



# **Age-Friendly Rural and Remote Communities: A Guide**



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The opinions expressed in this document are those of the authors and do not necessarily reflect the position of a particular jurisdiction.



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## I Introduction

In September 2006, the Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors endorsed the **Age-Friendly Rural/Remote Communities Initiative** (AFRRCI). The Initiative has two main objectives:

1. to increase awareness of what seniors need to maintain active, healthy and productive lives within their communities by identifying indicators of age-friendly rural or remote communities; and
2. to produce a practical guide that rural and remote communities across Canada can use to identify common barriers, and to foster dialogue and action that supports the development of age-friendly communities.

In an age-friendly community, policies, services, settings and structures support and enable people to age actively by:

- recognizing the wide range of capacities and resources among older people
- anticipating and responding flexibly to aging-related needs and preferences
- respecting the decisions and lifestyle choices of older adults
- protecting those older adults who are most vulnerable
- promoting the inclusion of older adults in, and contribution to, all areas of community life<sup>1</sup>

The idea of an age-friendly rural or remote community builds on work underway by the World Health Organization (WHO) on “global age-friendly cities” which is, in turn, based on the WHO’s active aging model.<sup>2</sup> This *Global Age-Friendly Cities Project* has attracted enthusiastic interest from the moment it was introduced in June 2005, at the opening session of the XVIII World Congress of Gerontology in Rio de Janeiro, Brazil. The interest evolved into action, with 33 cities in over 22 countries participating in the project. Canada’s AFRRCI was developed using the model and research framework of Global Age-Friendly Cities.<sup>3</sup> The Canadian project focuses its work specifically on rural and remote communities. The Initiative has experienced success to date with the participation of 10 communities from eight jurisdictions.

### Healthy Aging and Seniors in Rural and Remote Communities

The costs and benefits associated with aging and the impacts on communities and broader society make an investment in healthy aging imperative. While the majority of seniors living at home view their health as good, long-term health problems tend to increase with age—this is the case for most chronic conditions,



disabilities and dementias. For example, data from 2001 show that disability rates jump from 31% among seniors aged 65 to 74 years, to 53% for those aged 75 and over.<sup>4</sup> It is estimated that in the next 10 years, Canadians over age 65 will outnumber those under age 15. Within 30 years, as the Baby Boom generation continues to age, the population over age 65 will grow from 4.2 million to 9.8 million.<sup>5</sup>

The aging of the Canadian population has significant implications for the health system. Currently, 44% of Canada's total health care expenditures are attributed to seniors who comprise 13% of the population.<sup>6</sup>

At the same time, older adults continue to make significant and numerous contributions on a number of fronts—to their families (by providing assistance to spouses, children and grandchildren); to their friends and neighbours; to the community (through volunteering activities); and to the paid economy as skilled and knowledgeable workers.

Evidence shows that health promotion and disease prevention strategies can help those who are aging well, as well as those with chronic conditions and those who are at risk for serious health problems—even very late in life. It is increasingly recognized that encouraging communities to create age-friendly physical and social environments will better support older citizens in making choices that enhance their health and well-being and allow them to participate in their communities, contributing their skills, knowledge and experience.<sup>7</sup>

While the majority of Canadians live in urban settings, a large proportion of seniors still live in rural or remote areas—hence the focus of this guide on rural and remote communities. It is estimated that approximately 23% of seniors in Canada live in rural areas and small towns.<sup>8</sup> In fact, some parts of rural Canada have been undergoing increases in the proportion of seniors as retirees migrate from cities to the country.

Current research on rural and remote communities shows they face unique social and environmental challenges that can have an impact on health and healthy aging different from those facing urban populations. For example, seniors who wish to “age in place” in rural communities can face barriers to remaining in their homes and staying active and engaged in their communities. Such barriers include a lack of or limited support available to enable older persons to remain independent, as well as very limited housing and transportation options. In addition, seniors in rural and remote areas are frequently required to travel out of their communities for health services, which creates a range of challenges for themselves and their families.



## How the Guide was Developed

Communities included in this initiative were identified by provincial and territorial governments through a variety of mechanisms, including open calls and invitations to specific communities. All participating communities met a number of criteria related to: population size (5,000 or less), population aging experiences, degree of remoteness (proximity to a city), economic structure (agricultural, resource-based, tourism/recreation-based) and ethnocultural diversity.

A total of 10 communities in eight provinces participated in the focus group research (see Figure 1). They range in size from fewer than 600 to approximately 5,000 people, and represent varying degrees of rurality and remoteness. Some communities are isolated during the winter months and have little contact with other communities; some have agricultural economies, while others are resort towns. These communities also vary in terms of cultural diversity.

**Figure 1: Participating Communities<sup>9</sup>**



A locally-driven and bottom-up participatory approach was employed to involve and encourage the active participation of older adults in examining and discussing issues related to aging in their community. This participatory approach to decision making and social engagements is a recommendation of the United Nations for empowering older adults. Older adults are the experts about their own lives—the Canadian (AFRRCI) project sought the full participation of seniors in all study communities.



### ***Focus Groups***

Ten focus groups, most consisting of eight to ten people, were conducted with older adults (aged 60 and over) and informal caregivers of older adults who were not able to participate due to physical or mental impairment. The group of older persons reflected a variety of ages, physical disabilities and differences in socio-economic status. Potential participants were screened in order to ensure appropriate diversity regarding these characteristics. All participants in the focus group were recruited within the geographical community that was under study. Efforts were made to recruit participants from a variety of sources. A variety of mechanisms were used to recruit participants such as press conferences, newspapers ads, bulletin board notices, word -of-mouth and through the community contacts (members of the community acting as a liaison between the community and the researchers). Community-based religious, social, volunteer and recreational centres where older persons gather and community agencies and services with a large clientele of older persons were also used as recruitment locations. In total, 107 participants (96 older adults and 11 caregivers) participated in the focus groups held between February and April 2007.

An additional 10 focus groups were conducted with a total of 104 service providers from the public, business and voluntary sector. This supplementary information focused on service provider interactions with the older adults. In some cases, caregivers and service providers provided information that the older persons did not report.

### ***Discussion Themes***

The study was designed to provide a comprehensive picture of each community's age-friendliness. Eight broad topics or themes were explored and discussed in the focus groups—themes covered the essential features of the community's structure and its physical environment, as well as the extent to which its services and policies reflect the determinants of active aging. These eight themes are identical to those used by the World Health Organization in the *Global Age-Friendly Cities: A Guide*. The same broad questions were asked in each community. The discussions were focused on elaborating the following:

- the aspects of the community that are age-friendly (advantages),
- the barriers and problems that show how the community is not age-friendly (barriers), and
- suggestions to improve the problems or barriers identified.



The first three topics were **Outdoor Spaces and Buildings, Transportation and Housing**. As key features of a community’s physical environment, these aspects of community have a strong influence on personal mobility, safety from injury, security from crime, health behaviours and social participation. Three other topics reflect various aspects of social environments and of culture that affect participation and mental well-being—**Respect and Social Inclusion** deals with the attitudes, behaviours and messages of other people and of the community as a whole towards older persons; **Social Participation** refers to the engagement of older persons in recreational, social, cultural, educational and spiritual activities; and **Civic Participation and Employment Opportunities** addresses opportunities for citizenship, and paid and volunteer work—it is related to both social environments and the economic determinants of active aging. The remaining two themes, **Communication and Information** and **Community Support and Health Services**, involve both social environments and health and social service determinants.

These aspects of community life, while presented separately in this guide, are clearly interrelated and discussion in the focus groups often wove together various issues across themes. For example, respect and social inclusion are reflected in the accessibility of buildings and spaces, and in the range of opportunities offered to older persons for social participation, entertainment or employment. Housing influences the need for community support services—social, civic and economic participation partly depend on the accessibility and safety of outdoor spaces and public buildings. In particular, transportation, communication and information interact with the other themes—without transportation or adequate means of obtaining information to allow people to meet and connect, other rural facilities and services that could support active aging become inaccessible.

