These include signs that are easy to read, covered bus stop, provide ramp at the bus stop, handicapped parking, wheelchairs/carts and hearing assistance devices that can be borrowed.

At the same time, the government also introduced soft approaches which were the coin bus project and the care support volunteer system. The coin bus project was to encourage older citizens to be socially active by charging a single fee for rides on fixed-route buses.

The citizens established Age-Friendly Akita Citizen Association in 2013. This association acts as a platform for finding the correct solutions to age-friendly challenges and to ensure all levels of community in becoming an age-friendly city were involved. The 'Citizen-Oriented Action Plan' consists of two action themes – 1) Considering Age-Friendliness at Nearby Locations (Businesses/ People/ Towns) and 2) Age-Friendly Public Awareness Information Dissemination.

Action theme 1 was to countermeasure the isolation of older persons, determined stores that were easy for them to use and measures for vulnerable shoppers were formed. For theme 2, information dissemination for dispelling the negative of ageing and creating a positive image was done. Media was used in increasing public awareness of the age-friendly city.

For the Second Action Plan (2017-2021), the accomplishments achieved by the First Action Plan will be reviewed and modified for further improvement. Among the plans are 1) A 'second life' guidebook and 2) Living Lab. A 'second life' guidebook is a guideline for older entrepreneurs who start a business in a new field or other cultivate after their retirement. The 'Living lab' program is an initiative in designing products and services that address the need of the ageing population.

EVALUATION

1. Multigenerational city hall

In 2016, a new multigenerational city hall was opened, and it was designed to support all citizens, including the older persons. Among the services that have been provided are hearing devices, a wheelchair and cart to be borrowed, clear to read and easy to understand signs and route, covered handicapped parking and ramp from the bus stop. The wheelchair paths are heated to avoid slippery noise or ice. The heated path was also implemented citywide.

2. Coin bus project

The project started for older persons 70 years old and above. The government then cut the qualifying age to 68 and showed the number of users increased by 11.4%. In October 2017, they lowered the age to 65 to increase participation.

3. Age-Friendly Partner Program

This program offers discounts and free drinks from local stores and bathhouses. It interfaces with the coin bus project where there is a certificate and the older persons need to show it when they want to use it.

CONCLUSION

The article discusses the key elements and resources needed in developing an age-friendly city in Akita. In the future, the Akita government hopes technological innovations will help the citizens to age well in the city. With the advance in artificial intelligence, the older persons that possess certain skills could allow them to be able to live and work for a longer time.

5.0.1 JEJU, SOUTH KOREA

Korea reached the international threshold of population ageing (7%) in 2001 with the number of persons aged 65+ rising to 12.7% in 2014 (Statistics Korea,

2014). Its older population is projected to exceed 32% by 2040 (Statistics Korea, 2014). In response to the rapidly increasing number of seniors, local and provincial governments in Korea have started proposing policy priorities and strategies related to age-friendly cities (Korea Health Industry Development Institute, 2011).

Jeju Province, officially Jeju Special Self-Governing Province is one of the nine provinces of South Korea. The province is situated on Jeju Island and it is the country's largest island with Jeju City as its capital. Effective 1st July, Jeju was made into the first and only Self-Governing Province of South Korea. The province was also renamed Jeju Special Self-Governing Province with two nominal subdivisions, Jeju City and Seogwipo City. In addition to the changes in name, the province was given extensive administrative powers that had previously been reserved for the central government. This is part of plans to turn Jeju into a "Free International City".

JEJU'S DEMOGRAPHIC TRENDS

The ratio of Jeju's elderly population aged 65+ and over has been increasing continuously, surpassing 13.9% of the total population in December 2016. The island includes the highest proportion of residents aged 85+ in Korea and it is considered a popular retirement destination (Koh, 2011).

Jeju is also known as an Island of Longevity owing to its healthy environment and culture. Age is no barrier for the many elderly in Jeju who are living active and meaningful lives. Growing concerns for Jeju are:

- i. Low birth rate
- ii. Rapidly ageing society
- iii. High life expectancy by global standards

JOURNEY TO BECOME AN AGE-FRIENDLY JEJU

Making Jeju an age-friendly city was deemed to be an effective local policy approach for responding to its rapid population ageing. The physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age. The journey to becoming an AFC involves several cycles and Jeju has completed both cycles 1 and 2 thus far.

COMMITMENT LETTER

The Governor of Jeju Special Self Governing Province submitted a letter to WHO GNAFC in 2011 and showed commitment to joining the WHO Global Network of Age-friendly Cities and Community. The vision for Jeju is a “smart city where all generations can happily co-exist as part of the impending Fourth Industrial Revolution”. Jeju later joined the Network in 2017.

BASELINE ASSESSMENT

Table 2.4 below charts the activities carried out by Jeju in its journey to becoming an AFC.

Table 2.4: Activities Committed by Jeju: 2009-2019

Year	Activities / Events
2009	<ul style="list-style-type: none"> - Initiated a Plan for an AFC
2011	<ul style="list-style-type: none"> - Conducted basic research for making an age-friendly environment in Jeju - Established the Jeju Longevity Culture Forum
2013	<ul style="list-style-type: none"> - Signed MOU between Jeju Development Institute and Virginia Polytechnic State University - Held international joint academic seminar to commemorate MOU - Held the 2nd Jeju Longevity Culture Forum
2014	<ul style="list-style-type: none"> - A survey conducted to measure the Age Friendliness in Jeju - Held the international academic seminar - Held the 3rd Jeju Longevity Culture Forum
2015	<ul style="list-style-type: none"> - Meeting held with Jeju Special Province Governor to discuss the process of joining WHO Global Network for Age-friendly Cities and Communities. - Organized policy debate on joining WHO - GNACC (hosted by Jeju Provincial Health and Welfare Safety Committee). - Enacted the "Basic Ordinance of the Elderly Welfare for the Implementation of an AFC in Jeju Special Self Governing Province". - Conducted research for the Guideline for establishing Age-Friendly Jeju. - Held the 4th Jeju Longevity Culture Forum
2016	<ul style="list-style-type: none"> - Signed an Agreement to establish and operate an Ageing Society Research Center between Jeju Development Institute and Jeju Special Self Governing Province. - Attended the 13th IFA (International Federation on Ageing) Global Conference on Ageing in Brisbane, Australia. - Established an Action Plan for the development of an Age-Friendly Jeju. - Held the 5th Jeju Longevity Culture Forum. - Organized briefings and feedback sessions with elderly residents in Jeju about developing Age-Friendly Jeju. - Hosted the interministerial council for developing Age-Friendly Jeju.
2017	<ul style="list-style-type: none"> - Joined the WHO Global Network for Age-friendly Cities and Communities (WHO - GNAFCC). - Launched the "Jeju Senior Policy Monitoring Group". - Held the 6th Jeju Longevity Culture Forum. - Published the Report on the cooperation project between the local newspaper (Halla Ilbo) and Jeju Ageing Society Research Center: "The Coming of a Super Aged Society- How Jeju is Preparing and Responding". - Presented the domestic and overseas case studies at the 2017 International Association on Gerontology and Geriatrics in San Francisco, USA.
2018	<ul style="list-style-type: none"> - Managed the 2nd Jeju Senior Policy Monitoring Group.
2019	<ul style="list-style-type: none"> - Hosted the International Seminar on Community Based Care for Older People in Super Aged Societies: Policies and Current Issues in the US, Japan and Korea. - Managed the 3rd Jeju Senior Policy Monitoring Group. - Attended the 67th Irish Gerontological Society Annual and Scientific Meeting in Ireland for collecting research data and networking. - Attended the 5th Asian Conference on Ageing and Gerontology in Tokyo, Japan.

MAJOR PREPARATORY INITIATIVES OF JEJU SPECIAL SELF-GOVERNING PROVINCE FOR THE AGED SOCIETY

1. Mid-Term Preparatory Plan for Aged Society: 3rd Mid-Term Preparatory Plan for the Aged Society for 2016-2020. The Plan established a vision of “A Welfare Community for All on Jeju Island”, with a goal of “Creating a community where children’s laughter and elderly hope coexist”.
2. Municipal Ordinance on Protection and Support for Elderly Residents Aged 100 and Over

Jeju Special Self-Governing Province enacted an ordinance to protect and support the elderly residents aged 100 and over, give them ‘longevity allowances’ for the stability of their lives, and offer them specialized welfare services as a way to help them lead a healthy and comfortable extended life.

Policies of Jeju Special Self-Governing Province Concerning Welfare for the Elderly

1. Elderly Care Service
 - Comprehensive Elderly Care Service
 - Basic Elderly Care Service
2. Preventive Health Care
 - Early Diagnosis of Dementia
 - Medical Aid for Elderly Persons with Dementia
3. Support through Pensions and Insurances
 - Basic Elderly Pension
 - Financing the Copayment of Long-Term Care Insurance for Elderly Persons
 - Financing the National Health Insurance Premium and Long-term Care Insurance Premium
4. Employment Support for the Elderly
 - Job Creation for the Elderly

5. Welfare

- Finance the Bathing Assistance of the Low-Income Elderly
- Finance the Haircuts of the Low-Income Elderly
- Finance the Medical Expenses of the Low-Income Elderly
- Longevity Benefit
- Finance the Dentures for the Low-Income Elderly
- Finance the Hearing Aids for the Low-Income Elderly
- Offer Meal Delivery Services for the Low-Income Homebound Elderly Persons
- Finance Elderly Nursing Care
- Finance Elderly Physiotherapy Services
- Finance Personal Hygiene Items for the Elderly
- Finance the Management of Halls for Senior Citizens

RESULTS OF A SURVEY CONDUCTED TO MEASURE THE AGE FRIENDLINESS IN JEJU

Total Score for Age-Friendliness

Jeju Island earned a total score of 3.21 points for its age-friendliness, slightly higher than the ordinary level of 3 points. The 'Respect and Social Inclusion' category exhibited the highest score of 3.74 points, followed by 'Social Participation (3.68 points)', 'Outdoor Spaces and Buildings (3.58 points)', and 'Communication and Information (3.33 points) respectively. The category of 'Civic Participation & Employment' with the lowest score of 2.44 points. 'Housing' and 'Community Support and Health Service' gained 3 points respectively, below the total average of 3 points. The scoring has highlighted essential issues which led to diagnostic research being carried out in categories with the lowest scores.

GUIDELINES FOR THE JEJU AGE-FRIENDLY COMMUNITY FRAMEWORK

Diagnosis of Age-friendliness of Jeju Island and the highlights of core issues provide inputs to the Guidelines for the Jeju age-friendly community framework. Core values of the Jeju Age-Friendly Community Framework are:

- i. People-oriented - Recognize the elderly as equal to the other members of the society by prioritizing the value and dignity of 'humanity', without any generational discrimination
- ii. Mutual existence and inclusion - Pursue a local community where all its members (whether they are children, women, disabled, foreign, or from multi-cultural families) lead a comfortable life of harmony without being discriminated against for their place of origin, social class, gender, or age.
- iii. Network - Cooperative approach by both the private and administrative sectors on establishing a network system where various groups (including the elderly) and institutes participate through joined efforts.
- iv. Happiness - Essential to make the residents of the community feel happy in their daily lives.

CONCLUSION

The strategic objective of Phase 1 covering cycles 1 and 2 of Jeju's journey is to create a safe, comfortable, and pleasant residential environment to prepare the foundation for stable and vibrant senior life and its sustainability. For this, it is essential to build both the physical and socio-economic infrastructures.

To build infrastructures, it is first required to build sympathy among the Jeju people, followed by the creation of a foundation for their consensus. Particular consultation and cooperation is necessary among Jeju Special Self-Governing Province, Jeju Special Self-Governing Provincial Council, senior groups (or institutes), welfare institute for the elderly, health and medical institutes, and various NGOs.

A further requirement is the establishment of a system for cooperation among working-level divisions of Jeju Special Self-Governing Province under strong administrative leadership. For a more efficient promotion of the initiative, Jeju must build another system for cooperation with the relevant divisions of the national government as well as other local governments (that already joined the WHO Global Network for Age-friendly Cities and Communities).

Close collaborations with the academics nationally and internationally are of utmost importance which is clearly shown by Jeju through its seminars, forums, conferences, and research collaborations nationally and internationally. Evidenced-based policies and strategies are clearly shown by Jeju.

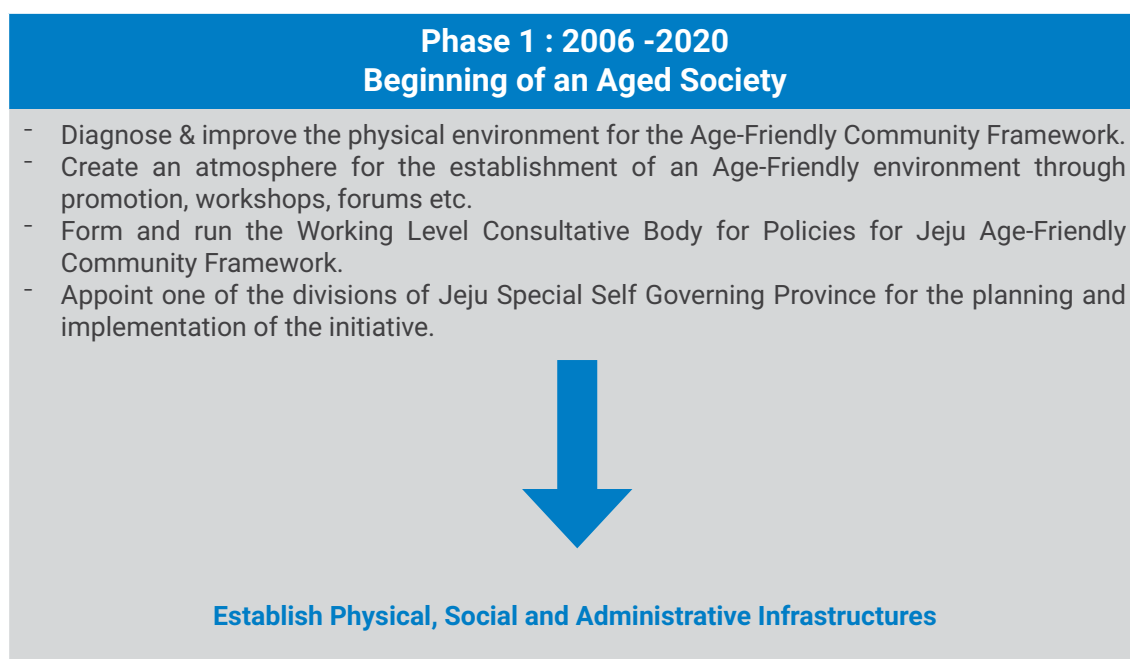
Jeju has made every effort to generate an environment for the elderly to enjoy their lives. Efforts include:

- i. Establish Jeju Ageing Society Research Center to develop a Jeju-specific elderly welfare policy
- ii. Launching of Jeju Ageing Society Forum
- iii. Enacting the Senior Friendly Ordinance for Elderly Welfare
- iv. Operating a Monitoring Team to establish and maintain Age-Friendly Jeju.

Jeju has engaged and understood the contributing factors that may lead to the success of Age-Friendly Jeju. Jeju has illustrated the following:

- Political commitment from all government levels and people with the right attitudes for change based on findings of the survey conducted.
- Partnership and collaborations with Universities and Research Centers Nationally and Internationally.
- The Bottom-Up approach facilitates a Collaborative Process Engaging a Wide Range of Stakeholders
- The role of the local media in Promoting Age-Friendly Jeju.

Table 2.5: Key activities and initiatives taken at the beginning of the journey



2.4.3 MELVILLE, WESTERN AUSTRALIA

Sustained low fertility and increasing life expectancy have contributed to population ageing in Australia. The total fertility rate (TFR) has remained below the replacement level of 2.1 since the 1970s (Australian Bureau of Statistics, 2015; McDonald, 2016). The compounding effect of low fertility periods and the ageing of baby boomers (those born between 1946-1965) accelerated the rate of population ageing from 2010 through to 2040 (McDonald, 2016). As with many developed countries, Australia's life expectancy continuously increases along with improved survival at older ages. Australia ranked sixth among 35 Organisation for Economic Co-operation and Development (OECD) countries in terms of life expectancy with an average life expectancy at birth of 82.5 years in 2015 (Australian Institute of Health and Welfare, 2019). The Australian Bureau of Statistics (2020) reported that in the past 20 years, the proportion of the population aged 65 years and over in the nation increased from 12.3% in 1999 to 15.9% in 2019. During the same interval, the number of oldest-old (individuals aged 85 years and over) increased by 117.1% compared with the total population growth of 34.8%.

The extent of ageing in Australia is not only contingent on fertility and mortality levels but also upon international migration. International migration continues to be an important component of population change and ethnic diversity in Australia (Raymer, Shi, Guan, Baffour, & Wilson, 2018). More recent immigrant populations have a younger age structure compared to earlier immigrant cohorts from European countries which have aged considerably (Raymer et al., 2018). The Australian Institute of Health and Welfare (2018) reported that 1 in 3 older people was born overseas with a majority from a non-English speaking country in 2016. In addition, consistent long-term patterns of net gains or net losses from internal migration have contributed to uneven population growth among states and territories as well as capital cities (Australian Bureau of Statistics, 2019).

The rate of population ageing spurs State and local government initiatives. The State of Western Australia (WA) recorded the second-largest percentage increase in the growth of individuals aged over 65 (3.9%) and over 85 (3.3%)

(Australian Bureau of Statistics, 2020). Age-friendly research and planning by the local governments were funded by the Western Australia Department of Local Government and Communities (DLGC) and the former Department of Communities (DoC) from 2006 to 2016 (Government of Western Australia, 2017). The City of Melville is a suburb of Perth, Western Australia that became the initial pilot city for the World Health Organisation (WHO) Age-Friendly Cities project in 2006-2007. Melville is well-established and relatively wealthy and the people live five years longer than the State average (Government of Western Australia, 2017).

BASELINE ASSESSMENT

Forums and Workshops

The DoC provided a “toolkit” based on the WHO framework that includes an initial planning stage involving older people, conducting a baseline assessment, and developing a three-year action plan which includes indicators for monitoring progress. The DoC, in collaboration with the City of Melville, organised a series of presentations and workshops to introduce the age-friendly approach to community development professionals from the local government between 2007 and 2011 (Government of Western Australia, 2017). Ongoing consultations with seniors were incorporated into planning, implementation and evaluation, along with evidence-based research to inform the benefits of age-friendly initiatives (Community Development and Justice Standing Committee, 2014). More recent workshops are hosted by the DLGC as the sector leader for the age-friendly approach involving representatives from state and local government, not-for-profit and community organisations, service providers, consultants and experts from academia (Government of Western Australia, 2017).

Community Wellbeing Survey

The City of Melville commissions a Community Wellbeing Survey every two years. The survey evaluates key indicators of the community’s perception of their quality of life (wellbeing). Through work previously done with the community, six well-being outcomes are measured including Clean and Green, Growth and Prosperity, Healthy Lifestyles, Safe and Secure, Sense of Community and, Sustainable and Connected Transport (People Places Participation: A Strategic Community Plan for the City of Melville 2016-2026, n.d.).

Wellbeing Scorecard

The Community Wellbeing Survey is the first step towards developing a Wellbeing Scorecard that can provide a series of baseline measures, which will be updated and consistently monitored over time to measure changes in progress and perceptions (“Melville’s continued improvement keeps residents happy,” 2009). The Wellbeing Scorecard is one of the tools being developed to monitor and evaluate the outcomes of the first Melville Community Plan (2007–2017) People Places Participation. The current iteration of this strategic community plan, People Places Participation 2016-2026, is built on the two earlier versions. These strategic plans are subjected to a major review every four years and a minor review every two years.

STRATEGY AND ACTION PLAN

The following section is summarised from several reports by the Government of Western Australia (2017), the legislative assembly of WA committee report (2014), the City of Melville’s website, community strategic plans and local government news.

Since Melville was chosen to be in the pilot stage, the State Government of Western Australia maintained a close relationship with the WHO Ageing and Life Course Programme and received attendance by WHO representatives and affiliates at events hosted by the State and local governments. The City of Melville was also first few local governments which received funding for Age-friendly Communities Local Government Grants Program 2006-2016. In 2017, the State of Western Australia was included as an affiliate member of the WHO Global Network for Age-friendly Cities and Communities, becoming the only Australian state or territory with this status.

Age-Friendly Melville-Directions from Seniors

Following the pilot project, the city’s first strategic plan, Age-Friendly Melville-Directions from Seniors 2007-2009 was produced. In 2009, Melville was the first WA local government area to gain membership in WHO Global Network for Age-friendly Communities. The second and third age-friendly strategic plan spans from 2010-2012 and 2013-2017 respectively. The city of Melville is on its

fourth iteration of the strategic plan (for the period 2017-2021) to become an age-friendly area to live in.

An Age-friendly WA: The Seniors Strategic Planning Framework 2012-17

In 2012, DLGC published a five-year framework titled “An Age-friendly WA: The Seniors Strategic Planning Framework 2012-17” as the overarching policy document addressing ageing to create age-friendly communities throughout the State. The framework articulated a vision “that all Western Australians age well in communities where they matter, belong and contribute” and is underpinned by three planning principles: (i) an individual’s choices, rights and dignity are fundamental; (ii) ageing well is a lifelong journey, and (iii) ‘ageing in place’ benefits everyone.

The Seniors Strategic Planning Framework 2012-2017 represented the State Government’s initial commitment toward AFC Network’s continual improvement cycle. The framework articulates the roles of stakeholders including multiple state agencies and all levels of government and their responsibilities. Other WA legislation, strategies and programs that impact seniors were also documented in the framework to promote the whole-of-government approach.

Local Government Professionals WA Age-Friendly Communities Network

Realising the extent of change in approach and work required, DLGC identified the need for a formal network to support the age-friendly approach in Western Australia and engaged the Local Government Managers Association WA (LGMA WA, now Local Government Professionals WA) in 2013.

The following year, DLGC provided some seed funding (AUD50,000) to form the Age-Friendly Communities Network. The primary function of the network is not only to align with the WHO framework and approach but also to build capacity through regular age-friendly forums and professional development events. This network opens its membership to local government, State Government representatives, community organisations, and other practitioners working in ageing.

Age-friendly Interagency Group (AFIG)

The Age-friendly Interagency Group was formed by the DLGC in 2015. Sixteen State Government agencies and local government representatives formed the AFIG to share information on key issues affecting older persons, and to develop collaborative strategic responses to ageing in WA. The AFIG meets regularly to promote an age-friendly WA through collaboration between different levels of government. The AFIG model is one of the key points of difference in the work being undertaken in WA in developing age-friendly communities.



Alzheimer's Australia WA Social Innovation Grant

The State Government-funded Alzheimer's Australia WA in several financial cycles for research and development in creating dementia-friendly communities in WA. Having this grant enables a dementia-friendly lens to the existing age-friendly initiatives by the state governments. Alzheimer's Australia has a role in

applying a dementia-friendly perspective in local government initiatives. The WA has a unique model of integrating principles of dementia-friendly communities (DFC) into age-friendly planning (see document image of the dementia-friendly guideline).

The DFC project sought to not only identify what contributed to a dementia-friendly community in the Australian context but also what was required to support businesses and community systems that wanted to make their communities dementia-friendly. As part of this commitment, the City aligns its Age-friendly Melville Plan with Alzheimer's WA's (AWA) Dementia-friendly Communities framework and collaborates closely with AWA and Dementia Australia to create a place where people living with dementia are supported and able to participate in everyday life in the local community.

EVALUATION

Age-friendly Garden City Shopping Centre

The importance of retail locations as a hub for potential age-friendly initiatives is emphasized. The AMP Garden City shopping mall is a key player in community social interaction. Age-friendly events, such as weekly mall walking groups among seniors, provide social interaction and physical activity in a safe environment.

Fit for Life Melville

To encourage local older residents to take on an active lifestyle, the Fit for Life Melville was developed. The campaign raises awareness of the importance of active ageing and supports an active community through various programmes. These include free fitness classes, heavily subsidized gym memberships, publications and web information recommending exercise options around the city.

Garden City Memory Café

"Memory Café" is a monthly gathering in a coffee shop at the Garden City Shopping Centre, providing persons with dementia the opportunity to participate in social activities without facing the stigma of dementia's conditions and challenges. The Memory Café has been operating for 2 years and supported more than 1,000 people.

Housing Strategy

The WHO (2007) report documented the housing strategy in Melville as having small clusters of senior housing with small gardens, which were available throughout the city to prevent social isolation among older persons. Older persons were able to enjoy a range of activities, amenities and services in the senior housing complexes. The city of Melville provides services for seniors such as a priority waste removal service, digital hub classes, community buses, a directory booklet of information, an emergency assistance fund, mall walking groups, public transport tours, and physical activity classes.

Melville Age-Friendly Business Accessible Network (MAFAB)

The MAFAB network was initiated in 2015 after extensive engagement with older residents and stakeholders from 2007 to 2017 about what was important to them to live in an age-friendly, accessible city. Network members are provided with access to:

- information on initiatives and strategies from other businesses
- the latest government and community initiatives including technology, applications and others
- training events and support
- meetings and support from City of Melville staff.

Living Well with Dementia

The City of Melville has the second-highest number of people living with dementia among other WA cities with a large majority (70%) living independently in the community and 30% of that group living alone. The officers from the City facilitated several support resources and activities in collaboration with Alzheimer's WA, local businesses, community groups and people living with dementia.

LoveFest

LoveFest is established in 2017 as an initiative by the Museum of Love to celebrate the importance of love in the lives of people living with dementia through narrative and art-based approaches. The initiative facilitated the engagement of local community members and service providers in creating age and dementia-friendly community and services.

Conclusion

Population growth, population ageing, international migration and Urbanisation

are the four megatrends impacting sustainable development (United Nations Department of Economic and Social Affairs, 2019). Future population growth would be absorbed by cities and towns through the natural increase or by drawing in population from rural areas (Poot & Pawar, 2013). As cities brace for the ripple effects of these trends in the local context, efforts to streamline age-friendly approaches in state and local government initiatives become necessary.

Melville capitalizes on the engagement of external stakeholders (government departments, private business and retail); the integration of its age-friendly strategies into the city's business and community plans; and the detailed planned promotion of an age-friendly community. The city has improved from previous shortcomings which included the lack of understanding of the concept of age-friendly in the community due to the failure in associating actions with being age-friendly.

2.4.4 WAN CHAI, HONG KONG

The rapid population ageing in Hong Kong means the rapidly increasing needs of the older population. The population aged 65 years or above is projected to increase from the current 14% of the total population to 25%, or every 1 in 4 people, by 2029; and to 32%, or every 1 in 3 people, by 2041 (Hong Kong Annual Digest of Statistics, 2014).

This presents a great challenge to society in multiple ways, including a shrinking labour force with a working-age to elderly population ratio of 1.8:1 by 2041, and an increasing burden and cost for public services. Building an age-friendly city will help meet the needs of older people, enabling them to live an active, independent, and good-quality life. An age-friendly city would also facilitate the development of Hong Kong as a better society.

Wan Chai District is a sophisticated district with a long history of development. Within the district, several areas are characterized by high resident population density and a high volume of non-resident visits for work and other activities. These areas, such as Southern and Causeway Bay, are packed with old residential, commercial and governmental buildings. Other areas in the district, such as Tai Hang and Broadwood, have a lower resident population density and are relatively less busy.

According to the Hong Kong Census and Statistics Department, the Wan Chai District has a population of 150,400 in 2014. The number of elderly population

aged 65 years or above was around 24,300, comprising 16.2% of the total district population. This can be compared with the 15.6% as reported in the 2011 Hong Kong Population Census. The district ranks fourth among other districts in its percentage of the elderly population and is higher than the Hong Kong average of 14.0% (Hong Kong Annual Digest of Statistics, 2014).

The predominant type of housing in Wan Chai District is private permanent housing: 99.5% of the domestic households and 96.2% of the population in the district are living in private housing estates or buildings. No public rental housing or subsidized homeownership housing is available in the district.

Regarding the provision of elderly centres and health care services, the district has a total of 5 elderly centres (2 District Elderly Community Centre (DECC) and 3 Neighbourhood Elderly Centres. NEC), 7 hospitals (3 public and 4 private), 2 general clinics and 1 elderly health centre (The University of Hong Kong, 2016).

The Wan Chai District is a relatively old district in Hong Kong with 16.2% of residents aged 65 years or older. Despite the within-district variation in resident population density and crowdedness due to visits by non-residents, the district as a whole has made some accomplishments toward building an age-friendly community (The University of Hong Kong, 2016).

By the end of 2014, about 555,100 people aged 60 or above lived in public rental flats of Hong Kong Housing Authority (HKHA) and Hong Kong Housing Society (HKHS). The Government will continue to give elderly people in need priority access to public housing through various schemes. As of September 2015, the average waiting time of elderly one-person applicants for PRH was about 2.0 years (The University of Hong Kong, 2016).

Since June 2012, the Wan Chai District has started to join a Hong Kong territory-wide project called "Age-Friendly Hong Kong" led by The Hong Kong Council of Social Service (HKCSS). With professional support and practical experience of HKCSS, Wan Chai Methodist Centre for the Seniors, Community Building Committee of Wan Chai District Council, and Eastern and Wan Chai District Social Welfare Office of Social Welfare Department have collaborated in age-friendly city projects in Wan Chai areas. For instance, a project called "Wan Chai Friendly Community Without Boundary Project" 4 from 2012 to 2013 trained some elderly ambassadors to do the community investigation, published a guidebook on age-friendliness in Wan Chai District, and advocated the importance of the age-friendly city in the district and raised public concern on development of the age-friendly city (Wan Chai District-WHO-Age-Friendly World-2021).

BASELINE ASSESSMENT

The Sau Po Centre on Ageing of The University of Hong Kong (HKU) has conducted a baseline assessment in Wan Chai District under the Jockey Club Age-friendly City Project in the Central and Western District and the Wan Chai District led by the Hong Kong Jockey Club Charities Trust. The project aims to understand the age-friendliness of the district and to implement age-friendly related initiatives to make the community more age-friendly.

The assessment was conducted in two phases, Phase 1 - from September 2015 to February 2016 and Phase 2 will commence three years later. Phase 1 of the project consists of three parts. The first part is a baseline assessment of district age-friendliness using a questionnaire interview design using the framework of eight domains (including outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services) of an age-friendly city set out by the World Health Organization. It comprised of both a quantitative approach of a survey questionnaire to 500 residents and a qualitative approach of 502 participants in focus groups. With the findings, the report write-up was prepared from January to early March 2016 (The University of Hong Kong, 2016).

The second part is a baseline assessment of district friendliness using a focus group design with district residents and key stakeholders, to gain an in-depth understanding of their views on age-friendliness in their communities.

The third part is to organize an "Age-friendly City Ambassador Programme" in the districts, to train ambassadors in becoming familiar with the knowledge and methods of building an age-friendly community.

Questionnaire Survey

The questionnaire survey was conducted by face-to-face interviews and self-administration with a total of 500 participants from multiple sources including public rental housing estates, elderly centres, senior police calls, and advertisement and snowball referrals from stakeholders in the Wan Chai District aged 18 years or above. Exclusion criteria were foreign domestic helpers or individuals who are mentally incapable to participate in the study. Participants were recruited from five meaningful sub-district communities namely: Causeway Bay (CWB), Wan Chai (WC), Happy Valley (HV), Canal Road (CR) and Tai Hang (TH).

Focus Group

Five focus groups were conducted following the procedure based on the WHO Age-friendly Cities Project Methodology-Vancouver Protocol. The study has adopted the Chinese version of the protocol devised by The Hong Kong Council of Social Service.

Findings

Questionnaire surveys showed that residents in Wan Chai found that the high scores in the social participation domain and the respect and social inclusion domain likely reflect the cumulative efforts district stakeholders have put into the district to make it age-friendly in the past years. The high score in the transportation domain likely reflects the superior location of the district with access to all kinds of public transportation. Future efforts toward making the district more age-friendly should build on the existing infrastructure and network. The low scores in burial service are not district-specific and are not amendable at the district level.

To conclude, there is a good general sense of community and perceived age-friendliness in the Wan Chai District as found in this baseline assessment. Future work to move the district to become more age-friendly should leverage the sense of membership and emotional connectedness in the district, strengthen the sense of influence and need fulfilment, to include older adults in implementing age-friendly work in the specific areas of improvement.

Strategy and Action Plan

Specifically, since 2012, there have been some project-based collaborations by the Hong Kong Council of Social Service, the Wan Chai District Council, the Eastern and Wan Chai District Social Welfare Officer of the Social Welfare Department, and elderly service centres in the district, including the Wan Chai Methodist Centre for the seniors, St. James Settlement Wan Chai District Elderly Community Centre, Yan Oi Tong Tin Ka Ping Causeway Bay Elderly Centre, and Lok Sin Tong Chan Lai Jeong Kiu Social Centre for the Elderly, and the Buddhist Cheung Miu Yuen Neighbourhood Elderly Centre. There have been Ambassador Training, publication of a guidebook, and age-friendly city activities such as community audits conducted by district residents in particular areas in the district. Through these activities, they have developed a good foundation for making the district age-friendly.

Age-friendly City Ambassador Programme

The third part is to organize an “Age-friendly City Ambassador Programme” in the districts, to train ambassadors in becoming familiar with the knowledge and methods of building an age-friendly community with the objectives are; to encourage the general public to acquire knowledge on the age-friendly city and share the concepts of an age-friendly city in the community to encourage the general public to participate in and promote the Jockey Club Age-friendly City Project. (Jockey Club Institute of Ageing-2018)

Jockey Club Age-friendly City Project – We Build Age-friendly City in Wan Chai Together

- i. Organise opening ceremony cum carnival and bus parade to sub-areas of Wan Chai District.
- ii. Organized the Age-Friendly City programme to improve age-friendliness in outdoor spaces and buildings as well as facilitate social participation, communication and information within the district. In collaboration with the District Council and local care centres, the programme provided older adults with the opportunity to share their opinions about outdoor spaces and buildings in the Wan Chai district, and express these views through social media. (Jockey Club Institute of Ageing-2018)

New Employment Journey for Senior Citizens-Wan Chai Methodist Centre for the Seniors

- i. Organise training workshops on job searching and interviewing skills for persons aged 50-69 and provide labour market information.
- ii. Provide employment training courses and placement opportunities on coffee-brewing, catering services and office support to persons aged from 50 to 69.
- iii. Organise age-friendly job expo to provide job information and on-site job interviews by employers, provide training courses information and on-site enrolment by organisations, invite elderly people successfully re-joining the job market and employers adopting age-friendly measures at the workplace to share, and hold award presentation ceremony to recognise age-friendly employers (Jockey Club Institute of Ageing-2018).

Strategy and Action Plan for Wan Chai

Results of the baseline assessments shed light on future directions to make Wan Chai district a more age-friendly community. The following section is summarised from several reports from the Jockey Club Age-friendly City Project 2016-2019 Wan Chai District Action Plan Items (Jockey Club Age –Friendly City Project 2016-2019):

- i. To improve the age-friendliness in the outdoor spaces and buildings domain, the district can focus on improving the outdoor spaces. Focus group participants made some suggestions which can be used as a reference for improvement work.
- ii. To improve the age-friendliness in the transportation domain, the district can focus on improving existing transportation services and infrastructure as well as providing more specialized services.
- iii. To improve the age-friendliness in the housing domain, the district can focus on increasing support to older tenants of tenement houses.
- iv. To improve the age-friendliness in the social participation domain, the district can focus on developing more suitable and accessible venues in the district for holding events and activities
- v. To improve the age-friendliness in the respect and social inclusion domain, the district can focus on: (1) promoting actions of respect, particularly targeting behaviours on public transportations; (2) increasing efforts to preserve older-style small shops and revitalizing the Tang Lung Chau Market to be a market and multi-purpose service building.
- vi. To improve the age-friendliness in the civic participation domain, the district can focus on elderly employment, which was not mentioned to be available by focus group participants. Creating flexible and meaningful job opportunities for older people would be an important area for improvement.
- vii. To improve the age-friendliness in the communication and information domain, the district can focus on exploring the use of digital devices to enhance the exchange of information.
- viii. To improve the age-friendliness in the community support and health services domain, suggestions include: (1) improving the accessibility, promotion and quality of community care services to older people residing in different communities in the district; (2) reducing the wait time of health services; and (3) ensuring the emergency room in Ruttonjee Hospital will continue to remain in operation in the future.

To conclude, there is a good general sense of community and perceived age-friendliness in the Wan Chai District as found in this baseline assessment. Future work to move the district to become more age-friendly should leverage the sense

of membership and emotional connectedness in the district, strengthen the sense of influence and need fulfilment, to include older adults in implementing age-friendly work in the specific areas of improvements as outlined above.

Evaluation

The project is in its fourth step programme cycle. Therefore, an overall evaluation of the activities has yet to be implemented.

Conclusion

The CUHK Jockey Club Institute of Ageing was established in 2014 with support from The Hong Kong Jockey Club Charities Trust to meet the challenges brought by Hong Kong's ageing population. With the vision to make Hong Kong an age-friendly city in the world, the Institute will synergize the research personnel and efforts on ageing across disciplines to promote and implement holistic strategies for active ageing through research, policy advice, community outreach and knowledge transfer.

The Institute has conducted baseline assessments in Wan Chai districts. Based on the framework of eight domains of an age-friendly city set out by the WHO, the Institute aims to reach out and understand the views of citizens through questionnaires and focus groups in different age groups (including elders and their caregivers) which serve as a useful reference for future initiatives.

In addition, a scheme of Ambassadors for the Jockey Club Age-friendly City Project has been launched in Wan Chai districts, to encourage the general public to acquire knowledge on age-friendly city and share the concept of age-friendly city to the community; and encourage the general public to participate in and promote the Jockey Club Age-friendly City Project. Residents aged 18 years old and above have been recruited from Wan Chai districts as ambassadors. The ambassador training workshop on the AFC concept was conducted in December 2015.

Four gerontology research institutes - Jockey Club Institute of Ageing of the Chinese University of Hong Kong, Sau Po Centre on Ageing of the University of Hong Kong, Asia-Pacific Institute of Ageing Studies and Office of Service-Learning of Lingnan University, and Institute of Active Ageing of the Hong Kong Polytechnic University partnered with the Hong Kong Jockey Club Charity Trust to conduct the baseline assessment in eight districts.

Catering for Needs of Ageing Population - to provide space and capacity to avert the impact of the ageing population and shrinking labour force, we shall at the same time plan to cater for the need of our ageing population, to create an elderly-friendly environment, and to promote “ageing in place” as well as “active ageing”. A fast-ageing population will entail the provision of more facilities and services for the elderly in the years ahead, in particular facilities that provide community support, community care, medical care and residential care services. There would also be a need to make adjustments to the general urban and building design, such as incorporating universal design in urban infrastructure and housing accommodation, providing suitably designed/equipped housing for the elderly, and providing more leisure pursuits (e.g. well-designed neighbourhood local space), etc. We shall facilitate the development of inclusive and integrated communities to cater for the need of different age groups. All these would also contribute to promoting active ageing, which is also one of the strategic dimensions recommended by the Steering Committee on Population Policy. (The University of Hong Kong, 2016).

2.4.5 TORONTO, CANADA

When the WHO initiated the global collaborative research project to identify key features of age-friendly cities in 2006, the Public Health Agency of Canada (PHAC) provided funding to WHO to undertake a “worldwide consultation with older adults, caregivers, and service providers” (Plouffe, Geron, Brownoff, Eve, Foucault, Lawrence, Lessard-Beaupre & Toews, 2013). Four Canadian cities (Saanich, British Columbia; Portage la Prairie, Manitoba; Halifax, Nova Scotia; City of Sherbrooke, Quebec) were among the 33 cities from 22 countries that contributed to the WHO’s Global Age-friendly Cities: A guide in 2007. At the same time, Canada’s Federal, Provincial and Territorial (FPT) Ministers Responsible for Seniors issued a Discussion Paper on healthy ageing in 2006, highlighting the need for “supportive environments”, both physical and social. The FPT Ministers Responsible for Seniors decided to expand the AFC initiative in Canada to include rural and remote communities and the four aforementioned provinces launched age-friendly programs to translate the guides into action. They are joined by Newfoundland and Labrador, Ontario, Alberta, and Prince Edward Island, and by mid-2012, there are 584 communities in Canada that have started on the age-friendly journey (Plouffe et al., 2013).

THE TORONTO SENIORS STRATEGY

TOWARDS AN AGE-FRIENDLY CITY



Toronto (630 km²) is the capital city of the province of Ontario with a multicultural and multiracial population of nearly 2.7 million in 2016. According to the 2016 Canadian Census, 47.7% of Toronto's population is of European descent (Whites), followed by South Asians (12.6%), Chinese (11.1%), Black (8.9%), Filipinos (5.7%), Latin Americans (2.9%), West Asians (2.2%), Southeast Asians (1.5%), Koreans (1.5%) and Arabs (1.3%). An estimated 426,945 older persons aged 65 years or over live in Toronto, making up 15.6% of the city's population (Statistics Canada, 2017).

As an international centre for business and finance, Toronto's economy contributes to about 20% of the national GDP of Canada. The city serves as a commercial, distribution, financial and industrial centre. Together with the metropolitan area of Greater Toronto, the city has prospered from Ontario's wealth of raw materials and hydroelectric power. It is also a city known for its media, publishing, telecommunication, and film production industries. Toronto is a single-tier municipality governed by a mayor-council system as stipulated by the City of Toronto Act (1834; 1953; 1997; 2006). A Mayor, alongside the City Council of 25 councillors (each representing geographical wards throughout the city), is elected once every four years. The Mayor serves as the chief executive while the Toronto City Council acts as a unicameral legislative body that passes by-laws that approve spending and oversight responsibility of services delivered by the city and its agencies. A city manager, a public servant and head of Toronto

Public Service, sees to the day-to-day operations of the government under the direction of the Mayor and City Council. The municipal government of Toronto employs over 35,000 public servants with an operating budget of CA\$13.5 billion in 2020.

Baseline Assessment

In 2013, the city adopted the Toronto Seniors Strategy (TSS). It was designed by a team of City of Toronto staff tasked with researching the local situation on ageing, convening city-wide management and staff working groups, running public consultations and working with an expert panel and senior citizens advisory group in designing the policy (Joy, 2018).

As outlined in the TSS, the Strategy was developed in six (6) stages:

1. Seniors Strategy Sub-committee of the Community Development and Recreation Committee of the City Council was established;
2. Prior City reports related to seniors and implementation status of any recommendations reviewed; demographic analysis conducted; strategies and best practices in other major municipalities researched;
3. Senior Management Steering Committee and a Staff Technical Working Group established representing 17 City Agencies, Boards, Corporations and Divisions;
4. Seniors Expert Panel formed consisting of 33 leaders from the community, universities, business, medical and seniors' advocacy organizations;
5. Stakeholders engaged using a consultation workbook, and specialized consultation events were held; and
6. Principles were developed and recommendations were identified to reflect the feedback from the consultation process.

The process started in 2011 and the stakeholder consultations timeline lasted from 2012 to 2013. Public consultations started in May 2012 and closed in October 2012, where a consultation workbook (translated into 11 languages) was distributed online through City networks, community-based organizations (libraries, seniors-serving organizations and community health centres) and the Toronto Seniors Forum. A total of 524 completed workbooks were received and the results highlighted the top priorities of the residents (see Figure 2.4).

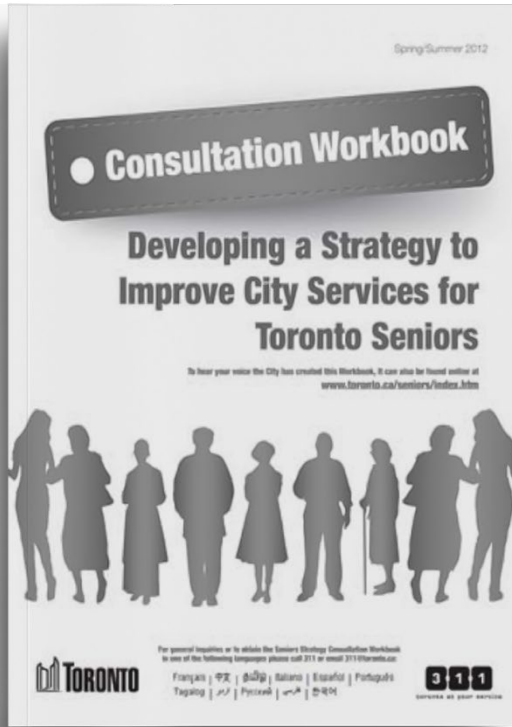


Figure 2.4: Frequency of mention by themes and priorities, Toronto, 2012

For each theme, respondents tended to identify very specific, personal issues they care about, as opposed to broad comments about service delivery. Table 2.6 summarizes the priorities highlighted under each of the seven (7) program areas in the Consultation Workbook.

Table 2.6: Common issues raised under each program area theme, Toronto, 2012

Theme	Primary Concern
Health	<ul style="list-style-type: none"> • Mental health & isolation • Health promotion & disease prevention • Affordable dental, eye care, prescription medications
Housing	<ul style="list-style-type: none"> • Ageing in place, staying independent at home • Developing more home and community care services • Supporting long-term care homes
Transportation	<ul style="list-style-type: none"> • Transit accessibility • Cost of transportation • Transportation safety
Recreation & Community Programs (including Libraries)	<ul style="list-style-type: none"> • Costs of programs • Opportunities to network and socialize • Education and classes for seniors
Safety & Security	<ul style="list-style-type: none"> • Elder abuse • Fear of crime • Physical safety
Accessibility	<ul style="list-style-type: none"> • Physical accessibility • Language accessibility
Civic Engagement	<ul style="list-style-type: none"> • Promoting greater consultation and inclusion in the process • Avoiding the segregation of older residents

Complementing the public consultation process was a series of meetings with an Expert Panel and the Toronto Seniors Forum. The expert panel had representation from gerontologists, academics, NGOs delivering home care and long-term care, senior citizen advocates, and provincial staff working on seniors' issues and health care (Joy, 2018; City of Toronto, 2013). The Toronto Seniors' Forum, on the other hand, is comprised of a group that works to engage seniors in the workings of the local government. Apart from reinforcing the concerns and priorities heard from the public consultation, the two groups provided vital feedback on the need to ensure accountability and leadership, that the recommendations should be specific, clear and implementable, and that timely monitoring of the Strategy is needed to track its progress and achievements. A particular emphasis is on strong

leadership from the City Council as their stewardship of the Strategy will enable it to serve as a living document that defines the ongoing approach towards an age-friendly Toronto. Community partnership is important in its implementation, as well as the alignment of the TSS with federal and provincial older adult initiatives.

Strategy and Action Plan

Taking the findings from the 2012 public consultations, including input from the expert panel and seniors’ forum, the Strategy followed the WHO’s framework and organized the recommendations into the eight (8) domains for national and international comparison. For each of the domains, examples of current City initiatives to create an age-friendly Toronto provide context for the recommendations that follow. Under each recommendation, specific actions are identified and are divided into short-term, medium-term and long-term categories. To ensure these improvements happen, and accountability and monitoring plan is implemented via the Wellbeing Toronto tool - a place-based monitoring framework. To illustrate how the Strategy outlines its recommendations for action, the document first spells out What the City Does Now for, say, Civic Engagement, Volunteering and Employment (p. 43, TSS, 2013). For each identified Issue, the City of Toronto makes a general Recommendation, and each recommendation comes with its Timeline, Action, Responsibility and Progress Measure, which is not unlike a logical framework matrix.

Civic Engagement, Volunteering & Employment Recommendations

Issue	Recommendation The City of Toronto will...
Toronto’s diverse older adults want and deserve to be better included in public consultations and planning.	5 ...include and ensure diverse older adults are fully involved in the design and development of programming, and are engaged in consultations on all City of Toronto initiatives.
Toronto’s diverse older adults have wisdom and experience to share, and want a variety of volunteering opportunities, but need adequate training and compensation for their costs.	6 ...facilitate meaningful volunteering opportunities for older adults.
Toronto’s diverse older adults are increasingly looking for employment opportunities, some out of desire, some out of necessity.	7 ...facilitate employment opportunities for its diverse older adult residents.

Recommendation 6		Civic Engagement, Volunteering & Employment	
The City of Toronto will facilitate meaningful volunteering opportunities for older adults.			
Timeline	Action	Responsibility	Progress Measure
Short-Term	a. Parks, Forestry & Recreation will pursue a volunteer management system to maintain information on volunteer opportunities and enhance the ability of recreation and parks staff to connect volunteers with positive opportunities.	Parks, Forestry & Recreation	Progress measured under Recreation Service Plan implementation.
Long-Term	b. Social Development, Finance & Administration will develop peer-leadership training programs to enable older adults to help others navigate civic services and programs.	Social Development, Finance & Administration	Number of programs developed.

Figure 2.5: Example of Issue, Recommendation, and Action in the TSS, 2013

In May 2018, the City's Council adopted Version 2.0 which builds upon the 2013 initial version of the strategy and co-opted older Torontonians as co-creators of the document. The Toronto Seniors Strategy Accountability Table, City staff, Councillors and seniors organizations worked together to host over 90 consultation sessions in every ward across the city. Approximately 3,000 residents participated in these sessions and another 7,000 completed a survey. Version 2.0 of the Toronto Seniors Strategy is made up of 27 recommendations. Each recommendation identifies a specific City Division or Agency responsible

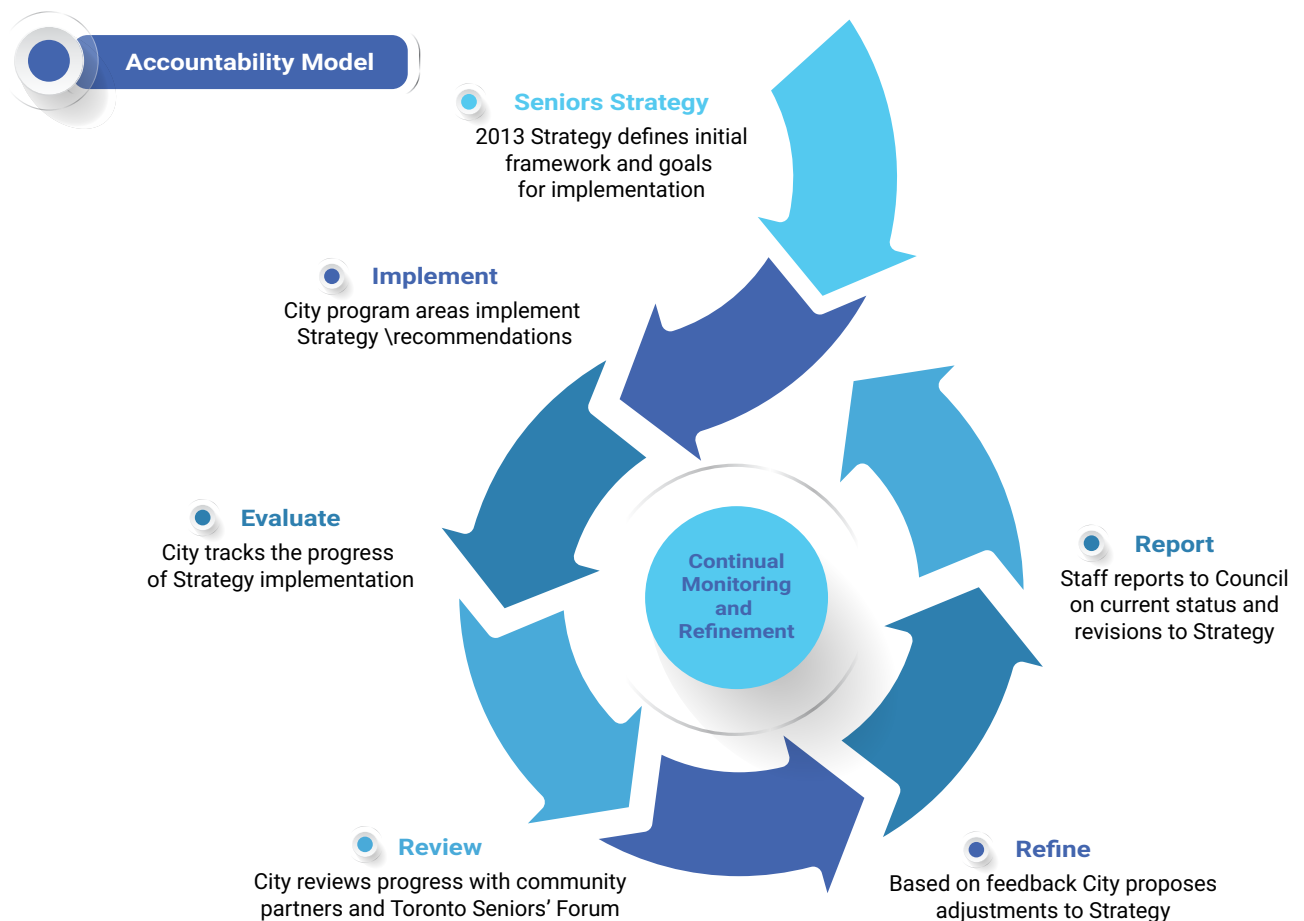


Figure 2.6: Accountability Model of the Toronto Seniors' Strategy, 2013

and a timeline for implementation after City Council adoption (short-term = 1 year; medium-term = 2 to 4 years). TSS Version 2.0 recommendations have been categorized across five theme areas consistent with the provision of City services for seniors, namely, 1) Health, 2) Housing, 3) Transportation, 4) Employment and Income, and 5) Access to Information.

