

Final Community Assessment Report

For

AGE-FRIENDLY CITIES PROJECT

2007

Rowaida Al-Maaitah, DrPh, MPH, RN
Muntaha K Gharaibeh, PhD, RN
Mrs. Da'ad Shokeh, MSc, RN

Final Community Assessment Report

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1. Executive Summary

Enhancing the need and the well being of the elderly is the responsibility of all community members the different sectors (public, private and voluntary) in Jordan. Gaps in local needs and improvement recommendation had been identified by group of elderly people, care giver, and service providers to facilitate the development of age friendly city.

Jordan is a Middle Eastern country with a total population of 5,473 million with 38.8% of them located in the capital Amman (Department of Statistics, 2005).

For many decades, the population growth rate in Jordan has been higher than the global average.

The population age structure revealed a noticeable change, where the ratio of young age population (less than 15 years) decreased from 50.7% in 1979 to 37.3% in 2005.

Meanwhile, the ratio of population in ages 15-59 rose from 45.2% in 1979 to 57.5% in 2005, while the ratio of the older population (60 years and above) rose from 4.1% in 1979 to 5.2% in 2005. The percentage of elderly in Jordan in the age group (60-74 years) is 4.27% compared to 0.91% of 75 years and more. As for the age group (60-69 years) the percentage is 3.35% compared to 1.8% in the age group 70 years and more. The total illiteracy rate in Jordan is 9.3 (5.1. For males and 13.7 for females). Female illiterates in the older age group (60+ years) constitute around 50.3% of all illiterate females aged (15+ years). More than half the illiterates (51.7%) are concentrated in the advanced age groups (60+ years).

There is a high health insurance coverage rate for Jordanians aged less than (15) years. Around 75% of this age group is insured while only 61% of Jordanian aged 60+ years is insured. Almost half the Jordanians in Amman Governorate enjoy health insurance.

Services Provided to the Elderly in Jordan

In Jordan, many agencies provide services and care for the elderly, the following part is a brief description of the services that are provided by these institutions: **Ministry of Health/ MOH Services, Royal Medical Services and Nursing Homes and NGO'S.**

There are at present nursing homes in Jordan, 6 are non-profit voluntary societies and the other 6 are for profit in addition to 4 day clubs. The total number of elderly in these homes is 185-200 persons. The cost ranges from 60 jds per month to 350 jds depending on the needs of the person.

Community Profile

The community of the study is Amman, the capital of Jordan. The total population is 1.4 million inhabitants (2005 estimate). The city lies on rolling hills at the eastern end of the Ajlun Mountains. Many of the city's 19 hills are higher than 800 meters.

The socio-demographic -characteristics of the population in Amman is similar to that in other cities with the variation in the following;

- Amman reported the highest growth rate among all other governorates 2.75% which is higher than the national annual growth rate 2.56% in Jordan.
- At the governorate level, Amman reports the lowest bedroom-crowdedness ratio (2.3 persons per room).
- Amman city ranked the second in the crime rate in Jordan.

Sampling:

A set of 8 focus groups were conducted, 4 of which were with older persons, one with caregivers of older persons who are disabled or frail to participate in a focus group, and 3 with service providers (one public sector service providers, one private sector providers and one voluntary sector service providers). It is important to mention here that life expectancy is 71 and 72 for Jordanian men and women respectively. Thus, the elderly were divided into two age groups 60-69 years and 70+ years. All interviews were coordinated in collaboration of the Jordanian Nursing Council JNC and conducted by the researchers. The table below indicates the number of focus groups and number of participants in each group.

Total number of elderly who participated in the 4 focus group was 30 people with only one male. The age ranged from 60-78.

There was one group of care givers which consisted of 9 participants leading to 90% response rate.

A series of 3 focus groups were conducted with 19 participants of service providers from the city of Amman each of the following categories:

- Data collection and Procedure

- The Researcher used the same protocol and procedure described in the study methods.
- The questions were translated to Arabic and were validated by the research group.

- Data analysis and reporting

The focus groups provided rich descriptions and accounts of the experiences of older persons directly and indirectly through the caregiver focus group, regarding the age-friendliness of the city. The aim of the data analyses was to bring together and compare the discussions of the eight areas across the groups and to highlight advantages, barriers, and suggestions to improve the identified problems or barriers of the community in relation to age-friendliness. The analysis and reporting of focus group data followed the instructions provided by the study protocol.

One main limitation of the study is the absence of men from the elderly groups. Females were much easier to recruit. In each group to men were always contacted put never show. Women might be more open to talk about their problem and needs in relation to different issues. However men in the public service providers and business groups were very articulate and proactive to explore problems that old people faced in Jordan and they made solid recommendation to enhance the well being and quality of life of old people.

- Findings

The increasing number of old people in Jordan has unveiled a lot of problems that face the elderly people and we think that we are not prepared to deal with this number. However, this is a good opportunity to revise and modify our rules and regulations in all areas of construction, health, education sectors, social integration, media programs, social security system,...etc to meet the emerging needs of the elderly whom will be increasing in numbers and in life expectancy with a lot of health problems and different needs. Enhancing the need and the well being of the elderly is the responsibility of all community members the different sectors (public, private and voluntary) in Jordan. Thus, gaps in local needs and improvement recommendation had been identified by group of elderly people, care giver, and service providers to facilitate the development of age friendly city.

All groups emphasized the importance of community recognition, making use of the retired people, establishing rules and regulations to protect the elderly, integrating the social component within city planning and public areas, advocating for the elderly, establishing of day care centers for the elderly and nursing home for those with no help or family support, making affordable and convenient housing and outdoor spaces and buildings to accommodate mobility and safety of the old people, providing information and numbers of emergency and necessary institutions and centers that deal with the older persons, providing affordable and quality health services, establishing collaborative community funds to increase the income of the elderly through microfinance projects, and ensuring the full integration of old people within their community as well as the development of awareness programs and national strategy to enhance the status of the elderly. Empowering old people and maximizing their strengths are important factors to ensure independency and well being of the old people.

Finally, the issues of safety, security, basic needs, health and well being, social integration, community support and social responsibility were taken seriously by all groups which shed the light on the main themes of the findings:

The main themes are:

Meet Basic Needs of the elderly

1. Affordable housing
2. Housing is convenient and modified to accommodate mobility and safety.
3. Safe neighborhood and Outdoor spaces.
4. Social elements is integrated in city planning in the design of public and private buildings to ensure the safety and accommodate the mobility of the old people
5. Provide Social safety net the elderly
6. Ensure protection of the elderly
7. Prevention of Discrimination / maltreatment of the elderly
8. Establish Policy and legislation to protect the elderly
9. Enhance social responsibility toward the elderly population
10. A strategy to enhance the health and well being of the elderly need to be developed.
11. Empower and maximize Independence of the elderly
12. Transportation is regulated, accessible and affordable.
13. Community support system to enables the elderly to live comfortably and safely at home.

14. Promotes Social and Civic Engagement
15. Maintain connections with Family, friends and neighbors.
16. Establish cultural, religious and recreational activities that meet elderly needs
17. Increase opportunities for voluntary work
18. Establish supporting community: Community recognition and respect
19. Bridge generation gap
20. Changing social roles of the elderly
21. Develop community awareness campaign to enhance the status of the elderly in the community
22. Develop education programs for the elderly
23. Ensure health and Well-Being of the elderly
24. Accessibility to health care services.
25. Quality of health care services
26. Problems interfered in the use of necessary health care services

Summary Sheet 1

Older groups

- 1 Low SES 60-69 years** **2 Middle SES 60-69 years**
3 Low SES 70+ years **4 Middle SES 70+ years**

| Topic | Age friendly advantages | Barriers to age friendly | Suggestions for improvement |
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| Outdoor spaces and buildings | <p>Advantages all</p> <p>Amman is a secure and nice city</p> | <p>Barriers</p> <p>Similar problems 1& 3</p> <p>The outdoor spaces are not suitable for older people.</p> <p>The roads are not safe they can fall or slip easily, no spaces to walk;</p> <p>Lighting is weak at night time</p> <p>Its difficult for them to move around or to go places, because the street intersections and crosswalks are not suitable for them</p> <p>Sidewalks are high and when they want to go down from the side walk to the street there is nothing to hold on or specific place to cross the street.</p> | <p>Recommendations:</p> <p>1&3</p> <p>Maintain sidewalks and streets and suitable trains</p> <p>Common:2 & 4</p> <p>Building should have suitable stairs for the elderly.</p> <p>The media need to be more active in advocating for the elderly people.</p> <p>Specific 4</p> <p>Make the young generation aware of the contribution of the older people to the country and the future of this generation</p> |

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| | | <p>The public buildings are usually old and not age friendly, no lefts, or holding devices, or signage system or resting areas, or rest rooms etc...</p> <p>The services are very poor and not age friendly.</p> <p>Safety is a concern especially when they go up stairs since the stairs are very high for them.</p> <p>No green spaces or walking areas</p> <p>Similar problems: 2 &4</p> <p>The city is very hilly.</p> <p>The outdoor spaces are not suitable for older people.</p> <p>The roads are not safe they can fall or slip easily, no spaces to walk.</p> <p>No spaces for the wheelchairs on the sidewalks</p> <p>The street intersections and crosswalks are not practical for them</p> <p>Sidewalks are high and when they want to go down from the side walk to the street there is nothing to hold on or specific place to cross the</p> | <p>Establish waiting areas for the elderly in all service areas</p> <p>Establish green areas for children and elderly with many chairs and resting areas</p> <p>Specific:</p> <p>Establish strict rules and regulations for those not complying with sidewalks and gardens policies.</p> <p>Increase the awareness of people on the use of trash bags.</p> <p>Make street numbers more clear with large number.</p> <p>Make use of the retired people with expertise in government regimen and offer the some incentives for their work.</p> |
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| | | <p>street.</p> <p>Lack of lefts in the majority of the buildings and the institutions</p> <p>Not much green spaces or walking areas</p> <p>City planners in Jordan do not take into consideration the interest of the elderly people.</p> <p>Different problems:2</p> <p>Too many cars in Amman that they park anywhere even in gardens and block our way.</p> <p>Sidewalks always busy with many maintenance work.</p> <p>Lighting is weak at night time.</p> <p>Lack of umbrellas in the streets.</p> <p>Public buildings have no public rest rooms or resting areas or chairs to relax.</p> <p>The stairs are very high and difficult for them.</p> <p>Name of streets is not clear</p> <p>In case of following up with the Government</p> | |
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| | | <p>institutions, they have to deal with many people and many buildings and take long hours to go through.</p> <p>Olive trees are too large on the</p> <p>Different problems:4</p> <p>Lack of lifts in the majority of the buildings which deprived them from visiting their children</p> | |
| Transportation | <p>Advantages</p> <p>Group 1</p> <p>Few are satisfied with the transportations</p> | <p>Barriers</p> <p>Similar problems 1 &2</p> <p>Public transportation is available but difficult to access, costly and hard to get on them.</p> <p>No fixed places to wait for the bus or the transportation.</p> <p>They indicated that there is some kind of discrimination against older people.</p> | <p>Recommendations:</p> <p>Common 1&3:</p> <p>provide easy, safe, and free transportation for the elderly</p> <p>Specific:2</p> <p>Offer good discount for the transportation of the elderly (eg.cards,tokens)</p> |

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| | | <p>Different problems:1 They indicated difficulty in getting on buses since the buses are too high to use.</p> <p>Similar problems: 2 & 4 Transportation is expensive, not available every time and you need to take more than one most of the time.</p> <p>Different problems:3??</p> <p>Roads are not well maintained and unsafe for the older person to use</p> <p>Small buses might be good as the group indicated</p> <p>Different problems:2 Driving our cars is hard and it gets very tough during rush hours.</p> | <p>Free parking lots</p> <p>Microbuses are needed to get into narrow streets</p> <p>Charge less tax on the elderly buildings and houses.</p> <p>Provide comprehensive medical examination when older persons apply for driving license renewal.</p> <p>Establish refreshing courses on driving for the elderly who are able to drive.</p> <p>Specific:4</p> <p>Provide easy transportation for the elderly</p> <p>Take into consideration the need of older persons with walkers in utilizing the transportation system and walking in the sidewalks</p> |
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| | | <p>Not enough parking lots and the valley services is expensive.</p> <p>Drivers do not comply with driving policies and regulations.</p> <p>Transportation is not available to all areas.</p> <p>Some drivers refuse to go to crowded areas.</p> <p>Drivers do not give you back your change.</p> <p>Different problems:4</p> <p>Taxies are the best choice for old people</p> | |
| Housing | <p>Advantages 1&3</p> <p>Living with families</p> <p>Advantage:2&4</p> <p>Amman is a secure place</p> | <p>Barriers:</p> <p>Similar problems: 1& 3</p> <p>Housing is costly and they have safety concerns in terms of meeting the basic needs of the older person.</p> <p>The bath rooms are difficult to us especially the</p> | <p>Recommendations: 1&3</p> <p>provide special bathrooms to the elderly</p> <p>Establish special safe design for the houses of the elderly</p> <p>Living with their children</p> |

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| | | <p>traditional ones</p> <p>It is hard for them to cook since they are not able to do so</p> <p>Most of the elderly prefer to live in the same place with her / his friends and family or in the same neighborhood.</p> <p>Barriers:</p> <p>Similar problems: 2 & 4</p> <p>Houses are far away from the service areas.</p> <p>No good lightening in the buildings.</p> <p>The stairs are high and difficult to use.</p> <p>Feeling of loneliness sometimes.</p> | <p>Plan for their budget</p> <p>Recommendations: 2&4</p> <p>The tubs in the bath rooms should be low</p> <p>Make lifts available in all buildings</p> <p>Stairs need to be comfortable and easy to use.</p> <p>Houses need to be protected and highly secured.</p> |
| <p>Respect an social inclusion</p> | <p>Advantages: 1&3</p> <p>There is still some respect for the elderly</p> <p>The elderly keeps good relation with their grand children</p> <p>Living with the son is</p> | <p>Barriers:</p> <p>Similar problems: 1&3</p> <p>Majority indicated that young people still respect the older person but not like before, they think that they are not given the recognition they need nor are trusted for their past experiences.</p> | <p>Recommendations: 1&3</p> <p>Living with the son is the best choice for the elderly</p> <p>Recommendations: 2&4 specific:</p> |

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| | <p>the best choice for the elderly</p> <p>Common: 2&4</p> <p>There is still some respect for the elderly</p> <p>Specific:</p> <p>The elderly keeps good relation with their grand children</p> <p>Living with the son is the best choice for the elderly</p> | <p>different problems:3</p> <p>The issue of the daughter in law was very strong for this group.</p> <p>Marriage of the child is the main reason to make them away from their elderly parents</p> <p>Children are very busy with their wives and work so no time to visit their parents</p> <p>Barriers:</p> <p>Different problems:2</p> <p>The negative perception of people about the participation of elderly in public activities.</p> <p>Public places as restaurants and entertainment areas are considered as taboos for the elderly.</p> <p>Kids prefer playing and entertaining with their grannies rather than listening to their advice.</p> <p>Social roles of the elderly are narrowing down.</p> | <p>Increase awareness of the community members and children on the value and importance of the elderly in our lives.</p> <p>Media and Schools should be part of this awareness program.</p> <p>Educate elderly about the social, economic and health issues affecting their lifestyle</p> <p>specific:4</p> <p>The importance of including old people in all occasions</p> <p>The importance of full integration and communication with older persons</p> <p>The numbers placed on telephones need to be clear and large</p> <p>Involvement of the older person in the decision making process</p> |
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| | | Different problems:4 Social roles of the elderly are narrowing down. | Make use of the life experiences of the old people |
| Social participation | Advantages 1&3 The presence of mosques and voluntary societies to go to. Advantages Common: 2 &4 Availability of house workers to stay with the elderly. | Barriers: different problems:1 They indicated that there is no available, civic, cultural or religious activities. Majority considered going to a mosques as the only activity they are engaged in. They indicated that TVs create a distance between them and their grand children different problems:3 They are not able to work and do not know to do anything because they are too old as they indicated. Barriers: | Recommendations: 1&3 more involvement with the voluntary organizations to and do some light work for money(eg: cook, make traditional goodies). Recommendations: Common: 2&4 Establish day centers for entertainment of the elderly with good discount on transportations. More involvement of the elderly with the voluntary organizations Government should provide free social and cultural activities |

