Office of the Mayor
City Of New Port Richey

Proclamation

WHEREAS, the global population of people aged 60 and over is expected to grow from 600 million now to almost 2 billion by 2050; and

WHEREAS, research shows that older Americans overwhelmingly want to remain in their homes and communities as they age; and

WHEREAS, access to quality health care and long-term services and supports is essential for individuals to live in their homes and communities; and

WHEREAS, of the eighty percent of older adults living in metropolitan areas, sixty-four percent live outside the principal cities of these areas in suburban locations that tend to be auto-dependent, creating challenges for residents who do not drive; and

WHEREAS, reduced mobility for older non-drivers leads to fifteen percent fewer trips to the doctor, fifty-nine percent fewer shopping trips and visits to restaurants, and sixty-five percent fewer trips for social, family and religious activities; and

WHEREAS, the World Health Organization (WHO) has developed a Global Network of Age-Friendly Cities and Communities to promote public policies to increase the number of cities and communities that support healthy ageing thereby improving the health, well-being, satisfaction and quality of life for older Americans; and

WHEREAS, the WHO has developed eight domains of community life that influence the health and quality of life of older people which include outdoor spaces, transportation, housing, social participation, social inclusion, communication and community support; and

WHEREAS, the City of New Port Richey deems it proper to support the initiatives and opportunities to engage in the WHO Age-Friendly Cities and Communities Network.

NOW, THEREFORE, I, Rob Marlowe, Mayor of the City of New Port Richey do hereby proclaim that the City of New Port Richey hereby supports the

WHO Age-Friendly Cities
and Communities Network

and encourage opportunities to engage in the Network for the health and well-being of our residents.

In witness whereof I have hereunto set my hand and caused this seal to be affixed.

ATTEST: __________________________
DATE: __________________________