



Finding the Right Fit **Age-Friendly Community Planning**

ontario.ca/seniors

FINDING THE RIGHT FIT

Age-Friendly Community Planning

*'A society for all ages is multigenerational. It is not fragmented, with youths, adults and older persons going their separate ways. Rather, it is age-inclusive, with different generations recognizing — and acting upon — their commonality of interest.'*¹

*Kofi Annan,
Secretary General of the United Nations*

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FOREWORD

The oldest members of the baby boomer generation in North America and Europe turned 65 in 2011. By the year 2036, our province's older adult population will more than double to 4.1 million. This major change affects every jurisdiction in Canada and in Ontario.

Ontarians are living longer, healthier lives than ever before. As they age, older Ontarians are also seeking opportunities to stay active in their communities and in the economy. They are committed, long-term residents of their communities, contributing their time, energy and wealth of experience to local projects and organizations. All they need is the opportunity. Older adults have the same needs as people of all ages. Accessibility to health care and social services, public transportation, housing, safety and strong social networks all become more central to our lives as we age.

One in seven people in Ontario (1.5 million) has a disability. As the population ages, the imperative for accessible communities will rise. The Accessibility for Ontarians with Disabilities Act, 2005 (AODA), makes Ontario the first jurisdiction in the world to proactively mandate accessibility reporting. The AODA establishes the goal of an accessible Ontario

by 2025. This goal is to be achieved through the implementation and enforcement of accessibility standards in key areas of daily living. Five accessibility standards are now law: **Customer Service, Employment, Information and Communications, Transportation** and the **Design of Public Spaces** (Accessibility Standards for the Built Environment). Enhancements to accessibility in buildings are being developed separately through amendments to the Ontario Building Code. For more information on making Ontario accessible, visit ontario.ca/AccessON.

Individuals and organizations in communities across Ontario are working together to create age-friendly communities (AFCs). Accessible, inclusive, age-friendly social and physical environments, services and programs are making a difference in the everyday lives of older adults. Municipalities have also taken important steps. They are developing community profiles, gathering information about existing services and programs in communities, establishing advisory committees and consulting with older adults. They are also incorporating age-friendly principles into planning, setting local priorities and developing age-friendly action plans. This guide highlights several of these local campaigns and partnerships that have brought together the energies and talents of champions and local residents.

AFCs are a key component of Ontario's Action Plan for Seniors. The plan, released in January of 2013, was informed by a report on how to promote better care and health outcomes for older Ontarians entitled *Living Longer, Living Well* and developed by Dr. Samir Sinha, Director of Geriatrics at Mount Sinai and the University Health Network hospitals and Expert Lead for Ontario's Seniors Strategy.

Ontario's Action Plan for Seniors identifies three main goals and outlines a significant number of programs and initiatives by which Ontario intends to realize them. The action plan builds on a decade's worth of work on behalf of Ontario seniors on three pillars:

Healthy Seniors: Ontario will help seniors find and access the health-care services they need to be healthier, stay at home longer and improve their quality of life.

Senior-Friendly Communities: Ontario will harness the potential and maximize the contributions of seniors by promoting the development of age-friendly communities that weave together services and policies to enhance seniors' well-being and participation.

Safety and Security: Ontario will ensure that seniors have access to the programs, services and supports that help them live safely, independently and with dignity.

For more information on Ontario's Action Plan for Seniors, visit www.ontario.ca/health-and-wellness/ontarios-action-plan-seniors.

We all have a role to play

Residents, organizations, governments, the business community and the non-profit sector are all working together to create social and physical environments that allow every person to participate fully.

The aging of Ontario's population brings with it opportunities for businesses to play a key role in delivering and creating age-friendly services and goods that boost economic prosperity for all.

The Ontario Business Improvement Area Association, local business improvement areas, the Ontario Chamber of Commerce, local chambers of commerce, Parks and Recreation Ontario, the Canadian Urban Institute, the Ontario Professional Planners Institute, cultural organizations and libraries are among the many leaders in creating inclusive, strong, economically vibrant Ontario communities.

Local government plays important roles in the quality of life of a community through planning, policy development and direct service delivery. A municipality can designate a business improvement area and establish a management board to promote a community's businesses and improvements. Municipal planning and financial tools (official plans, community improvement plans, zoning bylaws) can support economic development (see *Municipal Planning and Financial Tools for Economic Development Handbook* at www.mah.gov.on.ca).

The Places to Grow initiative is the Ontario Government's program to plan for growth and development in a way that supports economic prosperity, protects the environment and helps communities achieve a high quality of life across the province. The Growth Plan for the Greater Golden Horseshoe, 2006, establishes a framework to guide government decisions and investments to create complete communities that meet people's needs for daily living through an entire lifetime, as well as to support convenient access to public transportation and options for safe, non-motorized travel. The Growth Plan for Northern Ontario, 2011, also supports a vision of communities that can accommodate the diverse needs of all residents, now and in the future (see www.placestogrow.ca).

Parks, trails and recreation settings contribute to communities' economic and environmental sustainability by providing opportunities for citizens to enjoy recreation and maintain active, healthy lifestyles. Parks and Recreation Ontario (www.prontario.org) works in partnership with many stakeholders in the areas of physical activity, sport, recreation, civic engagement, arts and culture.

The Canadian Urban Institute (www.canurb.org), a Toronto-based not-for-profit organization with national and international reach, helps improve urban environments through networking, public education, leadership development, planning and policy solutions.

The Ontario Professional Planners Institute (www.ontarioplanners.ca) is the recognized voice of Ontario's planning profession. Its position paper entitled **Healthy Communities and Planning for Age-Friendly Communities: A Call to Action** highlights some of the key issues for Ontario's planners and communities to discuss so that they can respond more effectively to the challenges posed by an aging population.

Older people, planners, social workers, volunteers, gerontologists, health-care practitioners, business leaders and local decision-makers are among the many individuals working together to transform communities and ensure everyone's future is friendly, safe and supportive. This guide is one more resource to encourage and assist Ontarians to achieve that future.



EXECUTIVE SUMMARY

Section 1: Background

An age-friendly community responds to both the opportunities and challenges of an aging population by creating physical and social environments that support independent and active living and enable older people to continue contributing to all aspects of community life.