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| | | <p>different problems:2</p> <p>Lack of respect of some people in the community is evident such as:</p> <p>Taxi drivers do not stop for old people</p> <p>Daughter in law do not respect her in laws lack of social security and health insurance.</p> <p>Children feel embarrassed with the presence of their parents in main occasions.</p> <p>They indicated that TVs create a distance between them and their grand children</p> <p>The scope of the cultural, social, voluntary and entertainment activities is not enough for elderly</p> <p>different problems:4</p> <p>All entertainment places are established and designed for the youth</p> | <p>Offer continuing education for the elderly including university education.</p> <p>Promote the religious and cultural values that deal with old people.</p> <p>Do not isolate elderly from their families.</p> <p>Small houses of 5 people is much better than huge nursing homes if there is no children to take care of the older persons</p> |
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| <p>Communication and information</p> | <p>Advantages Common: 2&4 Watching TV is one important source of information.</p> | <p>Barriers1</p> <p>There is huge generation gab in relation to Communication and Information.</p> <p>Majority had concerns about information; they did not think they have enough information concerning available services or how and where to obtain them.</p> <p>Similar problems: 2&4</p> <p>Majority had concerns about information; Lack of information concerning available services.</p> <p>Hearing and smelling problems interfere with the daily life activities of the elderly(e.g. Not able to hear the phone ring or door ring, not smelling the burned food incase being busy watching TV)</p> <p>Different problems:2</p> | <p>Recommendations: 1&3</p> <p>Continue providing the special education courses to illiterate elderly</p> <p>Recommendations:</p> <p>Specific:2</p> <p>Offer basic computer courses to the elderly who are interested of using this technology</p> <p>Connect the door bell with indoor light</p> <p>Provide necessary information and numbers of institutions and centers that deal with the older persons</p> |
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| | | Elderly people can not deal with the new technology of Communication and Information. | |
| Civic participation | <p>Advantages 1&3 Some of them can do light work</p> <p>Advantages 2&4 Many retired people are able to give and work in their areas of expertise</p> <p>Advantages 4 The Involvement in voluntary work for those who are able to do so</p> | <p>Barriers 1&3 Same as social inclusion majority indicated that older people are ignored group and not well included in paid or voluntary work. The older group are not able to work and do not know to do anything because they are too old as they indicated.</p> <p>Barriers 2&4 Different problems: The age of retirement should be modified since life expectancy is increasing Opportunities of employment is not available for the elderly as well as the young population</p> | <p>Recommendations: 1&3 more involvement with the voluntary organizations to do some light work for money(eg: cook, make traditional goodies).</p> <p>Recommendations: Common:2&4 Make use of the experience of the retired people as long as they are able to give and work</p> |

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| | | Retired people can not accept working in lower position because of the culture | |
| Community support and health services | <p>Advantages:1 They have the respect of health care providers</p> <p>Advantages: 2&4 They can walk to clinics or hospitals (meaning that they are still able to move around)</p> | <p>Barriers similar problems:1&3</p> <p>This theme was also a concern especially majority of participants had some health problems.</p> <p>The concern was about cost and accessibility of the healthy care services especially the necessary ones.</p> <p>Expensive fees and drugs that they can not offer.</p> <p>Lack of health insurance</p> <p>different problems:3</p> <p>The bad quality of services in the public care sector</p> <p>The need for transportation to go to the centers or</p> | <p>Recommendations:1&3</p> <p>Provide free health insurance for the elderly</p> <p>The need to provide social security system for older people (financial security is number one)</p> <p>Provide the health care centers with the necessary drugs</p> <p>specific:3</p> <p>Improve the services of the health care centers</p> <p>Recruit specialized physicians to the health care centers</p> <p>Improve the laboratories of the health care centers</p> |

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| | | <p>hospitals and they do not have enough money for that.</p> <p>They can not afford to go to the private health sector as they think it is much better than the public sector</p> <p>Barriers</p> <p>Similar problems:2&4</p> <p>The concern was about cost and accessibility of the healthy care services</p> <p>Expensive fees and drugs</p> <p>Lack of health insurance</p> <p>Lack of quality of care</p> <p>Different problems:2</p> <p>Lack of specialized doctors and nurses in the area of geriatrics</p> <p>Family physicians are not able to work with the older persons</p> <p>Some doctors are making fun of the older persons</p> | <p>Provide the health care centers with the necessary drugs</p> <p>Recommendations:</p> <p>common: 2&4</p> <p>Provide free health insurance for the elderly with full coverage of medical aids, eye glasses and walkers</p> <p>The need to provide fair social security system for older people</p> <p>Improve the quality of services of the health care sector</p> <p>Specific:</p> <p>Establish specialized clinics for the elderly with main laboratories</p> <p>Improve the performance of the finance departments and pharmacies in the health sector</p> <p>Provide the health care centers with the</p> |
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| | | <p>(e.g. Do you expect me to transform you to a younger person)</p> <p>Long waiting hours in the clinics and laboratories</p> <p>Boring routine of health care service delivery</p> <p>Different problems:4</p> <p>Private hospitals are very expensive</p> <p>Lack of health insurance</p> <p>Physician's home visits are very expensive</p> | <p>necessary drugs</p> <p>Establish client service offices to help older people in the health care facilities</p> <p>Utilize special beds for the elderly</p> <p>Establish a system of continuing nursing care (home care system)</p> <p>The voluntary sector needs to offer meals for the older persons who are not able to cook</p> <p>The private business sector should financially support the care for the elderly</p> <p>Add one penny on each telephone bell to support the elderly</p> |
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Summary Sheet 2 Caregivers

| Topic | Age friendly advantages | Barriers to age friendly | Suggestions for improvement |
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| Outdoor spaces and buildings | Advantages Some of the trees on the sidewalks have been removed Bridges and tunnels is a little bit helpful if elderly have to cross the streets, however, this is not practical for the very old people | Barriers The city is very hilly and crowded. The outdoor spaces are not suitable for older people. The roads are not safe and walking is difficult for the elderly Olive trees are too large on the sidewalks which interfere with the safety of the elderly while walking. No spaces for the wheelchairs on the sidewalks The street intersections and crosswalks are not suitable for them | Recommendations: Build suitable slopes on the sidewalks and restaurants Building suitable stairs for the elderly. Build lifts for high buildings Provide chairs for the elderly Bathrooms in public areas Increase penalty for speeding drivers Keep enough lighting in public areas Add buttons to the traffic lights Establish special service office to help elderly in the different institutions with |

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| | | <p>Sidewalks are high and when they want to go down from the side walk to the street there is nothing to hold on or specific place to cross the street.</p> <p>Lack of lefts in the majority of the buildings and the institutions</p> <p>Not much green spaces or walking areas</p> <p>Too many cars in Amman and drivers go so fast and we lose many elderly in car accidents</p> <p>Lighting is weak at night time so it is not safe to move around.</p> <p>Public buildings and shopping areas don't suitable public rest rooms(or none in many areas) or resting areas or chairs to relax.</p> <p>The stairs in all areas (houses, restaurants)are very high for them.</p> <p>Moving within governmental institutions or banks is very difficult for the elderly</p> <p>Old people have vision problems that make it for them difficult to move around</p> | <p>specific times and days</p> |
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| Transportation | | Barriers No fixed time for buses Absence of seat belts Sudden stop of the cars and the buses Expensive transportation Concentration of vision examination rather than comprehensive medical checkup for renewal of the driving licenses of the elderly | Recommendations: Provide free transportation or offer good discount for the transportation of the elderly (eg.cards,tokens) Conduct comprehensive medical checkup for renewal of the driving licenses of the elderly |
| Housing | Advantage: Amman is a secure place | Barriers: Houses are far away from the service areas. Humidity of the houses Slippery floors in the bathrooms | Recommendations: The tubs in the bath rooms should be low, tough floor and water temperature should be monitored Make lifts available in all buildings Stairs need to be comfortable and easy to use. Elderly should be attended while bathing and cooking Establishment of Small houses of 5 |

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| | | | people is much better than huge nursing homes if there is no children to take care of the older persons |
| Respect an social inclusion | <p>Advantages:</p> <p>The traditional values that recognizes the elderly</p> <p>People living in the rural areas have more respect for the elderly</p> | <p>Barriers:</p> <p>The negative perception of people about the participation of elderly in public activities.</p> <p>Working children get very tired and exhausted after work which interferes with the time spends with children and lower the chances for joint activities</p> <p>Elderly need to be escorted all the time when going out for visits or restaurants and the adults have no time to spend with them</p> <p>Food in restaurants is not suitable for the elderly</p> <p>The elderly are critiqued for their advice, clothes and their way of talking</p> <p>Old people might become aggressive because of loneliness and depression</p> | <p>Recommendations:</p> <p>Increase awareness of the community members and children on the value and importance of the elderly in our lives.</p> <p>Enhance The traditional values and religious beliefs that recognize the elderly</p> <p>Encourage voluntary work among children and youth to care for the elderly</p> <p>Encourage visits to the elderly</p> |

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| Social participation | Advantages Visiting and socialization are main activities during main occasions and feasts Having TVs | Barriers: Public places as restaurants and entertainment areas are considered as taboos for the elderly. Lack of day services (clubs) for the elderly The only entertainment is the TV which is not sensitive to their needs | Recommendations: City planners in Jordan should take into consideration the interest of the elderly people. Build un- isolated elderly houses of 5-6 person capacity |
| Communication and information | Advantages Availability of telephones all over the country | Communication and Information Watching TV is one important source of information however they have difficulties with their vision. Cell phones are very small to read | Recommendations: Program all necessary telephone numbers with large numbers Train old persons on the use of the telephones |
| Civic participation | Advantages Many retired people are able to give and | Barriers Old people are always labeled as dependents and helpless regardless of their capabilities | Recommendations: Make use of the experience of the retired people as long as they are able to give |

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| | <p>work in their areas of expertise</p> <p>Some old people are still productive and active</p> | <p>Old people might become aggressive because of loneliness and depression</p> | <p>and work</p> <p>Train and engage those who are able to work with light productive project</p> <p>Provide incentives of small amount of money for the elderly project products for those who need money</p> |
| <p>Community support and health services</p> | | <p>Barriers</p> <p>The concern was about the expensive fees and drugs</p> <p>Lack of health insurance</p> <p>Lack of quality of care</p> <p>Lack of specialized doctors and nurses in the area of geriatrics The high cost of recruiting a helper for the elderly</p> <p>The bad treatment and communication of doctors and nurses with the elderly</p> <p>Lack of home care facilities</p> | <p>Recommendations:</p> <p>Provide free health insurance</p> <p>Establish specialized clinics for the elderly in specific days and time</p> <p>Improve the communication skills of the health care providers (Nurses and physicians)</p> <p>Establish free continuing care (home care) from nurses and physicians</p> |

Summary Sheet 4 Business and Voluntary group

6 Voluntary group

7 Business group

8 Public sector

| Topic | Age friendly advantages | Barriers to age friendly | Suggestions for improvement |
|-------------------------------------|---|---|---|
| Outdoor spaces and buildings | Advantages Some of the trees on the sidewalks have been removed | Similar problems: 6&7&8 The city is very hilly and crowded. The outdoor spaces are not suitable for older people. The roads are not safe and walking is difficult for the elderly Olive trees are too large on the sidewalks which interfere with our safety while walking. No spaces for the wheelchairs on the sidewalks The street intersections and crosswalks are not suitable for them Sidewalks are high and when they want to go down from the side walk to the street there is | Recommendations: Common – voluntary and business groups: Establish special service office to help elderly in the different institutions with specific times and days Specific: 6 Build suitable slopes on the sidewalks and restaurants Building suitable stairs for the elderly. Build lifts for high buildings |

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| | | <p>nothing to hold on or specific place to cross the street.</p> <p>Lack of lifts in the majority of the buildings and the institutions</p> <p>Not much green spaces or walking areas</p> <p>Lighting is weak at night time so it is not safe to move around.</p> <p>The stairs in all areas (houses, restaurants) are very high for them.</p> <p>Moving within governmental institutions or banks is very difficult for the elderly</p> <p>Similar problems- voluntary and Business:</p> <p>Public buildings and shopping areas don't suitable public rest rooms (or none in many areas) or resting areas or chairs to relax.</p> <p>Different problems: 6</p> <p>Old people have vision problems that make it for</p> | <p>Provide chairs for the elderly</p> <p>Bathrooms in public areas</p> <p>Keep enough lighting in public areas</p> |
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| | | <p>them difficult to move around</p> <p>Too many cars in Amman and drivers go so fast and we lose many elderly in car accidents</p> | |
| Transportation | | <p>Barriers</p> <p>Similar problems: 6 7 8</p> <p>Expensive transportation</p> <p>Different problems: 6</p> <p>No fixed time for buses</p> <p>Absence of seat belts</p> <p>Sudden stop of the cars and the buses</p> <p>Concentration of vision examination rather than comprehensive medical checkup for renewal of the driving licenses of the elderly</p> | <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Provide free transportation or offer good discount for the transportation of the elderly</p> <p>Common- voluntary and service providers:</p> <p>Conduct comprehensive medical checkup for renewal of the driving licenses of the elderly</p> |

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| <p>Housing</p> | | <p>Barriers:</p> <p>Similar problems:6 7 8</p> <p>Houses are far away from the service areas.</p> <p>Specific: 6</p> <p>Humidity of the houses</p> <p>Slippery floors in the bathrooms</p> | <p>Advantage:</p> <p>Amman is a secure place</p> <p>Recommendations:</p> <p>common: 6 7 8</p> <p>Stairs need to be comfortable and easy to use.</p> <p>Make lifts available in all buildings</p> <p>Recommendation- voluntary and business:</p> <p>The tubs in the bath rooms should be low and water, tough floor and water temperature should be monitored</p> |
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| <p>Respect and social inclusion</p> | <p>Advantages: 6</p> <p>The traditional values that recognizes the elderly</p> <p>People living in the rural areas have more respect for the elderly</p> | <p>Barriers:</p> <p>Similar problems: 6 7 8</p> <p>Working children get very tired and exhausted after work which interferes with the time spends with parents (elderly) and lower the chances for joint activities</p> <p>Similar problems- voluntary and service providers:</p> <p>Old people might become aggressive because of loneliness and depression</p> <p>Different problems: 6</p> <p>The negative perception of people about the participation of elderly in public activities.</p> | <p>Recommendations: 6</p> <p>Increase awareness of the community members and children on the value and importance of the elderly in our lives.</p> <p>Enhance The traditional values that recognizes the elderly</p> <p>Encourage voluntary work among children and youth to care for the elderly</p> <p>Encourage visits to the elderly</p> |
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| | | <p>Elderly need to be escorted all the time when going out for visits or restaurants and the adults have no time to spend with them</p> <p>The elderly are critiqued for their advice and clothes</p> | |
| <p>Social participation</p> | <p>Advantages 6</p> <p>The voluntary sector is getting more active in social issues</p> <p>Having TVs</p> | <p>Barriers: 6</p> <p>Public places as restaurants and entertainment areas are considered as taboos for the elderly.</p> <p>Lack of day services (clubs) for the elderly</p> <p>The only entertainment is the TV which is not sensitive to their needs</p> | <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Establish day care centers and develop entertainment plans for the elderly</p> <p>Specific: 6</p> <p>The voluntary sector should provide special tourist services for the elderly</p> <p>Build un isolated elderly houses of 5-6 person capacity for those with no families</p> |
| <p>Communication and information</p> | | <p>Barriers 6</p> <p>Watching TV is one important source of information however they have difficulties with</p> | <p>Recommendations: 6</p> <p>Program all necessary telephone numbers with large numbers</p> |

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| | | <p>their vision.</p> <p>Cell phones are very small to read</p> | <p>Train old persons on the use of the telephone</p> |
| <p>Civic participation</p> | <p>Advantages 6</p> <p>Many retired people are able to give and work in their areas of expertise</p> <p>Some old people are still productive and active</p> | <p>Barriers 6</p> <p>Old people are always labeled as dependents and helpless regardless of their capabilities</p> <p>Old people might become aggressive because loneliness and depression</p> | <p>Recommendations: 6</p> <p>Make use of the experience of the retired people as long as they are able to give and work</p> <p>Provide incentives of small amount of money for the elderly project products for those who need money</p> |
| <p>Community support and health services</p> | <p>Advantages: 6</p> <p>Health care services is available in all areas</p> | <p>Barriers</p> <p>Similar problems: 6 7 8</p> <p>The concern was about the expensive fees and drugs</p> <p>Lack of health insurance</p> <p>Lack of quality of care</p> <p>Different problems: 6</p> | <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Provide free health insurance</p> <p>Establish specialized clinics for the elderly in specific days and time</p> <p>Provide social security</p> <p>Common voluntary and service</p> |

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| | | <p>Lack of specialized doctors and nurses in the area of geriatrics The high cost of recruiting a helper for the elderly</p> <p>The bad treatment and communication of doctors and nurses with the elderly</p> <p>Lack of home care facilities</p> | <p>providers: Improve the communication skills of the health care providers (Nurses and physicians)</p> <p>Specific: 6 Establish free continuing care (home care) from nurses and physicians</p> |
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Summary sheet 5

