

# Advancing Age-Friendly Communities in Canada

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## Abstract

*The “age-friendly cities” concept proposed by the World Health Organization (WHO) is a multi-sectoral policy approach to address demographic aging in urban settings. Canadian governments at all levels, seniors’ organizations and non-governmental organizations have embraced this model for creating environments to support healthy, active aging. This paper describes how Canadian governments and partners have advanced the Age-Friendly Communities (AFC) initiative starting with the original development by WHO in 2006-07 to its current status five years later, involving the federal government, eight provinces, and 850 municipalities. With evidence of actions taken at the three levels of government, it is argued here that the successful evolution of AFC in Canada is the fruit of the national, collaborative leadership role played the Public Health Agency of Canada, the commitment of provincial partners to implement AFC fully in their jurisdiction, and the engagement of municipalities in creative and comprehensive community development with and for seniors.*

## Résumé

*Le concept de « villes-amies des aînés » proposé par l'Organisation mondiale de la Santé (OMS) est une approche politique multisectorielle qui vise à répondre au vieillissement démographique en milieu urbain. Tous les ordres de gouvernement au Canada, les organismes s'occupant des aînés et les organismes non gouvernementaux ont adopté ce modèle pour créer des milieux propices à un vieillissement actif et en bonne santé. Ce document décrit comment les gouvernements canadiens et leurs partenaires ont fait progresser l'initiative des communautés-amies des aînés, depuis sa création par l'OMS en 2006-2007 jusqu'à la situation actuelle, cinq ans après, avec la participation du gouvernement fédéral, de huit provinces et de 850 municipalités. Compte tenu des mesures mises en place par les trois ordres de gouvernement, ce document explique que le développement réussi des communautés-amies des aînés au Canada est le fruit de plusieurs facteurs : le rôle moteur national et collaboratif joué par l'Agence de la santé*

*publique du Canada, l'engagement des partenaires provinciaux à mettre pleinement en place le concept de communautés-amies des aînés sur leur territoire, et l'implication des municipalités en faveur d'un aménagement créatif et global de leur collectivité pour et avec les aînés.*

## **Introduction**

Population aging and urbanization are two of the most significant trends shaping the 21<sup>st</sup> century. The number of persons aged 60 and over as a proportion of the global population will double from 11% in 2006 to 22% by 2050, at which point it will have surpassed the number of children aged 0-14 years for the first time in human history (United Nations Department of Economic and Social Affairs, 2006). More than half of the world's inhabitants now live in urban settings, and their number and proportion will continue to increase. In Canada, the percentage of seniors (age 65 and older) will rise from 14% in 2006 to 25% in 2036 (Schellenberg & Turcotte, 2007). While the vast majority of Canadian seniors live in cities or towns (Schellenberg & Turcotte, 2007) in many provinces and territories, the proportion of seniors residing in rural areas is significant: 77% in the Northwest Territories, 55% in Newfoundland, 47% in Saskatchewan, 43% in New Brunswick, and 40% in Nova Scotia (Federal, Provincial and Territorial Ministers Responsible for Seniors, 2006).

The “age-friendly cities” concept was proposed by the World Health Organization (WHO) as a policy response to demographic aging and urbanization (WHO, 2007). Its goal is to promote active aging in urban physical, social, and service environments that are accessible and inclusive (WHO, 2007). It is grounded in the *WHO Active ageing framework* in which the concept of active aging is defined as the “process of optimizing opportunities for health, participation and security of persons as they age” (WHO, 2002, p 12).

The purpose of this article is to describe Canada's involvement in supporting the initial development of the WHO Age-Friendly Cities model and to account for the rapid and extensive implementation of the “Age-Friendly Communities” (AFC) initiative in Canada. Canada has been a key partner in the WHO initiative, and has been the country with the most extensive uptake of the age-friendly approach. Why and how this has occurred will be explained, with reference to the complementary activities of the federal and provincial/territorial partners, in particular, Manitoba, British Columbia, and Quebec. These provinces have been selected because the level of provincial and municipal investment in implementation and evaluation has been the longest and most extensive. Since municipalities are the prime locus of age-friendly community action, this article also sets a spotlight on some of the activities and achievements in specific municipalities in these provinces: Saanich, British Columbia; Pinawa, Manitoba; and, Drummondville, Quebec. These municipalities were among the first to engage in implementation of the AFC model and are exemplars of successful implementation.

