Age-Friendly Communities

By Leah Geller
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Time for a new take on an age-old issue

Our society must rethink its approach to aging and seniors care to meet the growing demand for health-care services. But how do we begin that transformation, and what lessons can we learn from the programs and practices that are working well?

*Canadian Nurse* aims to answer these questions through this new series. Over several issues, we’ll look at different approaches to care and provide examples of what’s currently being done to support healthy aging.

In a Nanos poll conducted for CNA, a majority of Canadians said it’s important to be able to age at home with access to health care in a home setting. That message was the focus of our annual day on the Hill event, where we asked MPs and senators to support our recommendations to establish national standards for home health care, make the Family Caregiver Tax Credit refundable and expand the New Horizons for Seniors Program.

For me personally, the needs of seniors have been top of mind. My dad, who died in December at 91, enjoyed what is often described as “a long life, well lived.” He had good health, a marketable skill, steady employment, the ability to provide for his family, and long-lasting, nourishing relationships. In recent years, however, activities of daily living were getting a bit tougher. He didn’t want to travel anymore. He used e-mail and the Internet less and less, although he had been a real techie. His stamina waned, and hearing aids, medications and walkers became part of his life.

We often spoke about the changes he was experiencing. Although he didn’t mind his world getting a bit smaller, he always ended each conversation by making sure I was crystal clear on what he did want. To stay in his own home. To be with my sprightly 94-year-old mother. To be cared for at home. My brother, my sister and I had the ability and resources, thankfully, to ensure he could.

His last day was a great one. After his regular breakfast of half a grapefruit (not a whole one!) and toast with peanut butter (smooth, not crunchy!), he read the Globe and Mail, watched TV, had dinner with Mum and my sister, went up to bed and gently slipped away.

Being able to remain at home, as my dad did, is one of many ways for people to age in place. We will need to work together to meet the needs of all seniors, regardless of where they are living and their particular circumstances.

Anne Sutherland Boal, RN, BA, MHSA
CEO, Canadian Nurses Association

The Seniors Series: Part 1

The worldwide movement to support healthy aging in cities, towns and villages
Imagine you’re a senior. You’ve been driving your whole life, but now you need to rely on transit to get around. Where do you start? If you happen to live in Winnipeg, you can attend a free training session, at one of the city’s senior centres, on how to use the transit system.

Winnipeg Transit’s seniors travel training program is just one of the many innovative projects offered through the Age-Friendly Manitoba Initiative. Launched in 2008 by the province’s Seniors and Healthy Aging Secretariat, the initiative has grown from 10 participating communities to 100, and now covers 80 per cent of Manitoba’s population.

“Interested communities can apply to the secretariat, which then works with them to identify potential partners and help launch and improve their projects,” explains Sharon Blady, Manitoba’s minister of health, past minister of healthy living and seniors, and a former instructor in the joint baccalaureate nursing program at the University of Manitoba. “We also provide tools such as guidelines for communities and checklists for businesses. All projects are locally driven — there are no two communities that are exactly the same.”

Manitoba is a leader in supporting seniors, especially with respect to rural and remote communities, says Healthy Living and Seniors Minister Deanne Crothers. “Age-friendly communities encourage healthier, more active and productive seniors. The initiative has been a wonderful addition to our province.”

Valerie Emerson is the coordinator for the Gladstone and Area Seniors Support Program (GASSP) in Gladstone, Man., a town of just over 1,000 people, located west of Winnipeg. After learning about the initiative through a province-sponsored workshop in 2008, she and her colleagues leapt at the chance to get their town involved. “We have a large population of seniors and knew that it was important to be aware of whatever ideas or resources were available to make it possible for our seniors to age in place,” she explains.

“We’ve approached the initiative as an intergenerational concept,” Emerson says. For example, when GASSP created an accessible wellness trail along the river — featuring a wide path, fitness equipment and lots of benches — people from ages eight to 80 helped build it. High school students were recruited to help seniors learn how to use computers. And a pen pal program paired elementary school children with seniors for a year. “I was getting groceries the other day, and one of the children asked me to say hello to her pen pal at the seniors centre,” Emerson chuckles.