Business group

6 voluntary group

7 business group

8 public sector

| Topic | Age friendly advantages | Barriers to age friendly | Suggestions for improvement |
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| Outdoor spaces and buildings | <p>Advantages 7</p> <p>Number of old people is still low and this is an advantage to plan to start thinking now for the safety of the elderly</p> <p>Some measures have been applied for the handicapped and we can build on them for the benefit of the elderly</p> | <p>Barriers</p> <p>Similar problems: 6 7 8</p> <p>The city is very hilly.</p> <p>The outdoor spaces are not suitable for older people.</p> <p>The roads are not safe and car accidents are increasing jordan</p> <p>Olive trees are too large on the sidewalks which interfere with our safety while walking.</p> <p>The street intersections and crosswalks are not</p> | <p>Recommendations:</p> <p>Common –business and service providers groups:</p> <p>Stop expansion of buildings (urban spruill) on green areas</p> <p>Establish special gardens for the elderly</p> <p>Common – voluntary and business groups:</p> <p>Utilization of the vip offices to deliver</p> |

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| | | <p>suitable for them</p> <p>Sidewalks are high</p> <p>Lack of lifts in the majority of the buildings and the institutions</p> <p>Not much green spaces or walking areas</p> <p>Lighting is weak at night time.</p> <p>The stairs are very high and difficult.</p> <p>Moving within governmental institutions is very difficult for the elderly</p> <p>Similar problems business and service provider groups:</p> <p>Ceramic floors are dangerous for the elderly</p> <p>Similar problems- voluntary and business:</p> <p>Banks, pharmacies and super marks and all service facilities do not have the safety measures and not sensitive for the needs of the elderly</p> | <p>the services for the elderly in banks, supermarkets, communication and information institutions and major service areas or establish similar services for the elderly in the first floors</p> <p>Specific: 7</p> <p>A system can be established that allow physicians and hospitals to send the signed prescriptions by fax or email with addresses and phone numbers for pharmacists who will prepare the drugs and send them to the elderly</p> <p>Replace trees with shrubs in the streets</p> |
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| <p>Transportation</p> | | <p>Barriers</p> <p>Similar problems: 6 7 8</p> <p>Transportation is expensive, not available every time</p> <p>Similar problems – business and service providers:</p> <p>Lack of a regulated transport system</p> <p>Absence of modern transport vehicles like trans and small buses</p> <p>Number of people is exceeding the capacity of public buses</p> <p>Different problems: 7</p> <p>Young use all seats in buses and cars with no respect to old people</p> | <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Establish a strong regulated transport system that is supported to the community and age friendly</p> <p>Offer good discount for the transportation of the elderly (eg.cards,tokens) and provide free services for the poor</p> <p>Free parking lots</p> <p>Common- business and service providers:</p> <p>Microbuses are needed to get into narrow streets</p> <p>Develop a strategy to support and empower the elderly</p> |
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| | | | <p>Establish laws to protect the elderly</p> <p>Specific: 7</p> <p>Establish standards for the buses to be safe and practical for old people</p> |
| Housing | | <p>Barriers:</p> <p>Similar problems: 6 7 8</p> <p>Houses are not suitable for the elderly and it is far away from the service areas.</p> <p>Similar problems business and service providers:</p> <p>No good lightening in the buildings. The stairs are high and difficult to use.</p> | <p>Advantage:</p> <p>Amman is a secure place</p> <p>Most of elderly are living with their families</p> <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Stairs need to be comfortable and easy to use.</p> <p>Make lifts available in all buildings</p> |

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| | | <p>Specific: 7 Bathrooms, tubs, sinks, floors, cookers and ovens are not safe neither practical</p> | <p>Similar - business and service providers:</p> <p>Houses need to be protected and highly secured.</p> <p>Keep old persons with their families</p> <p>Build nursing homes for those who are deprived from close relatives</p> <p>Populated areas are best choice for the nursing homes rather than the industrial remote areas</p> <p>Similar - voluntary and business:</p> <p>The sinks and tubs in the bath rooms should be low</p> <p>Different: 7</p> <p>Low tax on necessary accessories for the kitchen, bathrooms and showers for the</p> |
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| | | | <p>elderly</p> <p>Main accessories for the elderly should be imported by the drug stores and tax free</p> |
| <p>Respect an social inclusion</p> | <p>Advantages:</p> <p>Elderly people tend to establish links with the grand children that is based on friendship</p> | <p>Barriers:</p> <p>Similar problems: 6 7 8</p> <p>Working children have long working hours which interferes with the time spends with parents (elderly) and lower the chances for joint activities</p> <p>Similar problems- business and service providers:</p> <p>Dramatic changes in the role and status of the elderly leaving no leadership responsibilities like before</p> | <p>Recommendations:</p> <p>increase awareness of the community members and children on the value and importance of the elderly in our lives.</p> <p>Establish day care centers for the elderly</p> <p>Enhance the religious beliefs to integrate the elderly in day care institutions and with the community</p> <p>Integrate children with old people with the support of the ministry of education</p> <p>Encourage voluntary work among children and youth to care for the elderly</p> |

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| <p>Social participation</p> | | <p>Barriers:</p> <p>Nursing home are not compatible with the minimum safety standards</p> <p>Lack of day services (clubs) for the elderly</p> <p>The only entertainment is the TV</p> | <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Establish day care centers for the elderly and provide transportation</p> <p>Supplement the gardens with suitable public service areas and chairs for the elderly</p> <p>Common-business and service providers:</p> <p>Garden should be accessible and affordable for the rich and the poor</p> |
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| Communication and information | | Barriers Similar problems business and service providers: Lack of necessary information and numbers of institutions and centers that deal with the older persons | Recommendations: Utilize tv and communication tools to increase the awareness of the community members and children on the value and importance of the elderly in our lives. Identify different colors of necessary phone numbers for illiterate persons numbers and place them on their telephones |
| Civic participation | | | |

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| <p>Community support and health services</p> | | <p>Barriers</p> <p>Similar problems: 6 7 8</p> <p>The concern was about cost and quality of the healthy care services</p> <p>Expensive fees and drugs</p> <p>Lack of health insurance and social security</p> | <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Provide free health insurance for the elderly with full coverage of medical aids, eye glasses and walkers</p> <p>Provide social security</p> <p>Specific: 7</p> <p>(the point was raised earlier in the outdoor spaces and buildings)</p> <p>A system can be established that allow physicians and hospitals to send the signed prescriptions by fax or email with addresses and phone numbers for pharmacists who will prepare the drugs and send them to the elderly</p> <p>Replace trees with shrubs in the streets</p> |
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Summary sheet 4
Public sector service providers

6 voluntary group 7 business group 8 public sector

| Topic | Age friendly advantages | Barriers to age friendly | Suggestions for improvement |
|-------------------------------------|---|--|---|
| Outdoor spaces and buildings | <p>Advantages</p> <p>Amman is a secure and nice city</p> | <p>Barriers</p> <p>Similar problems: 6 7 8</p> <p>The city is very hilly.</p> <p>The outdoor spaces are not suitable for older people.</p> <p>The roads are not safe</p> <p>Olive trees are too large on the sidewalks which interfere with our safety while walking.</p> <p>The street intersections, sidewalks and crosswalks are not suitable for them</p> <p>Lack of lifts in the majority of the buildings and the institutions</p> <p>Not much green spaces or walking areas</p> | <p>Recommendations:</p> <p>Common –business and service providers groups:</p> <p>Stop expansion of buildings (urban spruill)</p> <p>Establish special gardens for the elderly</p> <p>Specific: 8</p> <p>Integrate the social component within city planning and public areas(suitable streets, floors, stairs, chairs, lifts)</p> <p>Elderly need to be escorted all the time</p> |

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| | | <p>Lighting is weak at night time. The stairs are very high and difficult.</p> <p>Moving within governmental institutions is very difficult for the elderly in addition to the long routine they need to go through.</p> <p>Similar problems business and service provider groups:</p> <p>Ceramic floors are dangerous for the elderly</p> <p>Different problems: 8</p> <p>Vertical expansion of the city allows many cars parking around each buildings and that interferes with the movement and safety of children and the elderly</p> <p>Name of streets is not clear</p> <p>City planners in Jordan do not take into consideration the social element of city planning</p> | |
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| | | nor the interest of the elderly people. | |
| Transportation | | <p>Barriers</p> <p>Similar problems: 6 7 8</p> <p>Transportation is expensive, not available every time</p> <p>Similar problems – business and service providers:</p> <p>Lack of a regulated transport system</p> <p>Absence of modern transport vehicles like trans and small buses</p> <p>Number of people is exceeding the capacity of public buses</p> | <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Establish a strong regulated transport system that is supported to the community and age friendly</p> <p>Offer good discount for the transportation of the elderly (eg.cards,tokens) and provide free services for the poor</p> <p>Free parking lots</p> <p>Common- voluntary and service providers:</p> |

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| | | | <p>Provide comprehensive medical examination when older persons apply for driving license renewal.</p> <p>Establish laws to protect the elderly</p> <p>Common- business and service providers:</p> <p>Microbuses are needed to get into narrow streets</p> <p>Develop a strategy to support and empower the elderly</p> <p>Specific: 8</p> <p>Start running trains</p> <p>Provide special sinks for the elderly care</p> |
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| Housing | <p>Advantage: Amman is a secure place</p> <p>Many elderly are living with their families</p> | <p>Barriers:</p> <p>Similar problems: 6 7 8</p> <p>Houses are not suitable for the elderly and it is far away from the service areas.</p> <p>Similar problems business and service providers:</p> <p>No good lightening in the buildings. The stairs are high and difficult to use.</p> <p>Specific: 8</p> <p>The housing rent law will be enacted in the year of 2010 allowing significant rent increase on all old rented houses which is mainly occupied by the elderly. Rent is in rapid increase in Jordan which not</p> | <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Stairs need to be comfortable and easy to use. Make lifts available in all buildings</p> <p>Common: business and service providers:</p> <p>Houses need to be protected and highly secured. Keep old persons with their families Build nursing homes for those who are deprived from close relatives Populated areas are best choice for the nursing homes rather than the industrial remote areas</p> |
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| | | comply with the income of the elderly | |
| Respect an social inclusion | <p>Advantages:</p> <p>Elderly people tend to establish links with the grand children that based on friendship</p> <p>The majority of the voluntary work in Jordan is covered by the elderly</p> | <p>Barriers:</p> <p>Similar problems: 6 7 8</p> <p>Working children get very tired and exhausted after work which interferes with the time spends with parents (elderly) and lower the chances for joint activities</p> <p>Similar problems- business and service providers:</p> <p>Dramatic changes in the role and status of the elderly leaving no leadership responsibilities like before</p> | <p>Recommendations:</p> <p>increase awareness of the community members and children on the value and importance of the elderly in our lives.</p> <p>Establish day care centers for the elderly</p> <p>Enhance the religious beliefs to integrate the elderly in day care institutions and with the community</p> <p>Integrate children with old people with the support of the ministry of education</p> <p>Encourage voluntary work among children and youth to care for the elderly</p> <p>Establish shared gardens for children and old people</p> <p>Continue encouraging old people to be</p> |

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| | | <p>Similar problems- voluntary and service providers:</p> <p>Depressed old people stay home all the time</p> <p>Different problems: 8</p> <p>Absence of clear policy for the protection of the elderly</p> <p>The employed persons with average salaries can not offer having any help at home for caring for the elderly because of high cost of such services</p> <p>The abuse of some families of the law that waive public fees of the expatriate worker who are taking care of sick or unable old person</p> | involved in voluntary work |
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| Social participation | Advantages Draft on standards of nursing homes and day care centers for the elderly has been finalized by the ministry of social development Having tvs | Barriers: Nursing home are not complying with the minimum safety standards Lack of day services (clubs) for the elderly The only entertainment is the tv which is not sensitive to their needs Some nursing homes are just small apartments Absence of gardens in the nursing homes . | Recommendations: Common: 6 7 8 Establish day care centers for the elderly and provide transportation Supplement the gardens with suitable public service areas and chairs for the elderly Common-business and service providers: Garden should be accessible and affordable for for the rich and the poor |
| Communication and information | Advantages Many retired people are able to give and work in their areas of expertise | Barriers Similar problems business and service providers: Lack of necessary information and numbers of | Recommendations: Utilize tv and communication tools to increase the awareness of the community members and children on the value and importance of the elderly in our lives. |

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| | Some old people are still productive and active | institutions and centers that deal with the older persons | <p>The day care centers (to be) will help in offering computer courses to the elderly that like to use this technology</p> <p>Provide necessary information and numbers of institutions and centers that deal with the older persons on papers and websites of the institutions</p> <p>Identify different colors of necessary phone numbers for illiterate persons numbers and place the on their telephones</p> <p>Establish tax on communication tools for the benefit of the elderly</p> |
| Civic participation | <p>Advantages</p> <p>Many retired people are able to give and work in their areas of</p> | <p>Barriers</p> <p>Old people are always labeled as dependents and helpless regardless of their capabilities</p> | <p>Recommendations:</p> <p>Make use of the experience of the retired people as long as they are able to give and work</p> |

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| | <p>expertise</p> <p>Some old people are still productive and active</p> | | <p>Train and engage those who are able to work with light productive project (microfinance projects)</p> <p>Establish collaborative community funds to increase the income of the elderly</p> <p>Conduct a comprehensive study to assess needs of the elderly</p> |
| <p>Community support and health services</p> | | <p>Community support and health services:</p> <p>Barriers</p> <p>Similar problems: 6 7 8</p> <p>The concern was about cost and quality of the healthy care services</p> <p>Expensive fees and drugs</p> <p>Lack of health insurance</p> <p>Lack of quality of care</p> <p>Different problems: 8</p> <p>Lack of knowledge on disaster care for the</p> | <p>Recommendations:</p> <p>Common: 6 7 8</p> <p>Provide free health insurance for the elderly with full coverage of medical aids, eye glasses and walkers</p> <p>Provide social security</p> <p>Common voluntary and service providers:</p> <p>Improve the communication skills of the</p> |

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| | | <p>elderly</p> <p>The private health care sector is better in communication with the old persons than the public sector</p> | <p>health care p providers (nurses and physicians)</p> <p>Establish free continuing care (home care) from nurses and physicians</p> <p>Specific: 8</p> <p>Universities should play an active role in providing quality health care for the elderly through the community service programs</p> <p>Develop emergency and disaster plan</p> |
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3. Community Profile

The community of the study is Amman, the capital of Jordan. The total population is 1.4 million inhabitants (2005 estimate). The city lies on rolling hills at the eastern end of the Ajlun Mountains. Many of the city's 19 hills are higher than 800 meters. Theoretically Amman's geography is often described in reference to the eight circles which form the spine of the city.

The socio-demographic -characteristics of the population in Amman is similar to that in other cities with the variation in the following:

- Amman reported the highest growth rate among all other governorates 2.75% which is higher than the national annual growth rate 2.56% in Jordan.
- At the governorate level, Amman reports the lowest bedroom-crowdedness ratio (2.3 persons per room).
- Amman city ranked the second in the crime rate in Jordan.

4. Methodology

- Sampling: selection, recruitment and screening

A set of 8 focus groups were conducted, 4 of which were with older persons, one with caregivers of older persons who are disabled or frail to participate in a focus group, and 3 with service providers (one public sector service providers, one private sector providers and one voluntary sector service providers). It is important to mention here that life expectancy is 71 and 72 for Jordanian men and women respectively. Thus, the elderly were divided into two age groups 60-69 years and 70+ years. All interviews were coordinated in collaboration of the Jordanian Nursing Council JNC and conducted by the researchers. The table below indicates the number of focus groups and number of participants in each group.

Table 1: Number of participants in all focus groups

| Number | Category of groups | Number of participants | Response Rate % |
|--------------|------------------------------------|------------------------|-----------------|
| 1 | Older people LSES 60-69 | 8 out of 10 | 80 |
| 2 | Older people LSES 70+ | 8 out of 10 | 80 |
| 3 | Older people MSES 60-69 | 6 out of 10 | 60 |
| 4 | Older people MSES 70+ | 8 out of 10 | 80 |
| Total | | 30 out of 40 | 75 |
| 5 | Caregivers | 9 out of 10 | 90 |
| 6 | Public sector service providers | 7 out of 8 | 87.5 |
| 7 | Private sector providers | 6 out of 8 | 75 |
| 8 | Voluntary sector service providers | 6 out of 8 | 75 |

Sample of Elderly

In the 4 focus groups with elderly 10 participants were invited, response rate is shown in the above table.

Total number of elderly who participated in the 4 focus group was 30 people with only one male. The age ranged from 60-78.

Selection by SES was based on the SES of the neighbourhood where the participants reside, not on the income of individual participants

All participants were invited from the city of Amman with consideration for geographic areas in order to have a good representation of socio-economic class.

Efforts were made to have both men and women in each focus group, but this was also difficult and majority of our older persons participants were females.

All participants were able to communicate clearly, to understand the task and the questions, and to provide their own point of view.

Efforts were made to have a mixture of persons with no disabilities, mild disabilities and moderate disabilities, to be representative of the wide range of ability levels within the older person's population.

Persons with cognitive, hearing or speech impairments were excluded from the study.

There were a number of illiterate old people who could not read the questions before the interviews; facilitator emphasized the importance of explaining each question.