## **Development of the WHO Global Age-Friendly Cities Guide**

In 2006 the WHO initiated a global, collaborative research project to identify the key features of an age-friendly city in order to stimulate and guide municipalities in

successfully adjusting to an aging citizenry. The WHO built on existing elder-friendly community approaches, in particular, AARP's Livable Communities (Kihl, Brennan, List, Gahawala & Mittal, 2005) and the AdvantAge initiative of the Visiting Nurse Service of New York (Feldman & Oberlink, 2003), as well as on the determinants of active ageing (WHO, 2002) that include the physical environment, social determinants, economic determinants, and health and social policies. From these sources emerged the proposal that age-friendliness is manifested in eight sectors of an urban setting: (1) outdoor spaces and buildings, (2) transportation, (3) housing, (4) social participation, (5) respect and social inclusion, (6) civic participation and employment, (7) communication and information, (8) community support and health services (WHO, 2007; Plouffe & Kalache, 2010). The Public Health Agency of Canada (PHAC) provided funding to WHO in order to undertake a worldwide consultation with older adults, caregivers, and service providers to identify key features of urban settings that make them age friendly in each of the eight domains. Because the locus of policy action rested squarely in provincial/territorial jurisdiction, the initial interest expressed by both British Columbia and Manitoba was critical to PHAC's support of the WHO initiative. Once the WHO project began to take shape with the involvement of these provinces and the two municipalities they supported (Saanich, BC and Portage la Prairie, MB), Nova Scotia signed on and supported the participation of Halifax. The Province of Quebec was the fourth provincial partner to embark on the study, after two researchers from the Université de Sherbrooke (Marie Beaulieu and Suzanne Garon) had succeeded in engaging the City of Sherbrooke.

With the collaboration of governments, NGOs, and academic partners in 33 cities from 22 countries, including the four Canadian cities, WHO led focus group consultations with seniors, caregivers, and providers of service to seniors to determine age-friendly features in each of the eight domains. Based on the findings from the consultations, WHO produced the report *Global age-friendly cities: A guide* (2007), which describes and summarizes the age-friendly features in all domains.

### **Implementing AFC in Canada**

The WHO project coincided with policy developments in Canada related to healthy aging. In 2006, Canada's Federal, Provincial, and Territorial (FPT) Ministers Responsible for Seniors issued the Discussion Paper *Healthy aging: A new vision; a Vital investment*, which built upon the Ottawa Charter for Health Promotion (WHO, 1986) to advance the notion of "supportive environments" as a key policy mechanism to support healthy aging (Federal, Provincial and Territorial Ministers Responsible for Seniors, 2006). In this document, "supportive environments" were described as "the physical and social surroundings that enable healthy aging in the settings where older Canadians live, work, learn, love, recreate and worship" (p. 10). The paper was instrumental in creating a receptive policy environment in which to move forward with the implementation of the WHO initiative in Canadian communities.

Once the WHO AFC project began, the FPT Ministers Responsible for Seniors decided to expand the initiative in Canada to include rural and remote communities and produced Canada's *Age-friendly rural and remote communities guide*, based on consultations using the WHO protocol in eight provinces with 10 Canadian communities

ranging in size from 600 to 5,000 residents (Federal, Provincial and Territorial Ministers Responsible for Seniors, 2007). Viewed as complementary to the WHO guide, this resource was created to respond to the challenges facing many rural and remote communities that have a high proportion of seniors in their population (Moore & Rosenberg, 1997). At the same time as the WHO and Canadian rural and remote communities guides were released in 2007, British Columbia, Manitoba, Quebec, and Nova Scotia launched province-wide age-friendly community programs to translate the guides into action. Since then, Newfoundland and Labrador, Ontario, Alberta, and Prince Edward Island have embarked in age-friendly community development. By May 2012, 584 communities had started the journey to becoming more age-friendly, including 327 communities in Quebec. By September, the number of engaged communities had risen to 850, with 579 in Quebec. Although there are differences among participating jurisdictions in the approach to implementation and the kind and level of support offered to communities, the successful propagation of the AFC model in Canada can be attributed to three key activities undertaken within and among jurisdictions: strategic engagements, the creation of policy instruments, and the stimulation of knowledge development and exchange.

