

Age-Friendly Communities—what are they and what has been accomplished?

Written by CURAC Health Care Policy Committee, October, 2017

There's a lot of buzz about Age-Friendly Communities (AFCs) these days and hundreds of Canadian municipalities have signed on to create entities that make "aging in place" a reality. The concept originated as part of the World Health Organization's policies for healthy aging which specified how governments as well as non-governmental organizations (NGOs) could support physical and mental health for older adults. The WHO produced a guide to Global Age-Friendly Cities (2007) which built on the eight essential elements of AFCs: 1. Outdoor spaces, buildings; 2. Transportation; 3. Housing; 4. Social participation; 5. Social respect and inclusion; 6. Civic participation and employment; 7. Communication and information; and 8. Community support and health services (Plouffe, 2011). These can be grouped into three general and interrelated areas: the physical, the social, and the health environments. Accessible and affordable housing and transport as well as attractive public spaces for socializing and recreation are key to the physical infrastructure. Linked to the physical infrastructure is the social aspect such as opportunities to connect with others at seniors' centres, in intergenerational housing or as volunteers in a respectful and inclusive setting. Communication and information are essential. Finally, the elements of healthy living need to be available—easy access to health services, pharmacies, and home care.

In 2006, the Public Health Agency of Canada released its "Healthy Aging in Canada" initiative aimed at health promotion and the creation of policies, services and programs that enable healthy aging. Four provincial governments participated in helping to develop AFC guidelines for municipalities as well as developing a similar guide for rural and remote communities. Most attention, however, has been given to cities and suburbs since the majority of older adults live in urban settings. According to one study, two-thirds of seniors live in car-dependent suburbs. (Miller, 2017) Now that seniors are living longer we need to think about how vision problems, chronic illnesses or cognitive impairments might prevent us from driving. As we age we need to think about access to shopping, recreational and social facilities, health services, etc. by public transport or walking. Age-adapted transport such as collective trips to stores or medical appointments would also be useful. In addition, our housing needs change so it is necessary to have places to live that can accommodate older adults whether that means retrofitting a house or living in multi-unit buildings close to public transport. As municipalities plan for the future they need to think about planning and development that includes universal design (buildings need to be accessible for all ages and abilities) in constructing new buildings. As one Nova Scotia study of affordable rental housing for seniors shows, merely building rental units without the goal of supporting healthy aging/aging in place is not enough; shared space, universal design, location, access to transportation and participation in decision-making are key (Leviton-Reid and Lake, 2016). Finally, thought needs to be given as to how to make winter more age friendly.

Connected to these physical considerations are the social. Social isolation is a health risk for older adults and thus living in places with meaningful social networks is important whether that

means ties to family and/or friends. Some communities are experimenting with cohousing (two or more people share space and costs, common in Denmark) or intergenerational housing where there is a mix of age groups. An example of the latter is the Humanitas Residential and Care Centre in Deventer, Netherlands, where students receive free rent in return for contributing 30 hours a month of activities with seniors. The emphasis is on connectivity and happiness rather than care. The community emphasizes control and autonomy, active participation, common purpose and positive attitudes. Community centres and seniors' centres provide places for making friends and opportunities for volunteering as well as social interaction. Some older adults wish to take advantage of educational opportunities such as short courses, lectures or art and music activities. As University of British Columbia's aging expert, Mary Ann Murphy, noted "boomers are no longer interested in bingo." (*Globe and Mail*, June 12, 2017)

In terms of healthy aging, AFCs need to have not only a built environment that is accessible to all and a social infrastructure that provides opportunities for social engagement, communication and socially inclusive activities, but such communities also require access to health services, healthy food and community-based care giving. In Canada health care is delivered through hospitals, doctors' offices and sometimes clinics. Accessing health care becomes more difficult as people age and experience chronic illness, vision problems or mental health issues. Our system is also very task oriented and hierarchical notes health reporter, Andre Picard. As one of his columns pointed out, there are other models around the world that may serve elderly populations better so that older adults can stay at home longer. He cites a Dutch example of neighbourhood care that developed in 2006 when some nurses founded the non-profit group, "Buurtzorg". The group organized nurses into small, self-managing teams serving neighbourhood populations or towns of about 10,000 people providing a wide range of care in the home, including non-medical services. Care in the home was managed in collaboration with an individual's doctor. One study found that this type of care delivered higher quality care and greater satisfaction; a second study estimated that this type of care was 40% cheaper than the traditional task-based care. While Canada's medical system operates differently and lacks the Dutch commitment to a culture of care, such examples do suggest that there are other successful ways of making aging in place a reality. (Picard, *Globe and Mail*, July 11, 2017)

In addition, as Nova Scotia's Action Plan for an Aging Population states, promoting healthy living means supporting a population health strategy that reduces the impact of poverty on health; this entails assessments of the various approaches to income security for low income older adults especially single people (most often women) struggling with the cost of living. Access to healthy, affordable food and the promotion of physical activity are also key. (www.davidharrison.ca)

So, how do we get Age Friendly Communities? Do we have any models? London, Ontario was the first city in Canada to join the WHO's Global Network of Age-Friendly Cities in 2010 and it completed its first action plan in 2016. The plan stressed an enhanced focus on engaging older adults from diverse backgrounds, increased communication and information sharing and

evidence-informed decision making. The Age-Friendly London Network features 245 network members, 8 working groups, and links to 37 related organizations. Perhaps most importantly, the City of London has incorporated age-friendly goals into its strategic plan, 2015-19. In addition, AFL with the assistance of provincial funding, is now developing an action plan for 2017-2020. Network strategies include: strengthening the AFLN, increasing outreach to older adults in immigrant, low income and other communities; working to bring an age friendly lens to agencies and organizations; using research to create an impact, trace outcomes; and committing to collective decision making on emerging opportunities and issues. (Age-Friendly London. Action Plan, 2017-2020)

While over 500 municipalities have committed to age-friendly goals, a recent study noted that mostly minor changes have been made and that AFCs are “works-in-progress.” (Miller, 2017) What’s lacking is the integration of AFC goals into mainstream planning and development. A study of 27 Ontario municipalities revealed that, of the 25 that passed a council resolution to commit to AFC goals, none had modified their development goals to incorporate AFC principles. Municipal plans need to incorporate AFC goals. Within municipal governments there needs to be clear direction as to which departments are responsible for taking action. When plans are reviewed, AFC goals need to be integrated into the process. In addition, the private sector has to be convinced or induced to build a mix of housing types suitable for older adults rather than specialize in one type. Higher density housing close to public transport and amenities makes sense for older adults. Provincial land use policies also impact what municipalities can do; there is a need for coordination between levels of government in order to facilitate the creation of Age-Friendly Communities that make “aging in place” a reality rather than just a work-in-progress.

Age Friendly London. Action Plan, 2017-2020

www.davidharrison.ca “Building Healthier Communities”

“Care Facility: Deventer, Netherlands,” www.intergenerationalhousing.wordpress.com

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