Evaluation

Toronto is a good example of a city completing its first five-year cycle of its age-friendly journey and a proper assessment could be made of its achievements. The original Toronto Seniors' Strategy outlined an Accountability Model that provided continual monitoring and refinement of the actions (Figure 2.6). In TSS 2013, 91 recommended actions for City divisions and agencies with a sharp focus on accountability and transparency were made. Annual progress reports clearly described what milestones were achieved in specified timeframes. Of the original 91 recommended actions, 67 were fully implemented, 23 were partially implemented and one was not completed (TSS 2.0, City of Toronto, 2019).

Implementation of the Toronto Seniors' Strategy is invested in the City Council's staff across different departments and administrations. However, as most services touch on the lives of seniors in one way or another, an 'accountability table' which includes executive staff members from 20 departments and agencies as well as more than 20 representatives from community agencies, service organizations, academic institutions and other experts, meet regularly to track progress and share ideas to ensure the needs of seniors are addressed.

Without going into details and at length on each age-friendly action or initiative in Toronto, Canada, a major takeaway of its influence stems from the emphasis on measurable actions and progress. The Strategy clearly states which agency is responsible for its implementation and reporting of related metrics, and funding is pledged through existing channels. It builds on existing programs and services that the City provides, and strives to improve on areas of concern that were highlighted through public consultations. In the TSS 2.0, the City narrowed its focus from WHO's eight (8) domains into five (5) key areas that are clearly expressed as a priority among its residents. The new Strategy acknowledges changing realities, and the City is not afraid of owning up to fragmented programs and services for seniors. The Toronto Seniors Strategy version 2.0 promises major changes to senior housing with the set-up of a new entity.

Conclusion

The City of Toronto's experience highlighted the need to build on past efforts and learn from previous mistakes. Although improving with each successive step, the Toronto Seniors Strategy is not averse to renewing its pledges and taking bold leadership decisions for positive change. The most important takeaway is the collaborative nature of its partnerships and emphasis on accountability and measurable actions for progress. The City of Toronto is unique in its large population, well-funded municipality, and vibrant economy, but some take-aways can be replicated and important lessons for both Malaysia in general as well as the city of Taiping.

2.5 AFC INITIATIVE IN ASEAN COUNTRIES

Although the AFCC effort in ASEAN countries is fairly limited, the review will give insights into how neighbouring countries are addressing population ageing through the AFCC framework. The section is organised according to the earliest available documentation on the AFCC process in ASEAN countries.

i. Indonesia

Indonesia started the initiative in 2013 with the conduct of a baseline assessment on age-friendliness in 14 cities as preparation for AFCC 2030. The cities in the study were 10 large cities represented by Medan, Mataram, Denpasar, Jakarta Central, Yogyakarta, Surabaya, Makassar, Balikpapan, Semarang, and Bandung and 4 small cities represented by Payakumbuh, Depok, Surakarta, and Malang. The fourteen cities' studies were supervised by Asia Foundation and sponsored by Australia Aid. The researchers involved were from Survey Meter and a team from the University Indonesia Center of Ageing Studies (Suriastini, 2013) and produced 14 individual city reports. The studies use 95 indicators representing the 8 domains of age-friendliness. Since the commission study, none of the cities has pursued to become a member of the Global Network for Age-friendly Cities (GNAFCC). Nonetheless, Suriastini, Buffardi and Fuzan (2019) conducted a comparative analysis of AFCC studied cities and reported that the implementation level varies. They noted that five cities that did not make changes towards AFCC were governed by political coalitions with more than two political parties. While cities that make changes were governed by a single party with an exceptional one where the leadership is jointly shared where the mayor was from one party and the deputy mayor from another party. In addition, the media campaign alone was not accompanied by ongoing engagement with policymakers and did not appear to be influential on its own. All cities that had substantive change toward AFCC had supportive senior officials (mayors and deputy mayors) and, in most cases,

a local university and/or nongovernmental organization (NGO) was working with or trying to influence these officials, whereas most cities without change did not engage with other stakeholders. Even cities that have developed a plan for AFCC, reduced their budget by 90% for AFCC effort. Further in Indonesia, older persons were not actively involved in the process and there were limited broad-based coalitions. The recommendation for action was suggested by the researchers and the buy-in process and participatory planning for AFCC were not apparent. Universities, research institutes and Alzheimer Indonesia were the key non-state players in the AFCC effort. The lessons learned from Indonesia's case in the need for commitment from leadership, engagement with multi-stakeholders and participatory methodology should be adopted in the implementation of AFCC.

ii. Thailand

In Thailand, there was no official assessment of the AFC domains. However, there were studies conducted on the age-friendly environment. Thepparp and Uemura (2017) explored an age-friendly environment in Hua-Ngum a rural sub-district of Chiang Rai Province in North-Eastern Thailand. The study focused on age-friendly community development activities which empower and promote social inclusion of older people in the community through inclusive planning and implementation of age-related programmes. The Sub-district administration office (SDO) was the champion for the participatory and collaborated with institutions such as the Buddhist monks, schools, universities and hospitals and other institutions in the community. The social activation strategy has sustained activities in the subdistrict for the last ten years and enables 80% of older persons in the community to benefit from age-related activities just within one year. Hua-Ngum becomes a model of a successful community developed inclusive approach. The activities implemented in the community have improved the position of older persons in the community and recognised that older persons are a resource and not a burden to society. Another research conducted by Tiraphat et al. (2017), studied the relationship between social, and physical environment on the quality of life of older persons in four regions of Thailand and noted that walkable neighbourhoods, neighbourhood aesthetics, neighbourhood service accessibility, neighbourhood criminal safety, neighbourhood social trust, neighbourhood social support, and neighbourhood social cohesion showed a significant relationship with quality of life of older Thai. In addition, using a 20 statements instrument to measure an age-friendly environment, Tiraphat et al. (2020) conducted cross-sectional comparative studies in Japan, Malaysia,

Myanmar, Viet Nam and Thailand. They reported that 5 inadequacies indicators of an age-friendly environment were perceived by older adults in the study. These were: (1) participating in an emergency-response training session or drill which addressed the needs of older residents; (2) enrolling in any form of education or training, either formal or non-formal in any subject; (3) having opportunities for paid employment; (4) involvement in decision making about important political, economic and social issues in the community; and (5) having personal care or assistance needs meeting in the older adult's home setting by government/private care services. The perception study highlighted the areas of concern of older persons that need attention to promote an age-friendly environment in the countries studied.

iii. Singapore

The only country in Southeast Asia that has registered to become a member of GNAFCC is Singapore. Nevertheless, Singapore is given an affiliate status of GNAFCC as the country registered as a member, not the local authority. There is no local authority in the city-state (<https://extranet.who.int/agefriendlyworld>, access 10 March 2021). Only local authorities are eligible to become full members of GNAFCC. Singapore has the highest percentage of older population compared to other ASEAN countries and addresses their issues head-on.

Singapore is undergoing the first cycle of the 4 STEPS journey. Singapore presents an interesting case study as she registered (STEP 1) in 2020 and is now in STEP 3 (Strategies and Action Plan). Singapore by-pass STEP 2 (Baseline assessment) as the Successful Ageing Singapore policy and the Plan of Action for Successful Ageing has already incorporated the 8 domains addressed in the AFCC framework. The Ministerial Committee on Ageing launched the Plan in 2016 and Senior Minister of Health, Ms Amy Khor announced a S\$3billion budget was allocated for The Action Plan on Successful Ageing that included 70 initiatives to help the elderly lead healthy and active lives (Janice Heng, NST 24 Feb 2016).

The Action Plan is a national blueprint to make Singapore a better place to age in. The Action Plan celebrates longevity and seeks to transform the ageing experience on three levels: individual, community and nation. At the individual level, the focus is on preventive health and active ageing, to enable seniors to stay active and engaged, while at the community level, the emphasis is on establishing a caring and inclusive society that respects and embraces our seniors. At the national level, the aspiration is to transform Singapore into an age-friendly city where Singaporeans can age in place confidently, by enhancing our offering of aged care services, and systematically refreshing our housing estates, transport system and ensuring that seniors can move about safely and independently (Ministry of Health Singapore 2016).

The Ministerial Committee on Ageing oversees the implementation of the Action Plan and takes the whole government approach and practices the many hands approach to address population ageing issues (Centre for Liveable Cities, Singapore and the Seoul Institute, 2019). In addition, new agencies were established to operationalise the Action Plan. For example, Agency for Integrated Care was established as an independent corporate body under the Ministry of Health Holdings in 2008 and assumed the role of National Care Integrator in 2018, AIC was designated the single agency to coordinate the delivery of aged care services, and to enhance service development and capability-building across both the health and social domains (AIC website, accessed 10 March 2021). In the same year (2018) the Silver Generation Office joined the AIC. The Silver Generation Office trained the Silver Generations (SG) Ambassadors to assist in explaining government policies and programmes to older residents and understand their problems and connect them with relevant health and social support schemes. SG Ambassadors are volunteers who go door to door to interact with older persons in their neighbourhood and link the needs of the older citizens with services available in the community. There are 6 types of SG Ambassadors with specific focus areas to assist older citizens (AIC website). The volunteers undergo rigorous training conducted by the Silver Generation office before being allowed to perform their roles. The Centre for Liveable Cities was set up in 2008 by the Ministry of National Development and the Ministry of the Environment and Water Resources, the Centre for Liveable Cities (CLC) mission is to distil, create and share knowledge on liveable and sustainable cities. CLC's work spans four main areas: Research, Capability Development, Advisory Services and Knowledge Platforms. Through these activities, CLC hopes to provide urban leaders and practitioners with the knowledge and support needed to make our cities better (Center of liveable cities and Seoul Institute 2019). Research and development also contribute to the implementation of age-friendly cities in Singapore and there are special grants offered by The National Research Foundation. This foundation develops research programs related to ageing to offer solutions to population ageing issues in Singapore. Research centres at the universities work closely with Ministries to offer solutions to address ageing issues. The Singapore case study showed the policy and action plan executed well through a commitment from top-down and bottom-up partnerships will hasten the achievement of the goals in the plan. Moreover, dedicated funding to operationalise actions plan and strong leadership to see it through have enabled Singaporean older persons to have a good quality of life.

2.6 LOCAL RELATED POLICIES

Ten policies and one act were reviewed to see their relevance to the AFC by looking at the eight main domains - outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. Seven of the policies are in line with all AFC domains which are the National Policy of Older Persons, National Health of Older Persons, National Transport Policy, National Physical Plan 3, National Community Policy, National Urbanisation Policy and Smart Cities Initiatives. When Malaysia is ready to implement an age-friendly city, these policies will be beneficial in the governance stage. Others covered at least five of the domains. Table 2.7 outlines the Malaysian government policies and the eight (8) AFC domains that are important to each policy.

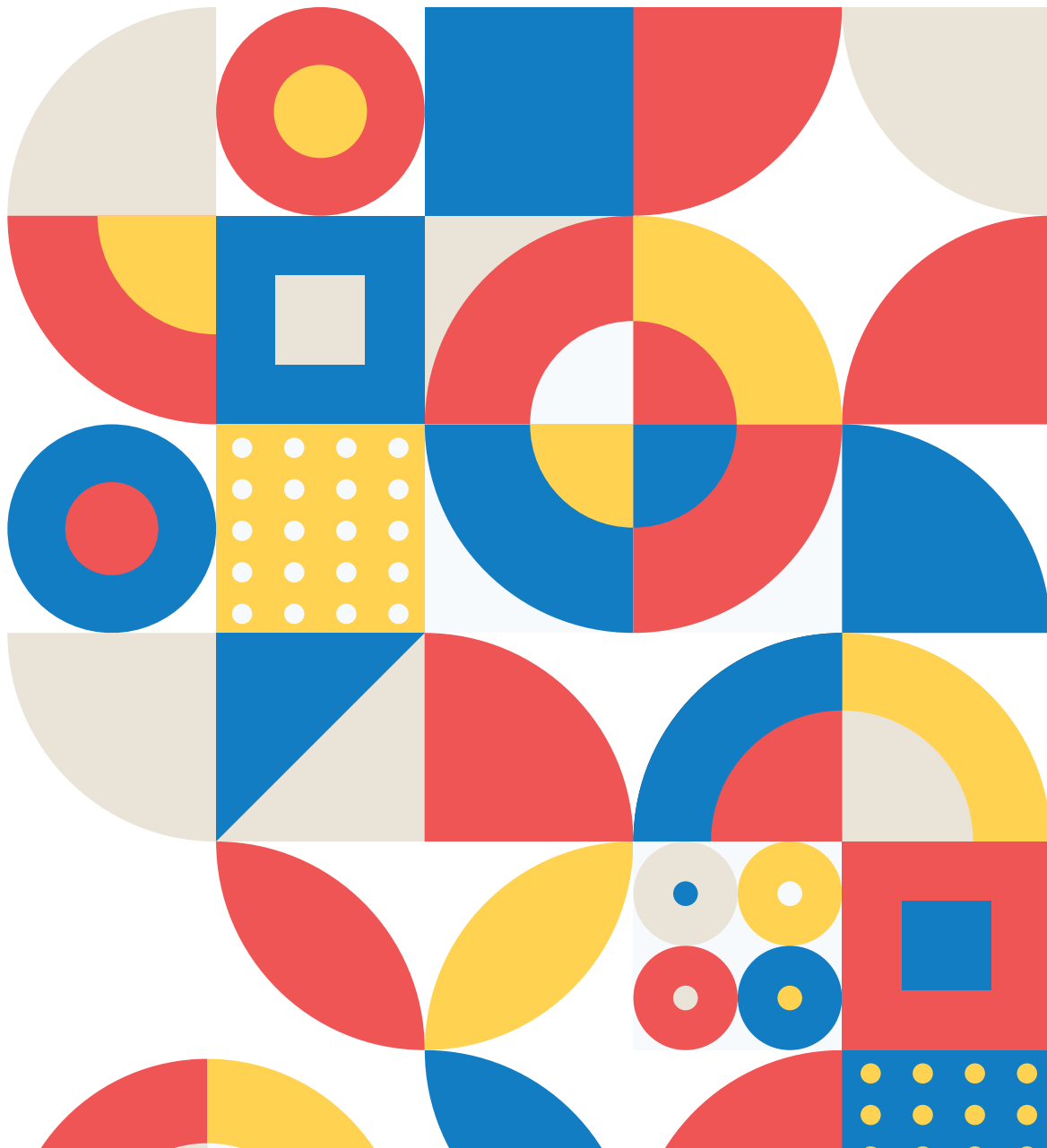


Table 2.7: Related Malaysia government policies

No.	Policy Documents	Domains of AFC							
		1. Outdoor spaces and buildings	2. Transportation	3. Housing	4. Social participation	5. Respect and social inclusion	6. Civic participation and employment	7. Communication and information	8. Community support and health services
i.	National Social Policy, 2003	✓			✓	✓	✓	✓	✓
ii.	National Health Policy of Older Persons, 2008	✓		✓	✓	✓	✓	✓	✓
iii.	Persons with Disabilities Act, 2008	✓	✓			✓	✓	✓	✓
iv.	National Family Policy and Plan of Action, 2010	✓			✓	✓	✓	✓	✓
v.	National Policy of Older Persons, 2011	✓	✓	✓	✓	✓	✓	✓	✓
vi.	Smart Cities Initiatives, 2014	✓	✓	✓	✓	✓	✓	✓	✓
vii.	National Physical Plan 3, 2016	✓	✓	✓	✓	✓	✓	✓	✓
viii.	National Urbanisation Policy 2 (NUP2), 2016-2025	✓	✓	✓	✓	✓	✓	✓	✓
ix.	National Community Policy, 2018	✓	✓	✓	✓	✓	✓	✓	✓
x.	National Housing Policy, 2018	✓		✓	✓	✓		✓	
xi.	National Transport Policy 2019-2030		✓						

The parts that follow will go through each policy in relation to the eight AFC domains in further detail.

2.6.1 NATIONAL SOCIAL POLICY, 2003

The National Social Policy is considered the overarching or umbrella policy that spells out the philosophy and government commitment derived from the constitution, national principles, and Vision 2020. The policy was launched in the year 2003 as a concentrated expression of the public debate on balanced development in which “building a strong family, community and citizenry, intensifying efforts at building a safe society with crimes under control, as well as revitalising our cultural life and heritage has become an important agenda today” (Embong, 2007, p. 148). As reflected in the analysis, the policy checks out in the enabling social environments mentioned under the WHO domains of age-friendly cities and communities.

The National Social Policy explicitly mention a “healthy social environment” in which a person will have the opportunity to expand their self-potential. A healthy social environment is premised on the foundations of solidarity, resilience, democracy, morality, tolerance, progressiveness, caring and fairness stipulated in the national regulatory and policy documents. The policy considers a healthy, clean, safe and people-friendly environment as one of the basic rights of an individual. To fulfil the vision of a caring society, which is also stated in Vision 2020, the focus of the National Social Policy is on the development of the family, women, older persons, children, people with disabilities and the community (Embong, 2007). Therefore, it can be argued that the National Social Policy pays attention to the different groups of people-though not necessarily of different ages-and ensure that everyone benefitted from the national development agenda.

In this policy, the following have been highlighted which are relevant to six of eight AFC domains:

- i. Every member of society can develop their potential optimally in a healthy social environment based on the characteristics of a united, resilient, democratic, moral, tolerant, progressive, caring, fair
- ii. A healthy, clean, safe, and human-friendly physical environment
- iii. Awareness of various levels of society to be proactively involved, in the process of globalization
- iv. Ensuring that every teenager (13-18 years old) is given recognition, respect, opportunities, and guidance
- v. Respect the value systems and ways of life of other religions as well

- vi. Encourage interaction and mutual understanding between believers of various religions
- vii. Every individual who has reached the age of 18, who is beginning to achieve independence in certain aspects of the economy, is given support, guidance, knowledge, and skills to make decisions about education, employment, family, and social relations
- viii. Positive relationships in the family and community
- ix. Strengthening and developing the social support system and social services

AFC domains on transportation and housing are not stated in the policy.

2.6.2 NATIONAL HEALTH POLICY OF OLDER PERSONS, 2008

One of the strategies stated in the National Policy of Older Persons 1995 is enabling the older person's access to health care. As a result, the Ministry of Health (MOH) established the National Council on Health of the Elderly in 1997, with action plans for the provision of health care to the elderly in Malaysia. Concomitant to the policy and action plans, the National Health Policy for Older Persons was developed in 2008.

Given the need for a more effective, coordinated, and comprehensive geriatric health care system, the policy has outlined and implemented an action plan to increase the number of geriatricians and aged care health professionals. Through these policies, the Government has committed to ensuring older persons will achieve optimal health through integrated and comprehensive health and health-related services.

Except for transportation, this policy has addressed other seven AFC domains, focusing on older persons as follows:

- i. To advocate support for the development of enabling environment for independent living (ageing-in-place)
- ii. To encourage participation in health-promoting and disease prevention activities throughout the life course
- iii. To provide age-friendly, affordable, equitable, accessible, culturally acceptable, gender-sensitive, seamless health care services holistically at all levels.
- iv. Human Resource Planning and Development
- v. Information System
- vi. To improve the health status of older persons

2.6.3 PERSONS WITH DISABILITIES ACT, 2008

The Persons with Disabilities Act – ACT 685 was passed by Parliament in 2008 and amended in July 2014. The Act was enacted to provide for the registration, protection, rehabilitation, development, and wellbeing of persons with disabilities and the establishment of the National Council for Persons with Disabilities, and matters connected therewith. The Act recognizes:

- i. that disability is an evolving concept and that disability results from the interaction between persons with disabilities and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with persons without disabilities
- ii. valued existing and potential contributions made by persons with disabilities to the overall wellbeing and diversity of the community and society:
- iii. the importance of accessibility to the physical, social, economic and cultural environment, to health and education and information and communication, in enabling persons with disabilities to fully and effectively participate in society:
- iv. that persons with disabilities are entitled to equal opportunity and protection and assistance in all circumstances and subject only to such limitations, restrictions and the protection of rights as provided by the Federal Constitution.
- v. the importance of the co-operation between the Government and the private sector and non-governmental organizations in ensuring the full and effective participation and inclusion of persons with disabilities in society.

This act is in line with all the AFCC domains that emphasize the following:

- i. Access to health
- ii. Availability of health personnel
- iii. Lifelong protection and social support system
- iv. Access to public transport facilities
- v. Access to public facilities, amenities, services, and buildings
- vi. Access to recreation, leisure, and sport
- vii. Access to education
- viii. Access to employment
- ix. Access to the cultural life
- x. Access to information, communication, and technology

2.6.4 NATIONAL FAMILY POLICY AND PLAN OF ACTION, 2010

The National Family Policy was launched in 2010 to mainstream the family perspective and uphold family wellbeing as a key outcome in national planning

and development and the key principles of the policy were reiterated in the Malaysia Family Declaration in 2019. In a press conference, the former Minister of Women, Family and Community Development and Deputy Prime Minister of Malaysia, Dr Wan Azizah stated that the policy and declaration are there to ensure that economic and social prosperity can be reaped by each member of the family (Iskandar, 2019). While the policy did not specify the age integration as what is promoted in the AFCC, it links the policy beneficiaries through family membership and espouses solidarity across different generations.

The family policy specifies a healthy and safe environment for the desired policy outcome which is family wellbeing. It also encourages the practice of respecting the rights of the family and individual human beings. Stakeholders and service providers have a role to play in information and communications technology and support services for the family in the community. These provisions are in line with the domains of WHO AFCC.

The family policy addresses six AFC domains except for housing and transportation. It specifies:

- i. A healthy and safe environment for the desired policy outcome is family wellbeing,
- ii. Encourages the practice of respecting the rights of the family and individual human beings,
- iii. Stakeholders and service providers have a role to play in information and communications technology, and
- iv. Improved family support services in the community.

2.6.5 NATIONAL POLICY OF OLDER PERSONS, 2011

In order to meet the challenges of the ageing phenomenon, the Government implemented the National Policy for Older Persons in 1995, making it one of the earliest countries in the Asia Pacific region to have its policy for older persons (Abdul-Rani, 2007). The National Advisory and Consultative Council for Older Persons, chaired by the Minister for Women, Family and Community Development, was formed under the policy. A Plan of Action for the Older Persons was drawn up as a result of the formation of the Council in 2011. The Department of Social Welfare under the Ministry of Women, Family and Community Development is the secretariat for the Council and acts as the focal point for all issues relevant to older persons in Malaysia.

The new National Policy of Older Persons and Plan of Action was approved by the Cabinet in 2011. It was formulated based on the review made of the earlier National Policy and Plan of Action of Older Persons. The review was carried out to re-look into incorporating the developmental and reintegration of the older persons into the society, to empower older persons with a strong sense of self-worth and dignity. The new policy recognizes the older persons as individuals of different backgrounds and experiences, as well as have the right to enjoy a comfortable and respected life and contribute to the development of the nation. This policy is the government's commitment to creating a conducive environment for older persons who are independent, with dignity, a high sense of self-worth, and respected by optimizing their self-potential through healthy, positive, active, productive and supportive ageing to lead a well-being life.

This policy has addressed all eight domains as follows:

- i. Empowering individuals, families, and communities by providing efficient and effective senior citizen-friendly services as well as developing an environment that enables and helps senior citizens to live a prosperous life.
- ii. Sub-committee for housing and environment, employment, and health.
- iii. Social participation by promoting active, positive, productive, supportive and healthy ageing
- iv. Increasing the involvement of seniors in a society of all ages
- v. Involvement and Integration between generations
- vi. Respect and social inclusion: to develop a society that is concerned about the ageing population and to empower the society to face old age
- vii. Communication and information: facilitate access to lifelong learning among seniors, families, and the community.

2.6.6 SMART CITIES INITIATIVES, 2020

The Smart Cities Initiative is to promote smart city planning, construction, management and services where a wide range of electronic and digital technologies will be applied to communities and cities.

The Smart Cities is a next-generation approach or future city approach to urban management with solutions that address these issues and improve the quality of life of urban dwellers. Malaysia is developing four Smart Cities, namely Greater Kuala Lumpur, Cyberview Smart City, Iskandar Smart City and Smart Selangor (PLANMalaysia, 2020; Kee & Tan, 2020).

The goal is to develop an overall framework for smart city development in Malaysia that will be used as the main reference to all implementing agencies

and stakeholders to guide and ensure the systematic implementation of a smart city in Malaysia.

The Smart Cities Initiatives incorporate the internet of things, cloud computing, big data and spatial geographic information integration, and also support rapid urbanisation. An effective and efficient communication system is very important in ensuring the implementation through the provision of high-speed broadband in urban areas comprehensively and competitively.

The Smart Cities Initiatives is part of National Physical Plan 3 and National Urbanisation Policy and is in line with all eight AFC domains.

2.6.7 NATIONAL PHYSICAL PLAN 3, 2016

The National Physical Plan 3 has been approved by National Physical Planning Council (NPPC) in 2016 to achieve a resilient and liveable nation to ensure continuous & sustainable growth after the year 2020.

The policy has 3 thrusts which are:

1. Dynamic urban and rural growth,
2. Spatial sustainability and resilience to climate change and
3. Building inclusive and liveable communities.

Strong emphasis on sustainable development and planning has been put as the key principle in this policy to achieving a resilient and liveable nation in 2040. The physical and social environments are key determinants of whether people can remain healthy, independent & autonomous long into their old age. The sustainability agenda makes Malaysia a nation of environmentally friendly citizens.

The policy is of relevance to AFC and in line with the WHO AFCC domains – directly and indirectly.

2.6.8 NATIONAL URBANISATION POLICY 2 (NUP2), 2016-2025

The National Urbanisation Policy's goal is to drive and coordinate sustainable urban development planning that emphasized a balanced physical, environmental, social and economic development in Malaysia. This policy is based on four

principles – good urban governance, a liveable city, a competitive urban economy, an inclusive and equitable urban development. All the provisions in this policy are in line with the AFC 8 domains.

2.6.9 NATIONAL COMMUNITY POLICY, 2018

Formulated by the Minister of Housing and Local Government (KPKT) and aims to address social issues faced by the community of housing premises, particularly in the low-cost housing programme. The policy aims to transform the quality of life of the low-income group through holistic community development. The main objective is to empower and encourage the communities to be active in the management and maintenance of public and common properties which are part of their residential area.

The implementation of the National Community Policy focuses on eight (8) main areas or clusters. These clusters are the key factors in changing the mindset and attitude of the community in a housing area. The clusters are:

- i. Infrastructure and Maintenance
- ii. Health, Environment and Cleanliness
- iii. Safety
- iv. Education & Skills
- v. Concern towards Children, the Elderly, Persons with Disabilities, Women, Single Mothers and the Indigent
- vi. Entrepreneurship
- vii. Social Services
- viii. Sports and Recreation

Specific mention made to address issues and concerns for the children, elderly, persons with disabilities, women, single mothers, and indigenous population. Provisions of the clusters are in line with the WHO AFCC domains. The KPKT further establishes the following to implement the policy:

- i. Community Wellbeing Division (CWD) is responsible for forging collaboration among stakeholders to achieve a sustainable community.
- ii. Sekretariat Muafakat Komuniti facilitates & connect the community with the government agencies, private sectors and NGOs allowing the community members to voice out issues and suggest programmes through community leaders.

2.6.10 NATIONAL HOUSING POLICY, 2018

The National Housing Policy is to provide adequate, comfortable, quality and affordable housing to enhance the sustainability of the quality of life of the people. The policy also emphasises the human settlement philosophy through the provision of social services and amenities as well as economic activities necessary for the attainment of a better quality of life, national integration and unity.

The following Thrusts are in line with the WHO AFCC Domains:

- i. Thrust 1:
 - Provision of Affordable houses for sale and rental especially for the low-income groups and also the disabled, senior citizens and single mothers.
- ii. Thrust 2:
 - NHP outlines efforts to improve the quality and productivity of housing development.
- iii. Thrust 3:
 - NHP aims to increase the effectiveness of implementation and ensure compliance with the housing service delivery system
- iv. Thrust 4:
 - Through NHP, a comprehensive and holistic approach is introduced to increase the accessibility to own or rent the provided houses for all groups, e.g.: financial support for the low-income group in order to own houses.
- v. Thrust 5:
 - Through NHP, efforts to enhance the sustainability of the housing sector are implemented.
 - The use of environmentally friendly housing development concepts with new technologies and innovations, improving R&D efforts in the housing sector, and Green technology all help elevate the quality of life and preserve the environment.
- vi. Thrust 6:
 - Housing is an integral aspect to shape prosperity & harmony among communities.
 - The NHP proposes that the provision of housing also incorporates improving the level of basic and social amenities, as well as creating a conducive and liveable environment. Implementing the concept of Safe City concept and community building.

2.6.11 NATIONAL TRANSPORT POLICY 2019-2030

The National Transport Policy was launched by Tun Mahathir on the 18th of October 2019 with the vision to develop a sustainable transport sector that accelerates economic growth and supports the well-being of the communities in line with an advanced nation status. The policy has 5 major thrusts which are as follows:

- i. Strengthen the governance to create a conducive environment for the transport sector.
- ii. Optimize, build & maintain transport infrastructure, services, and networks for efficiency.
- iii. Enhance safety, integration, connectivity and accessibility for a seamless journey.
- iv. Advance towards a green transport ecosystem.
- v. Expand global footprint and promote the internationalization of transport services.

The NTP has the following objectives:

1. Create a conducive ecosystem for the transport industry to enhance productivity and competitiveness.
2. Facilitate seamless movement of goods to boost trading activities and ease of doing business.
3. Provide mobility that meets the expectations of people and promotes inclusivity.
4. Increase modal share for public transport.
5. Deliver an intelligent, safe, and secure transport system.
6. Ensure efficient and sustainable use of resources and minimise environmental pollution.

Objectives 1 and 2 are organised under the Economic Competitiveness Principle, while objectives 3 and 4 come under the Social Impact Principle and objectives 5 and 6 are under the Environmental Impact Principle.

The principle of social impact has relevance to AFCC as it addresses inclusivity and accessibility of transport services, improving safety and security of transport services and involving public participation/stakeholders' engagement in the development of transport initiatives. Consequently, thrust 3 is an important thrust that caters for inadequate facilities and services for the vulnerable groups

(e.g. elderly, the physically challenged, and those living in rural and remote areas). Hence, this thrust will ensure transport for all will be implemented in Malaysia.

2.7 OTHER LOCAL INITIATIVES AND RELATED MOVEMENTS

This section is based on a web review of the initiatives and movements related to an age-friendly city in Malaysia. Although the findings may not provide an exhaustive picture, they do cover major and ongoing developments.

2.7.1 URBANICE MALAYSIA

Urbanice Malaysia is a Centre of Excellence for Sustainable Cities and Community Wellbeing under the Ministry of Housing and Local Government. Urbanice plays a supportive role in the mission and functions of the Ministry, through connecting important stakeholders and cultivating public-private collaborations in the service of knowledge sharing and generating integrated urban solutions toward a sustainable nation.

Urbanice initiatives:

- i. **Malaysia Urban Innovation Hub**
A collaborative platform for SMART & INNOVATIVE urban solution systems and programmes.
- ii. **Malaysia 100 years City (M100YC)**
M100YC is a design-based programme that calls upon the exploration of new concepts, ideas and innovative urban solutions that will address today's urbanisation challenges.
- iii. **Urban Forums**
Multi-stakeholders platforms for inclusive urban policy formulation and review.
- iv. **Malaysia SDG Cities**
A framework that is set to encourage a bottom-up approach in developing local action plans that will accelerate the SDGs achievements for Malaysia.

2.7.2 CITY ARCHITECTURE FOR TOMORROW CHALLENGE (CATCH)

The City Architecture for Tomorrow Challenge (CATCH) is organised by Toyota Mobility Foundation and co-developed by Deloitte Future of Mobility Solution Centre, to drive intelligent data-driven, connected solutions toward more efficient, innovative, secure and sustainable cities.

The challenge aims to inspire and invite global teams – entrepreneurs, startups, academic/research institutions, innovators etc. – to reimagine and design future city infrastructures through dynamic, intelligent, data-driven & connected solutions.

2.7.3 THINK CITY

Think City is a social purpose organisation based in Malaysia with the mission of making cities more people-friendly, resilient and liveable. Think City is a subsidiary of Khazanah Nasional Berhad. As a regional city-making agency, Think City provides urban policy thinking, management and implementation of urban solutions, while acting as a catalyst for change in the way cities are planned, curated, developed, and celebrated.

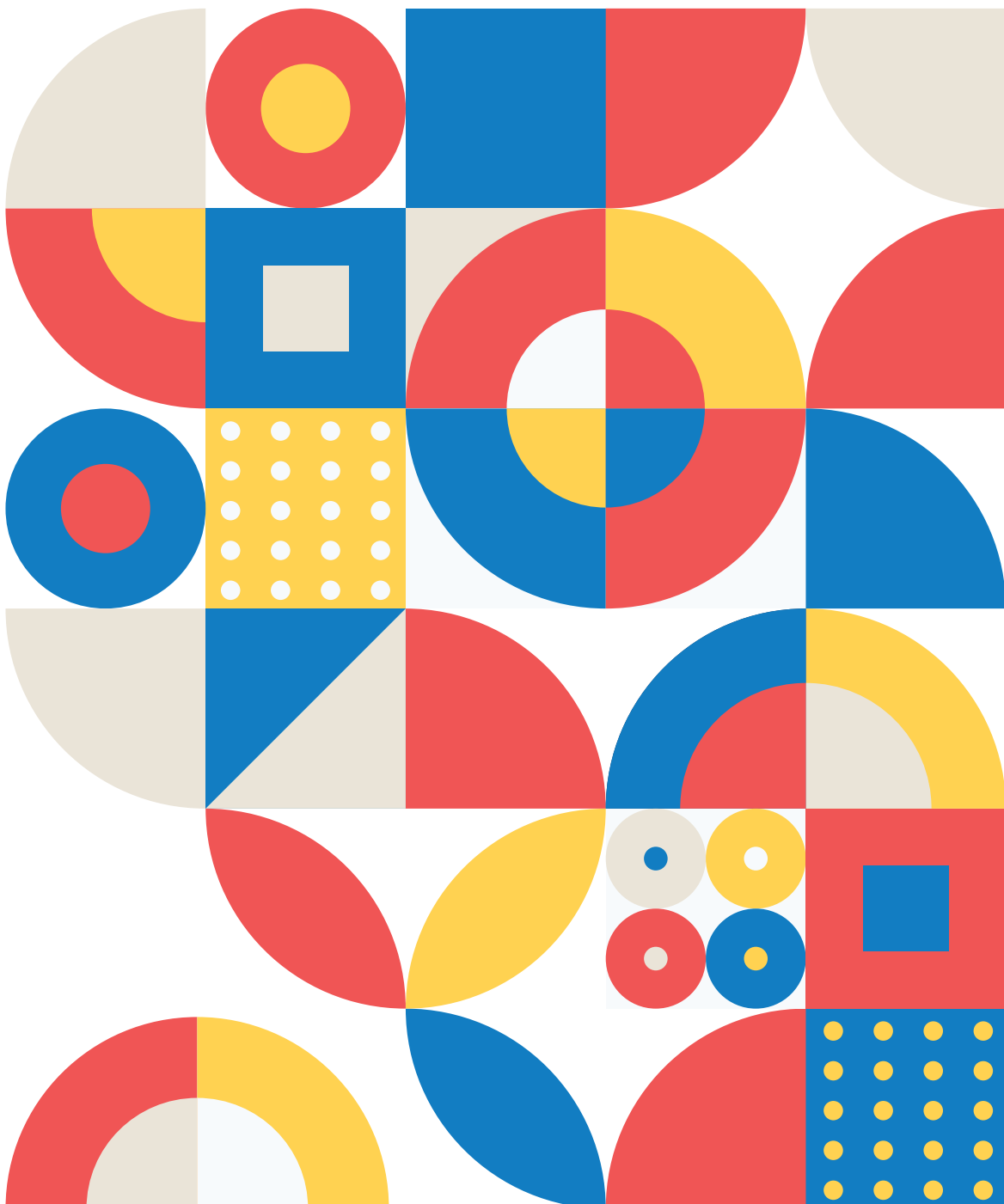
Think City projects:

- i. Regional City Making Agency, 'Think & Do' Tank & Urban Delivery Partner (2018-present)
- ii. Urban Regeneration Catalyst (2012-2018)
- iii. George Town Grants Programme (2009-2014)

2.7.4 CHILD-FRIENDLY CITIES INITIATIVE

A child-friendly city (CFC) is a city, town, community or any system of local governance committed to improving the lives of children within their jurisdiction by realizing their rights as articulated in the UN Convention on the Rights of the Child. In practice, it is a city, town or community in which the voices, needs, priorities and rights of children are an integral part of public policies, programmes and decisions.

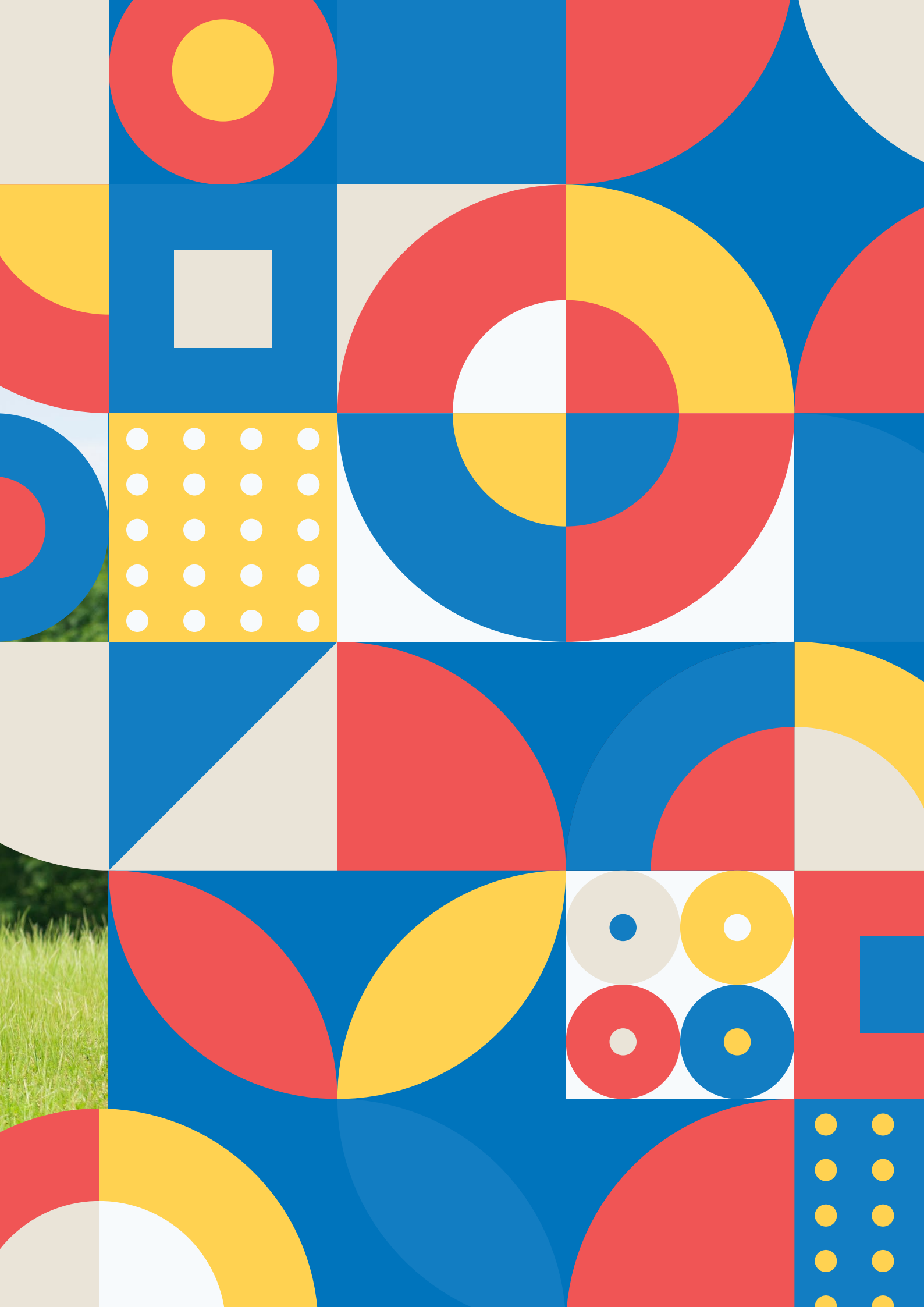
Petaling Jaya City Council or Majlis Bandaraya Petaling Jaya (MBPJ) in Collaboration with Childline Foundation Malaysia and UNICEF Malaysia launched Malaysia's first Municipal led Child Council, namely Petaling Jaya Child Council, PJCC. The council is formed by a diverse group of 32 children below the age of 18 from all over Petaling Jaya. The group will be providing input to municipal council decision-making from the perspectives of children. In the long run, MBPJ aims to be the first Child-Friendly City in Malaysia, inspiring more cities across Malaysia to be inclusive for all children.





3.0 METHODOLOGY





3.1 METHOD

The project was carried out using mixed methods as shown in Table 3.1. A baseline profile of the community needs was built through an online survey and mobility studies were conducted on-site. Consultative sessions were held with local and key stakeholders to solicit their input and perspectives on transforming Taiping into an age-friendly city. Desk reviews were performed to analyse relevant policies, laws, data and documents and the best practices of other countries were analysed. Additional workshops were held for knowledge transfer and capacity building purposes. A national framework, recommendations and action plans for the city of Taiping were developed for further/ future uptake of the initiative.

Table 3.1: Method, data type, source and data analysis

	Method	Data Type	Source	Data Analysis
National Framework AFCC	Desk Review	Secondary	- Country	Countries comparison
	Focus Group Discussion	Primary	- Federal government - State/ Local Authorities - Private agencies/ Industries - NGOs	Thematic analysis
	Online discussion	Primary	- Federal government - State/ Local Authorities	SWOT analysis
	Workshop	Primary		

	Method	Data Type	Source	Data Analysis
Plan of Action AFC Taiping	Desk Review	Secondary	- City	Cities comparison
	FGD	Primary	- Government agencies - NGOs - Older persons - Person with Disabilities - Single parent - Adult - Youth - MPT - Business agencies/ Industries	Thematic analysis
	Baseline survey	Primary	- Online questionnaire	Descriptive analysis
	Site observation	Primary	- Shadowing - Access auditing	
	Workshop	Primary		

A summary of the qualitative and quantitative methods utilized for the study is described below. A detailed explanation of the methods is also included in the Results section before respective activities.

3.1.1 Qualitative Methods

The qualitative research method relies on data obtained from focus groups, interviews, observations and/or recordings made in specified settings, including the study of documents and case studies. The data is non-numeric, and its purpose is to gather in-depth insights into the age-friendly cities and communities construct and initiative as well as soliciting and opinions on its implementation. The following is a brief description of the qualitative research activities carried out under the study:

Desk Review:

The desk review is a literature search of academic databases and the World Wide Web on the general concept/construct of WHO's age-friendly cities and communities, specifically its historical development and inception, leading to the publication of a guideline (WHO, 2007) and the set-up of the Global Network of

Age-friendly Cities and Communities (GNAFCC). Five (5) cities were identified based on their characteristics for review Toronto, Canada; Melville, Australia; Wan Chai, Hong Kong; Akita, Japan; Jeju, Korea and Ireland. was also selected for a country-level implementation lesson. Related policy documents on the respective age-friendly initiatives (i.e. the local plan of action, baseline assessment report, implementation toolkit) were examined and summarized in Section 2.4.

Focus Group Discussion [Dec '19 & Nov '21; Aug '20]:

Focus group discussions gather selected groups of individuals to deliberate on a specific issue as facilitated by a professional moderator. Discussion guides were developed to structure the discussion and analysis. A total of twelve (12) FGD sessions with older persons (male & female), PWDs, single parents, schooling teens, adult residents, representatives of the civil society sector and businesses, municipality staff (managerial & support level), and other local government agencies (n = 107) were carried out in Taiping to explore the public's understanding of the concept/initiative. A separate four (4) focus group discussion sessions were held with Federal and State agencies, as well as private and civil society sectors (n = 52) to deliberate on a potential national framework for AFCC's upscaling and replication. A follow-up online discussion in June 2021 was held with Federal agencies and local authorities (n = 20) to finetune the national framework in terms of issues relating to the allocation of resources, reporting, monitoring and evaluation as well as coordination for implementation to achieve optimal impact. The write-up of the results is in Section 4.2.1 and Section 4.2.3.

Site Observation [Nov '21]:

An access audit of 12 selected locations (grocery shop; shopping mall; wet market; antique store; lake garden; local zoo; bicycling track; mosque, temple; municipal office, official residence and local hotel), as facilitated by MPT, was carried out by the researchers. The 12 locations represented five (5) activity categories that are commercial, recreational, religious, governmental, and commercial hospitality in nature. The access audit was carried out by a team of trained enumerators with graduate student-level backgrounds in design and architecture, led by Associate Professor Dr Sumarni Ismail, UPM. Details of the access audit analysis are described in Section 4.2.3.

Public Consultation [Nov '21]:

In addition to the activities above, over 120 short interviews were conducted by Innate Sdn. Bhd. at various public locations in Taiping as part of a public awareness campaign to solicit general feedback and comments on the AFCC initiative. The video recordings and transcripts were mined for general themes

that are then triangulated with quantitative findings.

3.1.2 Quantitative Methods

The quantitative research method relies on numeric data obtained from questionnaires used in polls and surveys. Statistical analysis was performed to show the interrelationship between variables to quantify specific thresholds for policy development.

Online Survey [Apr - Nov '21]

The online survey was first launched in April 2021 and utilized a Google Forms survey tool promoted through MyAgeing's website. Due to poor response, a special website for the AFCC initiative was created (<https://www.afctaiping.my/en>) and local outreach efforts were carried out by Innate Sdn. Bhd. The survey instrument was divided into four (4) parts to encourage participation. At the end of November, a total of 1,114 usable survey response was used for data analysis. The Internet survey of Taiping residents and non-residents aged 18 years or over consisted of about 83 questions and a mean age of 35.7 years old. Details of the survey analysis are found in Section 4.2.3.

3.1.3 Triangulation and Analysis

The qualitative and quantitative data were used to develop a comprehensive understanding of the local and national situation as well as their readiness to adopt and implement the age-friendly cities and communities' initiative. Triangulation was used to strengthen the validity of the findings through a convergence of information from multiple sources. There are some general limitations of course, and the primary one was caused by the disruption due to the COVID-19 pandemic. Due to MCO and other social distancing measures, the data collection was delayed, and the baseline assessment might be influenced by these restrictions and do not represent a true norm in other circumstances. In any case, the future is for the population to co-exist with the Coronavirus is an endemic phase and the insights provided can help formulate a better plan of action and policy response in a post-pandemic era.

All the aforementioned data are stored and saved digitally with additional data



transformations and analysis performed using SPSS and NVivo, including manual coding for thematic analysis.

3.2 TIMELINE

A series of meetings and/or workshops with key stakeholders has been organized to present the research findings and policy paper as advised by UNDP and the Government counterpart. The Gantt chart below shows the sequence of activities that will be completed within the updated schedule (Table 3.2). Due to the Movement Control Order (MCO) and general lockdown caused by the COVID-19 pandemic, a project extension was granted till 30 June 2021. Unfortunately, the return of the MCO and disruptions to fieldwork for data collection have resulted in further delays. Thus, the project completion date has been extended until 30 April 2022. A summary of the extensions is as follows:

1. First extension : 1 January 2021 – 30 June 2021 (6 months)
2. Second extension : 1 July 2021 – 31 December 2021 (6 months)
3. Third extension : 1 January 2022 – 30 April 2022 (4 months)

An additional request for an extension till 31 May (1 month) was made to facilitate the submission of the final report and arising corrections and amendments by the Technical and Steering committees.

Table 3.2: Gantt chart



4.0 RESULTS





4.1 NATIONAL FRAMEWORK FOR AGE-FRIENDLY CITIES AND COMMUNITIES

Four activities were conducted to establish a national framework for AFCC for Malaysia. Desk reviews were conducted in six countries to identify strategies, and issues and establish an appropriate framework that can be adapted for use in Malaysia. The output of this process is reported in the literature review section of this document. The second activity implemented was through qualitative focus group discussions among stakeholders from federal ministries, state governments, local authorities, private sectors, and non-profit organizations. The third activity was a SWOT analysis of the existing structure organization of existing policies that consider bottom-up and top-down approaches to age-friendly cities and communities. The fourth activity was an online discussion with federal agencies and local council members to seek input to develop an effective structure to implement AFCC. All the aforementioned data are stored and saved digitally with additional data transformations and analysis performed using SPSS and NVivo, including manual coding for thematic analysis.

4.2 PREPARATORY ACTIVITIES FOR THE DEVELOPMENT OF PLAN OF ACTION TOWARDS AGE-FRIENDLY TAIPING

Key milestones on the age-friendly journey through a four-step programme cycle are commitment letters from leaders, baseline assessment, strategy and action plan and evaluations (Figure 4.1). This part will discuss activities undertaken to develop a plan of action for Taiping.

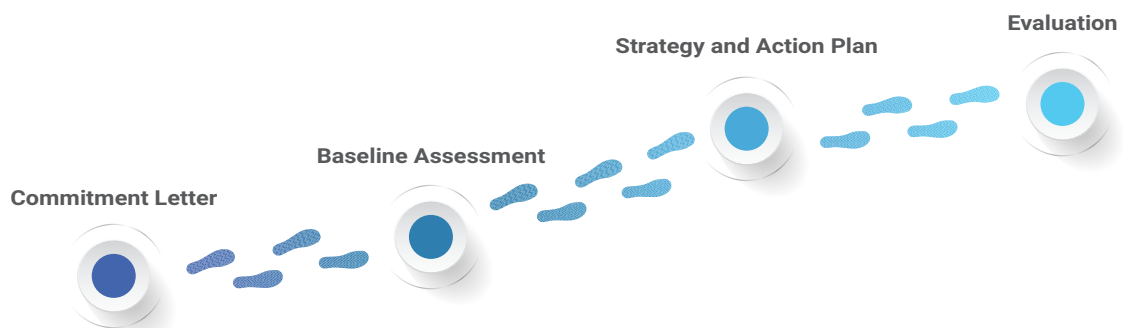


Figure 4.1: Four steps to becoming an Age-friendly City

4.2.1 STAKEHOLDER CONSULTATION

The stakeholder consultation was conducted on the 26th of August 2020 at Marriot Hotel Putrajaya. The event started with a briefing on the general overview and purpose of the gathering AFCC by the Project leader (see Annex 4.1 for the program). After the presentation, the participants were divided into four groups representing the federal ministries, state governments, private sectors, and non-profit organizations.

i. Focus Group Discussion

The Focus Group Discussion (FGD) method was adopted. The FGD are a predetermined semi-structured interview facilitated by a moderator and one assistant. The protocol for the FGD is as follows:

- Rules are set and participants were briefed by the moderators on the details of the study.
- Participants were required to sign a consent form and permission asked for the session to be recorded.
- If more than two persons from a similar agency were present, one of them was reassigned to other groups to ensure that the size of the group is not too large to make the FGD non-effective.

The participant's distributions are shown in Table 4.2. A total of 55 participants attended the event representing 9 ministries, 12 state entities, 6 businesses, 15 NGOs, UNDP, and the Human Rights Commission. The participants represented a wide interest group.