### **Strategic Engagements**

The department leading the federal government's participation in the initiative is the Public Health Agency of Canada (PHAC). PHAC continues to provide coordination among engaged jurisdictions and international linkage to WHO, and to encourage the involvement of more provinces and territories in the implementation of AFC. To facilitate a coordinated approach with the engagement of multi-sectoral stakeholders, PHAC established the Age-friendly communities Reference Group. An informal working committee, co-chaired by PHAC and by a municipal government leader, the Reference Group consists of officials from participating provinces, municipal government representatives, seniors, non-governmental organizations, municipal and planning associations, and academics. The mandate of the AFC Reference Group is to provide expert strategic advice to PHAC on ways to sustain and advance age-friendly policy and practice nationally and internationally. In addition to acting in an advisory capacity, the Reference Group also serves as a springboard for knowledge exchange and joint policy action. For example, Reference Group partners collaborate in reviewing national-level resource materials, organizing online public seminars to support a growing AFC community of practice, and developing an AFC recognition framework.

Other strategic engagements at the federal level support the expansion of Age-Friendly Communities in Canada. Since the inception of the initiative, PHAC has partnered with the Canadian Institutes of Health Research Institute of Aging (CIHR IA), which seized the opportunity to stimulate research syntheses, new research on aging-supportive communities, and knowledge translation as part of the Institute's Mobility in Aging strategic initiative. The New Horizons for Seniors Program at Human Resources and Skills Development Canada also has an interest in AFC insofar as it generates community projects that are led or inspired by seniors to make a difference in the lives of others and in their communities. For the Canada Mortgage and Housing Corporation, AFC is an opportunity for increasing receptivity for the agency's expertise related to housing and urban planning for seniors and persons with disabilities.

### **Policy Instruments**

To help ensure consistent implementation of the initiative, the AFC Reference Group collaborated with PHAC to develop five Pan-Canadian Age-Friendly Communities Milestones that capture the key steps determined by the successful AFC. The Milestones also align with the WHO criteria developed for new cities wishing to join the Global Network of Age-Friendly Cities<sup>®</sup> – an initiative that began after the release of the WHO Guide. Communities that commit to AFC agree to fulfil the following four milestones: (1) to formally engage municipal governments, (2) to involve older adults as integral members of community advisory groups, (3) to prepare and publicize action plans based on local assessment of baseline “age-friendliness” in the eight WHO domains, and, (4) to report publicly on progress in achieving their action plans. These milestones have also become the criteria for the provincial Age-Friendly Community recognition programs where participating provinces promote a consistent and effective implementation process and provide public recognition to communities that are seriously engaged. To date, Manitoba and British Columbia have established provincial AFC recognition programs using the milestones to assess communities’ actions. Quebec is developing, through the province’s Standards Bureau, an accreditation program based on the steps required to implement the model that also will take into account different degrees of achievement of age-friendliness by municipalities.

The Pan-Canadian Age-Friendly Communities Recognition Framework developed by the AFC Reference Group builds on the provincial AFC recognition programs to create a mechanism for national and international recognition of consistent and effective AFC implementation by communities. The Framework allows the Chief Public Health Officer of Canada to acknowledge and celebrate provincial and territorial AFC recognition programs that align with the Milestones, and to affiliate Canadian provinces and communities with the WHO Global Network of Age-Friendly Cities<sup>®</sup>.

Evaluation is important for sustainability and advancing solutions that support healthy aging in communities. Manitoba, British Columbia, and Quebec have conducted AFC implementation evaluations to assess achievements on the provincial and municipal levels, as well as identified problems and made recommendations for further action. These indicators are described in the next sections. To evaluate the impact of AFC on communities and on the health and wellbeing of seniors, PHAC has engaged with evaluation experts and a sub-group of the AFC Reference Group to identify a set of core indicators that can be used at the community level. PHAC also participates in an international effort led by WHO to establish global indicators for AFC.

