

**Making Communities Age Friendly: The Role of
Municipalities as Champions of Change.**

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The Corporation of the County of Simcoe

A Research Paper Prepared for the Association
Of Municipal Managers, Clerks, and
Treasurers of Ontario (AMCTO)
Executive Municipal Management Diploma Program

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Executive summary

As the County of Simcoe is in the beginning stages of exploring the Age Friendly Communities (AFC) concept the purpose of this report is to learn more about the movement and analyze the development of the initiative in Canada and internationally to better understand what is needed for successful implementation of the initiative. The research material gathered through review municipal reports, implementation guides, proposals, academic papers, and statistical information allowed to put the accomplishments of these initiatives in a broader perspective to determine whether municipalities can play a greater role in leading the change necessary to accommodate the needs of older population.

The report first looks at the underlying demographic shift taking place in Canada, its impact on the economy, and how these changes affect the people as they age. The report also describes in greater detail the complexity of the major components of the eight domains of AFC initiatives such as health care, housing and transportation to conduct a more meaningful evaluation of the progress and determine what needs to be done to increase the success of the initiatives. These analysis clearly indicate that there is a need for policy changes at national and provincial level to improve the conditions for ageing populations. The examples described call for greater workforce flexibility, health care reforms and increased affordable housing options. While currently much of the progress is driven by municipal government and other local stakeholder the initiatives mainly provide local ground up solutions and lack the ability to drive greater transformation. There is however an expectation that in the future when the outcome of these initiatives can be measured and quantified they may provide greater input toward enabling policy framework.

The main lessons learned for successful implementation include paying greater attention to programs already existing in the community that address aging populations to avoid working in silos and better align the resources and the outcomes. An age friendly approach should be taken in all services and programs. Leadership is important to carry out any change process therefore it is critical that leaders for Age Friendly Community remain engaged and continue to expand beyond the municipal government level to search for solutions.

Methodology and Scope

In spring 2015, The County of Simcoe launched an initiative to develop an Older Adult Strategy and began exploring the concept of how to build a more “age-friendly” community. Phase I of the process includes a year-long project supported by the grant from Ontario Seniors Secretariat to conduct a community needs assessment through surveys and consultation process that will be completed at the end of April 2016. Members of the older adult community and service providers in County of Simcoe were consulted through focus groups interviews, key informants interviews and a community forums. The results from Phase I will be analyzed to determine the guiding principles for the County Simcoe Age Friendly Communities (AFC) Framework and to provide valuable information on local service delivery by determining gaps on availability, accessibility and awareness of services and programs for older adults. The findings of this work will be shared with County of Simcoe Council, and other decision makers, program planners, and agencies serving older adults as well as the community at large.

To ensure that key strategies receive continued attention from our community, the municipal council will be asked to officially adopt the proposed framework. In Phase III, deliverables and simple indicators under the eight (8) age-friendly domains as identified by World Health Organization (WHO) will be put in place and monitored. (Appendix A)

The eight domains include the following areas: Outdoor spaces and buildings, Transportation, Housing, Social Participation, Respect and Social Inclusion, Civic Participation and Employment, Communication and Information, and Community Support and Health Services. (Appendix B)

Given the early stage of the project at the County of Simcoe, a primary goal of this report is to analyze the development of the age-friendly community initiative in Canada and in other countries, with a view to understanding the activities underlying its successful implementation and evaluate progress made to date. A second goal is to describe some of the changes taking place in community-level policies, practices and design as a result of this initiative that hold promise for improving active aging.

The report will address the question whether there is a need for ongoing leadership and guidance to the AFC Initiative. This report will also look into the priority areas identified by WHO to determine how County of Simcoe and other municipalities can further contribute towards addressing these priorities and what role should they play considering the limited resources.

Research material for this report was acquired through the review of municipal involvement and accomplishments to date in Ontario and Canada wide. The report relied on academic research in this area and focused on variety of sources including practice/proposals/guidance documents, recently developed practices and work in progress worldwide in order to identify opportunities created by other governments that could be of benefit to Ontario seniors, focusing on areas such as leadership, business and community partnerships.

Background Information

Worldwide, the proportion of people age 65 and over is growing faster than any other age group. Age composition which represents the proportionate numbers of children, young adults, middle aged adults and older adults in any given country is an important element for policy makers to take into account. Current trends of decreasing fertility rates and increasing longevity will ensure the continued “greying” of the world. In Addition, the pace of population ageing is also increasing dramatically. France had almost 150 years to adapt to a change from 10% to 20% in the proportion of the population that was older than 60 years. Now however, places such as Brazil, China and India will have slightly more than 20 years to make the same adaptation.(1)

Canada is not immune to this change. The number of seniors over 65 in Ontario is projected to more than double from about 2.1 million, or 15.2 per cent of the population in 2013 to 4.5 million, or 25.5 per cent by 2041. In 2015, for the first time, seniors will account for a larger share of population than children aged 0-14. (2)

This major demographic shift will undoubtedly have serious implication for the economy, government policy and well-being of citizens. There is negativity in the media that we could be headed for decades of anemic economic growth, shrinking per capita incomes, eroding wealth, and Governments could face tough choices about affordable health care and social supports as a smaller pool of taxpayers must fund the rising costs of growing numbers of seniors. Older adults are already facing challenges such as shortage of appropriate, affordable housing, limited

flexibility within transportation sector and challenges to stay connected with friends, family and community. (3)

Taking a positive approach, The World Health Organization (WHO) has guided the International Policy to celebrate rising life expectancy and the potential for older populations to act as powerful resources for future development. They highlight the skills, experience and wisdom of older people and the contribution they make. They also map a broad range of areas where policies can enable these contributions through adequate healthcare systems, participation and security. WHO identified four priority areas for action: 1. Aligning health systems with the needs of the older populations they now serve, 2. Developing systems for providing long-term care, 3. Creating age-friendly environments, 4. Improving measurement, monitoring and understanding. Yet, recent review of the progress made globally since 2002 noted that there is low priority and lack of progress despite clear opportunities for action.(4)

In Canada, the provincial governments in Manitoba and BC have taken the lead in creating Age-Friendly Communities. In Ontario, the Age-Friendly concept has been endorsed by the Association of Municipalities of Ontario and the Ontario Seniors Secretariat. A Number of Municipalities have taken a lead and utilized funding support from Federal Government and Provincial government to involve seniors and other community partners in drafting the framework for Developing Age-Friendly Communities that would best meet local needs.

Active Aging – New Paradigm

Due to increased longevity and improved health among older populations, aging is less and less synonymous with dependency. Although the risk of chronic illness and disability certainly increases with age, many people with chronic conditions and functional limitations retain other significant capabilities.