### **In this Guide**

This guide has been organized to reflect the discussion and suggestions related to the eight themes outlined above. In Section II, each theme is discussed separately. Following a synopsis of the discussion highlights related to a theme, a summary of key findings identifies the aspects of a community (related to the theme) that make a community age-friendly, as well as barriers to and some suggestions for achieving age-friendliness identified in the focus group discussions. Section III sets out a broad process that communities may follow to consider and address the age-friendliness of their community, and a detailed checklist of age-friendly features that may assist communities to better meet the needs of their older adults.

It should be noted that this guide reflects the broad and most frequently mentioned age-friendly features and barriers from discussions across Canada, including some



suggestions from participants for making their communities age-friendly. This guide is not exhaustive. Each community is unique and discussions pointed to the fact each has a unique set of needs, circumstances and options for improving age-friendliness. The ideas and suggestions presented here will need to be considered by each community and adapted and tailored to best meet local conditions and needs.

## **How to Use the Guide—A Starting Point**

This guide is intended to be used by individuals and groups interested in making their community more age-friendly, including local and provincial governments, voluntary organizations, the private sector, seniors, senior -serving organizations and citizens' groups. Making communities age-friendly is a shared responsibility among many groups including the various levels of government. The guide is designed to illustrate what is meant by “age-friendly” and to provide communities with a starting point to identify common barriers and assets in their communities and foster dialogue and action that support the development of age-friendly communities.

It is everyone's responsibility to begin a dialogue in their communities in order to determine their assets, their strengths and weaknesses as an age-friendly community. How each community chooses to undertake this task will vary.

Ideally, community dialogues will involve all members of the community in the exploration of age-friendliness, as many of the features that benefit older adults can also benefit other groups in the community. A community that works for seniors works for everyone.



## II Highlights of Focus Group Discussions, by Theme

### 1. Outdoor Spaces and Buildings

*The physical environment is an important determinant of physical and mental health for everyone. Creating supportive environments, including age-friendly outdoor spaces and building design, can enhance physical well-being and quality of life, accommodate individuality and independence, foster social interaction and enable people to conduct their daily activities.*

Focus group results pointed to what seniors and caregivers identify as important aspects of outdoor spaces and buildings. Older adults and service providers in rural and remote communities expressed that “walkable” sidewalks, pathways and trails are very important for older persons, not only because they support safety and physical activity, but also because they enable older adults to get around and take care of their personal and social needs. Participants also identified the importance of having amenities within close proximity of each other. They identified a number of barriers, including a lack of sidewalks (or continuous sidewalks) in some communities, as well as the dangers of walking and using a scooter on busy streets and highways. Even in communities where sidewalks are common, some participants were concerned with the general state of disrepair and lack of maintenance for both sidewalks and trails.

In addition to the importance of walking for such practical purposes as running errands, walking as a form of physical activity has become increasingly common for older persons. Ensuring that paths, trails and walking routes are supported with sufficient washrooms and rest areas (especially benches) makes these areas more usable by seniors.

“A lot of the doors are extremely heavy, very heavy. I've had two falls. I broke my wrist walking on an uneven sidewalk, and then I fell and hurt my shoulder badly. And I have a very hard time opening a very heavy door, and there are several heavy doors to be opened wherever you go.”

“I've not been nervous and I mean I've done a lot of walking. In the wintertime I walk with the dog at six o'clock in the morning and it's dark, dark. No, I've never been nervous anywhere—that is the truth.”

Seasonal conditions vary throughout the year and clearly have an impact on the “walkability” of communities. Quick and responsive snow-cleaning is appreciated by seniors, although snow clearing can sometimes lead to other problems. For example, snowploughs tend to heap snow along the roadsides which, as several



participants noted, can make it difficult for older persons to open car doors blocked by snowbanks.

Buildings with few steps, push-button doors and wheelchair ramps are important for accessibility by all seniors. Aging buildings, however, are often cited as having accessibility problems. More than one participant noted, for example, that older church buildings sometimes have washrooms in the basement, creating a problem for seniors with mobility challenges. In fact, inaccessible washrooms or toilet stalls, stairs and heavy doors were mentioned repeatedly as challenging for older persons.

Overall, the focus group participants expressed that they feel safe and secure in their communities and reported that there is very little crime in their communities. Seniors' safety and security concerns tend to relate more to worrying about potential accidents, including the fear of falling, which is seen as a limitation to independence and mobility. Similarly, sidewalks or streets that are slippery or have potholes are seen as hazards that make walking unsafe for older adults.

### ***Summary of Key Findings***

Results of focus group discussions point to the following highlights with respect to what seniors and caregivers see as important issues and opportunities when it comes to planning for age-friendly outdoor spaces and buildings:

#### **Age-friendly features include . . .**

- Walkable sidewalks, pathways and trails
- Good accessibility to and within public buildings (e.g., few stairs, wheelchair ramps that are not too steep, accessible washrooms)
- Along footpaths, accessible washrooms (e.g., wide push-button doors, rails) and rest areas, including benches that are an appropriate height
- Adjustments and adaptations that help seniors feel safe and secure in the community
- Provision of services within walking distance of where many seniors live

#### **Barriers include . . .**

- Poor accessibility to and within public buildings
- Lack of and/or poor quality of sidewalks, curbs and crosswalks
- Seasonal factors that reduce walkability and “scooterability” (e.g., snow, ice)



- Shortage of accessible washrooms and rest areas along walking routes

### **Suggestions from participants for improving age-friendliness . . .**

- Provide intergenerational outdoor activities to foster socialization between younger and older members of the community, and to provide assistance to those with mobility problems.
- Set up indoor walking clubs for periods of poor weather conditions.
- Post signage indicating the location of public restrooms.
- Provide good lighting throughout neighbourhoods and on trails.



## 2. Transportation

*Whether driving a car or taking public or private transportation, access to transportation allows seniors to participate in social, cultural, volunteer and recreational activities, as well as enabling them to carry out such daily tasks as working, shopping or going to appointments.*

The majority of seniors who participated in the focus groups reported that they own and drive a car. Good roads, light traffic flow, prompt snow removal and generally adequate parking options were among the positive aspects of driving in rural and remote communities mentioned by older persons. However, a lack of parking for people with a disability (“handicapped” parking stalls) and the failure of local authorities to monitor their use was a commonly identified barrier. In addition, poor road signage, poor road design, and poor enforcement of traffic and parking laws—were seen by seniors as compounding factors.

Seniors also expressed concerns about their future as older drivers and many feared the loss of independence that would come with giving up their licence.

“Now that I’m getting older, and I *am* old, I should say, I know that one day they’re going to say, ‘Well, no more licence for you.’ That’s going to happen to all of us.”

Unlike city-dwellers, seniors living in rural and remote areas are much less likely to have access to a range of public and other types of transport. In fact, some communities have no form of public or private transportation. In communities where there is a public transportation system, however, it often does not meet the needs of older persons. For example, seniors often have different travel patterns than others who use public transportation—they may travel outside the peak (work) hours and use it for different reasons, such as visiting friends, participating in activities, accessing services and going shopping. Public transportation, if it is available, may not be geared to such needs and timing. The resulting low ridership often leads to the reduction or cancellation of services.

Older adults with mobility issues or disabilities also often have difficulty using public transportation for a number of reasons. For example, fixed schedules may not be sensitive to their needs, and pedestrian accessibility (sidewalks, etc.) may be poor. Seniors who do not own a car are particularly at risk for social isolation, and may also experience difficulties in accessing community and medical services. The lack of public transportation (or a convenient alternative) was identified by service providers as the reason for seniors continuing to drive for longer than was safe to do so.



Participants identified options and approaches that work well in their communities—notably, the availability of vans or shuttles, many operated voluntarily and/or with the assistance of government subsidies, as well as programs that transport older persons to the larger centres for health-related appointments. Such programs are becoming increasingly necessary, providing a key advantage to older persons. Moreover, where they are in place, they tend to be well used by seniors. Availability of taxi service is seen as important by seniors.

The focus group results point out that, even in the smallest communities, many older persons are not aware of the transportation options available. In other cases, even if they are aware that such services exist, they lack details about cost, hours of operation and who is eligible to use them.

Results also show that, by far, transportation provided by family members (in particular, daughters), friends and neighbours is the most common and frequently used transportation option. One service provider referred to neighbours and volunteers as the “underground public transportation taxi system,” noting that they readily give of their time. The

same person commented that rising gas prices are becoming prohibitive for these voluntary drivers.