### **Knowledge Development and Exchange**

Knowledge development and exchange has been an integral component of the Age-Friendly Communities initiative since its inception. Invitational fora led by PHAC were held in 2008 and 2010, bringing together provincial and territorial officials, municipal leaders, researchers, and other key resource persons to share their implementation experiences and communication strategies, partnerships, and ideas for moving forward. These fora have been foundational in establishing the key activity areas for work within provinces and nationally, shaping the milestones and recognition initiatives, developing a

common evaluation framework, and stimulating ideas for communication tools and resource materials.

The Pan-Canadian AFC Community of Practice, created in 2010, has featured regular webinars on program developments and innovative practices in communities. These webinars are hosted by PHAC and supported by multiple partners. Other web-based knowledge exchange portals and resources are in development.

The CIHR Institute of Aging (IA) has supported exchanges between Canadian and international scholars engaged in research on aging-supportive communities, research syntheses, and new studies in Canada through the Mobility in Aging strategic initiative. CIHR-IA has also sponsored two *Cafés scientifiques* to allow researchers to share their findings with the public on what makes communities age-friendly. In addition, CIHR-IA partnered with PHAC and the Canadian Association on Gerontology (CAG) to host a workshop in 2011 that brought policy leaders and representatives of non-governmental organizations together with researchers examining aging, and built and social environments. The workshop was designed to: facilitate the sharing of practice and policy issues and available evidence; promote knowledge exchange mechanisms between research and practice; and, stimulate new ideas for research and generate new ways to share research on aging-supportive communities with decision-makers, planners and community leaders within and outside government. Since the workshop, CAG has created a web-based Age-Friendly Communities research and stakeholder inventory with support from PHAC

### **The Manitoba Experience**

Manitoba has been at the forefront of the age-friendly movement in Canada. The province was involved with the WHO Global Age-Friendly Cities Project by participating in its advisory committee and supporting the city of Portage la Prairie as a WHO pilot site. In 2008, it launched the Age-Friendly Manitoba Initiative (AFMI). The AFMI is a comprehensive strategy designed to advance the vision of making Manitoba the “most age-friendly province in Canada”; that is, a province where policies, services, and structures related to the physical and social environments support and enable older people to enjoy good health and continue to participate fully in society. The AFMI focuses on three key components: community development, partnerships, and research.

#### **Community Development**

Currently, in Manitoba, 77 communities have joined the initiative, representing approximately 80% of Manitoba’s population. These communities are in the process of creating age-friendly environments that enhance opportunities for physical, social, and spiritual well-being, including enhanced opportunities for employment, volunteerism, and civic participation. As Manitoba continues to invite more communities to join the AFMI, it also encourages them to adopt and implement the Age-Friendly Milestones developed by the Public Health Agency of Canada. The province has also developed its own recognition program for communities who have achieved the milestones. In collaboration with the University of Manitoba Centre on Aging, the province has developed an important support system for communities. The Age-Friendly Resource Team, composed of older adults with a strong background in community development, helps communities mobilize and conduct community consultations, and provides on-going support to

communities. An Age-Friendly website ([www.agefriendlymanitoba.ca](http://www.agefriendlymanitoba.ca)) launched in March 2011 provides opportunities for communities to highlight their age-friendly initiatives and to connect with other communities who have embarked on the age-friendly journey.

### **Partnerships**

Recognizing that strategic partnerships are essential to the success and sustainability of any community-based initiative, Manitoba created an Advisory Committee comprising several organizations, including non-traditional partners. Effective working partnerships with a diverse network of stakeholders (including the Association of Manitoba Municipalities and the Manitoba Chambers of Commerce) were established. Each of the partners promotes and encourages the development of Age-Friendly Communities according to their mandate and mission. For example, the Manitoba Chamber of Commerce is working on a project that involves older adults and employment, one of the eight domains identified by the WHO.

Manitoba continues to partner with a number of key provincial senior-serving organizations to raise awareness of the AFMI and support projects that enhance the quality of life of older adults. For example, in April 2011 Manitoba embarked on the Age-Friendly Intergenerational Project. This project provides support to schools and youth-serving organizations implementing intergenerational programs. The goal is to reduce ageism and increase youth's interest in being part of creating an age-friendly community.