Although the concept of an age-friendly community is relatively new, it originated over fifty years ago in the field of environmental gerontology.² A key idea in this field is ‘person-environment fit’ (p-e fit).³ This term means that a person’s ability to age well and independently comes from the relationship between his or her physical and mental capacity and the ‘press’ (or barriers) of his or her environment. For example, an older person living independently in his or her original home may find it increasingly difficult to climb stairs (a ‘press’) due to chronic health problems or a physical disability. However, rather than move, an older person may choose to adapt their home and reduce environmental impediments by installing a stairlift or finding other ways to remove barriers.

Working toward communities that are age-friendly is a sound investment. Age-friendly communities are supportive physical and social environments that enable older people to live active, safe and meaningful lives and continue to contribute in all areas of community life. For private businesses, the benefits of marketing and providing goods and services to this growing market are clear. For the wider community, older adults are committed, long-term residents who contribute their time, energy and wealth of experience to the lives of their communities.

Section 2: Using This Guide

Creating an age-friendly province takes all of us: residents, community groups, governments, the business community and the non-profit sector working together. A wealth of knowledge and resources from universities, the government and non-governmental organizations supports age-friendly community planning initiatives. We have designed this guide to discuss questions about Ontario communities and affected stakeholders undertaking or contemplating AFC initiatives. The Ontario Seniors' Secretariat (OSS), the University of Waterloo, McMaster University and the Accessibility Directorate of Ontario have developed this guide to introduce age-friendly principles. It also provides a framework for selecting from a range of tools and community assessment measures to inform your age-friendly community action plan. This guide:

- **Explains** the characteristics of an age-friendly community and how it can respond to the opportunities and challenges of Ontario's aging population.
- **Provides** a 'one-stop shop' for a broad range of existing AFC resources.
- **Recognizes** that collecting information that reflects or captures the characteristics of your community as broadly as possible is critical to a successful AFC initiative.
- **Offers** those working on AFC initiatives a framework for making informed choices from among several flexible community assessment tools that can be tailored and adapted to local circumstances.

Section 3: Age-Friendly Community Dimensions

AFC checklists and assessment tools, such as those developed by the World Health Organization (WHO), consider both the physical and social dimensions that contribute to independent and active aging.⁴

Researchers from the University of Waterloo and McMaster University and staff from the Ontario Seniors' Secretariat present a series of assessment tools for Ontario stakeholders to consider and potentially adapt to their own AFC initiatives. The WHO's eight dimensions that describe an age-friendly community are the basis for presenting the assessment tools in this guide.

In brief, the WHO's eight dimensions include:

- **Outdoor Spaces and Public Buildings:** When people view a neighbourhood as safe and accessible it encourages outdoor activities or engagement with the community. Accessibility involves removing barriers that limit opportunities for people with disabilities, including older adults with age-related impairments, and allowing older adults to participate in social activities or to access important health and social services and businesses.
- **Transportation:** The condition and design of transportation-related infrastructure such as signage, traffic lights and sidewalks affects personal mobility. Access to reliable, affordable public transit becomes increasingly important when driving becomes stressful or challenging.
- **Housing:** For many older adults, aging in place is desirable. The availability of appropriate, affordable housing with a choice of styles and locations and that incorporates flexibility through adaptive features is essential for age-friendly communities.
- **Social Participation:** Interacting with family and friends is an important part of positive mental health and community awareness. Social participation involves the level of interaction that older adults have with other members of their community and the extent that the community itself makes this interaction possible.
- **Respect and Social Inclusion:** Community attitudes, such as a general feeling of respect and recognizing the role that older adults play in our society, are critical factors for establishing an age-friendly community. Age-friendly communities foster positive images of aging and intergenerational understanding to challenge negative attitudes.
- **Civic Participation and Employment:** Civic engagement includes older adults' desire to be involved in aspects of community life that extend beyond their day-to-day activities, such as volunteering, becoming politically active, voting or working on committees. Economic security is important for many older adults, particularly those with low and fixed incomes. The ability of an older adult to remain employed or find new employment provides economic security, and it benefits employers who recognize the experience and commitment that older employees bring to the workplace.

- **Communication and Information:** Age-friendly communities make sure that information about community events or important services is both readily accessible and in formats that are appropriate for older adults. Moreover, an age-friendly community recognizes the diversity within the older adult population and promotes outreach initiatives to non-traditional families, ethnocultural minorities, newcomers and aboriginal communities.
- **Community Support and Health Services:** Good mental and physical health contributes to quality of life and age-friendliness. When evaluating age-friendliness, consider access to community-related services that support physical or mental well-being and the availability of health promotion or awareness services that promote and support healthy behaviours and life choices.

Section 4: Defining Local Principles

The first steps in establishing an AFC process involve working with community stakeholders to define the terms of reference for your initiative. This may include developing guiding principles, a vision and goals for your community, roles and responsibilities, timelines and deliverables. Community stakeholders include older residents, business owners, municipal staff, council members, service providers, volunteers, members of postsecondary institutions and others who share a commitment to make their community better for all.

The key steps in the ‘Defining Local Principles’ stage include:

- **Form a Steering Committee:** Gather people from various backgrounds, professions, academic disciplines and experience who are willing to lead and create a vision for your AFC initiative. The University of Waterloo’s Kenneth G. Murray Alzheimer Research and Education Program (MAREP) AFC website (<http://afc.uwaterloo.ca>) provides useful information and guidance on the AFC process, including tools for this step.
- **Create Guiding Principles:** Once you have formed your steering committee, schedule a planning session to establish your community’s AFC vision and values. Again, the MAREP resources are a good starting point and the AdvantAge Initiative (www.vnsny.org/advantage) online tool kit suggests ways to create a community’s AFC vision.
- **Build Partnerships:** Consider the partnerships that your group currently has and what further support — for example, other groups or organizations, financial commitments — you may need for your AFC initiative. Engage with organizations within your community, businesses or non-profit organizations, such as the United Way or other organizations that could lend support to your process. Consider reaching out to potential funders like the Ontario Trillium Foundation and other non-profit and private foundations.

- **Gather Information:** You can assess the age-friendliness of your community by holding a combination of small group discussions among steering committee members, interviewing volunteers from local seniors' organizations, distributing questionnaires and tapping into existing information gathered for other purposes — for example, statistical data from your community's municipal official plan review, or program and user surveys that your municipality's parks and recreation staff may have circulated.
- **Discuss Priorities:** Begin to identify AFC goals. Prioritize these goals before you develop a needs assessment.

Section 5: Custom Needs Assessment

A needs assessment identifies the gaps in and opportunities for improving a community's age-friendliness. Conducting a needs assessment involves identifying the information you want to collect and identifying the tools that you will use to collect the information (such as surveys, focus groups or questionnaires). You can establish your approach after identifying your community's p-e fit, which reflects the eight dimensions of an age-friendly community articulated by the World Health Organization (WHO).