Sample of Caregivers

There was one group of care givers which consisted of 9 participants leading to 90% response rate.

Caregivers were all females except for one and all were full time employers.

The important characteristic of the members of the caregiver group was that all of them indicated that they provide direct support to an older person who would be too impaired, cognitively or physically, to participate in a focus group.

Individual profiles of all participants were completed see attached appendices.

3. Sample of service providers

A series of 3 focus groups were conducted with service providers from the city of Amman each of the following categories:

Participants from the professional staff in public municipal or regional services were recruited from voluntary organization, Residence of elderly home, Ministry of Transport, Ministry of Municipal Affairs, and Ministry of Social Development.

Participants in business people and merchants were recruited from Chamber of Commerce, large Bank, hairdresser, teacher, pharmacist, and private nursing home.

Participants from voluntary organizations a residence of senior citizens, charity organization, kidney association, palliative care centre.

- The total number of participants for all three groups was 19.
- Participant profiles were completed to document the composition of each focus group.
- Informed consent from each participant was also obtained.

- Data Collection and Procedure

The Researcher used the same protocol and procedure described in the study methods.

The questions were translated to Arabic and were validated by the research group.

Focus group leader was the person who conducted the research.

The Focus group leader made every effort to keep the group “focused” and to generate a lively and productive discussion through the participation of all participants.

Every effort was made to cover as many of the topic areas as possible using the needed questions to prompt and guide the discussions.

An assistant was present at each focus group session. The assistant prepared the meeting room, organized the snacks, assisted the focus group leader as required with noting points on the flip chart, ensured that the sessions were taped in double, and that the tape recorders were functioning properly.

A research group member noted and recorded body language and other non verbal cues.

A maximum of 3 hours was allowed for each focus group discussion, including the mid-session break.

Each question was discussed for not more than 15 minutes. Efforts were made to encourage the participants to explore issues of concern to them as they arise.

The focus group leader made every effort to avoid imposing her ideas or concerns. Each group's discussion was allowed to develop in different ways.

Broad questions were intentionally raised to allow participants to spontaneously raise the specific areas and concerns relevant to them.

- Data Analysis and Reporting

The focus groups provided rich descriptions and accounts of the experiences of older persons directly and indirectly through the caregiver focus group, regarding the age-

friendliness of the city. The aim of the data analyses was to bring together and compare the discussions of the 9 areas across the groups and to highlight advantages, barriers, and suggestions to improve the identified problems or barriers of the community in relation to age-friendliness. The analysis and reporting of focus group data followed the instructions provided by the study protocol.

5. Findings

The view in today's society is the old age result in an inability to a care for oneself, in dependence on others and increasing burden on the family and society. Older adults are expected to be less active, less cognitively aware and less healthy. In many societies, individuals leave work force at the age of 65 and that herald the obligation of old age. Recognition of strength, also accept the natural part of the cycle and the aging process. The emphasis support the development of need of the elderly to enable then to integrate the phase into their life

Traditionally Jordanians highly value the wisdom of older adults and view their presence as blessings from God. Islam, the religion of the country urges its believers to value and respect the elderly. The Holy Koran verses on this issue are: (17.23": And your Lord has commanded that you shall not serve (any) but Him, and goodness to your parents. If either or both of them reach old age with you, say not to them (so much as) "Ugh" nor chide them, and speak to them a generous word.

"17.24": And make yourself submissively gentle to them with compassion, and say: O my Lord! Have compassion on them, as they brought me up (when I was) little.

In addition aging is viewed as dependent, non productive, of ill health and of declining cognition.

Care of the older adults has been to the family until very recently. Changes in family structure, migration, women joining the workforce, weakening of family ties especially in urban areas, and other economic restraints influences the ability for the family to care for its elderly and to provide quality of life.

The increasing number of old people in Jordan has unveiled a lot of problems that face the elderly people and we think that we are not prepared to deal with this number.

However, this is a good opportunity to revise and modify our rules and regulations in all areas of construction, health, education sectors, social integration, media programs, social security system,...etc to meet the emerging needs of the elderly whom will be increasing in numbers and in life expectancy with a lot of health problems and different needs. Enhancing the need and the well being of the elderly is the responsibility of all community members the different sectors (public, private and voluntary) in Jordan.

Thus, gaps in local needs and improvement recommendation had been identified by group of elderly people, care giver, and service providers to facilitate the development of age friendly city.

A. Group Dynamics and interaction

Younger Low SES group:

There are no seen differences between the two groups of participants from the low SES. Among all participants there was one male participant in the age group 60-69 who felt uncomfortable among the rest of female participants. At the beginning of the session, participants felt that the topic is not important to them and not among their priorities, what they wanted to talk about is health insurance and social security since they came from poor areas. However, toward the end participants enjoyed talking about their experiences as well as listening to each other. Women did not want to elaborate how they are/were treated by their sons since they were financially dependent on them and talking would reveal private family matters, and lots of non verbal communication among them not to tell. The facilitator encouraged them to speak which they did toward the end.

Older Middle SES group:

In addition, that the researcher noticed that some of them had difficulty concentrating at certain time which was expected. The communication and focus of the older low SES group was another challenge; however, the facilitator were able to bring them back to the subject of the discussion every time.

Younger Middle SES group

There were few differences between the two groups in the SES in their perception of the importance of the issue of their needs and priorities participants in the middle SES showed sympathy and supporting feelings toward poor people from the low SES in bearing to live with little money in a city where transportation, medical supplies and housing are expensive. Participants were enthusiastic and talked about the difficulties, needs and barriers as an issue that the country should overcome for the sake of the future generation. They were able to explore different policy issues at the higher level of dialogue. The group members were highly motivated bringing different problems and issues with solutions to support the well being of the elderly.

Older Middle SES group

Participants in this group were more articulate in presenting solutions to the identified problems emphasizing different policy issues. They were very enthusiastic and enjoyed the session and emphasized the importance of bringing the issue more and more. They felt that planning will protect the future of their children as future senior citizens. The middle SES were more active than the Low SES group in exploring identifying problems and proposing solutions and recommendations on different issues related to the safety and well being of the elderly population.

Caregivers

They all spoke with a sense of frustrations and they shared common feelings and worries. Sources of the sense of frustrations were:

Financial resources due to the high costs of medical equipments treatment and medications

Lack of environmental, social support

Lack of medical resources

And Acceptance of elderly in the society

Public sector Service providers group

The group members were highly motivated bringing different problems and issues to the table and suggesting policies and solutions to support the well being of the elderly. They expressed their willingness to be open for any modification or changes when appropriate to maintain in a safe environment for the elderly. They showed tremendous support for the elderly.

In addition to that, they considered the meeting as very important in raising issues that they never thought of about the needs challenges facing the well being of the elderly.

The voluntary group

They were very motivated and active in their discussion focusing on the best measures and practices to support the elderly.

The business group

They were very motivated and very active and creative in suggesting recommendations to support the well being of the elderly. Unlike the researchers expectations form this group; the business group was very caring, active and was into the heart of the subject.

B. Age friendly city advantages

Participants did not mention any single advantage for the transportation section. Following are the Age friendly city advantages identified by the participants on different sections:

1.Outdoor spaces and buildings

Amman is a secure and nice city, some of the large trees on the sidewalks have been removed, bridges and tunnels are a little bit helpful if elderly have to cross the streets, however, this is not practical for the very old people, number of old people is still low and this is an advantage to plan and start thinking for the safety of the elderly as well as the establishment of the handicapped standards and measures that can be utilized to the benefit of elderly.

2.Housing

Many elderly are living with their families

3.Respect an social inclusion

There is still some respect for the elderly, living with the son is the best choice for the elderly, the traditional values that recognizes the elderly, people living in the rural areas have more respect for the elderly, elderly people tend to establish links with the grand children that is based on friendship, and the majority of the voluntary work in Jordan is covered by the elderly

4.Social participation

The presence of mosques and voluntary societies to go to, availability of house workers to stay with the elderly, visiting and socialization are main activities during main occasions and feasts, having tvs, the voluntary sector is getting more active in social issues, and that draft on standards of nursing homes and day care centers for the elderly has been finalized by the Ministry of Social Development

5.Communication and information

Watching TV is one important source of information, availability of telephones all over the country, many retired people are able to give and work in their areas of expertise, and some old people are still productive and active.

6.Civic participation

Some of them can do light work; many retired people are able to give and work in their areas of expertise, and the Involvement in voluntary work for those who are able to do so.

7. Community support and health services

They have the respect of health care providers, they can walk to clinics or hospitals (Meaning that they are still able to move around), and health care services is available in all areas.

6. Limitation of the study

One main limitation of the study is the absence of men from the elderly groups. Females were much easier to recruit. In each group to men were always contacted but never show. Women might be more open to talk about their problem and needs in relation to different issues. However men in the public service providers and business groups were very articulate and proactive to explore problems that old people faced in Jordan and they made solid recommendation to enhance the well being and quality of life of old people.

7. Summary

As we might conclude from the general discussion with the groups there is a state of change overtime in social status and social roles of the elderly.

Elderly in the past used to enjoy a tremendous value and prestigious status and they were perceived as the symbol of wisdom in their families, as a matter of fact the senior person (age wise) of the tribe or family used to be the president of that group and the reference for all its members.

Things have changed now with the increasing number of young generation who has different ways of life and thinking within the sphere of the global village rather than the narrow sphere of a family or a tribe.

Thus, the recognition, integration and respect issues had shed the light on the whole dialogue and discussions with all groups who were able to make solid recommendation in this area that will create a positive culture toward the elderly and will be helpful in moving ahead a lot of issues and other recommendations suggested by all groups. The middle SES groups as well as the service providers and caregiver groups focused on many policy issues that required the establishment of new laws and/or modification of others. The full integration within their own communities was on of the most powerful cry of the elderly to their children and families.

In summary, all groups emphasized the importance of community recognition, making use of the retired people, establishing rules and regulations to protect the elderly, integrating the social component within city planning and public areas, advocating for the elderly, establishing of day care centers for the elderly and nursing home for those with no help or family support, making affordable and convenient housing and outdoor spaces and buildings to accommodate mobility and safety of the old people, providing information and numbers of emergency and necessary institutions and centers that deal with the older persons, providing affordable and quality health services, establishing collaborative community funds to increase the income of the elderly through microfinance projects, and ensuring the full integration of old people within their community as well as the development of awareness programs and national strategy to enhance the status of the elderly. Empowering old people and maximizing their strengths are important factors to ensure independency and well being of the old people. Finally, as we follow through we find that the issues of safety, security, basic needs, health and well being, social integration, community support and social responsibility were taken seriously by all groups which shed the light on the main themes of the findings:

The main themes are:

Meet Basic Needs of the elderly

1. Affordable housing
2. Cost/ monthly payment
3. Stay with family
4. Stay in separate house

1- Housing is convenient and modified to accommodate mobility and safety.

Housing modification areas:

Bathrooms, showers, sinks, entrance and stairs, lighting, humidity, separate house or apartment, left for buildings, crowdedness of car around the buildings, and building designs.

2. Safe neighborhood and Outdoor spaces.

- Safe and secure neighborhood and city
- Safe Outdoor spaces: streets, side walks, intersection
- Satisfied with the living area
- Availability of green areas /gardens
- Social elements is integrated in city planning in the design of public and private buildings to ensure the safety and accommodate the mobility of the old people banks, health care facilities, public buildings, gardens, restaurants, and special service offices in public and private institutions.

3. Emergency and assistance services are available and elderly know how to access them. Knowledge of emergency and necessary services available

- Knowledge of emergency and necessary contact numbers and people.
- Available practical tools and interventions to facilitate contact with elderly in case of emergency.
- Available assistance for activities of daily living (ADL) if needed
- Communication tools are friendly user

4. Provide Social safety net the elderly

- Social security
- Health insurance
- Tax free on necessary accessories to modify the houses of the elderly
- Free services (transportation, tourist areas, cultural activities)
- Lower the cost of home helpers
-

5. Ensure protection of the elderly

- Prevention of Discrimination / maltreatment of the elderly
- Satisfaction with Communication skills of healthcare providers

6. Elderly neglect from community members(drivers, family, relatives)

7. Establish Policy and legislation to protect the elderly

- Speeding, Safe building design (inside houses and outside buildings, Exert tax for the benefits of the elderly (e.g. Telephone bell), Rent laws, Renewal of driving licensure, modify age of retirement, Lower tax on elderly houses/ building, Health insurance, and Social security.
- Taking advantage of the rules and regulation of the handicapped people

8. Enhance social responsibility toward the elderly population

- Involvement of children and youth in voluntary activities to care for the elderly

- University students to organize community events for the elderly (free medical examination day etc...)
 - All effort of stakeholders to be organized.
 - Community
 - Voluntary organization
 - Private and business sector.
 - Government.
 - Media and communication sector.
 - Schools and universities
9. A strategy to enhance the health and well being of the elderly need to be developed.
10. Empower and maximize Independence of the elderly
- Transportation is regulated, accessible and affordable.
 - Access to public transportation.
 - Safety of public transportation
 - Policies to regulate transportation system (schedules, seatbelts, capacity, etc...)
 - Community support system to enables the elderly to live comfortably and safely at home.
 - Home assistance is available to support activities of daily living when needed.
 - Caregivers are trained and supported to provide care to elderly
 - Adequate assistance is provided to relief Caregivers for sometimes
 - Monitored licensure renewal for old people
 - Family members are educated about needs of the elderly
11. Promotes Social and Civic Engagement
- Maintain connections with Family, friends and neighbors.
 - Socialized with Family, grandchildren, friends or neighbors
 - Establish cultural, religious and recreational activities that meet elderly needs
 - Mosques, restaurants, clubs
 - Joint activities
 - Joint campaigns
 - Increase opportunities for voluntary work
 - Involvement in voluntary societies
 - Participate in volunteer work.
 - Do work for money through voluntary societies
 - Establish supporting community: Community recognition and respect
 - Utilization of the experience of retired and experienced people.
 - Investment in the retired group
 - Paid work is available to those who want it.
 - Establish community fund
 - Provide microfinance projects
 - Bridge generation gap
 - Family relationship
 - Elderly – children relationship .
 - Elderly – daughter in law relationship .

Elderly – grandchildren relationship.

- Changing social roles of the elderly
- Develop community awareness campaign to enhance the status of the elderly in the community
 - Community
 - Voluntary organization
 - Private and business sector.
 - Government.
 - Media and communication sector.
 - Schools and universities
- Develop education programs for the elderly
 - Illiteracy education program.
 - Technology illiteracy education programs for those interested in the technology.
 - Education programs on physical and psychosocial changes during elderly stage

11. Ensure health and Well-Being of the elderly

- Accessibility to health care services.
 - Perception of elderly about their health status.
 - Scope of services
 - Availability of Specialist doctors and nurses
 - Availability of medications and drugs
 - Medications and drugs are secured for dependent old people
- Transportation is available and affordable
- Health problems interfered with the elderly activities
- Quality of health care services
- Availability of drugs and medications.
 - Waiting time.
 - Scope of services
 - Availability of Specialist doctors and nurses
 - Satisfaction with health care services
 - Health care providers communication skills
 - Knowledge of the elderly about their health problems
- Problems interfered in the use of necessary health care services
 - Affordability to use services
 - Cost of medical care.
 - Cost of prescription drugs.
 - Availability of home care services
 - Lack of health insurance

8. Annex: Data Analysis

Low Socio-Economic Status (LSES)

Group 1 and 3

Outdoor Spaces and Buildings:

Both groups found the city as a secure place and safety was the main concern of both groups who were not satisfied with their physical environment.

The older low SES group indicated that the outdoor spaces were not suitable for them and they were mainly focusing on the difficulties they faced while walking in the streets, sidewalks, intersections and stairs.

In addition, they indicated that the public buildings were old with many levels had no lifts or easy stairs and bathrooms. Lack of green or walking areas were other concerns identified by the groups.

The younger age group was more active in presenting the barriers than older age group who indicated that they had many health problems to move around. However both groups recommended the importance of maintaining the sidewalks and streets and establish easy transportations (trains, buses ...etc)

Public Transportations:

The vast majority of the elderly showed concerns related to cost, safety and accessibility of transportation. They indicated that there was no fixed times and places for the buses as well as the roads were not well maintained and unsafe for the older person. The older age group indicated a difficulty in getting in the buses since the buses are too high to use.

Interesting findings from both groups revealed that there was some kind of discrimination against older people from the drivers. The majority agreed that sometimes drivers do not stop for the older persons.

Both groups emphasized the need for easy, free, safe and friendly transportation and the older group wanted small buses to solve their problems.

Housing:

Housing was costly for the older age people and again they expressed their safety concerns in terms of meeting their basic needs at their places.

Bathroom and kitchens were not safe for them. Interestingly both groups indicated that they are happy living with their children and families and they were not in favor to live in nursing homes because they that they should be appreciated and recognized for the entire thing that they have offered for their children.

However, they emphasized that safe design and modifications should be done in their houses to meet their needs and comfort.