Emerson is particularly pleased about the high school community brunches that were held three times during the last school year. “The cooking class at the school made the food,” she says, “And for entertainment, the students wanted to play cribbage with the seniors, so they downloaded apps on their phones to learn how.”

Why environments matter
For decades, researchers have been looking at how the built environment affects physical health. Poor transportation, uneven sidewalks and inadequate lighting are some of the barriers that seniors have reported as interfering with their day-to-day functioning, and consequently undermining their independence and health.

Studies have found that communities with heavy traffic and excessive noise are associated with difficulty among older adults in recovering from mobility impairments, whereas communities that feature pedestrian-friendly streets and easy access to recreational facilities have been shown to diminish obesity and improve physical activity in older residents.

Although the majority of Canadians live in urban settings, about 23 per cent of seniors live in rural or remote areas. Some parts of rural Canada have even seen increases in the number of senior residents, as retirees migrate from cities to the country. Seniors in small towns and villages may find options for housing, transportation and health services are limited and have few, if any, community supports.

Age-friendly by design

Age-friendly communities are designed to help seniors age actively, live safely, enjoy good health and stay involved. They include seniors in all areas of community life and recognize their wide range of skills and abilities. They also take into account the needs of seniors who are particularly vulnerable.

The World Health Organization is helping cities and communities around the world by providing guidance and exchanging ideas on topics that matter to seniors. It created a checklist that can be used by communities to assess their own age-friendliness. The list includes more than 60 items grouped into eight themes. Here are some examples:

- **Outdoor spaces and buildings.** Are there adequate green spaces and outdoor seating, well-maintained sidewalks and crossing lights that allow pedestrians to get across streets safely?
- **Transportation.** Seniors should have access to safe, affordable, reliable and frequent public transit, refresher driving courses and priority parking.
- **Housing.** A range of options should be available that are appropriately designed, affordable, located close to services and integrated into the community.
- **Social participation.** Events and activities should be accessible and diverse, with times that are convenient for older people to attend.
- **Respect and social inclusion.** Seniors should be consulted regularly by public and private services on ways to serve them better, and public images of aging should be positive.
- **Civic participation and employment.** Is there a range of opportunities for volunteering and employment? Are seniors valued and fairly compensated?
- **Communication and information.** Print and spoken communications should use simple, familiar words, and every citizen should have access to basic communication channels and information.
- **Community support and health services.** Services should be well distributed and easily accessible.

WHO’s Global Network of Age-friendly Cities and Communities currently has 110 members from 26 countries, representing more than 88 million people. To become a member of the network, a community must document its planning and implementation process, and commit to continually improving. Older residents must be involved in the process. So far, 16 Canadian cities and communities have been accepted into the network.

**The Canadian context**

In June 2014, CARP (formerly the Canadian Association of Retired Persons) surveyed 2,100 of its members on several topics, including age-friendly communities. Conveniently located health facilities, and
easy access to grocery shopping and seniors centres were chosen as the most important community resources of an age-friendly community; the top three elements that respondents said would improve the age-friendliness of their communities were more accessible housing, more affordable housing and more political and social inclusion.

According to CARP, cities can become more age-friendly by following three guiding principles. The first is ensuring that city councillors and mayors keep in mind the perspectives of residents of all ages. The second is making every aspect of a city’s built environment accessible to all citizens, from youngest to oldest. The third is ensuring universal mobility — by locating affordable senior housing in high-density residential neighbourhoods, for example.

The Public Health Agency of Canada (PHAC) has partnered with the provinces and territories, and other key partners, to promote age-friendly communities with an initiative that offers free training and resources, and facilitates the exchange of best practices across the country. The initiative provides links to what each province and territory is doing to support age-friendliness.

For example, British Columbia offers an online guide on how to become an age-friendly business. It also hosts a video series of seniors, government officials and community representatives describing what makes their community or organization age-friendly. Alberta has held a series of workshops around the province and provides information about available grants.

Ontario has a comprehensive community planning guide that includes success stories about initiatives in the province. For example, Hamilton’s Council on Aging is increasing the walkability and accessibility of retail centres and raising awareness of other services for seniors. The Age-Friendly Ottawa Project launched a business recognition project, inviting seniors to nominate businesses that make an extra effort to better serve older customers.