The recommended process for building your community's needs assessment is:

- **Review Data Collection Tools:** Seventeen age-friendly assessment tools have been reviewed and compiled within this guide to provide a comprehensive resource for users that does not require independent, time-consuming and potentially costly research. The tools contain questions that focus on the eight dimensions of an age-friendly community identified by the WHO. Some focus on the physical environment (for example, housing, outdoor spaces and public buildings, transportation). Others discuss the social side of an age-friendly community (for example, social participation, respect and social inclusion). Focus on tools that reflect the priorities identified in the Defining Local Principles stage.
- **Create a Draft List of Questions:** Refer to the University of Waterloo website (www.uwaterloo.ca/env/finding-the-right-fit) where you will find the 17 AFC assessment tools and their associated questions in a downloadable database. Choose the questions that are relevant to your community.
- **Create Person-Environment Pairs:** To make sure that your needs assessment questions will capture information about your community's person-environment fit (p-e fit), balance questions about your community's environment with questions about how people feel about their environment.

- **Finalize the Needs Assessment:** Before taking your needs assessment into the community to collect information, pretest the assessment to identify its strengths and weaknesses. Sit down with a small sample of those you would like feedback from (for example, older adults, caregivers, service providers) and ask them for suggestions to improve the needs assessment.

Section 6: Developing an Action Plan

Use the information you collected through the needs assessment to develop your action plan or as the road map that will guide your community's age-friendly planning. Action planning involves:

- Analyzing the information collected through your needs assessment.
- Identifying strategies to become more age-friendly.
- Turning these strategies into an action plan document that will guide your community's age-friendly policies and programs.
- Evaluating the action plan as it is implemented.

You can often identify strategies and action items in an unstructured manner (for example, through 'brainstorming' sessions among committee members). We recommend, however, that you build your open discussion and strategizing around specific questions (as adapted from John M. Bryson's *Applying Private-Sector Strategic Planning in the Public Sector*⁵ and Michael Quinn Patton's 'Utilization-Focused Evaluation' [U-FE] framework)⁶ to discuss the concerns that your municipality's councillors and staff could have.

- What are the alternatives we might pursue to address this issue?
- What are the barriers to these alternatives?
- What approaches exist (if any) to overcome those barriers?
- What are the priority actions for the next two to three years and three to five years, and what resources are currently at hand to implement the strategies (such as municipal staff or programs that are responsible for senior related services and programs)?
- What specific actions do you need to take in the short term and longer term to implement the strategies, and who is responsible for each step?

Section 7: Implementation and Evaluation

Once your action plan has been adopted and is being implemented, evaluate it both during implementation and afterwards. Evaluation will help you determine how you can improve the action plan and whether or not its strategies and action items are meeting their intended outcomes.

This section presents two approaches to evaluation:

A *formative evaluation* places less emphasis on outcome and more on determining how to improve an ongoing action plan. It can identify specific factors that have made an initiative successful, but it mainly collects continuous feedback from stakeholders to revise the action plan, if necessary.

A *summative evaluation* is essentially a test to judge the worth of the action plan at the end of the program activities. The focus is on the outcome and on judging the merit and worth of an initiative to assist primary users in determining whether to terminate, expand or spread the initiative's use.



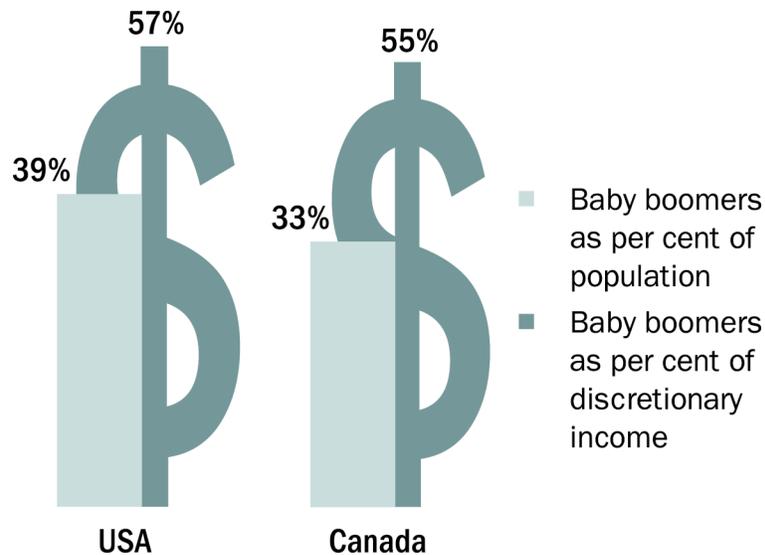
SECTION 1: BACKGROUND

Origins of the AFC Concept

The roots of the AFC movement can be traced back to the beginnings of the environmental gerontology discipline, which suggests that the ongoing relationship between people and their physical and social environment affects human development and quality of life.⁷ Many older adults wish to maintain their quality of life, live independently and engage in the social activities where their home is located without having to move. Instead, they adapt to their home environment or adapt their home environment to their needs.

The Benefits of Age-Friendly Communities

Communities that provide the services, social environments and physical environments to create age-friendly communities reap the dividends that older adults can bring to their communities, benefiting all residents. Accessible spaces that accommodate those who are older or have disabilities also help others who encounter functional obstacles in their daily lives — mothers, parents with infants and strollers and people with chronic health ailments.



Economic Benefits

The demographic reality is that the younger generations no longer represent the biggest growth market.⁸ Rather, baby boomers, who comprise the ‘senior surge’, will not only be numerically superior over the coming decades but will also control the bulk of wealth and spending.

Age-Friendly Characteristics

How do we characterize an ‘Age-friendly community’?

Age-friendly communities create supportive social and physical environments that enable older people to live active, safe and meaningful lives and continue to contribute in all areas of community life:

Measurable characteristics: residential density, land-use mix, street connectivity and access to green spaces.

Subjective measures: concerns about crime, personal safety and environmental variables such as noise and neighbourhood aesthetics.⁹

Social factors: the stability of a neighbourhood’s residents, the presence of relatives or close friends, and the degree of social interaction among neighbours.¹⁰

Accessibility: in the home environment and in the larger neighbourhood context.

Support: for older adults’ continuing participation in the social, economic, cultural and civic affairs of a community.