As one caregiver’s comment illustrates, however, the costs go beyond that of the price of gas. The real cost of this “underground” transportation system is the discomfort older persons have with their dependence on others to get around the community and beyond—a loss of both their independence and their pride. Several participants also raised a critical question: what do people without family members or helpful neighbours do?

The issue of transportation came up as a dominant issue in most other themes discussed in the focus groups—housing, social inclusion and participation, and, in particular, community support and health services.

“We have two handi-vans—one is wheelchair accessible, the other one is just for people that need to be transported and are not in a wheelchair. It works wonderfully well.”

“We all agree here we do need transportation and friends are fine, family are fine, but they can only go so far.”

“I do have an elderly mother who relies on other people for her back-up, and after you've made five phone calls—you're desperate. And you're so sad about at having to be dependent on someone else to do that for you.”



## ***Summary of Key Findings***

Focus group discussions highlighted the following issues, needs and suggestions for communities to consider with respect to transportation:

### **Age-friendly features include . . .**

#### ***For older drivers***

- Good roads, light traffic flow
- Prompt snow removal
- Adequate parking

#### ***For older people using public transportation***

- Volunteer drivers and/or informal networks that provide transportation services
- Vans or shuttles available for seniors
- Health transportation services (including to larger centres)
- Assisted transportation available (with wheelchair lifts)
- Affordable and accessible taxis

### **Barriers include . . .**

#### ***For older drivers***

- Parking difficulties or lack of loading/unloading areas
- Other drivers, timing and traffic issues
- Lighting and other visibility problems

#### ***For older people using public transportation***

- Over-reliance on family, friends and neighbours to provide transportation services
- Lack of options—no buses or taxis
- The expense to travel outside of the community
- Poor scheduling or connectivity
- Lack of accessibility
- Lack of information about transportation options
- Underutilization of services (e.g., public buses, dial-a-ride, handi-vans) that result in their cancellation because of low ridership



## **Suggestions from participants for improving age-friendliness . . .**

### ***For older drivers***

- Make driver refresher courses available to people over age 50.
- Offer a “limited driver’s licence” for those who may otherwise lose their licence allowing, for example, driving during daylight hours, or within a five-mile radius of home.
- Designate parking spots for people with health problems that limit mobility (i.e., for those who cannot walk very far) but who do not qualify for a disability sticker.

### ***For other transportation***

- Provide a taxi service that operates on a specific route, stopping at two or three places several times a day—and consider subsidizing such a service to make it economically feasible and accessible to older people.
- Provide more frequent public transportation service at night and in winter.



### 3. Housing

*Focus group discussions of housing underscore the importance of enabling older people to remain independent for as long as possible. The ability to live independently in one's own home depends on a range of factors, including good health, finances and the availability of support services (such as medical and personal care). Many older persons feel that they could continue to live in the homes they have inhabited for years or decades, but under certain conditions. For example, the availability of help with housework, gardening or repair work could enable seniors to remain in their homes.*

Many older persons own their own homes. Seniors' houses tend to be older than those owned by younger Canadians. A variety of costs are higher for older homes—including those related to maintenance and utilities. While some seniors recognize that their older homes are not functional for an aging person, they may not be able to afford the upgrades and adaptations that would improve living conditions. Lack of indoor plumbing was an issue raised in one community. In another, the reliance on woodstoves was discussed and the problems that ensued when older persons were less able to chop and carry firewood. Some discussion participants noted that volunteers help older seniors with these tasks, either informally (good neighbours), or as part of an organized community volunteer service. The biggest financial barriers facing seniors who want to remain in their homes appear to be related to heating and home maintenance costs.

Design problems were another frequently mentioned barrier. While a number of participants are aware that government grants or subsidies are available to older persons who need to retrofit parts of their homes for accessibility and mobility, information about these

federally or provincially administered programs does not appear to be well known. In other cases, participants expressed frustration with the process of accessing such support. As one service provider suggested, eligibility criteria sometimes exclude people who could clearly benefit from subsidies to upgrade their homes.

"Taxes are high and the fuel bills are scaring them. Quite often they keep their heat so cold that they only turn the heat up when they know someone's coming. They have the sweater and the coat on, the shawl over their shoulders. The doors, they have a quilt wrapped at the bottom to stop the draft from coming through."

"If you've got a couple that's living in an older home, if both of them are collecting old age pensions, they don't qualify for a grant. I work for people all the time trying to get them grants and that really annoys me. Because both of them are on old age pensions, they probably have incomes of \$21,000 to \$22,000, so if they're \$1,000 over, they can't get anything."



Focus group participants felt that when it is time to move from their homes, they want a range of options that provide a continuum of care. Those who can afford to purchase a new home talk about the need for more small homes or condos to be built. Others are less interested or unable to commit to buying a new home and seek an apartment.

Rental housing typically includes single detached houses, townhomes, duplexes, secondary suites or small apartment buildings. New rental housing is not always economically feasible in most rural markets for several reasons, including small local markets, risky economic conditions and a limited construction industry.

In addition to wanting an “in-between” housing option between a large family home and an apartment, older persons in the focus groups expressed that they are also looking for more assisted living options, described by one older focus group participant as an “intermediary” step.

The availability, choice and cost of housing for people as they age is clearly important. Focus group results show that even in communities with a range of independent and assisted housing options, most experience shortages in some options.

Lack or shortage of long-term care options was also cited as a significant barrier for older persons in rural and remote communities. While involuntary spousal separation was identified as a very unfortunate outcome of the shortage of some types of housing in some cases, having to leave the community to access long-term care was discussed as a more common situation.

Everything that’s being built here and in other communities is condos for very comfortably-off people.”

“Can you even get a mortgage? That’s another thing—can you get a mortgage as a senior?”

“I think everybody’s looking for that intermediary step between, you know, coming from home and going into a lodge. You know, you live on your own, but you’ve got assistance. You’re not looking after your own house, but you’re not being totally cared for in a facility.”



## **Summary of Key Findings**

The focus group discussions highlight a number of housing-related issues and potential opportunities for consideration in rural and remote communities across Canada:

### **Age-friendly features include . . .**

- Availability of affordable apartments and independent living options
- Availability of affordable (including subsidized) housing
- Availability of supports so people can remain at home
- Availability of assisted living options
- Availability of condos and smaller homes for sale
- Availability of long-term care options
- Close proximity to services

### **Barriers include . . .**

- Affordability, especially with respect to general maintenance of homes—heating bills, service bills, repairs and upgrades
- A lack of supports to enable seniors to remain independent
- Poorly designed housing, including features that reduce mobility
- A lack or shortage of housing options for older people—including those that support assisted living, independent living and long-term care

### **Suggestions from participants for improving age-friendliness . . .**

- Provide a continuum of care in the community—from home care to assisted living to facility care that is well-coordinated.
- Develop an “intermediate” level of housing between independent living and fully assisted care.
- Make available apartments of different sizes to accommodate couples who want to stay together, and for those wanting more (or less) space.
- Ensure that new housing is adaptable to seniors and those with disabilities.



#### 4. Respect and Social Inclusion

*Older persons want to do more than simply continue to reside in their communities—they want to be able to contribute to, and benefit from, community life. Active and involved seniors are less likely to experience social isolation and more likely to feel connected to their communities. These connections are particularly important, given the strong linkages between social isolation and health. While social isolation tends to increase as people age, communities that promote social participation and inclusion are better able to protect the health of their citizens, including those who are socially isolated.<sup>10</sup> Research also shows that one of the factors associated with feelings of loneliness is a feeling of lack of respect. Like social isolation, loneliness can have a negative impact on health.<sup>11</sup>*

Focus group discussions point out that, in general, older persons in rural and remote communities are treated with a great deal of respect, kindness and courtesy by all generations—a view shared by both older participants and confirmed by service providers in the groups. Even though several service providers observed that retailers and customers become impatient with seniors who may move at a slower pace, very few participants expressed dissatisfaction with the way that older persons were treated and included in community life. In fact, most said that older persons were included, consulted and made to feel a part of the community, with several attributing this to the “small-town” philosophy of rural or remote Canada.