For more information on age-friendly communities and how you can get involved, visit the PHAC website.

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**Age-friendly Saanich**
Saanich, B.C., has completed an access to transit study, amended zoning bylaws to better support independent living and promoted mobile polling stations at seniors residences during elections. It also brought in discounted rates to make recreation programs more accessible and worked with the local health authority to create adapted physical activity programs such as water walking and frail elderly fitness.

**Age-friendly Thunder Bay**
Thunder Bay has the third highest population of seniors in Ontario. The city has created and distributed a guide for businesses, launched a website and partnered with the public library and local school boards for intergenerational education events.

**Age-friendly Edmonton**
Edmonton’s projects include ageism workshops, research on age-friendly buildings and outdoor spaces, and enhanced services for seniors such as assisted transportation and snow shovelling.

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**How hospitals can help**
In an Age-Friendly Ottawa consultation with more than 600 older adults and stakeholders, recommendations included alleviating the “silo” structure of elder care by making sure that older adults receive the care they need across various health services.

With their focus on diagnosing and treating single acute episodes of illness or injury, hospitals are often less equipped to handle the complexity of older patients, the majority of whom present with one or more chronic conditions.

The significant loss of strength associated with being bedridden, problems with fluid and nutritional intake during treatment, and the overall noise and disorientation of hospital stays can affect the health and function of older patients. Seniors discharged home from emergency departments are at greater risk of functional decline, hospitalization and death.

Age-friendly hospitals offer geriatric assessments in their emergency departments and inpatient services, discharge planning to identify and mitigate potential risk factors for seniors returning home, and exercise programs for those who are bedridden. They also ensure that their physical design has features such as adequate wheelchair-accessible parking, clear signage and reduced environmental noise.

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**Keeping people with dementia in mind**

When Janice Chalmers was training as a mental health nurse in Scotland in the 1980s, she was shocked to see how marginalized and disregarded patients with dementia were. “People working in psychogeriatric wards would say that dementia patients were just shells and not really there. I knew that wasn’t true and decided I would make dementia ‘my thing’ and try to make a difference.”

Since 1988, Chalmers has worked almost exclusively with the dementia population — in Scotland, New Zealand, Australia and, since 2010, here in Canada as staff educator at Northwood home care services in Halifax, which provides home support services to 1,800 clients. An RN, she’s now completing a master’s degree in dementia studies and is a member of the advisory council for the development of the provincial dementia strategy for Nova Scotia.

Initiatives to create a dementia-friendly community can include simple changes to the physical environment such as clearer signage and directional information, and improving access to local shops, banks and health-care services.

“We know for sure that two things can slow the progression of dementia: exercise and social contact,” says Chalmers. “If your community is accessible, people with dementia can be outside and exercising when the weather is warm enough; in the winter, they can use a community or sports centre, as long as it is a place where they feel safe, comfortable and welcome.”

People living with dementia have a variety of concerns, says Chalmers. “Most want to pursue hobbies and interests, go out more, make more use of local facilities or help others in their community by volunteering. Many say that having a buddy to help them do these things is key.”

Chalmers points to programs in other countries that are paving the way in creating dementia-friendly communities. In both the U.K. and Japan, she says, citizens are encouraged to become “dementia friends.” This involves a training session that teaches them about what life is like for people living with dementia and shows them how they can take small actions in their everyday lives to help those around them — from assisting a confused person in finding the right bus to demonstrating patience when people are a little slower in coffee shop lineups. In Ireland, there is a service in which people in the community offer hospitality in their homes once or twice a week to small groups of people with dementia.
“Social isolation is one of the biggest problems people with dementia face,” Chalmers explains. “They stay home because they’re concerned that other people don’t understand dementia…that they’ll be rushed along and made to feel embarrassed. If they can remain in the community without being judged, if we can eliminate some of the stigma, they can stay engaged.”

“Too often, we talk about the inevitable decline, rather than seeing what we can do to support people to live well,” Chalmers adds. “With engagement and encouragement, people with dementia can achieve amazing things.”

Leah Geller

Leah Geller is a freelance health and science writer in Ottawa.