### **Research and Evaluation**

The University of Manitoba and the provincial government's Seniors and Healthy Aging Secretariat co-lead the \$1.0M, 5-year Community University Research Alliance (CURA) grant provided by the Social Sciences and Humanities Research Council of Canada. A major goal of CURA is to identify evaluation criteria to measure changes in the communities, and over time, the health status of older Manitobans. This grant is unique to age-friendly community initiatives in Canada and will help to position Manitoba as a leader in the area of measurement and evaluation of age-friendly communities. An implementation evaluation of engaged communities was undertaken by the University of Manitoba in the autumn of 2011 and the findings were useful to identify where targeted assistance is required for successful AFMI initiatives. The research funding has also supported innovative research projects such as the Photovoice Study that used a participatory process with older persons to increase understanding of what makes a community age-friendly.

### **Age-Friendly Pinawa Local District**

The small town of Pinawa has a population of 1,450, of whom 13% are seniors. It was one of the first communities to join the AFMI in early 2008. The Pinawa Age Friendly (AF) Committee is a subcommittee of the Municipal Council. Chaired by a champion of AFC, the committee is diverse and structured and meets regularly. It holds Council accountable for including the age-friendly perspective in municipal decisions, and it communicates very effectively with the public through local press, community information board, and community TV.

Following the AFC community consultation conducted with the support of the University of Manitoba Centre on Aging, the committee developed an action plan to act on certain identified priorities. Among the initiatives underway is a Complete Streets project (Transport Canada, 2010) that is leading Pinawa to improve the design and placement of cross-walks, improve bicycle lanes and sidewalks, and introduce road designs that reduce traffic speed. Other projects undertaken include: development of an age-friendly business checklist and partnership with the local Chamber of Commerce to identify the most age-friendly business; creation of a personal shopping and delivery service; introduction of larger text size for easier reading of information on the Community TV channel; and, the set-up of a congregate meal program for vulnerable seniors. The experience in Pinawa shows that small size is not necessarily a barrier to significant age-friendly change.

### **The British Columbia Experience**

British Columbia (BC) has the third largest population of older people in Canada: an estimated 676,835 British Columbians were 65 or older in 2010 (BC Stats, 2009; Statistics Canada, 2009). By 2036, this age group will represent nearly 25% of the population (BC Stats, 2010). BC served as one of the original partners in the WHO global Age-Friendly Cities project in 2006, and was equally involved in the development of the *Federal/Provincial/ Territorial Age-friendly rural and remote communities guide* (Federal, Provincial and Territorial Ministers Responsible for Seniors, 2007).

#### **Community Development**

In 2007 BC encouraged the growth of the age-friendly concept by developing a policy framework, creating a funding program for local governments (including direct support for project implementation), and developing a renewed age-friendly program based on the evaluation to date. In 2008, the province established the Seniors Healthy Living Secretariat and released *Seniors in British Columbia: A Healthy Living Framework* (Ministry of Healthy Living and Sport, 2008) that outlined four cornerstones for a system of support for older citizens. The first cornerstone is “Create Age-Friendly Communities.” To provide funding for the AFC initiative, the province partnered with the Union of BC Municipalities (UBCM), to add a new age-friendly communities’ criterion to the UBCM-led grant programs. In September 2007, additional funding of \$0.5 million was provided to the existing \$2.0 million Seniors Housing and Support Initiatives program, specifically to support age-friendly planning and initiatives. From 2007 to 2010, the B.C. Ministry of Health contracted an Age-friendly Communities Implementation Team to work with 30 local governments to identify barriers and implement actions in the creation of age-friendly communities.

#### **Evaluation**

The evaluation of this initial wave of community engagement is described in *Age-friendly British Columbia: Lessons learned from October 2007 to September 2010* (Gallagher & Mallhi, 2010). The evaluation was based on observations and data collected from a questionnaire distributed to the 30 communities with which the implementation team had active contact during the life of the project, supplemented by discussions held with the



provincial staff, public stakeholders, local government staff and officials, and individual community members. The report observed that communities successfully implementing AFC had several common characteristics. Many of these are the same as the success factors found in the AFMI evaluation described earlier.