Person-Environment Fit

Person-environment fit (p-e fit) means the relationship between a person's physical and mental capacity and the demands of his or her environment.¹¹ Many approaches (for example, universal design, walkability or liveable communities) based on the p-e fit concept seek to reduce environmental burdens so that older adults can age in place, age well and maintain independence.

Most people experience some decline in capacity as they age. Age-friendly communities aim to decrease the environmental demands on an individual, maintain a desirable p-e fit and enhance quality of life.

People with higher ability levels living in environments with lower demand levels create a desirable p e fit and appropriate conditions for aging in place. Lower levels of ability in conditions of high environmental demand create an undesirable p-e fit, which contributes to poorer quality of life.

Assessing individual needs can help identify tangible opportunities for improving a community's age-friendliness by highlighting gaps in the community resources that should be supporting older adults' needs. To do this, you have to collect information about:

The person: Older adults' ability to complete activities of daily living and their perceptions of what is relevant for achieving a high Quality of Life (QoL) (for example, personal relationships, walkable neighbourhoods, etc.).

The environment: The extent to which your community's physical and social environments support older adults' ability to live independently, and whether these resources and the way we treat older adults fosters a high QoL.

A needs assessment based on p-e fit can help you accurately and clearly define existing gaps that threaten your community's age-friendliness and that present opportunities for improvement.

COMMUNITY STORIES

Acknowledging and learning from the successes of AFC initiatives is key to the continued success of the movement. To achieve this, the guide highlights ten case studies (pages 18, 26, 36, 44, 49, 55, 56, 59, 64 and 66) that explore different approaches communities have taken to improve their age-friendliness. Besides these, many community stories on the Murray Alzheimer Research and Education Program (MAREP) website (<http://afc.uwaterloo.ca>) discuss the positive effects that AFC planning is having across Ontario.



The AFC movement has gained considerable momentum over the past several years, with a steadily growing base of knowledge and a wealth of resources that can guide you through a successful AFC planning process. Although these resources have helped many communities explore AFC issues, the practical question that often remains is, **Where do we begin?** This guide consolidates existing resources into a single document and outlines a process that helps to answer this question.

Ontario is a large province with a complex geographic distribution of residents in terms of age, gender, culture, ethnicity, health status, housing tenure and income across urban and rural communities. This means that specific issues, resident needs, policies and program priorities will differ between communities. Becoming ‘age-friendly’ may involve different approaches and priorities from one community to the next.

A community’s history, size or preferred approach to decision-making may mean choosing a process led by local government, while others may find an approach driven by the collaboration of volunteers and community organizations more desirable. This guide is designed to meet the needs of different audiences who want to further their local AFC movement.

The Four Steps of the AFC Process

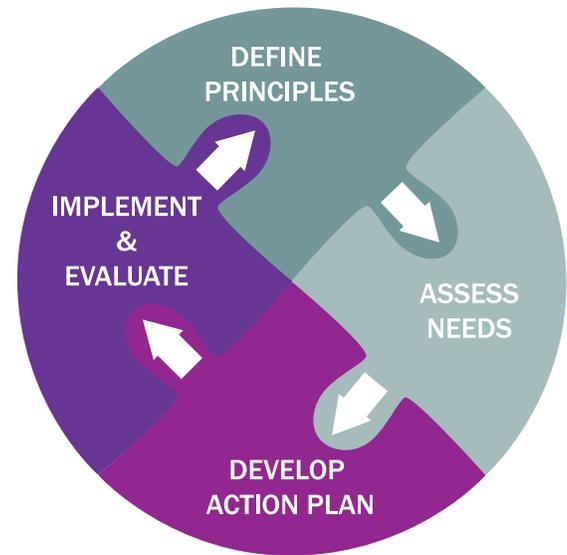
The guide provides information about, and resources for, each step in the AFC process in [Sections 4 through 7](#). The four steps of the AFC process are:

Step 1: Defining Local Principles

Step 2: Custom Needs Assessment

Step 3: Developing an Action Plan

Step 4: Implementation and Evaluation



Some communities are already well along the AFC path, while others are just beginning. You can use this guide as a reference for the AFC process as a whole or as a directory that can quickly connect you to detailed resources that are relevant to your community's immediate AFC planning needs. The guide is divided into sections to enable you to use specific resources without needing to refer to the entire document.

Becoming an AFC is a cyclical and ongoing process that is complementary to and compatible with mainstream planning and development work underway within communities.

After implementing community projects under step 4 you may decide to return to step 1 to determine if your community's goals and values have changed or if there are other areas or projects that could enhance your AFC status.

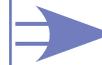
To meet your needs more directly, the guide leads you through the process of creating a personalized tool kit designed around the specific challenges faced by your community. Section 3 presents background information about the value of AFC planning and introduces the concept of Age-Friendly Community "Dimensions," while Sections 4 through 6 present a more detailed discussion of the AFC planning process. The guide discusses the desired skill sets for that stage of the process and recommends partnership options that may help you complete the steps outlined.

To access the information you need now, examine the following diagram, which contains descriptions of circumstances common to three stages in the AFC process. Drawing on local experiences, determine which situation best reflects the status of your community.

Once you have an idea of where you are, use the diagram to determine which part of the process you are interested in and where you might head next. Then, simply turn to the section of the guide that contains the resources that are most in line with your current needs.

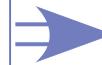
Is this your community?

- Little discussion about older adults' needs goes on in the general community.
- The idea of becoming an AFC has never arisen at Town/City Council.
- Focus groups have not been held to discuss the implications of being an 'older' community.
- No community-wide survey of older adults' needs has been conducted.
- No steering committee exists to carry the AFC movement.



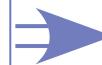
Read **Sections 2 and 3** to learn about AFC planning, then focus on **Section 4**, which presents tools for starting a local AFC initiative.

- The idea of becoming an AFC is part of discussions in the community and at Town/City Council.
- Several focus groups have been held to discuss the implications of being an 'older' community.
- A community-wide assessment of older adults' needs is the logical next step, but questions about what data to collect and how to collect it still exist.
- Knowing the range of existing information-gathering tools and what AFC-related areas they focus on would make the path forward clearer.



Review the p-e fit concept and AFC Dimensions (**Sections 2 and 3**) and read **Section 5** to see how to create a custom needs assessment.

- Several focus groups have been held to discuss the implications of being an 'older' community.
- A community-wide assessment of older adults' needs has been conducted and the results have been compiled into a council report.
- An advisory group exists to lead the AFC process.
- The Town/City Council report will serve as the basis for an age-friendly action plan, but questions about creating, implementing and monitoring such a plan still exist.



