Setting the Context:

With a growing number of older Canadians expressing their desire to remain in their homes and communities for as long as possible, also referred to as ‘aging-in-place,’ the federal government along with its provincial, territorial and municipal counterparts have been increasingly promoting and supporting the creation of World Health Organization (WHO) designated Age-Friendly Cities and Communities across Canada.

In 2006, the WHO launched its age-friendly communities initiative to promote a more thoughtful approach to the development of communities that could promote the health and well-being of people of all ages, and especially our aging population. An age-friendly community, as they define it, is one that recognizes the great diversity amongst older persons, promotes their inclusion and contributions in all areas of community life, respects their decisions and lifestyle choices, and anticipates and responds flexibly to aging-related needs and preferences. Essentially, they are places that encourage active aging by optimizing opportunities for health, participation, and security in order to enhance quality of life as people age.

Making our communities more age-friendly should be understood as a practical response to promote the contributions and well-being of older residents who keep our communities thriving. Adapted environments and services that are accessible to, and inclusive of, older people with varying needs will further encourage them to engage more frequently in community activities. Furthermore, creating a culture that respects and includes older people as well will foster strong connections and personal empowerment.

Across Canada a number of communities have taken part in age friendly community development activities at various levels. Through these activities, participating communities have learned to assess their level of “age-friendliness,” how to integrate an aging perspective into urban planning, and how to create age friendly spaces and environments. To date, 17 Canadian communities across British Columbia, Alberta, Manitoba, Ontario and Prince Edward Island have successfully met and been awarded the WHO’s Age-Friendly City (AFC) official designation (see Box 1 for the complete list). The WHO has identified eight domains of community life that influence the health and wellbeing of older persons, and serve as the basis around which AFC’s are expected to focus their efforts:
## Age-Friendly Communities

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respect and Social Inclusion</strong></td>
<td>Are public services, media and faith communities respectful of the diversity of needs among older persons and willing to accommodate?</td>
</tr>
<tr>
<td><strong>Social Participation</strong></td>
<td>Do elders have opportunities that allow for the development and maintenance of social networks within their neighbourhood?</td>
</tr>
<tr>
<td><strong>Civic Participation &amp; Employment</strong></td>
<td>Do older persons have opportunities to participate in community decision making and employment and volunteerism that caters to their abilities and interests?</td>
</tr>
<tr>
<td><strong>Outdoor Spaces &amp; Buildings</strong></td>
<td>Can older persons get around easily and safely in the community?</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>Do older persons have homes that are safe, affordable, and conveniently located while promoting independence as their functional needs change?</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Can older persons travel wherever they want to go in the community, safely and in an accessible and affordable way?</td>
</tr>
<tr>
<td><strong>Communication and Information</strong></td>
<td>Are older persons and their families aware of the diverse range of programs and services available within their community and communicated to in accessible ways?</td>
</tr>
<tr>
<td><strong>Community and Health Support</strong></td>
<td>Do older persons have access to social and health services they need to stay healthy and independent?</td>
</tr>
</tbody>
</table>
While this evidence brief focuses on the AFC domain related to development of age-friendly buildings and spaces, the other briefs focus on the other AFC domains: respect and social inclusion, social participation, communication and information, civic participation and employment, transportation, housing, and community support and health services.

The WHO’s approach to the development of age-friendly physical environments acknowledges the importance of including meeting the needs individuals across all ages to encourage integration and interaction across generations. For example, the benefits of developing accessible and age-friendly playgrounds can create a valuable space for older Canadians to interact with their grandchildren and younger community members, a concept that the City of Edmonton has widely embraced in their plan for the creation of an ‘Age-Friendly Edmonton’. Furthermore, evidence demonstrated that there tends to exist greater community support if the development of age-friendly buildings and spaces are not targeted at older people alone, but are recognized as being of value to other populations as well. Finally, the WHO’s AFC initiative reminds us that our personal living spaces must be considered a part of a larger age-friendly environment we inhabit and must be built with this notion in mind if we are to create truly accessible and welcoming environments.
Thus far, the Public Health Agency of Canada (PHAC) has played a significant role in advancing the WHO’s Age-Friendly Communities Initiative. PHAC provided funding towards the development of the original WHO Age-Friendly Cities Guide⁴ and the Pan-Canadian Age-Friendly Communities Milestone Guide⁵ to help communities implement Age-Friendly requirements in their local settings. The CIHR’s Institute of Aging and the Canadian Association of Gerontology have also provided significant support of research and knowledge synthesis/translation activities to inform the evaluation of age-friendly communities. Finally the CMHC has also sponsored initiatives to provide guidance around the development of physical environments for individuals with specific age-related limitations such as dementia⁶ as well as their FlexHouse Checklist⁷ to support the development of accessible, affordable, and adaptable housing plans.