Table 4.1: Distribution of participants by levels and agencies

Level	Agencies	Participants
Federal	1. Ministry of Women Family and Community Development/ Department of Social Welfare (JKM)/ The National Population and Family Development Board (LPPKN)	5
	2. Prime Minister Office/ Department of Statistics Malaysia	2
	3. Ministry of Science, Technology & Innovation (MOSTI)	1
	4. Ministry of Health (MOH)	1
	5. Ministry of Human Resources (MOHR)	2
	6. Ministry of Tourism, Arts and Culture (MOTAC)	1
	7. Ministry of Transport (MOT)	2
	8. Malaysian Communications and Multimedia (MCMC)	1
	9. Ministry of Federal Territories (KWP)	1
	10. Human Rights Commission of Malaysia (SUHAKAM)	1
State	1. Majlis Bandaraya Subang Jaya	2
	2. Majlis Perbandaran Taiping	1
	3. Dewan Bandaraya Kuala Lumpur	1
	4. Majlis Bandaraya Petaling Jaya	1
	5. Majlis Bandaraya Kuantan	1
	6. Pejabat Setiausaha Kerajaan Negeri Pulau Pinang	1
	7. Pejabat Setiausaha Kerajaan Negeri Kedah	1
	8. Pejabat Setiausaha Kerajaan Negeri Perak	1
	9. Pejabat Setiausaha Kerajaan Negeri Perlis	1
Private Sector/ Industry	1. Institute of Engineers Malaysia (IEM)	1
	2. Malaysian Institute of Road Safety Research (MIROS)	1
	3. Zen Wellness Sanctuary	1
	4. Kingsley Strategic Institute for Asia Pacific (KSI)	1
	5. Asian Strategy and Leadership Institute (ASLI)	1
	6. United Nations Development Programme	1
	7. Aurelian Land	1

Level	Agencies	Participants
NGO/ Civil Society Organisation	1. Gerontological Association of Malaysia (GeM)	1
	2. National Council for Senior Citizen Organizations of Malaysia (NACSCOM)	1
	3. CSO-SDG Alliance & Persatuan Penduduk Petaling Jaya	1
	4. Majlis Kebangsaan bagi Orang Kurang Upaya & Persatuan Damai OKU Malaysia	1
	5. Persatuan Pekerja Sosial Malaysia (MASW)	1
	6. Senior Specialist Interest Group	1
	7. Persatuan Pengasuh Berdaftar Malaysia	1
	8. Third Age Media Association	2
	9. Association for Residential Aged Care Operators of Malaysia (AgeCOpe)	1
	10. Malaysian Association for the Blind (MAB)	1
	11. Persatuan Kebajikan USIAMAS	1
	12. National Council of Women's Organization (NCWO)	1
	13. Nursing Care Association of Selangor (NCAS)	1
	14. Real Estate Housing Developer Association (REHDA)	1
	15. NGO Hub Asia	1

The four groups were deliberated with a similar set of questions related to:

- (1) Concept of Age Friendly Cities and Communities,
- (2) Mechanisms to Implement AFCC in Malaysia at the Different Level of Society, and
- (3) Issues and Challenges to Replicate AFCC in Malaysia.

The average time taken to complete the FGD was around 1 hour and 45 minutes.

Results and Discussions

The FGD sessions were taped, transcribed, and thematic analyses were conducted with the data. Several themes emerged from the analysis as summarized below.

1. Concept of Age-Friendly Cities and Communities

All four groups agreed with the concept and approach of AFCC developed by WHO. The groups were also supportive of the AFCC initiative. On the concept of age-friendly cities and communities, three themes were identified.

1. Readiness to implement AFCC
2. AFCC is for all ages and inclusive approach, and
3. The need to localise AFCC

The themes that emerged from the initial warming up question on the concept of AFCC are shown in the table below. The theme is Readiness to implement AFCC. All four groups showed eagerness to implement AFCC in Malaysia and felt it was a move in the right direction for Malaysia to follow as we will be an aged nation soon.

Understanding the concept of age-friendly cities and communities	
Themes	Excerpts
1 . Readiness to implement AFCC	<p>...it is the right step to cater for future problems (State government group R1).</p> <p>This concept is new to me, but I think is a very good approach, because we have like environment friendly and now, we said age-friendly... So we have to be prepared for all this. (Private sector group, R1).</p> <p>...and I think it is just right for us to start...Maybe five years ago, we start talking about aged society and we are not really ...(ready)...So, I guess this is the moment and all of us have to work together... (Private sector group, R3).</p> <p>...I think this is a good initiative which should be started a long time ago... (because) the Western and European countries are more advanced (in terms of) age friendliness, so I think we should start immediately (Private sector group, R2).</p> <p>I feel this concept is suitable to implement in Malaysia... (Government group, R3).</p> <p>...For surelah...we should be in line with WHO... (Government group, R7).</p> <p>... What WHO is doing is right and today's discussion is [the] right move... (State government group, R9).</p> <p>...I think it is very relevant... (State government group, R2). ...time has changed,... but the infrastructure, physical utilities, those things are not keeping or what we call ...'moving in tandem'... even the policies are not moving in tandem... this is what is happening here at the moment... (NGO group, R3).</p> <p>... so now since Malaysia going towards [an] ageing society, it is time for us to look into this matter so that when the day comes, we all <i>boleh</i> able to handle the situation <i>lah</i>... (Government group R12).</p>

Understanding the concept of age-friendly cities and communities	
Themes	Excerpts
<p>2 . AFCC is for all ages and inclusive approach</p>	<p>When we talked about aged city, friendly city, so, to us, it is not about the aged, it is lifecycle... (NGO group, R12).</p> <p>...Inclusive approach... I think it is important to include human rights in decision making... So that we can hear what they really want... Important we hear what the community want... different categories of older people... some elderly people want to be independent... don't want to depend on kids...so how city can ensure that these older persons can live without depending on their kids... (Government group, R12).</p> <p>...multiability... multigenerational inclusive community... that we call MAGIC... Is ultimately... being inclusive no one is being left behind. That's an idea to share... (NGO group, R4).</p> <p>...Time for all countries to start implement this to look into the details on how government can work on it, need to mention that when we talk about, age friendly, smart city, city that can accommodate all ages, we should not abandon the B40 people, people who are lacking from the financial background... (Private Sector group, R4).</p> <p>...Age friendly is for all,... From environment, social, development, committee... We don't... just do for older people only, we involve the whole community (Private Sector, R12).</p> <p>...So... Inclusive... especially outskirts... lots of barriers there... transport to access here and there... communication also the same... Malaysia should implement AFCC so people can be appreciative...</p>
<p>3. The need to localize AFCC</p>	<p>...We need to update and adjust to our country... (Government group, R6).</p> <p>...8 domains enough, but cannot implement all... need to study one by one... From my experience for transportation... We can see 3 to 4 factors... (Government group, R7)...</p> <p>As general framework ok... I don't see the spiritual context... (Government group, R5)...</p>

The participants also agreed that inclusive approach of AFCC for all ages is very relevant for Malaysia. This will ensure that citizens of all ages and locations will benefit from the implementation of age-friendly program. The participants voiced concerns that we need to localise, adopt, and adapt to meet local needs and situations. There were concerns about the spiritual aspect of the WHO framework which the participants felt were missing.

Being a member of the global community Malaysia is obliged to adopt and adapt international guidelines locally. In addition, AFCC is one of the mechanisms to achieve health and well-being as well as making cities and human settlement age-inclusive, safe, resilient and sustainable. The implementation of AFCC in Malaysia will be part of our volunteer reporting system on achievement of SDG to the UN system.

2. Mechanisms to Implement AFCC in Malaysia at the Different Level of Society

We wanted to solicit opinion on best mechanism to involve multi-sectorial stakeholders, different levels of governments, private sector/business, civil society organizations and the people in implementing AFCC. Several themes that emerged from the conversations are listed below:

1. Sustainability of AFCC
2. Governance Structure for Implementation of AFCC
3. Top-down and Bottom-up Approach
4. Integration with Existing Programmes or Initiatives
5. Interagency Collaboration

The themes and subthemes that were developed from the Focus Group Discussion were summarized in the table below:

Mechanism to implement AFCC in Malaysia		
Themes	Sub-themes	Excerpts
1. Sustainability of AFCC	1.1 Source of power or authority	<p>Because of source of power... without source of power... Even if the policy exist... We will not act... Not our job... as we do not have power to act... to ensure thing happen... Need source of power/ authority... Source of power in KL is Mayor... we work on behalf of the Mayor...we do not want to work... when later... the source of power Ministry of Women's work... (State government group, R2).</p> <p>...everything must start with policy and Cabinet paper... make sure AFCC is in National Policy of Older Person... Or in all development policy... most important thing Cabinet paper or policy paper to government... that everyone can implement... (Government group, R5).</p> <p>That relate to source of power/authority... (Government group, R6).</p> <p>... Develop Cabinet paper and bring to parliament... To stress AFCC is... Preparation for aged nation, 2030... (Government group, R5)</p>
	1.2 Awareness and political will	<p>...need to get real support from the government... (Government group, R).</p> <p>...We need to engage, we need political will number 1... implementation whatever... (Private Sector group, R2).</p> <p>...I have been listening to so many people talking about land matters, coordination between states, federal state and local communities... they all boil up to one thing... Political will... If the political government has no interest in coming out with the framework and action plan. Whether it is top-bottom or bottom-up, it is going to defeat the purpose... somebody has to take ownership, somebody must have the political will to push it through... without that, all the top just talk... Pathetic... (Private Sector group, R4).</p> <p>...Government... and public not feel AFCC is important... AFCC will not be implemented... (Government group, R).</p> <p>Awareness to all... owners of policy... Sometimes more than 5 years to understand the policy... (Government group, R).</p> <p>Awareness after source of power/authority... awareness to commit... political masters... (Government group, R).</p> <p>...Are we ready by 2030?... In the context of population ageing... if awareness at federal level... Local government level... Public level... then easy... Now very limited awareness... no awareness... of AFCC... (Government group, R).</p> <p>Is AFCC popular for Minister to push?... (Government group, R11).</p> <p>...for awareness need engagement lah at all levels... Engagement with public according to parliament... (Government group, R10).</p> <p>...awareness to all... top, bottom, public, government, if no awareness, agenda... AFCC will not move... Same with SDG... Agenda 2030... (Government group, R10).</p> <p>Awareness to educate people to the need for AFCC... (Government group, R5).</p> <p>...apart from creating awareness. Information flow is also important... example, trafficking... in MAMPU at the top management clear, but still has issues at the lower... level officers. (Government group, R2).</p> <p>...We need the government to have strong political will. I mean political will to get things done (NGO group, R7).</p>



Mechanism to implement AFCC in Malaysia		
Themes	Sub-themes	Excerpts
	1.3 Financial support	<p>All things boil to money you know. Now in advance countries, they allocate 4% of GDP on aged group... to take care of the aged people... Malaysia not poor. Malaysia is rich... They should take care of aged group that contributed so much (Private Sector group, R10).</p> <p>...Like me in from Municipality... Age-friendly is not new... Issue now is money... if YDP give a task without money attached... own initiative to develop working paper to request money from the State... involve zone presentative to get participations from the pubic (State government group, R12).</p> <p>...When it comes to budget for AFCC... we present to EPU to get budget... if we don't get at least EPU is aware (Government Group, R4).</p> <p>Everything must happen at the budgeting level. The initiative and resource allocated to it and follow by central agency from a federal level doing monitoring and KPIs (NGO group, R4).</p>
	1.4 Continuity of existing programme	<p>...Star ratings from KPKT... One indicator is barrier free... impose in development order... very detail instruction is required in the STAR ratings... (State Government Group, R2).</p> <p>...Previously the local authority are STAR rated and each have developed indicators for rating...</p> <p>Discuss at MNKPT... PBT low rated will... find ways to improve their ratings... kiasu... (State government group, R6).</p>
2. Governance Structure for Implementation	2.1 State level	<p>State level mechanism is already in place... EXCO... portfolio... should pick up from here... State develop own budget based on Policy from Federal... may be in term of priority (State Government Group, R6).</p> <p>...EXCO local government and housing... Meets every month with head of PBT... Head of PBT will execute instruction from Exco... (State government group, R7).</p> <p>...Agree with R7... on Exco's role... Source of power/authority (Punca Kuasa) Exco (State government group, R2).</p> <p>EXCO must understand before AFC can happen... (State government group, R11).</p> <p>Each Exco has individual folios, local government, housing, Women and welfare all this...when policy is brought to State level, the... link Federal to state... EXCO... Housing and local government... Direct YDP... can achieve 100%... or 80% good enough... State MB... source of authority/power and in Pahang MB delegate to EXCO... (State government group, R7).</p> <p>...key player is Exco... we go to different EXCO for different programmes... (State government, R1).</p> <p>...Anything to do with PBT, Ministry will bring to KPKT...through Majlis Negara Kerajaan Tempatan (MNKT)... state level... have Majlis PBT... (State government group, R16).</p> <p>...Issue is Federal and State not talking to each other... I think that there is a gap... We need to find ways to bridge... (State government group, R3).</p>

Mechanism to implement AFCC in Malaysia		
Themes	Sub-themes	Excerpts
	2.2 Federal level	<p>...Establish Cabinet Committee (CC)... chaired by PM...or DPM... Give a name the Cabinet Committee... eg Cabinet Committee on Older Persons... Or Cabinet Committee on AFCC... Under CC... will have clear actions,... if not it will be silos... Just have one... and all agencies will be involved... if CC include both State and Federal... (Government group, R5).</p> <p>...Model after Majlis Tindakan AntiDadah Negara... chaired by PM, national, state, district level... They have clusters..chaired by Minister... Majlis meets twice a year... have achievement indicators of implementation at different levels... if not... its in the air nobody... Monitor... evaluate... that's my opinion... (Government group, R8).</p> <p>...MT... has a reporting a system... normal council... no reporting system... State level MT chaired by MB... so MB can allocate budget to move... activities... (Government group, R5).</p> <p>...I think it should be one BIG MAJLIS lah... Like Majlis Sosial Negara... is the driver... they could call... The relevant ministry and agency to push through... (Government group, R2).</p> <p>...I want to share experiences Majlis Sosial Negara... sebab pernah terlibat dalam Majlis Sosial Negara... Dulu Majlis Sosial Negara ada bahagian sosial di bawah Kementerian Wanita... Kementerian Wanita chaired the Majlis... When we social issues cuts across agencies and all, so ICU is in charge of Majlis... under division population health (Bahagian Kesihatan Rakyat)... so ICU becomes secretariat to Majlis Sosial Negara... Lead agency... (Government group, R8).</p> <p>...ada beza... Majlis is only policy, Majlis tindakan ada reporting... what you have done interagency... (Government group, R5).</p> <p>...Majlis social has lots of policy paper presentations... action very little... Action council... will go to committees... Action council committees, source of power is there... So we have 2 choices lead by Federal agency of Ministry... As Secretariat... even of Kementerian Wanita leads, we see it as multiagency participation, not single ministry issues... (Government group, R8).</p> <p>...Co-chaired between KPKT and Kementerian Wanita (Government group, R4,8).</p> <p>Could also be EPU as EPU looks after SDG... stronger (Government group, R8, 13).</p> <p>...The Act is the long term solution, but prior to Act, the ministries need to find a department or ministry to be in charged, they have to think about the funding, something like tobacco control, they need someone to be in charged. All the ministries need to send representative to a committee for this age-friendly cities (NGO group, R8).</p> <p>For social progress report assessment... EPU was the one pushing to get all agency to give data...if one ministry asking it is not as strong as EPU asking... (Government group, R1).</p> <p>AFCC ni... need lots of cooperation... (Government Group, R3).</p> <p>Tobacco Control... it involves all other ministries, international trade, everything... That how they do it... they coordinate at MOH level, but there is special committee represented by all other ministries, including custom. But it there... you can have similar model... but where the government want to place that particular coordinating is up to government... (NGO group, R1)</p>



Mechanism to implement AFCC in Malaysia		
Themes	Sub-themes	Excerpts
	<p>2.3 Secretariat, leadership, and ownership</p>	<p>ICU... secretariat for Majlis Sosial Negara... have source of power/authority to monitor implementation... Secretariat ICU is more appropriate... (Government group, R9).</p> <p>...Secretariat by one agency... or Parent agency... chaired by No 1 (PM) or No 2 (DPM)... Cause ... Have source of power/authority...Majlis Tindakan... Lead agency EPU... or Co-chaired by Ministry of Women, Family and Community Development or KPKT...</p> <p>... if one agency is chosen to lead this program (AFCC)... Do we have other policy where... source of power comes... maybe need to create guidelines... Or other things... later we place the source agency as leader... if that agency lead others will cooperate... (Government group, R6).</p> <p>...actually... Kementerian Wanita... (Government Group, R4).</p> <p>...a policy exist... Just give power to that agency... others... will support... (Government group, R6).</p> <p>...Ownership...nya... (Government group R5).</p> <p>I really agree with Caroline regarding ownership. You know someone must take ownership in different level... This ownership has to be under one agency. Just like medical tourism, we have MHTC to take care of it... And every policy will be so called monitor by this agency but in aged care it is actually none. Everybody is doing their own thing... (Private Sector group, R3).</p> <p>...if international framework it is Kementerian Wanita as older persons is under them... (Government group, R2).</p> <p>...Maybe KPKT... not sure... maybe can consider as they have city... community kan... they have local authority... (Government group, R4).</p> <p>So, in my opinion I would say that if we want to get something done, take place, first we really need to identify who is going to get the work done. In this case I would say that organization which is going to work has to be local government... They have to take the lead, and get the rest into the community to work out the whole process... (NGO group, R10).</p> <p>...But, you still need a champion, you still need a driver, Somebody maybe from the federal level, or whoever can push and drive it, then you will become successful. Sustainable... Otherwise, we will go back again to our silo world (NGO group, R5).</p>
	<p>2.4 Monitoring and Reporting</p>	<p>...In doing new things... in all initiatives, for example AFCC, you have to report... sign up for it... NGO can also give database of all cities that says that we are participating in age-friendly city initiatives and they do the monitoring... And you show them whether what they are doing is true or not... mechanism of reporting and monitoring is very important. (NGO group, R1).</p> <p>If you see MPPJ, we even have child council in there. So, if they want to talk about child friendly, there is children council. I think, for elderly, you should do that also. And for the report we have parallel report on the child. What the government said, kita pun ada checklist. So, if the child (group of NGOs) part boleh buat, the elderly also can... (NGO group, R6).</p> <p>...Ministry of Women, Family and Community Development establish a one stop center to monitor and make sure city council implement and how many percent their budget allocated to aged friendly activity or sustainable cities... (NGO group, R4).</p>

Mechanism to implement AFCC in Malaysia		
Themes	Sub-themes	Excerpts
3. Top-down and bottom-up approaches		<p>...need to have top down, meaning from government, need Act, policy and also need bottom-up... (Private Sector Group, R7).</p> <p>We need awareness from the target group... For society la, we have to help ourselves, we need volunteers... maybe we need advice from all seniors, how to do this AFCC, because they are living in the condition now... For us we are working now, if we are free we like going back on weekend only. So we don't really know... SO we need to know what the issue face, but not only in terms of infra but I think we also have a lot of marginalized community... (Private sector Group, R7).</p> <p>It will be good if we can identify pioneers (older people) to work together, then we can see real issues... (Private sector group, R10).</p> <p>...we should hitch from very beginning... we should hitch on other initiatives and go through to bottom-up and of course top-down as well to ensure the legislation applies across the board... (NGO group, R1).</p> <p>...another one is capacity build the people and let the people do the talking... (State government, R11).</p> <p>There are two things to make AFCC successful, finance and policy. So you got good finance, you got policy, it runs. But in Malaysia, you have to be both ways. It has to be bottom-up and top-down. So if you top-down also tak boleh jalan, bottom-up also that boleh jalan... Because they don't have resources. We need legislation... (NGO group, R13).</p>
4. Integration with existing programmes or initiatives	4.1 Top and bottom integration	<p>There are many initiatives out there, but they are all not connected.... First step for us to map out what is really available, what are the things people are already doing, and then we can better strategize and collaborate... (NGO group, R2).</p> <p>We won't get synergy needed as aged city is part of carbon city, part of livable community, part of SDG... how can we actually plan in tandem with the rest... (State government group, R11).</p> <p>...So I feel that while it is a good initiative (AFCC), but I think maybe the framework that we have discuss, basically to ensure this is integration with other initiatives. Otherwise, difficult to implement. There is so many initiative and its leading to nowhere... I think to me, the way to go is to integrate these initiatives, so that you have different groups doing their own thing (NGO group, R1).</p> <p>Integration also at the national level... Integration between government agencies. So, a few Ministries are talking about this.... The other Ministries, for instance, Kementerian Multimedia... the Communication Ministry what did they do?... They should promote the awareness... So every ministry must have an agenda for orang tua... because other initiatives in the past, it takes Chief Secretary bagi tahu to all Ministries... "every Ministry next month, give us what are your green initiatives... If you don't... you have to start now because Chief Secretary is asking... So its top-down, if not no one wants to do it... (NGO group, R12).</p>
	4.2 Coordination of mutually reinforcing initiatives	<p>It has to be coordinated... Cause right now, everyone is pushing in different agenda. So we are not talking together in unity... (NGO group, R7).</p> <p>...they may not talk to each other... Sometimes, they may not realise what each other's doing... So... very common... (NGO group, R2).</p> <p>...Some local council have got their Local Agenda 21, NGO adopted the local agenda, depending on which local government is active. Local agenda is driven by NGO. So if want to introduce... age-friendly city in local this one, number one you need to form your local agenda... Because why, that one they have a budget and they are not under controls any councilors. They are actually under control of the NGO. (NGO group, R1).</p> <p>...Coordination among NGOs is important for this age friendly cities... (NGO group, R1).</p>



Mechanism to implement AFCC in Malaysia		
Themes	Sub-themes	Excerpts
	<p>4.3 Coalition of NGOs</p>	<p>...Kalau takde kesatuan, it is difficult. In fact our coalition, kita ada Majlis Kanak-kanak, we have ECC council, we have councils inside the coalition.. (NGO group, R6).</p> <p>...We tend to be a bit silo... We only look with our organization... not the other NGO and others... one off probably that we must bring them together... more often to share the needs of other NGOs and link up where we can support as the starting point... (NGO group, R5).</p> <p>We as NGO, CSO whatever, we need to unite ourselves... Firstly, do we know who the people are? The major players involved. We must have a directory so that we can get this people and speak as united voice. Then, we have a stronger lobbying power... Cause now government not paying attention to us....Frankly speaking no. We are all frustrated... They are not taking us seriously. (NGO group, R7).</p> <p>...Perhaps all NGOs that got interest in older persons should formed like a council, grouping and meet regularly...Not just talking about aged care... but also age-friendly city and so many things... Perhaps this is what we should do, is to strengthen the coalition of NGOs... the coordination of (NGO group, R1).</p>
<p>5. Multisectoral collaboration</p>	<p>5.1 Mindset change for collaboration</p>	<p>Some people are already tackling some part of it... like doing mobility... economic some people are tackling it. The problem is how do we integrate... because every department in local government could be operating in silos... and right now we are talking about multidimensional... we have the inability to operate cross multidiscipline... how to over come that... if we don't overcome it... (Government group, R1).</p> <p>Planning Department stronger voice than Dept Community. Focus too much on infra... (State government group, R1).</p> <p>I think that the challenge is the people mindset for the paradigm shift...(Private Sector, R4).</p> <p>...Penang shared a multiple stakeholder experience, Penang Accessible Action Group...basically to improve accessibility and walkability for special disabilities, senior citizens, women and families... It can be done... (State government, R5).</p> <p>In terms of planning, we need to plan for them, not for us (government). So now we are preparing for ourselves. Because we are heading towards that also. For us Muslim, it if fardhu kifayah also (State government group, R3).</p>
	<p>5.2 Different collaborative role for stakeholders</p>	<p>To implement this smart city, every agency has their own role. Federal focus on statistics, data policy, advocacy, and Act. State has its role... maybe state more on identify location, and committee to monitor work... Researcher come out with how to effectively implement this project. Maybe this is a better system than ours, they are the one that must to the research...And then identify NGO's role,... example, you want to do project in my kampung, what is the role of Village head? And then KKM, what is their role, how we can involve KKM to improve wellbeing of older persons. I feel it's like this... So cannot do alone. (Private Sector, R9).</p> <p>...need a setup where we can implement... we do our job, you do your job, then the pace is there... (State government, R3).</p> <p>...redundant work and we always overlapping each other. (State government, group R3).</p>

The participants were concerned with the sustainability of the AFCC program and the subthemes comprised of a source of power or authority, awareness and political will, financial support, and continuity of the existing programme. The participants stressed that the source of power or authority is an important element to implement AFCC, without the source of power, it was difficult to get support from agencies. At the same time, agencies and the public should be made aware of what AFCC is all about and when this is achieved, it would be easier to get support and cooperation. Further, the participants opined that strong political will is needed to implement the initiative and questioned which Minister would champion the cause. When the fundamentals of the source of power, awareness and politics will have been achieved, financial resources will have to be allocated to the programme. To further sustain the programme the participants opined that a mechanism is needed to ensure continuous improvement and reward effort at the local level to entice local authorities to implement AFCC to benefit their communities.

Governance structure

Under the theme of governance structure, four subthemes were identified. These subthemes are:

- (i) State level
- (ii) Federal level
- (iii) Secretariat, leadership, ownership, and
- (iv) Monitoring and Reporting

The governance structure is an important aspect of successful execution of programmes or activities when it involves many stakeholders. In the analysis, four sub-themes were identified. At the state level, the mechanism of implementation was rather clear. Any programme to be conducted at the State level will tie in with the State Excos that are responsible for the related portfolio. Therefore, a clear execution pathway was identified, and the structure is already established as related Excos have monthly meetings with PBTs at the state level.

Nevertheless, the organisational structure at the Federal level was not as simple. There was no clear agreement on which structure to adopt. There were suggestions to create Cabinet Committee on AFCC, Action Council like Anti-Drug trafficking or like Tobacco Control under one ministry and memberships from other Ministries. There is no agreement on this organisational structure to adopt but the participant agrees that the structure should be strong as AFCC needs cooperation from all sectors. In addition, there is no agreement on which ministry should be the secretariat, leadership, and ownership of AFCC. Nonetheless, the

participants agreed that agencies that have related policies should hold the leadership of AFCC. A few participants opined that the Ministry of Women, Family and Community Development should take a leadership role as the Ministry is the custodian of the National Policy of Older Persons and international bodies regard older issues are the portfolio of this Ministry. There were also suggestions for EPU or ICU should take ownership and the Ministry of Women, Family and Community Development as Secretariat. Opinion was also noted for possible for the Ministry of Women, Family and Community Development and the Ministry of Housing and Local Government to co-chair the organisational structure. The co-chairmanship had happened before with Ministry of Human Resources and the Ministry of Finance co-chairing the Migrant Labour Issues. Lastly, the subtheme of monitoring and reporting emerged to address the implementation progress of AFCC. There was a suggestion for the Ministry of Women, Family and Community Development to establish a one-stop centre to monitor and report AFCC implementation at the local government (PBT) level.

A top-down and bottom-up approach

The third theme that emerged was a top-down and bottom-up approach to implementing AFCC. This approach was seen as most optimal to implement AFCC as the resources, finances and manpower can be mobilised at all levels.

Integration with existing programmes or initiatives

The fourth theme is integration with existing programmes or initiatives. This theme comprised of three sub-themes: top and bottom integration, coordination of mutually reinforcing initiatives, and a coalition of NGOs. The subthemes revolve around the integration at the federal, state, and local government levels and with local stakeholders. In addition, the coordination subtheme emerged in relation to embedding AFCC to align with current initiatives to ease adoption and implementation and the NGO felt they also need to collaborate to present a strong presence and developed collaborative partners with other NGOs for a stronger voice and avoid working in silos.

Multisectoral collaborations

The fifth theme that emerged was multi-sectoral collaboration with mindset changes for collaboration and different collaborative roles for stakeholders as subthemes. As AFCC is multi-sectoral and to ensure the successful implementation of the program, collaborative partnerships must be fostered and nurtured amongst stakeholders. A new collaborative culture will need to be established, and initiatives to promote cooperation will shift mindsets, encourage greater partnerships, and profit from more mutual understanding and resource sharing to accomplish larger goals.

3. Issues and Challenges to Replicate AFCC

Five themes emerged when the question of issues and challenges to replicate AFCC is discussed as shown in the table. The themes are:

1. Champion for older person's cause,
2. Enforcement of the existing policy,
3. Development of policy versus development of Act,
4. Promotion, recognition, and award
5. Empowerment of older persons.

Issues and challenges to replicate AFCC	
Themes	Excerpts
<p>1. Champion for older person's cause</p>	<p>the governance structure for seniors is very weak..... for the last ten years, nothing was planned in Malaysia for senior citizens. So because there is nobody to fight with. Maybe they have very little, but not the whole. So that's why I think the governance for senior citizens should be improved (NGO group R3).</p> <p>...We do not give importance to older persons... (Government group R8)</p> <p>...Not all government agencies pay attention to older person issues... (Private Sector group, R13).</p>
<p>2. Enforcement of the existing policy</p>	<p>All PBTs... now use UBBL... now incorporate Malaysian Standard 1184... All requirements that aged society meet, disable meet, it is already there... It is... become the mandatory document that all PBTs should use... (State government, R8).</p> <p>...the policy is there, but the implementation is the one is lacking, also, the budget... Very important. (State government, R5).</p> <p>...a lot of policy things are disseminated and maybe the one stop center, centrally plugged to all city councils to monitor process of planning approval. So I see it as an extension of the one stop center and additional federal officer in the city council monitoring KPIs and any initiative at the local council, local government level, for the age-friendly... It great to be a coalition, and federal control the agency, for example Ministry of Housing come out with short terms KPIs, action plan that is easily implemented by city council, For example, create an age day care community center checklist...</p> <p>Don't do big job, it will never happen. Come out with baby steps. ...this year every city council make sure empower active community center for seniors. One goal. Only one thing to do...For example we always, start small, basic management. Start Small. If not big dream, nothing happens.</p>

Issues and challenges to replicate AFCC	
Themes	Excerpts
<p>3. Development Policy versus development of an ACT</p>	<p>...If you don't have ACT, it is very difficult, that why you have to be overseen by the TPM when you have only dasar... Dasar is not strong. (NGO group, R12).</p> <p>...Another thing is this, when you come to government policies, depending on the government of the day, thing never get... and there is no continuity (Private sector group, R4).</p> <p>The only mechanism that you have to solve is by ACT. Local government can ignore your guidelines and policies. So, if local government ignore your ACT, you can do jurisdiction review. But that's it. Policies and an all those are still guidelines only... (NGO group, R4)</p>
<p>4. Promotion, recognition, and awards</p>	<p>Tourism has icon... Key opinion leader... Ipoh we can use Michelle Yeoh for AFCC. (Government group, R6)</p> <p>...Establish recognition in the form of age-friendly town... Anugerah Bandar Mesra Usia (Government group, R5).</p>
<p>5. Empowerment of older persons and community</p>	<p>...norms need to change from government side, the aged, the OKU does not need hand-outs all the time... (State government, R3).</p> <p>...dangerous to say plan together without real capacity builders... Identify roles of aged... institutionalized the role. (Government group, R11).</p>

Participants voiced that there are no champions to advocate for older persons and as such their voice is not heard. This is further exacerbated as not all agencies focus on older persons and older persons are not given enough attention. The implementation of AFCC incorporates physical and social environment as well as services, the participants were concerned with issues related to implementation. For example, currently, at the PBT level, UBBL and Malaysian Standard 1184 are used as guidelines to ensure the development meet the requirement of age and is disabled friendly. However, these requirements are not followed strictly. Therefore, there were concerns with regards to the introduction of the new policy on age-friendly that may face the same situation. Further, to ensure implementation, the participants were contemplating developing an Act to ensure that PBTs would follow the Act but also recognized that an Act will take time to be developed. Participants also

suggested to the government agency to start with small achievable activities and establish a one-stop entity to monitor activities related to AFCC implementation.

To promote AFCC, the participants suggested identifying icon for age-friendly program akin to the Tourism Icon and also developing awards to recognize and appreciate stakeholder working towards achieving age-friendliness of their localities. AFCC adopt an inclusive approach and there is a need to have a fresh view of older persons and people with disabilities, not just as welfare recipients but as contributing members of the communities and they may need to be trained to improve their social capital and contributing member of the society.

Summary

From the stakeholder consultations, the participants noted gaps in the linkages of policy delivery due to unfamiliarity with policies and different priorities at the state level. This is further heightened if the states are in opposition hands. Hence, there was a suggestion to look at the role of state EXCO in translating federal policies and programmes as shown in Figure 4.2.

The understanding and attention of the EXCOs are crucial to getting policies implemented at the state level. The voice of the community to the EXCO is vital to mainstream issues and ensures implementation of the issues.

Figure 4.2 shows the linkages between federal policies and the state actors in policy and program implementations. At the state level, the implementation of policies is held by the State EXCOs with the various portfolios. The portfolios mirror the federal level, where health, housing, education, local government, social welfare and well-being and infrastructures are a concern, albeit in different titles or labelling. For example, the EXCO for housing and social well-being would be in charge of matters related to housing and social well-being and would meet with PBTs to address matters related to the portfolios. In addition, EXCO for local authorities will focus on the specific target groups such as children and youth, disabled, older persons and other sectors of the population in the community.

At the state level, the EXCO will interact with PBTs to ensure that activities under their portfolios are implemented and the EXCO may mobilise other parties to implement policies and seek funding for the activities/agenda. The Local Authorities (PBT) are linked to the communities through the Committee on Village Security and Safety (JKKK) and in the opposition state is through the Village Development and Security and Safety Committees (JPKK). This strategy will ensure an inclusive approach to addressing the local development agenda with linkages to the national agenda. Communication of national strategies to state

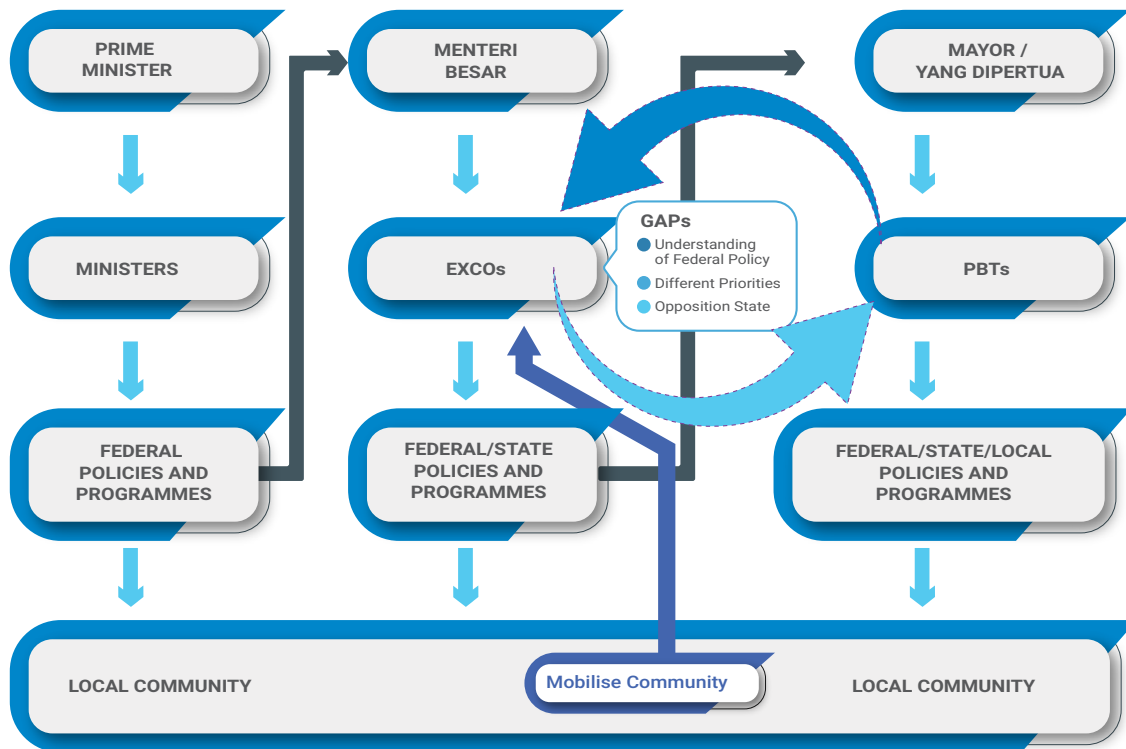


Figure 4.2: Strengthening the linkages between federal, state and local policies and programme through EXCO and voices of the people

and local leaders is a crucial element in the buy-in process and advocacy roles of citizens and stakeholders are essential to getting the AFCC agenda mainstream.

In addition, the participants noted that there is a need to establish a powerful mechanism or structure in the form of Jawatankuasa Kabinet or Majlis Tindakan AFCC with ICU as the Secretariat. ICU has the mandate to coordinate and monitor implementation programmes from Federal, State, and Local authorities up to village levels. Nevertheless, there is a need to identify the key champion to lead the initiative. The participant did not identify a specific Ministry but said it must be a central body.

The top-bottom and bottom-up approaches in the implementation of AFCC was also highlighted. Another important element raised was the need to create awareness of the need for AFCC at all levels of government and society. AFCC is seen as part of the strategy to prepare for the aged nation status and AFCC is seen as an action-oriented program that needs proper guidelines for implementation as Malaysia will be an aged nation by 2030 or earlier.

A sense of the importance of AFCC and political will from the government is needed to realize AFCC. There is a need to integrate and incorporate AFCC into the existing program and structure as the assimilation and implementation of

the program would be seamless. The inclusive methodology of AFCC needs clear operationalization to avoid duplication and silo working culture. In addition, monitoring, and continuous improvement of AFCC is required as AFCC cannot be achieved within a short period.

ii. SWOT Analysis

The SWOT analysis was conducted to identify the suitability of existing national frameworks which can house the Malaysian Age-Friendly Communities and Cities (MAFCC) program in the future. The WHO age-friendly cities and community framework in an inclusive approach which covers eight domains which influence the everyday life of people of all ages. Bearing this in mind, four existing governance structures of national policies were selected, namely the Action Council on Shared Prosperity Vision (WKB), Council on National Social Policy (CDSN), National Advisory and Consultative Council on Older Persons (NAPCCOP), and National Physical Planning Council (NPPC). The aim was to select the optimal governance structure that is appropriate for MAFCC implementation. In our analysis, we only focus on the strength and opportunities as the weakness and threats are similar across all four governance structures. The most appropriate governance structure to promote MAFCC is the Shared Prosperity Vision. This structure is chaired by the Prime Minister and include multidimensional and multisectoral parties. This structure takes into consideration both the top-down and bottom-up approaches in dealing with various age-related issues. They are linked with all levels of government, private sectors, and the civil society in pursuing the goal of shared prosperity. On the other hand, the National Social Policy, an entity that employs top-down governance structure is also chaired by the Prime Minister. It mainly focuses and addresses social issues faced by people from all age groups.

Next, the governance structure of the National Policy of Older Persons (NPOP) handles multidimensional issues but focuses only on older persons and does not cater for all ages. The Advisory and Consultative Council of the NPOP is chaired by the Minister of Women, Family and Community Development, while the National Physical Plan (NPP3), even though it is chaired by the Prime Minister, focuses on physical development and land use issues which caters for all ages. The development considers both the top-down and bottom-up planning approaches. There is no dominant structure that can be selected as the main governance structure. However, if we focus on the element of all ages, multidimensional, top-down, and bottom-up approaches, and chairperson, we will select a combination of NAPCCOP and NPPC. This combination would be the strongest option that will be able to deliver MAFCC. Nonetheless, there should be a bilateral relationship between KPWKM and KPKT to facilitate and realise MAFCC. This call for the whole-of-government and the whole-of-society approaches to be adopted to operationalize

MAFCC. Collaboration and cooperation between all stakeholders are needed to address complex multidimensional issues of population ageing and age-friendly cities and community. Strong leadership is crucial to operationalising MAFCC, starting with the pilot site in Taiping and beyond. Results of the SWOT analysis and source of authority are summarised in Table 4.2. After the technical meeting on the 11th of May, the technical committee suggest considering the Committee of Universal Design and Built Environment of the National Council of Persons with Disability as a potential secretariat to place the AFCC program. Nevertheless, the Committee is not appropriate as the focus area is limited to universal design and build environment and only focuses on PWDs. We cannot equate older persons to PWDs.

Table 4.2: SWOT Analysis and Source of Authority

SWOT Analysis	Shared Prosperity Action Council (Majlis Tindakan Kemakmuran Bersama)	National Social Council (Majlis Sosial Negara)	DWEN Advisory and Consultative Council (Majlis Penasihat dan Perundingan DWEN)	National Physical Planning Council (Majlis Perancang Fizikal Negara)	National Council for Persons with Disabilities (Majlis Kebangsaan bagi Orang Kurang Upaya (MKBOKU))
Source of Authority	Shared Prosperity Vision 2030/ WKB 2030 (2019)	National Social Council/ DSN (2003)	National Policy of the Older Persons/ DWEN (2011)	Third National Physical Plan (NPP-3); Act 172 (1976); Act 267 (1982); Second National Urbanisation Policy (NUP2) (2016); National Community Policy (2019)	Persons with Disabilities Act 2008 (Act 685)
	Action Council on Shared Prosperity Vision (Chair: PM)	Nation Council on Social Policy (Chair: PM)	National Advisory and Consultative Council on Older Persons (Chair: Minister of Women, Family and Community Development (KPWK))	National Physical Planning Council (Chair: PM Deputy Chair: DPM)	National Council for Persons with Disabilities (Chair: Minister of Women, Family and Community Development (KPWK))
Strengths	<ul style="list-style-type: none"> • Policy under Prime Minister's Department. • Inclusive - a reasonable standard of living for all. • The connotation of an "action council." • All ages. 	<ul style="list-style-type: none"> • The "umbrella" policy for all other social development policies. • All ages. 	<ul style="list-style-type: none"> • Focus on the development of the older persons as a whole. • Active ageing and healthy ageing in line with WHO. • A lifelong approach. 	<ul style="list-style-type: none"> • NPP-3 focus on physical, economic and social development. • Local government mobilization. • KPKT is the "focal point" for affordable housing and community issues. • All ages. 	<ul style="list-style-type: none"> • MKBOKU focus on several areas of accessibility. • Registration of PWDs. • Multisectoral and multi-collaboration. • All subcommittees chaired by KSU of related Ministry. • All ages.

SWOT Analysis	Shared Prosperity Action Council (Majlis Tindakan Kemakmuran Bersama)	National Social Council (Majlis Sosial Negara)	DWEN Advisory and Consultative Council (Majlis Penasihat dan Perundingan DWEN)	National Physical Planning Council (Majlis Perancang Fizikal Negara)	National Council for Persons with Disabilities (Majlis Kebangsaan bagi Orang Kurang Upaya (MKBOKU))
Weaknesses	<ul style="list-style-type: none"> • Implementation and achievement of WKB. • Duplication of social jurisdiction (federal list/ state list/ joint list). • Top-down only. 	<ul style="list-style-type: none"> • Implementation and achievement of DSN. • Duplication of social jurisdiction (federal list/ state list/ joint list). • Top-down only. 	<ul style="list-style-type: none"> • Implementation and achievement of DWEN. • Duplication of jurisdiction. • Lack of health and social integration - National Health Policy for the Older Persons being implemented separately. • Top-down only. 	<ul style="list-style-type: none"> • Implementation and achievement of WKB. • Duplication of social jurisdiction (federal list/ state list/ joint list). 	<ul style="list-style-type: none"> • Focus only on accessibility and universal design. • PWDs population. • National focus.
Opportunities	<ul style="list-style-type: none"> • Opportunities for collaboration between professions, agencies and sectors. 	<ul style="list-style-type: none"> • The policy under KPWKM is under evaluation. 	<ul style="list-style-type: none"> • Policies under KPWKM and the DWEN Action Plan will be evaluated in the near future. • MOH bilateral relations with KPWKM. 	<ul style="list-style-type: none"> • Bilateral relations with KPWKM. • Social development in the city. • Mixed top-down bottom-up similar to AFC. 	<ul style="list-style-type: none"> • Act and Action Plan with KPWKM. • Top-down.
Threats	<ul style="list-style-type: none"> • Policy continuity and political leadership. • Lack of cooperation between officers/ agencies. 	<ul style="list-style-type: none"> • Policy continuity and political leadership. • Lack of cooperation between officers/ agencies. 	<ul style="list-style-type: none"> • Policy continuity and political leadership. • Lack of cooperation between officers/ agencies. 	<ul style="list-style-type: none"> • Continuity of the NPP. • Lack of cooperation between officers/ agencies. 	<ul style="list-style-type: none"> • Lack of structure at the State level. • Lack of cooperation between officers/ agencies.

iii. Online Focus Group Discussion

Due to the Movement Control Order during the COVID-19 pandemic, the focus group discussion was conducted online via Zoom platform. A senior representative from the agencies listed below was invited to participate in the discussion.

Federal Government

1. Ministry of Women Family and Community Development (KPWKM)
2. Ministry of Transport (MOT)
3. Ministry of Health (MOH)
4. Ministry of Communications and Multimedia (MCMC)
5. Ministry of Human Resources (MOHR)
6. Ministry of Science, Technology & Innovation (MOSTI)
7. Ministry of Finance (MOF)
8. Ministry of Housing and Local Government (KPKT)
9. Economic Planning Unit, Prime Minister's Department
10. Implementation Coordination Unit, Prime Minister's Department

State and Local Governments

1. Taiping Municipal Council
2. Kuala Lumpur City Hall
3. Petaling Jaya City Council
4. Kuching North City Hall (DBKU)
5. Perak State Secretary's Office

Two online FGDs were conducted. The first session was with Representatives from the various Ministries held on the 15th of June 2021. The second session was with the various Local Authorities held on the 16th of June 2021. A short presentation on the Project's background was given by the Project Leader before the FGD. The participant's distributions are shown in Table 4.3.

Table 4.3: Distribution of participants by groups and agencies

Level	Agencies	Participants
Federal	1. Ministry of Women Family and Community Development (KPWKM)	1
	2. Social Services Division, Economic Planning Unit, Prime Minister's Department	1
	3. Implementation Coordination Unit, Prime Minister's Department	4
	4. Ministry of Transport (MOT)	1
	5. Ministry of Health (MOH)	4
	6. Ministry of Communications and Multimedia (MCMC)	1
	7. Ministry of Human Resources (MOHR)	1
State/ Local	1. Taiping Municipal Council	2
	2. Kuala Lumpur City Hall	2
	3. Petaling Jaya City Council	2
	4. Perak State Secretary's Office	1

Objectives of the Online FGDs

The objectives of the online FGDs are as follows:

To gather feedback on how to develop an effective governance structure to implement the AFCC Program.

Results and Discussions

The following sub section is structured into Part A and Part B. Part A presents the thematic analysis of the online discussion with the Ministries and Part B presents the online discussion with the Local Authorities.

Part A

Several themes emerged from the analysis as summarized below:

1. Conceptualization: AFCC Concept and the Components of AFCC
2. Roles and Functions of the various Ministries/ Local Authorities
3. The extent of Public Involvement in AFCC Program
4. Implementation and Development
 - Governance Structure

- Lead Agency

4. Conceptualization: AFCC Concept and Components

The AFCC domains which include the physical environment, housing, the social environment, opportunities for participation, informal and formal community supports and health services, transportation communication, and information are well received by all respondents.

However, several respondents raised their concern about the need to understand key concepts central to AFCC.

Themes	Excerpts
Understanding of Key Concepts related to AFCC.	<p>Konsep warga emas pun tak faham lagi... (R9).</p> <p>Jauh lagi. Because they need to understand what is, apa isu-isu on age-friendly, I mean issue ageing. Semua kena faham dulu. Then they will appreciate what is age friendly semua ni... (RX).</p>

5. Roles and Functions of the various Ministries/PBTs

Majority of the respondents want to know what are their roles and functions and how they can contribute to the AFCC program. There are mixed responses from the representatives. Many of the representatives from the various Ministries are well versed with their roles and functions but unable to see how they can work together to realize the AFCC program. Only several Ministries can see clearly how they can contribute to the AFCC Program.

Themes	Excerpts
<p>Ministries working in silos focussing on their roles and functions.</p>	<p>They are quite new about this. Tapi betullah. ICU ke, whoever in the committee wanted to know what is their role and function... (R9).</p> <p>I think memang they need to know, what is their role and their functions...TOR lah. So that they are clear about AFC,... Sebab tu semua tertanya-tanya. Itu sebab saya rasa they are not clear about their role. Itu je... (RX).</p> <p>“Cuma saya wakil daripada Kementerian Sumber Manusia, mungkin bagi peranan Kementerian Sumber kita ada dari segi perundangan terhadap perburuhan, dan juga undang-undang untuk social protection di bawah SOCSO dan sebagainya. Mungkin itu kita akan bantu lah untuk menjayakan program ni ... (R11).</p> <p>Tapi kita (MOT) punya focus, adalah kebanyakan kepada OKU kerana memandangkan sekiranya kita data memberikan perkhidmatan terbaik kepada OKU, bermakna kita dapat memberikan perkhidmatan terbaik kepada semua golongan.</p> <p>....Saya rasa untuk role MOT, mungkin boleh membantu dari segi facilitate keperluan atau permintaan daripada pihak warga emas ni sampai kepada agensi untuk diperhalusilah. Saya rasa tu mungkin adalah role yang kta boleh bantu dalam kerangka nasional ni... (R13).</p> <p>Saya dari KKMM. Berkaitan dengan telekomunikasi... So macam saya tengok tadi Taiping, involvement kita takda lah sampai ke Taiping level. Tapi dia akan ada kerjasama dengan PBT di sana, Kerajaan Negeri Perak... ahh gitu... and then, untuk satu lagi adalah dari segi communication, yang kita akan blast every message by government lah. Apa-apa government punya policy. Let’s say untuk AFC dia ada national statement yang dia nak keluarkan, kita akan tolong amplify to our platform macam RTM, Bernama, FINAS semua... (R12).</p>

6. Extent of public involvement in AFCC Program

Response from the participants suggested that there should be a limit to public involvement in planning for AFCC especially when it involves technical matters. Planning practice in Malaysia allows public participation and that the public and all interested parties can participate in the many platforms provided.

Themes	Excerpts
<p>Limit to public involvement in AFCC Program</p>	<p>National Development Planning Framework in Malaysia allows public involvement. The Plans contain policies and strategies for City Development and the public can give their feedback within a given period of time. Hearing sessions will be conducted in response to the feedbacks submitted... (R8).</p> <p>MBOKU merupakan satu jawatankuasa di peringkat federal yang menjadikan OKU sebagai ahli jawatankuasa tersebut. Saya rasa kalau kita mengadakan satu jawatankuasa, dan kita memanggil wakil dari public dia dah setara dengan apa yang Prof cakaplah untuk masukkan... (R13).</p> <p>Untuk kita mengadakan pembangunan bandar secara bersama atau mengadakan planning secara bersama adalah agak sukar. perkara ini pernah dibangkitkan oleh --- beberapa kali berkenaan pembinaan struktur bangunan, mereka memohon untuk memasukkan wakil OKU dalam OSC dan perkara ini mendapat halangan daripada wakil daripada PBT lah. Memandangkan untuk menjadi dalam OSC mereka memerlukan pengetahuan teknikal yang tinggi. Jadi sekiranya prof nak menjadikan, memasukkan mereka di dalam atau memasukkan public dalam penyediaan plan ni mungkin akan sedikit sukar lah... (RX).</p> <p>... Sebenarnya itu lah yang saya maksudkan sebentar tadi. apabila PBT atau pun PLANMalaysia mengadakan RTD atau pun RSN, mereka membuat public display. So daripada public display tu lah public akan memberi komen untuk macam mana mereka menyesuaikan diri dalam perancangan tersebut. So itu merupakan salah satu konsep yang saya rasa boleh difikirkan. bukanlah saya mengatakan perlu membuat public display, tapi itu adalah satu konsep yang kita boleh fikirkan,</p>

7. How do we develop an effective governance structure to implement the AFCC Program

The governance structure as suggested by the Consultants is for ICU or EPU to be the Secretariat together with the policy division of KPWKM. However, there are mixed views with regard to this structure as indicated below.

Respondents gave differing views as regards which agency should take the lead in AFCC Program with the majority agreeing that KPKT should take the lead.