Discussion results point to some cultural differences in how older persons were shown respect. For example, one participant spoke of how calling older persons “Mr.” or “Mrs.” was common practice in the community. A participant from another community (with a large Aboriginal population) remarked that calling an older woman “Auntie” was one of the highest forms of respect. In yet another community, the older persons label themselves, and are referred to by others, as “elders” rather than seniors. This was attributed to the fact that the community had a “mixed” (Aboriginal/non-Aboriginal) population. While it was suggested by at least one participant that

“They (seniors) need to feel that they’re still a vital part of the community.”

“I think we have a very strong recognition that our seniors are the basic membrane, a fundamental meshwork that helps us be the community that we are. And there isn’t a soul that I interact with that doesn’t understand that or savour it.”

“I think that’s an unspoken kind of philosophy of living in a rural area here, being invited or asked or consulted.”



younger people were sometimes perceived as being somewhat disrespectful because of the informal way in which they addressed seniors (i.e., not using “Mr.” or “Mrs.”)—others assumed that this was more a lack of “education” rather than disrespect.

Participants from all parts of Canada offered numerous examples of intergenerational respect and interaction, many originating in the schools. Intergenerational activities provide opportunities for older adults to interact with younger groups—allowing them to pass on knowledge, traditions and skills. Focus group results also show that communities demonstrate their respect and appreciation of seniors through many and varied events and awards that recognize or celebrate older persons. Such events as “seniors dinners” were cited frequently as recognition events—others mentioned include community memoirs that capture the stories of seniors.

Some participants suggested that one acceptable way to show respect is to acknowledge and accept that not all older persons wish to be active in the community.

The serious issues of elder abuse, or neglect, were noted during discussions of the challenges family members and other caregivers face. Service provider participants identified the importance of and need for providers to be taught/trained in how to support families in challenging circumstances.

Despite the efforts of individuals and communities, isolation of older persons exists and persists in rural and remote communities. Such isolation is often, but not always, the result of health or mobility issues. Older adults and service providers identified that the reason some seniors are lonely is the changing times in which we live—characterized by neighbours being “just not as neighbourly” as before. Nevertheless, it is clear that, in some communities, much effort is made to reach older persons who might suffer from isolation—whether by ensuring that older persons have been invited and included in community activities, or by merely taking note when older persons do not show up at an event at which they were expected.

“I think it’s something that’s happened from learning from our First Nations neighbours because in First Nations culture elders are really respected. In fact, they’re necessary to keep the culture alive, and living in a community next to them we’ve kind of learned that.”

“If someone’s not there, someone’s looking at why. You know people have noticed if they are missing or not around and someone’s over right away. There’s a really huge neighbour looking after neighbour component here, and people are really interested in what’s happening to each other.”



## **Summary of Key Findings**

Discussions about respect for seniors and the importance of preventing social isolation pinpointed some ideas about what constitutes an age-friendly community, as well as barriers and suggestions for improvement on these fronts:

### **Age-friendly features include . . .**

- Respect, kindness and courtesy—including across generations
- Accommodation including outreach
- Feel included, consulted and part of the community
- Events or awards that recognize seniors

### **Barriers include . . .**

- Health or mobility issues that lead to isolation of older adults
- Disrespect, ageism or elder abuse
- Older persons not always heard or seen

### **Suggestions from participants for improving age-friendliness . . .**

- Provide opportunities for intergenerational activities and events—don't isolate older people.
- Provide support to families in challenging circumstances to help prevent elder abuse.
- Make younger people aware of aging issues and the importance of treating older people with respect—consider offering seminars on what it's like to be older.
- Start an honorary grandparent program—it can provide a focus for intergenerational activities and contact in the community.
- Promote positive qualities of aging and older people (instead of focusing on the negative).
- Put in place a “community memories” program in a local museum (or promote those that already exist). The older phase of a life is an important one that can be captured and kept through stories.
- Consider establishing outreach programs, such as the “telephone assurance” program that is being used in some communities.
- Develop and support key outreach measures—the voluntary and informal transportation networks that are so vital to ensuring that older people who lack transportation options are not isolated.



## 5. Social Participation

*Social networks, social participation and feelings of belonging are important to healthy living, disease prevention and the prevention of isolation among seniors. Older people who remain active in society and socially connected are happier, physically and mentally healthier, and better able to cope with life's ups and downs.<sup>12</sup>*

The focus group discussions shed some light on the social activities of seniors living in rural and remote communities across Canada. The three most frequently mentioned social activities in such communities include:

- physical recreation or sports-related activities, including spectator sports
- church or school-related events or programs
- events that include food, including potlatches, community dinners and even funerals

An important and common factor in these frequently occurring community activities is that they bring together generations of people. Older persons in the focus groups frequently talked about the importance and desirability of mixing with other adults and children of all ages. One innovative program mentioned was a “seniors, moms and tots” swimming program. Others mentioned that they (older people) also regularly curl with younger people in the community, and many said they meet up with other family members and other community members at the hockey arena or the school gymnasium to cheer on community sports teams. Some older focus group participants, but not all, said they prefer not to participate in “seniors” events or to restrict themselves to only friendships with people their own age.

“The other social service things are I guess you either have to be here for awhile or get involved with the right group and then do social evenings and in people's homes and that kind of thing. You have to make the first step and that's maybe difficult for a lot of seniors. If you've lived here all your life you've formed a good relationship, but if you come as an adult it is a little bit more difficult.”

“I have to say that I moved here when we retired and it was very hard to break into any friendly circles until I went out and got involved.”

Food acts as a huge connector between members of rural and remote communities, and this became very apparent early in each focus group. Similarly, funerals and wakes, and other events that bring people together at times of death surfaced frequently in the discussions. While participants identified community and other



organized events as important, other, less organized social contact is also clearly important to many. This may include, for example, a service provider taking time to stop for a cup of tea or coffee while attending to his or her “client.”

Walking is also a favourite participatory pastime of older persons (see also the discussion about outdoor spaces and buildings, page 10). In addition, courses—especially computer courses—are popular amongst older residents in some rural or remote communities, as are card clubs, bingo and darts.

Some participants raised the issue that, at least in some communities, older people who are newcomers to a community (e.g., people who move to a rural community in retirement) can face a different social reality than those who have lived there most of their lives.

Some of the older adult focus group participants raised concerns that many seniors do not take advantage of the programs available to them. In some cases, this has led to recreational facilities closing down. Others noted that funding problems have left facilities without management and program staff. The lack of transportation arises, yet again, as a key barrier to older persons’ participation in social events. Other common barriers identified include a lack of information about planned events (information not getting out to people in a timely or efficient manner), and problems of affordability and accessibility that prevent some seniors from being able to participate in social activities and programs.

## ***Summary of Key Findings***

Focus group participants offered a number of suggestions for communities to consider in social planning and programming for seniors:

### **Age-friendly features include . . .**

- Opportunities for physical recreation or sports, including spectator sports
- Activities for seniors offered in places of worship or schools
- Food-related activities—including coffee/tea get-togethers
- Cultural events—including those that feature music and theatre
- Non-physical recreation (indoor activities) such as bingo, cards, darts, etc.
- Courses on crafts or hobbies
- Locating all activities in areas that are convenient and accessible (including by public transportation) to seniors
- Providing activities that are affordable to everyone
- Offering intergenerational and family (multigenerational) oriented activities



### **Barriers include . . .**

- Transportation difficulties and offering too many activities that require travel
- Low attendance leading to cancellation of activities
- Under-utilization of recreation facilities
- A lack of facilities or program staff
- Social barriers (real and/or perceived) for older newcomers

### **Suggestions from participants for improving age-friendliness . . .**

- Find ways to encourage a variety of people to come out to social events and activities—including those on fixed incomes, those who live alone and those less mobile—in order to get broad representation of the community.
- Cover the costs of courses for seniors.
- Need additional resources in rural communities.
- Establish adult day programs for those with dementia to develop support systems and improve their health.
- Offer day programs for older persons in community health centres/recreational facilities to provide health and well-being services (e.g., health programs, disease prevention, coping skills) and other activities. Such programs would not only provide social opportunities for seniors, they would also provide families with respite.
- Organize home visits by neighbours and other members of the community.