The paradigm of aging as a "dependent" stage of life, and the existing social care policies, do not match up with current realities or with likely scenarios for the 21st century. Stereotypes of seniors as unproductive and dependent are unfair and detrimental to the vitality of society as well as the dignity of individuals. Older people have the potential to be active and productive much longer, provided they are adequately supported by an age-friendly society. The most

important areas of support are access to appropriate health care, opportunities to remain active and engaged, and the provision of reasonable levels of income. (5)

Therefore, a new paradigm of Active Aging has emerged which is raising broader social and political issues. Active aging reflects the desire and ability of many seniors to remain engaged in economically and socially productive activities.

The Age-Friendly Communities initiatives adopt this paradigm shift by emphasising “Active Aging” to address the needs of aging population.

[Age Friendly Community Movement - History and Development.](#)

[Definition](#)

Age Friendly Community is one that recognizes the great diversity of the elderly population, promotes their inclusion in all areas of community life, respects their decision and lifestyle choices and anticipates and responds flexibly to their age related needs. (WHO 2007)

[What is happening worldwide?](#)

In 2006, World Health Organization’s (WHO) initiated worldwide Age-Friendly movement by establishing the Global Age-Friendly Cities and Communities Network to foster the exchange of experience and mutual learning between cities and communities worldwide. In the early stages, the project involved global leaders from 33 cities in 22 countries (including four Canadian cities: Saanich (BC), Portage la Prairie (MB), Sherbrooke (QC), and Halifax (NS)) to analyze whether their communities and neighbourhoods had the capacity to support the World Health Organization Active Ageing Framework. Now, any city or community that is committed to creating inclusive and accessible environments to benefit their ageing populations is welcome to join the Network. In February 2016, the WHO Network included 287 cities worldwide sharing their experiences and progress in developing age friendly communities. To join the Network cities must submit an application including a letter from the Mayor and Municipal administration committing to commencing a cycle of 4 stages: Community Planning, Implementation, Evaluation, Continual Improvement,(6)

What is happening in Canada?

In Canada, the federal, provincial and municipal partners have agreed upon a set of criteria or “milestones” that communities must follow to be recognized as age-friendly. Major provincial age friendly initiatives started in 2008 and were led by BC, Manitoba and Quebec. Since that time many local governments have lead the way and formalized their efforts to help older adults live at home longer by assessing their community’s age-friendliness according to the eight areas defined by the WHO, and building action plans to improve on those measures and reporting publicly on the progress made over time. In 2014, it was estimated that approximately 560 communities in eight provinces were participating in the AFC movement and 21 cities and communities in Canada have been formally recognized by WHO as Age-Friendly Cities. (7) (Appendix 3)

The Public Health Agency of Canada (PHAC) assumed the role for national coordination and in collaboration with key partners developed the Pan-Canadian Age-Friendly Communities Milestones (Milestones) which describes the steps a community needs to follow to successfully apply the age-friendly Communities model in Canada. However, at this point, there is no national framework that would define common goals and standards from coast to coast on how we should support older Canadian and promote the sharing of best practices. (8)

What is the Ontario government doing to promote age friendly?

In 2010, Ontario Seniors Secretariat hosted 7 regional forums to activate age friendly initiatives and to provide tools for building strong communities. A key components of Ontario’s Action Plan for Seniors include Dr. Sinha’s recommendation for elder friendly Ontario contained in his report Living Longer Living Well (2012). The Ontario Seniors’ Secretariat of the Government of Ontario, the Accessibility Directorate of Ontario (ADO), the University of Waterloo and McMaster University worked together to develop the guide for individuals, organizations and local governments and business to create age-friendly communities across Ontario – Finding The Right Fit. Age Friendly Community Planning. The guide and AFC Planning Grant Program offer assistance to Ontario communities interested in adopting age-friendly planning principles. In addition, The Ontario Seniors’ Secretariat administers the AFC Outreach Initiative to offer further assistance in the planning and implementation process, by sharing best practices, and

developing partnerships across Ontario. From the perspective of engagement in the project, sixteen Ontario communities have already joined the WHO Network of Age Friendly Cities and Communities, fifty six municipalities are in various stages of the process, and some have not begun the work.(9) (10). Leadership of the project varies and includes many stakeholders. In many cases municipalities are working together with public and private institutions and include community organizations (Social Planning Council, Community Development), Health Units (District Health Unit, CCAC), Seniors Groups(Council on Aging, Senior Advisory Committee) and Universities.

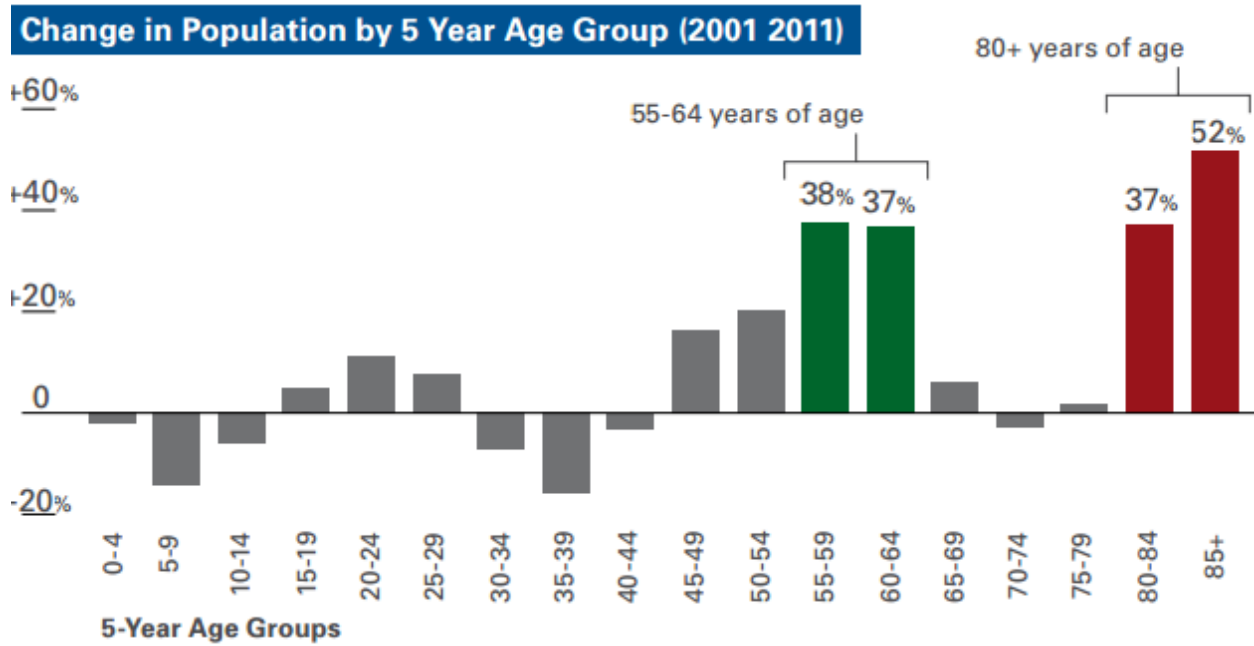
Analysis

Demographics and Economy – setting the stage

Exploring recent demographic trends will provide a greater perspective on the challenges ahead for all governments and will allow later to evaluate the role municipalities and AFC can play in balancing the shifting service needs of an aging population.