Themes	Excerpts
Implementing AFCC based on suggested Governance Structure	Redundancy will be happening lah. Kalau ICU ni jadi peneraju as secretariat. Because as far as I am concern untuk ageing issue ni, KPWKM dah ada majlis dia sendiri kan. Dengan juga jawatankuasa kerja dia. And then apa yang kami nampak ICU ni, sekarang ni bertanggungjawab as secretariat Majlis Perundingan Sosial. Ok kalau Majlis Perundingan Sosial, ageing issue ni kita boleh bawa masuk kat bawah dia lah, but as handling sebagai secretariat ni kami kena bawa dululah ke pihak pengurusan atasan lah. So that whether they agree or not. So buat masa ni kami tak boleh nak bagi apa-apa keputusan lagilah... (R4).
KPWKM as the Lead Agency	Saya cadangkan Kementerian Wanita lah sebab dia pegang Dasar Warga Emas Negara... punca kuasa datang dari situ prof... Dasar Warga Emas Negara... dasar-dasar semua bawah wanita kan... (R9).
KPKT as the Lead Agency	<p>... Macam saya cakap sebelum ni, KPKT ada smart city, low carbon city, child friendly city... so berdasarkan kita punya practise dekat Malaysia, semua ini ditentukan dalam RFN, RSN ataupun RED untuk kita menentukan arah mana kita nak bangunkan bandar kita. dan ia akan dibuat oleh kita punya developer lah. Tapi dengan syarat kita mempunyai satu asas dasar yang kukuh untuk memastikan dveloper follow apa yang kita buat. So berdasarkan ini saya merasakan kalau kita nak pilih lead agency berdasarkan apa yang dah dibentangkan sebentar tadi saya masih merasakan KPKT merupakan satu kementerian yang mempunyai... aaa... kebolehanlah untuk merealisasikan semua ini... (R13).</p> <p>... From ICU point of view as for the lead agency, kami bukan nak kata kami ni sesuai atau pun tidak bersesuaian ke ataupun EPU is the best person to lead ke apa ke. Cuma apa-apa pun we must look at the dasar and also the punca kuasa... bila menggabungkan tiga element tersebut, built environmentlah, social semua tu the best... ministry to lead is KPKT ataupun KPWKM. bila KPWKM nanti buat bilaterel ke apa ke dia boleh collate dengan KPLB dan PBT untuk tackle bandar dan luar bandar. ok. Bila KPKT pulak, dia akan melibatkan dengan PBT... (R4).</p>

Part B

Several themes emerged from the analysis as summarized below.

1. Implementation and Development of AFCC Program
 - Role of the Local Authority (PBT) and its Limited Scope of Functions to Implement AFCC Program
 - Use of the existing Governance Structure to implement AFCC Program
 - Lead Agency to implement AFCC Program

1.Role of the Local Authority (PBT) and its Limited Scope of Functions to Implement AFCC Program

Local authorities assume an extremely important role in the administration of local authority areas. It plays a crucial role in providing public goods and services that are specific to the localities. Local authorities are multi-purpose bodies responsible for delivering a broad range of services which include roads, traffic, planning, housing, economic and community development, environment, recreation and amenity services, fire services to name a few.

All respondents agreed on the important role of the local authorities. However, the local authorities have a limited scope of functions to implement the 8 domains as suggested by WHO. This is raised by the majority of the respondents stating that the local authorities' main functions are physical.

Themes	Excerpts
<p>Important Role of the LAs but LAs have limited scope of functions</p>	<p>... Kita masih lagi memerlukan komitmen yang sangat tinggi daripada PBT, walaupun kita ada dasar di peringkat federal, tapi kalau komitmen di peringkat PBT masih belum lagi buy in untuk melaksanakan inisiatif ni. saya tak rasa benda ni boleh dilaksanakan dengan jaya nya lah... (R7).</p> <p>... Pada pendapat saya kalau diperingkat PBT ni dia banyak kepada fizikal daripada lapan pillar tu kita ada transportation, housing, open spaces and building so kita lebih kepada yang tu jelah. Cuma untuk pillar selain daripadanya tu dia kena ada satu jawatankuasa yang mungkin di peringkat DO ke? Pasal yang tu melibatkan banyak jabatan tu, ada bahagian kesihatan, bahagian hospital, NGO... (R1).</p> <p>... Setiap PBT. itu lah dia punya peranan utama. Tapi yang tu dia termasuk dalam lapan pillar tu dia termasuk dalam built environment iaitu outdoor spaces and building, transportation, pejalan kaki, laluan basikal dengan housing. Yang tu peringkat local kita boleh tackle. Cuma yang community health support ni social environment ni. social participation respect and social inclusive ni, macam mana kita nak...dia kalau ikut age-friendly untuk bandar lapan-lapan ni kena ada kan... (R1).</p> <p>... Community health support tu dengan social environment tu. untuk PBT dia kurang sikit lah pasal dia melibatkan...aaa...Jabatan Kebajikan Masyarakat, Pejabat Kesihatan, dan ini lah NGO-NGO tu kita kena selaraskan balik lah. macam mana kita nak tackle ni... (R1).</p> <p>... Existing ada dah ada mungkin boleh dijadikan sebagai salah satu agenda ke. kalau nak minta MPT lapor kepada state, aaa... mungkin tak berapa kenal... dalam kita punya jawatankuasa tu tak merangkumi semua yang pillar tadi tu kan. yang sosial yaaa... kalau nak sentuh dari segi permukaan tu saja boleh lah. detail-detail nya memang bukan kita punya expertise benda tu... (R1).</p>

2. Use Existing Governance Structure to Implement AFCC Program

The Constitution of Malaysia provides that matters relating to local government are within the administration of the respective state governments. The Ministry of Housing and Local Government, which is a Federal Ministry, is given the task to coordinate the local governments in respect of legal and policy standardisation as well as co-ordinating the channelling of funds from the federal government.

In ensuring the ideal use, development, and conservation of land, PLANMalaysia, a leading agency in spearheading the spatial and land use planning matters and practices plays a role through its functions at three levels of the government: federal, state, and local. Meanwhile, the Local Government Department in the same ministry support and assist local authorities in continuously improving the quality of service delivery to the people.

Respondents agreed to use the existing structure to adopt the AFCC Program. The best way to link the local government to the federal level is to have a set-up where the local reports to the state and the state report to the federal level. Respondents agreed that at the local level, there are existing committees that can take up the responsibility of implementing certain domains of the AFCC. However, there is also a suggestion to set up a new committee chaired by the YDP.

Themes	Excerpts
Using existing governance structure to implement AFCC Program	<p>... Basically di peringkat daerah ataupun di peringkat local authority ini diaorang dah ada banyak structure yang dah sedia ada. dah ada committee cuma dekat comitee mana yang sesuai untuk kita selitkan ataupun kita masukkan sebahagian daripada fungsi untuk age friendly city ni dekat mana-mana jawatankuasa yang dah sedia ada saya rasa tak perlu buat satu comite baru pun. sebab dorang ni dah ada certain structure yang memang daripada dulu lagi memang pun dah ada... (R7).</p> <p>... Pihak PBT rasa dia lebih mudah kalau kita... tubuhkan jawatankuasa peringkat PBT. So MPT kita dalam proses pelaksanaan pasal AFCC. peringkat majlis dia chair dia punya pengerusi... kita di chair oleh YDP sendiri... (R2).</p> <p>... Kita nak rapatkan jurang antara federal dengan PBT ni tapi kita tak boleh left out state tu. sebab pbt apa apapun masih lagi di bawah state tu... (R7)</p> <p>... Dasar tu daripada federal bawah KPKT. lepas tu dia terus kepada state lah. state implement nya di PBT lah. tiap-tiap bulan kita ada meeting dengan PLANMalaysia di state. apa-apa isu. lepas tu state lah akan bawa ke federal pula untuk nak maklumkan apa-apa isu diperingkat bawahan. so dia punya step memang macam tulah... (R1).</p> <p>... Jawatankuasa Pembangunan Daerah. Dalam ni semua adalah ni, hospital polis semua. Mungkin lepas ni dia akan lapor kepada peringkat state lah. Bawah menteri besar lah tu. Mungkin lepas daripada tu dia akan susun kepada federal pula tu... (R1).</p>

3. Lead Agency to Implement AFCC Program

The “lead agency” in this context is the agency that has the principal responsibility for implementing and monitoring the AFCC Program. The lead agency cannot successfully implement the program without the cooperation and support of the participating agencies. Two main Ministries that should take the lead are the KPKT and KPWKM. However, the majority agreed that the KPKT should take the leading role in implementing the AFCC program with a revision of the funding in line with the provision of the 8 domains.

Themes	Excerpts
<p>KPKT as the Lead Agency to implement AFCC Program</p>	<p>... Kita kena engage balik bersama-sama dengan state level, dengan federal especially kementerian wanita dan juga KPKT, perumahan dan kerajaan tempatan ni two main players lah. yang memang sangat-sangat penting untuk memastikan projek ni atau pun inisiatif ini dapat dilaksanakan dengan kadar segera... (R7).</p> <p>... Macam inisiatif bandar selamat dia letak inisiatif ini di bawah Kementerian dan juga di bawah satu central agency iaitu Jabatan Perancang Bandar dan Desa dan itu sekali PLANmalaysia lah. jadi dia ada komuniti kat situ yang PLANMalaysia akan check participating local authority tadi tu program program dia macam mana. lepas tu tadi dia baru bagi dana untuk laksanakan program-program bandar selamat, diperingkat local level... (R3).</p> <p>... Boleh saya tambah... PLANMalaysia ni dia banyak bawah yang KPKT lah, cuma AFC ni saya nampak dia lebih kepada KPW(KM). cuma mungkin kena ada penyelarasan lah. mungkin dari segi dana-dana tu di peringkat federal kita kena tengok baliklah pasal dia berlainan menteri kan. Kena tengok balik siapa yang patut lead. atau bagi KPKT untuk implement. macam smart city aaa low carbon city itu semua bawah KPKT bawah PLANMalaysia tu. kena selaraskan dari segi dana tu.</p>

Summary

The key findings from the online FGDs suggest the use of the existing governance structure to implement the AFCC Program. The leading agency recommended is the Ministry of Housing and Local Government (KPKT), which is a federal ministry with the task to co-ordinate the local governments in respect of legal and policy standardisation as well as co-ordinating the channelling of funds from the federal government to the local level. PLANMalaysia will be the leading agency in spearheading spatial and land use planning matters and practices. It plays a role

through its functions at three levels of the government: federal, state, and local in ensuring the ideal use, development, and conservation of land. This would be the best way to link the local government to the federal level following other city initiatives practised in Malaysia. Nevertheless, according to WHO age-friendly cities and communities, local authorities should be the champion for age-friendly initiatives.

The Minister of Housing and Local Government is responsible for the implementation of all local government functions such as town and country planning, housing, landscaping, solid waste management and fire and rescue services. This presents great challenges to the local government in financing the non-physical domains of the MAFCC Program. It also challenges the ability of the local government to mobilize revenues from local resources. The way forward for the successful implementation of the MAFCC Program is to address these challenges.

4.2.2 COMMITMENT LETTER

In 2019, Taiping became Malaysia's first city to join the WHO Global Network of Age-friendly Cities and Communities. A commitment letter has been submitted to the network to pursue the programme cycle. At present, Taiping is at the first step of the age-friendly programme cycle.

Chronology of events related to Age-Friendly Taiping:

- On 21st February 2018, a Town Hall Meeting was organized by Taiping Municipal Council on Taiping towards An Aged-Friendly City.
- Discussion with the United Nations Development Programme (UNDP) on the project on age-friendly cities since May 2018.
- On 14th December 2018, presentation on the age-friendly city to Majlis Penasihat dan Perundingan Warga Emas Negara (National Advisory and Consultation Council for the Elderly) and a press statement.
- On 12th February 2019, the Local Advisory Committee (LPAC), Meeting was chaired by UNDP with representatives from the Ministry of Economic Affairs, UNICEF, WHO, UNFPA, Department of Social Welfare (JKM), and MPT.
- On 28th August 2019, Kick-off Meeting for Aged Friendly City – Taiping. Also, the Launching of Aged-Friendly City: Taiping (A project creating an age-friendly framework as per WHO towards an aged nation by 2030) was scheduled for the 4th quarter of 2019.

4.2.3 BASELINE ASSESSMENT

Baseline assessment entails a desk review of selected cities, focus group discussion, baseline survey, interviews and site observation. Data collection for the baseline survey and site observation was delayed due to the COVID-19 pandemic's Movement Control Order (MCO). Activities have resumed in phase 3 of the National Recovery Plan.

i. Focus Group Discussion

The first session was held with local stakeholders from the government sector, non-governmental organisations (NGOs), people with disabilities (PWD), single parents, and older persons. It took place on Wednesday, December 11, 2020, in the Taiping Municipal Council Building. The programme began at 8 a.m. with participant registration, followed by a briefing on the project's background by the Project Leader, Dato' Dr Tengku Aizan Tengku Abdul Hamid (Annex 4.2). Following a brief break, participants were divided into groups for the discussion. The discussion sessions were moderated by the research team members and ended at 2 p.m.

Participants were recruited by the Taiping Municipal Council based on the requirements stipulated by the research team. They were invited individually, except for the NGOs that were nominated by their organization. The NGOs group represented a wide range of interests, including tourism, heritage, recreation and religion, among others. A total of 56 participants attended the session and were assigned into six groups (Table 4.4).

Table 4.4: Group division and description of FGD I

Group	Description	Moderator/ Rapporteur	Location	Number of participants
A	Older persons (males)	Chai Sen Tyng	Alamanda Meeting Room, Level 1	6
B	Older persons (females)	Associate Prof. Ir. Dr. Siti Anom Ahmad/ Siti Farra Zillah Abdullah	Rafflesia Meeting Room, Level 1	10
C	Persons with Disabilities (PWD)	Associate Prof. Dr. Rahimah Ibrahim	Dahlia Meeting Room, Level 3	8
D	Single Parents	Associate Prof. Dr. Sumarni Ismail	Seroja Meeting Room, Level 4	4
E	Non- governmental organizations (NGOs)	Dato' Dr. Tengku Aizan Hamid	Tanjung Meeting Room, Level 5	16
F	Government Sector	Prof. Dr. Sharifah Norazizan Syed Abdul Rashid	Hibiscus Meeting Room, Level 3	12

Since the first session was held before the COVID-19 pandemic, a second session was arranged on Tuesday, November 30, 2021, at the Taiping Perdana Hotel. The discussion proceeded in the same protocol as before. There were 51 participants from six different groups. The group division and description are provided in Table 4.5.

The FGD session did not include younger age groups due to the current pandemic situation since they are considered high risk. Only Form Six students were invited to the FGD to represent the young group. They were identified through the District Education Office with the help of the Taiping Municipal Council.

Table 4.5: Group division and description of FGD II

Group	Description	Moderator/ Rapporteur	Location	Number of participants
Session 1 (Morning)				
A	Adult	Prof. Ir. Dr. Siti Anom Ahmad	Perdana Ballroom	5
B	Business Community	Dato' Dr. Tengku Aizan Hamid		10
C	Older Persons	Associate Prof. Dr. Rahimah Ibrahim		8
Session 2 (Afternoon)				
D	MPT (Management and Professional Staff)	Prof. Ir. Dr. Siti Anom Ahmad	Perdana Ballroom	9
E	MPT (Support Staff)	Chai Sen Tyng		7
F	Youth	Siti Farra Zillah Abdullah		12

The research team provided the guideline for the focus group discussion (FGD) which contains structured questions to guide the discussion.

Participants signed an informed consent form before the focus group discussion. Discussion sessions were recorded and transcribed verbatim. Transcripts were formatted for analysis using the NVivo software. First level coding was done by a research assistant. Second-level analysis for themes was done by a research team member. The final themes were presented and agreed upon in the research group.

Results and Discussion

The FGD sessions were taped and transcribed and thematic analyses were conducted with the data. The themes are summarized according to the domains of the WHO AFCC.

A. Physical Environment

A1. Outdoor spaces and buildings

The physical environment of an age-friendly city in the local context is based on inclusive design, connectivity and mobility. Participants mentioned that being able to move around the city without the physical barriers of uneven road levels and curbs will increase mobility for people with physical disabilities. This includes ensuring that the footpaths or sidewalks are free from obstructions and that ramps are installed to enable wheelchair users to access outdoor spaces or buildings. In addition, there should also be sufficient outdoor seats and pocket parks for people to take a rest as well as accessible public toilets. These features help people with a limited physical function such as persons with disabilities (PWD) to access urban spaces and buildings and are important for an age-friendly environment. In the same vein, a livable city for retirees and/or older persons is a place where they can independently access the city areas and feel safe. Therefore, urban planning and building design should incorporate accessibility and some upgrading or retrofitting may be required for existing buildings/ facilities.

Participants reported that shade structures and covered walkways will be important as Taiping has a lot of rain. Joggers get wet and could not find any shade. Participants also reported underused facilities in certain residential areas, such as community hall, that could be used for community activities. Younger participants wanted more places where they can hang out and these include more modern facilities such as malls, bowling areas, game centers, and futsal courts. There were also complaints from the participants in terms of the lack of facilities that are accessible for PWD. Other complaints are related to the misuse of parking designated for PWD and that there were instances where the authorities did not consider the needs of PWD such as blocking the area of entry or issuing parking summons due to the parking time limit. PWD require some consideration in terms of getting to the car park before the parking time expires.

Focus group participants noted issues of enforcement and maintenance of public amenities. For instance, unlicensed recycling centres are growing but a lot of them are becoming dumping areas for old bicycles and motorcycles. Garbage dumping is also a concern but participants note the importance of civic consciousness and also enforcement of fines by the authorities. Another issue is related to unsightly advertisement bills that can be seen everywhere. Vandalism and lack of maintenance are also mentioned in a few groups. Regular maintenance is also needed in areas where there is poor lighting, such as at the bus and train stations (e.g., baggage collection area) and also in the Taiping lake garden. Playgrounds in residential areas are also not well-maintained. Playground equipment such

as see-saws are broken and there is no maintenance by the authorities or the neighbourhood groups. Participants also mentioned bad odour from the drains and flooding can happen when these drains become clogged. There should also be initiatives to improve the hygiene of the public toilets and food outlets.



Photo: Issues of littering and garbage dumping.
Source: Researcher's collection – location town and the Lake Garden

Focus group members also highlighted issues from uncontrolled development. Too much development can lead to the destruction of the natural environment. People realized that the temperature is rising in Taiping and excavations and natural areas are being demolished for housing developments and new buildings. The Bukit Larut area was closed due to a landslide. There is an oversupply of buildings in the city and the new buildings are not occupied. A participant noted that developing status does not mean developing every available square inch of the space. Developing status means maintaining what you have and knowing how to appreciate and value what you have.

A2. Transportation

Focus group members voiced their concerns regarding the traffic and congestion, especially during peak hours and festival/holiday seasons. During this congestion, it will be more difficult for PWD and older people to move around safely in the city. Additionally, the completion of the West Coast Highway (WCE) will make Taiping the only city in Malaysia with two major highways, namely the North-South Expressway and the WCE. Therefore the influx of vehicles into the city will cause congestion because the roads are narrow and some are damaged by potholes. Hence, residents will have to add to their commute time when getting around Taiping during the seasonal holidays.

Another issue that was raised is in terms of parking. Participants report the difficulty to find parking in the city area because most people drive to get around the city and the parking lots are generally full with the cars of people working in offices in Taiping. Some businesses purchased the parking lots. As such, people who want to visit the city will have to go around the area many times to search for an empty parking lot and when they could find one, it would be very far away from the place they want to visit. This would pose a problem for the elderly especially those who have to attend the hospital or do some transaction at the bank. The parking areas can also be obstructed by haphazard ramps.

In many car-dependent communities, public transport is lacking. From the focus groups, there were concerns regarding public transportation. In the outskirts of the city, public transport may be discontinued (e.g. Aulong and Pokok Assam). In the rural areas, people who want to take the public bus may have to walk quite a distance (around 3-4 kilometres) to the pick-up location. While the existing public transport is a cheaper alternative, participants noted that the majority of the users are foreign workers (e.g. the Rapid bus). As Taiping is growing, the residents need bus services along the main feeder roads.

A3. Housing

Affordable housing and homes for the elderly are the main issues under housing. Participants note that housing prices are increasing. Low-cost housing is limited and the distribution is also subjected to mismanagement. People who rent can be subjected to poor housing conditions and abuse by the landlords. Another issue is the access to homes for the elderly especially those who are in the lower-income group.

B. Social Environment

B1. Social participation

Aside from an accessible outdoor environment, a peaceful atmosphere is also a key feature of Taiping a city that many of its residents appreciate and those who have previously lived in Taiping would come back again to their hometown to retire and grow old. Some participants are aware that an age-friendly city does not only mean 'elderly-friendly' and instead encompasses people of all ages. Nonetheless, the participants consider an age-friendly environment as a place that allows people to grow old with ease and comfort. Participants mentioned the need to prioritize seats for the elderly, create more activities for older people to occupy their time and provide facilities such as gazebos or park benches for older people to sit/rest.

B2. Respect and social inclusion

Being an age-friendly city means that the community is also warm and friendly to others and preserving noble values such as respecting and helping others and maintaining multiracial harmony. The participants stated that the characteristics of an age-friendly community in Taiping as being friendly and supportive of each other. It is common for the Taiping folk to greet others, especially while hiking. Multi-racial harmony and helping others regardless of ethnicity and religion are also consistently mentioned by participants. Besides, a supportive community means that people of different ages and abilities are accepted, respected, and provided with opportunities for social participation.

Photo: A photo from a personal blog showing people of different ages attending Taiping Lake Garden. In the photo, newlyweds and family taking their wedding photo while an older person is sitting on the bench.

Source: <http://jhazkitaro.blogspot.com/2010/12/taiping-bandar-warisan.html>



B3. Civic participation

Employment opportunities may be limited for younger people, PWD and older people. Younger people are going out of Taiping in search of work. Tourism is a potential industry in Taiping, and so is aged care. More PWD training centres and awareness of employees will be needed. There are quite a several volunteer programs in the community but more intergenerational programs should be encouraged. Recreational sites (e.g. activity areas, nature trails and camping grounds) and work opportunities (e.g. hiring older persons as local guides) should be designed to encourage participation. Communities/ Local non-governmental organizations (NGOs) should also be provided with the opportunities to work with the Taiping municipal council in terms of the beautification of tourist areas and training for disaster preparedness.

C. Municipal Services

C1. Communication and information

Banners and billboards are mostly advertisements and not so much information. During the pandemic, information exchange is done over the telephone, using SMS or WhatsApp. Public information should be made available online or on social media. Free WiFi areas will be beneficial for the community, especially those who could not afford to subscribe to the internet.

C2. Social and health services

Participants have mentioned issues such as way-finding, crowd, and lack of ambulance. In the rural health clinics (Klinik Desa), ambulances are not available or are under maintenance. There is also a need for caregiver training given the ageing population and the increase in the number of older persons needing care. There are not much of entertainment and recreational facilities for young people in Taiping.

i. Baseline Survey

This section presents the results of a baseline survey based on the World Health Organisation's (WHO) eight age-friendly city (AFC) domains. In addition, the survey seeks to investigate other areas which include the COVID-19 related practices as the survey was conducted during the pandemic, general life satisfaction and perception of development in Taiping and the vision of the future of Taiping. These additional areas would assist in the development of the Plan of Action for Age-friendly Taiping. The vision from the public is an important indicator of future orientation and actions that needs to be developed. The baseline survey aims to:

- i. assess the age-friendliness of Taiping and identify key domains for improvement by soliciting opinions from residents.
- ii. develop a five-year Plan of Action for AFC Taiping based on the survey findings.
- iii. increase general awareness of the importance of AFC in an ageing society.
- iv. empower the public by encouraging their feedback and participation in the AFC project.

Methodology

The community baseline survey was conducted from April until November 2021. Due to the continuous movement control order (MCO), door to door survey was not possible. Therefore, the survey was conducted fully online.

The survey was first launched on 9 April 2021 in Taiping Perak in conjunction with exchanging a Memorandum of Understanding between Taiping Municipal

Council and Universiti Putra Malaysia by Perak State Housing, Local Government and Tourism committee chairman Datuk Nolee Ashilin Mohamed Radzi. In this first phase, an online survey using Google Forms. The survey link was placed on MPT and MyAgeing™ official websites and social media platforms. From April to September 2021, only 141 responses were received.

A media consultant team was hired by UNDP to advertise and promote the survey. At the same time to increase the number of survey participants from the community.

The survey was re-launched using the media communication strategy to further increase the participation rate. The survey website was launched from 15th October to 31st November 2021 and managed to get 974 complete responses. In total, 1,114 responses were received from the survey.

Several strategies have been used to increase the community participation:

- i. A dedicated website to explain and answer the survey
– <https://www.afctaiping.my>
- ii. The original survey instrument was divided into four parts and published separately on the website to encourage responses.
- iii. Short video clip explaining about AFC Taiping
- iv. Gift for participants who completed the survey
- v. Advertise the survey continuously through Facebook advertisement

Table 4.6 shows the survey structure and number of questions for each part. The general perception instrument was adapted from a validated Thai version of the age-friendly environment questionnaire (Tiraphat et al., 2020). The question on eight domains of age-friendly cities was derived from the Checklist of Essential Features of Age-friendly Cities (https://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf). The survey instrument also included psychosocial measures and practices related to COVID-19, which is not the domain of age-friendliness as our data collection was conducted during the pandemic period.

Table 4.6: Survey's structure and number of questions

Part	Topic	No. of Questions	
A	Perceived age-friendliness	20	
B	8 domains of AFC		
	Domain 1	Outdoor spaces and buildings	4
	Domain 2	Transportation	3
	Domain 3	Social participation	4
	Domain 4	Housing	7
	Domain 5	Communication and information	5
	Domain 6	Respect and social inclusion	3
	Domain 7	Civic participation and employment	6
	Domain 8	Community and health services	4
C	Practices and views related to COVID-19	2	
D	Participants' background	7	
E	Contact Information	4	

The inclusion criteria were:

- Malaysians, staying or not staying in Taiping
- Can understand either Malay, English, Chinese, and Tamil
- Give consent of participation
- Age 18 and above

Results

Approximately, 2510 participants signed up for the survey by using the media communication strategy but not all of them completed the whole survey. A total of 1865 respondents completed only Part 1, 1198 respondents completed Part 2, 1036 respondents completed Part 3 and 1019 completed part 4, and only 974 respondents completed four parts of the survey.

For this report, we only utilized responses who completed all parts of the survey instruments which were 974 and another 141 cases from our earlier online data collection. Hence, the total number of respondents who completed all parts of the survey was 1115. However, the final sample for analysis was 1114 respondents after data cleaning.

The results will be presented according to the sections below.

-Participants' Profile

Table 4.7 shows the participants' demographic and socio-economic information. The age (mean + SD) was 35.7+10.66 with about 69% of the participants being 40 years and below. While four percent of the respondents were older persons 60 years above. About 58% of the participants were females.

Most of the participants were married (63%). In terms of ethnic distribution, it showed that the highest participants were Malay (65%) and followed by Chinese (28.1%). The mean household size was 4.5 with a standard deviation of 1.84. About 73% of the participants received tertiary education and less than 1% with primary or no education. The respondents recorded higher education levels than the general population in the 2010 census.

Median was used to evaluate personal and household income as the data were skewed. The median personal and household income was RM2000.00 and RM4000.00, respectively. The poverty status could be determined using the new income PLI, approximately, 76% of the participants are under non-poverty status with the main source of income being from salary/wages.

Table 4.7: Percentage distribution of participants' demographic and socio-economic information

Demographic and socio-economic information	
Age groups	<i>n</i> (%) or Mean ± SD
Less than 40 years old	766 (68.8)
40 – 59 years old	299 (26.8)
60 years and above	43 (3.9)
Gender	
Male	468 (42.0)
Female	646 (58.0)
Marital status	
Never married	359 (32.2)
Currently married	702 (63.0)
Divorced / Separated	35 (3.1)
Widowed	18 (1.6)
Ethnicity	

Demographic and socio-economic information	
Malay	721 (64.7)
Chinese	313 (28.1)
Indian	68 (6.1)
Other Bumiputera	1 (0.1)
Others	11 (1.0)
Education level	
No formal education	4 (0.4)
Primary education	5 (0.4)
Lower secondary education	63 (5.7)
Upper secondary education	231 (20.7)
Tertiary education	811 (72.8)
Personal income (RM) ⁺	2000 (median)
Household income (RM) ⁺	4000 (median)
Poverty status*	
Poverty	263 (24.2)
Non-poverty	823 (75.8)
Sources of income	
Salary/wages	766 (68.8)
Business earning	150 (13.5)
Investment earnings (e.g., dividends, interests)	64 (5.8)
Social transfer (e.g., money from family members)	141 (12.7)
Pension	50 (4.5)
Savings	172 (15.4)
Agriculture activities	17 (1.5)
Taiping residential status	
Living in Taiping	950 (85.3)

Note: SD, standard deviation; n, frequency; IQR, inter-quartile range; N/A, not applicable; +, personal and household income were presented in the form of median and IQR due to their non-normal distribution; *, poverty status was determined by

using the new Poverty Line Income – RM 2208.

-General Perception of Age Friendliness

The Tiraphat et al's. (2020) 20 statements cover the eight WHO domains of age-friendliness. This 20 statements scale had a min value of 20 – 100-point score and the reliability measure of the scale was 0.87 and the mean score of 53 points which may indicate the environment was not quite age-friendly, a higher score means more age-friendly.

The perceived age-friendliness was categorized into three categories based on the percentile of the data. According to the percentile analysis, the 25th, 50th, and 75th percentile of the data were 45, 53, and 60, respectively. Therefore, the perceived age-friendliness level can be categorized using these cut-off points: < 45 indicated “low perceived age-friendliness”, 45 – 59 indicated “moderate age-friendliness”, and ≥ 60 indicated “high perceived age-friendliness”. Next, the descriptive statistic was analyzed to identify the distribution of the sample based on the perceived age-friendliness level. There were 262 (24.3%) respondents who perceived Taiping as a “low age-friendliness” city, 535 (49.6%) of them responded that Taiping was having a “moderate level of age-friendliness”, and finally 281 (26.1%) of them perceived Taiping as a “high age-friendliness” city (see Table 4.8). Also, the mean of the age-friendly score was 53.0 ± 11.37 indicating that in general, Taiping was perceived as a “moderate age-friendly” city.

Table 4.8: Distribution of sample by perceived age-friendliness level

Age-friendliness Level	Frequency	Percentage
Low age-friendliness (<45)	262	24.3
Moderate age-friendliness (45-59)	535	49.6
High age-friendliness (≥ 60)	281	26.1

Table 4.9 below shows the items analysis of the scale, 1=not friendly at all to 5=extremely friendly or friendly. Generally, the pattern of responses showed Taiping as a moderately friendly town as reflected in the mean score of the scale. By looking at the column ‘not friendly at all’ out of the 20 statements, 13 statements showed below 20% response, meaning the respondents had a favourable perception of Taiping. Only 3 statements (10, 12, 20) appeared as the most unfriendly. Statement 10 related to involvement in decision making in the community, about 51% of them mentioned that they were not involved at all. About 54% mentioned that they did not get the services they needed in their home settings and 53% mentioned they were not involved in the emergency training last year (Statement 20).

In terms of respect and safety, the respondents reported around 2% 'not at all', meaning that they felt respected and safe living in Taiping. In terms of community involvement, the neighbourhood opportunities for volunteer activities (31%) and exercise (34%) for the residents were available for the residents.

Conversely, for the column 'extremely or totally friendly', the highest response was for the statement that 42% of respondents mentioned internet access in their home, and the second highest 15.7% was for the statement about feeling safe and secure in the neighbourhood, followed by respect, and socially included in the community (12%) and 11% mentioned they have enough income to meet basic needs and not needing assistance.

Table 4.9: General perception of age friendliness

Domain	No.	Item	Not at all		A little		Moderate		Mostly		Extremely / totally	
			n	%	n	%	n	%	n	%	n	%
Outdoor space and building	1.	Your neighborhood is suitable for walking, including for those who use wheelchairs and other mobility aids.	177	15.9	283	25.4	392	35.2	218	19.6	44	3.9
	2.	The public spaces and buildings in your community are accessible for all people, including those who have limitations in mobility, vision or hearing.	152	13.6	296	26.6	394	35.4	226	20.3	46	4.1
Transportation	3.	The public transport vehicles (e.g., train, cars, buses) are physically accessible for all people, including those who have limitations in mobility, vision or hearing.	156	14.0	305	27.4	349	31.3	240	21.5	64	5.7
	4.	The public transportation stops (such as bus stops) are not too far from your home.	220	19.7	266	23.9	339	30.4	208	18.7	81	7.3
Housing	14.	Designated priority/handicapped parking spaces are adequately designed and available	152	13.6	325	29.2	356	32	233	20.9	48	4.3
	5.	Housing in your neighborhood is affordable to you.	143	12.8	259	23.2	491	44.1	182	16.3	39	3.5
	15.	Your house has been renovated, or can be renovated to fulfil your needs in order to support your activities of daily living.	200	18	236	21.2	346	31.1	255	22.9	77	6.9
	19.	You feel safe and secured in your neighborhood.	28	2.5	113	10.1	370	33.2	428	38.4	175	15.7

Domain	No.	Item	Not at all		A little		Moderate		Mostly		Extremely / totally	
			n	%	n	%	n	%	n	%	n	%
Respect and social inclusion	6.	You feel respected and socially included in your community	22	2.0	101	9.1	393	35.3	465	41.7	133	11.9
	17.	Your neighborhood provided the older person the ability to enroll in any form of education or training, either formal or non-formal, in any subject in the past year.	344	30.9	308	27.6	288	25.9	143	12.8	31	2.8
Civic participation	7.	Your neighborhood provides volunteer activity (e.g., cooked meal, transportation) to the older person in the last month on at least one occasion	348	31.2	295	26.5	280	25.1	160	14.4	31	2.8
	8.	You have opportunities for paid employment (i.e., there are opportunities for you to get a paid job if you want even for older persons).	113	10.1	308	27.6	439	39.4	199	17.9	55	4.9
Social participation	10.	You are involved in decision making about important political, economic and social issues in the community.	570	51.2	246	22.1	215	19.3	64	5.7	19	1.7
	9.	Your neighborhood provided sociocultural activities (e.g., religious study group, mahjong) to the older person at least once in the last week.	306	27.5	233	20.9	292	26.2	223	20.0	60	5.4
	16.	Your neighborhood provided group physical activities (e.g., taichi) in your leisure time.	377	33.8	270	24.2	281	25.2	144	12.9	42	3.8

Domain	No.	Item	Not at all		A little		Moderate		Mostly		Extremely / totally	
			n	%	n	%	n	%	n	%	n	%
Community and health services	11.	Local sources of information about your health concerns and service needs are available.	135	12.1	296	26.6	409	36.7	223	20.0	51	4.6
	12.	You have your personal care or assistance needs met in your home setting by government/private care services, if needed (i.e., home care nursing/hospice care/non-governmental organization (NGO)/volunteers).	597	53.6	218	19.6	202	18.1	76	6.8	21	1.9
Basic needs, communication and information	20.	Your neighbourhood involves the older person in an emergency-response training session or drill in the past year.	592	53.1	234	21.0	207	18.6	61	5.5	20	1.8
	13.	You have had enough income to meet your basic needs over the previous 12 months without public or private assistance.	172	15.4	230	20.6	357	32.0	228	20.5	127	11.4
	18.	You have internet service at home.	94	8.4	80	7.2	198	17.8	278	25.0	464	41.7

The 20 statements were categorized according to the eight domains of WHO Age-friendly Cities and Communities to calculate the mean score of each domain. Figure 4.3 illustrates age-friendliness of Taiping across the eight domains. Mean score by AFCC domain is highest for Communication and Information (M = 3.8, SD = 1.272), followed by Housing (M = 3.0, SD = 0.751) and Respect and Social Inclusion (M = 2.9, SD = 0.753). The lowest mean was Community Support and Health Services (M = 2.2, SD = 0.767).

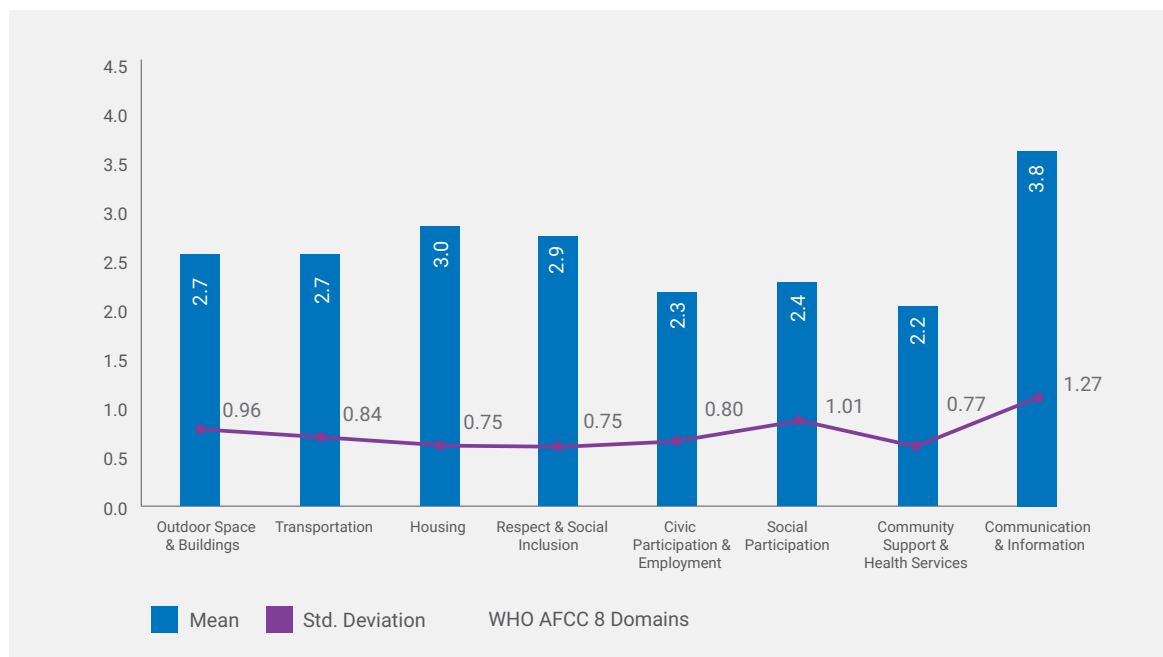


Figure 4.3: Mean score and Standard Deviation (SD) of WHO Age-friendly Cities and Communities 8 Domains

Table 4.10 below present the comparison of average score perceived age-friendly environment based on Tirapat et al. (2020) and our data. The Tirapat et al. (2020) study was based on older people aged 55 years and over living in the capital cities of Malaysia, Viet Nam, Myanmar, Thailand, and Japan. Therefore, caution in the interpretation of the data as our respondents were younger with an average of 35.7 years old and living in a small city. Hence, the comparison will be based on patterns only.

Table 4.10: Comparison of average score of perceived age-friendly environment of Taiping against the countries in Tiraphat et al.'s (2020) study

Domains and Items of age-friendly environment	Average score of perceived aged-friendly environments					
	Kuala Lumpur (n=537)	Viet Nam (n=497)	Myanmar (n=487)	Thailand (n=510)	Japan (n=140)	Taiping (n=1143)
OUTDOOR SPACE AND BUILDINGS						
1. Your neighborhood is suitable for walking, including for those who use wheelchairs and other mobility aids.	1.67 (SD=1.08)	2.63 (SD=0.91)	1.60 (SD=0.91)	1.74 (SD=1.09)	1.71 (SD=1.09)	2.70 (SD=1.08)
2. The public spaces and buildings in your community are accessible for all people, including those who have limitations in mobility, vision, or hearing.	1.45 (SD=1.10)	2.48 (SD=0.97)	0.55 (SD=0.92)	1.65 (SD=1.12)	1.49 (SD=0.82)	2.75 (SD=1.06)
TRANSPORTATION						
3. The public transport vehicles (e.g., train, cars, buses) are physically accessible for all people, including those who have limitations in mobility, vision or hearing.	1.19 (SD=1.09)	2.25 (SD=1.11)	0.75 (SD=1.10)	1.38 (SD=1.16)	1.49 (SD=0.93)	2.78 (SD=1.11)
4. The public transportation stops (such as bus stops) are not too far from your home	1.49 (SD=0.83)	2.35 (SD=1.14)	0.31 (SD=0.72)	1.48 (SD=1.13)	1.92 (SD=1.14)	2.70 (SD=1.19)
14. Designated priority/handicapped parking spaces are adequately designed and available	1.46 (SD=1.15)	2.46 (SD=1.04)	0.17 (SD=0.55)	1.57 (SD=0.97)	1.51 (SD=1.15)	2.67 (SD=1.02)

Domains and Items of age-friendly environment	Average score of perceived aged-friendly environments					
	Kuala Lumpur (n=537)	Viet Nam (n=497)	Myanmar (n=487)	Thailand (n=510)	Japan (n=140)	Taiping (n=1143)
HOUSING						
5. Housing in your neighborhood is affordable to you.	1.49 (SD=0.83)	2.35 (SD=0.86)	0.31 (SD=0.72)	1.48 (SD=1.13)	1.92 (SD=1.14)	2.74 (SD=0.99)
15. Your house has been renovated, or can be renovated to fulfil your needs in order to support your activities of daily living.	2.06 (SD1.09)	2.81 (SD=1.04)	1.16 (SD=1.11)	1.37 (SD=1.13)	1.95 (SD=1.09)	2.80 (SD=1.18)
19. You feel safe and secured in your neighborhood.	2.51 (SD=0.79)	3.10 (SD=0.85)	2.96 (SD=1.10)	2.03 (SD=1.04)	2.21 (SD=0.85)	3.55 (SD=0.96)
RESPECT AND SOCIAL INCLUSION						
6. You feel respected and socially included in your community.	2.21 (SD=0.83)	3.08 (SD=0.81)	1.38 (SD=1.29)	2.22 (SD=0.73)	1.53 (SD=0.88)	3.53 (SD=0.89)
17. Your neighborhood provided the older person the ability to enroll in any form of education or training, either formal or non-formal, in any subject in the past year.	1.36 (SD=1.20)	1.46 (SD=1.47)	0.16 (SD=0.66)	1.16 (SD=1.07)	0.88 (SD=1.17)	2.29 (SD=1.18)
CIVIC PARTICIPATION						
7. Your neighborhood provides volunteer activity (e.g., cooked meal, transportation) to the older person in the last month on at least one occasion.	1.74 (SD=1.25)	0.72 (SD=1.07)	0.72 (SD=1.13)	1.68 (SD=1.07)	1.14 (SD=1.35)	2.31 (SD=1.14)
8. You have opportunities for paid employment (i.e., there are opportunities for you to get a paid job if you want even for older persons).	1.53 (SD=1.13)	1.39 (SD=1.22)	0.12 (SD=0.50)	1.20 (SD=1.06)	0.88 (SD1.33)	2.80 (SD=1.01)

Domains and Items of age-friendly environment	Average score of perceived aged-friendly environments					
	Kuala Lumpur (n=537)	Viet Nam (n=497)	Myanmar (n=487)	Thailand (n=510)	Japan (n=140)	Taiiping (n=1143)
10. You are involved in decision making about important political, economic and social issues in the community.	0.74 (SD=0.93)	1.88 (SD=1.26)	0.14 (SD=0.61)	1.40 (SD=1.11)	1.46 (SD=1.31)	1.85 (SD=1.03)
SOCIAL PARTICIPATION						
9. Your neighborhood provided sociocultural activities (e.g., religious study group, mahjong) to the older person at least once in the last week.	1.64 (SD=1.13)	0.93 (SD=1.22)	0.69 (SD=1.10)	1.89 (SD=0.98)	1.40 (SD=1.31)	2.55 (SD=1.23)
16. Your neighborhood provided group physical activities (e.g., taichi) in your leisure time.	1.64 (SD=1.10)	1.52 (SD=1.44)	0.25 (SD=0.70)	1.37 (SD=1.10)	1.69 (SD=1.30)	2.29 (SD=1.12)
COMMUNITY AND HEALTH SERVICES						
11. Local sources of information about your health concerns and services needs are available	2.12 (SD=1.23)	2.35 (SD1.05)	1.05 (SD=1.08)	2.03 (SD=1.06)	2.12 (SD=1.06)	2.77 (SD=1.03)
12. You have your personal care or assistance needs met in your home setting by government/private care services, if needed (i.e., home care nursing/hospice care/non-governmental organization (NGO)/volunteers).	1.31 (SD=1.14)	0.44 (SD=0.80)	0.34 (SD=0.63)	2.05 (SD=1.18)	1.83 (SD=0.96)	1.84 (SD=1.07)
20. Your neighbourhood involves the older person in an emergency-response training session or drill in the past year.	0.40 (SD=0.89)	0.50 (SD=0.86)	0.06 (SD=0.34)	1.18 (SD=1.14)	1.05 (SD=1.18)	1.82 (SD = 1.03)

Domains and Items of age-friendly environment	Average score of perceived aged-friendly environments					
	Kuala Lumpur (n=537)	Viet Nam (n=497)	Myanmar (n=487)	Thailand (n=510)	Japan (n=140)	Taiping (n=1143)
BASIC NEEDS, COMMUNICATION AND INFORMATION						
13. You have had enough income to meet your basic needs over the previous 12 months without public or private assistance.	2.7 (SD=0.96)	2.32 (SD=1.36)	0.76 (SD=0.89)	1.57 (SD=0.97)	1.51 (SD=1.51)	2.92 (SD=1.22)
18. You have internet service at home.	3.19 (SD=0.97)	1.30 (SD=1.36)	0.65 (SD=1.12)	0.86 (SD=1.09)	1.96 (SD=1.61)	3.84 (SD=1.27)

Generally, Taiping respondents recorded higher scores in 18 out of 20 statements. Our respondents score lower for statement 15 related to housing and statement 10 in the civic participation domains. Taiping and Viet Nam respondents seem to have similar averages for 11 statements namely statements 1, 2, 3, 4, 5, 6, 10, 11, 14, 15 and 19. Taiping respondents showed a similar average to Japanese respondents for statement 12, which reflect access to home care services provision. Taiping respondents recorded a slightly higher average in statements 13 and 18 in the domain of basic needs, communication, and information compared to Kuala Lumpur respondents. While in other statements Taiping respondents showed a huge difference in average scores compared to Kuala Lumpur respondents. The lowest average score of 1.82 for Taiping respondents was in statement 20 which indicated low involvement in emergency response training. Malaysian respondents (Kuala Lumpur and Taiping) recorded high average scores with access to internet services compared to Viet Nam, Thailand, Myanmar and Japan. In conclusion, Taiping respondents seem to have higher responses in many age-friendly domains than respondents in Tiraphat et al's (2020). study, even though Taiping is not a capital city. Therefore, an age-friendly environment is already present in Taiping and the local council needs to select an urgent age-friendly domain to address in the immediate future.

Table 4.11 presents comparison levels of the perceived age-friendly environment by country. The Likert response category was recoded into 3 levels: bad (not all/a little), fair (moderately) and good (mostly / extremely/totally). Similarly in this table, the interpretation can only be done on the pattern of responses. Looking at country-level analysis, Kuala Lumpur recorded highest percentage (76% (good), statement 18), Viet Nam (83.5% good, statement 18), Myanmar (99.8%, bad, statement 5), Thailand, 72.2%, bad, statement 18), Japan (69.3%, bad statement 17) and Taiping, 74.1% bad, statement 20).

Analysing domain outdoor spaces and buildings across countries and Taiping, for statement 1, Myanmar (62.2%) reported their neighbourhood not suitable for walking, followed by Kuala Lumpur with a score of 45.6%, while Viet Nam (63.4%) indicated their neighbourhood was good for walking. In term of statement 2, Myanmar reported 85.6% (bad) public spaces and building not accessible, while Japanese recorded 43.6% fair access to public spaces and building and 52.5% Vietnamese mentioned they have access to public spaces and buildings.