The first factor was strong local government support. Local governments endorsed the recommendations developed by AFC steering committee from age-friendly assessments through resolutions and policy commitments. Some communities had an elected official on the local steering committee. Second, the project made better progress if there was an age-friendly champion, that is, at least one individual leader in the community who advocated in favour of the project to local decision-makers and the public. A third element that predicted better implementation was the presence of a dedicated local government staff person assigned to see the age-friendly project through to completion. Fourth, strong local partnerships were important, including steering committees comprising a wide range of stakeholders. Some communities partnered with neighbouring First Nations. Many committees included people with disabilities, youth, and representatives of local non-profit groups, businesses, law enforcement agencies, health care providers, public works programs, recreation centers, and multicultural organizations. A fifth factor was funding: While all of the communities obtained grants to launch the age-friendly project, communities that were more successful in launching programs had leveraged additional funds to enhance their work. Next, many communities demonstrated that worthwhile change could take place quickly and with limited resources. Examples of small, but significant changes include local service guides for seniors, seating along a public walkway, and posting signs to a public washroom. Another distinguishing feature was the extent of local media coverage that helped to maintain public awareness and support for AFC. Finally, having provincial consultants available to assist community groups and local government staff was a valuable feature, as they served as a catalyst to guide the local initiative at the outset and provided it with ongoing support. The evaluation report also recommended that the Province provide continued support to local governments. By August 2011, 86 local governments had been supported in age-friendly planning and implementation through grants from the UBCM SHSI program, and/or with direct support by the Province of B.C.

In September 2011, the province launched a renewed Age-friendly British Columbia (AFBC) strategy that addressed these recommendations. The strategy included new grant funding, a recognition program to acknowledge the successes of local governments, on-going development of tools and resources for communities (including a new local government resource kit and a guide on creating age-friendly businesses), and increased promotion of Age-Friendly B.C. Work is underway to evaluate the provincial program and develop an evaluation tool for use by local governments to measure the outcomes of local age-friendly actions.

### **Age-Friendly Municipality of Saanich**

The District of Saanich – British Columbia’s eighth largest municipality – has an aging population: by 2026 one in three people will be over the age of 65. This trend has significant implications for housing; the design of the built environment; and the provision of services, including health care, education, arts and culture, recreation and transportation. In 2006, Saanich was one of the participating communities in the WHO

Age-Friendly Cities' project. Since then the municipality has incorporated age-friendly elements into its community planning processes, including its Official Community Plan (Department of Planning, District of Saanich, 2010a) and annual Strategic Plan, budget, and Report (Department of Planning, District of Saanich, 2010b). Saanich has learned that it is important to have a plan, but not to be overwhelmed by a lengthy "to do" list. Many small actions can make a difference over time. The key at the municipal level is to have a contact person and to ensure that all departments recognize the importance of integrating age-friendly concepts and practices into their work plans. Working with community champions is also essential to the effectiveness of any program.

AFC has led to a number of changes in the community, including modifications to transportation services and new partnerships. Saanich's Access to Transit study identified design issues that were impeding accessibility to conventional public transit, handyDART (door-to-door transit service system in BC to accommodate persons with disabilities), on public rights-of-way, and private property. To correct these problem areas, accessible design solutions have been incorporated into the District's Development Permit Guidelines (Planning Department, District of Saanich, 2010c), as well as engineering specifications. As a result, over 100 bus stops are being upgraded to increase accessibility and standards for driveways and road crossings have been redesigned in order to improve pedestrian safety and allow visually impaired pedestrians to better orient themselves. A strong partnership with the Vancouver Island Health Authority (VIHA) has led to the successful implementation of "Living Actively in your Community...Taking Steps to Reconnect," which is facilitated by Saanich municipal recreation staff and a VIHA community outreach nurse. The program for older people supports a sense of empowerment to tackle one's own barriers to participation in community life and creating solid social support networks. Over time, the age-friendly approach has become an integral component in urban planning in Saanich.