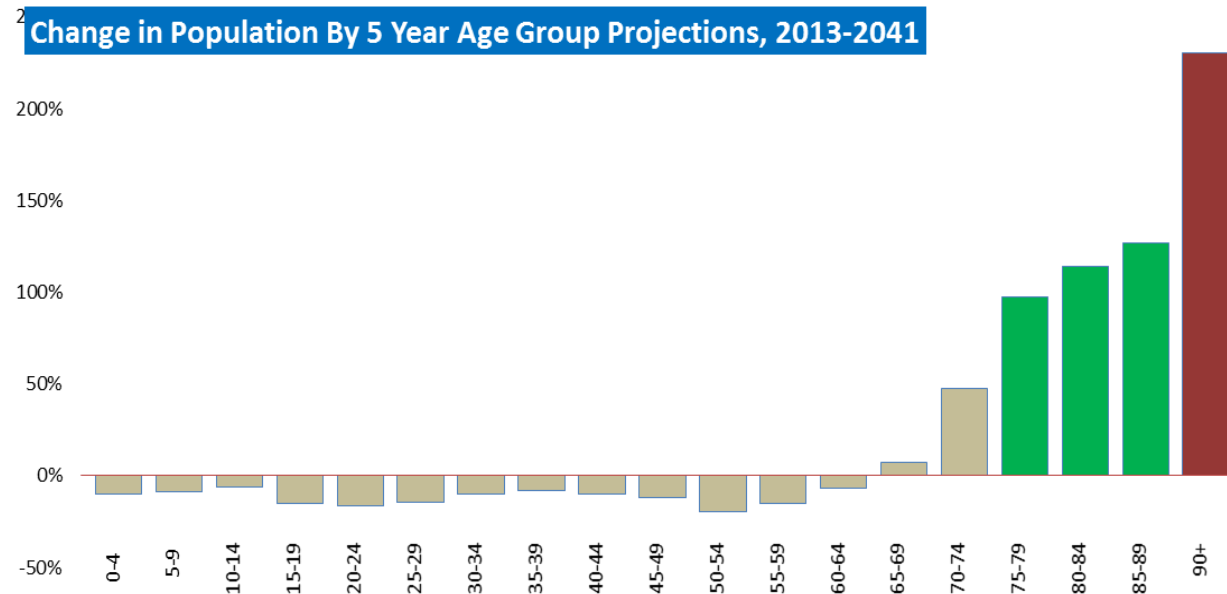
The growth of the older adult population in Canada is driven by two main factors – life expectancy and the “baby boom” generation.(see Figures 1 and 2) . According to Global Health Observatory, the life expectancy in Canada has increased on average from 77 years in 1990 to 82 years in 2013. As a result, the number of people over the age of 80 is growing faster than any other age group. The second factor is the baby boomer generation – the population cohort born between 1946 and 1964. Year 2011 marked the first year that baby boomers reached the age of 65. While the overall life expectancy is expected to grow, growth in this group is expected to moderate in the future. (11)

Figure 1



Source: Census Canada 2006 and 2011

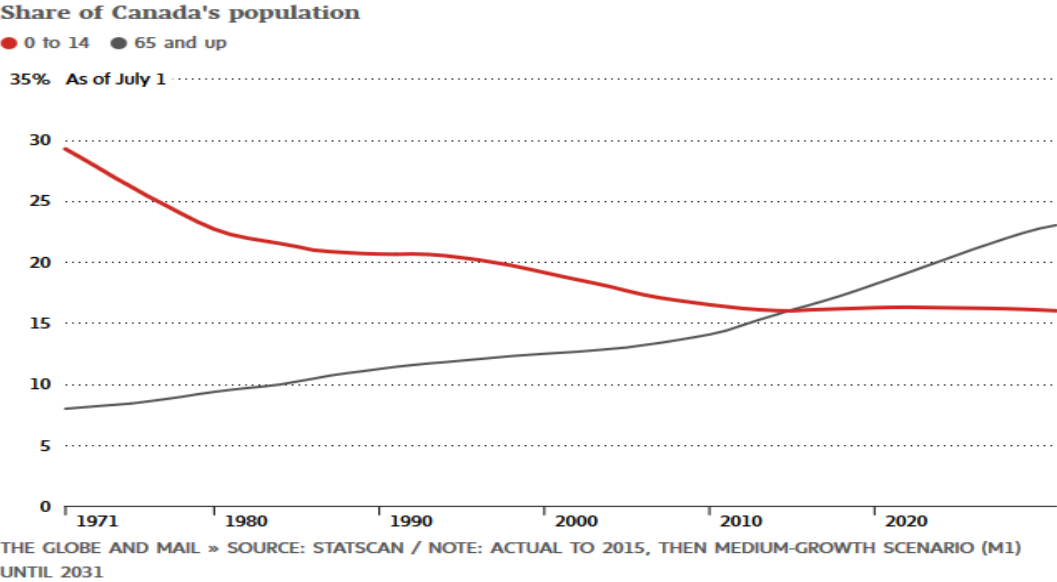
Figure 2



Source: Ontario Ministry of Finance, Ontario Population Projections, 2013–2041 – Table 7

In 2015, for the first time, Canada had more people over the age of 65 than under 15. The number of people over 65, the traditional retirement age in this country, make up now 16 per cent of the population – double their proportion in 1971. The gap between the children and seniors is expected to widen. (see Figure 3) So far, only 18 per cent of the boomer generation has reached 65; the peak of the baby boomers will not reach that age for another decade. By then, more than 20 per cent of the national population will be at retirement age; by the 2041, 25 percent of the adults will be over 65 years old.

Figure 3



This demographic shift will have a major impact on the labour force resulting in decline of the number of new workers entering the workforce to replace those who are expected to retire within the next 15 years.

Labour growth is the key ingredient in the production of more goods and services that adds up to economic expansion. Statistics Canada projections suggest that labour growth after peaking at 4 per cent in the 1970s and averaging 1.6 per cent in the 2000s, will grow by only about 0.5 per cent a year in the 2020s. Some forecasters predict that this labour stagnation may keep real economic growth below 2 per cent annually over the next decade which is below the average of about 2.5 per cent over the past quarter-century. Research also indicates that older adults typically prepare to spend more modestly as they exit their peak earning years. This scaling back may also put a drag on an economy that relies on consumer spending for GDP growth.

However, an emerging trend indicates that the unprecedented number of older workers is staying in the workplace for longer than ever before. In the past decade, the number of Canadian workers over 65 has spiked more than 140 per cent; the number of workers over 55 has surged 67 per cent, to more than 3.7 million.