See **Sections 6 and 7** for resources about writing, implementing and evaluating an AFC action plan.

OTTAWA'S AGE-FRIENDLY COMMUNITY EXPERIENCE

The Path to Membership in the Global Network of Age-Friendly Cities

What has Ottawa done?

The Age-Friendly Ottawa Project (AFO) is a partnership between the Council on Aging of Ottawa (COA), the City of Ottawa, and the Centre for Governance of the University of Ottawa, as well as other community organizations. The Age-Friendly Ottawa Steering Committee was formed in 2009 and funding for the project was received from the Ontario Trillium Foundation, New Horizons for Seniors Program and the Community Foundation of Ottawa in 2010.

Ottawa City Council spearheaded the concurrent development of a comprehensive Older Adult Plan to develop concrete and actionable recommendations to address the current and future needs of older adults. Research was conducted in collaboration with community groups, seniors' organizations and service providers, and resulted in two published reports.

How did Ottawa get there?

2009: Formation of the Age-Friendly Ottawa Steering Committee

Late 2011: October: Seniors' Summit hosted by Ottawa Mayor Jim Watson in partnership with the Council on Aging. Summit launched a dialogue with older adults, re-affirming the City's commitment to the Older Adult Plan

Online, telephone and paper surveys and community consultations conducted with 630 older adults and stakeholders

2013: January: Inaugural meeting of the Seniors Roundtable, a forum for City of Ottawa staff to seek community input related to emerging issues of concern to older adults

March: Older Adult Plan officially launched by Mayor Jim Watson and the Council on Aging of Ottawa

November 2010: Project received funding from the Ontario Trillium Foundation, New Horizons for Seniors Program, and the Community Foundation of Ottawa

2012: Development of Older Adult Plan, including 74 actions to improve levels of age-friendliness in key service areas of municipal responsibility, such as installing automatic doors at City buildings and additional benches in parks and roadways

Ottawa City Council approved \$500,000 in annual operating funding for the implementation of the Older Adult Plan

March: Recognition and celebration of Ottawa's membership in the WHO Global Network of Age-Friendly Cities

June: Age-Friendly Ottawa launched its "Community Framework and Building an Age-Friendly Business Community" project

What are Ottawa's Next Steps?

The COA has developed a Community Action Plan that aligns with the Older Adult Plan and identifies key actions that can be undertaken by the community and the private sector. The Community Action Plan will be presented to seniors and other stakeholders. The Council on Aging of Ottawa is already undertaking a number of actions identified in this plan, including improvements to outdoor spaces and transportation. Age-Friendly Ottawa has also recently launched a Business Recognition Project that will engage seniors in recognizing, acknowledging and highlighting exemplary age-friendly business practices in Ottawa.

To learn from other community experiences, visit http://afc.uwaterloo.ca/community_stories.html



SECTION 3: AGE-FRIENDLY COMMUNITY DIMENSIONS

In 2007, the World Health Organization (WHO) released *Global Age-Friendly Cities: A Guide*, which identifies eight aspects, or ‘dimensions’, of community life that overlap and interact to directly affect older adults:¹²

1. Outdoor Spaces and Public 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

Discussions of age-friendliness commonly refer to the eight dimensions, and this guide recognizes the work that the WHO and other organizations (such as the American Association of Retired Persons’ [AARP] [Livable Communities: An Evaluation Guide](#))¹³ have accomplished for age-friendly city planning.

1. Outdoor Spaces and Public Buildings

The outside environment and public buildings have a major impact on the mobility, independence and quality of life of older people and affect their ability to 'age in place.' ... The recurring themes in cities around the world are quality of life, access and safety. (WHO, Global Age-friendly Cities: A Guide, 2007: 12)

An accessible community is one where people of all abilities, including older adults, have the opportunity to participate in everyday life fully and in safety. Accessibility includes:

- Indoor and outdoor spaces, both publicly and privately owned, that an individual might use as part of their daily activities, such as streetscapes, parks, grocery stores and pharmacies;
- The removal of barriers that limit opportunities for individuals with disabilities to participate actively in society or to access vital health and social services.

Accessibility requires a much broader shift in awareness and attitudes and extends to questions of safety and perceptions of safety. How safe older adults feel in their communities can affect almost every aspect of their daily lives. A neighbourhood that people consider unsafe does not encourage outdoor activities or engagement with the community, limiting opportunities for physical fitness and social participation. Crime, traffic, noise and poor lighting are all safety factors, as well as social issues such as the extent of social interaction and mutual respect among citizens living in a neighbourhood. Improved community connections and awareness can enhance safety and security.

2. Transportation

Transportation, including accessible and affordable public transport, is a key factor influencing active aging. ... in particular, being able to move about the city determines social and civic participation and access to community and health services. (WHO, Global Age-friendly Cities: A Guide, 2007: 20)

Personal mobility and transportation options determine an older adult's mobility. Personal mobility is directly influenced by:

- Physical and mental health status
- Access to personal transportation
- Proximity to important amenities.

Mobility is also indirectly affected by:

- Perceptions of safety
- Awareness of alternative transportation options.

At a community scale, mobility is affected by:

- Quality and design of transportation infrastructure such as signage, traffic lights and sidewalks;
- Access to reliable, affordable public transit; this is increasingly important when driving may become stressful or prohibitive.

3. Housing

Not surprisingly, people consulted by WHO in all regions have much to say on different aspects of housing structure, design, location and choice. There is a link between appropriate housing and access to community and social services in influencing the independence and quality of life of older people. (WHO, Global Age-friendly Cities: A Guide, 2007: 30)

For many older adults, aging at home is desirable. Appropriate housing models offer:

- A diversity of prices, styles and locations;
- Proximity to services;
- Universal design principles that stress flexibility and adaptability to support different levels of need;
- Modification programs for those residents who wish to remain in a home that is not suited to their future needs.

4. Social Participation

Participating in leisure, social, cultural and spiritual activities in the community, as well as with the family, allows older people to continue to exercise their competence, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships. It fosters social integration and is the key to staying informed. ... the capacity to participate in formal and informal social life depends not only on the offer of activities, but also on having adequate access to transportation and facilities and getting information about activities. (WHO, Global Age-friendly Cities: A Guide, 2007: 38)

Social participation and personal relationships are distinct but integrally linked concepts that significantly affect an older adult's ability to age in place. Social participation is an important contributor to positive mental health and community awareness, and it involves:

- The level of interaction that older adults have with other members of their community.
- The extent to which the community itself makes this interaction possible.