Table 4.11: Levels of perceived age friendly environment by country

Domains and items of age-friendly environment	Level of Perception	Kuala Lumpur (n=537)	Vietnam (n=497)	Myanmar (n=487)	Thailand (n=510)	Japan (n=140)	Taiping (n=1143)
OUTDOOR SPACE AND BUILDINGS							
1. Your neighborhood is suitable for walking, including for those who use wheelchairs and other mobility aids.	Bad (n, %)	245 45.6%	53 10.7%	303 62.2%	190 37.4%	56 40.0%	460 41.3%
	Fair (n, %)	176 32.8%	129 26.9%	110 22.6%	216 42.4%	57 40.7%	392 35.2%
	Good (n, %)	116 21.6%	315 63.4%	74 15.2%	104 20.4%	27 19.3%	262 23.5%
2. The public spaces and buildings in your community are accessible for all people, including those who have limitations in mobility, vision or hearing.	Bad (n, %)	273 50.8%	72 14.5%	417 85.6%	214 42.0%	67 47.9%	448 40.2%
	Fair (n, %)	170 31.7%	164 33.0%	40 8.2%	184 36.1%	61 43.6%	394 35.4%
	Good (n, %)	94 17.5%	261 52.5%	30 6.2%	112 22.0%	12 8.6%	272 24.4%
TRANSPORTATION							
3. The public transport vehicles (e.g., train, cars, buses) are physically accessible for all people, including those who have limitations in mobility, vision, or hearing.	Bad (n, %)	330 61.5%	113 22.7%	372 76.4%	264 51.8%	64 45.7%	461 41.4%
	Fair (n, %)	133 24.8%	159 32.0%	51 10.5%	152 29.8%	59 42.1%	349 31.3%
	Good (n, %)	74 13.8%	225 45.3%	64 13.1%	94 18.5%	17 12.1%	304 27.3%

Domains and items of age-friendly environment	Level of Perception	Kuala Lumpur (n=537)	Vietnam (n=497)	Myanmar (n=487)	Thailand (n=510)	Japan (n=140)	Taiping (n=1143)
4. The public transportation stops (such as bus stops) are not too far from your home.	Bad (n, %)	285 53.1%	102 20.5%	461 94.7%	247 48.4%	44 31.4%	486 43.6%
	Fair (n, %)	158 29.4%	135 27.2%	8 1.6%	167 32.7%	53 37.9%	339 30.4%
	Good (n, %)	94 17.5%	260 52.3%	18 3.7%	96 18.8%	43 30.7%	289 25.9%
14. Designated priority/handicapped parking spaces are adequately designed and available.	Bad (n, %)	253 47.1%	78 15.7%	469 96.4%	324 63.5%	30 21.4%	477 44.0%
	Fair (n, %)	190 35.4%	141 28.4%	10 2.1%	131 25.7%	61 43.6%	356 32.0%
	Good (n, %)	94 17.5%	278 55.9%	8 1.6%	55 10.8%	49 35.0%	252 23.2%
HOUSING							
5. Housing in your neighborhood is affordable to you.	Bad (n, %)	233 43.4%	32 6.4%	484 99.4%	120 23.5%	37 26.4%	402 36.1%
	Fair (n, %)	267 49.7%	139 28%	2 0.4%	283 55.5%	82 58.6%	491 44.1%
	Good (n, %)	37 6.9%	326 65.6%	1 0.2%	107 21.0%	21 15.0%	221 19.8%
15. Your house has been renovated, or can be renovated to fulfil your needs in order to support your activities of daily living.	Bad (n, %)	167 31.1%	49 9.9%	314 64.5%	273 53.5%	45 32.1%	436 39.1%
	Fair (n, %)	202 37.6%	107 21.5%	110 22.6%	156 30.6%	56 40.0%	346 31.1%
	Good (n, %)	168 31.3%	341 68.6%	63 12.9%	81 15.9%	39 27.9%	332 29.8%
19. You feel safe and secured in your neighborhood.	Bad (n, %)	26 4.8%	25 5.0%	54 11.1%	138 27.1%	21 15.0%	141 12.7%
	Fair (n, %)	262 48.8%	57 11.5%	85 17.5%	203 39.8%	67 47.9%	370 33.2%
	Good (n, %)	249 46.4%	415 83.5%	348 71.5%	169 33.1%	52 37.1%	603 54.1%

Domains and items of age-friendly environment	Level of Perception	Kuala Lumpur (n=537)	Vietnam (n=497)	Myanmar (n=487)	Thailand (n=510)	Japan (n=140)	Taiiping (n=1143)
RESPECT AND SOCIAL INCLUSION							
6. You feel respected and socially included in your community.	Bad (n, %)	109 20.3%	24 4.8%	331 68.0%	53 10.4%	65 46.4%	123 11.0%
	Fair (n, %)	218 40.6%	65 13.1%	35 7.2%	311 61.0%	62 44.3%	393 35.3%
	Good (n, %)	210 39.1%	408 82.1%	121 24.8%	146 28.6%	13 9.3%	598 53.7%
17. Your neighborhood provided the older person the ability to enroll in any form of education or training, either formal or non-formal, in any subject in the past year.	Bad (n, %)	267 49.7%	312 62.8%	467 95.9%	318 62.4%	97 69.3%	652 58.5%
	Fair (n, %)	191 35.6%	30 6.0%	6 1.2%	143 28.0%	28 20.0%	288 25.9%
	Good (n, %)	79 14.7%	155 31.2%	14 2.9%	49 9.6%	15 10.7%	174 15.6%
CIVIC PARTICIPATION							
7. Your neighborhood provides volunteer activity (e.g., cooked meal, transportation) to the older person in the last month on at least one occasion.	Bad (n, %)	213 39.7%	417 83.9%	413 84.8%	207 40.6%	96 68.6%	643 57.7%
	Fair (n, %)	187 34.8%	22 4.4%	17 3.5%	197 38.6%	21 15.0%	280 25.1%
	Good (n, %)	137 25.5%	58 11.7%	57 11.7%	106 20.8%	23 16.4%	191 17.1%
8. You have opportunities for paid employment (i.e., there are opportunities for you to get a paid job if you want even for older persons).	Bad (n, %)	274 51.0%	302 60.8%	472 96.9%	308 60.4%	104 74.3%	421 37.8%
	Fair (n, %)	134 25.0%	59 11.9%	8 1.6%	141 27.6%	14 10.0%	439 39.4%
	Good (n, %)	129 24.0%	136 27.4%	7 1.4%	61 12.0%	22 15.7%	254 22.8%

Domains and items of age-friendly environment	Level of Perception	Kuala Lumpur (n=537)	Vietnam (n=497)	Myanmar (n=487)	Thailand (n=510)	Japan (n=140)	Taiping (n=1143)
10. You are involved in decision making about important political, economic and social issues in the community.	Bad (n, %)	414 77.1%	193 38.8%	473 97.1%	259 50.8%	73 52.1%	816 73.2%
	Fair (n, %)	96 17.9%	117 23.5%	1 0.2%	176 34.5%	40 28.6%	215 19.3%
	Good (n, %)	27 5.0%	187 37.6%	13 2.7%	75 14.7%	27 19.3%	83 7.5%
SOCIAL PARTICIPATION							
9. Your neighborhood provided sociocultural activities (e.g., religious study group, mahjong) to the older person at least once in the last week.	Bad (n, %)	240 44.7%	382 76.9%	413 84.8%	143 28.0%	75 53.6%	539 48.4%
	Fair (n, %)	181 33.7%	30 6.0%	25 5.1%	251 49.2%	37 26.4%	292 26.2%
	Good (n, %)	116 21.6%	85 17.1%	49 10.1%	116 22.7%	28 20.0%	283 25.4%
16. Your neighborhood provided group physical activities (e.g., taichi) in your leisure time.	Bad (n, %)	230 42.8%	300 60.4%	463 95.1%	288 56.5%	61 43.6%	647 58.1%
	Fair (n, %)	213 39.7%	35 7.0%	11 2.3%	143 28.0%	43 30.7%	281 25.2%
	Good (n, %)	94 17.5%	162 32.6%	13 2.7%	79 15.5%	36 25.7%	186 16.7%
COMMUNITY AND HEALTH SERVICES							
11. Local sources of information about your health concerns and services needs are available.	Bad (n, %)	158 29.4%	95 19.1%	360 73.9%	143 28.0%	40 28.6%	431 38.9%
	Fair (n, %)	173 32.2%	167 33.6%	61 12.5%	200 39.2%	59 42.1%	409 36.9%
	Good (n, %)	206 38.4%	235 47.3%	66 13.6%	167 32.7%	41 29.3%	267 24.1%

Domains and items of age-friendly environment	Level of Perception	Kuala Lumpur (n=537)	Vietnam (n=497)	Myanmar (n=487)	Thailand (n=510)	Japan (n=140)	Taiiping (n=1143)
12. You have your personal care or assistance needs met in your home setting by government/private care services, if needed (i.e., home care nursing/hospice care/non-governmental organization (NGO)/volunteers).	Bad (n, %)	261 48.6%	463 93.3%	471 96.7%	148 29.0%	45 32.1%	815 73.2%
	Fair (n, %)	208 38.7%	15 3.0%	9 1.8%	186 36.5%	68 48.6%	202 18.1%
	Good (n, %)	68 12.7%	19 3.8%	7 1.4%	176 34.5%	27 19.4%	97 8.7%
20. Your neighbourhood involves the older person in an emergency-response training session or drill in the past year.	Bad (n, %)	470 87.5%	459 92.4%	481 98.8%	316 62.0%	89 63.6%	826 74.1%
	Fair (n, %)	48 8.9%	7 1.4%	4 0.8%	133 26.1%	34 24.3%	207 18.6%
	Good (n, %)	19 3.5%	31 6.2%	2 0.4%	61 12.0%	17 12.1%	81 7.3%
BASIC NEEDS, COMMUNICATION AND INFORMATION							
13. You have had enough income to meet your basic needs over the previous 12 months without public or private assistance.	Bad (n, %)	49 9.1%	141 28.4%	402 82.5%	241 47.3%	67 47.9%	402 36.1%
	Fair (n, %)	145 27.0%	97 19.5%	63 12.9%	204 40.0%	50 35.7%	357 32.0%
	Good (n, %)	343 63.9%	259 52.1%	22 4.5%	65 12.7%	23 16.4%	355 31.9%
18. You have internet service at home.	Bad (n, %)	18 3.4%	320 64.4%	374 76.8%	368 72.2%	58 41.4%	174 15.6%
	Fair (n, %)	111 20.7%	57 11.5%	55 11.3%	96 18.8%	25 17.9%	198 17.8%
	Good (n, %)	408 76.0%	120 24.1%	58 11.9%	46 9.0%	57 40.7%	742 66.6%

In terms of transportation domain, statement 3, 76.4% of Myanmarese mentioned it as bad, 42.1% of Japanese mentioned it as fair, and 45.3% of Vietnamese mentioned it as good. While public transportation stop (statement 4) was a problem for older persons in Myanmar (94.6%), followed by Kuala Lumpur (53.1%) and Thailand, (48.4%) and Taiping (43.6%). While 53.2% of Vietnamese older persons record good public transportation stops. Taiping (32.0%) and Kuala Lumpur (35.4%) recorded similar percentages for fair designated parking spaces.

For affordable housing, Taiping (19.8%) recorded slightly lower than Thailand (21.0%) but higher than Japan (15.8%) and Kuala Lumpur (6.9%). Regarding renovation to meet needs, Taiping (29.8%) respondents recorded higher than Japan (27.9%). Regarding feeling of security, Taiping (54.1%) respondents recorded a higher percentage than Kuala Lumpur (46.4%) but lower than Viet Nam and Myanmar (83.5%) and (71.5%) respectively. In terms of respect and social inclusion, Taiping (54.7%) comes second after Viet Nam (82.1%) and higher than KL (39.1%). In terms of the opportunity to enroll in training and education, Taiping (15.6%) recorded a slightly higher percentage than Kuala Lumpur (14.7%) and about half of Viet Nam (31.2%).

Regarding volunteer opportunity (statement 7) Taiping (17.1%) recorded a higher score than Japan (16.4%) but lower than Thailand (20.8%) and Kuala Lumpur (25.5%). Further, Taiping (22.8%) comes in third after Viet Nam (27.4%) and Kuala Lumpur (24.0%) respectively for employment opportunities. Respondents in all countries except Viet Nam (37.6%) recorded low involvement in political, economic, and social decision making in their communities. For group physical activities (good), Taiping respondents record similar percentages to other respondents except Viet Nam (32.6%) which noted the highest percentage.

In terms of good social participation, Taiping (25.4%) respondents recorded the highest percentage in socio-cultural participation in the neighbourhood compared to other respondents, even higher than respondents in Kuala Lumpur. In terms of local sources of information on health concerns and availability of services, Taiping residents showed a similar pattern to the rest of the countries. Thai respondents (34.5%) recorded the highest percentage for the availability of a variety of home care services in the community, followed by Japanese (19.7%), while the rest of the countries and Taiping noted a low percentage of availability of good home care services. In terms of emergency response training, 12% of Thai and Japanese respondents felt good level and the rest of the respondents recorded below 10%. This indicator seems poorly handled by all countries as the highest percentage is just about 12%.

In terms of income to meet basic needs, Malaysia (KL 63.9%) and Viet Nam (52%) showed above-average levels and Taiping (31%) comes in the third position in this indicator. Concerning the availability of the internet at home Malaysia (76% and Taiping 67%) and Japan (40%) stand out as good levels of availability compared with other countries.

In summary, even though Taiping is not a capital city, the age-friendly levels seem to reflect a similar trend and several indicators, Taiping noted higher scores than Thailand, Viet Nam, Myanmar, and even Japan. Similarly in a few domains, Taiping seems to score higher than Kuala Lumpur. Therefore, the instrument seems to measure the indicators which are pertinent to address age-friendliness.

-WHO Age-Friendly City (AFC) Domains

This section reports the individual dimensions of the WHO age-friendly domains starting with outdoor spaces and buildings, transportation, social participation, housing, communication and information, respect and social participation, civic participation and empowerment, and lastly the community and health services.

1. Domain – Outdoor Spaces and Building

In terms of outdoor spaces, the respondents were asked about walkability around Taiping. Figure 4.4 shows the problems respondents faced when walking around Taiping

Walkability

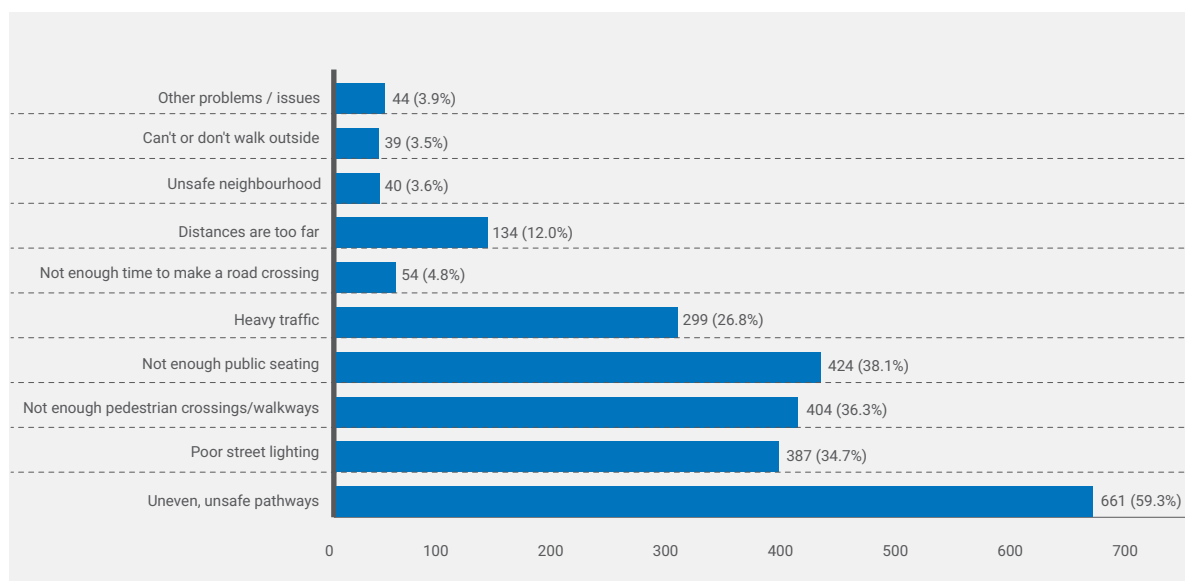


Figure 4.4: Problems encountered by Taiping residents while walking

The highest percentage of problems encountered walking around Taiping was uneven and unsafe pathways (59%), followed by not enough seats along the way (38.1%), not enough pedestrian crossing (36.3%), poor street lighting (34.7%) and heavy traffic (26.8%). The rest were minor problems with walking as shown in Figure 4.4. The respondents also mentioned “others”, where the most frequent response was wild dogs.

In addition to the question regarding the environment for walking, the respondents were also asked about their difficulty in walking for half a kilometre without using aids as shown in Figure 4.5.

Difficulty with walking without aids

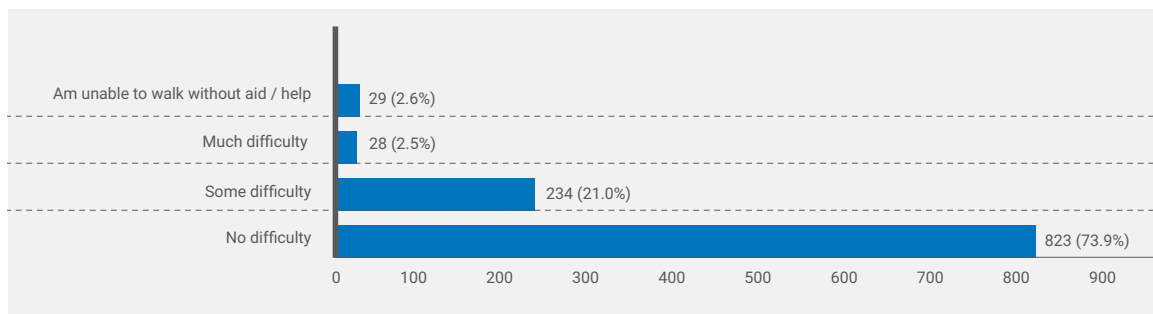


Figure 4.5: Percentage distribution of difficulty with walking without using aids

The respondents had no difficulty with walking 500 meters (74%) and only 21% mentioned some difficulty and a handful mentioned many difficulties in walking and needed aid as shown in Figure 4.5. This shows that our respondents were physically able to move around well.

Public buildings

The respondents were also asked about problems encountered entering public buildings such as government offices, police stations and hospitals. Figure 4.6 shows the distribution of problems.

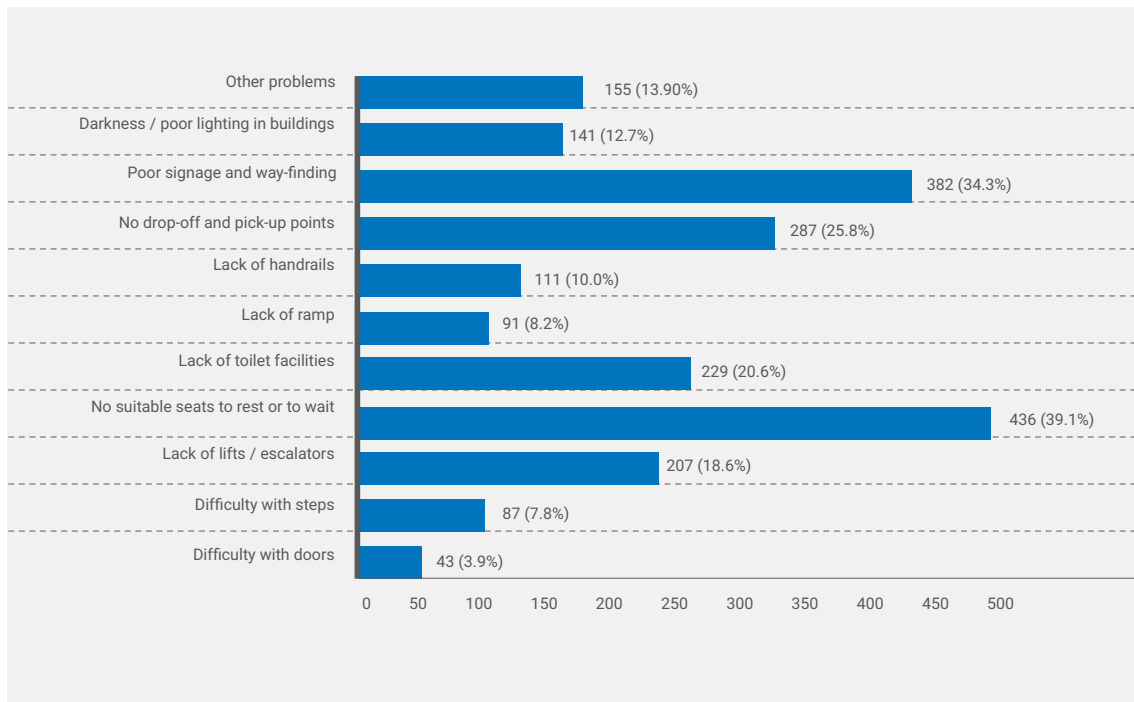


Figure 4.6: Percentage distribution of problems encountered by Taiping residents while entering public buildings

Four problems were needed to be highlighted; no suitable seats to rest or wait (39.1%), poor signage or way findings (34.3%), no drop-off or pick-up points (25.8%), and lack of toilet facilities (20.6%). These problems indicated inconveniences the public faced using the public offices. The response for 'others' included lack of parking space especially in Taiping hospital and Pokok Assam Clinic, lack of dustbins and lack of public transportation (bus and taxi to go to places)

Table 4.12 shows the frequency of utilization of public premises in Taiping by respondents. The frequently used public premises were supermarkets (42.4%), banks (33.1%) and wet markets (25.8%). While other facilities were rarely or sometimes visited by the respondents.

Table 4.12: Percentage of frequency of users or visitors to selected business premises in Taiping

Public premises	Never	Rarely	Sometimes	Frequently	All the time	Not applicable/available
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Wet market	76 (6.8)	299 (26.8)	375 (33.7)	287 (25.8)	63 (5.7)	14 (1.3)
Supermarket	17 (1.5)	142 (12.7)	359 (32.2)	472 (42.4)	119 (10.7)	5 (0.4)
Public hospital or clinic	66 (5.9)	438 (39.3)	435 (39.0)	116 (10.4)	50 (4.5)	9 (0.8)
Private hospital or clinic	99 (8.9)	537 (48.2)	367 (32.9)	74 (6.6)	22 (2.0)	15 (1.3)
Town Hall / MPT office	168 (15.1)	544 (48.8)	280 (25.1)	69 (6.2)	32 (2.9)	21 (1.9)
Post office	73 (6.6)	505 (45.3)	388 (34.8)	118 (10.6)	20 (1.8)	10 (0.9)
Bank	26 (2.3)	260 (23.3)	397 (35.6)	349 (31.3)	73 (6.6)	9 (0.8)
School	187 (16.8)	337 (30.3)	221 (19.8)	213 (19.1)	96 (8.6)	60 (5.4)

In terms of social spaces (Table 4.13), 50% of respondents never use or visit old folk's homes (52.8%) and senior citizens clubs (50%) and rarely visited the public library (44.5%), community hall (43.4%) and public restrooms (41.1%). The most frequently used social spaces were public parks/gardens (28.6%), and places of worship (22.1%).

Table 4.13: Percentage of frequency of users or visitors to selected social spaces in Taiping

Social spaces	Never	Rarely	Sometimes	Frequently	All the time	Not applicable/available
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Public park / garden	32 (2.9)	255 (22.9)	426 (38.2)	319 (28.6)	76 (6.8)	6 (0.5)
Public library	327 (29.4)	496 (44.5)	215 (19.3)	39 (3.5)	9 (0.8)	28 (2.5)
Public restroom / toilet	121 (10.9)	461 (41.1)	372 (33.4)	124 (11.1)	28 (2.5)	8 (0.7)
Senior citizen club / activity center	557 (50.0)	335 (30.1)	127 (11.4)	28 (2.5)	5 (0.4)	62 (5.6)

Social spaces	Never	Rarely	Sometimes	Frequently	All the time	Not applicable/ available
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Children playground	143 (12.8)	388 (34.8)	341 (30.6)	187 (16.8)	29 (2.6)	26 (2.3)
Community hall	276 (24.8)	484 (43.4)	258 (23.2)	52 (4.7)	18 (1.6)	26 (2.3)
Old folk's home	588 (52.8)	333 (29.9)	120 (10.8)	13 (1.2)	6 (0.5)	54 (4.8)
Places of worship	137 (12.3)	274 (24.6)	349 (31.3)	246 (22.1)	97 (8.7)	11 (1.0)
Sporting facility (e.g., football field, badminton court)	213 (19.1)	356 (32.0)	326 (29.3)	154 (13.8)	45 (4.0)	20 (1.8)

On the other hand, places of worship (8.7%), public parks/gardens (6.8%) and sporting facilities (4.0%) were used all the time, albeit below 10%. This table shows that even though facilities are available to the public, these facilities may not be used by the public.

2. Domain – Transportation

For this domain, respondents were first asked their mode of transportation to get around Taiping for things like shopping, visiting the doctor, running errands, or going to other places. About 75% of the respondents drive themselves, followed by having others drive them (14.5%) and using a motorcycle (10.2%) as shown in Table 4.14.

Mode of transportation

Table 4.14: Mode of transportation to get around Taiping

Mode of transportation		n	%
1.	Walk	25	2.2
2.	Drive yourself	837	75.1
3.	Have others drive you	165	14.8
4.	Ride a bike / motorcycle	113	10.2
5.	Bus	11	1.0
6.	Taxi and e-hailing services	53	4.8
7.	Use a special transportation service	3	0.3
8.	Other modes of transportation	10	0.9

The respondents were then asked what the community should have/want in the local transportation system based on the importance. Most of the respondents wanted the public transportation system to be improved. Table 4.15 shows that 89% of the respondent agreed that a well-lit and safe street for all users was a very important need, the highest importance recorded. Subsequently, followed by a courteous driver (84.4%), well-maintained streets and walkways (84.1%), ample and affordable parking lots/spaces (83.9%), easy to read road signages (83.7%), disabled-friendly pedestrian crossings (82.9%), affordable and well-maintained public transport (81.3%) and convenient and reliable public transportation were very important needs.

In the category of somewhat important, four service/ facilities recorded 20% or more. These are traffic light islands (29.3%), enforced speed limits and speed bumps (25.6), covered walkways (24.4%) and traffic light timing (20.0%). Three are related to road safety needs and one, covered walkways are related to convenience as Taiping is the wettest area in Peninsular Malaysia.

Table 4.15: Perception of importance of services/facilities related to transportation in the community

Service/facilities	Very important	Somewhat important	Not important
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Affordable and well-maintained public transport	906 (81.3)	196 (17.6)	12 (1.1)
Convenient and reliable public transportation	905 (81.2)	196 (17.6)	13 (1.2)
Well-maintained streets and walkways	937 (84.1)	169 (15.2)	8 (0.7)
Easy to read traffic / road signages	932 (83.7)	170 (15.3)	12 (1.1)
Enforced speed limits and speed bumps	779 (69.9)	285 (25.6)	50 (4.5)
Ample and affordable parking lots / spaces	935 (83.9)	157 (14.1)	22 (2.0)
Well-lit, safe streets for all users	991 (89.0)	110 (9.9)	13 (1.2)
Disabled-friendly pedestrian crossings	924 (82.9)	172 (15.4)	18 (1.6)
Courteous driver	940 (84.4)	160 (14.4)	14 (1.3)
Covered walkways	786 (70.6)	272 (24.4)	56 (5.0)
Traffic light island	739 (66.3)	326 (29.3)	49 (4.4)
Traffic light timing	855 (76.8)	223 (20.0)	36 (3.2)

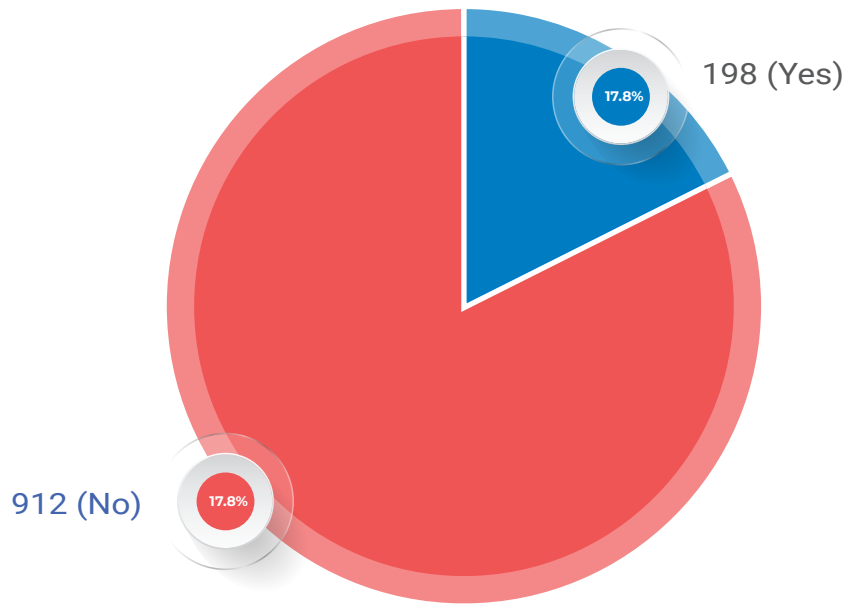


Figure 4.7: Perception of problems getting appropriate transport to take you places

For those who answered 'Yes' (17.8%, Figure 4.8) were then asked for the reasons they have problems with transportation. From Table 4.16, 64.6% answered the timing of the public transport was too irregular, followed by no seats at the bus stop (59.1%), and the bus stop was far away (48.5%). Other issues included they can't drive (29.8%) and they did not know the transportation service available to them (28.8%).

Table 4.16: Percentage distribution of reasons for having problems with transportation

Reasons for problems	<i>n</i>	%
1. I can't drive	59	29.8
2. I don't have family members or friends that can drive me	17	8.6
3. I can't afford to maintain a car	30	15.2
4. I can't afford bus or taxi costs	17	8.6
5. My nearest bus stop is too far away	96	48.5
6. My nearest bus stop does not have a seat	117	59.1
7. I cannot get onto the transport (physical difficulty)	7	3.5
8. Public transports are too irregular	128	64.6
9. I don't know what transportation services are available to me	57	28.8

Other reasons also included the e-hailing or taxi services were limited especially at the hospital, poorly maintained public transport system and no access to public transportation in the residential areas.

Transportation seems to be an important issue to be addressed. Many Taiping residents drive to go places or are driven by others. Another mode of transportation is the motorbike. Consequently, respondents also mentioned they do not have a problem with transportation as they drive. The majority want the public transportation system to be improved. Generally, the irregularity, public transport does not have seats and the nearest bust stop is not within reach contributed to the issue of the need to improve the public transportation system.

3. Domain – Social Participation

For social participation, the respondents were asked about places/activities that they had attended in the past 12 months as shown in Table 4.17. In terms of daily activities, there is no clear pattern of involvement except the highest percentage was noted for religious activities (8.3%). Two activities stand out for weekly activities, and these were night market/flea market (27.8%) and religious activities (15.9%). In terms of monthly activities, the night market/fleas market showed 25% attendance and followed by social gathering/ feast or kenduri (22.6%).

Attendance at social activities

Table 4.17: Percentage distribution of attendance to social activities in the past 12 months

Social activities n (%)		Daily	Weekly	Monthly	A few times a year	Yearly
		n (%)	n (%)	n (%)	n (%)	n (%)
1.	Concerts	6 (0.5)	14 (1.3)	44 (3.9)	174 (15.6)	876 (78.6)
2.	Cinema	5 (0.4)	26 (2.3)	156 (14.0)	413 (37.1)	514 (46.1)
3.	Clubs	9 (0.8)	23 (2.1)	70 (6.3)	199 (17.9)	813 (73.0)
4.	Talks/ lectures/ classes	50 (4.5)	67 (6.0)	142 (12.7)	289 (25.9)	566 (50.8)
5.	Spectator sports (e.g., football, basketball)	16 (1.4)	63 (5.7)	108 (9.7)	279 (25.0)	648 (58.2)
6.	Religious activities	93 (8.3)	177 (15.9)	201 (18.0)	318 (28.5)	325 (29.2)
7.	Carnivals/ expos/ funfairs	13 (1.2)	45 (4.0)	134 (12.0)	383 (34.4)	539 (48.4)

Social activities n (%)	Daily	Weekly	Monthly	A few times a year	Yearly
	n (%)	n (%)	n (%)	n (%)	n (%)
8. Kenduri/ social function	12 (1.1)	67 (6.0)	252 (22.6)	473 (42.5)	310 (27.8)
9. Night market/ flea market	37 (3.3)	310 (27.8)	279 (25.0)	287 (25.8)	201 (18.0)
10. Community activities/ gotong royong	21 (1.9)	72 (6.5)	206 (18.5)	324 (29.1)	491 (44.1)
11. Group exercises (e.g., taichi, Zumba)	27 (2.4)	98 (8.8)	174 (15.6)	269 (24.1)	546 (49.0)
12. Others	35 (3.1)	72 (6.5)	122 (11.0)	205 (18.4)	680 (61.0)

The function the respondents reported were regular activities in the community and the frequencies were expected.

Activities appeal to a diverse population

Concerning the frequencies of involvement in social activities, the respondents were also asked to respond whether the community activities in Taiping appealed to a diverse population including older persons, children, and people with disabilities. Almost 50% and 32.5% of the respondents felt that the community events in Taiping were “sometimes” and “most of the time” appealed to a diverse population respectively (Figure 4.8). Only 2.6% of the respondents never felt the community activities appealed to a diverse population.

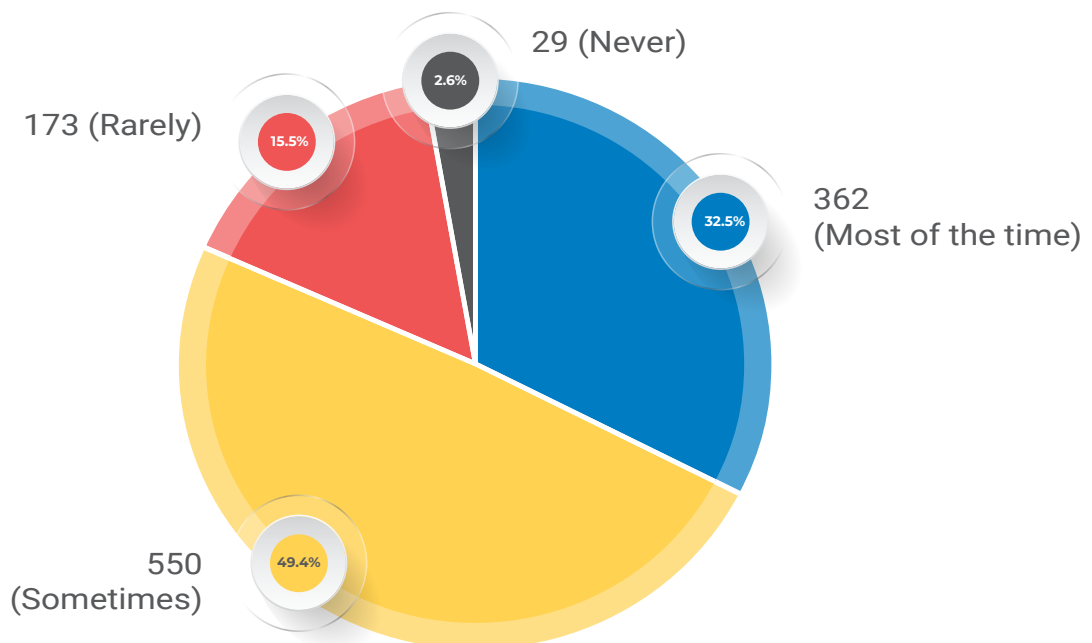


Figure 4.8: Percentage distribution frequency of community activities which appeal to diverse population

Reasons for not attending community events

The respondents were also asked for reasons why they were not able to attend events in the community. As shown in Table 4.18, 49.3% answered that they were not aware of any events and followed by events that did not meet their needs (18%) and the third-highest reason was the venues are not comfortable.

Table 4.18: Percentage distribution of reasons for not attending community events

Reasons for not attending events		n	%
1.	Poor health or physical limitation	27	2.4
2.	Venues are not comfortable	122	11.0
3.	Not aware of any events	550	49.3
4.	Can't get to the venues	34	3.1
5.	Can't afford the events	30	2.7
6.	Can't or do not travel at night	43	3.9
7.	No companion	68	6.1
8.	Events do not meet my needs	200	18.0
9.	Others	40	3.6

Important considerations for social activities

When the respondents were asked about what the important things about social-related activities were that they should do in the community, about 51% felt it was extremely important to publicize the social activities information accurately and widely (Table 4.19). The activities should also be affordable (49.7%), and a variety of cultural activities for diverse populations (47.7%). The respondents also felt that very important to have intergenerational activities organized in the community. These activities were local schools that involve older adults in events (28.0%) and activities involving young and older people (27.5%). The respondents (25.8%) also mentioned that it was important to organise activities specifically geared to older adults and to have senior discounts (24.4%). In general, the respondents described their social activity patterns that reflect their normal community living. They also noted that social activities sometimes appeal to a diverse population and the respondents attributed their failure to attend social events due to unawareness of the events. This is in line with their perception that publicity is important to create awareness. Moreover, activities should be affordable and meet a diverse population. The respondents perceived intergenerational activities were also important to organise.

Table 4.19: Percentage distribution of important considerations for social-related activities in the community

Types of activities n (%)		Extremely important	Very important	Important	Somewhat important	Not very important	Not at all important
		n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
1.	Conveniently located venues for entertainment	392 (35.2)	229 (20.6)	225 (20.2)	121 (10.9)	102 (9.2)	45 (4.0)
2.	Activities specifically geared to older adults	369 (33.1)	285 (25.6)	287 (25.8)	139 (12.5)	26 (2.3)	8 (0.7)
3.	Activities that offer senior discounts	427 (38.3)	278 (25.0)	272 (24.4)	103 (9.2)	25 (2.2)	9 (0.8)
4.	Activities that are affordable to all residents	554 (49.7)	279 (25.0)	201 (18.0)	61 (5.5)	13 (1.2)	6 (0.5)
5.	Activities involving young and older people	495 (44.4)	306 (27.5)	213 (19.1)	76 (6.8)	15 (1.3)	9 (0.8)
6.	Accurate and widely publicized information about social activities	567 (50.9)	275 (24.7)	186 (16.7)	65 (5.8)	14 (1.3)	7 (0.6)
7.	A variety of cultural activities for diverse populations	531 (47.7)	295 (26.5)	195 (17.5)	68 (6.1)	18 (1.6)	7 (0.6)
8.	Local schools that involve older adults in events and activities	430 (38.6)	312 (28.0)	228 (20.5)	102 (9.2)	30 (2.7)	12 (1.1)
9.	Continuing education classes	487 (43.7)	295 (26.5)	227 (20.4)	78 (7.0)	17 (1.5)	10 (0.9)
10.	Social clubs such as books, gardening, or crafts	489 (43.9)	305 (27.4)	216 (19.4)	76 (6.8)	20 (1.8)	8 (0.7)
11.	Group outings / carpool travel	399 (35.8)	290 (26.0)	241 (21.6)	114 (10.2)	46 (4.1)	24 (2.2)

4. Domain – Housing

Table 4.20 showed the types of housing the respondents live in. Terraced houses appeared to be the most common type of housing (56.9%), followed by kampung houses (14.5%), bungalows (11.1%), and semi-detached houses (10.4%), apartment or condominiums or flats (5.7%) and others (1.4%). The relative lower percentage of apartments or condominiums or flats could be due to the common housing types in Taiping; terraced houses were more common in Taiping than apartments/condominiums/flats. These are common housing types available in Taiping.

Types of housing

Table 4.20: Percentage distribution of types of housing

Types of housing		<i>n</i>	%
1	Bungalow	124	11.1
2	Semi-detached house	115	10.4
3	Terraced house	634	56.9
4	Apartment/condo/ flat	63	5.7
5	Kampung house	162	14.5
6	Others (squatters, senior housing, shophouse, room)	16	1.4

Ownership of resident

Next, the respondents were asked about the ownership of their current residence. As reported in Table 4.21, 30.3% of respondents owned their properties, followed by joint ownership with their spouse or other family members (24.1%). About 18% were renters and only 1.0% of respondents stayed in properties owned by their children.

Table 4.21: Percentage distribution of ownership of current residence

Ownership of a current residence		<i>n</i>	%
1	Owned by me	337	30.3
2	Owned by spouse	141	12.7
3	Owned by children	11	1.0

Ownership of a current residence		<i>n</i>	%
4	Joint ownership with a spouse or other family members	268	24.1
5	Rent	204	18.3
6	Other	153	13.7

Neighbourhood watch program

In terms of neighbourhood watch programs, 44.2% (492) of the respondents mentioned that their residential areas have neighbourhood watch programs and 55.8% (622) mentioned their residential areas do not have neighbourhood watch programs. These findings indicate that the social cohesion among Taiping residents was good, and neighbours were concerned about their safety and willing to work together for the common good. This may be due to familiarity with the neighbourhood as the respondents recorded a mean of 17.8 ± 15.28 years living in Taiping.

Move freely in the house

The respondents were also enquired about the internal environment in their homes. Majority of the respondents (96.9%) declared that they had no problem navigating easily and safely in their homes and only 2.7% reported a problem with mobility in their home environment. This percentage could be attributed to the fact that most of the respondents in this study were not from the older group.

When respondents were asked about their perceived importance of being able to live independently in their own home as they age, most of them answered it was extremely important (56.5%). Only 0.4% of respondents responded that it was not very important (see Table 4.22). This finding indicates that the awareness of staying healthy so that one could live independently in old age is good among respondents.

Table 4.22: Percentage distribution of importance to live independently in your own home

Importance of independent living in own home	<i>n</i>	%
Extremely important	629	56.5
Very important	394	35.4
Somewhat important	86	7.7
Not very important	5	0.4

As over 50% of respondents reported the importance of staying independently in their homes as they age. However, only 20.3% did not want to have modifications at home (Table 4.23). Approximately 35.6% of respondents reported they wish to have modifications to their home so that they could live comfortably and safely, nevertheless, they cannot afford to do the modification. Those who answered that no modifications were required were mostly from the younger group. They did not see the need to have any elderly-friendly related modifications for them now.

Table 4.23: Percentage distribution of home modification to live comfortably and safely

Home modification to live comfortably and safely	<i>n</i>	%
No	226	20.3
Yes, and I know who to go to get this done	354	31.8
Yes, but I don't know how to get this done	137	12.3
Yes, but I can't afford to	397	35.6

As reported in Table 4.24, there were 43 respondents (3.9%) aged 60 and above who participated in this survey, whereas the rest were below 60 and above ($n = 1065, 96.1\%$). Chi-square statistic revealed that there was a significant association between home modification and age group at $P=0.040$ level. Among those aged below 60, most of them responded that they wish to do home modification, but they can't afford it ($n = 383, 36.0\%$). However, among those aged 60 and above, most of them reported that they did not wish to perform home modifications to make their homes more comfortable and safer ($n = 16, 37.2\%$). Besides, the younger group also reported a higher percentage of "Yes, and I know who to go to get this done" (32.2% vs 25.6%), "Yes, but I don't know how to get this done" (12.4% vs 11.6%), and "Yes, but I can't afford to" (36.0% vs 25.6%) than the older group.

Table 4.24: The association between home modification and age groups

		Younger group (less than 60-year-old) n (%)	Older group (60-year-old and above) n (%)	Chi-square value	P-value
Would you like to have modifications made to your home to make it easier for you to live comfortably and safely?	No	207 (19.4)	16 (37.2)	8.327	0.040
	Yes, and I know who to go to get this done	343 (32.2)	11 (25.6)		
	Yes, but I don't know how to get this done	132 (12.4)	5 (11.6)		
	Yes, but I can't afford to	383 (36.0)	11 (25.6)		

In addition to the home modification question, the respondents were also asked about the possibility of moving to other accommodation to meet their future needs. Since most of the respondents were not from the older group; therefore, most of the respondents answered that they did not want to move to other accommodation that is more suitable to their needs (45.2%, Table 4.25). The findings could be different if the respondents were older adults with morbidity and multimorbidity. Problems related to mobility always required older people to move to other accommodation where it is more elderly-friendly. Besides, 26.1% responded that they wished to move but could not find suitable accommodation.

Table 4.25: Percentage distribution of move into other accommodation that is more suitable to needs

Move to other accommodation	n	%
No	503	45.2
Yes, and have found somewhere suitable	115	10.3
Yes, but have not found anything suitable	291	26.1
Yes, but can't afford to move	145	13.0
I don't know what my options are	60	5.4

There seems to be a market for age-friendly housing in Taiping as there are people who want to move from their current residence to accommodate their future needs and have not found suitable housing yet. Therefore, there is a potential market for new development in the age-friendly housing design to meet needs across the life stage. Another option would be to develop/provide home modification services or subsidies for eligible older persons to modify their homes. This intervention could provide them with a safe environment to stay in. Lastly, the neighbourhood program should be expanded to more areas to promote active ageing and a safe environment for intergenerational residents and older persons.

5. Domain – Communication and Information

Frequency of use of sources of information

Table 4.26 showed the sources of information utilised among the respondents. Undeniably, as shown in Table 4.24, most of the respondents (94.3%) obtained daily updates via the Internet. Besides, 87.9% of them also declared that they utilised mobile phones to obtain the latest news. The findings indicate that the use of digital technologies in obtaining information is common among respondents. The results could be because most of the respondents of this survey were from the younger group. The findings could be different if majority of respondents are an older group as more older people are not digitally literate compared to the younger group. Other common daily sources of information included TV news (71.5%), radio news (60.5%), friends and colleagues (65.5%), and family and relatives (72.6%).

Table 4.26: Percentage distribution of frequency of use of different sources of information

Sources of Information	Daily	Weekly	Monthly	Less than monthly	Never
	n (%)	n (%)	n (%)	n (%)	n (%)
Daily newspaper	338 (30.3)	180 (16.2)	285 (25.6)	201 (18.0)	110 (9.9)
Printed magazine	73 (6.6)	196 (17.6)	398 (35.7)	287 (25.8)	160 (14.4)
TV news	796 (71.5)	145 (13.0)	84 (7.5)	61 (5.5)	28 (2.5)
Radio news	674 (60.5)	217 (19.5)	93 (8.3)	89 (8.0)	41 (3.7)
Mobile phone	979 (87.9)	71 (6.4)	34 (3.1)	32 (1.9)	8 (0.7)

Sources of Information	Daily	Weekly	Monthly	Less than monthly	Never
	n (%)	n (%)	n (%)	n (%)	n (%)
Internet	1050 (94.3)	37 (3.3)	19 (1.7)	6 (0.6)	2 (0.2)
Talk with friends and colleagues	730 (65.5)	266 (23.9)	86 (7.7)	27 (2.4)	5 (0.4)
Talk with families or relatives	809 (72.6)	216 (19.4)	64 (5.7)	20 (1.7)	5 (0.4)
Public billboards / announcement board	423 (38.0)	339 (30.4)	188 (16.9)	106 (9.5)	58 (5.2)

The preferred source of information on services

Besides, this study also found that most of the respondents reported that they prefer to receive information on services and events in Taiping via the internet or social media (80.1%) (see Table 4.27). Most of the respondents were younger people and they are heavy users of the Internet and social media. Next, 10.7% of them were willing to receive information via phone call. Only 0.5% of the respondents obtained information from the billboard.

Table 4.27: Percentage distribution of preferred information on services available and events around Taiping

Sources of information	n	%
By mail	59	5.3
By phone	119	10.7
From the internet or social media	892	80.1
From billboard	6	0.5
From local bulletin/ newspaper	38	3.4

Frequency of finding information

Respondents also mentioned that they managed to find information on the services that they need most of the time (44.2%) (see Table 4.28). This is followed by “sometimes” (25.9%) and “always” (25.9%). It is not worthy that the respondents recorded the lowest percentage on ‘rarely able’ to get the information services they needed. This means that information on services is available to the public.

Table 4.28: Percentage distribution of frequency to find information on the services needed

Frequency to find information on services	n	%
Always	288	25.9
Most of the time	492	44.2
Sometimes	289	25.9
Rarely	45	4.0

Internet usage

In terms of Internet use, most respondents (96.0%) reported that they used the Internet every day or almost every day (see Table 4.29). Besides the characteristic of the age group of this survey, the high Internet usage also could be attributed to the availability of Internet coverage in the whole of Taiping city. Only 0.2% of the respondents never use the Internet and use the Internet less than once per month.

Table 4.29: Percentage distribution of average frequency of internet use in the last 3 months

Average frequency of internet use	n	%
Every Day or Almost Everyday	1069	96.0
At Least Once A Week	32	2.9
At Least Once A Month	9	0.8
Less Than Once a Month	2	0.2
Never	2	0.2

Importance of information and communication in the community

Table 4.30 reported the perceived importance of some facilities in the community. Free access to computers and the Internet in public places was the facility that was most needed by respondents (73.4%). Besides, 65.3% of respondents perceived that it is very important to access community information in one source, and 64.9% of respondents also felt that it was very important to obtain community information in several languages (64.9%).

Table 4.30: Percentage distribution of importance of information and communication in the community

Information and communication	Very important	Somewhat important	Not important
	n (%)	n (%)	n (%)
Access to community information in one central source.	727 (65.3)	363 (32.6)	24 (2.2)
Clearly displayed printed community information with large lettering.	646 (58.0)	417 (37.4)	51 (4.6)
An automated community information source that is easy to understand like a toll-free telephone number / WA service.	711 (63.8)	354 (31.8)	49 (4.4)
Free access to computers and the Internet in public places such as the library, senior centres or government buildings.	818 (73.4)	275 (24.7)	21 (1.9)
Community information that is delivered in person to people who may have difficulty or may not be able to leave their home.	701 (62.9)	375 (33.7)	38 (3.4)
Community information that is available in a number of different languages.	723 (64.9)	334 (30.0)	57 (5.1)

Chi-square statistic was run to examine the association between the perceived importance of several facilities by gender. However, as shown in Table 4.31, no association was found between the perceived importance of all facilities and gender. The results indicate that the need to prepare age-friendly city facilities in Taiping by gender difference might not be relevant.

Table 4.31: Association between perceived importance of several facilities and gender

Facilities	Perceived importance	Gender		Chi-square statistic	p-value
		Male n (%)	Female n (%)		
1. Access to community information in one central source	Very important	321 (68.6)	406 (62.8)	4.593	0.101
	Somewhat important	136 (29.1)	227 (35.1)		
	Not important	11 (2.3)	13 (2.1)		
2. Clearly displayed printed community information with large lettering	Very important	285 (60.9)	361 (55.9)	5.008	0.082
	Somewhat important	168 (35.9)	249 (38.5)		
	Not important	15 (3.2)	36 (5.6)		
3. An automated community information source that is easy to understand like a toll-free telephone number / WA service?	Very important	308 (65.8)	403 (62.4)	3.352	0.187
	Somewhat important	136 (29.1)	218 (33.7)		
	Not important	24 (5.1)	25 (3.9)		
4. Free access to computers and the Internet in public places such as the library, senior centers or government buildings	Very important	337 (72.0)	481 (74.4)	1.447	0.485
	Somewhat important	120 (25.6)	155 (24.0)		
	Not important	11 (2.4)	10 (1.5)		
5. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home	Very important	296 (26.6)	405 (62.7)	0.117	0.943
	Somewhat important	157 (14.1)	218 (33.7)		
	Not important	15 (1.3)	23 (3.6)		
6. Community information that is available in a number of different languages	Very important	295 (26.5)	428 (91.5)	5.110	0.078
	Somewhat important	141 (12.7)	193 (41.2)		
	Not important	32 (2.9)	25 (5.3)		

Generally, the respondents use internet to get formation and to communicate and they felt it was important to have internet access in public places such as the library or government offices. Our respondents were educated, and they are rather technology savvy.

6. Domain – Respect and Social Inclusion

Social network and isolation

Lubben Social Network Scale was used to assess the social network of respondents. The scale consists of 6 items that examine the family members and friends available for respondents when needed. The total score could be ranged from 0 to 30, with a higher score indicating a higher social network. The results showed that the mean \pm SD of the score was 15.5 ± 6.46 , meaning averagely, respondents had a total of averagely 15 people to interact with if needed. The minimum and maximum were 0 and 30, respectively. The total score was then categorised into no risk of social isolation and at risk of social isolation by using the universal cut-off point of 12. Results, as shown in Table 4.32 indicated that 73.8% of participants reported no risk of social isolation, whereas the remaining 26.2% were at risk of social isolation.

Table 4.32: Percentage distribution of prevalence of social isolation among respondents

Social isolation	
No risk for social isolation (12 and above)	
At risk for social isolation (less than 12)	

The low prevalence of social isolation could be attributed to more than half of the respondents who reported staying with their children in the same household (53.1%) (see Table 4.33).

Table 4.33: Percentage distribution of types of proximity to children

Proximity to children	<i>n</i>	%
1. Living in the same household	591	53.1
2. Living in a different household but in the same area / district	54	4.8
3. Living in a different area / district but still within Perak	29	2.6

Proximity to children	<i>n</i>	%
4. Living in a different state	44	3.9
5. Living in a different country	6	0.5
6. Not applicable (no children)	458	41.1

Social cohesion

Next, the social cohesion scale was also used to assess the social cohesion in the community. The scale consists of 5 items with a 5-point Likert scale. The possible scores were from 5 to 25 with a higher score indicating closer social cohesion. The mean score of respondents was 16.2 ± 3.20 (SD), and minimum and maximum scores were 5 and 25, respectively. More than half of the respondents reported that the people in their neighbourhood were helpful (53.5%), closed (45.8), and could be trusted (45.2%) (Table 4.34).

Table 4.34: Percentage distribution of agreement on social cohesion items

Items	Strongly disagree	Disagree	Neither Agree nor disagree	Agree	Strongly agree
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
1. People around here are willing to help their neighbours.	42 (3.8)	39 (3.5)	259 (23.2)	596 (53.5)	178 (16.0)
2. This is a close-knit neighbourhood.	44 (3.9)	81 (7.3)	344 (30.9)	510 (45.8)	135 (12.1)
3. People in this neighbourhood can be trusted.	42 (3.8)	66 (5.9)	371 (33.3)	503 (45.2)	132 (11.8)
4. People in this neighbourhood generally do not get along with each other.	169 (15.2)	330 (29.6)	392 (35.2)	179 (16.1)	44 (3.9)
5. People in this neighbourhood do not share the same values.	158 (14.2)	294 (40.6)	426 (38.2)	193 (17.3)	43 (3.9)

The respondents have a good social environment and close-knit neighbourhood that ensure they are safe and respected in the environment.

7. Domain – Civic Participation and Empowerment

Employment

Table 4.35 presents the current employment status of respondents. Most of the respondents were employed (65.3%), followed by others (11.1%), and unemployed (6.5%). Others included freelancers, helping family members, and owning businesses.

Table 4.35: Percentage distribution of current employment status

Employment status	n	%
Employed	727	65.3
Unemployed	72	6.5
Retired	56	5.0
Housewife	35	3.1
Student	100	9.0
Others	124	11.1

Some respondents experience discrimination at their workplaces. For example, 12.6% of respondents reported age discrimination in the workplace (see Table 4.36). Although gender discrimination was considered relatively low at 3.8%, racial discrimination seems to be more problematic (8.3%). Other common forms of discrimination reported were less working experience discrimination and religious discrimination.

Table 4.36: Percentage distribution of felt discrimination at the workplace or applying for a job

Types of discrimination	n	%
Age discrimination	140	12.6
Gender discrimination	42	3.8
Race discrimination	93	8.3
Disability discrimination	14	1.3
Not applicable	697	62.6
Others	128	11.5

Social activities

More than half (61.7%) of respondents did not attend any courses, conferences, private lessons, or instructions within the last 4 weeks. This could be due to the movement control order period. Most of the learning activities were cancelled or not possible due to the restriction.

In terms of political participation, respondents were asked if they had voted during the last general election. Approximately, 77.4% of the respondents mentioned that they had voted in the previous election and 22.6% did not vote in the last general election.

In terms of voluntary participation, 19.4% of respondents reported that they joined educational, cultural, sports or professional associations for voluntary participation before. Besides 19.1% of them also joined social movements or charities as volunteers (see Table 4.37).

Table 4.37: Percentage distribution frequency of involvement in unpaid voluntary work in the last 12 months

Organisations		Every week	Every month	Less often / Occasionally	Not at all
		n (%)	n (%)	n (%)	n (%)
1.	Community and social services (e.g., organizations helping the elderly, young people, disabled or other people in need).	52 (4.7)	137 (12.3)	505 (45.3)	420 (37.7)
2.	Educational, cultural, sports or professional associations.	70 (6.3)	146 (13.1)	467 (41.9)	431 (38.7)
3.	Social movements (e.g., environmental, human rights) or charities (e.g., fundraising, campaigning).	46 (4.1)	167 (15.0)	489 (43.9)	412 (37.0)
4.	Political parties, trade unions.	45 (4.0)	97 (8.7)	320 (28.7)	652 (58.5)
5.	Other voluntary organizations.	55 (4.9)	151 (13.6)	443 (39.8)	465 (41.7)

We conducted a chi-square analysis to identify the associations between types of voluntary activities with gender and age group. We found that, except for social movements, all other voluntary activities were related to gender. In all types of voluntary activities (except for social movement), males appeared to be more active to participate in voluntary activities compared to females (see Table 4.38).