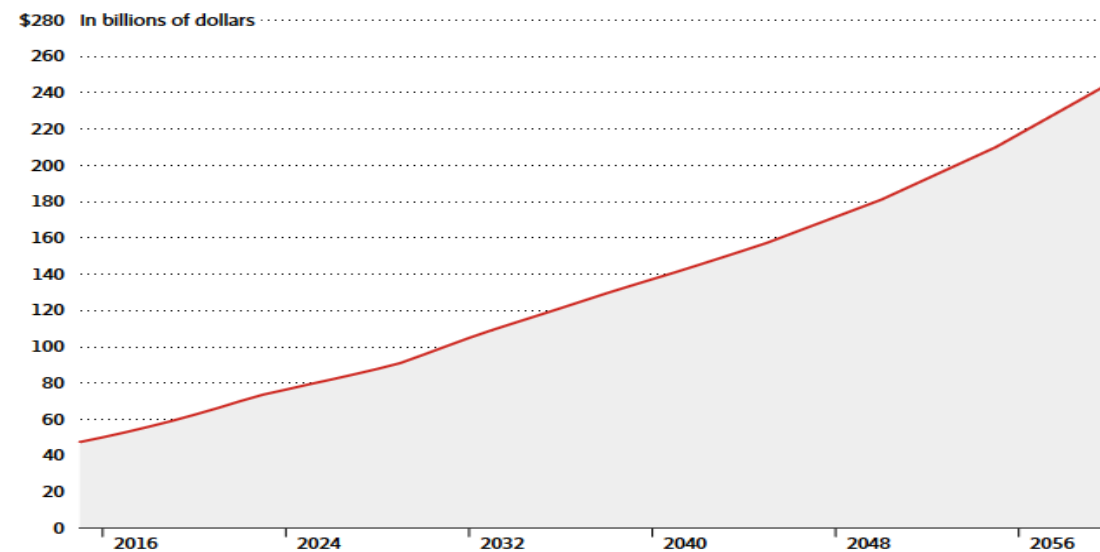
More flexibility from employers and adequate policy changes may help to keep the labour market adequately supplied in the coming decades.

In 2011, According to Statistics Canada, the sources of income among individuals over 65 were 14.6% from employment, 44.5% from investment and pension income, and 37.9% from government transfers.

Canada's shifting demographics will be one of the important forces affecting the cost of our social programs over the next half century. The government benefits paid to seniors include the universal Old Age Security (OAS) as well as the supplemental Guaranteed Income Security (GIS) plan for low-income seniors. Both these programs are paid entirely from annual federal government tax revenue. The actuary forecasts indicate that the cost of these programs is projected to rise from \$47-billion in 2015 to more than \$100-billion by 2031(12).(see Figure 4)

Figure 4

Projected total OAS/GIS expenditures

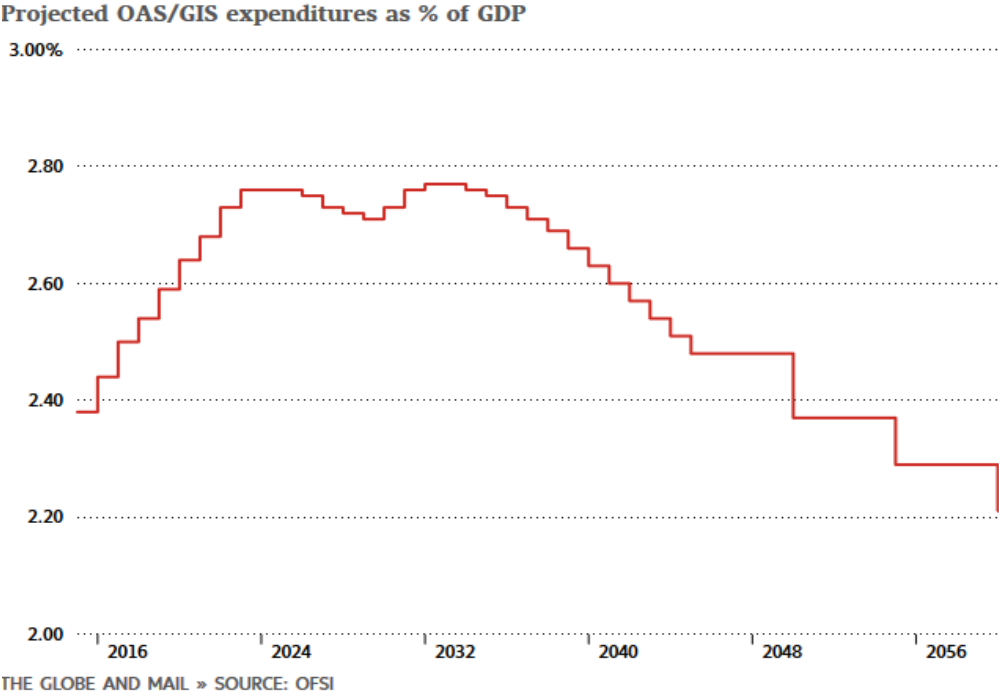


THE GLOBE AND MAIL » SOURCE: OSFI

However, pension researcher Robert Brown, who has studied the impact of shifting demographics on Canada’s social security programs, suggests that the OAS cost increases should be manageable if the economy achieves modest growth because tax revenue will also grow over that period, helping absorb much of the impact.(13) (14)

According to Chief Actuary forecast, OAS costs are expected to rise from 2.38 per cent of Canada’s GDP in 2015 to a peak of 2.77 per cent in 2030, then fall back to 2.37 per cent of GDP by 2050 as the boomer generation dies. (see Figure 5)

Figure 5



The financial wellbeing of seniors today is very diverse and the outcome in the future will inevitably continue to be mixed, with many older Canadians living comfortably and others struggling with a far lower standard of living.

Some older adults in Ontario today, who rely on the government sources of income, are living on \$26,000 in annual income where often half of that amount goes towards rent and leaves most optional spending like cable TV and Internet service out of reach. This group will remain vulnerable in the future.

Others will have additional sources of income such as personal savings (including RRSPs), private pension, and home equity. As mentioned above, many boomers, especially those working in knowledge jobs, will not retire in the traditional sense. They will mentor, consult and work on projects they find interesting or meaningful and derive part of their income from employment.

The important question from the policy perspective is whether the current trend toward later retirement will continue and how this will offset the risk that people may outlive their savings. Although the answer is not known at this time, the changing trends underscore the need for greater flexibility in work design and retirement income system changes at the national level.

From the municipal perspective, if more people face affordability issues there will be greater strain on services provided at the local level.

[Age Friendly Communities – The Need to Address Major Themes](#)

More in-depth analysis of these major components of Age friendly communities will help to provide a more adequate evaluation of these programs.