Both social participation and personal relationships are integral to prevent isolation, and the satisfaction one derives from these encounters measures an individual's health and well-being. The strength of personal ties (rather than the number of casual interactions that someone has experienced) is central to measuring personal relationships.

5. Respect and Social Inclusion

Older people report experiencing conflicting types of behavior and attitudes toward them. On the one hand, many feel they are often respected, recognized and included, while on the other, they experience lack of consideration in the community, in services and in the family. ... The extent to which older people participate in the social, civic and economic life of the city is also closely linked to their experience of inclusion. (WHO, Global Age-friendly Cities: A Guide, 2007: 45)

Community attitudes, such as a general feeling of respect and recognizing the role that older adults play in our society, are critical factors for establishing an age-friendly community. Our shared attitudes toward aging can create significant social norms that may limit older adults' capacity to achieve personal goals and maintain independence. Building positive community attitudes involves fostering positive images of aging and intergenerational understanding. It also requires you to recognize that older adults, as a broad demographic, share common experiences, but their experiences may also diverge in many ways. Our aging population encompasses several decades and demonstrates incredible diversity in terms of culture and ethnicity, sexual orientation, health and disability, education and socio-economic status, citizenship and immigration status, marital and family status, and other characteristics.

6. Civic Participation and Employment

Older people do not stop contributing to their communities upon retirement. Many continue to provide unpaid and voluntary work for their families and communities. In some areas, economic circumstances force older people to take paid work long after they should have retired. An age-friendly community provides options for older people to continue to contribute to their communities. (WHO, Global Age-friendly Cities: A Guide, 2007: 51)

Older adults possess a wealth of knowledge and experience that is invaluable to community planning. Civic engagement includes older adults' desire to be involved in aspects of the community beyond their normal daily lives, such as volunteering, becoming politically active, voting or contributing to local councils. Giving older adults a meaningful role in community development, providing opportunities for lifelong learning or helping to create interesting volunteer opportunities are all critical factors for measuring civic engagement.

Personal income and affordability influence almost every area of daily life. Remaining engaged in the workforce produces obvious economic benefits and security for the individual. It also benefits employers who recognize the advantages of engaging the experienced older workforce. Achieving economic security creates opportunities for older adults to stay engaged in communities through support of local businesses or participation in programs and events.

7. Communication and Information

Staying connected with events and people and getting timely, practical information to manage life and personal needs is vital for active aging. ... Yet the fear of missing information and of being left out of the mainstream is voiced almost everywhere. Rapidly evolving information and communication technologies are both welcomed as useful tools and criticized as instruments of social exclusion. ... the central concern expressed in the focus groups is to have relevant information that is readily accessible to older people with varying capacities and resources. (WHO, Global Age-friendly Cities: A Guide, 2007: 60)

Age-friendly communities ensure that information about community events or important services is both readily accessible and communicated or delivered in formats that are appropriate and available to older adults. New communications technologies can increase access to important information about ongoing or required local initiatives to improve the daily lives of older adults. Age-friendly communities recognize the diversity within the older adult population and promote outreach initiatives to non-traditional families, people from a range of ethnocultural backgrounds, newcomers and aboriginal communities.

8. Community Support and Health Services

Health and support services are vital to maintaining health and independence in the community. Many of the concerns raised by older people, caregivers and service providers in the focus groups deal with the availability of sufficient good quality, appropriate and accessible care. (WHO, Global Age-friendly Cities: A Guide, 2007: 66)

Good mental and physical health is essential to quality of life and age-friendliness. Physical health includes the current state and self-awareness of an individual's general physical well-being, nutritional status and the presence or absence of chronic and acute conditions. Mental health involves the status of older adults' cognitive functioning, such as memory, and elements of emotional health, such as the presence or absence of feelings like confidence and self-worth or anxiety and depression. All of these factors are key determinants of one's ability to socialize and engage in civic activities.

The health dimension also considers access to community-related services that support physical or mental well-being, and the presence or absence of health promotion or awareness initiatives aimed at creating healthy behaviours and life choices.

HALIBURTON COUNTY'S AGE-FRIENDLY COMMUNITY EXPERIENCE

Making Changes One Step at a Time

What has Haliburton done?

Haliburton County is a rural community north of Toronto where older adults aged 65+ make up 28% of the population (approximately 4, 755 people). In 2007, the Haliburton, Kawartha, Pine Ridge District Health Unit and the Haliburton Highlands Family Health Team partnered to provide education, awareness and activity sessions to seniors on falls prevention. Through a county-wide survey, focus groups, and in-depth interviews, the Committee created a list of priorities for action in four areas: accessibility, housing, transportation and communications. The committee has had success in bringing about change in all four areas:

Accessibility:

- Bench installments in public spaces
- Arm chairs in community centers
- More use of handrails by local businesses
- Advice on streetscape planning
- Support for winter snow removal on sidewalks

Housing:

- Housing information sessions, forums and research to create a county housing strategy

Transportation:

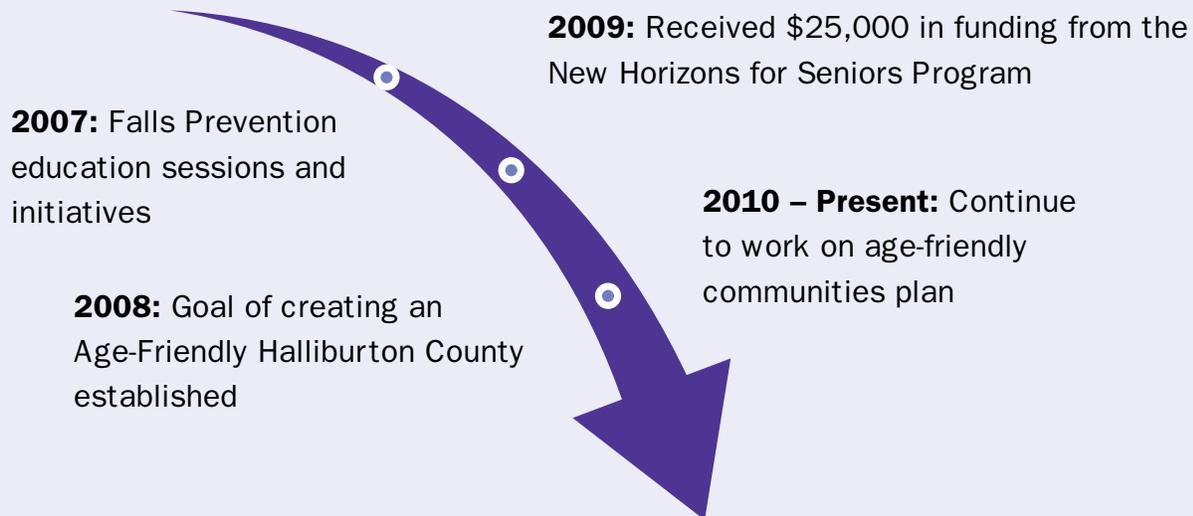
- Developing transportation strategies for the county

Communications:

- Creating a more positive image of seniors, and raising older adults' issues in radio, newspapers and other media

How did Haliburton get there?

