

고령사회 대비를 위한 건축도시환경의 고령친화도 진단 연구

Measuring the Age-friendliness of Urban Environment for Preparing Ageing Society

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SUMMARY

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The United Nations reported that the number of people aged 60 or older worldwide will rise to 2.1 billion by 2050 and that the number of people aged 60 or older expected to rise more than 25 percent of the world's population outside of Africa. This means that the number of people aged 60 and older is larger than the number of children under 15. In Korea, the ratio of elderly people aged 65 or older exceeded 14.21 percent in August 2017. Comparing to 2000 Korea's population growth rate for the senior in 2050 is expected to reach the highest among OECD member countries.

The World Health Organization(WHO) proposed age-friendly cities and communities and published the "Global Age-friendly Cities: A Guide" in 2007 responding to the rise of the nationwide ageing population and urbanization. WHO established the "Global Network of Age-Friendly Cities & Communities" and 541 cities in 37 countries, including Seoul, have joined the network as of March 2018.

The process of joining the WHO's global network is divided into planning, implementation and evaluation, and the WHO emphasizes the need and importance of diagnosing the age-friendliness in each joining process. Among the WHO's eight areas

of the diagnosis, “outdoor spaces and buildings,” “traffic,” and “housing” are most closely related to improving the age-friendliness of the urban environment.

The WHO guidelines are also reflected in the national plan of the Korean central government and implementation plans and ordinances of local governments. However, those plans and ordinances do not include specific details on the major components of each area presented by the WHO guidelines, and there is a lack of consideration, particularly for the age-friendly outdoor space and infrastructure. Local governments in Korea are drawing indicators based on eight areas of the WHO guidelines in developing action plans and diagnosing the age-friendliness. However, those plans and policies suggested are carried out only through a survey on the level of senior citizens’ satisfaction.

This study, therefore, proposed diagnostic indicators and measuring methods for age-friendly outdoor space and infrastructure, considering the basic direction of the age-friendly cities and communities in other studies, plans, directions, policies and so on. Case areas were selected and applied for a pilot test to verify the diagnosis indicators and measuring methods of outdoor space and infrastructure’ age-friendliness. This study also proposed improvement of the age-friendly city plan and policy based on the diagnosis results.

For indicators to measure the age-friendliness of outdoor space and infrastructure this study proposed to select walking paths, crosswalks, parks, bus stops, public restrooms and benches(rest facilities) and to measure their accessibility, convenience and safety. Case areas were selected by reviewing the level of aging population in city districts nationwide, population density, urbanization rate, the status of major facilities and the will(policies and projects) for age-friendly cities and communities in candidate areas.

This study suggested that the “National Land Planning and Utilization Act” and the local governments’ “Master Plan Guidelines” need to be revised to induce age-friendly outdoor space and infrastructure. In addition, this study proposed that the ordinance, which the local governments use as the legal basis for age-friendly cities and communities, needs to include details on age-friendly space and infrastructure

Keywords :

Age-friendly City Plan, Age-friendly Outdoor Space and Infrastructure, Age-friendliness Diagnosis, Measuring Indicator, WHO Global Network of Age-Friendly Cities & Communities