## 6. Communication and Information

*There was general agreement that keeping older adults informed—not only about community events, but about broader community information—allows seniors to be better connected to their community and supports them in their daily activities.*

Information provided by focus group participants suggests that the most widely used methods of communication in rural and remote communities continue to be more traditional methods—word of mouth, telephone, bulletin boards, newspapers and radio—as well as through community events. Based on participant comments, the most effective communications tool by far is the poster or flyer posted on bulletin boards in key locations, most notably the post office or grocery store. Word of mouth—in person or by telephone, though family and friends or through clubs, associations, community centres and places of worship—is also seen as an important way to get information out.

Newsletters or directory-type publications appear to be another important source of information for older adults, with many older adult participants and service providers identifying a calendar of events and a listing of programs and services (municipal, community/recreation centres, etc.) as a useful publication. It was seen to be most useful when it includes key contacts with their phone numbers. Unfortunately, in many communities, such publications are no longer being developed and disseminated.

Many in the focus groups expressed fear that they will be left behind as more and more information and documentation is found only on the internet or can be accessed only through complex automated services.

“The gossip mill is still the fastest way to get anything around.”

“In a lot of rural communities there’s no broadband, so no high speed. I go home and I go crazy because if I download a picture it takes 28 years so that I find is a lot for old people who do have computers and I know a lot of them don’t have access to the internet.”

Specifically, older adult participants had many complaints about automated telephone systems. Indeed, problems related to automated or complex systems, especially telephone systems, ranked highest on the list of barriers to effective communication and information exchange. In particular, there appears to be much frustration about trying to access vitally important information from government sources.



Clearly, older adults in the focus groups preferred to have someone to talk to. Participants expressed an interest in attending information sessions led by experts, in taking part in coffee clubs or tea groups, and even joining literacy programs as a means of communicating and obtaining information. They also noted interest in home visits by seniors and other groups to people's homes, and portable library services. Face-to-face contact is seen as a particularly useful means of information dissemination, in particular for those who may be socially isolated and for those with lower literacy levels.

Overall, older adults were concerned that they were not well informed and were often unable to obtain relevant information on events in the community, key contacts or programs available to them—in particular, from government sources.

While seniors are embracing new technologies, these technologies often cause concern and frustration. Comments from participants suggest that posting information on the internet is not most effective way to reach a large proportion of the senior population. Not all seniors have access to computers; nor do all have the skills to use them as information and communication tools. Besides, many rural and remote communities do not have high-speed internet services; this can be frustrating, especially for older persons who are just becoming acquainted with the technology. Assumptions that most, if not all, people even have access to the internet is unrealistic in rural and remote communities.

“Now I'm sending e-mails and it's very nice.”

“I just wanted to reiterate that the government seems to really be relying more and more on technology and those phone services and the internet. A lot of times they'll just give www.addresses—go look over there. And, for most seniors, that's just not accessible.”

“Automated phone systems—it's the most extremely aggravating experience.”

Despite many comments about how older people feared new technologies, those older participants who had taken a computer course generally expressed great satisfaction with the courses and with their improving proficiency. Some noted that such courses provide yet another opportunity for young and old to interact, as it is often high school students who provide the computer training to seniors.



## **Summary of Key Findings**

Focus group participants offer the following observations and suggestions regarding keeping seniors connected in their communities:

### **Age-friendly features include . . .**

- Posting information about events on bulletin boards, in areas frequented by seniors
- Communication by telephone or word of mouth, as well as through newspapers and church bulletins
- Publicizing events and information important to seniors in local newspapers and through cable or community access channels
- Providing seniors with access to computers, including access to training on how to use computers and the internet
- Creation and maintenance of a seniors and/or volunteer resource centre
- Information on events in the community disseminated through the radio
- Making information on websites easy for seniors to find
- Creating a community services directory for older persons that contains information and key contacts for programs of potential interest to seniors

### **Barriers include . . .**

- Lack of awareness of existing programs and services
- Use of automated and/or complex systems (such as government information phone systems)
- Government information that is difficult to find and access
- Vision and/or reading related difficulties faced by some seniors
- Outdated or lack of information about events
- Poor or lack of access to cable, radio or broadband services
- Telephone solicitation of seniors

### **Suggestions from participants for improving age-friendliness . . .**

- Set up a community centre-based phone committee that makes a monthly call to senior members (who want it) to remind them of all the activities happening at the centre.
- Celebrate the lives of seniors in local newspapers.
- Find ways to include socially isolated seniors in the exchange of information.



## 7. Civic Participation and Employment Opportunities

*Seniors have a great variety of skills, knowledge and time to contribute to their communities in a range of areas, including civic participation, volunteer activities and paid employment. Their participation is linked not only to the economic prosperity and viability of their communities, but also to maintaining their own mental and physical health, and social connectedness.*

The focus group discussions revealed that many seniors are involved in civic activities. Many participants said they were serving (or had served) on town councils, committees and boards, an indication that political participation and civic responsibility are important to many older persons. Few barriers to seniors' involvement in civic activities were identified in the discussions—although some expressed concern that participation in civic activities by younger people was inadequate, possibly due to their work schedules.

In many focus groups, the older adults and service providers focused the discussion on the very important role that volunteering plays in the life of individual older persons and to the community. Many talked about how personally fulfilling it is to make a contribution to society through volunteering.

Volunteer activity was identified as important in keeping older people active, included and involved. Their volunteer work is also seen as paramount to a community's well-being, particularly as many of the volunteer services delivered by older people provide support to other older persons. At the same time, seniors' volunteer work is not restricted to the older demographic group. Their involvement in schools and sports also means that older persons actively support all age groups. Indeed, some people in rural and remote communities reflected that their communities are held together by the efforts of volunteers—most of whom are older persons.

“This town would collapse without the volunteers.”

“In the last couple of years, 90% of our volunteers were seniors.”

“I think the seniors make the wheels go round because I would say—I would not say exclusively—but the largest bulk of volunteers across the board are for the most part the seniors. Very, very dedicated volunteers.”

There was some indication from focus group members that older persons like to be invited to participate as volunteers, and that they felt validated when somebody calls them up and asked them to do something that the community knows they are good at—such as cooking at a pancake breakfast, or raising funds.



Issues related to accessibility and accommodation were cited as important to older volunteers. Evidence suggests that people who have physical challenges can make meaningful contributions in ways that will be comfortable for them—for example, selling tickets (while seated) or by helping with school-related telephone safety programs.

Some of the barriers to volunteering mentioned by participants include those related to lack of transportation, to the distance of volunteer activities from home, and to the need for a long-term commitment that may interfere with personal plans (such as travelling). Nevertheless, such barriers do not seem to discourage many seniors from volunteering in some capacity.

“I volunteered a great amount actually and hadn’t really stopped until lately when I just ran out of steam.”

“Because you know you get the same volunteers doing everything in a small community so that you get worn out.”

“Being a volunteer in this town, I think volunteers are getting tired, let’s put it that way. Because, you know, we are very well used.”

Discussions suggest that because older people step up to volunteer (or are continually called upon to provide volunteer services) individuals and organizations are beginning to feel worn down. At the same time, a number of participants felt that opportunities to contribute in their communities are limited.

Although participants suggested that having a variety of paid employment opportunities was important, the primary focus of this discussion was volunteerism. Of note, the availability of paid employment appears to vary across the communities that participated in the focus groups. In some communities, labour shortages provide opportunities for seniors to either remain or re-enter the labour force. In others, opportunities are limited to work in stores and minimum wage jobs. At least one participant remarked that if seniors are required to use newer technologies in a paid work situation, training should be provided.

### ***Summary of Key Findings***

Discussions across Canada shed light on some considerations and suggestions that communities may consider in addressing how seniors participate in civic issues and employment:



### **Age-friendly features include . . .**

- Recognition and appreciation for the work of older volunteers
- Opportunities for paid employment
- Opportunities for older people to provide volunteer services to other older people
- Volunteer activities and opportunities that are accessible to and accommodate the needs of older volunteers—and that offer them personal fulfillment
- Opportunities for seniors to be politically active, including openness to their participation on local council and similar organizations
- General opportunities for seniors to make a contribution to community life
- Asking older adults to volunteer—especially in areas that make good use of their skills
- Opportunities for seniors to be involved in fundraising activities
- Opportunities for intergenerational contact in civic and volunteer activities

### **Barriers include . . .**

- Over-reliance on seniors, leading to over-commitment and burnout
- Difficulties finding enough seniors to participate
- Transportation and travel challenges
- Lack of opportunity for and/or barriers to paid employment
- Health and physical challenges prevent some seniors from participating

### **Suggestions from participants for improving age-friendliness . . .**

- Recruit seniors of all ages as they possess different points of view—focus on younger seniors.
- Work to encourage older seniors who may be shy or reluctant to volunteer to participate more (e.g., through a phone call, encouraging words).
- Develop strategies for recruiting and motivating seniors to volunteer.
- Recruit seniors for short-term projects.