### **The Quebec Experience**

In 2008 Quebec's *Ministère de la famille et des aînés (MFA)* supported and promoted the development of seven AFC pilot projects (referred to in French as *projets Villes amies des aînés (VADA)*) with the support of researchers from the Centre de recherche sur le vieillissement (CDRV), Centre de santé et de services sociaux – Institut universitaire de gériatrie de Sherbrooke. The pilot sites include six Quebec municipalities and a remote regional county of 21 municipalities (RCM). Grounded in a community-based approach and attached to the municipal administration, these projects were guided by the researchers at the CDRV who structured community activities into three stages (community diagnostic, action plan, and implementation) and who developed robust evaluation frameworks to assess community outcomes and identify the characteristics of successful implementation.

#### **Community Development**

In 2009 strong public and municipal interest generated by the VADA pilot projects gave rise to a province-wide program *Municipalité amie des aînés (MADA)* – or Age-Friendly Municipalities – run by the MFA's Programme de soutien aux politiques familiales municipales et à la démarche *Municipalité amie des aînés*. Municipalities that receive

funding for MADA also receive technical guidance in the form of tools, training sessions, and field support from the Carrefour action municipale et famille (CAMF), a non-profit organization funded by the MFA and coached by the CDRV (Secrétariat aux aînés, 2011). Additional financial support is available from the Ministère des Affaires municipales, des Régions et de l'Occupation du territoire (MAMROT) Programme d'infrastructures Québec-Municipalités – Municipalité amie des aînés (PIQM-MADA) for infrastructure or urban planning projects. As of September 2012, 579 Quebec municipalities have been engaged in a VADA/MADA process. As mentioned earlier, to ensure consistent and effective implementation of MADA, the MFA has worked with the CDRV and CAMF to develop a framework to distinguish various levels of accomplishments by municipalities within an accreditation process that would be recognized by the WHO. Resource materials for communities, examples of successful processes and activities from the VADA pilot projects, and public information about the MADA approach have been posted on the Web by the CDRV ([www.vadaquebec.ca](http://www.vadaquebec.ca)). A comprehensive guide to MADA implementation explaining all steps and providing working tools will be made available online to help municipalities undertake MADA in a rigorous fashion.

Because major cities in Quebec were not adopting MADA as readily as the smaller municipalities, the MFA established a permanent working group that brings together large urban centres (100,000 inhabitants and over) to ensure that the MADA program can be adapted to their unique realities and challenges. Both the CAMF and experts from the CDRV provide guidance to these large municipalities in implementing MADA. As result, in October 2012, Montréal, Québec City, Lévis and Terrebonne have launched their action plan. These are available on the cities' website.

### **Evaluation**

After the first year of the PIQM-MADA program, over 70 projects were approved. By 2010-2011, provincial budgetary increases allowed for the approval of an additional 114 projects. The expert and technical teams guiding implementation reported their observations of immediate positive outcomes to the MFA, in particular they noted: an increased awareness about the importance of offering services that are accessible and close to where seniors live, an increased sense of over-all community belonging, greater participation by seniors in leisure activities, and increased awareness by municipal politicians about the needs of older persons and how this translates in various areas of decision-making. A few examples of projects undertaken in municipal MADA action plans include: the retro-fitting of intersections to make shared use easier and safer for pedestrians, cyclists and motorists; transportation services offered by home care organizations; the development of parks and pedestrian paths; an inventory and creation of accessible housing; adaptation of information tools for older persons (conferences, door-to-door, information, and consultation telephone lines); intervention teams to address emerging issues; the development of popular events; and the creation of mobile libraries.

Based on the Logic Model Evaluation (Potvin & McQueen, 2008; Chen, 2005; Pawson & Tilley, 1997) the evaluation of the implementation of the VADA pilot projects revealed both facilitating and impeding factors (Garon, S., Beaulieu, M., Veil, A., Paris, M., & Bigonnesse, C., 2012). For example, an important facilitating feature was the

presence of various forms of inter-sectorial collaboration among different partners including: seniors' organizations, municipal administration (recreation and community services, transportation and urban planning), and elected officials (e.g. municipal councillors, mayors, and representatives of regional governments). The key indicators are going to be subject to testing in an outcome evaluation in January 2013 (Garon, S. 2013).