What Are the Issues?

1. Not Enough Emphasis is Being Placed on the Accessibility of Buildings and Spaces Canadians Use.

Accessibility is a significant consideration towards the development of AFC cities and communities. While accessibility can be considered in a variety of ways, from a physical design standpoint, the spaces and buildings we use for living, work and recreational purposes must be, at a minimum, accessible to older Canadians to ensure they can actively participate in their environments. Accessibility encapsulates not only the mere ability to access an environment, but that such an environment is safe to access for individuals with any form of physical limitation. While there are specific considerations that take into account the particular needs of older people, more ‘universal’ design standards are now being promoted that can take into account the potential and often common needs of all members of the communities we live in.

While individual provinces have made legislative commitments to ensuring greater accessibility (for example, see the 2005 Accessibility for Ontarians with Disabilities Act⁸; or the more recent 2013 Accessibility for Manitobans Act⁹, not all Canadian jurisdictions have made this level of commitment towards improving accessibility. Furthermore, the legislation that currently exists extends mostly to public environments and/or businesses and less so to the dwellings we live in. While Canada’s National Building Code (NBC) does outline some accessibility requirements for private dwellings, provinces vary in their interpretation and implementation of these requirements.
For example, design standards and requirements for the creation of barrier-free or accessible residential units seem to be jurisdictionally contingent. In Alberta, for example, a minimum percentage of publically-funded housing must have accessible units while in Ontario and Nova Scotia, this applies to privately funded dwellings as well.\textsuperscript{10} Furthermore, the minimum percentage requirements to support the development of accessible units varies by province.\textsuperscript{11} What is also clear is that there has been no federal legislative or other commitment towards the development of a national standard around building accessibility in Canada.

2. Rural and Remote Settings Struggle the Most with Creating Accessible Environments.

While the WHO’s Age-Friendly Cities initiative focuses primarily on adapting urban settings, the standards it promotes are largely applicable in any community setting. However, the need for the creation of more age-friendly physical environments and spaces is particularly acute in rural areas. The Public Health Agency of Canada (PHAC) highlighted that older adults and caregivers from rural and remote settings consider walkability to be one of the most important features of their communities – a feature though that is often lacking amongst them.\textsuperscript{12} A common barrier cited as causing a lack of walkability in these settings is a lack of sidewalks, or continuous sidewalks, resulting in the need to walk or using mobility devices on streets and highways\textsuperscript{13}, and another reason that many older people in these communities rely mostly on driving private vehicles to get around. With more than 6.3 million Canadians currently living in rural areas\textsuperscript{14}, that are ageing faster that urban areas in the country, ensuring older rurally dwelling Canadians are able to age-in-place in more rural and remote communities will need to be a focus of any efforts to improve the accessibility of Canadian communities.
Evidence Based Policy Options to Consider

1. Develop National Standards that Promote Accessibility for All Canadians.

Given the growing diversity of our population and the fact that as we age, more Canadians will be living in their communities with physical and cognitive limitations, there exists a clear opportunity for federal leadership to help align existing national standards and frameworks, and the efforts of our current provinces and territories to enable a common minimum standard in our National Building Codes towards the creation of future physical buildings and spaces where Canadians will choose to live, work and pursue recreational activities. We should also recognize that setting standards of this sort, such as minimum percentages of accessible units are only minimum requirements. To foster truly age-friendly spaces, the federal government should exercise leadership in encouraging provinces and municipalities to aim beyond minimum standards.

2. Support the Development of More Age-Friendly Communities

Building on the prior work and investments by federal agencies such as PHAC, CIHR, CMHC, there needs to be a renewed federal mandate to first understand the progress that has been made on the implementation of the Age-Friendly Communities agenda across Canada and to understand what further needs to be done to support the development of more Age-Friendly Communities. Using its strength as a proven enabler and convener, there exists a clear opportunity for the federal government to renew its prior roles in advancing this important agenda.

Finally, a significant proportion of Canadians continue to live in rural and remote communities. Nearly a decade ago the federal, provincial and territorial ministers responsible for seniors came together to create a guide to promote the development of *Age-Friendly Rural and Remote Communities*. Whatever initiatives that the federal government can promote it should not forget that rural and remote communities still and will require a great deal of support and guidance to eliminate barriers and promote the adoption of age-friendly activities.
Supporting Documents


8 http://www.ontario.ca/laws/statute/05a11