[Health Care Transformation](#)

The growing number of older Canadians will exert new and different pressures on the health care system. Currently, patients aged 65 or older consume 45% of all public sector health care spending even though they only account for 16% of the population (CIHI 2014). The natural effect of a larger and older population is that many conditions commonly associated with older age have become more prevalent. According to data from the 2012 Canadian Community Health Survey, 85 percent of older Canadians aged 65 to 79, and 90 percent of those over the age of 80, reported living with one or more chronic conditions. Almost 25% of older adults reported having at least three chronic conditions. Although the health needs have changed significantly, our health care system established decades ago to cure episodic illness remains focused on delivering acute, specialty-oriented care in institutional settings and does not have the capacity to provide more complex, chronic care in community-oriented settings.⁽¹⁵⁾ Based on recent international survey, Canadians themselves are not confident in their own health system's ability to meet their needs. To answer the question how well populations of older

adults are being served in different highly developed countries, only 34 percent of Canadian respondents gave our system the highest possible rating. This was the second-lowest proportion of any jurisdiction in the 11-country survey, surpassing only the United States (16). The results of the survey show that there is almost universal difficulty in coordinating care for patients with complex health needs. Only about a quarter of physicians from Canada and the USA felt that their practices were prepared to coordinate care for patients with multiple chronic conditions. Other concerns included timely access to primary care specialist for older Canadians. Canada had the longest waits for primary and specialist care of all 11 countries. While most Canadians have doctor, more than half waited at least 2 days for care when they were sick, and 25% waited more than 2 months to see a specialist. Many older Canadians found it difficult to get medical care in the evenings and on weekends or holidays without going to the hospital emergency department. Consequently, 37% of individuals responded that the last time they went to the ED, it was for a condition that could have been treated by their regular doctor.

If these barriers remain in place it will be difficult for older Canadians to lead healthy and active lives and remain independent and engaged members of our communities. If the basic health services are not available when they are needed seniors will resort to more costly alternatives such as hospitals or emergency visits and further overload already strained system.

Even though the conventional wisdom dictates that growing number of older persons will necessitate a proportional increase in the supply of LTC beds in nursing homes, the alternative view is that more adequate community –based primary care could reduce this need. Recent study indicates that 93% of older people overwhelmingly wish to age at home. However, Ontario’s policy choices that in the past reinforced residential LTC beds as ultimate care destination for older people resulted in inadequate and fragmented community –based care.(17), (18). Some researchers argue that if the needed formal and informal community based supports were more accessible in the first place, older persons even with relatively high level of need could remain at home or in homelike settings. This view has been supported by the results of the Ontario Balance of Care Project conducted in Toronto Central LHIN (19). The outcome of the project indicated that between one third and one half of individual on waiting lists for LTC could be diverted safely and cost-effectively to care in the family home or in supportive housing if adequate home and community care resources were available. Especially, in rural areas where home and community care services capacity remains particularly stretched often

lower level activities such as meal preparation, housekeeping, and medication management become as a key drivers of referral to LTC. Inability to perform such everyday but essentials tasks could quickly lead to social isolation, functional decline, illness and avoidable admission to hospital and residential LTC if not addressed properly. While Ontario has many excellent programs to keep people at home it does not have a coordinated system strategy. Recently Ontario Government has promised broad scale changes through its Patients First road map for system transformation.

The crucial role of LTC beds should not be diminished, but rather the policy makers should use greater scope to see beds within more encompassing view of all places for care in the continuum of care. Building “places” vs “beds” helps to consider interdisciplinary care teams to establish the best practice in the care of persons with multiple health and social needs. (20) However building such new structures can confront many challenges including regulations and strict funding mechanisms that often limit collaboration. Although this shift in approach is not easy there are numerous examples of many promising practices not only in Ontario but also worldwide. For example, in Denmark, in 1988, legislation prohibited the development of more nursing home beds and opened the way for a greater range of aging at home options. Some of the nursing homes were phased out and the government introduced a home reform to increase the availability of subsidized housing with 24/7 supportive housing services for older people with more extensive needs. A wide range of health and social care services are now the responsibility of local governments and include a free choice of care options spanning nursing homes, senior citizens residences, gated communities, service-enriched housing, day programs and in home care. People in need of care pay the rent but receive publicly funded home help independent of where they live. A basic principle is that the care setting should not dictate the offers of care made to older people. Informal caregivers may be paid by municipalities to substitute formal care providers. (21).

In England, in 2012, the coalition of Health and Social Care Act restated the policy aim of better integrating health and social care. In 2015, the government extended the full control of its health care budget to the region of Greater Manchester which already controlled social care. In April 2016 the region will take over 6 billion pounds budget previously controlled by the National Health Service, bringing health and social care together in the same pool.

Since Health Care in Canada falls under the provincial jurisdiction, it may be difficult for Age-Friendly communities' initiatives driven by the local governments or local organization to make significant changes to address some of the above health care challenges older adults face today.

Housing Needs

Majority of seniors wish to remain in their communities as they grow older. Aging in place refers to the ability to remain at home safely, comfortably and independently. The analysis below provide a description of current accommodations trends for seniors and future needs challenges.

Where Do Seniors live?

1. The vast majority (92.1%) of Canadian seniors live in either mainstream housing or independent-living accommodation including single family homes, condominiums and rental units.
2. The remaining 7.9% of seniors is living in collective dwelling. Collective dwelling includes two main categories:
 - Assisted Living Accommodation: Intended for seniors requiring more personalized services, ranging from meal preparation and housekeeping to bathing, dressing and taking medication. 3.2% of seniors lived in senior residences.
 - Long-Term Care (LTC) Accommodation designed for people who can no longer live independently and require 24-hour care and supervision. According to Statistics Canada, 3.9% of all seniors lived in long-term care facilities in 2011.

Mainstream Housing

Detached houses remain the most common housing form among seniors (55.7%), indicating the tendency of most aging people to remain in their homes. Over the last two decades the ownership in the age group over 70 years old has increased significantly. Seniors in smaller communities were more likely to live in single family homes than those in urban centers. As these age group begin to struggle with age-related infirmities in coming decades, demand for

home adaptations and support services to enable them to continue living comfortably in their homes is likely to increase.

26.2% of seniors' households in Canada rely on rental accommodation. In the larger urban areas that average is close to 30%. Therefore, appropriately designed, suitably located and affordable rental housing represents an increasingly important housing options for seniors who are unable or uninterested in home ownership. However, the cost of rental accommodation is relatively high. The average monthly rents for two bedroom apartments in October 2015 were \$966 while the highest rents, in Vancouver, Calgary and Toronto, ranged from \$1288 to \$1368. These high rents cause affordability challenges for seniors renters. Almost half spend 30% or more of their income on shelter and overall, close to 700,000 Canadian Senior-led Households face housing affordability challenges.