Respect and Social Inclusion:

The younger group indicated that there was still some respect the older people but not like before, they thought that they were not given the recognition they need nor are trusted for their past experiences.

Even the older group focused on more details about their concerns especially the issues of daughter in laws where they mainly blamed the wives for not having enough time with their children.

However, they wanted to remain with their children and they were happy maintaining a good relationship with their grandchildren.

Social Participations:

The younger group indicated that there were no available cultural or religious activities and the majority considered the mosques as main places to visit. Although they watched tvs they said that tvs create a problem of distance with their grand children who were busy watching tvs.

The older group perceived themselves as helpless and not able to do anything because they were too old. They felt happy when they went to mosques or when they were invited to go the voluntary societies sometimes.

Both groups recommended being more involved with the voluntary organization and the many from the younger group expressed their wish to do some paid work for the voluntary organizations because they needed the money.

Communication and Information:

Majority of the younger group had concerns about information, they did not think that they have enough information concerning available services or how and where to get them. Information include telephone numbers of emergency services (hospitals, police,...etc).

This group also indicated that there were a huge gab among generations in relation to communication and information and added that the government should continue providing the special education courses to illiterate elderly. All members of the group were illiterates and it was great to see that they considered that one of their needs regardless of their poor status.

Civic Participation and Employment:

The younger group had same comments similar to that in the social inclusion section where they indicated that they were excluded from the paid or voluntary work though some of them were able to work, in contrary to the older age group who felt that they were not able to do anything. The low SES group suggested more involvement with the voluntary organizations to do some light work for money (e.g. Cook, make traditional goodies).

Community Support and Health Services:

The issue of health care services was important for both groups; however, the older groups were more concerned and unhappy about the services and its quality.

The concerns of both groups were about the cost, accessibility, fees, availability, cost of drugs, and the lack of health insurance.

Moreover, the majority of the older age group complained about lack of transport to go to health care centers and they were not satisfied with the quality of health services in the public sector including laboratories and availability of medications. They also could not afford the cost of the private sector that they perceived as better than the public sector. In contrary to that, the younger group revealed that they have the respect of health care provides.

It is expected that this group had no health insurance since they were illiterates and never worked before in formal sectors. Their poor conditions were tough and they kept complaining from poverty.

Both groups wanted health insurance and social security to keep them going in their life.

The older group asked for improvement of the quality of health care services including laboratories as well as having specialized physicians in health care center.

Our explanation that the health care centers are very crowded and elderly people especially the older group (who perceive themselves as helpless and cannot move around) got stuck with the crowd and routine system in the health centers with not much time allocated for them with the health care providers. Of more importance they were unable to afford the cost and the prices of medications and drugs which had been increasing lately and nearly missing in the public sector. Old people live with many health problems especially chronic illnesses, thus, they should enjoy a fair health care system that is sensitive to their needs.

Middle SES

Group 2 and 4

- **Outdoor Spaces and Buildings:**

Both middle class groups shared the same concerns about the safety of the outdoor spaces and buildings. Same as the LSES group they found the city a secure one but they complained about the streets, sidewalks, stairs, lighting, lack of lifts in high building, and availability of support services in public buildings. Thus, the vast majority agreed that city planners in Jordan do not take into consideration the interest of needs of the elderly people.

This is true and might be due to the lower percentage of the elderly in the past, when they established the rules and regulations for designing the buildings, streets and the cities as a whole.

The younger group complained about the unclear street numbers and lack of policies to control constructions and high fees for parking lots. In additions to that, they suffered from the procedures and long hours they had to spend at the government institutions when they had to follow up on their personal issues.

On the other hand lack of lifts in the majority of the buildings deprived the older group from visiting their children.

Both groups wanted to be recognized and valued by their communities, and they think that the media need to be more active in advocating for the elderly people by making the young generation aware of their value and contribution to their country.

The recognition part was mainly stressed among the middle SES member group and solid recommendation have been in this area.

The younger group recommended making use of the experience of the retired people in helping the elderly to go through the complicated procedures in the governorate institutions.

Making use of the retired people was another main issue that was not tackled by the low SES group which might be related to the fact that the middle class were more educated and many of them had worked in the public sectors in the past.

Interestingly, the middle SES groups were more focused on establishing rules and regulations for the interest of the elderly; thus, the discussion with the middle SES groups was at a higher level than that with the low SES groups. This was expected because of the differences between the two groups in relation to education level, work experience and social status. The middle SES groups pushed for strict rules and regulations to control sidewalks and gardens policies. They recommended establishing waiting areas for the elderly in all service areas and establishing joint gardens areas for children and elderly with many chairs and resting areas.

- **Public Transportations:**

Both groups agreed that transportation was expensive and not available all the time. However, the younger group had more concerns about the compliance of car drivers with the driving policies, they also indicated the difficulties they had in driving in Amman especially during the rush hours and they express their worries about the procedures for renewing the driving license for the old people.

The group recommended a comprehensive medical examination as pre-request procedure to renew of the driving licenses for the elderly. The group also recommended a discount for the elderly on transportation and availability of minibuses to get into

narrow areas (microbuses were mentioned by the older group in the outdoor section). In addition to that, they recommended lower tax on the elderly buildings and houses. The younger age group recommended providing free parking lots and the establishment of refreshing courses on driving for the elderly who are able to drive. The older age group recommended taking into consideration the need of older persons with walkers in utilizing the transportation system and walking in the sidewalks

- **Housing:**

Both groups were concerned about the unsafe facilities like the stairs in their houses and emphasized the importance of having lights and lifts in the buildings. They recommended that tubs and bathrooms need to be low and stairs need to be more comfortable. They emphasized that houses need to be secured.

- **Respect and Inclusion:**

Both groups emphasized the importance of full integration within their community as well as the importance of maintaining the communication and bridges between the different generations.

The younger group expressed their concerns about the negative perception about the participation of elderly in public and entertainment activities.

The two groups believed that the social roles of the elderly are narrowing down with time.

Elderly in the past used to enjoy a tremendous value and they were perceived as the symbol of wisdom in their families, as a matter of fact the senior person of the tribe or family used to be the president of that group and the reference for all its members.

Things have changed now with the increasing number of young generation who has different ways of life and thinking within the sphere of the global village rather than the narrow sphere of a family or a tribe.

An interesting recommendation came from the younger group on the importance of educations for the elderly population about the social, economic, and health issues affecting their status and life styles.

This is an issue that we need to emphasize as there are more people moving into the elderly stage without having the information and knowledge of what they will go through during this stage including the social economic health aspects.

Interestingly the group said that the grand children look for entertainment time rather than wise time to spend it with the elderly.

The middle SES group emphasized again on the need for the awareness program for children about the value and importance of the elderly in their life's focusing the role of media and schools in these programs.

In addition to that, the older group stressed on the full integration within the society and involvement of older persons in the decision making process as well as utilization of their life experiences.

- **Social Participation:**

Some members of younger group expressed again their concerns about the lack of social security and health insurance, lack of respect in their community including their relationship with their daughters in law, as well as the negative perceptions of their children on the elderly as being a source of embarrassment in social occasions. They also did not want to be isolated from their families.

The older group indicated that all entertainment places were designed for the youth only. They were happy for having the house keepers to stay with them, and they

recommended that day care centers to be established to help them entertain and spend time outside their houses.

They also asked for more involvement of the elderly with the voluntary organizations, more cultural activities free of charge for the elderly, and they think that establishing small nursing homes of five old people would be a good idea for those who have no children or relatives. They also suggested offering continuing education for the elderly including university education.

- Communication and Information:

Again like in low SES group, the middle SES had concerns about the lack of information on necessary available services for them.

Smelling and hearing problems interfered with their daily life activities including cooking, hearing phone and door bells and watching tvs.

Interestingly, the younger group asked for computer learning courses for those who were interested to use this kind of technology and to connect the door bell with indoor light.

- Civic Participation and Employment:

Both groups stressed the point to make use of the experienced retired people if they are able to work.

They also recommended that the age of retirement should be modified since life expectancy is increasing and opportunities of employment to be available for those retired experts.

- Community Support and Health Services:

The younger group pushed for more specialized physicians in geriatrics since family physicians are not able to work with older people. Long waiting hours were also another concern for the group. The older group indicated that physician's fees are expensive for home visits.

Both groups asked for free health insurance with full coverage on medical aids, eye glasses and walkers. They also asked for fair social security system and improving the quality of health care services including the performance of the finance departments and pharmacies in the health sector. The younger group recommended establishing specialized elderly clinics with laboratories and necessary drugs, and establishing client service offices to help older people in health care facilities, and establishing home care services.

The middle SES group showed a great support for the poor older people who should have the right for good life. They also raised the issue of the voluntary, business and government sectors roles to support and care for the elderly.

They encouraged the voluntary sector to organize free medical care day for the older persons and to offer free meals for poor older persons or those who are not able to cook. They also wanted the private sector to finance and support the health care of the elderly, and they urged the government to add one penny on each telephone bell to support the need of the elderly.

The issue of abuse of the older people by doctors was raised by one person from the middle SES group and agreed upon by others. Although this is a very sensitive issue, we still need to do further investigations to study this problem rather than nock it down.

Low SES vs Middle SES

• **Outdoor Spaces and Buildings:**

All groups shared the same concerns about the safety of the outdoor spaces and buildings. Same as the LSES group the middle SES group find the city a secure one but they complained about the streets, sidewalks, stairs, lack of lifts in high building, lack of green areas, and availability of support and necessary services in public buildings.

The vast majority agreed that city planners in Jordan do not take into consideration the interest of needs of the elderly people.

Both groups wanted to be recognized and valued by their communities. And they think that the media need to be more active in advocating for the elderly people in making the young generation aware of their value and contribution to their country and their role in shaping the future of this generation.

The issue on the community recognition of the elderly was emphasized and supported by specific solutions by the middle SES rather than the low SES group.

Making use of the retired people was another issue that was not mentioned by the poor groups which may relate to the fact that the middle SES group is more educated and many of this group had some kind of work during the past years.

In conclusion, the middle SES groups were more involved in suggesting policy solutions and focusing on the importance of establishing rules and regulations for the interest of the elderly; thus, the discussion with the middle SES was at a higher level than the lower SES groups, and this is expected because of the education level, work experience and social class.

• **Public transportation:**

All groups agreed that transportation is expensive and not available all the time and emphasized the need for easy, free, safe and friendly transportation. The elderly group recommended small buses that are more practical than the large buses as it can reach the narrow streets while the middle SES group found out that taxis were the best choice and they expressed their concerns about the compliance of car drivers with the driving policies, and indicated the difficulties they had while driving in Amman especially during the rush hours.

The middle SES group raised the issue of the voluntary, business and government sectors roles to support and care for the elderly.

Again the middle SES, and specifically, the younger group touched on policy issues related to compliance of car drivers with the driving policies, and the procedures for renewing the driving licenses for the old people and came up with some suggestions. Interesting findings from the middle SES group revealed that there was some kind of discrimination against older people from the drivers. One person said "sometimes drivers do not stop for the older persons" and all group members agreed on that.

• **Housing:**

Both groups expressed their safety concerns in terms of meeting their basic need at their places. They are concerned about the unsafe facilities like the stairs, kitchens and bathrooms in their houses and the middle SES group emphasized the importance of having lifts in the building.

Interestingly both groups indicated that they were happy living with their children and families and could not accept to live in nursing homes because they should be appreciated and recognized for the entire thing that they had offered for their children.

Both groups emphasized that safe design and modifications should be done in their houses to meet their needs and comfort.

• **Respect and Social inclusion:**

The younger group indicated that young people still respect the older person but not like before, they thought that they were not given the recognition they need nor are trusted for their past experiences.

Even the older group focused on more details about their concerns especially the issues of daughter in laws where they mainly blamed the wives of their sons for not having enough time with their children.

The low SES and middle SES groups believed that the social roles of the elderly were narrowing down with time. This might be due to the changing in family structure, working women, working children, and the increasing of entertainment options for the grandchildren (tvs, Technology, outdoor activities etc.).

As we might sense from the general discussion with the groups there was a state of change in social respect and social roles of the elderly according to time (past and present) and according to the marriage status of their children.

Both groups recommended the development of awareness programs for children about the value and importance of the elderly in their life's emphasizing the role of media and schools in these programs as well as the development of another education programs targeting the elderly population about the social, economic, and health issues affecting their status and life. The middle SES group was bold in emphasizing the importance of full integration within their community as well as the importance of maintaining the communication and bridges between the different generations.

Low SES expressed their concerns about the limited time they have with sons and daughters and the uncomfortable relationships with the daughter in law while middle SES recommended an active role of the elderly in decision making process and investment in the experience of retired persons.

Low SES groups agreed on the advantages we have in relation to the traditional values that recognizes the elderly especially in the rural areas and the positive relationship of elderly with the grand children. Both groups said that living with families is the best choice for them.

• **Social participation:**

Both groups asked for more cultural activities for the elderly, and the middle SES group recommended the establishment of day care centers and small nursing homes when appropriate.

The middle SES group had again some concerns about the lack of respect in their community which includes the lack of social security and health insurance as well as being perceived by their children as a source of embarrassment in social occasions.

The middle SES group asked for university programs and expressed their happiness to be able to employ helpers/house keepers in their own houses. In contrary to that the poor elderly group was seeking the opportunities for paid work since they need the money. The elderly groups wanted more involvement with the voluntary organizations.

The younger group indicated that young people still respect the older people but not like before, they think that they are not given the recognition they need nor are trusted for their past experiences.

The older group focused on more details about their concerns especially the issues of daughter in laws where they mainly blamed the wives for not having enough time with their children.

• **Communication and Information:**

Both groups had concerns on the lack of necessary information and numbers of emergency and necessary institutions and centers that deal with the older persons.

They all indicated that TV was an important source of information regardless of the vision problems of the elderly which also make the phone numbers hard to read

They also emphasized the need for increasing awareness of old people about the necessary information and services for the elderly and the availability of this information to the old people.

While the younger middle SES group asked for computer learning courses for those who are interested to use this kind of technology, the low SES group stressed that the government should continue providing the special education courses to illiterate elderly. As mentioned before, it was great to see that elderly considered education as one of their needs regardless of their poor status and this is due to the positive culture of education in Jordan.

• **Civic participation and employment:**

Both groups were concerned about the problems of old people who were labeled as dependents and helpless regardless of their capabilities which might affect the mental well being of the elderly including being lonely and depressed. The low SES group complained about excluding them from paid work.

Both groups mentioned that some old people are still productive and active in life where many retired people are able to give and work within their areas of expertise. They recommended making use of the experience of the retired people as long as they are able to give and work and provide incentives for the elderly. The middle SES recommended modifying the age of retirement since the life expectancy is increasing.

• **Community support and Health Services:**

The issue of health care services was important for all groups who had a lot of concerns about the cost, accessibility, fees, and quality of health care services in addition to the availability of specialized physicians, cost of drugs, lack of health insurance and of social security.

Lack of home care services and discrimination against elderly were expressed by middle SES groups who complained about the bad treatment and communication of doctors and nurses with the elderly.

Both groups asked for free health insurance, fair social security system and better quality of health care services.

The middle SES group recommended establishing specialized elderly clinics and home care services and they showed a great support for the poor older people who should have the right for good life. They also raised the issue of the voluntary, business and government sectors roles to support and care for the elderly.

Caregivers Group

- **Outdoor Spaces and Buildings:**

The caregiver groups shared the same concerns about the safety of the outdoor spaces and buildings. They find the city a secure one but they complained about the streets, sidewalks, stairs, lack of lifts in high building, availability of services in public buildings and the increasing number of car accidents.

They indicated that Olive trees are too large on the sidewalks which interfere with the safety of the elderly while walking on the sidewalks.

They made many specific recommendations related to the issues with focus on improving and maintaining the outdoor spaces, increasing penalty for speeding drivers, and establishing special service offices to help elderly in the different institutions with specific times and days

- **Public Transportations:**

The care giver group agreed that transportation is expensive and not available all the time. They have a lot of concerns about the following: absence of seat belts, sudden stop of the cars and the buses, and the concentration on vision examination rather than comprehensive medical checkup for renewal of the driving licenses of the elderly. The caregivers raised policy issues regarding driving issues and renewal of licensure.

They recommended providing free transportation or offering good discount on the transportation of the elderly (e.g. Cards, tokens) as well as conducting comprehensive medical checkup for renewal of the driving licenses of the elderly

- **Housing:**

Care givers are concerned about the unsafe facilities like the stairs, slippery floors, humidity of the houses, and distance of houses from the service areas as well as lack of lifts in the high level buildings. They recommended that tubs, bathrooms, and stairs need to be more modified to accommodate the mobility of old people, and lifts to be available in all buildings.

They also stated that elderly should be attended while bathing and cooking or going out and explored the need for establishing small houses of 5 people rather than huge having nursing homes for those elderly with no support from their sons/daughters or other family members.