A local Aging Well Committee was formed in 2008 to mobilize the community to be more flexible and responsive to the needs of its aging population. The committee based its vision of an Age-Friendly Community on the World Health Organization Guide for Age-Friendly Cities and Communities, along with local initiatives to plan for and promote active transportation as a way to create a healthy, active community.



What are Haliburton's next steps?

The Committee continues to move forward to create a healthy, active, age-friendly community, by advocating for the necessary changes to prepare for the aging population. Work will continue through community consultation to provide input into future recommendations and creating and distributing a final report.

To learn from other community experiences, visit http://afc.uwaterloo.ca/community_stories.html



Defining local AFC principles is basic to grassroots community development and is a task any dedicated group of individuals can complete. This section highlights approaches that communities have used. You can also find key resources and a list of relevant websites at the end of the section.

The AFC approach views the community and its leaders as change agents. Communities — including multiple stakeholders, both public and private — are comprised of active citizens with the potential to create change in their own domains and spheres of influence.

At early stages, you require local champions who can build momentum, progressing toward more structured discussions (e.g., focus groups). Ultimately, the goal is to build collaboration among local stakeholders (municipal council and staff; business leaders; local committee members; social planning councils; university/college faculty organizations) to develop guiding principles, a vision and goals for your AFC movement.

Objectives

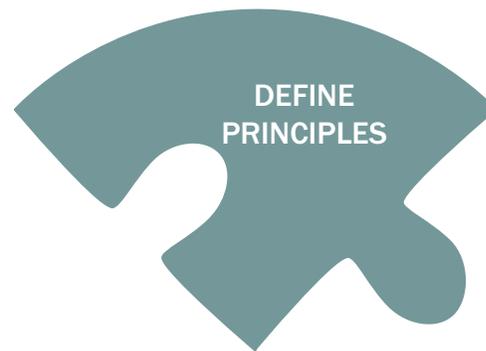
- Create structure around a local initiative
- Determine which AFC dimensions are most relevant to your community

Key skills

- **Communications:** convey the benefits of the AFC movement
- **Stakeholder relations:** connect and mobilize community members
- **Facilitation:** develop and promote focus groups
- **Governance:** organize and guide committees
- **Basic numeric literacy:** collect and present measurable information

Key tasks

- Form a steering committee
- Create guiding principles
- Build partnerships
- Create an age-friendly community profile
- Discuss priorities



By far the most challenging task is moving from ideas to implementation. While **Section 7** of this guide discusses the topics of implementation and evaluation in more detail, start thinking about implementation early. The Principles (http://afc.uwaterloo.ca/principles/what_is_it.html) and Building Blocks (http://afc.uwaterloo.ca/building_blocks/what_is_it.html) sections of the MAREP AFC website are of particular value for those developing an age-friendly implementation plan.

Form a Steering Committee

Build your team. Gather people from various backgrounds, professional disciplines and experiences that are willing to lead and create a vision for your AFC movement. Form a steering committee of committed people who are responsible for keeping your AFC process organized and on track. The University of Waterloo's MAREP AFC website (<http://afc.uwaterloo.ca>) provides useful information and guidance on the AFC process, including tools for this step. In particular, the Getting Started — Set the Stage for Change (http://afc.uwaterloo.ca/getting_started.html) tools advise you on how to create your steering committee, explore your team's assets and determine whether your community is ready to move forward with its AFC initiative.

Define roles and responsibilities. As the team grows, members should have clear roles and responsibilities. A leadership model to consider is the *constellation collaborative*, where a central group acts in a stewardship role for the movement and a series of satellite groups work on particular issues or priorities.¹⁴ This model requires someone to act as a champion and overall project leader to move initiatives forward and build capacity.

From the bottom up. Start and conduct your community's AFC movement using a grassroots approach so that its vision and goals reflect the community's values. The *AdvantAge Initiative* (www.vnsny.org/advantage), a prominent community-building effort, offers helpful advice and numerous tools for this approach.

Build on existing initiatives. Municipal accessibility advisory committees (AACs) work with municipal councils to identify and eliminate barriers for people with disabilities. Under the Ontarians with Disabilities Act, 2001, and the Accessibility for Ontarians with Disabilities Act, 2005,¹⁵ municipalities with 10,000 or more residents must establish local accessibility advisory committees. Approximately 150 municipalities have set up accessibility advisory committees throughout Ontario. The Accessibility for Ontarians with Disabilities Act mandates the committees to advise municipal councils on the identification and removal of barriers from Ontario communities. The majority of AAC members must be people with a disability.

Create Guiding Principles

Once you have formed your steering committee, you can schedule a planning session to establish your community's AFC vision and values. Again, the MAREP resources are a good starting point and the *AdvantAge Initiative* online tool kit has suggestions for creating a community's AFC vision. For examples of AFC vision statements from communities in Ontario, see the Hamilton Council on Aging (www.coahamilton.ca), the Council on Aging of Ottawa (www.coaottawa.ca) and the City of Mississauga Older Adult Project websites (www5.mississauga.ca/rec&parcs/websites/oldadult).

Build Partnerships

Consider what partnerships you have fostered and what further support — human resources and financial — you may need for your AFC initiative. Engage with organizations in your community, businesses and non-profit organizations (e.g., the United Way), or other local foundations that could lend human resource capacity to your process.

If local government is leading your AFC initiative, or if it has strong municipal support, consider establishing an interdepartmental team. Establishing commitment across the municipal organization has strategic value, as the responsibility to implement various recommendations will fall within different departments. An interdepartmental team could include:

- Engineering
- Transportation
- Planning and Development
- Environment and Sustainability
- Economic Development
- Recreation and Cultural Services
- Building Services
- Housing Services
- Social Services
- Public Works
- Parks and Recreation
- Corporate Services

There may also be programs at the provincial and federal level that can support your efforts. More information on funding and forming community partnerships can be found in the Community Sectors and Community Stories sections of the MAREP AFC website, the local government section on the Ministry of Municipal Affairs and Housing website (www.mah.gov.on.ca) and in [Appendix VI](#).