## 8. Community Support and Health Services

*Whether or not older people are able to age in place depends upon a number of factors, including the availability of support and services that meet the varying needs of seniors. These include professional services, such as medical and personal care.*

Across the focus groups, older people, caregivers and service providers spoke positively about many aspects of the support and care that they could access in their communities. They expressed much gratitude for their very caring and responsive health care professionals—in particular, they mentioned doctors, nurses and pharmacists. However, in many communities a shortage of health care professionals was identified as an important problem for seniors.

The discussions in some communities emphasized the positive aspects of health and community support, including one-stop health or wellness services, home health care support, as well as the diversity of health services, including non-traditional services such as massage therapy and chiropractic services. Some noted the advantages of having palliative care programs, loan programs for aids and equipment (including medical alert systems), and other essential services such as affordable meal programs (including congregated group meals and home-delivered individual meals). Delivery services, especially groceries and pharmaceutical deliveries, were seen as very important by many focus group participants.

While a wide variety of services has been developed to support seniors, many of them—meals delivery, specialized transportation, home care, visiting homemakers, and counselling and information—are unavailable or far too expensive in many rural

“My only comment would be when someone gets to the point where they can’t take care of themselves they’re shipped out of the community. They’ve grown up here. You remove them from all their friends, possibly their relatives, and they’re really detached from everybody.”

and remote communities. Cuts to funding for home care (including respite services) in the past 10 years were frequently cited by focus group participants as the problem underlying the current lack of support available to older persons wanting to remain in their home. Most frequently mentioned were cuts to homemaking support and, to a lesser extent, cuts to respite services. Many older adult participants expressed that their greatest fear is being forced to leave their community when the services they need are not available there.



One of the issues that dominated many discussions concerns the need for seniors to travel out of the community to receive health care services and the corresponding challenges—especially those related to distance, time and costs. The planned introduction of telehealth services to a couple of the participating communities is clearly keenly anticipated. The new service is expected to reduce the need for people to travel for a day or more in order to spend less than an hour with a specialist. The out-of-pocket travel expenses associated with out-of-community medical appointments often go beyond transportation costs in many cases, and include the costs of an overnight hotel stay.

### ***Summary of Key Findings***

Focus group participants offered information about and suggestions for communities to keep in mind as they plan health and other support services to meet the needs of their older residents:

#### **Age-friendly features include . . .**

- Caring and responsive professionals (doctors, nurses, pharmacists and specialists)
- Provision of home health care support
- Access to affordable meal programs
- Diverse health services and facilities in the community—including palliative care
- Availability of housekeeping and home maintenance services
- Availability of delivery services (e.g., groceries, medicines) and/or escorted shopping services for essential items
- One-stop health or wellness service that includes a variety of services—physician, nurse, dentist, podiatrist, pharmacy, occupational therapy
- Availability of equipment and aids—including medical alert
- Programs that support caregivers—including respite services

#### **Barriers include . . .**

- Costs and other difficulties related to the need to travel out of the community to medical appointments
- Lack of health care professionals in communities, especially doctors
- Out-of-pocket health care expenses, including those related to travel
- Insufficient home care services, including respite for caregivers
- A lack of or limited supports to enable seniors to remain independent
- Costly homemaking supports



- Requirement for seniors to move out of the community for care
- Lack of coordination, consistency and continuity of care for seniors

### **Suggestions from participants for improving age-friendliness . . .**

- Use cluster-care models to provide integrated services to seniors.
- Make use of retired professionals (e.g., pharmacists, nurses, teachers) to provide volunteer support in seniors' homes and clinics—for example, to explain medication and health care issues.
- Set up a *Safely Home Program*—a program developed for cognitively impaired people through the Alzheimer Society.
- Provide twice daily cooking services to seniors living in supportive housing.
- Work to attract more doctors into rural and remote areas.
- Provide home supervision to support correct administration of medication.
- Offer respite services to caregivers.
- Establish daycare services for seniors to provide an activity for the seniors and respite for caretakers.
- Provide a home visit program to provide social visits to seniors.
- Set up caregiver support groups and elder care information sessions where families can learn about available community programs and services.



### III Making Your Community Age-Friendly—Planning for Action

This guide has provided a summary of the considered thoughts, ideas and suggestions about what constitutes an age-friendly community gleaned from discussions held across Canada with older Canadians, caregivers who support seniors and service providers. It is intended to foster dialogue and action that supports and enables older people to “age actively”—that is, to live in security, to enjoy good health and to continue to participate fully in society.

The guide has reported on discussions of eight significant themes that are important to healthy and active aging. The focus group discussions brought into focus a number of broad and specific age-friendly features that community planners, agencies and others can consider as they review and develop services and supports to seniors. A number of barriers to age-friendliness were also identified in the focus group discussions—again, these are intended to provide communities across Canada with food for thought as they work to ensure that their policies, services and structures take into consideration the needs and desires of seniors.

So, how does a community become age-friendly? Neither this guide, nor the WHO’s *Global Age-Friendly Cities: A Guide*, whose methodology served as the basis for the qualitative study underlying the current guide, attempts to advise how to best implement a plan to develop an age-friendly community. Rather, both are based on the recognition that leadership by local governments and seniors is critical—and that every part of a community (including provincial governments, voluntary organizations, the private sector and citizens’ groups) can play a role in helping to build age-friendly communities. In terms of how communities achieve age-friendliness, processes can vary as widely as the nature and composition of communities. We leave it up to the communities to make this determination.

At the same time, examples from research and practice can provide insight and practical ideas to support communities in getting started and/or stepping up their efforts.<sup>13</sup> The following phased approach represents an amalgamation of some of the processes, steps and tips considered and/or implemented by others. It is intended to offer suggestions and is in no way intended to be prescriptive.



## **1. Committee Phase—Forming an Age-Friendly Committee/Team**

One way to begin the process of building an age-friendly community is to involve multiple stakeholders, both public and private including local provincial and territorial government representatives who are well-placed to encourage collaborative work in this area. As a first step, these representatives can create an opportunity for key participants to become involved. Provinces and territories can be instrumental in such a role, as well as in enlisting other stakeholders in strategic roles.

These stakeholders can include, but are not limited to, elected officials and senior staff at the community level and representatives from the private, business and volunteer sectors. Seniors and seniors-serving organizations are also key players in developing an age-friendly committee. They can advise on what works and does not work for them. Moreover, they can offer ideas and innovative solutions from their unique perspective. Of course, seniors are not a homogeneous group, and care must be taken to include seniors of varying ages, gender, cultures and abilities—this will ensure a broad and inclusive perspective of their needs, views and suggestions.

## **2. Assessment Phase—A Community Evaluation**

Once established, a local age-friendly community /team can carry out the important task of assessing the age-friendliness of their community using this guide, or other tools.

An assessment of the assets of the community, what contributes to age-friendliness in the community and what does not is often a good place to begin. The checklist in this guide (page 40) can serve as a starting point. Ideally, a comprehensive assessment helps to identify what a community is already doing well, including how initiatives and programs support an age-friendly community. Results of an assessment of what services, programs and other initiatives exist in the community can serve as a focal point for discussions and expand the dialogue to include many groups. Moreover, it can contribute to the development of a “baseline” for measuring progress and for helping set priorities for action and change.

Some ways that communities have used their assessment findings include:

- input from the local and provincial/territorial government departments—can help determine the community’s state of readiness, action already underway, strategic plans in place and budgets available



- input from the community—can contribute to the development of surveys, town hall meetings or forums, and focus groups, the results of which will help planners understand what is in place and what is desirable in the community

### **3. Planning Phase—Determining Challenges and Opportunities**

Using results of a completed assessment, the committee/team is in a good position to identify assets, barriers and strengths of the community, as well as issues that need to be addressed through planning. For example, the planning team can identify ways to build on the strengths, prioritize issues identified and develop recommendations for action which can, in turn, feed into the development of strategies, action plans, timelines, and an analysis of the resources for implementation. Local stakeholder involvement ensures continued community support for both plans and action. Ideally, the strengths and related roles of various stakeholders would be articulated in the plan.