- **Respect and Inclusion:**

Care giver groups viewed on time and commitment to the elderly: the problem of working children who get very tired and exhausted after work which interfere with the time spends with parents (elderly) and lower chances for joint activities and they showed some frustration for lack of support, availability of resources and burden of caring for the elderly in addition to their jobs.

They strongly touched on the importance of full integration of the elderly people within the community and they agreed that awareness campaigns should be conducted with the support of media sector and schools. They also encouraged children and youth to be involved in voluntary activities to care for the elderly and this is a good point to decrease the generation gap.

Interestingly they pushed toward building on the strength we have in our society to support and care for the elderly which include the traditional values that recognize the elderly.

- **Social Participation:**

Caregivers indicated that public places as restaurants and entertainment areas are considered as taboos for the elderly and there is lack of day care services (clubs) for the elderly while the only entertainment activity is watching the TV which is not sensitive to their needs.

However, they consider that the habit of visiting and socialization during main occasions and feasts as an advantage for the elderly.

They recommended that city planners need to take into consideration the interest of the elderly people and a special elderly houses of 5-6 person capacity need to be established around service areas (un-isolated) for those who lack family support and help.

- **Communication and Information:**

Care givers had concerns on the lack of necessary information and numbers of emergency and necessary institutions and centers that deal with the older persons. They valued the availability of telephones all over the country, however they said that the cell phones were very small to read by the elderly and they recommended to program all necessary telephone numbers with large script on cell phones as well as the regular telephones and to train old persons on how to use them.

- **Civic Participation and Employment:**

Caregivers stated that old people are always labeled as dependents and helpless regardless of their capabilities. They mentioned that some old people are still productive and active in life and many retired people are able to give and work within their areas of expertise. They recommended making use of the experience of the retired people as long as they are able to give and work and provide incentives for the elderly.

- **Community Support and Health Services:**

The caregivers concerns were about the cost, accessibility, availability, lack of home care facilities and the lack of health insurance. The group pushed for more specialized physicians in geriatrics and expressed their concerns about the high cost of recruiting a helper for the elderly whenever they need a relief.

The bad treatment and communication of doctors and nurses with the elderly was another issue raised by the group.

They recommended providing free health insurance for the elderly and establishing specialized clinics for the elderly in specific days and times as well as establishing free home care services.

They stressed on the fact that the communication skills of the health care providers (Nurses and physicians) need to be improved.

In summary, it is expected that Caregivers mention specific point such as the unsuitable restaurant food for the elderly as well as their elaboration on the cell phones which could be related to the fact that it is the fastest tool to locate and got in touch with their care givers.

Caregivers were specific in discussing health care issues since they were the one who provided the day today direct care services to the elderly, thus, they had the ability to identify the different needs of the elderly reflecting on their own experience. This is

evident by their emphasis on the issues of home care services and the higher cost of recruiting a house helper to relief them for sometimes as they are already involved in other work.

Caregivers showed some kind of frustration which could be related to the overburden responsibility at home and workplace.

Definitely they need some programs on stress management and coping mechanisms.

Caregiver and Old People

• **Outdoor Spaces and Buildings:**

All groups shared the same concerns about the safety of the outdoor spaces and buildings. They described the city as a secure place but they complained about the streets, sidewalks, stairs, lack of lifts in high building, lack of green areas, and availability of necessary services in public buildings.

Interestingly, the elderly group viewed the issue of community recognition of the elderly from the beginning of the discussion while caregivers showed too much concerns about the safety of the elderly where they emphasized the need for strict polices on driving and the need for establishing special elderly service offices in all public and private institutions to help and support the elderly who were in need for the services of these institutions.

• **Public transportation:**

There were a lot of shared concerns between the caregivers and the elderly in relation to the high cost and availability of transportation and they emphasized the need for easy, free, safe and friendly transportation and the need for a comprehensive medical checkup for renewal of the driving licenses of the elderly. Specific concerns of care givers were elated to ignorance of seat belts and the sudden stop of cars and buses which might affect the safety of the elderly. Shared views were observed between the younger middle SES group and the caregivers in relation to policy issues (driving issues and renewal of licensure). The elderly group recommended small buses that are more practical than the large buses as it can reach the narrow streets while the middle SES group found out that taxies are the best choice for them and they expressed their concerns about the compliance of car drivers with the driving policies, and indicated that it was getting more difficult to drive in Amman especially during the rush hours. The discrimination against elderly issue was raised by the elderly group.

• **Housing:**

Many common problems were shared by the elderly groups and caregivers, which include: houses are not designed to the convenience and interests of elderly and they made similar recommendations regarding the problems of stairs, bathrooms, tubs, sinks, floors, cookers and ovens.

The caregiver emphasized that elderly should be attended while bathing and cooking and complained about the humidity of the houses.

Interestingly, caregivers recommended the establishment of small residence houses for the elderly with no family support, while the low SES emphasized that they still preferred to live with their families.

• **Respect and Social inclusion:**

Care giver groups viewed on time and commitment to the elderly: the problem of working children who get very tired and exhausted after work which interfere with the time spends with parents (elderly) and lower chances for joint activities. They showed some frustration for lack of support, availability of resources and the overburden responsibility of caring for the elderly in addition to their jobs.

Care givers and old groups strongly touched on the importance of full integration of the elderly people within the community and they agreed that awareness campaigns should be conducted with the support of media sector and schools. The care giver group

encouraged children and youth to be involved in voluntary activities to care for the elderly and this is a good point to decrease the generation gap. Low SES group expressed their concerns about the limited time they had with sons and daughters and the uncomfortable relationships with the daughter in law while middle SES asked for an active role of the elderly in decision making process, investment in the experience of retired persons and the development of education programs targeting the elderly population about the social, economic, and health issues affecting their status and life. Care givers and low SES groups agreed on the advantages we have in relation to the traditional values that recognizes the elderly especially in the rural areas and the positive relationship of elderly with the grand children. However, the middle SES group was more focused on the issue of involving old people in the decision making process. The elderly group said that living with families is the best choice for them.

• **Social Participation:**

Integration with community and lack of entertainment and cultural activities for the elderly was raised again by all groups. The middle SES had concerns about the lack of health insurance and social security for the elderly.

The caregiver and middle SES groups recommended establishing small nursing homes for the elderly who don't have family support and the middle SES group also recommended establishing day care centers. The caregiver group mentioned that city planners should be more sensitive to the need of elderly people. The elderly group appreciated the values and religious beliefs in favor of old people and the low SES group were happy for having the mosques and voluntary organizations to go to. While the middle SES group asked for university programs and expressed their happiness to be able to have help in their own houses. In contrary to that the poor elderly group was seeking the opportunities for paid work. The elderly groups required more involvement with the voluntary organizations.

• **Communication and Information:**

All groups had concerns on the lack of necessary information and numbers of emergency and necessary institutions and centers that deal with the older people.

They all indicated that TV is an important source of information regardless of the vision problems of the elderly which also made the phone numbers hard to read. They also emphasized the importance of increasing the awareness of old people about the necessary information and services for the elderly and the availability of this information to the old people.

Caregivers were more focused on practical issues of ensuring the fastest way of contact with the elderly, thus, they focused on the importance of the use of telephones with clear numbers. This goes hand in hand with the low SES group who recommended illiterate education programs for the old people unlike the middle SES group who asked for computer courses.

• **Civic participation and employment:**

All groups were concerned about the problems of old people who are always labeled as dependents and helpless regardless of their capabilities which might affect the mental well being of the elderly including being lonely and depressed. The low SES group complained about excluding them from paid work.

All groups mentioned that some old people were still productive and active in life and many retired people are able to give and work within their areas of expertise. They all recommended making use of the experience of the retired people as long as they are

able to give and work and provide incentives for the elderly and the middle SES recommended to modify the age of retirement since the life expectancy is increasing. Caregivers concerns and discussion were consistent with that of the elderly group on the importance of investment in the experienced old people in different areas.

• **Community support and Health Services:**

All groups agreed on problems of the expensive fees and drugs, lack of health insurance, lack of specialized doctors and nurses in the area of geriatrics, the high cost of recruiting a helper for the elderly to relief caregivers for a period of time and lack of quality of health care and services. Similar to the middle SES old group, the caregivers recommended the establishment of home care services and specialized elderly clinics.

Lack of home care services and discrimination against elderly were expressed by the care giver and middle SES groups who complained about the bad treatment and communication of doctors and nurses with the elderly.

The middle age group raised the issue of social responsibility of the voluntary and private sector, an area that was not fully addressed by the caregivers.

The issue of health care services was important for all groups who had a lot of concerns about the cost, accessibility, fees, and quality of health care services in addition to the availability of specialized physicians, cost of drugs, lack of health insurance and of social security.

Lack of home care services and discrimination against elderly were expressed by middle SES groups who complained about the bad treatment and communication of doctors and nurses with the elderly.

Both groups asked for free health insurance, fair social security system and better quality of health care services.

The middle SES group recommended establishing specialized elderly clinics and home care services and they showed a great support for the poor older people who should have the right for good life. They also raised the issue of the voluntary, business and government sectors roles to support and care for the elderly.

The caregivers concerns were about the cost, accessibility, availability, lack of home care facilities and the lack of health insurance. The group pushed for more specialized physicians in geriatrics and expressed their concerns about the high cost of recruiting a helper for the elderly whenever they need a relief.

The bad treatment and communication of doctors and nurses with the elderly was another issue raised by the group.

They recommended providing free health insurance for the elderly and establishing specialized clinics for the elderly in specific days and times as well as establishing free home care services.

They stressed on the fact that the communication skills of the health care providers (Nurses and physicians) need to be improved.

In summary, it is expected that Caregivers mention specific point such as the unsuitable restaurant food for the elderly as well as their elaboration on the cell phones which could be related to the fact that it is the fastest tool to locate and got in touch with their care givers.

Caregivers were specific in discussing health care issues since they were the one who provided the day today direct care services to the elderly, thus, they had the ability to identify the different needs of the elderly reflecting on their own experience. This is evident by their emphasis on the issues of home care services and the higher cost of recruiting a house helper to relief them for sometimes as they are already involved in other work.

Caregivers showed some kind of frustration which could be related to the overburden responsibility at home and workplace.

All Service Providers

- **Outdoor Spaces and Buildings:**

All groups had many concerns regarding the safety issues at the outdoor spaces and buildings. Common concerns include problems of the topography of the city (hilly city), crowdedness, unsafe roads and stairs, unsuitable streets intersection and crosswalks, olive trees are too large on the sidewalks which interfere with our safety while walking, weak Lighting, lack of lefts in the majority of buildings, and lack of spaces to wheelchairs on the sidewalks. In addition to that lack of green areas and the difficulties that elderly faced in moving around within the governmental institution and others areas such as banks.

The business and public sector groups mentioned that ceramic floors are dangerous for the elderly, while the voluntary and business groups indicated that building and shopping areas do not have suitable public restrooms (or none in many areas) or resting areas or chairs for people to get some rest.

The voluntary group focused also on the vision problems of elderly, the huge numbers of cars, the problems of car accidents and speeding drivers which interfered with the safety and ability of the elderly to move around.

The service providers focused on the problems related to vertical expansion of the city which resulted many cars parked around each building blocking the movement and safety of children and elderly and admitted that city planners in Jordan do not take into consideration the social element of city planning nor the interest of the elderly people and one example of that was unclear names of the streets.

The voluntary group gave credit to the government to get rid of some of the large trees blocking the sidewalks. While the business group encouraged taking advantage of all policies exerted for handicapped people related to the design of buildings.

The voluntary group recommended that suitable slopes on the sidewalks and building need to be constructed and left, chairs, bathrooms need to be available in all public and private institution, good lightening and they strongly recommended as the business group to establish special service offices to help elderly in the different institutions in specific times and days.

The business group also recommended to establish a system that allow physicians and hospitals to send the signed prescriptions by fax and phone number of patients for pharmacists to prepare the drugs and send them home to the elderly. They also mentioned that trees with shrubs in the streets should replace with regular trees.

They were so strong as their colleagues from the public sector group on pushing to stop the expansion of building on green areas and the need to maintain and establish special gardens for the elderly.

The public sector group recommend to integrate the social component within city planning and public areas (Suitable streets, floors, stairs, chairs, lefts) and that elderly need to escorted all the time.

- **Public transportation:**

All groups agreed that transportation is expensive. The business and public sector groups had concerns on problems of lack of a regulated transport system, absence of modern transport vehicles like trains and small buses, and the problem of the number of people exceeded the capacity of public buses.

The voluntary group was worried about the problems of irregular time schedule for buses, absence of seatbelts, the sudden stop of the cars and the buses, and the concentration on vision examination rather than comprehensive medical checkup for renewal of the driving licenses of the elderly. While the business group indicated that young people used all seats in buses and cars with no respect to old people.

The public sector and business groups recommended to regulate the transportation system with solid rules and polices for seatbelts, timetables, capacity and to provide free transportation or offer good discount for the transportation of the elderly.

The voluntary and professional group recommended conducting a comprehensive medical checkup for renewal of the driving licenses of the elderly, while the professional groups recommended that minibuses are needed to get into narrow streets, strategy to support and empower the elderly to be developed, laws to protect the elderly, start running trains and provide special sinks on the elderly car.

The business group recommended to establish standards for the buses to be safe and practical for old people.

- **Housing:**

All groups indicated that houses are far away from the service areas, and the business and the public sector groups mentioned that there was no good lightening in the buildings, and the stairs were high and difficult to use.

The voluntary group mentioned the problem of humidity in the houses and the slippery floors in the bathrooms affecting the health and safety of the old people.

The business group talked about the problems of bathrooms, tubs, sinks, floors, cookers and ovens which are not safe neither practical for the elderly.

The public sector group explored a very critical area related to the problem of the housing rent law that will be enacted in the year of 2010 allowing significant rent increase on all old rented houses which is mainly occupied by the elderly and the negative impact form the economic and social point of view.

All groups agreed that Amman is a secure place. The public sector group said that Jordan have the advantage that most of elderly are living with their families.

All groups recommended that stairs need to be comfortable and easy to use and lifts to be available in all buildings.

Business group and the public sector groups recommended that houses need to be protected and highly secured, old persons to be kept with their families, and build nursing homes for those who are deprived from families and close relatives. However, the business and public service providers indicated that nursing homes were not compatible with the minimum safety standards.

The voluntary and business groups said that water temperature and floors status should be monitored all the time and the sinks and tubs in the bath rooms should be low. The business group recommended that the government should lower the tax on necessary accessories for the kitchen, bathrooms and showers for the elderly and the main accessories for the elderly should be imported by the drug stores and be tax free.

- **Respect and Social inclusion:**

Service providers and care giver groups viewed on time and commitment to the elderly: the problem of working children who get very tired and exhausted after work which interfere with the time spends with parents (elderly) and lower chances for joint activities. Care givers reflected also on the time and commitment but showed some frustration for lack of support, availability of resources and burden of caring for the elderly in addition to their jobs.

The business and public sector groups said that there is a dramatic change in the role and status of the elderly leaving no leadership responsibilities like before. While the voluntary and professional group said that old people might become aggressive because of loneliness and depression. The voluntary group addressed the problem on the negative perception of people about the participation of elderly in public activities, and elderly need to be escorted all the time when going out for visits or restaurants but the adults have no time to take them around, and that elderly were critiqued for their advice and clothes.

The public sector group also focused on problems related to absence of clear policy for the protection of the elderly, the problems of the employed persons with average salaries who could not afford having any help at home for caring for the elderly because of high cost of such services, and the abuse of some families of the law that waive public fees of the expatriate worker who are taking care of sick or unable old person .

However, they all agreed on the advantage of the traditional values that recognizes the elderly indicating that people living in the rural areas have more respect for the elderly. The business group and public sector groups noted that elderly people tend to establish links with the grand children that was based on friendship, and that the majority of the voluntary work in Jordan is covered by the elderly.

All recommended that we need to increase awareness of the community members and children on the value and importance of the elderly in our lives and enhance the traditional values that recognize the elderly, encourage voluntary work among children and youth to care for the elderly, and encourage visits to the elderly.

The public sector group also recommended to establish day care centers for the elderly, integrate children with old people with the support of the Ministry of education and continue encouraging old people to be involved in voluntary work

- Social participation:

The voluntary group explored the barriers on:

Public places as restaurants and entertainment areas are considered as taboos for the elderly, lack of day services (clubs) for the elderly, and watching tvs as the only entertainment which is not sensitive to their needs.

However, the voluntary group acknowledged that the voluntary sector was getting more active in social issues

The business and public sector groups recommended the establishment of day care centers and to supplement the gardens with suitable public service areas and chairs for the elderly. They emphasized that gardens should be accessible and affordable for the rich and the poor.

The voluntary Group recommended that the voluntary sector should provide special tourist services for the elderly and to build un-isolated elderly houses of 5-6 person capacity for those with no families or support.

- Communication and Information:

The voluntary group indicated that watching TV is one important source of information however the elderly had difficulties with their vision and cell phones are very small to read.