Table 4.38: Association between voluntary activity participation with gender and age group

		Gender		Chi-square statistics (P-value)	Age group			Chi-square statistics (P-value)
		Male	Female		Less than 40	40-59	60 and above	
		n (%)	n (%)		n (%)	n (%)	n (%)	
a. Community and social services (e.g., organizations helping the elderly, young people, disabled or other people in need)	Every week	30 (6.4)	22 (3.4)	15.227 (0.002)	34 (4.4)	17 (5.7)	1 (2.3)	2.627 (0.854)
	Every month	68 (14.5)	69 (10.7)		92 (12.0)	39 (13.0)	5 (11.6)	
	Less often	219 (46.8)	286 (44.3)		342 (44.6)	139 (46.5)	20 (46.5)	
	Not at all	151 (32.3)	269 (41.6)		298 (38.9)	104 (34.8)	17 (39.5)	
b. Educational, cultural, sports or professional associations	Every week	38 (8.1)	32 (5.0)	10.648 (0.014)	47 (6.1)	20 (6.7)	2 (4.6)	8.750 (0.188)
	Every month	72 (15.4)	74 (11.5)		108 (14.1)	35 (11.7)	1 (2.3)	
	Less often	195 (41.7)	272 (42.1)		307 (40.1)	136 (45.5)	23 (53.5)	
	Not at all	163 (34.8)	268 (41.5)		304 (39.7)	108 (36.1)	17 (39.5)	
c. Social movements (for example environmental, human rights) or charities (for example fundraising, campaigning)	Every week	23 (4.9)	23 (3.6)	6.645 (0.084)	31 (4.0)	14 (4.7)	1 (2.3)	6.715 (0.348)
	Every month	79 (16.9)	88 (13.6)		124 (16.2)	37 (12.4)	6 (14.0)	
	Less often	211 (45.1)	278 (43.0)		320 (41.8)	147 (49.2)	18 (41.9)	
	Not at all	155 (33.1)	257 (39.8)		291 (38.0)	101 (33.8)	18 (41.9)	
d. Political parties, trade unions	Every week	28 (6.0)	17 (2.6)	19.801 (<0.001)	31 (4.0)	13 (4.3)	1 (2.3)	5.430 (0.490)
	Every month	54 (11.5)	43 (6.7)		67 (8.7)	27 (9.0)	2 (4.7)	
	Less often	139 (29.7)	181 (28.0)		212 (27.7)	97 (32.4)	10 (23.3)	
	Not at all	247 (52.8)	405 (62.7)		456 (59.5)	162 (54.2)	30 (69.8)	
e. Other voluntary organizations	Every week	31 (6.6)	24 (3.7)	12.811 (0.005)	38 (5.0)	13 (4.3)	3 (7.0)	5.468 (0.485)
	Every month	73 (15.6)	78 (12.1)		101 (13.2)	42 (14.0)	7 (16.3)	
	Less often	193 (41.2)	250 (38.7)		293 (38.3)	133 (44.5)	15 (34.9)	
	Not at all	171 (36.5)	294 (45.5)		334 (43.6)	111 (37.1)	18 (41.9)	

As reported in Table 4.39, 19.0% of respondents reported that they were not interested in voluntary work. About 43.4% of respondents mentioned that they had problems finding suitable voluntary work in Taiping while 37.6% of respondents reported that they had no problems in finding suitable voluntary work.

Table 4.39: Percentage distribution of problems finding suitable voluntary work

Problem finding voluntary work	<i>n</i>	%
Yes	483	43.4
No	419	37.6
Not interested in voluntary work	212	19.0

In general, most of the respondents acknowledged that it is very important to have a range of volunteer activities to choose from (38.1%), volunteer training opportunities to help people perform better in their volunteer roles (40.1%), opportunities for older adults to participate in decision making bodies such as community councils or committees (36.1%), easy to find information about local volunteer opportunities (43.6%), and transportation to/from volunteer activities for those who need it (45.4%) (see Table 4.40).

Table 4.40: Percentage distribution of importance to have activities in the community

Items	Very important	Somewhat important	Not important
	n (%)	n (%)	n (%)
1. A range of volunteer activities to choose from.	424 (38.1)	629 (56.5)	61 (5.5)
2. Volunteer training opportunities to help people perform better in their volunteer roles.	447 (40.1)	610 (54.8)	57 (5.1)
3. Opportunities for older adults to participate in decision making bodies such as community councils or committees.	402 (36.1)	633 (56.8)	79 (7.1)
4. Easy to find information about local volunteer opportunities.	486 (43.6)	579 (52.0)	49 (4.4)
5. Transportation to/from volunteer activities for those who need it.	506 (45.4)	564 (50.6)	44 (3.9)

We conducted a chi-square analysis to identify if there was any association between perceived importance of several voluntary works with gender and age group. However, as reported in Table 4.41, we failed to identify associations between perceived importance of several voluntary works with gender and age group in this survey.

Table 4.41: Association between perceived importance of several voluntary works with gender and age

		Gender		Chi-square statistics (P-value)	Age group			Chi-square statistics (P-value)
		Male	Female		Less than 40	40-59	60 and above	
		n (%)	n (%)		n (%)	n (%)	n (%)	
1. A range of volunteer activities to choose from	Very important	186 (39.7)	238 (36.8)	2.866 (0.239)	300 (39.2)	106 (35.5)	14 (32.6)	1.986 (0.738)
	Somewhat important	252 (53.8)	377 (58.4)		426 (55.6)	175 (58.5)	26 (60.5)	
	Not important	30 (6.4)	31 (4.8)		40 (5.2)	18 (6.0)	3 (7.0)	
2. Volunteer training opportunities to help people perform better in their volunteer roles	Very important	198 (42.3)	249 (38.5)	3.511 (0.173)	313 (40.9)	113 (37.8)	17 (39.5)	2.492 (0.646)
	Somewhat important	242 (51.7)	368 (57.0)		416 (54.3)	170 (56.9)	22 (51.2)	
	Not important	28 (6.0)	29 (4.5)		37 (4.8)	16 (5.4)	4 (9.3)	
3. Opportunities for older adults to participate in decision making bodies such as community councils or committees	Very important	183 (39.1)	219 (33.9)	3.206 (0.201)	275 (35.9)	105 (35.1)	18 (41.9)	1.673 (0.796)
	Somewhat important	254 (54.3)	379 (58.7)		433 (56.5)	176 (58.9)	22 (51.2)	
	Not important	31 (6.6)	48 (7.4)		58 (7.6)	18 (6.0)	3 (7.0)	
4. Easy to find information about local volunteer opportunities	Very important	206 (44.0)	280 (43.3)	2.856 (0.240)	347 (45.3)	122 (40.8)	14 (32.6)	4.617 (0.329)
	Somewhat important	236 (50.4)	343 (53.1)		385 (50.3)	165 (55.2)	26 (60.5)	
	Not important	26 (5.6)	23 (3.6)		34 (4.4)	12 (4.0)	3 (7.0)	
5. Transportation to/from volunteer activities for those who need it	Very important	205 (43.8)	301 (46.6)	1.738 (0.419)	353 (46.1)	130 (43.5)	19 (44.2)	4.838 (0.304)
	Somewhat important	241 (51.5)	323 (50.0)		382 (49.9)	160 (53.5)	20 (46.5)	
	Not important	22 (4.7)	22 (3.4)		31 (4.0)	9 (3.0)	4 (9.3)	

8. Domain – Community and Health Services

Perceived health

Self-rated health status was administered to respondents to examine their self-rated health status. The item was in the 10-point Likert format, with a higher point indicating a higher perceived health status. The mean score was 7.9 ± 1.54 , and 84.3% of the respondents rated seven and above. Hence, the respondents were rather healthy.

Chronic disease

Respondents also asked if they suffered from any medical condition. As reported in Table 4.42, the prevalence of hypertension was 9.4% among respondents, followed by asthma (4.8%) and diabetes (2.9%). Besides medical conditions listed in the questionnaire, some other medical problems reported by respondents were depression, chronic kidney disease, obesity, sinusitis, psoriasis, slip disc, systemic lupus erythematosus, spine problem, cancer, anaemia, allergic, thyroid problem, fatty liver, vertigo, stroke, and hypercholesterolemia.

Table 4.42: Percentage distribution of chronic diseases

Ailments	n	%
1. Hypertension	105	9.4
2. Diabetes	32	2.9
3. Heart Disease	15	1.4
4. Arthritis	8	0.7
5. Asthma	53	4.8
6. Osteoporosis	9	0.8
7. None of the above	894	80.3
8. Other	240	21.5

Disability was uncommon in respondents as 95.7% reported that they did not have any form of disability (see Table 4.43). Only 1.3% of them reported having a visual impairment and physical impairment. None of them reported having cognitive impairment.

Table 4.43: Percentage distribution of types of disability

Types of disability	n	%
1. Hearing-impaired	10	0.9
2. Visually impaired	16	1.3
3. Physically handicapped	14	1.3
4. Learning disorder	6	0.5
5. Speech impediment	3	0.3
6. Cognitively impaired	0	0
7. Multiple disabilities	2	0.2
8. None of the above	1066	95.7

In terms of healthcare utilisation, almost half (41.9%) of respondents reported that they managed to get a medical examination or treatment each time they needed it (see Table 4.44). Another 36.0% reported not requiring any medical examination or treatment.

Table 4.44: Percentage distribution of needing medical examination for self during the past 12-months

Medical examination	%	n
Yes, I had a medical examination or treatment each time I needed	467	41.9
Yes, but those were at least one occasion when I did not have a medical examination or treatment, I needed	246	22.1
No, I did not need any medical examination or treatment	401	36.0

As reported in Table 4.45 most respondents visited government hospitals (39.7%) and pharmacies (39.1%) when unwell. The purpose of visiting pharmacies was often to purchase medications for self-medication. In addition, 26.8% utilize the private clinics/GP when ill. Only 13.2% of respondents visited private hospitals. Those who utilized private health facilities would have the resources to pay either through health insurance or benefit from employers or have the resources to pay for the services.

Table 4.45: Percentage distribution of utilization of healthcare facilities

Healthcare facilities	n	%
Government hospital	442	39.7
Government health clinic	256	23.0
Private hospital	147	13.2
Private clinic / GP	298	26.8
Traditional Complementary Medicine	53	4.8
Self-medication – Pharmacy	436	39.1

Types of social assistance

Social assistance was available when needed. We listed several common assistances available in the community and asked if respondents managed to get them when needed (Table 4.46). Unfortunately, less than 10% of respondents reported getting one of the assistance programs offered. Only 9.7% of respondents mentioned that they would be “very likely” to receive welfare aid, followed by cooked meals (8.3%) and social care services (8.1%).

Table 4.46: Percentage distribution of types of assistance when needed

Types of assistance	Very likely	Somewhat likely	Not likely	Don't know
	n (%)	n (%)	n (%)	n (%)
Welfare aid	108 (9.7)	305 (27.4)	452 (40.6)	249 (22.4)
Zakat assistance	76 (6.8)	248 (22.3)	540 (48.5)	250 (22.4)
Healthcare services	86 (7.7)	311 (27.9)	427 (38.3)	290 (26.0)
Social care services	90 (8.1)	299 (26.8)	432 (38.8)	293 (26.3)
Shelter / accommodation	77 (6.9)	263 (23.6)	491 (44.1)	283 (25.4)
Cooked meals	92 (8.3)	292 (26.2)	453 (40.7)	277 (24.9)
Prosthetic devices/ wheelchairs	76 (6.8)	260 (23.3)	490 (44.0)	288 (25.9)

Next, we also correlated social assistance with age and gender. Chi-square results, as reported in Table 4.47, were associated with the age group at $P = 0.032$, as a higher proportion of those aged 60 and above reported “very likely” to get welfare aid. Zakat assistance was also correlated with gender ($P=0.046$) and age group ($P=0.002$). A higher proportion of males reported “very likely” to receive Zakat assistance. However, a higher proportion of those 60 years and above reported “not likely” to receive Zakat assistance. Lastly, there was a significant correlation between cooked meals and age group ($P=0.009$) when more older adults aged 60 and above reported that “not likely” would receive cooked meals when needed.

Table 4.47: The association between social assistance with age and gender

		Gender		Chi-square (P-value)	Age group			Chi-square (P-value)
		Male	Female		Less than 40	40-59	60 and above	
		n (%)	n (%)		n (%)	n (%)	n (%)	
Welfare aid (DSW)	Very likely	51 (10.9)	57 (8.8)	2.866 (0.239)	72 (9.4)	29 (9.7)	7 (16.3)	13.764 (0.032)
	Somewhat likely	131 (28.0)	377 (58.4)		215 (28.1)	78 (26.1)	11 (25.6)	
	Not likely	183 (39.1)	269 (41.6)		291 (38.0)	142 (47.5)	18 (41.9)	
	Don't know	103 (22.0)	146 (22.6)		188 (24.5)	50 (16.7)	7 (16.3)	
Zakat assistance (MAIP)	Very likely	38 (8.1)	38 (5.9)	8.018 (0.046)	55 (7.2)	20 (6.7)	1 (2.3)	21.119 (0.002)
	Somewhat likely	87 (18.6)	161 (24.9)		183 (23.9)	59 (19.7)	5 (11.6)	
	Not likely	239 (51.1)	301 (46.6)		341 (44.5)	166 (55.5)	31 (72.1)	
	Don't know	104 (22.2)	146 (22.6)		187 (24.4)	54 (18.1)	6 (14.0)	
Health care services (NGOs)	Very likely	40 (8.5)	179 (27.7)	0.907 (0.824)	210 (27.4)	87 (29.1)	13 (30.2)	7.016 (0.319)
	Somewhat likely	132 (28.2)	250 (38.7)		283 (36.9)	124 (41.5)	19 (44.2)	
	Not likely	177 (37.8)	171 (26.5)		215 (28.1)	63 (21.1)	8 (18.6)	
	Don't know	119 (25.4)	171 (26.5)		215 (28.1)	63 (21.1)	8 (18.6)	

		Gender		Chi-square (P-value)	Age group			Chi-square (P-value)
		Male	Female		Less than 40	40-59	60 and above	
		n (%)	n (%)		n (%)	n (%)	n (%)	
Social care services (NGOs)	Very likely	42 (9.0)	48 (7.4)	2.097 (0.552)	60 (7.8)	25 (8.4)	5 (11.6)	10.962 (0.090)
	Somewhat likely	128 (27.4)	171 (26.5)		197 (25.7)	89 (29.8)	11 (25.6)	
	Not likely	184 (39.3)	248 (38.4)		287 (37.5)	125 (41.8)	19 (44.2)	
	Don't know	114 (24.4)	179 (27.7)		222 (29.0)	60 (20.1)	8 (18.6)	
Shelter / accommodation (NGOs)	Very likely	36 (7.7)	41 (6.3)	1.094 (0.779)	52 (6.8)	23 (7.7)	2 (4.7)	11.831 (0.066)
	Somewhat likely	112 (23.9)	151 (23.4)		185 (24.2)	69 (23.1)	8 (18.6)	
	Not likely	206 (44.0)	285 (44.1)		317 (41.4)	147 (49.2)	25 (58.1)	
	Don't know	114 (24.4)	169 (26.2)		212 (27.7)	60 (20.1)	8 (18.6)	
Cooked meals (NGOs)	Very likely	42 (9.0)	50 (7.7)	1.099 (0.777)	62 (8.1)	27 (9.0)	3 (7.0)	17.125 (0.009)
	Somewhat likely	126 (26.9)	166 (25.7)		208 (27.2)	75 (25.1)	8 (18.6)	
	Not likely	189 (40.4)	264 (40.9)		286 (37.3)	140 (46.8)	25 (58.1)	
	Don't know	111 (23.7)	166 (25.7)		210 (27.4)	57 (19.1)	7 (16.3)	
Prosthetic devices/ wheel-chairs	Very likely	38 (8.1)	38 (5.9)	2.394 (0.495)	52 (6.8)	22 (7.4)	2 (4.7)	11.075 (0.086)
	Somewhat likely	106 (22.6)	154 (23.8)		175 (22.8)	75 (25.1)	9 (20.9)	
	Not likely	207 (44.2)	283 (43.8)		321 (41.9)	144 (48.2)	23 (53.5)	
	Don't know	117 (25.0)	171 (26.5)		218 (28.5)	58 (19.4)	9 (20.9)	

The community and health services seem to be adequate for the respondents. Generally, the respondents are healthy and do not have chronic illnesses and disabilities. Those who need medical attention get them when needed and a high percentage use the public health facilities. Besides the health services, the respondents were also able to get assistance from the different welfare programs available in the community. The welfare assistance received was influenced by gender and age.

- Other Areas

1. Practices and views related to COVID-19

Figure 4.9 shows the respondents' feelings when their immediate family were seriously ill because of the COVID-19 and most of the respondents (90%) were worried.

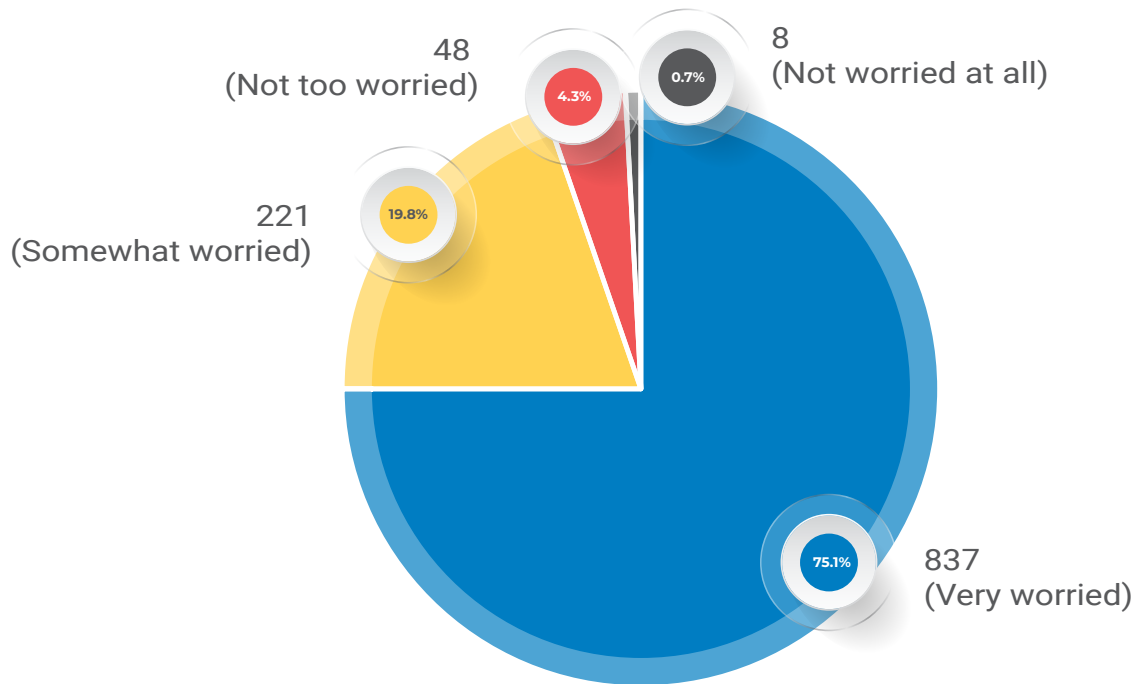


Figure 4.9: Percentage distribution of possibility that you or someone in your immediate family might become seriously ill from COVID-19

The COVID-19 outbreak also gave a substantial threat to the household's finance as shown in Figure 4.10. Approximately 83% of the respondents also felt that the COVID-19 outbreak threaten their household finances.

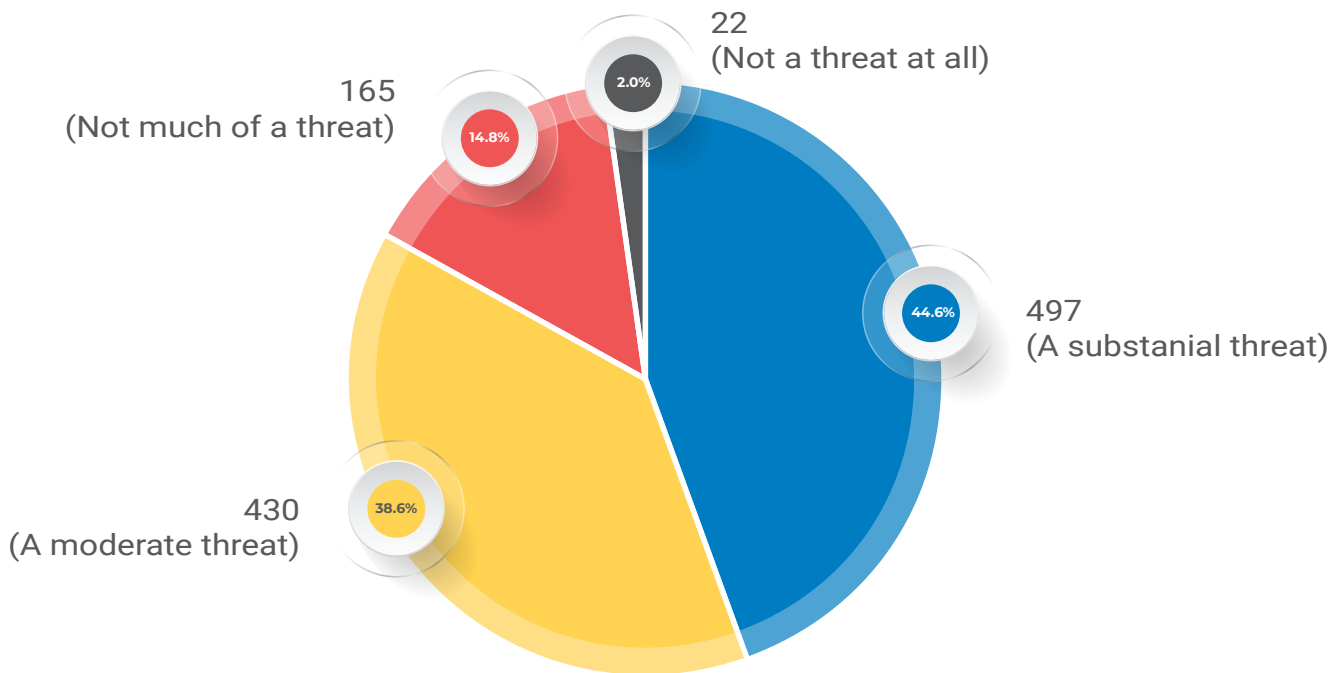


Figure 4.10: Percentage distribution of substantial threat to the household's finance due to the COVID-19 outbreak

2. Life satisfaction and perception of development in Taiping

In this survey, life satisfaction was measured by using the 5-item life satisfaction scale. The scale consists of five items with a 7-point Likert agreement scale. The possible score would be 5 to 35 with higher scores indicating higher life satisfaction. The mean score was 24.9 ± 5.72 , and minimum and maximum scores were 5 and 35, respectively. Table 4.48 reports the descriptive statistics of the scales by each item.

Table 4.48: Percentage distribution of life satisfaction items

Items	Strongly Agree	Agree	Slightly Agree	Neither Agree Not Disagree	Slightly Disagree	Disagree	Strongly Disagree
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
1. In most ways my life is close to my ideal.	95 (8.5)	434 (39.0)	161 (14.5)	319 (28.6)	62 (5.6)	32 (2.9)	11 (1.0)

Items	Strongly Agree	Agree	Slightly Agree	Neither Agree Not Disagree	Slightly Disagree	Disagree	Strongly Disagree
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2. The conditions of my life are excellent.	101 (9.1)	484 (43.4)	165 (14.8)	271 (24.3)	58 (5.2)	28 (2.5)	7 (0.6)
3. I am satisfied with my life.	119 (10.7)	497 (44.6)	160 (14.4)	235 (21.1)	68 (6.1)	22 (2.0)	13 (1.2)
4. So far, I have gotten the important things I want in life.	95 (8.5)	452 (40.6)	140 (12.6)	283 (25.4)	76 (6.8)	49 (4.4)	19 (1.7)
5. If I could live my life over, I would change almost nothing.	80 (7.2)	319 (28.6)	116 (10.4)	327 (29.4)	120 (10.8)	79 (7.1)	73 (6.6)



Figure 4.11: Percentage distribution of rating of Taiping as a place to live

In general, respondents were satisfied with Taiping as a place to live. As illustrated in Figure 4.11, 42.5% rated Taiping as an “excellent” place to live, whereas 45.5% of respondents rated Taiping as “good”. Only 0.6% of respondents mentioned that the living condition of Taiping was “poor”.

Respondents were also asked to rate Taiping in terms of town planning, management, and pacing (Table 4.49). They were given a scale from 1 to 10 with higher points indicating better development. 73.8% of respondents rated “5” or above in planning, 72.1% rated “5” or above for management, and 75.6% of respondents rated “5” or above in pacing. These ratings reflect a perceived rather good level in terms of the different aspects of development in Taiping.

Table 4.49: Percentage distribution of perceived aspect of development in Taiping

Aspect of development	Mean ± SD	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
		1	2	3	4	5	6	7	8	9	10
Town Planning	5.9 ± 2.38	48 (4.3)	67 (10.3)	84 (17.9)	94 (8.4)	189 (17.0)	132 (11.8)	158 (14.2)	179 (16.1)	111 (10.0)	52 (4.7)
Management	5.8 ± 2.35	54 (4.8)	71 (6.4)	83 (7.5)	101 (9.1)	202 (18.1)	133 (11.9)	164 (14.7)	172 (15.4)	87 (7.8)	47 (4.2)
Pacing	6.1 ± 2.44	43 (3.9)	78 (7.0)	76 (6.8)	76 (6.8)	189 (17.0)	138 (12.4)	150 (13.5)	170 (15.3)	115 (10.3)	79 (7.1)

3. Perception of the future of Taiping

Respondents were also asked about their vision of the future of Taiping through the open-ended question. A total of 1114 respondents participated in this survey and only 1084 (97.3%) of them answered this item. However, after reading all responses, we considered only 652 (58.5%) meaningful responses. Eight themes emerged regarding the respondents’ vision of future Taiping. The discussions of the themes are not in ranking order. The frequency of each theme mentioned by the respondents was concluded in Table 4.50. The table shows that the top three most frequently reported themes were “A city with natural and cultural heritage”, “A city with a “well-known eco-tourism spot locally or internationally”, and “A city with a reasonable development pace”.

Table 4.50: Frequency of each theme mentioned by the respondents

Theme	Frequency (%)
A city with natural and cultural heritage	179 (27.4)

Theme	Frequency (%)
A city with well-known eco-tourism spots locally or internationally	117 (17.9)
A city with a reasonable development pace	97 (14.9)
Clean, safe, and well-maintained city	79 (12.1)
A city with better facilities for the locals	68 (10.4)
City of retirement	42 (6.4)
A city that equipped with opportunities	37 (5.7)
A city of affordable housing	33 (5.1)

1. The respondents of the survey would like to see Taiping as a **well-known eco-tourism spot locally or internationally**.

R55 - Bandar yg tenang dan perlukan lebih banyak aktiviti dan pusat peranginan untuk menarik minat pelancong datang ke Taiping

R260 - Akan jadi tempat tumpuan pengunjung dari serata negara

R170 - perlu menjadi bandar mesra pengguna dan pelancong dalam semua segi termasuk pendidikan, pengangkutan, produk dan informasi penuh dlm bahasa kebangsaan/jawi

2. The ecotourism theme is further supported by their wish that the **natural and cultural heritage** could be retained in Taiping.

R579 - Bangunan lama dibaik pulih dan dijaga

R576 - Kelestarian yang sedia ada harus dikekalkan bagi generasi akan datang untuk menikmati dan merasainya. Janganlah memusnahkan monumen bersejarah di Taiping ini.

R675 - Taiping berpotensi untuk lebih maju sebagai kawasan eko-pelancongan dengan mengekalkan keindahan flora dan faunanya

R245 - Menjadi satu tapak pelancongan yang membangun dan moden, tetapi masih mengekalkan tradisi warisan yang sedia ada

R661 - More green trees

3. In relation to the vision to maintain Taiping as an ecotourism destination, the respondents also mentioned the pace of development should be in line. Some respondents dislike seeing Taiping develop too fast and drastic as they perceived that the drastic development could destroy the greenery, flora and fauna of Taiping.

R680 - 不好发展得太快 (I don't think is good to have drastic development)

- R692 - *Saya harap pembangunan di Taiping tidak terlalu drastik sehingga menyebabkan Taiping hilang nilai warisan dan keamanannya. Pokok-pokok besar lama di Taiping dan kehijauannya perlu dipelihara. Masyarakat perlu dipupuk dengan tabiat tidak membuang sampah merata-rata.*
- R707 - *保持, 不想看到太城市化 (maintain the city as it is, I don't prefer to see it be too developed)*
- R727 - *Environmentally friendly and limited development*
Some recommended stopping the drastic development of the city and just focusing to reserve Taiping as a heritage city. They demanded more greenery should be invested in and deforestation should be stopped to preserve the ecosystem of Taiping.
- R899 - *Alam sekitar haruslah dijaga. Flora dan fauna mesti dikekalkan dan dijaga. Hentikan pembukaan tanah - tanah baru di lereng - lereng bukit / hutan / hutan simpan bagi tujuan pembinaan rumah2 / kebun2 / binaan lain.*
- R991 - *Stay green. Too much developments in short period.*
- R1001 - *Maintain it as a heritage town, without too much development*
- R208 - *Keindahan Taiping bakal musnah jika kehijauan alamnya tidak dijaga, terlalu banyak hutan yang diteroka, pembangunan perumahan yang tak mampu dimiliki, banyak kawasan bukit yang ditarah, kesesakan lalu lintas*
- R482 - *要保护太平大自然的景色, 希望不要太多砍伐树木, 这会造成大自然生态不平衡 (need to protect the nature scenery of Taiping, hope to see less deforest as it will cause the imbalance in the ecosystem)*

4. Some respondents would like Taiping to become the **city of retirement** in the future. Many of them found that Taiping is a peaceful and comfortable city to live in, and therefore suitable for retirement living.

- R986 - *Peacefully retiring city*
- R1062 - *Saya rasa selesa untuk pncen di Taiping*
- R1017 - *Suitable for senior citizens*
- R1019 - *Town of Retirement*
- R983 - *Boleh berkembang maju dengan pembangunan yang teratur sesuai sebagai bandar bagi golongan pncen*
- R958 - *Taiping bandar yang tenang dan selesa untuk didiami*
- R954 - *A relaxed and happy place*

5. Next, Taiping residents also wish that Taiping could be the **city of affordable housing**. Many of them responded that the city has too many unaffordable housing projects that less benefit the locals. Therefore, they suggested having more housing projects that could build more affordable houses for them.

- R110 - *Harga rumah semakin mahal*

- R111 - *Kenaikan harga hartanah yang tinggi serta warga emas yang terlalu ramai di bandar Taiping*
- R141- *Perlu banyakkkan aktiviti dan pembinaan rumah yang mampu milik serta wujudkan peluang pekerjaan dan pendidikan*
- R558 – *Baik, cuma harga rumah sekitar Taiping semakin mahal*

6. Besides, Taiping residents also wish to see Taiping become a city with better facilities for the locals. Residents expressed their dissatisfaction mostly with road conditions, public transport and lack of parking spaces. Residents with the authorities could help to improve the road condition, allocate more reliable public transport and more parking facilities in the future.

- R602 - *Diharapkan dapat menyediakan lebih byk kemudahan seperti bas awam, peluang pekerjaan*
- R610 - *Taiping perlukan perancangan jangka panjang yang terbaik kerana banyak pembangunan (perumahan dan binaan komersial, lampu isyarat, jalan raya, ekosistem) yang haywire dan perlukan red flag pada masa kini.*

- R620 - *Perbaiki jalan raya dan insfrastruktur*
- R843 - *未来有更多基础设施建设 比如LRT LRT (to have more basic infrastructure in the future, such as LRT)*
- R96 - *Jalan raya dan tempat parking kereta di bandar perlu diperbaiki bagi mengelakkan kesesakan lalu lintas di bandar. Aktiviti untuk pelbagai usia perlu diadakan pada setiap hujung minggu.*
- R247 - *Kekalkan warisan dengan kawasan parking berkelompok serta pengangkutan awam percuma*

7. Respondents also wish to see Taiping be a **clean, safe, and well-maintained city** in the future. The majority of the residents mentioned that Taiping is dirty, and rubbish was not properly disposed by the residents.

- R174 - *Taiping akan capai bandar bebas sampah*
- R295 - *Pengurusan sampah masih perlu lebih cekap dan kesedaran awam*
- R937 - *Saya merancang supaya hampir semua tempat ada tong sampah yang akan diambil oleh MPT supaya penduduk tidak membuang sampah merata-rata*
- R830 - *Pengurusan yang lebih baik terutamanya kebersihan*
- R744 - *A cleaner Taiping*
Besides, residents also hope that the issues of potholes on the road, stray dogs, and double parking should be given extra attention to make Taiping a better city to live in.
- R6 - *Hope it stays at it is. And please, too many stray dogs in Taiping. Do something about it. It attacks elderly people.*

- R805 - *Job opportunities from non-prejudice employers and higher-income career hubs. Better tourism, stray dogs, and trash management.*
- R873 - *希望不会有交通阻塞的问题, 希望有部门可以多巡 避免 double parking (hope that the problem of traffic congestion could be resolved and hope the relevant authority can increase the monitoring of double parking)*
- R716 - *提高马路状况和市区卫生水平 (enhance the road condition and improve the cleanliness of the city)*

8. Lastly, respondents also hope that Taiping could be a city full of opportunities. Some respondents expressed their concern about the lack of job opportunities in Taiping that further encourages the younger generation to move out of Taiping. Respondents wish that more job opportunities could be created in Taiping to retain more young people to continue to stay in Taiping. Besides, respondents also wish that the salary of employees could be increased in Taiping to deal with the inflation.

- R713 - *Lack of job opportunities for youngsters*
- R734 - *Dapat memberi peluang meningkatkan sosioekonomi penduduk dan mengekalkan keadaan sekarang.*
- R755 - *人人有工作 (everyone has a job)*
- R768 - *希望太平可以有更多的就业机会, 提高薪金。太平平均收入太低, 尤其是打工者 (I wish that Taiping could have more job opportunities, salary could be increased as the mean salary of Taiping workers was too low, especially among the employees)*
- R830 - *更多年轻人愿意在太平发展 (more young people can stay and work in Taiping)*
The vision of Taiping could be summarised as a town that is peaceful, and green with opportunities to meet intergenerational needs and the promotion of eco-tourism. The pace of development should consider local needs and affordability. The authorities and the public should play their roles in ensuring the city is safe and clean.

Summary

The respondents recorded a moderate perception of the level of age-friendliness in Taiping. The perceived perception level can be attributed to the contribution of the different dimensions of the WHO domains.

1. Outdoor spaces and building:

Respondents noted issues with walkability and mobility around the town that

relate to the road or street conditions and issues of parking. In addition, the respondents were also concerned with the public buildings that have poor way-finding, lack of seating areas for waiting and toilets.

2. Transportation:

This seems to be a major concern for many residents. The lack of public transport services and the routing of buses were of high concern.

3. Social participation and empowerment:

The respondents were involved in activities that revolve around their daily routine, ie going to market and religious activities. They also felt that events in Taiping cater for diverse population needs. However, there seems to be an issue with not getting information regarding events in the area.

4. Housing:

The common housing type amongst the respondents was terraced houses, followed by kampung houses. About a third own their homes or jointly owned with the family members. In addition, many of them were residents of the area for rather long. The internal home environment supports the free movement of the owners and the respondents report the importance of independent living in their home environment. About one in five respondents did not feel the need to modify their home to meet their needs as they are able-bodied and about 36% of respondents reported they wish to have modifications to their home so that they could live comfortably and safely, nevertheless they cannot afford to do the modification. Consequently, many felt they do not need to move to another accommodation. Further, about 26% felt they need to move but have found a suitable unit yet and about 10 % had found a new unit suitable for their need. Therefore, there is a potential for age-friendly housing development in Taiping.

The availability of a neighbourhood watch program was important to promote a positive social environment and prevent social isolation and this program needs to be expanded to other housing areas.

5. Communication and information:

Modern information technology seems to be the main medium of information among Taiping residents. The internet, mobile telephones and TV news were the three highest recorded sources of information utilized daily. Printed media seems low in their usage. The preferred source of information for events was also through the internet or social media. The respondents also noted that the

availability of free internet services in a public building was also important to have.

Respect and social inclusion: Taiping are very strong in this dimension as there were high respect and social cohesion among the respondents. Good support social environment and close-knit neighbourhood ensure they are safe and respected in the environment and not isolated.

6. Civic participation:

A high percentage of the respondents are employed and about 12% felt they experience aged discrimination at the workplace or when applying for a job. Over 70% reported they voted in the last general election. Movement control order had restricted their attendance to educational classes. The respondents noted that opportunities for volunteerism are important and more than 40% noted they had no problem finding volunteer activities. Less than 20% noted that they were not interested in volunteerism. No gender differences were noted in volunteerism except for social movement activities i.e. environmental issues and human rights.

7. Community and health services:

The respondents were healthy and abled bodies as such do not have issues with health services. They use public health facilities, private health clinics for health treatment and pharmacies to get their prescription drugs. In terms of community services, those that need services do get them. However, some welfare assistance was influenced by gender.

8. Other areas:

Generally, the respondents were satisfied with their lives and perceived that the COVID-19 pandemic had influenced their household finances. They also noted anxiety about the possibility of family members getting COVID-19. The respondents felt the overall development in Taiping (planning, management, and pace) was above 7 out of 10 possible points which indicates a moderately high level of satisfaction with the development and caution not to have too rapid development in Taiping. The future of Taiping revolves around heritage, greenery, opportunities for the young and age-friendly facilities and services with affordable housing as a concern.

Implications

Generally, the residents were satisfied with life in Taiping. Nevertheless, the age-friendliness of the living environment is moderate. Several concerns need attention from the stakeholders. The outdoor environment of concerns in

Taiping are issues related to walkability, pathways, potholes, pedestrian crossing, parking spaces, road signage, lighting and drop-off and pick up areas outside of public buildings. In addition, the indoor environment that needs attention is the way findings, seats for waiting and toilets in public buildings. These concerns are part of the routine municipality activities which can be addressed routinely as maintenance issues of municipal services and or in cooperation with other stakeholders to address the issues.

Special attention should be focused on public transportation services in Taiping and the surrounding areas. The lack of services affected mobility and routine life activities for the residents to access services in the area. This should be a priority to be addressed in the immediate future. There is a potential to develop age-friendly housing options in Taiping and the surrounding areas as there were unmet needs in this sector.

The social environment in Taiping is supportive and good for the residents. The respondents seem rather involved in the social environment and have good cohesion in the neighbourhood which increase integration in the community. Moreover, many of the respondents were long term residents and familiar with the surrounding social environment. A minor concern regarding the social environment is the information and communication about events not reaching the community. The channel of communication preferred is through the internet or social media. Nevertheless, there are also segments of the population that do not have access to this medium. Therefore, there is a need to address information and communication dissemination issues with regard to events in a round Taiping. Further, many respondents in the survey were below their forties and prefer the new medium, authorities should also consider the need for information on other age segments. In terms of social participation and empowerment, there seems to be a need to train the community on disaster preparedness and management. The unavailability of training in this area will hinder preparedness and may also cause damage in terms of life and properties. Volunteerism and social cohesion are high in Taiping. Nevertheless, there is a need to address transportation needs related to volunteerism. The naturally high social activism amongst the residents in Taiping will support an inclusive approach to age-friendly Taiping strategies.

The online data collection of the survey gives rise to several limitations to the study. One of the limitations is the skewness of the sample toward the younger population as only about 4% of the respondents in the study were above aged

60 years and over. In addition, the respondents were more educated, and healthy and recorded a monthly median household income of RM4000.

i. Site Observation

In November 2021, we observed 12 sites (of five categories) in Taiping City, Perak to recognize the age-friendly activities and communities. The five categories were commercial, recreational, religious, governmental, and commercial hospitality activities.

Commercial activity:

The first observed category included four commercial sites: a traditional grocery shop (Kamunting), traditional wet market Taiping, Taiping Sentral Shopping Complex, and an antique shop at Jalan Berek Taiping. The traditional grocery shop (Kamunting) was located in a vital area near express bus station (Stesen Bas Ekspres Kamunting Raya) in Kamunting, Taiping. It was located in a commercial area surrounded by traditional commercial shops, car parking lots, and bus stops. The shop location provided easy access for car, motorcycle, and bus users. The shop owner was Indian male aged 62 years. He confirmed that the consumers from different age groups are visiting his shop, including older adult consumers. The shop owner showed strong cooperation and support to people with special needs by providing drive-through service to people in need. However, there is a need for more efforts to enhance easy access by wheelchair users. The surrounding paths were wide enough (>1.5m), clear, easy to access, and non-slip. The shop entrance is clear and about 2m in width, which provides easy access to older adults. However, the steps and manhole placed within the pedestrian path could obstruct wheelchair users.

The traditional wet market of Taiping was the second commercial site. It referred to the first market built-in Taiping City in 1885. It is located in the commercial town centre at Halaman Pasar, Taiping, surrounded by several retail sites and car parking lots. Its location provides easy access and drop-off points for car and motorcycle users. It was observed customers of different ages (including older adults) visited the market. The customers did a flaunt easy shopping, where they were very familiar with the market. The market provided wide and clear pedestrian paths. However, the pedestrian paths were not slip-resistant due to the dirty water flow. The market also did not provide easy access for wheelchair users. The market building provided three clear, accessible entrances (two with a ramp and a one-stepped entrance). The inner path was also wide enough (between 1.90m and 2.50m), and the selling counters were between 90cm and 100cm in height.

The third commercial site was an antique shop at Jalan Berek at Taiping. It was also a traditional commercial area belonging to the 80s (since 1884). The antique shop was attached to a traditional cafe and surrounded several commercial sites. The site provided car parking and a drop-off point. It also offered wide, clear, and accessible pedestrian paths (>1.5m). The shop entrance was also clear and about >3m in width, fully open, and provided a ramp. The street and pedestrian paths include many street furniture (columns and plant pots), yet they do not prevent pedestrian movement. The inner paths of the shop were >1.5m in width and provided easy movement inside the building. The shop owner was a Chinese male aged over 60 years, confirmed that the shop visitors were of all ages, especially older adults, who visit the shop and attached cafe to enjoy antique shopping and spend time.

Taiping Sentral Shopping Complex was the last observed commercial site, the premier shopping mall located at Jalan Istana Larut in Taiping City. Its location provides easy access for car, motorcycle, and wheelchair users. The mall attracted visitors from different backgrounds (ages, gender, and ethnicities). The site provided a fluent shopping process for older adult visitors and wheelchair users. It provided clear disabled parking (OKU) and female car parking at the main entrance. The signage system of the car parking was clear and easy to read. The car parking was easily accessible on the ground floor. The travel paths were wide enough, clear, slip-resistant, and clean. Travel ramps were incorporated with the pedestrian level that was proper for wheelchair users. The shopping mall also provided well-designed, wide, and clear three entrances with automatic gates. However, there is a need to provide a public rest zone (seats) on the main inner paths of the shopping mall. In general, the building lifts were easily identified and accessible with legible signage. However, the lifts were not provided with a handrail on all three sides at one meter and did not provide a video and audio system indicating an arrival on a floor. The escalators and fire escape staircase were appropriately designed and met the specifications. The reception and information counter was located in an invisible zone (not clear from the building entrance), and the counter was very high for wheelchair users (1.2m in height). On the other hand, the building provided well-designed and properly accessible toilets.



Picture 4.1: Observed lifts in Taiping Central Shopping Complex, Taiping, Malaysia

Overall, regardless of their design aspects, the four observed commercial sites showed a high level of social coherence and social support, especially for people in need and older people. These sites provided access to older people. However, there is a need to enhance accessibility to wheelchair users and provide Tactile Walking Surface Indicators (TWSI). The sites and surrounding paths and streets should provide proper hardscapes, such as providing rest seating areas.

Recreational activity

The observed recreational activities included three sites: Cycling Activity at Changkat Jering, Taiping Lake Garden, Taiping Zoo and Night Safari. The cycling activity at Changkat Jering Town in Taiping is a regular activity by a group of retirees gathering at Changkat Jering Post Office for a 15km leisure ride through the surrounding villages. The retirees' group do the leisure cycle ride on a scenic route through Padang Besar, Kampung Perak, Sungai Mati, and Matang Gelugor villages. There were seven of them aged 60 and above during the observation time. This activity showed a strong social coherence between older adults and the younger generation. Usually, the young people share the cycle ride activity during the weekends with the older adults. The group enjoys cycling as a form of exercise and recreation activity. The retired adults of Taiping tend to have more social-recreational time to enjoy their hobbies during the weekdays. Such activity increased a strong team spirit and social support. Such activity brought together different generations and age groups from diverse backgrounds in the same area to join a commonly shared hobby (cycling and coffee) which enhances the

age-friendly community. However, the travel route did not provide signs for cycle routes or pedestrians. Therefore, the activity starts at 8 am when the road is less busy and ends at around 10 am with about 1-2 pit stops for regrouping or food.

The following recreational site was Taiping Lake Garden, the first public garden established during British rule in Malaysia in the 80s. The lake garden is near Bukit Larut and is central to the town centre and the Taiping Zoo. The lake garden site was easily accessible by car and motorcycle. During the observation time, most park visitors were older adults who came to join morning physical activities such as Zumba, aerobic, Tai Chi, jogging and walking. The park provided an attractive site for morning shared activity, especially for older adults, who visit the park usually for social, physical shared activities. It also provided a suitable place for multi-generation activity, where older adults and youngsters get involved in the weekend for shared exercises and activities. The site was facilitated with proper car parking and clear disabled parking (OKU). However, it was difficult to enter the area as the parking lot is situated on the other side of the road with no zebra crossing and traffic light to control the moving traffic. The pedestrian paths provided TWSI, and there are no manholes placed within the pedestrian path. Thus, the pedestrian paths were proper for older adults' movements and activities. Regarding the hardscapes, the park provided proper seats and sitting areas and proper gym equipment. However, there was no adequate shelter or shading device to protect from the rain.



Picture 4.2: Observed activities in Taiping Lake Garden, Taiping, Malaysia

The last recreational site was Taiping Zoo and Night Safari a zoological park located at Bukit Larut, Taiping. It was established in the 60s as the oldest zoo in Malaysia. It covers 36 acres. The provided car parking is well designed; however, visitors have to take a long walk from the parking space to reach the zoo's main entrance. The travel from the parking lot is safe as it uses an underground clear and proper tunnel that was facilitated with a ramp for wheelchair users for easy access. The main entrance is clear and easily accessible. However, there was no appropriate waiting area (there were no waiting seats). The ticket counter is relatively high for wheelchair users (> 1.5m), yet they are usually accompanied by companions who bought them. In addition, the zoo provides online customer service; visitors can buy their tickets from the counters provided or online via the website. The zoo also provided special (cheapest) rates for older adults.

Overall, the three observed recreational sites showed a particular (good) level of older people engagement. They also showed multi-generation social-recreational cooperation, where older adults shared with the younger in the various social, and recreational activities. However, there is a need to enhance the accessibility of the older adults to the mentioned sites, especially the wheelchair users.

Religious activity

Two religious sites were observed, including the Indian temple Kamunting and Masjid Kampung Jambu. The Indian temple Kamunting located at Lorong Damai at Kamunting, Perak. Its location provides easy access for cars, and motorcycles, with an easy access drop-off point; however, no near bus stop. The temple site provided ample space for car and motorcycle parking, with a direct, easy from lots to the main entrance. However, there is a lack of a proper signage system to indicate parking lots and disabled parking (OKU). The building also provided direct access to wheelchair users due to levelled ground as there was no obstruction between car parking and the main entrance. The temple building provided a clear, easily accessible entrance, over 2m in width. The entrance was also accessible for wheelchair users and dependent older adults due to the availability of the entrance ramp; however, the width of the ramp was one meter only. The inner paths were clear, over 1.5m widths, with no levels, and appropriate non-slip ground material. However, the pedestrian paths do not provide TWSI. During the observation time, there was one Indian older adult (aged 62 years old). The observation showed a fluent movement process by the older adult visitor.



Picture 4.3: Observed older adult in the Indian temple Kamunting, Taiping, Malaysia

Masjid Kampung Jambu was the other religious site observed, one of the oldest religious buildings in Taiping City. Its location provided easy access for car, motorcycle, and wheelchair users, with an easy access drop-off point. During the observation time, the mosque was full due to Friday praying time. There were many older adult visitors. The observed movement of older adults was easy and fluent. The site provided precise disabled parking (OKU) close to the main entrance. The car parking signage was clear and well-designed. It was easily accessible on the ground floor with no levels to the lobby entrance. The mosque also provided a clear, easily accessible entrance, with a 2m width, that was accessible for wheelchair users and dependent older adults due to the proper entrance ramp. The travel paths were also clear, about 1.5m in width, and had suitable non-slip ground material, which was proper for the older adult and wheelchair users. However, it does not provide TWSI. There was a disabled (OKU) ablution area easily accessible for wheelchair users. Yet, there was no specific WC for disabled people.

Overall, the observed religious sites were easily accessible by older people, providing proper facilities for older adult users. However, there is a need to provide an adequately disabled WC that meets the specifications of MS 1184: 2014.

Governmental activity

Two governmental sites in Taiping City were also observed, including the MPT office and the OBJ office (OBJ house).

The MPT office (Taiping Municipal Council) was one of the observed governmental buildings located in the town centre in Wisma Perbandaran Taiping. MPT was established in 1979, when Act 1714, Local Government Act 1976, was written. Its area is 186.46 sq km and is a combination of eight Local Government Administration Boards. The site provided easy access for cars and motorcycles. However, bus users need to cross the main road. During the observation, many older adults visited the building; some were disabled adults. The staff showed strong cooperation and social support to people special with special needs at the information desk and payment counter; they provided a wheelchair for the older adult. Therefore, the older adults did an easy formal activity in the building. The site provided direct access from disabled parking to the main MPT building, yet the ramp provided at the toilet area is not connected (but there is an alternative path to enter the building). There is clear signage for disabled parking (OKU). However, pedestrians are quite tricky to cross the main road to the building due to car speed (no speed bump) or a signage system to promote pedestrian crossing. The site also provided wide (>1.5m), clear, and easy access pedestrian paths (travel paths). The main entrance was clear and about >5m in width, and fully open. There were steps (level <15cm) and ramps at the main entrance. It provided a ramp for wheelchair users, but the width is not enough because of building columns, so they need help from other people. In general, the building lifts were well-designed and proper for older adults' usage; however, they did not have braille/ raised/ embossed numbers at the call button and control button. Furthermore, the accessible toilet was easily identified with legible standard accessible toilet signage and adequately followed all the required standards.

OBJ office (OBJ house) was the second observed government building located at Kampung Jambu, Taiping. Its location provided easy access for car, motorcycle, and wheelchair users, with easy access to drop-off and bus stop points. The building was designed with appropriate material and paths for older adult movement and activity. At the Observation time, six older adult females were observed at the building, three Malay, two Indian, and one Chinese aged 60 and above. The diverse group of females participated together to improve the community by providing classes, help, and expertise. They aim to participate in more group social, community, and human activities with older adults across the city. They wanted to improve the community, uplift each other, and provide assistance to the community. They do regular meetings for several planned activities. More activities are done during holidays to benefit everybody. However, the younger generation seems to lack the essence of social work and, in return, does not participate in many activities because they feel as if they do not gain (monetary) benefit from it.



Picture 4.4: Observed activities in the OBJ office, Taiping, Malaysia

Overall, the two governmental sites showed the importance of collaborative social work to support the senior community. There is a high level of awareness in the social, communal work and activity to help each other. On the other hand, at the technical level, specific enhancements could be done on the site level to enhance pedestrian crossing from the surrounding areas.

Commercial hospitality

The last observed site was a commercial hospitality site Hotel Perdana, a boutique hotel located at Kampung Jambu, Taiping, Perak. Its location provided easy access for car, motorcycle, and wheelchair users, with an easy access drop-off point; however, it is not near the bus stop. It provided clear and proper disabled parking (OKU) 3m away from the main entrance. There was no obstruction between car parking and the main entrance. The site also provided wide (>2.5m), clear, slip-resistant pedestrian paths; however, there was no TWSI. There were also ramps incorporated with the pedestrian level to the main entrance that was proper for wheelchair users. There was also a well-designed signage and lighting system. The hotel's main entrance was a well-designed, clear entrance, over 2m in width, and has automatic gates.



Picture 4.5: Main entrance, Hotel Perdana, Taiping, Malaysia

During the observation time, there was one older adult visitor, a Malay male aged over 60 years old. The older adult did an easy movement process in the hotel lobby. The inner paths were clear, over 1.5m in width, well illuminated, with no levels, with a transparent signage system and suitable non-slip ground material. However, some signs are tough to read. The hotel's reception counter was located properly to access from the building entrance. However, the counter was > 1.2m in height (very height for wheelchair users) and did not provide accessible height for wheelchair users. The lobby rest zone seats were proper and comfortable (chairs with back). In addition, the lifts were well designed and proper for the older adult and wheelchair users; however, they did not provide a handrail on all three sides at one meter. The lobby of the hotel was also facilitated with an accessible toilet.