Affordable housing options for seniors are decreasing due to limited investment in private purpose-built rental housing, and declining government-funded social housing in most provinces resulting in growing wait lists for social housing and housing subsidies. According to Housing Services Corporation, in Ontario alone, seniors represent 50,000 out of 168,000 waiting for accommodation. In the last 10 years, the proportion of seniors on waiting lists has increased by 8 percent. Average wait time is 4 years but in some cases it can be as high as 10 years. (22)

Collective Dwelling

Collective Dwelling for seniors including seniors' residences and Long Term Care facilities are intended for older Canadians who experience serious and chronic limitations in health or mobility. Despite the importance of this housing option in the continuum of care, very high rents put seniors' residences beyond the reach of most. While residences include additional services such as meal plans and recreation, the shift from independent living to this type of assisted living involves a significant increase in costs. In 2015 the average rents in senior residences were \$2,500 almost 2.6 times the private market rent. Due to the high price the average vacancy rate for this type of accommodation at 8.9% was significantly higher than the market vacancy rate of 2.8%. The persistence of high vacancy rates in the face of growing population with increased needs may suggest a flaw in the housing market for seniors who require assisted-living accommodation. (23)

Long-term care facilities in most provinces are publicly subsidized, but they include a user-pay funding component for accommodation. These co-payments vary substantially depending on

the province. In 2015 maximum annual charges for standard accommodation for non-married seniors were \$13,349 in Quebec, and \$33,600 for married couples residing in Newfoundland and Labrador.

It is worth mentioning that the usage of collective dwelling has been actually trending downwards over the past decade. Statistics Canada records for a 30-year timeframe show a declining percentage of eldest seniors living in collective dwellings. It is unclear whether this trend toward deinstitutionalization results from stated preferences of seniors, or rather from the organization of care and the efforts of provincial governments to reduce health care spending, given that institutional facilities are associated with higher costs than services provided through home care.

The diverse housing needs and affordability issues are again very complex subjects that overlap the boundaries of many government levels and will present challenges for policy makers in the near future. Some municipalities are creating new innovative ideas such as Burlington Age-Friendly Seniors Council's Housing Committee developed The Halton HomeShare Toolkit to provide a self-resource to individuals who are interested in a living arrangement between two people to reside together in the same residence and typically share common areas, such as the living room and kitchen. However, majority of these issues will be difficult to tackle for both municipalities and AFC.

Transportation

An ability to get around is a very important component of active aging and aging at home. Transportation is a key issue for seniors from the perspective of securing the appropriate housing that meets their needs as well as ensuring that they can stay connected to family members, friends, and have easy access to health care, social services, and basic amenities such as groceries, pharmacies, and recreation centers. Currently, the majority of seniors is relying heavily on private automobiles either as drivers or passengers. In large urban centers, some seniors have access to public transit. In 2012, 3.25 million of people over 65 (approximately 75%) had drivers licence and about 200,000 drivers were over 85 years old. Reliance on driving as a primary means of transportation is decreasing with age. The design and adaptation of the transportation systems to accommodate an aging population diverse

needs will be a major challenge for municipalities and other levels of government for the next 20 years.

Age Friendly Communities – Critical Evaluation

Almost ten years after the beginning of WHO Age Friendly initiative it is helpful to look at the progress and actual results of work completed to date. Appendix 4 displays some community snapshots to show how the communities are trying to better adapt to the needs of their ageing populations and what are they actually doing.

Strengths

The review of Ontario community reports presented to local government or published in practice journals or local media over the last decade, indicate the overwhelming enthusiasm in spreading of the projects. The multitude of ideas and practical experiences worldwide that can be centrally shared through the WHO website and the involvement of a broader community are definitely the success story for the initiative. The implementation of the Age-Friendly projects has brought together many stakeholders and involved creative partnerships between municipal governments and businesses, architects, planners, designers, philanthropists, public health agencies and educational institutions. Collaboratively, all these groups with varied experiences can bring new and innovative solutions to the looming crisis.

The implementation of age friendly projects benefits both young and old. For example, accessible spaces that accommodate those who are older also help others who encounter functional obstacles in their daily lives – mothers, parents with infants and strollers and people with temporary disabilities.

Weaknesses

However, when the presented examples are put in the context of the challenges that are still present today, it is the author's view, that most communities in Canada and other countries are still at the initial stages of implementation and the outcomes are often limited only to changes in their built environment. The communities that have been engaged for the longest period were able to establish effective intersectoral working groups, and demonstrate the addition of some new programs or services based on their age-friendly assessment and action plans and increased attention to "age-friendliness" in municipal planning. However, the implementation progress involving more complex issues such as housing, health care, transportation, and affordability that represent very important requirements of aging well seem to lack a coordinated approach and shows limited success. One reason for this could be that there are no adequate resources or they were not appropriately developed. Another one is that many of the factors affecting seniors' quality of life depend not only on a local government level but also on a federal and provincial governments. The scope and agendas of Age Friendly initiatives as defined by the eight domains areas are very wide and ambitious, but in practical terms, to be able to provide aging in place solutions that range from improving the walking environments to ensuring that they have access to affordable rental housing and good-quality home-based support services may be challenging.

On the other hand, it can also be argued that age-friendly initiatives often overlap other policy initiatives such as Walkable Communities, Universal Design, Accessibility, Social Housing and therefore lack focus. These initiatives should come together to avoid duplication and make the best use of the resources and create organizational and funding synergies. With the increasing number of solutions and lack of the resident-level data on the outcomes it is difficult to judge whether alternative program initiatives might yield better results.(5)

Since there is little evidence-based research to determine whether the outcomes of the increased number of new initiatives are benefiting the targeted groups and how they improved the physical or psychological well-being of older adults, some critics claim that communities are opting for "quick wins" to demonstrate their commitment rather than big-ticket items that would impact the quality of life. In the longer term, the development and use of outcome indicators to track changes and effects in communities engaged in age-friendly initiatives will also be vital to

demonstrate the effectiveness of this initiative as a policy intervention to promote healthy, active aging.(8)

Threads

There is no doubt, that the development of AFC has been driven by strong leadership. However, there is a danger that older people with greatest needs are not always in the same places where the strong leadership is. Therefore, if these shortages are not addressed or identified the needs of most vulnerable seniors often in the rural communities may remain ignored.

Another thread is that aging process often extends over a period of 20 or more years. Coping with challenges of getting older such as an aging body or new retirement-oriented lifestyle requires long term solutions. It is unclear what will happen when the initial funding for these programs terminates. Will some of these age-friendly initiatives turn out to be only temporary solutions? It is too soon to tell whether these actions are leading to durable, significant changes in community structures or to policies that will lead to healthier, more active lifestyles for older adults.