The business and professional touched on the problem of the lack of necessary information and numbers of institutions and centers that deal with the older persons.

They recommended programming all necessary telephone numbers with large numbers and provide training to old persons on the use of the telephone.

The business and public sector groups recommended to utilize TV and communication tools to increase the awareness of the community members and children on the value and importance of the elderly in our lives, and to identify different colors of necessary phone numbers for illiterate persons. The public sector group suggested offering computer courses to the elderly that like to use this technology, providing necessary information and numbers of institutions and centers that deal with the older persons on papers and websites of the institutions and establishing tax on communication tools for the benefit of the elderly

- Civic participation and employment:

The public sector and voluntary groups were concerned about the problems of old people who are always labeled as dependents and helpless regardless of their capabilities and that old people might become aggressive because loneliness and depression, and they mentioned the advantages on the many retired people who were able to give and work in their areas of expertise as well as the other old people who were productive and active.

They all recommended making use of the experience of the retired people as long as they are able to give and work and provide incentives of small amount of money for the elderly project products for those who need money. The professional group recommended to train and engages those who are able to work with light productive project (Microfinance projects) and to establish collaborative community funds to increase the income of the elderly, as well as to conduct a comprehensive study to assess needs of the elderly.

The business group asked to skip on this subject because they thought that they already covered that in previous sections.

- Community support and Health Services:

All groups agreed on problems of the expensive fees and drugs, lack of health insurance, and lack of quality of care

The voluntary group discussed the problems of lack of specialized doctors and nurses in the area of geriatrics the high cost of recruiting a helper for the elderly, the bad treatment and communication of doctors and nurses with the elderly, and the lack of home care facilities

The public sector group explores more problems related to lack of knowledge on disaster care for the elderly, and that the private health care sector is better in communication with the old persons than the public sector.

The voluntary group indicated that the health care services are available in all areas which is an advantage for us.

They all recommended to provide free health insurance, establish specialized clinics for the elderly in specific days and time, and to provide social security for all old people.

The voluntary and service providers recommended improving the communication skills of the health care providers (Nurses and physicians). They also recommended to establish free continuing care (home care) from nurses and physicians, while the public sector group recommended that the universities should play an active role in providing quality health care for the elderly through the community service programs, develop emergency and disaster plan, develop simple telephone tool with multiple buttons of

different necessary numbers for the prompt use of the elderly, and to establish standards of quality of care provided to the elderly with ethical component.

All Service Providers, voluntary and elderly

• Outdoor Spaces and Buildings:

All groups had same concerns regarding the safety issues at the outdoor spaces and buildings. Common concerns include problems of the topography of the city (hilly city), crowdedness (too many cars), unsafe roads and stairs, unsuitable streets intersection and crosswalks, lack of lefts in the majority of buildings, lack of spaces to wheelchairs on the sidewalks in addition to the lack of green areas and the difficulties in the mobility of the elderly within the governmental institution and others such as banks. Service providers added problem of ceramic floors and shopping areas.

The vision problems of the elderly, the increasing number of cars and speeding drivers were raised by the service providers in this section where some of these problems were raised by the elderly in other sections. Other unique problems mentioned by service providers are vertical expansion of the city, the absence of social element in city planning and taking advantage of all policies exerted for handicapped people related to the design of buildings.

However, the issue on the community recognition was introduced early in this section by the elderly as well as making use of the retired people and the importance of establishing rules and regulations for the interest of the elderly.

Unique recommendations by the service providers group were to establish special service offices to help and support the elderly in the different institutions specific times and days, establish a system that allow physicians and hospitals to send the signed prescriptions by fax and phone number for pharmacists to prepare the drugs and send them home to the elderly, stop the expansion of building on green areas, plant shrubs to replace regular trees at the sidewalks, develop a strategy to support and empower the elderly and integrate the social component within city planning and public areas.

The elderly recommended more efforts are needed in the community to value the role of the elderly and asked for active media role in advocating for the elderly people to make the young generation aware of their value and contribution to their country and their role in shaping the future of this generation. The middle SES group recommended providing free parking lots and establish refreshing courses on driving for the elderly who are able to drive.

• Public transportation:

All groups agreed that transportation is expensive and not available all the time and emphasized the need for easy, free, safe and friendly transportation and the need for a comprehensive medical checkup for renewal of the driving licenses of the elderly. The elderly group recommended small buses that are more practical than the large buses as it can reach the narrow streets. The service providers had concerns on the whole issue of lack of a regulated transport system including absence of seatbelts, the sudden stop of the cars. They suggested specific solutions related to their concerns including laws to protect the elderly. However, Discrimination issue against older people by drivers, who ignored old people, was raised by the elderly in this section. This is a sensitive issue that need to be investigated rather than knock it down.

- **Housing:**

All groups indicated that houses are not designed to the convenience and interests of elderly and they made similar recommendations regarding the problems of stairs, bathrooms, tubs, sinks, floors, cookers and ovens.

Humidity of the houses was raised by the care giver group while the professional group explored a very critical area related to the problem of the housing rent law that will be enacted in the year of 2010 allowing significant rent increase on all old rented houses which is mainly occupied by the elderly and the negative impact form the economic and social point of view. Houses should be Affordable, convenient and modified to accommodate mobility and safety of the old people.

All groups encourage that old persons to remain with their families and the service provider groups suggested to establish nursing homes for those who are deprived from close relatives.

The business group recommended that the government should lower tax on necessary accessories for the kitchen, bathrooms and showers for the elderly and the main accessories for the elderly should be imported by the drug stores and tax free. Community recognition was raised again by the elderly through expressing their right to stay with their sons and families for all their sacrifices and work in the past.

- **Respect and Social inclusion:**

Service providers and care giver groups viewed on time and commitment to the elderly: the problem of working children who get very tired and exhausted after work which interfere with the time spends with parents (elderly) and lower chances for joint activities. Care givers reflected also on the time and commitment but showed some frustration for lack of support, availability of resources and burden of caring for the elderly in addition to their jobs.

Changes in social roles of the elderly were viewed by all groups. This might be due to changes in family structure, working women, working children, and increasing options of entertainment for the grandchildren (tvs, Technology, outdoor activities etc...).

The elderly groups and care giver group were much persisted in each section of the discussion to emphasize the importance of their full integration within their community as well as the development of awareness programs targeting children and elderly people to bridge the gap between the generations with full involvement of media sector and schools. The elderly group recommended the development of another education programs targeting the elderly population about the social, economic, and health issues affecting their status and life while the care giver group encouraged children and youth to be involved in voluntary activities to care for the elderly and this is a good point to decrease the generation gap.

This existed generation gap was also validated by the service provider groups by raising the problems of the negative perception of people about the participation of elderly in public activities which explained the state of loneliness and depression among elderly.

The professional group also focused on unique problems related to absence of clear policy for the protection of the elderly, the need of the elderly to be escorted, the unaffordable cost of getting help at home for caring for the elderly to relief the care giver for sometime, and the abuse of some families of the law that waive public fees on the expatriate workers who are taking care of sick or old persons.

However, they all agreed on the advantages we have in relation to the traditional values that recognizes the elderly especially in the rural areas and the positive relationship of

elderly with the grand children. They all agreed that the majority of the voluntary work in Jordan is covered by the elderly.

Thus, they all pushed toward the need to increase awareness of the community members and children on the value and importance of the elderly in our lives.

In conclusion, the importance of integrating the old people within their communities as well as the development of awareness programs had a great support from every body.

• **Social participation:**

The issues on Community recognition and respect and lack of entertainment and cultural activities for the elderly were raised again by all groups.

The service providers groups recommended the establishment of day care centers for the elderly and nursing home for those with no help or family support in addition to that they urged the voluntary sector to provide special tourist services for the elderly taking into consideration that the elderly are the engine of the voluntary sector in Jordan.

Similarly, the middle SES groups stated that the elderly are the engine of the voluntary sector and recommended the establishment of day care centers and small nursing homes when appropriate. However, the business and public service providers indicated that nursing homes are not compatible with the minimum safety standards.

Other concerns of the elderly groups were related to their relationship with daughters in law, lack of social security and health insurance as well as being perceived as a source of embarrassment in social occasions by the children (sons and daughters).

On the other hand, while the middle SES expressed happiness and satisfaction of having house helpers/keepers to help them the low SES group wished to have a paid work in the voluntary organizations because they need the money to support themselves.

• **Communication and Information:**

All groups had concerns on the lack of necessary information and numbers of emergency and necessary institutions and centers that deal with the older persons.

They all indicated that TV is an important source of information regardless of the vision problems of the elderly which also make the phone numbers hard to read

They also emphasized the awareness of old people about the necessary information and services for the elderly and the availability of this information to the old people. They suggested programming all necessary telephone numbers with large numbers and provide training to old persons on the use of the telephone. The care givers value the availability of the telephones as the fastest tool of communication with their families. The middle SES group and the service providers suggested computer education programs for the elderly who are interested in this technology while the Lower ESE group urged the government to continue providing illiteracy education programs for the elderly.

The service provider groups encouraged the utilization of TV as a communication tool to increase the awareness of the community members and children to enhance and maintain the community recognition and respect for the elderly. Establishing tax on communication tools for the benefit of the elderly was suggested by service providers groups.

• **Civic participation and employment:**

All groups were concerned about the problems of old people who are always labeled as dependents and helpless regardless of their capabilities which might affect the mental well being of the elderly including being lonely and depressed. The low SES group

complained about ignoring them from paid work and the middle SES recommended to modify the age of retirement since the life expectancy is increasing.

All groups mentioned that some old people are still productive and active in life and many retired people are able to give and work within their areas of expertise.

They all recommended making use of the experience of the retired people as long as they are able to give and work and provide incentives for the elderly. The service providers group recommended establishing collaborative community funds to increase the income of the elderly through microfinance projects, and to conduct a comprehensive study to assess needs of the elderly.

In summary, issues of community support and social responsibility were taken seriously by all groups. Empowering old people and maximizing their strengths are important factors to encourage independency and well being of the old people.

• **Community support and Health Services:**

All groups agreed on problems of the expensive fees and drugs, lack of health insurance, lack of specialized doctors and nurses in the area of geriatrics, the high cost of recruiting a helper for the elderly and lack of quality of health care and services.

Lack of home care services and discrimination against elderly were expressed by the care giver, voluntary, and middle SES groups who complained about the bad treatment and communication of doctors and nurses with the elderly.

The professional groups explored more problems related to lack of knowledge on disaster care for the elderly and mentioned that the private health care sector had deled better with the old persons than the public sector.

All groups recommended to provide free health insurance, establish specialized clinics for the elderly in specific days and time, provide social security, provide home care services, and improve the communication skills of the health care providers (Nurses and physicians). The service providers recommended to develop emergency and disaster plan, develop simple telephones with multiple buttons of different necessary numbers for the use of the elderly, and to establish standards of quality of care provided to the elderly with ethical component. They also suggested that universities should play an active role in providing quality health services for the elderly through their community service programs. The middle SES group raised the issue of the voluntary, business and government sectors roles to support and care for the elderly.

As mentioned before, the issue of discrimination against elderly is a very sensitive issue, we still need to have further investigations to study this problem rather than nock it down.

Group Dynamics and interaction:

Group 1

There are no seen differences between the two groups of participants from the low SES. Among all participants there was one male participant in the age group 60-69 who felt uncomfortable among the rest of female participants. At the beginning of the session, participants felt that the topic is not important to them and not among their priorities, what they wanted to talk about is health insurance and social security since they came from poor areas. However, Toward the end participants enjoyed talking about their experiences as well as listening to each others. Women did not want to elaborate how they are/were treated by their sons since they were financially dependent on them and talking would reveal private family matters, and lots of non verbal communication among them not to tell. The facilitator encouraged them to speak which they did toward the end.

Group 3

In addition that the researcher noticed that some of them had difficulty concentrating at certain time which was expected. The communication and focus of the older low SES group was another challenge, however the facilitator were able to bring them back to the subject of the discussion every time.

Group 2

There were few differences between the two groups in the SES in their perception of the importance of the issue of their needs and priorities participants in the middle SES showed sympathy and supporting feelings toward poor people from the low SES in bearing to live with little money in a city where transportation, medical supplies and housing are expensive. Participants were enthusiastic and talked about the difficulties, needs and barriers as an issue that the country should overcome for the sake of the future generation. They were able to explore different policy issues at the higher level of dialogue. The group members were highly motivated bringing different problems and issues with solutions to support the well being of the elderly.

Group 4

Pparticipants in this group were more articulate in presenting solutions to the identified problems emphasizing different policy issues. They were very enthusiastic and enjoyed the session and emphasized the importance of bringing the issue more and more. They felt that planning will protect the future of their children as future senior citizens. The middle SES were more active than the Low SES group in exploring identifying problems and proposing solutions and recommendations on different issues related to the safety and well being of the elderly population.

Caregivers

They all spoke with a sense of frustrations and they shared common feelings and worries. Sources of the sense of frustrations were the
 Financial resources due to the high costs of medical equipments, treatment and medications
 Lack of environmental, social support
 Lack of medical resources
 Acceptance of elderly in the society

Service providers

The group members were highly motivated bringing different problems and issues to the table and suggesting policies and solutions to support the well being of the elderly. They expressed their willingness to be open for any modification or changes when appropriate to maintain in a safe environment for the elderly. They showed tremendous support for the elderly.

In addition to that, they considered the meeting as very important in raising issues that they never thought of about the needs challenges facing the well being of the elderly.

The voluntary group:-

They were very motivated and active in their discussion focusing on the best measures and practices to support the elderly.

The business group:-

They were very motivated and very active and creative in suggesting recommendations to support the well being of the elderly. Unlike the researchers expectations form this group; the business group was very caring, active and was into the heart of the subject.

Limitation of the study:

One main limitation of the study is the absence of men from the elderly groups. Females were much easier to recruit . In each group to men were always contacted put never show. Women might be more open to talk about their problem and needs in relation to different issues. However men in the public service providers and business groups were very articulate and proactive to explore problems that old people faced in Jordan and they made solid recommendation to enhance the well being and quality of life of old people.

Conclusion

As we might conclude from the general discussion with the groups there is a state of change overtime in social status and social roles of the elderly.

Elderly in the past used to enjoy a tremendous value and prestigious status and they were perceived as the symbol of wisdom in their families, as a matter of fact the senior person (age wise) of the tribe or family used to be the president of that group and the reference for all its members.

Things have changed now with the increasing number of young generation who has different ways of life and thinking within the sphere of the global village rather than the narrow sphere of a family or a tribe.

Thus, the recognition, integration and respect issues had shed the light on the whole dialogue and discussions with all groups who were able to make solid recommendation in this area that will create a positive culture toward the elderly and will be helpful in moving ahead a lot of issues and other recommendations suggested by all groups. The middle SES groups as well as the service providers and caregiver groups focused on many policy issues that required the establishment of new laws and/or modification of others. The full integration within their own communities was on of the most powerful cry of the elderly to their children and families.

In summary, all groups emphasized the importance of community recognition, making use of the retired people, establishing rules and regulations to protect the elderly, integrating the social component within city planning and public areas, advocating for the

elderly, establishing of day care centers for the elderly and nursing home for those with no help or family support, making affordable and convenient housing and outdoor spaces and buildings to accommodate mobility and safety of the old people, providing information and numbers of emergency and necessary institutions and centers that deal with the older persons, providing affordable and quality health services, establishing collaborative community funds to increase the income of the elderly through microfinance projects, and ensuring the full integration of old people within their community as well as the development of awareness programs and national strategy to enhance the status of the elderly. Empowering old people and maximizing their strengths are important factors to ensure independency and well being of the old people.

Finally, as we follow through we find that the issues of safety, security, basic needs, health and well being, social integration, community support and social responsibility were taken seriously by all groups which shed the light on the main themes of the findings:

The main themes are:

Meet Basic Needs of the elderly

1. Affordable housing
2. Cost/ monthly payment
3. Stay with family
4. Stay in separate house

1. Housing is convenient and modified to accommodate mobility and safety.

Housing modification areas:

Bathrooms, showers, sinks, entrance and stairs, lighting, humidity, separate house or apartment, left for buildings, crowdedness of car around the buildings, and building designs.

2. Safe neighborhood and Outdoor spaces.

- Safe and secure neighborhood and city
- Safe Outdoor spaces: streets, side walks, intersection
- Satisfied with the living area
- Availability of green areas /gardens
- Social elements is integrated in city planning in the design of public and private buildings to ensure the safety and accommodate the mobility of the old people
- Banks, health care facilities, public buildings, gardens, restaurants, and special service offices in public and private institutions.