One or more “champions” may be identified as a useful mechanism to help build momentum for planning and action. These individual or group champions may represent seniors, media, and business people and others in the community well-positioned to help influence and promote successful engagement of the community.

### **4. Implementation Phase—Putting the Plan into Action**

Implementation of the community plan can also be carried out in a variety of ways, depending on the needs of the community, the established priorities, the financial and human resources available, and the scope and nature of input from stakeholders. Implementation can be achieved through small steps that can be done by local community members, or through more major initiatives that require resources and contributions from a wider area (e.g., provincial/territorial governments) and the collaborative efforts of a range of groups.

### **5. Monitoring Progress**

By including clear and measurable goals and targets in implementation plans, communities can monitor their progress toward increased age-friendliness. Monitoring also enables planners to re-evaluate plans and adjust priorities and targets at predetermined intervals. Ideally, monitoring is an ongoing process.



## Looking Ahead

Building on work underway, a number of federal, provincial/territorial and international partners (including the WHO) will collaborate on evaluation, research and knowledge sharing in support of developing age-friendly communities. Among the results of their work, it is expected that they will put in place a number of opportunities for the exchange of learning and tools that can be adapted by any community. These will include better practices and advice on how to plan and implement age-friendly community plans, as well as tools for measuring progress and success.



## IV Checklist of Age-Friendly Features

### 1. Outdoor Spaces and Buildings

#### *Sidewalks, Pathways and Trails*

- Sidewalks, pathways and trails are well-maintained, cleared, non-slip and accessible.
- Sidewalks are continuous, with low curbs and can accommodate wheelchairs and scooters.
- Snow removal is prompt and considerate of seniors (e.g., consideration is given to how snow is piled for those who need to get in and out of cars, and that seniors may be in wheelchairs or using scooters).
- Parking lots are well-maintained and cleared of snow and ice.
- Streets are well-maintained.
- Rain shelters are available to support pedestrians.

#### *Public Restrooms and Rest Areas*

- Public washrooms are accessible and can accommodate people with a variety of disabilities (accommodations include push buttons, wide doors, hand rails, locks that are easy for those with arthritis to use) and are located at convenient locations with proper signage.
- Accessible benches (the appropriate height for seniors) are located along sidewalks, paths or trails and are spaced at regular intervals.

#### *Safety and Security*

- Action is taken to lower crime rate.
- Neighbourhoods and trails are well-lit.
- Traffic volumes are low and/or well-controlled.

#### *Buildings*

- Buildings are accessible and have the following:
  - ramps with a slope appropriate for wheelchairs
  - fewer stairs to get into buildings and within buildings
  - non-slip flooring
  - accessible washrooms located on the main floor
  - parking that is well-maintained and located near public buildings for easier access



### ***Amenities (grocery stores, churches, government buildings, community centres)***

- Services are grouped together, located in close proximity to where older people live and can be easily accessed (e.g., are located on the ground floor of buildings, include wheelchair ramps).

## **2. Transportation**

### ***Roads***

- Roads are well-maintained, well-lit and are supported by clearly visible signage.
- Traffic flow is well-regulated (especially in summer cottage communities that experience increased traffic in the summer months).
- Flexible rules of the road—speed limit is not enforced (slower), not too many traffic lights, seniors given wide berth on the roads by other drivers.
- Traffic lines on pavement are clear and visible.

### ***Snow Removal***

- Snow removal of roads and parking areas is prompt.

### ***Parking***

- Parking lots and street parking are located close to amenities.
- Parking regulations are enforced (preventing people from parking in emergency zones and in disabled parking spaces).
- Drop-off and pick-up areas are clearly marked.
- There are a sufficient number of disabled parking spots.

### ***Community Transportation Services***

- Affordable and accessible community transport services (including shuttle vans) are available to take seniors to events, shopping excursions and field trips.
- Volunteer and/or an informal network of drivers are available and compensated (e.g., gas money) for their efforts.

### ***Health Transportation (including to larger centres)***

- Accessible transportation services are available to take seniors to and from health appointments (including appointments in larger cities)—this includes boat and air transport from remote communities.



### ***Assisted Transportation***

- Accessible transportation for persons with a variety of disabilities is available across the range of transportation services.

### ***Public Transport***

- Accessible, affordable and convenient public transportation (buses, ferries, etc.) is available to older adults to conduct their daily activities—to reach such destinations as hospitals, health/community centres, shopping malls and banks.
- Public transportation services are coordinated.
- Services are available throughout the day and evening.

### ***Taxis***

- Taxis are available, accessible and affordable to seniors.

### ***Information***

- Information is provided to seniors about the range of transportation services (public and private) available to them, including information on how and where to access them, timetables and cost.
- The use of public and alternative transportation is promoted in the community.

## **3. Housing**

### ***Housing Options***

- A range of appropriate and affordable housing options (for sale and for rent) is available and includes apartments, independent living, smaller condominiums and family homes.
- Housing is affordable and includes subsidized housing.
- Home sizes reflect the needs and lifestyles of seniors today.
- Housing is located in close proximity to services.
- Housing is adapted for seniors and those with disabilities.

### ***Aging in Place***

- Affordable supports are available to enable seniors to remain at home.
- Assisted living options are available to all.
- “In-between” housing is available (i.e., options between the large family home and the small apartment, but with more assisted living options that can be considered an “intermediary” step).
- “Alert systems” are available for seniors living alone (i.e., systems that alert someone when a senior needs help).



### ***Long-Term Care***

- Affordable long-term care options are available that prevent the separation of families and the need to move out the community.

### ***Maintenance and Modifications***

- General maintenance of homes is affordable by seniors on fixed incomes.
- Affordable or free general maintenance (e.g., yard work) is available for seniors.
- Housing is modified for seniors as needed and new housing is built with seniors in mind.
- Housing (including houses and apartments) meets the needs of those with disabilities.
- Housing modifications are affordable, with financial assistance provided in the form of grants and subsidies.
- Information on financial assistance programs for home modifications is readily available and easily accessible by seniors.
- Home insurance is affordable.

## **4. Respect and Social Inclusion**

### ***Respect, Kindness and Courtesy Shown***

- Seniors are treated respectfully by the community as a whole—they are addressed using appropriate titles, their input on community issues is sought, their contributions are honoured and their needs are accommodated.

### ***Intergenerational Respect and Interaction***

- Community activities bring together different generations—they include pleasure activities (e.g., arts and crafts, etc.) and practical activities (e.g., youth-taught computer courses, “honorary grandparenting” programs).
- Programs are offered to children and youth that focus on how to treat seniors with respect, and to explain what it like to get older.

### ***Inclusive Communities***

- Seniors are asked to participate at council meetings and similar activities and are recognized for their contributions.
- Older persons are asked for their input to public issues (at the local and provincial levels).
- Seniors receive “social” visits from members of their community.



### ***Recognition Events or Awards***

- Contributions of seniors are honoured in the community through events and/or awards.
- Seniors are “celebrated” through the media (e.g., their stories are documented and shared).

## **5. Social Participation**

### ***Events and Activities***

- There is a range of events and activities for seniors of all ages—some are age-specific and others are intergenerational. Activities include physical/recreational activities, spectator sporting events, church and school related events, gatherings with food, etc.
- Activities available include outdoor (e.g., walking) and indoor activities (e.g., bingo, cards, darts, etc.).

### ***Transportation***

- Events and activities are held in locations that are served by affordable and accessible transportation.

### ***Preventing Isolation***

- Home visits are provided to those who do not, or cannot, leave their homes.
- A buddy system is set up to include seniors who are not normally active in the community.
- The needs of seniors who are not interested in participating in community life are respected.

### ***Courses, Crafts and Hobbies***

- A wide range of courses is accessible and affordable (or free), and courses are offered in convenient locations (e.g., community centre, university) that are served by public transportation.

### ***Affordability and Accessibility***

- Activities and events are held in convenient locations and are accessible for all—including those with disabilities.
- Events, activities and cultural events (e.g., music, theatre) are affordable to all seniors.