Overall, the observed commercial hospitality site showed easy accessibility by older adults. However, there is a need to enhance wheelchair and disabled users' service through proper front desk counter, paths handrails, and TWSI.

Summary

From the site observation, the community of Taiping City showed high levels of social interaction, cooperation, and social support, especially for people in need, older adults, and with special needs. Most of the older adults in Taiping City had regular social-recreational or social-community activities. Some of these activities were in cooperation with the younger generation. In addition, most of the buildings in Taiping City provided easy access to older adults and disabled people with a car. The observed sites and buildings also provided easily accessible entrances and travel paths designed with curb ramps. However, there is a lack of access for wheelchair users, especially in commercial buildings. There is also a need to

enhance Tactile Walking Surface Indicators (TWSI) in most observed sites. The city's main roads could be improved by providing a proper signage system and street furniture, such as cycle lines and Zebra crossing. Overall, Taiping city and the community showed a high level of awareness in the social, collaborative work and activity, enhancing the concept of the age-friendly community. Technically, a simple enhancement of the city buildings and facilities could improve Age-Friendly Malaysia.

4.2.4 Other Initiatives towards Age-Friendly Taiping

Taiping is moving towards an aged-friendly city with the collaboration of numerous entities. A 2-year program to stimulate and guide local action to make urban settings and services more age-friendly through establishing a network of stakeholders in-focus areas, sharing knowledge and capacity building of government to practice participatory city planning.

Local initiatives to further improve urban living in Taiping:

1. Aged-friendly neighbourhood

New proposed development with age-friendly inclusiveness as per Malaysian Standard (MS) 1183 & 1184 (Code of Practice: Universal Design & Accessibility in the Built Environment)

2. Machinoeki Project

Community voluntary participation to nurture hospitality with the targeted group, people with disabilities (PWDs) and older people within the SAP area. A project jointly initiated by University Malaya (UM) and MPT.

3. Middle-Sized Electric Bus (EV-Bus)

An aged-friendly and PWDs friendly bus with minimal vibration for the commuters. Donated by the Japanese International Cooperation Agency (JICA). This project is still pending the arrival of the EV bus.

4.3 Capacity Building

The capacity building program is to upskill individuals/ teams/ organizations in the implementation of the AFCC effectively and successfully. It is a systematic approach to developing knowledge and skills. Through capacity building, it ensures the organization has the internal expertise to implement change and improve performance effectively.

For this AFCC project, the specific objectives of the capacity building include:

1. to introduce the concept and approaches of the WHO age-friendly cities and communities (AFCC) initiative as part of the UN Decade of Healthy Ageing Action Area 2: Age-friendly Environments.
2. to encourage the replication and upscaling of the AFCC initiative as well as sharing of resources through the Global Network of Age-friendly Cities and Communities (GNAFCC), and;
3. to establish a national platform for recognition, shared information, and partnership tools for the implementation of AFCC in Malaysia.

To achieve the objective, two programs have been carried out:

1. Participation in WHO and Age-Friendly Ireland Webinar Series

WHO and Age-Friendly Ireland have collaborated to organise a webinar series on Age-Friendly Ireland to share the country's experience starting from November 2021. The webinar is to showcase the work undertaken by Ireland based on WHO's eight domains of AFCC. The webinar's information was shared with the project consultants by WHO Malaysia. To extend an invitation to the technical and steering committee, the webinar information was forwarded to correspondence at the Ministry of Women, Family and Community Development. This is part of the government's capacity-building initiative for age-friendly cities.

2. Capacity Building Workshop towards Age-friendly Cities and Communities in Malaysia.

A two-day workshop was held from 31 March – to 1 April 2022 in Ipoh, Perak and virtually via the Zoom platform. The hybrid event focused on "Intersectoral Action for the UN Decade of Healthy Ageing" (see Annex 4.3 for the program). The workshop aims at developing the capacity of Federal, State and Local Governments in Malaysia as well as key stakeholders among the civil society and private sectors, to actively participate in the AFCC initiative and connect to the Global Network of Age-friendly Cities and Communities.

The workshop was composed of interactive presentations, brainstorming, group exercise, moderated discussions as well as questions and answers. The presenters included AFCC Taiping consultants, representatives from WHO Malaysia Country Office, international speakers from South Korea and Ireland, media agencies and local authorities. Participants were taken through the following topic during the workshop:

- a) Concept and implementation of AFCC
- b) Case studies from other countries and cities
- c) Integration of AFCC with national plan and policy

- d) National framework for AFCC
- e) Piloting AFCC at the local level

Participants also went on a site visit to BebeLEC Day Centre, The Dementia Society Perak, at the end of Day 1.

The main participants were officials from local authorities – Taiping Municipal Council (4), Ipoh City Council (4), Penang Island City Council (2) and Johor Iskandar Regional Development Authority (1). Others were policymakers, regulators, implementing agencies, researchers, private businesses and CSOs, as well as professional bodies on old age and ageing in Malaysia. There were 74 participants in all, with 27 presenting physically, including the organising committee, and an additional 47 attending online.

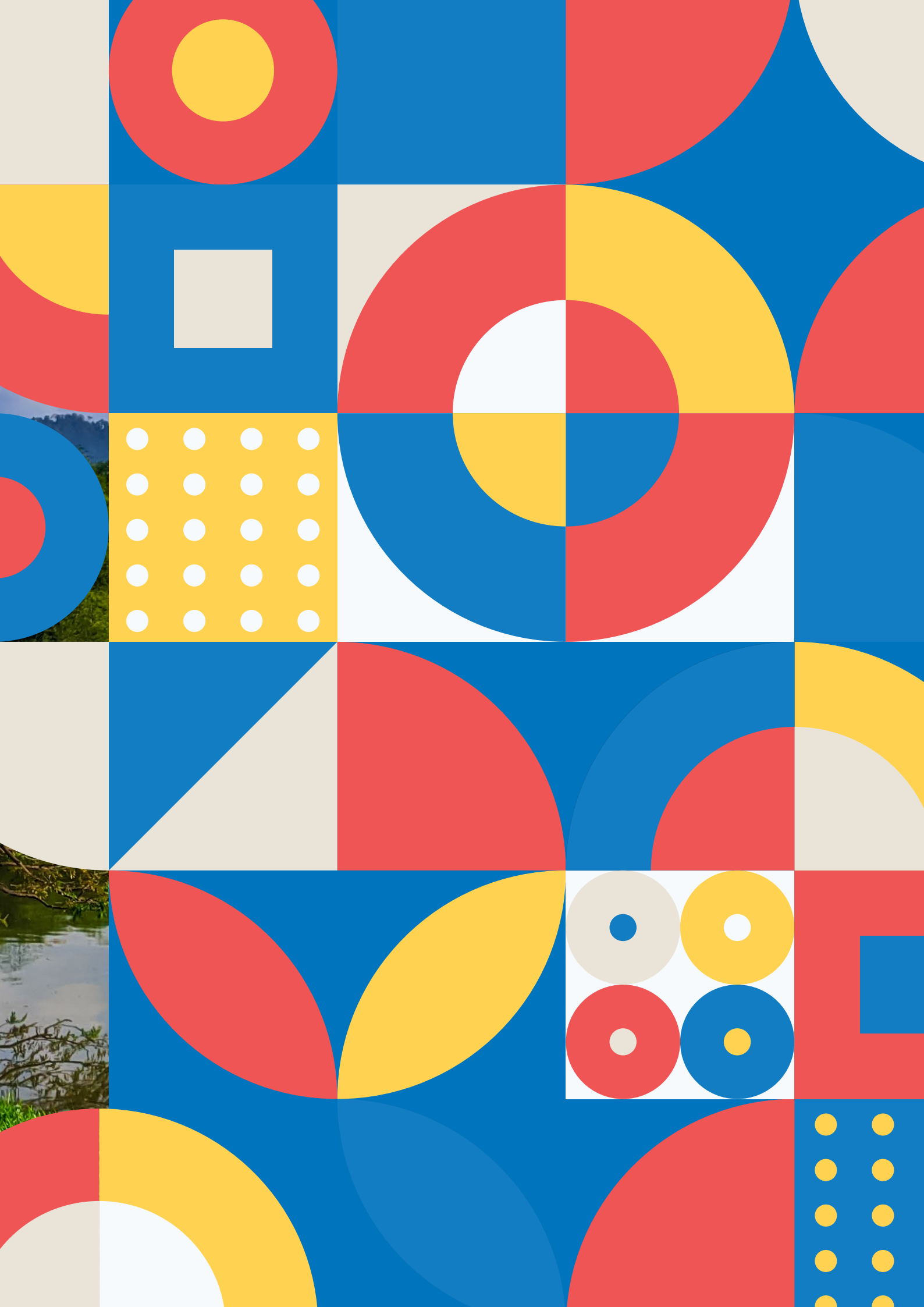
The capacity-building workshop facilitated knowledge acquisition on the concept and implementation of AFCC. In addition, participants gained an understanding of the opportunities, issues and challenges of the AFCC initiative. The workshop also provided an opportunity for stakeholders to network.

All participants of the workshop were asked to complete an anonymous Mentimeter survey to assess their levels of understanding of AFCC.

The image features a lush green landscape with a large, gnarled tree on the left, a stone bench in the foreground, and a body of water in the background. The scene is framed by colorful geometric shapes: a large white semi-circle in the top right, a blue circle with a red center below it, a white semi-circle to the right of the bench, a red semi-circle in the bottom left, and a blue semi-circle in the bottom left corner. At the bottom center, there is a small grid of yellow dots.

5.0 RECOMMENDATIONS





5.1 NATIONAL FRAMEWORK FOR AGE-FRIENDLY CITIES AND COMMUNITIES

The National Framework for Age-Friendly Cities and Communities will be used as a guide for replication in all states, cities, and towns in Malaysia. There are no specific country-level models for AFCC as each city and community is unique. Nevertheless, the GNAFCC and the Age-friendly World websites provide information on activities member cities and communities implement and can emulate. The World Health Organization (WHO) has recommended that each country develop its framework. The framework should address:

- i. Different levels of government (federal, state, local)
- ii. Inter-ministerial/ inter-department collaboration (health, social, housing, human resource, transport etc.)
- iii. Multisector cooperation (public, private & civil society)
- iv. Establish reporting, recognition, funding, sharing and advisory groups.

We acknowledged that developing a comprehensive framework for the **National Framework for Age-friendly Cities and Communities Malaysia** requires more intensive processes to be implemented. The consultants' recommendations are derived from literature and stakeholders' inputs. The components of the framework are described below.

i. Objectives

The National Framework for Age-friendly Cities and Communities Malaysia is developed based on the National Policy of Older Persons' five well-being dimensions that are parallel with the active ageing, healthy ageing, productive ageing, spiritual ageing, and supportive ageing typologies. The National Policy of Older Persons provides the underlying philosophy/principles and is the key document for the national framework. Within the well-being model/framework, the framework has the following objectives:

- (a) To enhance the respect and self-worth of the older persons in the family, society, and nation.
- (b) To develop the potential to remain active and productive in national development.
- (c) To create opportunities for independent living.
- (d) To encourage the establishment and provision of facilities to ensure the care and protection of the older persons.

The other relevant policies such as National Urban Policy 2, National Community Policy and National Physical Plan 4 are crucial to ensure the environment where people live, interact, and work supports the well-being and quality of life of the citizen. The focus on the people across the life course as presented in the National Policy on Older Persons and the physical and social environments, as well as supportive community services, are essentials to meet the changing needs of the people as they age. An environment that is liveable (berdaya huni) will need to be age-friendly as the environment must be fit for people to live.

ii. Top-Down and Bottom-Up Approaches

The focus group discussions showed gaps in the implementation of policies and programs in Malaysia as described in the paragraphs above. A mixed approach is suggested as shown in Figure 5.1 to overcome gaps in communication and inclusive involvement in decision making and at the same time encourage the active ageing/ inclusive participation of the citizens as envisioned by WHO in designing and implementing AFCC.

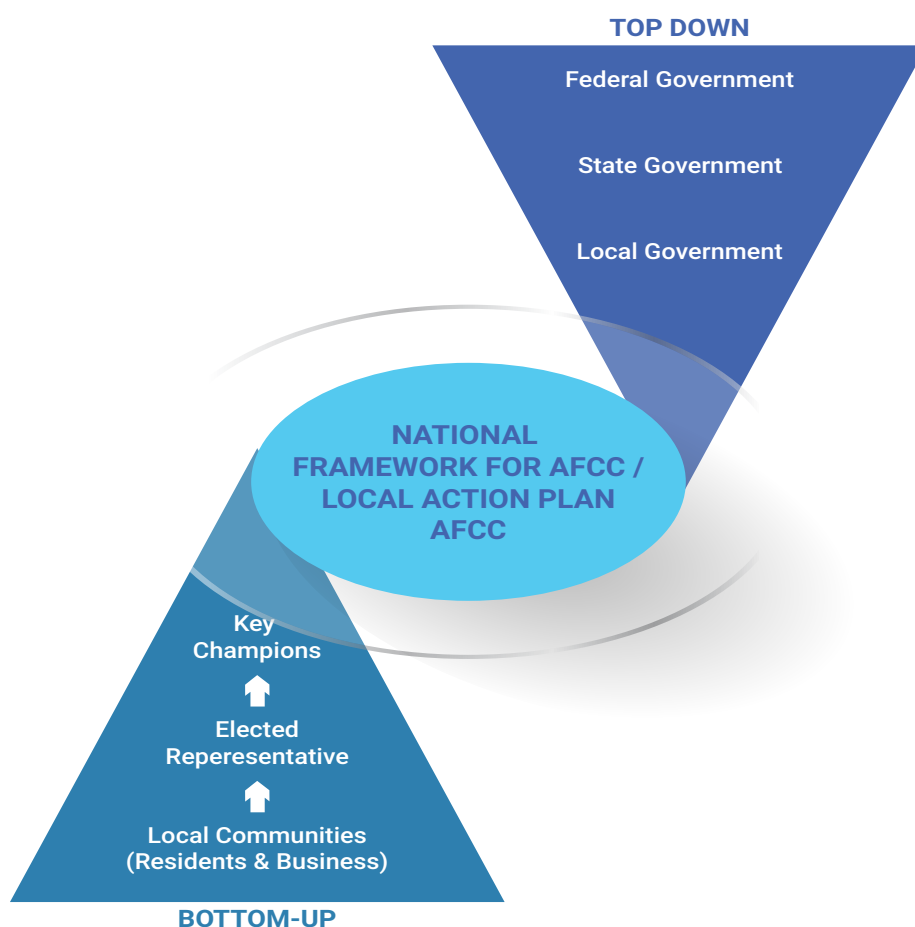


Figure 5.1: The mixed top-down and bottom-up approaches in delivering AFCC

In recent decades, many countries have implemented decentralization drives to increase efficiency and responsiveness. Malaysia however has pursued a sustained centralization drive with a powerful central government. The bottom-up approach in the West may not be suitable in our local context where directives and financing come from the Federal Government. Against this background, the national framework and the Plan of Action will establish linkages between the three levels of government - the Federal, State and Local Governments. This way the central planning is maintained. The national framework and the Plan of Action will link between Federal, State and Local Authorities.

The TOP-DOWN triangle reflects the connection between the three levels of government and the relationship between the international agenda under the UN system as Malaysia is a member state of the UN body. The three Ministries that are closely related to the age-friendly program are the Ministry of Women, Family and Community Development, the Ministry of Housing and Local Government and the Ministry of Health.

The BOTTOM-UP triangle reflects the interrelationship and involvement of the citizen and businesses in the development of the Plan of Action at the local level. Champions need to be appointed to spearhead the initiatives with the task to conduct workshops with state executive councillors and various related stakeholders, which include associations and professional bodies, to come up with projects and plans to realise the initiatives.

As for Taiping, the MPT is the champion for the AFCC pilot. It is recommended that a steering committee be set up with a proper structure and with appointed or elected stakeholders that have AFCC interests at heart. The Committee must understand that the AFCC framework is both a dynamic process and a tool for mobilizing municipal resources toward the desired outcome. There is a need to develop a Plan of Action (PoA) with a structured set of actions designed to achieve the agreed goal. The plan of action will have an in-built indicator to measure achievement and monitoring of activities. The committee will need to adopt the 4 STEPS cycle (Figure 5.2) recommended by WHO to implement AFCC, for example, a core or steering committee should be appointed or elected among stakeholders that have AFCC interests at heart. The committee should be committed to achieving AFCC. This can happen with proper structure and organisation; the local people will know what they need and can prioritize amongst their needs. This will enable a realistic plan of action and monitoring and evaluation of progress can be achieved. Therefore, the plan of action will have an in-built indicator to measure achievement and monitoring of activities.

The committee will need to adopt the 4 STEPS cycle recommended by WHO to implement AFCC. AF Taiping will not happen overnight and will take a few years to see results. Nevertheless, the inclusive approach and ownership of activities will sustain the motivation to achieve age-friendliness. Empowering activities to sustain motivation will need to be developed as AFC Taiping is a continuous process.

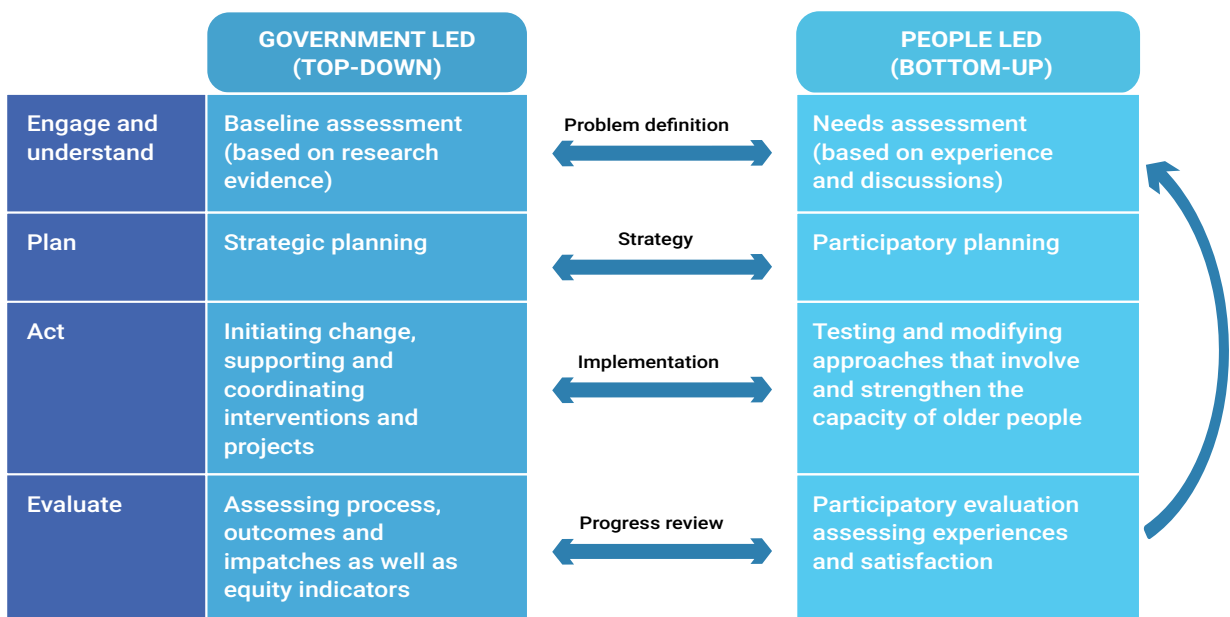


Figure 5.2: Parallel track of the 4 steps process
 Source: World Health Organization, 2017

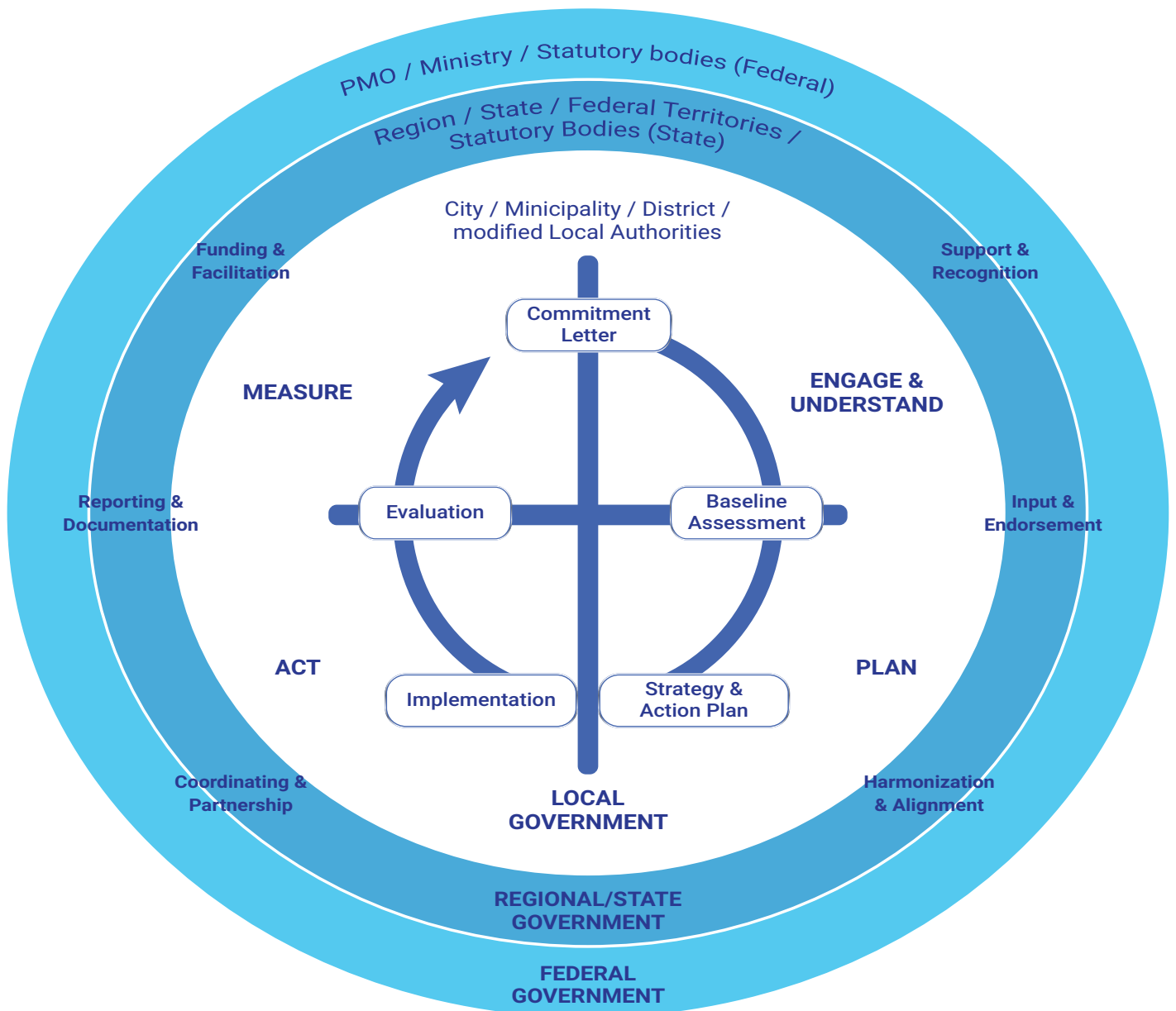
The AFCC Malaysia Programme role is to manage aspect of the AFCC implementation at the federal, state and local level. There is a need to develop an entity or a unit to focus on the implementation and monitoring of the program. We need to develop an AFCC programme for the 12th Malaysia Plan to enable us to replicate the implementation of AFCC throughout the country.

Figure 5.3 shows the roles and responsibilities at different levels of government: federal, regional/ state and local government in the implementation of AFCC. It can also be replicated by any city interested in becoming an AFCC.

The Alliance of AFCC in Malaysia (MyAAFCC) will be a future platform need as more cities and communities becoming age-friendly. This will become a platform of sharing and learning from each other and will facilitate the transition to age-friendly environment faster.

The AFCC Reference Group for Malaysia (AFCC RGM) can be developed to hasten the achievement and creation of age-friendly environment in Malaysia in unison with achieving the aged nation status. The international and local expertise in this group can provide valuable advice, social innovations and models that can be adopted and adapted to the local situation. As reported in the 2021 census, 75% of Malaysia is urbanised and this has implication on the liveability issues amongst all sectors of the population and being age-friendly will mitigate the negative impact of Urbanisation.

Figure 5.3: Roles and responsibilities of different levels of government to implement and replicate AFCC Malaysia



Age-Friendly Cities and Communities Malaysia Programme

- Federal: Inter-ministerial Task Force on Age Friendly Malaysia (3 rotating chairs)
- State: Fixed agenda under the State Development Council/Committee
- Local: AFCC Steering Committee

Alliance of Age-Friendly Cities and Communities in Malaysia (MyAAFCC)

- Local governments that have expressed commitment to GNAFCC
- Sharing of experience with national, regional and international local authorities

Age-Friendly Cities and Communities Reference Group for Malaysia (AFCC HGM)

- Pool experts, advocates and resource persons for replication and upscaling of the AFCC concept in local governments
- Consist of individuals from research institutes, universities, NGOs or CSOs, private sector corporations or business, foundations and international agencies

iii. National Framework of AFCC Malaysia

The national framework (Figure 5.4) incorporated the tenets of the 12th Malaysia Plan as the goal of the plan is to achieve sustainable communities for the nation. The plan suggested that 120 communities will achieve sustainability by 2026.

Age-friendly Cities and Communities Program - The overarching goal of AFCC Malaysia is to achieve sustainable cities and communities in Malaysia by 2030. Hence, the goal of AFCC Malaysia is to make cities and communities in Malaysia age-friendly incorporating the eight domains that are important in the conduct of our daily lives. These domains will affect citizens of all ages and capacities no matter where they live. Hence, the adoption of the AFCC program will contribute to the achievement of the sustainable community vision of the 12th Plan.

Age-friendly Domains - The eight WHO domains are divided into three sectors that represent the physical environment, social environment, and service sectors. The lead agencies for the three sectors are shown in the diagram. Nevertheless, the consultants proposed that for the program to be implementable, three ministries should be alternate chairs of the inter-ministerial task force. Based on the three sectors, the main lead ministries are, the Ministry of Women, Family and Community Development (KPWKM), the Ministry of Housing and Local Government (KPKT) and the Ministry of Health (MOH). KPKT will be responsible for the physical environment, MOH for the health services and MFCWD for the people that are living in the community and enjoy a good quality of life if the physical environment supports active daily activities and enhance functional abilities even with limited functional status. On the other hand, MOH through their preventive, promotive, curative, and rehabilitative health programs would ensure that the citizen sustains and maintain their active and healthy ageing which reduces health care cost on personal and national levels.

Sustainable Cities and Communities

To Make Cities and Communities in Malaysia Age-friendly

Goal	To Make Cities and Communities in Malaysia Age-friendly					
Sector	Built Environment	Social Environment			Community and Health Support	
Domain	Outdoor Spaces and Building	Transportation	Housing	Social Participation	Respect and Social Inclusion	Civic Participation and Employment
Lead Agency	Ministry of Housing and Local Government	Ministry of Transport	Ministry of Housing and Local Government	Ministry of Women, Family and Community Development	Ministry of National Unity	Ministry of Human Resources
Principle	Accessible Affordable Safe	Respect Cohesive Life course	Integrity Equitable Efficient	Sustainability Vertical and horizontal coordination Risk and disaster management		
Policy	National Social Policy, 2003 National Sports Policy, 2009 National Youth Development Policy, 2015-2035 National Community Policy, 2018 National Tourism Policy, 2020 - 2030 *Smart Cities Initiatives, 2020 *State Policies and Initiatives					
Strategic Focus	AFCC Malaysia implementation agenda. (Number of cities and communities to be age-friendly by 2030)	Financing strategies through public and private investment. Non-government organisations initiatives.	Strengthening governance structure through capacity building.	Development of resource materials and guidelines etc. for AFCC. Creation of sharing platforms.	Aligning reporting to International requirement (e.g. SDG and UN Decade of Healthy Ageing).	Reward and recognition to stakeholders who progress towards age- friendly.
Governance	Participatory Planning Multi-sectorial Collaboration Monitoring and Evaluation					
Stakeholders	Federal Agencies Ministries State Government Local Government Communities Private Sector Non-Government Org. Civil Society Org.					
Mechanism	Inter-ministerial Taskforce on AFCC Special Committee on AFCC at the State Level Special Committee on AFCC at the Local Government					

Figure 5.4: Proposed national framework for AFCC Malaysia

Principles - The framework adopts 15 principles. These principles will ensure active citizenships and self-responsibility for the people's well-being. In addition, the population can expect affordable, equitable and safe services provided by the government, business, and non-government organizations. The provision of services and facilities is guided by efficient and sustainable policies that take into consideration the vertical and horizontal coordination among the public, private, and non-governmental organisations to encourage participatory planning and inclusive governance. The principle that guides the implementation of the program mirror the principles of the WHO age-friendly.

Policy - As discussed in Section 2.6, there are several sectoral policies which included one or more domains of AFC in the policy document. The existence of these domains within the sectoral policies implies the need to collaborate across sectors to realise the AFCC Malaysia initiative. The policies analysed span across the life course and environments. In addition, concurrent initiatives being implemented in the country augur well with the proposed AFCC Program as the activities support the realisation of SDG in Malaysia.

The four rows (in green), strategic focus, governance, stakeholders, and mechanism of implementation are related to the governance of AFCC. **Strategic Focus** - There are six strategic focus areas in the suggested national AFCC Malaysia Program. The six strategic areas are (i) AFCC Malaysia implementation agenda (Number of cities and communities to be age-friendly by 2030), (ii) Financing strategies through public and private investments and non-government organizations' initiatives, (iii) Strengthening governance structure through capacity building, (iv) Development of resource materials and guidelines for AFCC program as well as the creation of sharing platforms, and (vi) Reward and recognition to stakeholders who progress towards becoming age-friendly. This strategic focus revolves around matters related to the implementation of AFCC. At the national level, the strategic focus of AFCC Malaysia lies in the implementation agenda, where the government will identify the number of cities or communities targeted to become age-friendly. With the target identified the appropriate resources should be allocated, bearing in mind that implementation of AFCC will take time and should grow organically.

The **funding strategies** to implement AFCC should be part of the normal agency allocation and depending on the kind of projects identified. If the project is physical, the funding can be part of an investment that related parties are willing to support. The funding can also be CSR in nature, depending on what the cities or communities decide in their Plan of Action. Funding for project implementation can come from the public, private, non-government organizations, international

organisations, and individuals. The funding sources will depend on the nature of activities/projects and can be shared by stakeholders interested to pursue an age-friendly approach in their communities. Further, the Ministry of Finance has developed a trust fund, Yayasan MySDG with seed money of RM20 million expected to facilitate projects/initiatives to realise SDG efforts in Malaysia.

Another strategic focus is on **strengthening governance structure** through capacity building. The approach of AFCC is both top-bottom and bottom-up and exposure to the methodology may be needed for stakeholders to ensure inclusive decision making that may reduce misunderstanding and develop deeper consensus. In addition, the multi-sectoral collaborative nature of age-friendly initiatives calls for a reorientation of thinking to encourage empowerment among stakeholders. Collaborative governance and participatory planning are not practised widely in Malaysia, hence there is a need for capacity building to understand the issues and challenges in conducting collaborative governance. The AFCC journey touches on all aspects of community life and achieving AFCC in all dimensions will take time. Monitoring and evaluation are needed to track the progress and impact of the initiatives on the health and quality of life of the people. The economic benefits of the initiative to national, state and local governments can lower the incidence of certain kinds of diseases, reduce health care costs, empower women in the labour force, and develop new businesses will be developed. All of this will contribute to increase in tax revenue.

Further to facilitate understanding of AFCC protocols and requirements, local materials/ guides will be needed to ensure that core processes aligned with the WHO framework are adopted and adapted to suit local needs. Resource materials and tool kits should be developed and shared widely. This can be developed by the task force in collaboration with local higher educational institutions. Consequently, a sharing platform may need to be developed in the form of a digital platform or network as in the Alliance of Age-friendly Cities and Communities.

The elements of good **governance and stakeholders** are the next two focus areas. A major obstacle we felt was related to issues of governance which requires participatory planning, multisectoral collaborations and involvement of many stakeholders. With this in mind, we propose joined-up governance for AFCC Malaysia based on the joined-up governance for fundamental human rights across the European Union.

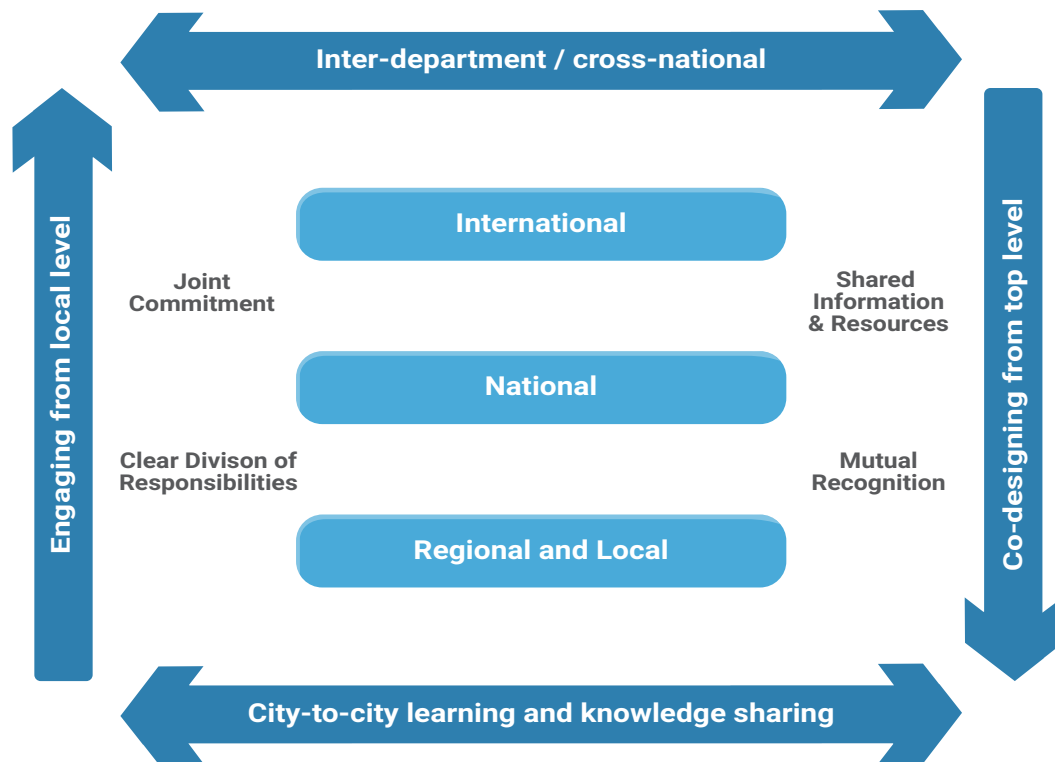


Figure 5.5: Joined-up governance for AFCC Malaysia

Source: fra.europa.ed/en/content

Figure 5.5 showed the linkage which aims to coordinate the development and implementation of AFCC across government structures. Looking at the centre of the diagram, cooperation and coordination of various entities will link international, regional, national and local levels policies. In addition, tools and guidelines developed in relation to policy implementation will enable translation of international and regional initiatives into national and local level initiatives. The tools to link the different levels of interests are joint commitment, clear division of responsibilities, shared information and resources, and mutual recognition. The joined-up governance also links with independent bodies and civil society to work across the organizational structure to achieve a common goal of making AFCC a reality. The implementation of AFCC Ireland and AFCC Canada mirrors the joined-up governance.

Subsequently, reward and recognition are another strategic focus that could be developed to encourage and support its implementation. The award recognises the contribution of stakeholders towards an age-friendly community such as a CSR award to encourage participation and commitment of stakeholders to

reflect all of society’s approaches. Currently, KPKT implements STAR Ratings of municipalities that achieved a certain level of services to the local population. From what we have read, many of the indicators correspond closely to some dimensions of AFCC. A matching grant could also be established to encourage local efforts and partnerships to invest in a more age-friendly environment.

The strategic focus of reporting to an international organisation is in line with the Volunteer National Reporting (VNR) of SDG by member states. As age-friendly cities and communities’ initiatives address SDG 11, the inclusion in Malaysia’s VNR document would suffice as a report of progress in AFCC to the global platform.

Mechanism - A proposed organisational structure of AFCC Malaysia is showed in Figure 5.6 below. This structure builds upon existing councils and proposes new committees in a form of a fork which reflects the Constitutional provision for local government and the National Development Action Council.

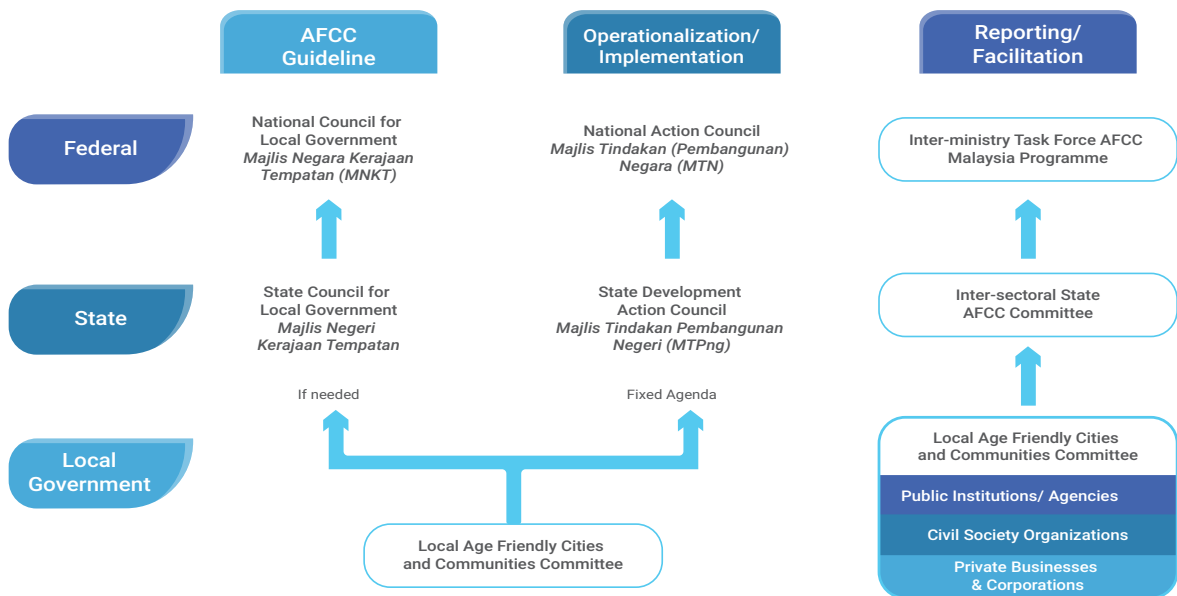


Figure 5.6 Potential mechanism for implementation and replication of AFCC Malaysia

The constitutional line, the implementation at the local level will connect to the state authorities through the State Council of Local Government and the State Council of Local Government has a direct link to the National Council of Local Government (NCLG). The NCLG is chaired by the Deputy Prime Minister with a membership of all State Chief Ministers (Menteri Besar) and ten Cabinet Ministers with a representative from Sabah and Sarawak. The NCLG's function is to establish guidelines, regulations, and laws for uniformity in policy implementation. As such there should be a national level guideline for the implementation of AFCC. However, the NCLG is not the right platform for monitoring as it is not in their mandate. For this, we turn to the Federal and State Development Action Councils. At the state level, the Chief Minister (Menteri Besar) chairs the Council and monitors the implementation of development projects in the state. This will be followed through at the Federal level under the Implementation and Coordination Unit at the Prime Minister's Office. In relation to AFCC, regular reporting must be made under a periodical fixed agenda in the Council meetings. If the Development Action Councils are unsuitable for the coordination and implementation of AFCC, we recommend that an inter-ministerial Taskforce on AFCC Malaysia be developed at the Federal level, while at the State level an intersectoral State AFCC Committee is established and at the local level, an AFCC Committee which consists of public institutions/ agencies, private business and corporations, and civil society organisations. This Committee should be chaired by the head of Local Councils. The mechanism to conduct AFCC in Malaysia is through the AFCC inter-ministerial task force that has a link with the state and local government levels to avoid fragmented implementation of initiatives.

i. Strengths and Weaknesses of AFC Implementation

This section examines the strengths and weaknesses of AFCC implementation in Malaysia based on the experience of Taiping.

Federal Government of Malaysia

Policy initiatives for older persons and people with disabilities (PWD) existed since the late 1980s. In the last decade, there are several developments regarding older persons:

- a) RMK-11 (2016-2020) mentioned a supportive environment for the elderly and barrier-free access for persons with disabilities.
- b) RMK-12 (2021-2026) highlighted technological innovation in health and elderly care. RMK-12 document mentioned increasing livability via compulsory 1% home allocation and the use of universal design for the elderly and people with disabilities in housing projects. The notion of livability is expanded in RFN-4 (2021-2025) and the term "all ages" ("semua

peringkat umur”) is used in the document. Other recent policies have also used the term “all ages” including KPKT’s Second National Urbanization Policy 2019 and MOT’s National Public Transportation Policy 2019-2030.

In addition, several high-profile programs related to cities/ town-planning have also existed, for example:

- a) Green City Action Plans (GCAPs) under the Indonesia-Malaysia-Thailand Growth Triangle (IMT-GT)
- b) The Global Platform for Sustainable Cities, of which Malaysia is part, is managed by The World Bank. The integrated action plan is led by the Malaysian Industry-Government Group for High Technology and UNIDO is the implementation agency.
- c) Malaysia Smart City Framework in 2019

Sustainable development is the thrust of these initiatives and is often mentioned concomitantly with technological innovation to achieve green, smart, livable, inclusive and resilient cities. There are a variety of concepts and approaches but they hinge upon one important concept that is sustainability. These conceptions can be used for the promotion and adoption of AFCC.



In terms of weaknesses, the evolution from a welfare to a whole-of-government approach in matters pertaining to older persons has been slow and cumbersome. The well-being of older persons has always been addressed alongside children, women, and people with disabilities under the purview of the KPWKM. The National Community Policy 2018 under KPKT also refer to the elderly as part of the vulnerable group. Nonetheless, the developmental perspective i.e. each citizen will experience life phases of growing up and growing older in increasingly urbanized settings is important in the realization of AFCC.

Physical development is under the authority of the KPKT. Under the Federal constitution, town planning (and local governance) are the concurrent responsibilities of both the Federal and State governments and the fact that property is within the power of the State government complicates matters. First, the State government can adopt wholly or partially the regulations or policies concerning city planning and local governance. Second, Federal town planning officials are seconded to State town planning agencies, but functionally, they are State officials who answer to State governments.

Given the multiple agencies and layers of government, the implementation of policies is hindered by coordination, and intra- and inter-interagency collaborations. Even though population ageing presents a profound and far-reaching impact, the way it is managed is not as effective as shown in the management of the COVID-19 crisis in which health, economic, social, and fiscal impacts were addressed through multi-level coordination. As such, the announcement that EPU will be coordinating initiatives to address population ageing is a much-welcomed development.

The tool for monitoring and evaluation is already available in the form of MURNInet. The Federal Department of Town and Country Planning, Peninsular Malaysia embarked on an initiative-Malaysia Urban Indicators Network (MURNInet) Planning Project in 1998, two years after the UN HABITAT conference in Istanbul in 1996. The four objectives of the project were as follows:

- i. To determine the level of sustainability of each town in the country based on the Malaysian Urban Indicators,
- ii. To identify the strengths and weaknesses of each town according to the indicators,
- iii. To suggest opportunity for improvement in order to upgrade the level of sustainability, and
- iv. To establish MURNInet as a survey tool for various roles including administration and technical, assisting formation of political objectives, public participation and also monitoring action implementation.

The overall aim of the project was to measure and evaluate the sustainability of towns and cities in Malaysia, using 56 urban indicators groups under 11 planning components of demography, housing, economy, utility and infrastructure, public facility, environment, sociology and social impact, land use, tourism and heritage, transportation and accessibility, and management and finance (Anon, not dated). The initiative was upgraded into a portal in 2007. The indicators are like age-friendly domains. Hence the availability of this portal will enable initiatives, be it smart city, low carbon city and child-friendly be measured and monitored without the need to develop a new system. We see the age-friendly methodology or approach can be utilised in all the different city initiatives in Malaysia as it covers all populations and sectors important in the daily lives of the people. Nevertheless, we are not aware of the extent of the adoption of this tool for monitoring by the PBTs.

Perak State Government

Perak is the second largest state in Peninsular Malaysia with an abundance of land that can contribute to the State's economic development, rivalling Penang and Selangor. Perak has the advantage of vast infrastructure with the North-South Expressway, a long railway line, the Perak River and a long coastline with many interesting sites that attract local and international tourists alike. From a State that prospered from the booming tin industry, Perak has gradually transitioned into an economy focused on tourism. The Perak State Government has aggressively embarked on programmes to promote tourism but not without its challenges including i) inadequacies of the transportation system, ii) high cost of tour guides who do not provide good services, iii) lack of basic facilities and cleanliness in food outlets/ eateries, and iv) lack of signboards (Md Ali, 2013). Aside from these challenges, leadership changes often lead to internal restructuring and certain programs being rebranded, abandoned, or becoming obsolete.

Taiping Municipal Council

The council consists of the mayor plus twenty-three councillors appointed to serve a one-year term by the Perak State Government. MPT is responsible for public health and sanitation, waste removal and management, town planning, environmental protection and building control, social and economic development and general maintenance functions of urban infrastructure. MPT like other councils in Malaysia has powers to impose requirements and rate collection under the law. Since the MPT is the pilot site for the project and in anticipation of implementing age-friendly Taiping has incorporated the approach in the local plan for the future. MPT is blessed as the public has a strong attachment to the town and is willing to cooperate with the municipality to address public concerns.

Embarking on age-friendly Taiping requires a new inclusive methodology, which is not the norm of practice, therefore there is a need for hand-holding to familiarise and accustomed to the methodology. Capacity building, partnership development and collaborative governance at the local level are needed to realise the age-friendly Taiping initiative.

Therefore, to make the project successful, there is a need to develop linkages between the Federal agency in charge of AFC, the State government, and the working committee of AFC in Taiping. Selected councillors can be roped in as members of the local committee, nonetheless, their term is too short to make them effective.

Recommendations

The AFCC Malaysia program management requires alignment of resources and the program management will ensure people and teams are focused and collaborating across agencies and stakeholders are working together to achieve a shared vision of achieving an age-friendly Malaysia.

The activities and strategies to achieve age-friendliness should be embedded with existing policies and programs. This collaborative methodology of AFCC is in line with the Government Transformation Plan (GTP) ideals in the 11th Malaysia Plan where one of the focuses was to improve the government's delivery system to the citizen. Therefore, the implementation of AFCC Malaysia is synonymous with the new paradigm needed to deliver services equitably and efficiently to the citizen.

What is important to understand is that AFCC is a process and not as a threshold like other indicators and the guidelines provided by WHO are very clear in its principles and methodology and yet, flexible enough for cities to adopt and adapt based on the uniqueness of the city and the consensus achieved by the local committee of AFC to focus on areas they prioritise to address. Therefore, leadership and commitment to pursue AFCC in Malaysia is crucial to fulfil Social Development Goals, especially goal 11 sustainable cities and communities.

Implementation of AFCC in Ireland and Canada

Very few countries establish national strategies for AFCC. Here we are sharing Ireland and Canada's age-friendly initiative structures as examples of organisational structures to implement AFCC.

AFCC Ireland program is by a National Implementation Group (NIG). NIG is chaired by a senior civil servant and includes representatives from the Departments of Health and Children, Transport and Environment as well as the head of Older Peoples Services in the Health Service Executive, the City and County Managers Association and the Director of the Ageing Well Network (Butler and Shanon, n.d). The structure organization for AFCC Ireland is as Figure 5.6.

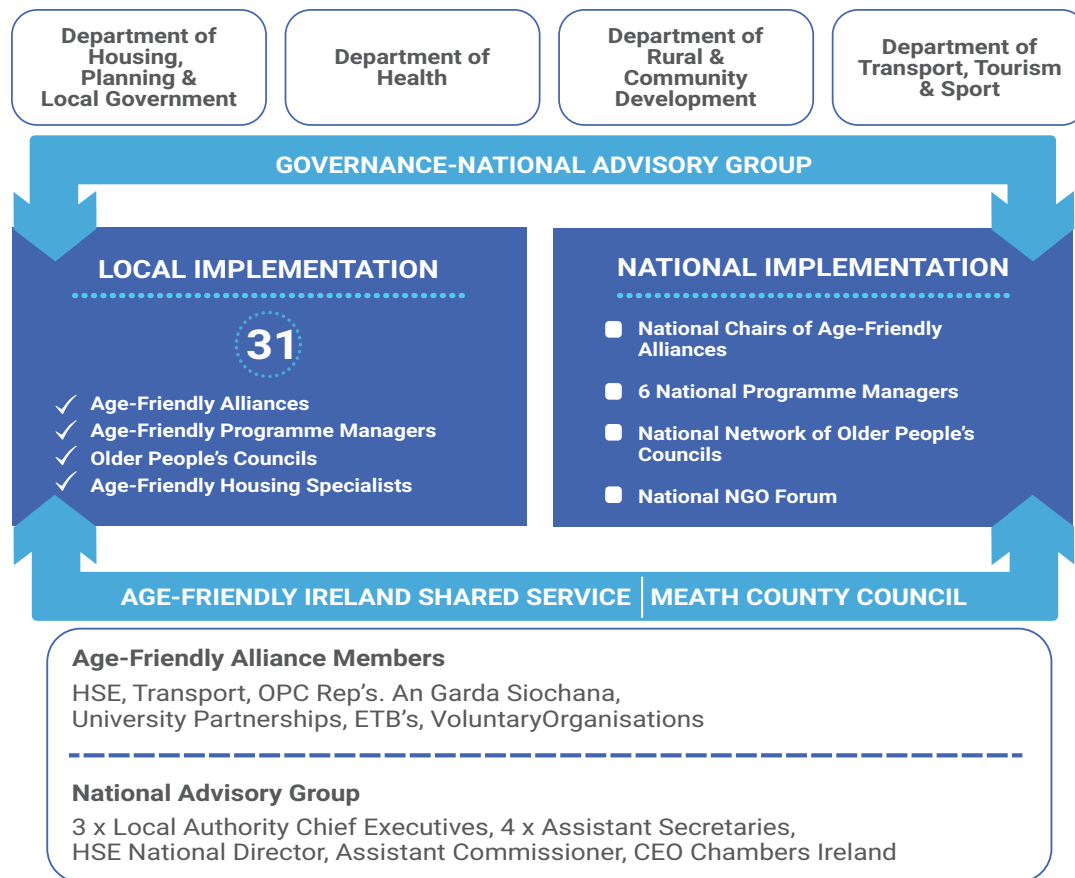


Figure 5.6: Structure organization for AFCC Ireland

Source: Age-friendly Ireland

Therefore, at the national level committee, relevant departments, and local city and county personnel are represented by their associations. All AFCC initiatives in Ireland share the following common features:

- i. The Programme is always embedded within existing resources and structures
- ii. The Programme finds ways to reconfigure the use of existing resources rather than create new spends
- iii. The Programme always adopts a collaborative and person-centred approach
- iv. Sustainability is core to the success of the Programme in each Local Authority area
(Butler and Shanon, pg 78)

As described earlier, Public Health Agency (PHAC) represent the federal agency for Canada in the AFCC effort. However, to facilitate multisectoral stakeholders coordinated approach, PHAC establish the Age-friendly Communities Reference Group, an informal working committee co-chaired by PHAC and by a municipal government leader. The reference groups consist of officials from participating provinces, municipal government representatives, older persons, non-government organizations, municipal and planning associations, and academics. The AFC Reference Group's mandate is to provide expert strategic advice to PHAC on ways to sustain and advance age-friendly policy and practice nationally and internationally. The Reference Group has also developed several programmes to encourage the implementation of an age-friendly Canada. Examples are Pan-Canadian Age-Friendly Communities Milestones which capture key steps to achieve age-friendliness aligned with the WHO four steps process and Pan-Canadian Age-friendly Communities' Recognition Framework. PHAC also works with research institutes in their effort to monitor progress and research into age-friendliness (Plouffe and Kalache, 2015).

Generally, how each initiative is organised depends on the individual practice and WHO do not dictate how age-friendly programme should be rolled out. However, the 4 steps process journey to achieve age-friendliness must be adhered to.