Role of Municipalities – recognizing the opportunities ahead

With the growing number of governments adhering to the principles of “aging in place” and “age-friendly communities”, we have yet to determine and articulate fully what that will mean and how will it influence the organization of public spaces, local services and infrastructure. Encouraging the development of age-friendly communities, both the private and public sectors could reinvent and rejuvenate the form and function of urban settlements and create sustainable communities that could accommodate the lifestyles and activities irrespective of their age or disability.

In Canada, Governments are the primary drivers of the age-friendly community initiative. Thus the implementation of this initiative is the result of several direct policy interventions such as official political declaration of engagement, and providing initial funding as a “push” to become involved. Municipalities are well positioned to become strong leaders for age friendly initiatives as they provide a wide selection of services for local communities. Understanding the full scope of the demographic shift allows for better planning, and of course, predictability of funding greatly

enhances the capacity to plan. Municipalities in Canada recognize the opportunities and challenges ahead and are already working to remove social and physical barriers and adopting local economies to this rapidly aging society. However, the municipal governments cannot do it in isolation. All levels of government benefit from communities where strong population of seniors can continue to lead healthy engaged and productive lives. Meeting the growing and evolving needs of our aging population will require concerted coordination and effort between municipalities and provinces, with the federal governments playing a key role. It will require contributions from the private and not-for-profit sectors and the active participation of citizens themselves.

Conclusion

The review of literature and real life examples presented in this report helped to gain a much broader view and obtain a greater understanding of issues surrounding aging. These issues are, by nature, interdisciplinary and overlap many different subject areas. No one service provider, level of government or organization can provide the full range of supports to individuals as they grow older. In this context, the research also provided better perspective on how the AFC initiatives fit into this complex environment. The multitude of issues raised in this report demonstrates many concerns that communities must address to serve the needs of an aging population such as housing, transportation, health care, home supports, social outreach and financial wellbeing. Strong municipalities are the foundation of a healthy economy and a better quality of life for Canadians, therefore many AFC initiatives are led by municipalities. However overcoming these complex challenges to provide solid answers and solutions often goes beyond the current capabilities of both, AFC initiatives and municipalities, and requires close collaboration between all three orders of government. Presented below is the summary of findings relating to the AFC initiatives:

1. Successful planning for a “senior population” can only be accomplished through a collaborative approach. Collaboration should become part of the strategy of all organizations that provide services to the community.
2. The successful senior strategy must ensure policy-makers treat aging as a lens through which all policy decisions are assessed, rather than an isolated policy choices

3. Greater awareness of existing initiatives such as Accessibility, social housing, vibrant communities, is important and should be taken into account to contribute towards AFC initiatives and to avoid duplication.
4. Progress has been limited to areas that are contained within municipal jurisdictions and often solutions include only small scale lower level priorities.
5. Required resources do not exist or have been inadequately developed at the municipal level.
6. AFC initiatives require strong leadership at the local level but also at the provincial and federal levels.
7. Initiatives must be both bottom up and top down. In Ontario and across the globe numerous ground up initiatives demonstrate innovative ideas, energy and great commitment to make things happen. However, the examples show that existing small-scale local initiatives are unlikely to drive the system change. They require an enabling policy framework. Governments should establish the conditions under which promising ground-up initiatives can scale up.
8. While the start-up funding is necessary, the initiatives must meet long term needs and continue into the future. However, the future funding and resources are unknown at this time.
9. A further policy action is required to align the age-friendly community initiatives with existing and new provincial policy initiatives to enhance visibility and coherence to integrate an age-friendly approach in all services and programs. There are already some examples across Canada such as Manitoba has brought all of its seniors' programming together under the label "Age-Friendly Manitoba."
10. Further development of evidence and knowledge synthesis is necessary to inform community action while conducting evaluation and new research on the initiative.

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Appendices

Appendix A

County of Simcoe AFC Project

Milestone Dates

Phase I - Grant Application (June 2015-March 2016)	Community Engagement and Collaboration: Step 1: Form AFC Project Steering Step 2: Hire Consultant to conduct consultation/needs assessment
Phase II – Planning (April 2016 – March 2017)	Step 3 Identify priorities/determine framework's guiding principles/considerations Step 4: Develop and seek Council endorsement of Simcoe County's AFC Framework
Phase III-Implementation & Evaluation (2017-2027)	Step 5: Implement Framework as part of the County's annual and long term planning processes (10-Year Strategic Vision Plan) Step 6: Seek organizations/partnerships to undertake community actions as identified. Develop specific project plans for priority projects Step 7: Evaluate effectiveness of Framework and associated action items. Step 8: Regularly revise Framework as needed Step 9: Monitor and provide progress reports

	Step 10: Obtain funding for more age-friendly projects as indicated.
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Appendix 2: Dimensions of Age-Friendly Community Examples

The table below provides examples of initiatives in each dimension from the Grant Application Program Guidelines.

Age-Friendly Dimension	Examples of Initiatives
<p>1. Outdoor Spaces and Public Buildings</p> <p>Outdoor spaces and public buildings that are pleasant, clean, secure and physically accessible</p>	<p>Design pavements and sidewalks with low curbs that taper off to the road and are wide enough to accommodate wheelchairs and other mobility devices.</p> <p>Add accessible public washrooms with clear signage in convenient locations.</p> <p>Increase outdoor seating at transit stops, in parks and public spaces that are well spaced and well maintained.</p>
<p>2. Transportation</p> <p>Public transportation that is accessible and affordable</p>	<p>Design public transportation routes with connections to all municipal areas.</p> <p>Start a community transportation service that is affordable and accessible.</p> <p>Launch an outreach campaign to provide information about transportation options, routes, costs and timetables.</p>
<p>3. Housing</p> <p>Housing that is affordable, appropriately located, well built, well designed and secure.</p>	<p>Include affordable housing options for older adults in municipal plans.</p> <p>Develop affordable services and/or programs that support the option for seniors to remain in their homes.</p>

	Design accessible indoor spaces to allow freedom of movement in all rooms and passageways.
<p>4. Social Participation</p> <p>Opportunities for seniors to participate in leisure, social, cultural and spiritual activities with people of all ages and cultures.</p>	<p>Organize free or affordable events, activities or courses held at venues that are accessible, well lit and conveniently located.</p> <p>Start an outreach program for older adults who do not or cannot leave their homes.</p> <p>Offer a range of events or activities, including both age-specific and intergenerational activities.</p>
<p>5. Respect and Social Inclusion</p> <p>Older adults are treated with respect and are included in civic life.</p>	<p>Invite older adults to participate in and contribute their input on public issues or services.</p> <p>Create local awards and events to honour the contributions of seniors in the community.</p> <p>Create community activities that bring together different generations, such as arts and crafts, youth-taught computer courses, and "honorary grandparent" programs.</p>
<p>6. Civic Participation & Employment</p> <p>Opportunities for employment and volunteerism that cater to older adults' interests and abilities.</p>	<p>Civic Participation & Employment</p> <p>Opportunities for employment and volunteerism that cater to older adults' interests and abilities. Create training opportunities for older adults to learn or improve their skills in paid, civic or volunteer work.</p> <p>Introduce programs or services that support older adults in finding paid employment.</p> <p>Encourage the representation of older adults on councils, boards and committees.</p>
<p>7. Communication and Information</p> <p>Age-friendly communication and information is available.</p>	<p>Organize regular and widespread distribution of information in a variety of formats (for example, audio, print and electronic).</p> <p>Provide access to computers and the Internet in public places at minimal or no cost.</p>

	Set up a program that invites seniors to sign up for monthly telephone calls that provide information about upcoming local activities and events.
8. Community Support & Health Services Community support and health services tailored to older adults' needs.	Coordinate the availability of specialized health care services Provide affordable health and home care services. Offer education programs on elder care for caregivers and health care professionals.