Table 1. The: Mixed Methods Data Collections To Capture Complex Realities in 7 pilot projects

<b>Diagnostic and Action Plan 2008-2009</b>	<b>N</b>	<b>Implementation (Effects*) 2010-2012</b>
✓ Log books and press reviews	12	✓ Log books and press reviews*
✓ Minutes of committee	78	✓ Minutes of committee*
✓ Training sessions	4	✓ Focus groups*
✓ Focus groups	6	✓ Direct observations
✓ Direct observations	6	✓ <i>Wilder collaboration surveys</i>
✓ Diagnostic reports	7	✓ Organizational networking surveys
✓ Action plans	7	○ General survey (2013)*

Building on the success to date of the MADA initiative, the Government of Quebec launched its first provincial policy on aging in May 2012, *Vieillir et Vivre ensemble : chez soi, dans la communauté, au Québec*, with the goal of creating an Age-friendly Quebec. This policy strategy brings together 16 ministries and agencies to collaborate on the deployment of existing and new initiatives throughout the province to create supportive social and built environments for seniors.

### **Age-Friendly Municipality of Drummondville**

With a population of 67,392 in 2006 that has grown to 71,852 in 2011 (Statistics Canada, 2012), Drummondville is the 14th largest city in Quebec. Since the city undertook the MADA initiative in the spring of 2008, several innovations have developed, largely owing to the dynamism of the MADA steering committee. The committee worked to create a better understanding of seniors' experiences within municipal services (e.g., public works, recreation and community participation, police services). A comprehensive vision of the needs of seniors in the community lies at the heart of an integrated action plan involving some 30 projects addressing most of the eight AFC domains identified by WHO. Diverse collaborations and new partnerships between public services and community agencies (e.g., Health and Social Services Centres, transportation services, municipal government) have been created. To coordinate the various projects within the city, the steering committee drew upon policy directives, including the Policy for Municipal Universal Accessibility and the Municipal Family Policy, and integrated the seniors' perspectives into the application of these policies, thus creating a different practice culture (Allie, 2011). The new culture of cooperation is illustrated by the project Réseaut'Âge that combats social isolation. Led by the Table locale des aînés, the project involved a partnership among organisations that had never, or seldom, worked together

before, such as the fire department, volunteer centre, Health and Community Social Services Centre, and the Community Development Corporation. Another innovation that reveals the greater sensitivity of the municipality to the issue of road safety for disabled persons using motorized vehicles is the adoption of a Code for the operation of a motorized mobility aid. In sum, a key lesson from Drummondville is that service silos can be effectively bridged to develop creative solutions for a range of challenges facing seniors in the community.

### **Conclusion**

While policy making is often focused on the impacts of demographic aging on health care, labour force, and retirement income programs, it is at the municipal level that many adaptations are needed in order to accommodate the growing numbers of Canadian seniors. By creating supportive and enabling settings at the local level that promote good health, compensate for disabilities, and foster social and civic participation, communities help harness the potential of seniors in society. The Age-Friendly Communities initiative provides a practical model to guide action.

In its implementation stage, the initiative is essentially a community development approach requiring collaboration between municipal government and community organizations to address the built, social, and services domains. While its intuitive attractiveness to meet the needs of local seniors may help to explain the receptivity of municipal decision makers, its widespread uptake in Canada to date is due in large measure to the efforts of the provincial and federal governments to promote and facilitate the initiative within and across jurisdictions. Among those engaged provinces, there are marked differences in governance of AFC promotion, including disparities in the degree of centralization, structure, and investment provided. Nevertheless, as revealed in the implementation evaluations of the three provinces, the factors explaining the effective and widespread implementation of AFC are similar: top-down and bottom-up support; inter-jurisdictional and multi-sectorial collaboration; and, expert guidance, implementation tools, and incentives for achievement, such as provincial, national, and international recognition. Outcome evaluation will determine whether and to what extent the changes occurring at the community level are contributing to the health and wellbeing of seniors in Canada. Nevertheless, at this stage, it is clear that the Age-Friendly Communities initiative has mobilized significant and concerted efforts to achieve this goal.

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