5.1.1 How to Transform City and Community to Become More Age-Friendly

Identification of age-friendliness of the environment

WHO has already developed guidelines for cities and communities to adopt and adapt to make the environment where they live to become age-friendly. The important step to embark on this journey is to listen and understand to the people's needs. Therefore, the major element in creating an age-friendly environment is the participatory process. This methodology is key to the success of AFCC. The participatory process is people-centred. The assessment of age-friendliness can be done in many ways such as observations by citizens, agencies in the area, or by hiring experts to conduct the assessment. What is important is the needs depend on the areas involved and the effort to create age-friendliness. It can start with the neighbourhood or housing area, or it can be several housing areas, etc. Depending on the concerns of the citizens. The sectors to be assessed can be based on the eight domains of AFCC or others that may be appropriate for the area. This baseline information on age-friendliness is critical for the next step of planning and implementation of the change needed to make the place/ area more age-friendly.

It is important to note that the initiator of age-friendly city and community effort can come from the citizens or agencies. Nevertheless, if the initiator is from the bottom-up, a buy-in process will need to be established with the authority to sustain and realise the effort.

Planning and implementing change collaboratively

Understanding the needs of the people and thinking beyond one agency's sector is vital to the success of AFCC. Again, the participatory process of planning and prioritizing areas of concern for implementation is pertinent as it will relate to responsible parties and funding issues to address the concerns in the plan of action. This stage of the journey is vital as it will determine the parties involved and the resources needed to address the concerns and strategies to realise the goals.

Monitoring progress

The next step of implementation is to monitor and measure progress and issues related to the implementation of the action plan. Digitalisation and big data analytics will form evidence to monitor and evaluate the status implementation and way forward. Here again, the stakeholders will need to be involved and the steps will be repeated until all areas of concern are addressed.

An age-friendly environment involves the coordination of different areas or domains. These domains or areas may be addressed by federal, state, and local agencies together with private sectors and non-government organisations. The domains or areas should be mutually enforced to ensure that environment meet the needs of its citizen. Hence, an integrated approach centered on how people live is needed to realise an age-friendly community and city.

WHO has espoused the 4 steps journey to achieve age-friendliness, therefore planning for an ageing society is crucial and Malaysia has a short time horizon to plan before becoming an aged nation. According to WHO (2007), how society plans for the ageing of the population and our cities, and how we choose to address the challenges and maximise the opportunities will determine whether society can reap the benefits of the 'longevity dividend'. This is not simply a health or elderly care issue, but requires considering ageing in all policies, services, urban settings and structures that enable people to age actively and healthily. The key steps of the age-friendly journey are **to engage and understand, plan, act and measure**.

Planners need to understand the lived experiences of the people and incorporate this knowledge into planning (Scott, 2020). Ageing planning goes beyond land use planning and future planning interventions would have to be participatory and grassroots-led, more delicate and human-centred, revolving around the strengthening of individual, community and institutional capacities (Khoo, 2020). Thus whole-of-society approach to improve the lives of older adults, their families and communities are needed (United Nations, 2020). This further reinforced the inclusive nature of addressing the need of the people as reiterated in the age-friendly methodology.

5.2 Plan of Action for Age-friendly Taiping

The Plan of Action (PoA) was developed for the implementation of AFC in Taiping. This PoA will act as a reference guide in the implementation of the AFC. It was developed after the vision, objectives, strategies and actions were agreed upon by stakeholders. The PoA has to be continually revised to fit the changing needs of the city and community.

The process of developing the PoA involves a sequence of steps as follows:

1. The local council, Majlis Perbandaran Taiping (MPT) has expressed their interest in AFC implementation in Taiping.
2. MPT has demonstrated their commitment by joining the GNAFCC.
3. MyAgeing™ has been appointed as the consultant for the AFC Taiping project.
4. Using a mixed-method approach, the PoA was developed based on the findings from stakeholder engagement, baseline survey, interviews, and site observations (Section 4.2).
5. Draft of the PoA was circulated to MPT and the Local Steering Committee of Age-friendly City Taiping for their feedback and improvement. The meeting was conducted on 25th March 2022. The ToR (Annex 5.1) for the steering committee was also discussed during the meeting.
6. The PoA was also presented and has been approved by the Steering and Technical Committee of the “Preparation towards an Aged Nation by 2030: Age-friendly City” project.

The PoA was based on the WHO 3 sectors and 8 domains. From these, 15 strategies and 67 actions have been proposed as shown in Table 5.1. It also includes the monitoring and evaluation of the planned activities, as well as the responsible agencies (government agencies, private sector, business community, and non-governmental organisations). The implementations are based on three terms: short (immediate), medium (2 - 3 years) and long (3 - 5 years) terms.

Table 5.1: Proposed Plan of Action for AFC Taiping

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
<p>Built Environment Objective: To create a safer and more accessible physical environment for better mobility and more comfortable age at own home (ageing-in-place) experience.</p>	<p>1. Outdoor Spaces and Buildings</p>	<p>Safe environment for outdoor activities</p>	<p>Short Term (Immediate) To provide elderly friendly street furniture (e.g. street benches, bus stop shelters)</p> <p>To provide and regularly maintain street lighting and lighting at public spaces</p>	<ul style="list-style-type: none"> - Inventory (number and location) for elderly friendly street furniture - Elderly friendly street furniture provided at all public spaces and buildings <ul style="list-style-type: none"> - Inventory (number and location) for street lighting and lighting at public spaces - Number of complaints on street lighting and lighting at public spaces from the public - Response to complaints within stipulated working days 	<ul style="list-style-type: none"> - Department of Engineering, MPT <ul style="list-style-type: none"> - Department of Engineering, MPT
			<p>To regularly maintain public facilities (e.g. toilet, disabled toilet, benches)</p>	<ul style="list-style-type: none"> - Inventory (number and location) for public facilities (e.g. toilet, disabled toilet, benches) - Percentage of 100% user satisfaction rating (cleanliness, hygiene, user-friendly) - All public toilets equipped with disabled facilities according to standard 	<ul style="list-style-type: none"> - Department of Engineering, MPT - Department of Municipal Services and Health, MPT - Department of Legal and Enforcement, MPT

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			To maintain the cleanliness of the premises regularly (e.g. rat infestation, waste bin)	<ul style="list-style-type: none"> - Number of complaints on cleanliness do not exceed 10% of the total complaints 	<ul style="list-style-type: none"> - Department of Engineering, MPT - Department of Municipal Services and Health, MPT - Department of Legal and Enforcement, MPT - Local NGOs
			To practice good refuse management at food outlet (e.g. Medan Selera)	<ul style="list-style-type: none"> - Number of operators trained in food safety - Regular pest control 	<ul style="list-style-type: none"> - Department of Engineering, MPT - Department of Municipal Services and Health, MPT - Department of Legal and Enforcement, MPT
			To increase awareness and knowledge on disaster and risk management	<ul style="list-style-type: none"> - Number of training in disaster and risk management - Number of disaster preparedness and awareness campaign - SOP for disaster and risk management 	<ul style="list-style-type: none"> - Pejabat Daerah dan Tanah Larut, Matang dan Selama - National Disaster Management Agency (NADMA) - SU Keselamatan dan Kesihatan Pekerjaan, MPT
			Medium Term (2-3 years) To allocate emergency assembly point	<ul style="list-style-type: none"> - Number of assembly point clearly identified - All public buildings provided with emergency assembly point 	<ul style="list-style-type: none"> - Department of Engineering, MPT - Department of Municipal Services and Health, MPT

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			To manage and maintain hiking trails	<ul style="list-style-type: none"> - Unsafe and damage trail identified - Number of tourist increased by 10% per year 	<ul style="list-style-type: none"> - Ministry of Youth and Sports - NGOs - Department of Engineering, MPT - Landscape Section, MPT
			Long Term (3-5 years) To implement Universal Design initiatives	<ul style="list-style-type: none"> - All building plan approved conform to Uniform Building by Law (UKBS 1984) and MS 1184:2014 	<ul style="list-style-type: none"> - Department of Planning and Urban Development, MPT - Department of Engineering, MPT - Building Section, MPT
			To implement access audit	<ul style="list-style-type: none"> - Access audit assessment prior to Certificate of Completion and Compliance (CCC) - Access audit implemented at 5 public buildings per year 	<ul style="list-style-type: none"> - Building Section, MPT - Local University - Local Residents
	Accessible public building and amenities		Short Term (Immediate) To provide clear and visible signage and public map	<ul style="list-style-type: none"> - Regular monitoring and maintenance - Zero complaint on signage and public map 	<ul style="list-style-type: none"> - Department of Engineering, MPT - Tourism Section, MPT
			To provide drop-off and pick-up zone	<ul style="list-style-type: none"> - Drop-off and pick-up zone provided at all public buildings and facilities 	<ul style="list-style-type: none"> - Department of Engineering, MPT - Department of Licensing and Enforcement, MPT
	Friendly built environment with improved walkability		Short Term (Immediate) To upgrade pedestrian zones	<ul style="list-style-type: none"> - Identify strategic location of pedestrian - Zero complaint on pedestrian zones 	<ul style="list-style-type: none"> - Department of Planning and Urban Development, MPT - Department of Engineering, MPT
			To maintain manhole and drain covers	<ul style="list-style-type: none"> - Regular maintenance and improvement 	<ul style="list-style-type: none"> - Department of Engineering, MPT

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			To provide zebra crossing at appropriate location	<ul style="list-style-type: none"> - Identify strategic location of zebra crossing - Regular maintenance and improvement 	<ul style="list-style-type: none"> - Department of Engineering, MPT
			Medium Term (2-3 years) To conduct walking audit at pedestrian zones	<ul style="list-style-type: none"> - Regular maintenance and improvement - Number of walking audit exercise of at least 5 pedestrian zones per year 	<ul style="list-style-type: none"> - Department of Engineering, MPT - Building Section, MPT - IPTS/IPTA - Local NGOs - Local Residents
			To build connected walk ways and canopy	<ul style="list-style-type: none"> - Develop a comprehensive plan to build connected walk ways and canopy in Taiping 	<ul style="list-style-type: none"> - Department of Planning and Urban Development, MPT - Department of Engineering, MPT - Landscape Section, MPT - Building Section, MPT - Local Business Association
			To install railings	<ul style="list-style-type: none"> - Install railings at identified locations - Regular maintenance and improvement 	<ul style="list-style-type: none"> - Department of Engineering, MPT
			To provide pavement	<ul style="list-style-type: none"> - Regular maintenance and improvement - Road resurfacing 100% use of allocation for road resurfacing work 	<ul style="list-style-type: none"> - Department of Engineering, MPT

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			To provide tactile paving	<ul style="list-style-type: none"> - New tactile paving identified - Regular maintenance and improvement - Additional tactile paving at least 500m per year 	<ul style="list-style-type: none"> - Department of Engineering, MPT
		Taiping as a natural and cultural heritage city	<p>Short Term (Immediate) To identify natural or cultural heritage site</p>	<ul style="list-style-type: none"> - Outstanding natural or cultural heritage site identified - At least 1 site identified as outstanding natural or cultural heritage site per year 	<ul style="list-style-type: none"> - Department of Planning and Urban Development, MPT - Tourism Section, MPT
			<p>Medium Term (2-3 years) To preserve and restore the natural or cultural heritage site</p>	<ul style="list-style-type: none"> - At least 1 site nominated as outstanding natural or cultural heritage site according to the National Heritage Act 2005 (645) and/ or RKK Warisan Bandar Taiping 2030 - At least 1 site gazetted per year 	<ul style="list-style-type: none"> - National Heritage Department - Department of Planning and Urban Development, MPT
			<p>Long Term (3-5 years) To maintain the value of natural or cultural heritage site</p>	<ul style="list-style-type: none"> - Maintenance work of at least 3 sites per year 	<ul style="list-style-type: none"> - National Landscape Department - Building Owners - Department of Engineering, MPT - Collaboration with International Agency (i.e. Aga Khan Foundation)

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
		<p>Taiping as an ecotourism destination</p>	<p>Short Term (Immediate) To conserve the flora and fauna in its natural habitat</p> <p>Medium Term (2-3 years) To manage botanical landscape</p> <p>Long Term (3-5 years) To strengthen the capacity of ecotourism management</p>	<ul style="list-style-type: none"> - Regular and periodical update of flora and fauna inventories - Regular review of conservation plan - Develop planning tourism plan 	<ul style="list-style-type: none"> - National Heritage Department - National Landscape Department - Department of Planning and Urban Development, MPT - Landscape Section, MPT - Nature Society Malaysia
				<ul style="list-style-type: none"> - Establish special unit/division to manage Taman Botani Perak - Review the proposed development phases of Taman Botani Perak 	<ul style="list-style-type: none"> - National Landscape Department - Landscape Section, MPT - NGOs
				<ul style="list-style-type: none"> - Capacity development program for players of the industry at least once a year - Number of players of the industry trained 	<ul style="list-style-type: none"> - Ministry of Tourism, Arts and Culture - Tourism Section, MPT - Taiping Heritage Society - Taiping Tourist Association

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
	2. Transportation	Availability of barrier free and accessible public transportation	<p>Short Term (Immediate) To reroute bus line to reach inner areas residents</p> <p>To provide a fleet of varying bus sizes</p> <p>To encourage on-demand transport service</p> <p>To provide ample parking spaces at hospital and clinics, market</p> <p>To provide ample designated parking spaces for disabled</p> <p>To implement bicycle lanes</p>	<ul style="list-style-type: none"> - Minutes of meeting of route review exercise - Minutes of meeting of barrier free accessible public transportation - Number of bus users increase by 10% per year - Availability of on-demand transport service - Minutes of meeting to address parking issues - Zero summon issued for illegal parking at designated parking lot for disabled - Compliance with parking spaces for disabled in accordance to Uniform Building by Law (UKBS 1984) and MS 1184:2014 - Feasibility study on bicycle lanes - At least an additional of 10km bicycle lanes per year 	<ul style="list-style-type: none"> - Ministry of Transport - Public Works Department (JKR) - Land Public Transport Agency (APAD) - Department of Engineering, MPT - Entrepreneurs - Public Works Department (JKR) - Department of Planning and Urban Development, MPT - Department of Engineering, MPT - Department of Planning and Urban Development, MPT - Building Section, MPT - Department of Planning and Urban Development, MPT - Department of Engineering, MPT

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			<p>Long Term (3-5 years) To provide convenient and reliable public transportation system</p>	<ul style="list-style-type: none"> - In-depth study on public infrastructural transport facilities - Number of public transport users increase by 10% per year 	<ul style="list-style-type: none"> - Private Bus Operators - Department of Engineering, MPT
	3. Housing	Availability of affordable and age-friendly housing alternative	<p>Medium Term (2-3 years) To provide facilities for home modification for elderly</p>	<ul style="list-style-type: none"> - Establish network among industry players - Establish an inventory of existing housing development with elderly facilities - 100% compliance of home modification with Uniform Building by Law (UKBS 1984) and MS 1184:2014 	<ul style="list-style-type: none"> - Housing Developers - Building Owners - Department of Planning and Urban Development, MPT - Department of Engineering, MPT - Building Section, MPT - Financial Institutions
			<p>Long Term (3-5 years) To provide affordable housing alternative</p>	<ul style="list-style-type: none"> - Review guideline to include requirements for the elderly - Data bank of industry players - Dialogue with industry players at least once a year 	<ul style="list-style-type: none"> - Ministry of Housing and Local Government - Lembaga Perumahan dan Hartanah Perak - State Government - Housing Developers - Department of Planning and Urban Development, MPT

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
		Ageing-in-place in conducive and inclusive Taiping	<p>Short Term (Immediate) To provide availability, accessibility and affordability of facilities and services</p> <p>Medium Term (2-3 years) To develop a guideline of facilities and services to age-in-place</p> <p>Long Term (3-5 years) To incorporate intergenerational elements in new housing development plan</p>	<ul style="list-style-type: none"> - Inventory of available facilities and services - Number of permit issued for businesses related to older persons <ul style="list-style-type: none"> - Initiate discussion to develop regulations for mobile services <ul style="list-style-type: none"> - Percentage of user satisfaction rating - Number of new housing development that utilize intergenerational elements 	<ul style="list-style-type: none"> - Ministry of Health - Department of Social Welfare - Public Works Department (JKR) - Department of Engineering, MPT - Local Businesses - NGOs <ul style="list-style-type: none"> - Attorney General Chamber - Ministry of Health - Ministry of Women, Family and Community Development - Department of Planning and Urban Development, MPT - Jabatan Standard, Malaysia <ul style="list-style-type: none"> - Ministry of Housing and Local Government - Lembaga Perumahan dan Hartanah Perak - Department of Planning and Urban Development, MPT - Housing Developers - Real Estate and Housing Developers' Association Malaysia (REHDA) - Ministry of International Trade and Industry

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
Social Environment Objective: To improve the inclusion, participation and opportunities in social, economic and cultural activities for an active and productive old age	4. Social Participation	Enhance social activities and participation among intergenerations	Short Term (Immediate) To establish Pusat Aktiviti Warga Emas (PAWE)	<ul style="list-style-type: none"> - At least 1 Pusat Aktiviti Warga Emas (PAWE) in each parliamentary constituency 	<ul style="list-style-type: none"> - Department of Social Welfare - Pejabat Daerah dan Tanah Larut, Matang dan Selama - Local NGOs
			To promote lifelong learning through community college	<ul style="list-style-type: none"> - Number of promotional activities - Number of programs offered - Number of participants 	<ul style="list-style-type: none"> - Kolej Komuniti Taiping
			To promote intergenerational activities		<ul style="list-style-type: none"> - Participation rate of all ages in activities
			Long Term (3-5 years) To renovate and upgrade existing building into a multipurpose sports complex	<ul style="list-style-type: none"> - Inventory of potential buildings to be renovated and upgraded 	<ul style="list-style-type: none"> - Ministry of Youth and Sports - Building Section, MPT

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			To build multipurpose community center	<ul style="list-style-type: none"> Minutes of meeting to initiate the building multipurpose community center 	<ul style="list-style-type: none"> Department of Social Welfare Corporate, Public Relation and Tourism Section, MPT State Government
	5. Respect and Social Inclusion	Inclusive and peaceful society	<p>Short Term (Immediate) To establish local Older Persons Association</p> <p>Medium Term (2-3 years) To instill social responsibility for public properties and amenities continuously</p>	<p>At least one local older persons association established</p> <ul style="list-style-type: none"> Number of campaigns "Sayangi Harta Awam" through social and print media Number of community engagement programs involving local leaders and the community Number of CSR program Number of agencies involved in CSR program 	<ul style="list-style-type: none"> Jabatan Perpaduan Daerah Rukun Tetangga Local Leading NGOs (Elderly Community) Pejabat Pendidikan Daerah Jabatan Penerangan Corporate, Public Relation and Tourism Section, MPT Local Higher Education Institutions Religious Organisations Local NGOs Local Radio Stations Ministry of Communications and Multimedia
	6. Civic Participation and Employment	Strong civic minded and participative society	Short Term (Immediate) To train local heritage guide	<ul style="list-style-type: none"> Number of trainings conducted Number of people trained 	<ul style="list-style-type: none"> NGOs Corporate, Public Relation and Tourism Section, MPT Kolej Komuniti Taiping

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			<p>To create employment opportunities for youth</p> <p>To provide incentive to businesses who employed local youth</p>	<ul style="list-style-type: none"> - Number of opportunities created - Number of local youth employed - Number of businesses taking up the incentives 	<ul style="list-style-type: none"> - Ministry of Human Resources - Ministry of International Trade and Industry - Jabatan Belia dan Sukan - Jabatan Tenaga Kerja - Local Businesses/ Industries - Malaysian Industry-Government Group for High Technology (MIGHT) - Short-Term Employment Programme (MySTEP)
			<p>Medium Term (2-3 years) To develop database of trained heritage guides</p>	<p>Update database of trained heritage guide annually</p>	<ul style="list-style-type: none"> - Taiping Tourist Association (TTA) - Ministry of Tourism, Arts and Culture - Hotel Industry - Tourist Guide Association
			<p>To encourage the development of silver industry</p>	<ul style="list-style-type: none"> - Number of initiatives to develop silver industry realized or implemented 	<ul style="list-style-type: none"> - Ministry of International Trade and Industry - National Productivity Corporation - Jabatan Penerangan - Jabatan Perpaduan - Perak Invest - Think City - Local Businesses - Local NGOs

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
<p>Community and health support</p> <p>Objective: To improve the connectivity and public access to information for better care and protection towards healthy ageing</p>	<p>7. Communication and Information</p>	<p>Well-connected and informative community</p>	<p>Long Term (3-5 years) To inculcate sense of belonging among the residence of Taiping through community involvement</p> <p>Short Term (Immediate) To provide public access to information (e.g. free WiFi) at selected sites</p> <p>To widely disseminate information of local activities</p> <p>To promote and educate the public on age-friendly Taiping</p>	<ul style="list-style-type: none"> - Number of community engagement program with local leaders and the community - Number of sites with free WiFi - 4G network availability - Number of community channels used for dissemination (digital platform, billboard, text messages) - Number of promotional activities on AFCC 	<ul style="list-style-type: none"> - Pejabat Pendidikan Daerah - Jabatan Penerangan - NGOs - Corporate, Public Relation and Tourism Section, MPT - Telekom Malaysia Berhad - Telco Company - Information Technology (IT) Section, MPT - Information Technology (IT) Section, MPT - Local AFCC Committee - Pejabat Pendidikan Daerah - Jabatan Kebajikan Masyarakat - Ministry of Tourism, Arts and Culture - Persatuan Pelancongan - Local NGOs (Taiping Tourist Association) - Private Sectors - Information Technology (IT) Section, MPT

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			<p>Medium Term (2-3 years) To promote and enhance digital literacy program for older persons</p> <p>To improve Taiping Municipal Council website to become age-friendly</p> <p>To enhance the use of digital platform to create a two-way communication between the various level of government, NGOs and private sector</p> <p>Long Term (3-5 years) To promote age-friendly initiative nationwide</p>	<ul style="list-style-type: none"> - Number of programs per year - Number of older persons involved - Increase number of hit before and after - Improvement of website - Level of public satisfaction - Number of promotional activities or publications (digital and non-digital) 	<ul style="list-style-type: none"> - Suruhanjaya Komunikasi dan Multimedia Malaysia (SKMM) - Pejabat Pendidikan Daerah - Community college - IPT/IPTS - Information Technology (IT) Section, MPT - Media/ Reporter - Corporate, Public Relation and Tourism Section, MPT - Ministry of Housing and Local Government - Ministry of Women, Family and Community Development - Ministry of Health - State Government

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
	8. Community Support, Health and Social Services	Community with integrated long-term care	<p>Short Term (Immediate) To develop health profile of older persons in Taiping</p> <p>Medium Term (2-3 years) To provide community care services (e.g. aged care, child care, disabled, mental health)</p> <p>Long Term (3-5 years) To develop effective workflow integration between health and social services</p>	<ul style="list-style-type: none"> - Regularly update the database - Publish health profile documents - Directory of community care services <p>Initiate discussion to develop plan of effective workflow</p>	<ul style="list-style-type: none"> - Ministry of Health - Department of Social Welfare - NGOs - Bengkel Semangat Maju - Ministry of Health - Department of Social Welfare - NGOs - Private Hospitals - Social Services (Private Home) - Ministry of Health - Department of Social Welfare - Insurance Providers - Persatuan Warga Emas - Klinik Kesihatan - Pertubuhan Belia - Business-gym
		Care protection	<p>Short Term (Immediate) To enhance awareness on health prevention, lifestyle, mental health</p>	<p>Number of program on health prevention, lifestyle, mental health</p>	

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			<p>Medium Term (2-3 years) To promote self-responsibility for health</p>	<ul style="list-style-type: none"> - Number of program to educate self-responsibility for health 	<ul style="list-style-type: none"> - Ministry of Health - Pejabat Pendidikan Daerah - Insurance Providers - Employees Provident Fund - IPTA/ IPTS
			<p>Long Term (3-5 years) To shift health system's focus to preventive and rehabilitative healthcare</p>	<ul style="list-style-type: none"> - Reallocation of resources for preventive and rehabilitative healthcare 	<ul style="list-style-type: none"> - Ministry of Health - Health Education Division, MoH
		Inter-sectorial partnership and pooled resources	<p>Short Term (Immediate) To create matching grant for age-friendly initiative and activities</p>	<ul style="list-style-type: none"> - Number of matching grant to implement age-friendly initiative and activities per year 	<ul style="list-style-type: none"> - Ministry of Finance - Ministry of Housing and Local Government - Ministry of Women, Family and Community Development - Malaysian Global Innovation and Creativity Centre (MaGIC) - IPT - Community College - NGOs - Think City - Private Sectors (e.g. Yayasan, etc.) - State Government

Sector	WHO Domains	Strategy	Actions	Monitoring and Evaluation	Responsibility
			<p>Medium Term (2-3 years) To enhance inter-sectorial collaboration between the various level of government, NGOs, private sector and international organisation</p> <p>To encourage sharing of information among the stakeholders</p>	<ul style="list-style-type: none"> - Number of partnership to implement project - Medium for information sharing (e.g. digital and non-digital material) 	<ul style="list-style-type: none"> - All Level of Governments - Private Sectors - NGOs - International Organisation

REFERENCES

- Australian Bureau of Statistics. (2015). Fertility rates. Retrieved from <https://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/3301.0Main Features42013>
- Australian Bureau of Statistics. (2019). Net interstate migration. Retrieved from <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3412.0Main Features72017-18?opendocument&tabname=Summary&prodno=3412.0&issue=2017-18&num=&view=>
- Australian Bureau of Statistics. (2020). Twenty years of population change. Retrieved from <https://www.abs.gov.au/ausstats/abs@.nsf/0/1CD2B1952AFC5E7ACA257298000F2E76>
- Australian Institute of Health and Welfare. (2018). Older Australia at a glance. Retrieved from <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians/australia-s-changing-age-and-gender-profile>
- Australian Institute of Health and Welfare. (2019). Deaths in Australia. Retrieved from <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia>
- Baseline Assessment Report, Akita City, Japan.
- Baseline Review: Population, Housing, Economy and spatial Development Pattern Planning Department, HKSAR-Nov 2016, Hong Kong 2030+: Towards a Planning Vision and Strategy Transcending 2030 file:///C:/Users/DevO.MYBAE/Desktop/Tution%20Mika/New%20folder/Baseline%20Review%20%20Population_Housing_Economy%20and%20Spatial%20Development%20Pattern_Eng.pdf
- Butler, B., and Shannon, S. (nd). Age-friendly Communities—the Irish experience. Age Friendly Ireland's Cities and Counties programme. Ireland.
- Census and Statistics Department Hong Kong Special Administrative Region, Hong Kong Annual Digest of Statistics 2014 Edition <https://www.statistics.gov.hk/pub/B10100032014AN14B0100.pdf>
- Centre for Liveable Cities, Singapore and the Seoul Institute (2019). Age-friendly cities: Lessons from Seoul and Singapore. E-book ISBN 978-981-11-9306-4
- Community Development and Justice Standing Committee. (2014). Age-friendly WA? A challenge for government. Retrieved from Perth: [http://www.parliament.wa.gov.au/publications/tailedpapers.nsf/displaypaper/3912397aa2e0e1f937c50afc48257d96003341d5/\\$file/2397.pdf](http://www.parliament.wa.gov.au/publications/tailedpapers.nsf/displaypaper/3912397aa2e0e1f937c50afc48257d96003341d5/$file/2397.pdf).
- Cross-district Report of Baseline Assessment on Age-friendliness (Pilot Districts) - January 2018 Jockey Club Institute of Ageing, The Chinese University of Hong Kong; Sau Po Centre on Ageing, The University of Hong Kong; Asia-Pacific Institute of Ageing Studies, Lingnan University; Institute of Active Ageing, The Hong Kong Polytechnic University <https://www.jcafc.hk/en/Resources-Centre/Publications/Cross-District-Report-On-Baseline-Assessment.html>

- Department of Health. List of clinics and health centres - elderly health centres. (2014). http://www.dh.gov.hk/english/tele/tele_chc/tele_chc_ehc.html. Accessed 7 November, 2014.
- Department of Health. (2015). List of registered private hospitals. http://www.dh.gov.hk/english/main/main_orhi/list_ph.html. Accessed 14 December, 2015.
- Embong, A. R. (2007). The role of social sciences in Malaysian national development. *Akademika*, 70(Januari), 145-151.
- Government of Western Australia. (2017). Successful planning of aged-friendly communities in Western Australia. Retrieved from <https://www.communities.wa.gov.au/media/1230/successful-planning-for-age-friendly-communities.pdf>
- Hong Kong Arts Center Ambassador Scheme https://hkac.org.hk/programme_detail/?u=fbEz0tMA6ql&lang=en
- Hospital Authority (2016). All general outpatient clinics in Wan Chai. http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=200250&Lang=ENG&Dimension=100&Parent_ID=10052&Ver=HTML.
- Hospital Authority. Clusters, hospitals & institutions - Hong Kong east cluster. (2016). https://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10175&Lang=ENG&Dimension=100&Parent_ID=10084&Ver=HTML
- Hwang, Eunju Lee, Seo-yeon Koh, Seung-Hahn Brossoie, Nancy Beamish, Julia. (2015). Seniors Perception on Age-Friendly Aspects in Jeju Island, South Korea - Urban vs Rural, *Journal of the Korean Housing Association*, Vol. 26, No. 5, 37-44, 2015.
- Iskandar, P. W. (2019). Deklarasi Keluarga Malaysia perkukuh institusi kekeluargaan - TPM. *Berita Harian*. Retrieved from <https://origin.bharian.com.my/berita/nasional/2019/11/631903/deklarasi-keluargamalaysia-perkukuh-institusi-kekeluargaan-tpm>
- Jeju Ageing Society Research Center, Jeju Special Governing Province (2017). Age Friendly Assessment for Age Friendly Jeju.
- Jockey Club Age-friendly City Project Baseline Assessments and Training and Professional Support (Pilot Phase for 2 Districts) Baseline Assessment Report Wan Chai District. Sau Po Centre on Ageing the University of Hong Kong. (<https://extranet.who.int/agefriendlyworld/wp-content/uploads/2017/08/Wan-Chai-District-Baseline-Assessment.pdf>)
- Jockey Club Age-friendly City Project 2016-2019 Wan Chai District Action Plan Items <https://extranet.who.int/agefriendlyworld/wp-content/uploads/2017/08/Wan-Chai-District-Action-Plan.pdf>
- Kee Hong Cheng & Tan Chye Cheah (2020). A study of Malaysia's smart cities initiative progress in comparison of neighbouring countries (Singapore & Indonesia). *Journal of Critical Reviews*, 7 (3), 47-54. Retrieved from doi:10.31838/jcr.07.03.08
- Khoo, L. M. (2021). Governing Ageing, Forging Heart-ware: A Singapore, in Mark Scott (2021), *Interface: Planning for Age-Friendly Cities*, *Planning Theory & Practice*, vol

- 22(Issue 3) pp 487-492.
- Koh, S. (2011). The basic direction and strategy for aging friendly city project facilitation in Jeju. Jeju, Korea: Jeju Development Institute.
- Korea Health Industry Development Institute (KHIDI). (2011). Current status and future of age friendly industry. Seoul, South Korea: Author.
- Korea Times (2005). Archived from the original on November 29, 2005. Retrieved July 29, 2005.
- McDonald, P. (2016). Ageing in Australia: Population changes and responses. In H. Kendig, P. F. McDonald, & J. Piggott (Eds.), *Population ageing and Australia's future* (pp. 65-84). Acton ACT: ANU Press.
- Melville's continued improvement keeps residents happy. (2009). LG Focus. Retrieved from <https://www.lgfocus.com.au/editions/2009-10/melvilles-continued-improvement-keeps-residents-happy.php>
- Ministry of Transport (2019). National Transport Policy 2019-2030. Ministry of Transport Malaysia. Putrajaya.
- People Places Participation: A Strategic Community Plan for the City of Melville 2016-2026. (n.d.). Retrieved from Boragoon, WA.
- Poot, J., & Pawar, S. (2013). Is demography destiny? Urban population change and economic vitality of future cities. *Journal of Urban Management*, 2(1), 5-23. doi:[https://doi.org/10.1016/S2226-5856\(18\)30062-1](https://doi.org/10.1016/S2226-5856(18)30062-1)
- Raymer, J., Shi, Y., Guan, Q., Baffour, B., & Wilson, T. (2018). The sources and diversity of immigrant population change in Australia, 1981–2011. *Demography*, 55(5), 1777-1802. doi:10.1007/s13524-018-0704-5
- Scott, M. (2021) Planning for Age-Friendly Cities, *Planning Theory & Practice*, 22:3, 457-492, DOI: 10.1080/14649357.2021.1930423
- Social Welfare Department. (2015). List of district elderly community centres. <http://www.swd.gov.hk/doc/elderly/List%20of%20DECC%2029%20Oct%202015.pdf>. Accessed 29 October, 2015.
- Social Welfare Department. (2016). List of neighbourhood elderly centres. <http://www.swd.gov.hk/doc/elderly/List%20of%20NEC%2022%20Mar%202016.pdf>. Accessed 22 March, 2016.
- Statistics Korea. (2014). Statistics on the aged. Retrieved July 10, 2015 from http://kostat.go.kr/portal/korea/kor_nw/2/1/index.board?bmode=read&aSeq=330349
- Stephanie K. Firestone. (2018). Age-Friendly City in Action. *AARP International the Journal*. Vol. 11. <https://doi.org/10.26419/int.00001.020>
- Suriastini, N.W. (2013). Satu Langkah Menuju Impian Lanjut Usia Kota Ramah Lanjut Usia 2030. Survey METER
- Sulaiman, N., Baldry, D., & Ruddock, L. (2006). Housing and social policy in Malaysia: Provision for the elderly. Retrieved from http://eprints.uthm.edu.my/5420/1/13th_AERESC_U.pdf

- Suriastini, N.W. (2013). Satu Langkah Menuju Impian Lanjut Usia Kota Ramah Lanjut Usia 2030. Survey METER
- Tiraphat, S., Buntup, D., Munisamy, M., Nguyen, T. H., Yuasa, M., Nyein Aung, M., & Hpone Myint, A. (2020). Age-Friendly Environments in ASEAN Plus Three: Case Studies from Japan, Malaysia, Myanmar, Vietnam, and Thailand. *International Journal of Environmental Research and Public Health*, 17(12), 4523. <https://doi.org/10.3390/ijerph17124523>
- Tiraphat, S., Peltzer, K., Thamma-Aphiphol, K., & Suthisukon, K. (2017). The Role of Age-Friendly Environments on Quality of Life among Thai Older Adults. *International Journal of Environmental Research and Public Health*, 14(3), 282. <https://doi.org/10.3390/ijerph14030282>
- Toward an Age-Friendly Akita City. Longevity Welfare Section. Akita City Hall Health and Welfare Department.
- United Nations Department of Economic and Social Affairs. (2019). World population ageing 2019 highlights. Retrieved from <https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf>
- UNFPA (2011). The ageing population in Vietnam: Current status, prognosis, and possible policy responses. Retrieved from http://vietnam.unfpa.org/sites/asiapacific/files/pubpdf/Ageing%20report_ENG_FINAL_27.07.pdf
- Wan Chai District WHO Age-Friendly World 2021 (<https://extranet.who.int/agefriendlyworld/network/wan-chai-district/>)
- We Build Age-friendly City in Wan Chai Together <https://extranet.who.int/agefriendlyworld/afp/we-build-age-friendly-city-in-wan-chai-together/>
- World Health Organization (WHO). Towards an Age-Friendly World. <https://www.who.int>
- World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. Geneva: World Health Organization.

ANNEX

Annex 4.1: Program Schedule (Stakeholder Engagement - National Framework for Age Friendly City and Communities)



NATIONAL FRAMEWORK FOR AGE FRIENDLY CITY AND COMMUNITIES

Rangka Kerja Nasional Bandar dan Komuniti Mesra Usia

Sesi Perbincangan Kumpulan Berfokus

9.00 pagi - 2.00 petang, 26 Ogos 2020 (Rabu)

Garden Room 2, Level 1, Putrajaya Marriott Hotel, PUTRAJAYA

Objektif

Pertukaran idea, pandangan dan pendapat tentang rangka kerja yang komprehensif ke arah transformasi bandar dan komuniti yang bersifat inklusif dan mesra usia di bawah SDG11 dan panduan WHO untuk replikasi nasional.

Exchange of ideas, opinions and viewpoints on a comprehensive framework on outlining the elements needed in transforming cities into an inclusive and age friendly city under SDG 11 and WHO guidelines for national replication.

ATURCARA

Masa	Aktiviti
9.15 - 9.30 pagi	Ketibaan dan Pendaftaran Peserta / Minum pagi
9.30 - 9.45 pagi	Ucapan Alu-aluan
9.45 - 10.15 pagi	Pembentangan Kertas <i>"Age-friendly Cities and Communities: Why, What, How"</i>

Masa	Aktiviti
10.15 - 10.30 pagi	Taklimat Ringkas dan Pembahagian Kumpulan
10.30 pagi - 12.30 petang	Sesi Perbincangan Kumpulan Berfokus A. Kerajaan Pusat B. Kerajaan Negeri / Tempatan C. Sektor Swasta D. NGO / Masyarakat Madani
12.30 - 2.00 petang	Makan Tengahari dan Bersurai

KUMPULAN

Kumpulan	Peserta	Moderator	Rapporteur	Tempat
A	Kerajaan Pusat	Prof. Dato' Dr. Tengku Aizan HAMID	Siti Farra Zillah ABDULLAH	Pahang Room, Level 1
B	Kerajaan Negeri / Tempatan	Prof. Dr. Sharifah Norazizan SYED ABDUL RASHID	P. M. Dr. Siti Anom AHMAD	Perak Room, Level 1
C	Sektor Swasta	P. M. Dr. Sumarni ISMAIL	CHAI Sen Tyng	Johor Room, Level 1
D	NGO / Masyarakat Madani	P. M. Dr. Rahimah IBRAHIM	Siti Suhailah ABDULLAH	Perlis Room, Level 1

Annex 4.2: Program Schedule (Stakeholder Engagement - Age Friendly City Taiping)



AGE FRIENDLY CITY TAIPING

Sesi Perbincangan Kumpulan Berfokus I

**9.00 pagi – 2.00 petang, 11 Disember 2019 (Rabu)
Penthouse, Tingkat 7, Wisma Perbandaran Taiping, Perak**

OBJEKTIF

Institut Penyelidikan Penuaan Malaysia (MyAgeing), Universiti Putra Malaysia (UPM), dengan sokongan Majlis Perbandaran Taiping (MPT), Kementerian Pembangunan Wanita, Keluarga dan Masyarakat (KPWK) serta Program Pembangunan Pertubuhan Bangsa-bangsa Bersatu (UNDP) sedang menjalankan suatu kajian penyelidikan tentang Bandar Mesra Usia di Taiping.

Salah satu aktiviti di bawah kajian ini adalah sesi perbincangan kumpulan berfokus untuk mendapat maklum balas daripada pemegang-pemegang taruh tentang isu, cabaran dan potensi ke arah Bandar Mesra Usia Taiping.

ATURCARA

Masa	Aktiviti
8.00 - 9.00	Perjumpaan Moderator
9.00 - 9.30 pagi	Ketibaan dan Pendaftaran / Minum Pagi
9.30 - 10.00 pagi	Sesi Pembukaan dan Penerangan

Masa	Aktiviti					
10.00 pagi - 12.00 tengahari	Sesi Perbincangan Kumpulan Berfokus					
	A	B	C	D	E	F
12.00 - 1.00 ptg	Makan Tengahari					
2.00 ptg	Bersurai					

- | | |
|--------------------------------|--------------------------|
| A - Warga Emas (Lelaki) | D - Ibu / Bapa Tunggal |
| B - Warga Emas (Perempuan) | E - Badan Bukan Kerajaan |
| C - Orang Kelainan Upaya (OKU) | F - Kerajaan |

KUMPULAN

Kumpulan	Peserta	Moderator	Tempat
A	Warga Emas (Lelaki)	Chai Sen Tyng	Bilik Mesyuarat Alamanda, Tkt 1
B	Warga Emas (Perempuan)	Prof. Madya Ir. Dr. Siti Anom Ahmad & Siti Farra Zillah Abdullah	Bilik Mesyuarat Rafflesia, Tkt 1
C	Orang Kelainan Upaya (OKU)	Prof. Madya Dr. Rahimah Ibrahim	Bilik Mesyuarat Dahlia, Tkt 3
D	Ibu / Bapa Tunggal	Prof. Madya Dr. Sumarni Ismail	Bilik Mesyuarat Seroja, Tkt 4
E	Badan Bukan Kerajaan	Prof. Dato' Dr. Tengku Aizan Hamid	Bilik Mesyuarat Tanjung, Tkt 5
F	Kerajaan	Prof. Madya Dr. Sharifah Norazizan Syed Abdul Rashid	Bilik Mesyuarat Bunga Raya, Tkt 3

Annex 4.3: Program Schedule (Capacity Building Workshop towards Age-friendly Cities and Communities in Malaysia)

Capacity Building Workshop towards Age-friendly Cities and Communities in Malaysia
 “Intersectoral Action for the UN Decade of Healthy Ageing”
 31 March - 1 April 2022, Travelodge Ipoh Hotel, Perak / Zoom Meeting ID: 998 9252 6645

Workshop Agenda

Day 1 (Thursday, 31 March 2022)		
Time	Activity	Note
8.30 - 9.00 am	Arrival and registration of Dignitaries / Guests / Participants	
9.00 - 9.30 am	Recital of Prayers by <i>Mr. Muhammad Hamizan Mokhtar</i> Welcoming Statement by <i>Mr. Asfaazam Kasbani</i> , Assistant Resident Representative (Programme), UNDP Malaysia (virtual) Opening Statement by <i>Dr. Rabindra Abeyasinghe</i> , WHO Representative to Malaysia, Brunei Darussalam and Singapore (virtual)	
9.30 - 10.00 am	Overview and Objective of the Capacity Building Workshop by <i>Dr. Sharifah Norazizan Syed Abdul Rashid</i> , MSIA MMIP	
10.00 - 10.30 am	Activity: Ice-breaking Session	
10.30 - 10.45 am	Tea-break & Group Photo	
10.45 - 11.10 am	Age-friendly Cities and Communities: Concept, Initiation and Best Practices by <i>Dr. Taketo Tanaka</i> , Technical Officer, Representative Office for Malaysia, Brunei Darussalam, and Singapore (virtual)	
11.10 - 11.40 am	Activity: Integration of AFCC with National Development Plan and Other Policy Documents by <i>Assoc. Prof. Dr. Rahimah Ibrahim</i> , Deputy Director, MyAgeing, UPM	
11.40 am - 12.05 pm	Case Study: Age-friendly Cities and Communities in South Korea by <i>Dr. Donghee Han</i> , Director, Research Institute of Science for the Better Living of the Elderly (RISBLE), Busan, South Korea (virtual)	
12.05 - 12.15 pm	Interactive Poll/Quiz 1	
12.15 - 2.00 pm	Lunch	
2.00 - 2.55 pm	Small Group Discussion A: Transforming Cities and Communities: What does it Mean to be “Age-friendly”? by <i>Ms. Natalia Wroblewska</i> (virtual), <i>Ms. Hyunhee Jung</i> and <i>Ms. Nadia Sullivan</i> , WHO Malaysia Country Office	

Day 1 (Thursday, 31 March 2022)

Time	Activity	Note
2.55 - 3.20 pm	Case Study: An Overview of Age-friendly Ireland by <i>Ms. Anne Rizzo</i> , Regional Programme Manager, Age Friendly Ireland (pre-recorded)	
3.20 - 3.30 pm	Interactive Poll/Quiz 2	
3.30 - 4.00 pm	Tea-break	
4.00 - 5.00 pm	Activity: Voices from the Floor: Is AFCC Feasible in Malaysia? Pros & Cons Moderator: <i>Prof. Dr. Esther Gunaseli Ebenezer</i> , UniKL	
5.30 - 6.30 pm	Site Visit to BebeLEC Day Centre, The Dementia Society Perak, 56, Jalan Lang, 30000 Ipoh, Perak	

Day 2 (Friday, 1 April 2022)

Time	Activity	Note
9.00 - 9.15 am	Recap of Workshop Objective and Outcome by <i>Assoc. Prof. Dr. Sumarni Ismail</i> , Faculty of Design and Architecture, UPM	
9.15 - 9.40 am	National Framework for Age-friendly Cities and Communities: A Proposal by <i>Dato' Dr. Tengku Aizan Hamid</i> , Research Fellow, MyAgeing, UPM	
9.40 - 10.05 am	Piloting Age-friendly Initiative at the Local Level by <i>Dr. Sharifah Norazizan Syed Abdul Rashid</i> , Malaysian Association of Social Impact Assessment	
10.05 - 10.30 am	Public and Media Engagement for AFCC by <i>Ms. Juliana Affandi Tan</i> , Project Director, Innate Ideas Sdn. Bhd.	
10.30 - 10.45 am	Tea-break	
10.45 - 11.10 am	AFCC Implementation, Evaluation, and Membership in the AFCC Global Network by <i>Dr. Thiago Herick de Sa</i> , Demographic Change and Healthy Ageing Unit, World Health Organization (virtual)	
11.10 - 11.40 am	Activity: AFCC 8-domains Checklist: Objective and Subjective Indicators by <i>Ms. Siti Farra Zillah Abdullah</i> , Research Officer, MyAgeing, UPM	
11.40 am - 12.15 pm	Small Group Discussion: The Four Steps of AFCC: Who are Your Stakeholders? by <i>Mr. Chai Sen Tyng</i> , Research Officer, MyAgeing, UPM	
12.15 - 12.30 pm	Interactive Poll/Quiz 3	
12.30 - 2.45 pm	Lunch	

Day 2 (Friday, 1 April 2022)

Time	Activity	Note
2.45 - 3.45 pm	Activity: Replication and Upscaling of Age-friendly Cities and Communities in Malaysia? Next Steps and the Way Forward by <i>Dato' Dr. Tengku Aizan Hamid</i> , Research Fellow, MyAgeing, UPM	
3.45 - 4.00 pm	Tea-break	
4.00 - 4.15 pm	Sharing of Experience 1: Age-friendly Taiping by <i>Mr. Hasmi Hassanuddin</i> , Ketua, Unit Warisan, Jabatan Perancangan dan Pembangunan Bandar, Majlis Perbandaran Taiping, Perak	
4.15 - 4.30 pm	Sharing of Experience 2: Age-friendly Ipoh by <i>Ms. Prema Supramaniam</i> , Research Officer, Clinical Research Centre, Hospital Raja Permaisuri Bainun (virtual)	
4.30 - 5.00 pm	Closing Remarks	
5.00 pm	End of Workshop	

Jointly organized by:



**INSTITUT PENYELIDIKAN
PENUAAN MALAYSIA
(MyAgeing™)**
MALAYSIAN RESEARCH INSTITUTE ON AGEING



KEMENTERIAN PEMBANGUNAN WANITA,
KELUARGA DAN MASYARAKAT



**World Health
Organization**

Representative Office
for Malaysia, Brunei Darussalam,
and Singapore

Annex 5.1: Local Steering Committee's Terms of Reference

Matlamat

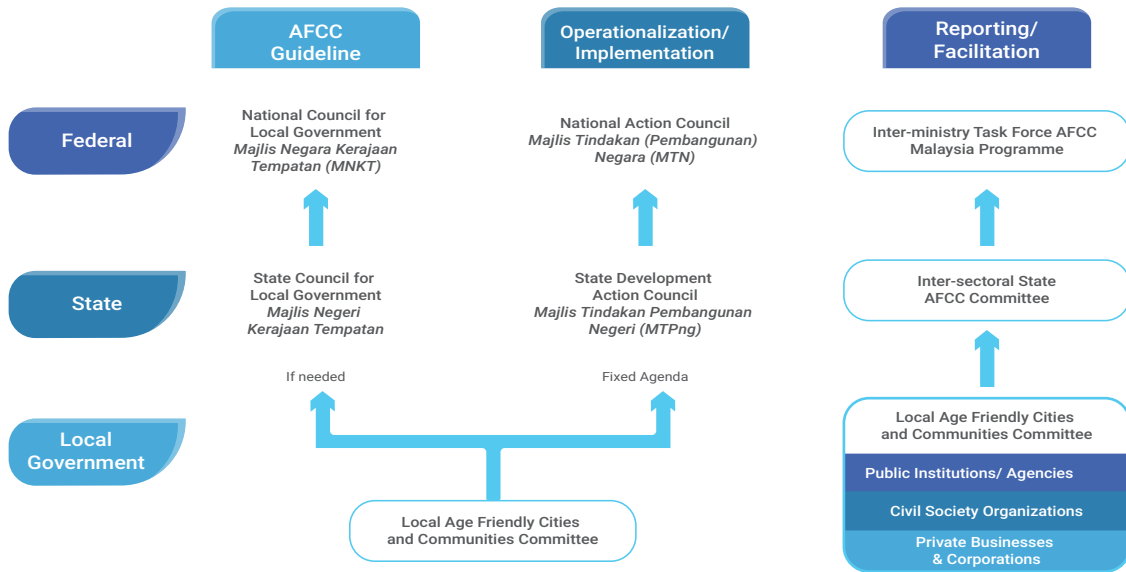
Menjadikan Taiping sebagai sebuah Bandar Mesra Usia.

Cadangan Terma Rujukan Jawatankuasa Pemandu

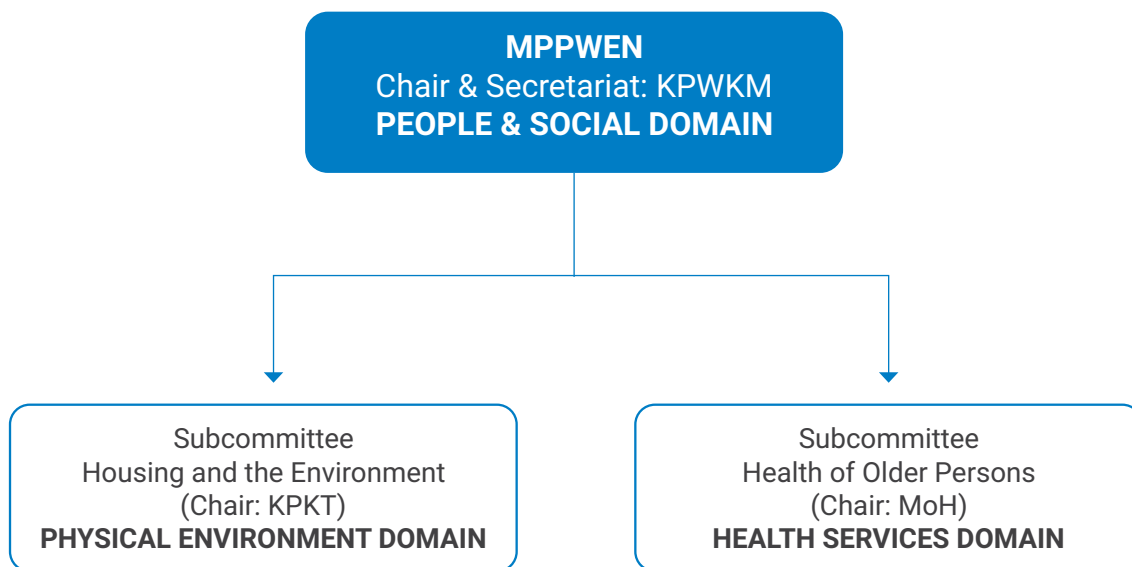
1. Mencapai matlamat yang dikongsi bersama untuk menjadikan Taiping sebagai Bandar Mesra Usia (AFCC).
2. Membangunkan pelan tindakan untuk mencapai matlamat.
3. Membuat penilaian, pemantauan dan pengurusan pelan tindakan.
4. Membangunkan jaringan dan komunikasi dalam kalangan pemegang taruh.
5. Pelaporan berterusan kepada WHO Global Network for AFCC.
6. Mendapatkan sumber dana/ sumber manusia untuk melaksanakan AFCC.
7. Bertanggungjawab dalam pembangunan kapasiti dalam kalangan pelaksana dan juga orang awam.
8. Mewujudkan kesedaran dalam kalangan semua pemegang taruh berkenaan AFCC melalui program promosi dan komunikasi.
9. Memastikan AFCC mengambil kira dan selari dengan dasar dan garis panduan sedia ada.
10. Menyediakan platform kreatif untuk memastikan setiap domain AFCC diwakili.
11. Jawatankuasa bertanggungjawab memberi kelulusan kepada setiap projek atau program berdasarkan bukti.
12. Dan lain-lain yang difikirkan perlu.

Annex 5.2: Potential mechanism for implementation and replication of AFCC Malaysia

Structure A: Existing Structure



Structure B: National Advisory and Consultative Council of Older Persons (MPPWEN)



Structure C: National Council for Persons with Disability