Appendix 3: Canadian Age Friendly Cities that joined WHO Global Friendly Cities Network. GNAFCC-Network-List-March-2015

- Edmonton (AB),
- Gelph (ON),
- Hamilton (ON),
- Hearst (ON),
- Kingston (ON),
- London (ON),
- Moncton (NB),
- Noëlville (ON),
- Ottawa (ON),
- Port Colborne (ON),
- Portage La Prairie (MB),
- Saanich (BC),
- Sault Ste. Marie (ON),
- St. Catharines (ON),
- Summerside (PE),
- Thunder Bay (ON),
- Verner (ON),
- Waterloo (ON),
- Welland (ON),
- Whitby (ON),
- Windsor (ON)

Appendix 4: What Have Others Done Before Us? -- Community Snapshots

Now, almost ten year after the beginning of WHO initiative it is helpful to look at the results of work completed to date and how the initiative has evolved. Presented below are examples of how are the communities trying to better adapt to the needs of their ageing populations and what are they actually doing.

Community Snapshots 1

The Burlington Age-Friendly Seniors Council's Housing Committee developed The Halton HomeShare Toolkit to provide a self-resource to individuals who are interested in a living arrangement between two people who reside together in the same residence and typically share common areas, such as the living room and kitchen. HomeShare is a feasible alternative due to lack of affordable housing options. It can be good solution for many older adults who wish to remain in their own homes but may find it difficult to maintain household responsibilities. It also offers companionship, reduces isolation and provides safety and security.

Community Snapshot 2

The City of London strives to provide recreation and leisure programs that enhance the lives of older adults. Through its Strategic plan for seniors endorsed by City Council seniors' centers have moved to a "hub and satellite" model of service delivery. The first seniors' satellite (neighbourhood outreach program) opened in September of 2012 at a neighbourhood library, and five additional satellites followed suit over the next 3 years. Each satellite operates 1-2 days/week and provides recreation and leisure programs that enhance the lives of older adults living throughout London.

Community Snapshot 3

The City of Ottawa implemented number of initiatives:

In 2013, Ottawa Public Health (OPH), in collaboration with community partners, established the Community Connect program. The program trains non-traditional referral sources, who have regular contact with older adults, to identify and link isolated or at-risk older adults for additional

support and services. Community Connect also works in partnership with community support services to improve knowledge of services available to vulnerable older adults. The brief training (30 minute session) is offered to City staff as well as employees of businesses and members of community groups.

The City has developed mandatory Accessibility Design Standards that respond to the needs of older adults and apply to all new construction and the redevelopment of existing facilities, owned, leased or operated by the City of Ottawa. The standards are encouraged to be implemented by other sectors and organizations within Ottawa to ensure inclusive environments for all.

Another example includes the commitment to a barrier retrofit program that has made accessibility improvements at over 250 City sites, & facilities. Through a barrier audit program the resources are assigned to the retro-fit and installation of accessible amenities, such as accessible ramps & stairs, guards and handrails, rest areas, washrooms, lighting, signage and way-finding systems, etc.

The Public Works Department at the City received \$100,000 in 2013 and 2014 budget, to install additional audible pedestrian signals and pedestrian countdown timers to existing signalized intersections to improve pedestrian safety for older adults.

The same year, Ottawa's Public Works Department expanded the existing Snow Go program which matches seniors with an individual or contractor to clear snow from private driveways to include a "Snow Angels" appreciation component. Once a year, the residents are invited to nominate candidates for special recognition.

Community Snapshot 4

In Hamilton, older adults teamed with McMaster University students to conduct assessments of the "age-friendliness" of Hamilton's outdoor recreational trails. Trail audits looked at 4 content areas: design features e.g., surface, slope; amenities e.g., telephones, restrooms; maintenance & esthetics e.g., litter, dogs; traffic intersections e.g., crossing signals, points of interest, accessibility features, costs and other important information associated with utilizing these trails. A graduate students from McMaster University's Occupational Therapy Program ranked the ease of walkability as well as special features that exist along the trails.

Community Snapshot 5

Rosburn, a small community in Manitoba hosted a day to increase awareness among youth and local businesses about the challenges older adults can encounter when going out for errands and shopping. Students from Elementary and High schools were asked to perform some tasks using walkers, canes, being pushed in wheelchairs, wearing dark glasses to realize the challenges faced by visually impaired or lack of mobility. The event was videotaped, discussed and subsequently, a report was shared with local businesses regarding barriers obstructing older adults' use of their stores. Prior to this exercise, this small community had only one store with automatic doors. Following the presentation, the Town has received funding to make the Community Hall more Age Friendly by installing a lift in the building. Other local establishments have been encouraged to improve their accessibility so that all people, regardless of mobility issues, may be able to shop in their local stores.

Community Snapshot 6

In Portugal, The Senior University of Gondomar, was create in March 2006 with 55 senior students, 12 disciplines and 10 volunteer teachers, with the proposal to streamline and organize regular cultural activities of learning, entertainment and recreation for citizens aged 50 or older. Currently the senior university enrolls 340 senior students, 51 volunteer teachers and offers 52 disciplines of study.

Community Snapshot 7

Age-friendly NYC, a partnership of the Office of the Mayor, the City Council and the New York Academy of Medicine (NYAM) found out that many older adults were craving for a place to cool off, to socialize and to get some exercise. A pilot project, Senior Swim was developed in 2012 with one city pool dedicating several hours a week to seniors only for swimming and aquatic exercises. The attendance of the program was a great success and the city extended it to 14 pools in 2013 and 16 pools in 2014 and 2015.

Community Snapshot 8

In Ljubljana, Slovenia, computer literacy lessons are offered free of charge for older participants. The funds for the implementation of the courses were provided by the City of Ljubljana. The courses are offered in cooperation with 17 municipal districts. In 8 year period since

implementation the City spent 870,000 EUR and offered 1150 courses to 11,500 seniors. The average age of participants was 68 years, and the oldest participant was 94 years old.