### ***Family-Oriented***

- Events and activities are intergenerational and designed to appeal to people of different ages and backgrounds.

### ***Promotion of Activities***

- Activities are well-publicized to seniors.

## **6. Communication and Information**

### ***Widespread Communication***

- There is regular and reliable distribution of information about events and programs (including contact information) through local government and/or voluntary organizations.
- Information is disseminated/ posted where seniors conduct their daily activities—such as the post office, places of worship, local centres and town halls.
- Local channels (TV and radio) advertise community events and news items of interest to seniors—for example, through “community access channels.”
- There is a central directory where older adults can find information about what activities and services are available, and how to access them (including phone numbers).

### ***Interactive Contact (word of mouth)***

- Important information is disseminated in public forums (including public meetings and information sessions).
- Information to older adults who are socially isolated is delivered by phone, or through personal visits.
- An interactive speaker series is created that delivers important information (e.g., on health issues, protecting against fraud).

### ***Accessible Information***

- Written communication is clearly printed in large letters and is easy to read, with simple messaging.
- Literacy programs are available.
- Seniors are recruited and used as volunteers as experts, disseminators of information and trainers.

### ***New Technologies***

- Access to computers and the internet is available at a local centre open to the public.



- Training courses on new technologies are available and accessible to seniors.

### ***Types of Information***

- Information of interest to seniors is disseminated—such as local events (including obituaries), vital information (health, security, etc.), and programs and services that are available to them.
- Seniors' accomplishments are highlighted occasionally in the media.

## **7. Civic Participation and Employment Opportunities**

### ***Volunteering***

- Volunteers are supported in their volunteer work—for example, by providing them with transportation, reimbursing their costs and/or paying them an honorarium.
- A range of volunteer opportunities is available that meets the interests of seniors.
- Volunteering options allow for intergenerational involvement.
- Opportunities for volunteering are flexible (e.g., short-term) to accommodate seniors who travel or have other commitments.

### ***Employment***

- There is a range of paid employment opportunities for seniors.
- Older adults are fairly compensated for their work.

### ***Accessibility***

- Seniors with disabilities are accommodated in volunteer, civic or paid work.
- Transportation is available and accessible to older adults who want to participate in volunteer, civic or paid opportunities.

### ***Encouragement to Participate***

- Older adults are encouraged to volunteer and remain engaged in the community by providing them with flexible and accessible opportunities.
- Individuals are approached personally to participate in volunteer activities.

### ***Training Opportunities***

- Older adults expected to use newer technologies in paid, civic or volunteer work are provided with appropriate training.



### ***Recognition and Appreciation***

- Older adults are acknowledged for their contributions in volunteer, civic and paid work.

### ***Civic Participation***

- Older adults are well represented on councils, boards and committees.

## **8. Community Support and Health Services**

### ***Caring and Responsive Professionals***

- Physicians are available in the community.
- Public health nurses are available at health centres and to conduct home visits.
- Specialists (including gerontologists) conduct assessments on a regular basis in the community and arrange follow-up with primary care physicians.

### ***Home Health and Support Services***

- Affordable and available health and home services are in place and include health, personal care and housekeeping.
- Home supports are available in a timely manner.
- Affordable meal programs are available to *all* seniors in the community, regardless of their health status.
- Delivery services (groceries, medicines, etc.) or escorted shopping services are available to seniors.
- Delivery of services is well-coordinated (e.g., through a “cluster of care” model).
- Health assessments are conducted during home visits.

### ***Diversity of Health Services and Facilities***

- Health care facilities include clusters of services (e.g., doctors, podiatrists, occupational therapists, pharmacists), providing “one stop” health or wellness services.
- Affordable palliative care services are available in the community.
- Specialty services are available in the community, including mental health services, mammogram and diabetes clinics, and cancer care outreach.

### ***Availability of Equipment and Aids***

- Medical equipment (including medical alerts) is available through a loan program, at no cost to seniors.



### ***Caregiver Support (including respite)***

- Caregivers are “given a break” from their responsibilities through programs such as home support and seniors daycare programs.
- Education programs on elder care and similar available services are provided to families who are, or will be, caring for an older adult.

### ***Information***

- Older adults are kept well-informed, through a variety of media, of the services that they may be entitled to and how they are accessed.
- A speaker series provides information to seniors on a range of health and wellness topics.



## Endnotes

<sup>1</sup> World Health Organization, *Global Age-Friendly Cities Project*, Brochure published by the Public Health Agency of Canada, May 2006. Available from: [http://www.phac-aspc.gc.ca/seniors-aines/pubs/age\\_friendly/index.htm](http://www.phac-aspc.gc.ca/seniors-aines/pubs/age_friendly/index.htm)

<sup>2</sup> For a primer on active aging, please refer to the World Health Organization's *Active Aging: A Policy Framework*. Available from: <http://www.who.int/ageing/publications/active/en/index.html>.

<sup>3</sup> For more detailed information on the methodology and the model, please visit the World Health Organization site to download the *Vancouver Protocols* document.

<sup>4</sup> Human Resources and Social Development Canada, *Disability in Canada: A 2001 Profile*. Report prepared by the Office of Disability Issues, Human Resources and Development Canada. Available from: <http://www.hrsdc.gc.ca/en/hip/odi/documents/PALS/PALS000.shtml>

<sup>5</sup> M. Turcotte and G. Schellenberg, *A Portrait of Seniors in Canada, 2006* (Ottawa, ON: Minister of Industry), February 2007. Available from: <http://www.statcan.ca/bsolc/english/bsolc?catno=89-519-XIE#formatdisp>.

<sup>6</sup> Ibid.

<sup>7</sup> *Healthy Aging in Canada: A New Vision, A Vital Investment From Evidence to Action—A Background Paper Prepared for the Federal, Provincial and Territorial Committee of Officials (Seniors)*, September 2006. Available from: [http://www.phac-aspc.gc.ca/seniors-aines/index\\_pages/publications\\_e.htm](http://www.phac-aspc.gc.ca/seniors-aines/index_pages/publications_e.htm).

<sup>8</sup> M. Turcotte and G. Schellenberg, *A Portrait of Seniors in Canada, 2006* (Ottawa, ON: Minister of Industry), February 2007. Available from: <http://www.statcan.ca/bsolc/english/bsolc?catno=89-519-XIE#formatdisp>.

<sup>9</sup> The chart was created by The Healthy Children, Women and Seniors Branch, British Columbia Ministry of Health.

<sup>10</sup> J. Veninga, "Social Capital and Healthy Aging," *Health Policy Research Bulletin*, 12 (September 2006): 21–27. Available from: [http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2006-capital-social-capital/2006-capital-social-capital-5\\_e.html](http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2006-capital-social-capital/2006-capital-social-capital-5_e.html)



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<sup>11</sup>M. Hall, B. Haven, and G. Sylvestre. *The Experience of Social Isolation and Loneliness among Older Men in Manitoba*, January 2003. Aging in Manitoba Study, University of Manitoba.

<sup>12</sup> J. Veninga, “Social Capital and Healthy Aging,” *Health Policy Research Bulletin*, 12 (September 2006): 21–27. Available from: [http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2006-capital-social-capital/2006-capital-social-capital-5\\_e.html](http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2006-capital-social-capital/2006-capital-social-capital-5_e.html)

<sup>13</sup> *Starting Up: Tips to Begin the “Measuring Up” Process*. Available from: [http://www.2010legaciesnow.com/measuring\\_up/](http://www.2010legaciesnow.com/measuring_up/). Cuyahoga County Planning Commission in partnership with The Cleveland Foundation, *Guide to Elder-friendly Community Building*, June 2004. Available from: [www.successfulaging.org/images/Guide\\_to\\_EFC\\_Building.doc.pdf](http://www.successfulaging.org/images/Guide_to_EFC_Building.doc.pdf). Partners for Livable Communities and National Association of Area Agencies on Aging, *A Blueprint for Action: Developing a Livable Community for All Ages* (Washington, DC), May 2007. Available from: [http://www.aginginplaceinitiative.org/storage/aipi/documents/Blueprint\\_for\\_Action\\_web.pdf](http://www.aginginplaceinitiative.org/storage/aipi/documents/Blueprint_for_Action_web.pdf)