3. Emergency and assistance services are available and elderly know how to access them.

- Knowledge of emergency and necessary services available
- Knowledge of emergency and necessary contact numbers and people.
- Available practical tools and interventions to facilitate contact with elderly in case of emergency.
- Available assistance for activities of daily living (ADL) if needed
- Communication tools are friendly user

4. Provide Social safety net the elderly
 - Social security
 - Health insurance
 - Tax free on necessary accessories to modify the houses of the elderly
 - Free services (transportation, tourist areas, cultural activities)
 - Lower the cost of home helpers
5. Ensure protection of the elderly
 - Prevention of Discrimination / maltreatment of the elderly
 - Satisfaction with Communication skills of healthcare providers
6. Elderly neglect from community members(drivers, family, relatives)
7. Establish Policy and legislation to protect the elderly
 - Speeding, Safe building design (inside houses and outside buildings, Exert tax for the benefits of the elderly (e.g. Telephone bell), Rent laws, Renewal of driving licensure, modify age of retirement, Lower tax on elderly houses/ building, Health insurance, and Social security.
 - Taking advantage of the rules and regulation of the handicapped people
8. Enhance social responsibility toward the elderly population
 - Involvement of children and youth in voluntary activities to care for the elderly
 - University students to organize community events for the elderly (free medical examination day etc...)
 - All effort of stakeholders to be organized.
 - Community
 - Voluntary organization
 - Private and business sector.
 - Government.
 - Media and communication sector.
 - Schools and universities
9. A strategy to enhance the health and well being of the elderly need to be developed.
10. Empower and maximize Independence of the elderly
 - Transportation is regulated, accessible and affordable.
 - Access to public transportation.
 - Safety of public transportation
 - Policies to regulate transportation system (schedules, seatbelts, capacity, etc...)
 - Community support system to enables the elderly to live comfortably and safely at home.
 - Home assistance is available to support activities of daily living when needed.
 - Caregivers are trained and supported to provide care to elderly
 - Adequate assistance is provided to relief Caregivers for sometimes
 - Monitored licensure renewal for old people
 - Family members are educated about needs of the elderly

11. Promotes Social and Civic Engagement

- Maintain connections with Family, friends and neighbors.
 - Socialized with Family, grandchildren, friends or neighbors
 - Establish cultural, religious and recreational activities that meet elderly needs
 - Mosques, restaurants, clubs
 - Joint activities
 - Joint campaigns
- Increase opportunities for voluntary work
 - Involvement in voluntary societies
 - Participate in volunteer work.
 - Do work for money through voluntary societies
- Establish supporting community: Community recognition and respect
 - Utilization of the experience of retired and experienced people.
 - Investment in the retired group
 - Paid work is available to those who want it.
 - Establish community fund
 - Provide microfinance projects
- Bridge generation gap
 - Family relationship
 - Elderly – children relationship .
 - Elderly – daughter in law relationship .
 - Elderly – grandchildren relationship.
- Changing social roles of the elderly
- Develop community awareness campaign to enhance the status of the elderly in the community
 - Community
 - Voluntary organization
 - Private and business sector.
 - Government.
 - Media and communication sector.
 - Schools and universities
- Develop education programs for the elderly
 - Illiteracy education program.
 - Technology illiteracy education programs for those interested in the technology.
 - Education programs on physical and psychosocial changes during elderly stage

12. Ensure health and Well-Being of the elderly

- Accessibility to health care services.
 - Perception of elderly about their health status.
 - Scope of services

Availability of Specialist doctors and nurses
 Availability of medications and drugs
 Medications and drugs are secured for dependent old people
 Transportation is available and affordable

- Health problems interfered with the elderly activities
- Quality of health care services
- Availability of drugs and medications.
 - Waiting time.
 - Scope of services
 - Availability of Specialist doctors and nurses
 - Satisfaction with health care services
 - Health care providers communication skills
 - Knowledge of the elderly about their health problems
- Problems interfered in the use of necessary health care services
 - Affordability to use services
 - Cost of medical care.
 - Cost of prescription drugs.
 - Availability of home care services
 - Lack of health insurance

13. Making use of the retired people was another main issue that was not tackled
 This is an issue that we need to emphasize as there are more people moving into the elderly stage without having the information and knowledge of what they will go through during this stage including the social economic health aspects. Caregivers showed some kind of frustration which could be related to the overburden of responsibility at home and workplace. Definitely they need some programs on stress management and coping mechanisms.

14. The older group asked for improvement of the quality of health care services including laboratories as well as having specialized physicians in health care center.
 Our explanation that the health care centers are very crowded and elderly people especially the older group (who perceive themselves as helpless and cannot move around) got stuck with the crowd and routine system in the health centers with not much time allocated for them with the health care providers. Of more importance they were unable to afford the cost and the prices of medications and drugs which had been increasing lately and nearly missing in the public sector. Old people live with many health problems especially chronic illnesses, thus, they should enjoy a fair health care system that is sensitive to their needs.

15. Develop a strategy to support and empower the elderly
 Elderly groups wanted more involvement with the voluntary organizations. Interestingly, the middle SES groups were more focused on establishing rules and regulations for the interest of the elderly; thus, the discussion with the middle SES groups was at a higher level than that with the low SES groups.

Demographic characteristics of participants in the middle socio-economic class age 60+

| Elderly group 1 | Age | Gender | Employment status | Current job or job before retirement | Health status | Health problems affecting activities of daily living | Educational level | SES | Rent or own house | Who lives in house with elderly person | Total number of people living in elderly household | Neighborhood and city where elderly live |
|------------------------|------------|---------------|--------------------------|---|-------------------------|---|--|------------|--------------------------|---|---|---|
| 1 | 68 | Female | Part time voluntary work | House wife | Moderate health status | Yes | High school diploma | MSES | Own | Non – relatives (Housekeeper) | 2 | Amman |
| 2 | 60 | Female | Part time voluntary work | House wife | Excellent health status | No | University degree | MSES | Own | Non – relatives (Housekeeper) | 2 | Amman |
| 3 | 69 | Female | Part time voluntary work | House wife | Good health status | No | First secondary class / 10 th grade | MSES | Own | Non – relatives (Housekeeper) | 2 | Amman |
| 4 | 63 | Female | Work full time | President Of a corporation | Excellent health status | No | Collage / university | MSES | Own | Non – relatives (Housekeeper) | 2 | Amman |
| 5 | 65 | Female | Part time voluntary work | House wife | Good health status | No | Collage / university | MSES | Rent | No-one else but me | 1 | Amman |

| Elderly group 1 | Age | Gender | Employment status | Current job or job before retirement | Health status | Health problems affecting activities of daily living | Educational level | SES | Rent or own house | Who lives in house with elderly person | Total number of people living in elderly house hold | Neighborhood and city where elderly live |
|-----------------|-----|--------|--------------------------|--------------------------------------|--------------------|--|---------------------|------|-------------------|--|---|--|
| 6 | 61 | Female | Part time voluntary work | House wife | Good health status | No | High school diploma | MSES | Own | Non – relatives (Housekeeper) | 2 | Amman |

Demographic characteristics of participants in the low socio-economic class age 60+

| Elderly group 2 | Age | Gender | Current Employment status | Current job or job before retirement | Health status | Health problems affecting activities of daily living | Educational level | SES | Rent or own house | Who lives in house with elderly person | Total number of people living in elderly household | Neighborhood and city where elderly live |
|------------------------|------------|---------------|----------------------------------|---|------------------------|---|--------------------------|------------|--------------------------|---|---|---|
| 1 | 62 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Rent | Spouse and(son and his wife's) in 3 room | 10 | Amman |
| 2 | 64 | Female | Unemployed | Farmer | Moderate health status | Yes | Illiterate | LSES | Own | Her children | 5 | Amman |
| 3 | 62 | Male | Unemployed | Ceramic factory | Moderate health status | Yes | 8 th grade | LSES | Own | His spouse and she is pregnant | 2 | Amman |
| 4 | 60 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Own | Children (5 son ,1 daughter) | 7 | Amman |
| 5 | 65 | Female | Unemployed | House wife | Moderate health status | No | Illiterate | LSES | Rent | Children | 1 | Amman |

| Elderly group 2 | Age | Gender | Current Employment status | Current job or job before retirement | Health status | Health problems affecting activities of daily living | Educational level | SES | Rent or own house | Who lives in house with elderly person | Total number of people living in elderly house hold | Neighborhood and city where elderly live |
|-----------------|-----|--------|---------------------------|--------------------------------------|------------------------|--|-------------------|------|-------------------|--|---|--|
| 6 | 69 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Rent | Children | 6 | Amman |
| 7 | 60 | Female | Unemployed | Farmer | Good health status | No | Illiterate | LSES | Own | Children | 6 | Amman |
| 8 | 68 | Female | Unemployed | House wife | Poor health status | Yes | Illiterate | LSES | Own | Children | 1 | Amman |

Demographic characteristics of participants in the middle socio-economic class age 70+

| Elderly group 3 | Age | Gender | Employment status | Current job or job before retirement | Health status | Health problems affecting activities of daily living | Educational level | SES | Rent or Own house | Who lives in house with elderly person | Total number of people living in elderly house hold | Neighborhood and city where elderly live |
|------------------------|------------|---------------|--------------------------|---|-------------------------|---|--------------------------|------------|--------------------------|---|--|---|
| 1 | 70 | Female | Retired | Principal of primary school | Good health status | No | Collage / university | MSES | Own | Spouse | 2 | Amman |
| 2 | 72 | Female | Retired | In school | Good health status | yes | Secondary school | MSES | Own | Children (1) | 5 | Amman |
| 3 | 74 | Female | Retired | ---- | Moderate health status | yes | Secondary school | MSES | Own | Non – relatives (House keeper) | 2 | Amman |
| 4 | 75 | Female | Retired | Principal of secondary school | Excellent health status | No | Collage / university | MSES | Own | No-one else but me | 1 | Amman |
| 5 | 70 | Female | Part time voluntary work | House wife | Excellent health status | No | Secondary school | MSES | Own | No-one else but me | 1 | Amman |
| 6 | 75 | Female | Retired | Principal of secondary school | Excellent health status | No | Collage / university | MSES | Own | No-one else but me | 1 | Amman |

| Elderly group 3 | Age | Gender | Employment status | Current job or job before retirement | Health status | Health problems affecting activities of daily living | Educational level | SES | Rent or Own house | Who lives in house with elderly person | Total number of people living in elderly house hold | Neighborhood and city where elderly live |
|------------------------|------------|---------------|--------------------------|---|-------------------------|---|--------------------------|------------|--------------------------|---|--|---|
| 7 | 70 | Female | Part time job | Teacher | Excellent health status | No | Collage / university | MSES | Own | children | 3 | Amman |
| 8 | 72 | Female | Retired | In school | Excellent health status | yes | Secondary school | MSES | Own | No-one else but me | 1 | Amman |

Demographic characteristics of participants in the low socio-economic class age 70+

| Elderly group 4 | Age | Gender | Employment status | Current job or job before retirement | Health status | Health problems affecting activities of daily living | Educational level | SES | Rent or Own house | Who lives in house with elderly person | Total number of people living in elderly house hold | Neighborhood and city where elderly live |
|------------------------|------------|---------------|--------------------------|---|------------------------|---|--------------------------|------------|-----------------------------------|---|--|---|
| 1 | 78 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Own in one room with out bathroom | No-one else but me | 1 | Amman |
| 2 | 71 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Rent | Children(my widow daughter and her Children) | 5 | Amman |
| 3 | 70 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Own | Children(5) | 20 | Amman |
| 4 | 70 | Female | Unemployed | House wife | Moderate health status | No | Illiterate | LSES | Own | Children(7) | 11 | Amman |

| Elderly group 4 | Age | Gender | Employment status | Current job or job before retirement | Health status | Health problems affecting activities of daily living | Educational level | SES | Rent or Own house | Who lives in house with elderly person | Total number of people living in elderly house hold | Neighborhood and city where elderly live |
|------------------------|------------|---------------|--------------------------|---|------------------------|---|--------------------------|------------|--------------------------|---|--|---|
| 5 | 70 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Own | Children(7), spouse and other relative (mother) | 9 | Amman |
| 6 | 70 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Own | Children(3) | 17 | Amman |
| 7 | 71 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Own | No-one else but me | 1 | Amman |
| 8 | 70 | Female | Unemployed | House wife | Moderate health status | Yes | Illiterate | LSES | Own | Children (5) | 9 | Amman |

Providers of services in the community
Professional staff in public municipal or regional service

| Service group 1 | Age | Gender | Present occupation | Sector of community | Length of time at last job | How consider experience with providing services to elderly people |
|----------------------------|------------|---------------|---|-------------------------------|---------------------------------------|--|
| 1 | 75 | Female | President of a charity organization | Voluntary sector | More than 37 years | A lot experience |
| 2 | 53 | Male | Director and owner of senior citizen's house | Commercial or business sector | More than 5 years | Very good experience |
| 3 | 52 | Male | Engineer /Ministry of transportation | Public sector | More than 5 years | Poor experience |
| 4 | 44 | Male | Accountant/ Ministry of municipal affairs | Public sector | More than 17 years | Moderate experience |
| 5 | 34 | Female | Director of public health department at Amman municipality | Public sector | More than 12 years | Very good experience |
| 6 | 43 | Male | Department head | Public sector | Less than 2 years | Very good experience |
| 7 | 42 | Male | Communication and public awareness Ministry of social affairs | Public sector | More than 5 years | Very good experience |

Providers of services in the community
Business people and merchants

| Service group 2 | Age | Gender | Present occupation | Sector of community | Length of time at last job | How consider experience with providing services to elderly people |
|----------------------------|------------|---------------|--|----------------------------|---------------------------------------|--|
| 1 | 41 | Female | Department head/ Chamber of commerce | Government sector | Over 5 years | A lot |
| 2 | 40 | Male | Banker/Director of loan dep. | Private sector | Over 5 years | A lot |
| 3 | 37 | Male | Hairdresser | Private sector | Over 5 years | A moderate amount |
| 4 | 42 | Female | Teacher | Private sector | Over 5 years | A moderate amount |
| 5 | 35 | Male | Pharmacists | Private sector | 2-5 years | A moderate amount |
| 6 | 63 | Female | President of a corporation | Private sector | Over 5 years | A lot |

Providers of services in the community
Voluntary organizations

| Service group 3 | Age | Gender | Present occupation | Sector of community | Length of time at last job | How consider experience with providing services to elderly people |
|----------------------------------|------------|---------------|--|-------------------------------|-----------------------------------|--|
| 1 | 63 | Female | Director and owner of senior citizen's house | Voluntary sector | Over 5 years | A lot experience |
| 2 | 75 | Female | President of a charity organization | Voluntary sector | More than 37 years | A lot experience |
| 3 | 53 | Male | Director and owner of senior citizen's house | Commercial or business sector | More than 5 years | Very good experience |
| 4 | 40 | Male | Director and owner of senior citizen's house | Voluntary sector | 2-5 years | A lot experience |
| 5 | 62 | Female | Jordanian Kidney Association | Voluntary sector | 2-5 years | A lot experience |
| 6 | 60 | Female | Palliative care | Private sector | More than 5 years | A lot experience |

Caregivers of older Persons

| Care group 5 | Gender | Employment status | Current position or job | Educational level | Types of Health problems of the older person to whom you are providing the care | Relationship to older person to whom you are providing the care | Older person to whom you are providing the care live in same house with you | Neighborhood and city older person to whom you are providing the care live |
|--------------|--------|-------------------|--------------------------------|----------------------|---|---|---|--|
| 1 | Female | Full time job | ---- | Collage / university | Hearing and walking difficulties | Parent/ parent in law | yes | Amman |
| 2 | Female | Full time job | Student of nursing | Collage / university | Hearing difficulties | Parent/ parent in law | yes | Amman |
| 3 | Female | Full time job | Nursing education and training | PhD | Visual, Hearing and moving difficulties | Parent/ parent in law(mother in law) | yes | Amman |
| 4 | Female | Full time job | Palliative care | Collage / university | Visual, hearing, and moving difficulties in addition to dementia | Parent/ parent in law | yes | Amman |

| Care providers group 5 | Gender | Employment status | Current position or job | Educational level | Types of Health problems of the older person to whom you are providing the care | Relationship to older person to whom you are providing the care | Older person to whom you are providing the care live in same house with you | Neighborhood and city older person to whom you are providing the care live |
|-------------------------------|---------------|--------------------------|--------------------------------|--------------------------|--|--|--|---|
|-------------------------------|---------------|--------------------------|--------------------------------|--------------------------|--|--|--|---|

| | | | | | | | | |
|---|--------|---------------|-------------------------------|----------------------|---|--|-----|-------|
| 5 | Female | Full time job | Faculty member of Nursing | Collage / university | Chronic diseases | Parent/ parent in law | yes | Amman |
| 6 | Male | Full time job | Surgeon | Collage / university | None | Parent/ parent in law | yes | Amman |
| 7 | Female | Full time job | Chair person of allied health | Collage / university | Problems with vision | Parent/ parent in law (and mother , father in law) | yes | Amman |
| 8 | Female | Full time job | Nurse | Collage / university | None | Parent/ parent in law | yes | Amman |
| 9 | Female | Full time job | Nursing instructor | Collage / university | Visual, Hearing and psychiatric problem | Relatives | yes | Amman |