Create an Age-Friendly Community Profile

An age-friendly profile is a snapshot of your community's current age-friendly status. An accurate profile can prove invaluable when communicating the need for AFC planning or attempting to secure funding and partnerships. To start, consider including the following types of information in your profile:

1. A review of existing local policies that support the goals of your AFC movement.
2. A list and description of key local services that promote older adults' quality of life.
3. A summary of existing age-friendly businesses in the community.
4. An overview of the current socio-demographic makeup and projections for future demographic conditions (for example, age, gender, income, ethnicity, health status).

5. A description of your AFC committee members' (and potential partners') key skills and strengths (for example, connections to local decision-makers; experience facilitating focus groups; proposal-writing skills).
6. A summary of how well older adults currently feel the social and physical environment promotes and/or constrains their quality of life.

To create your profile, you will have to access a range of information. You may be able to obtain some of this information directly from existing sources by contacting your local government and local organizations (especially for step 4 in the process of creating an age-friendly community profile). You may have to collect other information from existing policy documents (for example for step 1) or community stakeholders (steps 2, 3 and 6). To collect other information that does not already exist, consider engaging stakeholders through a combination of key informant interviews, focus groups and community meetings. Collecting data using different methods will give you a more complete picture of the age-friendly needs in your community. Some people use methods other than standard print to access information or communicate in ways other than the spoken word. We often refer to alternatives to standard print as 'accessible formats' and ways to help communication as 'communication supports.' To be accessible, organizations must be able to provide and to receive information and communications in an accessible manner. There are many ways to do this. Here are some examples: accessible electronic formats such as HTML and MS Word; braille; accessible audio formats; large print; text transcripts; or visual and audio information.

The Information and Communications Standard Guide: Making information Accessible to People with Disabilities available online at www.ontario.ca/AccessON, lists more formats. You can find a resource on developing accessible documents online at <http://adod.idrc.ocad.ca>.

Some examples of accessible formats and communications supports:

- Large Print
- Screen Readers
- Braille
- Audio Format
- Captioning
- Windowing
- Descriptive Video Service (DVS)

See [Appendix I](#) for a list of AFC plans, tools and data sources to help you create your [community profile](#)

Use existing data. Reviewing local policy and strategic documents and existing planning and development plans and strategies is an efficient and effective way to determine how you can draw on existing community projects to support your movement. Some examples to consider:

- Official Plan/Community Improvement/Secondary Plans
- Strategic Plan
- Growth Management Strategy
- Sustainability Plan
- Recreation and Culture Master Plan
- Accessibility Plan
- Transportation Master Plan
- Pedestrian and Cycling Plan
- Economic Development Strategy
- Asset Management Plan

Most municipal economic development departments will have a general community profile with demographic summaries and projections and many will have more specialized data about specific topics like household travel patterns, recreation preferences and satisfaction with municipal services. To determine what specialized data may exist in your community, consider contacting individuals within the key municipal divisions that this guide discussed earlier (Build Partnerships, p. 30). A social planning council or community-based research organization in your community is also a great resource for accessing data.

Many provincial, federal and non-government organizations also collect and house relevant data. **Appendix I** lists several key resources and describes how you can access the information you may need.

Interview local stakeholders. Conducting key informant interviews with committed local service providers and business owners can illustrate the positive effects of becoming age-friendly. Interviewing these stakeholders can also provide insights and lead to further partnerships with people who can influence local policy, mobilize staff and offer other valuable resources. Find out which AFC dimensions stakeholders think are most significant — their responses will help you prioritize your AFC.

Conduct focus groups. Focus groups are small group discussions led by a facilitator that explore the opinions and views of the participants. The World Health Organization (WHO) held focus groups in 33 cities/towns as part of its participatory research and published the Vancouver Protocol (www.who.int/ageing/publications/Microsoft%20Word%20-%20AFC_Vancouver_protocol.pdf), a guide for conducting AFC focus groups. When discussing local issues, the WHO recommends first presenting some basic demographic, geographic, social and economic characteristics of your community (the information you collected from existing sources and interviews is a great start). Ideally, someone with facilitation experience should lead the focus groups, which should include a diverse range of stakeholders:

- Older adults
- Persons with disabilities
- Caregivers
- Service providers
- People of various ethnic backgrounds and income levels
- Local businesses

For examples of conducting focus groups, refer to the AdvantAge Initiative's healthy neighbourhoods focus group (www.vnsny.org/advantage/survey.html) or the Hamilton Council on Aging's focus group report (www.coahamilton.ca/pdf/Hamilton,%20A%20City%20for%20ALL%20Ages.pdf).

A key question to ask during your focus groups is which AFC dimensions are most important. Read out or distribute a copy of the AFC dimensions list ([see Section 3](#)) and generate a discussion or conduct a vote based on it. You will need this later when you prioritize your AFC goals.

Community meetings: Community meetings are another valuable way of collecting information. Although community meetings tend to produce less detailed information than focus groups, they typically reach a wider audience. They are also a great way to generate excitement around AFC and to connect stakeholders with similar interests and motivations.

Using technology such as Open Space, you can hold meetings for groups as large as a thousand. Ideally, a meeting would include diverse participants, from older people to practitioners in the private, public and non-profit sectors. Again, a key question to ask during your meeting is what AFC dimensions people think are most significant. We recommend that trained facilitators lead all types of community meetings.

Refer to the guides published by the Ontario Municipal Social Services Association:

- The [Guide to Accessible Public Engagement](http://www.omssa.com/omssa-wnew-rp/omssa-guide-1-en.pdf) (<http://www.omssa.com/omssa-wnew-rp/omssa-guide-1-en.pdf>) provides step by step guidance on designing accessible public engagement processes.
- The [Guide to Conducting Accessible Meetings](http://www.omssa.com/omssa-wnew-rp/omssa-guide-2-en.pdf) (<http://www.omssa.com/omssa-wnew-rp/omssa-guide-2-en.pdf>) helps meeting planners organize and run meetings of all sizes that are accessible to all participants.

Discuss Priorities

Using the information gained from your AFC vision, steering committee, community profile, focus groups and interviews, as well as tools on the MAREP website, your community can start to identify local AFC goals. At this point, it may be useful to see AFC goals that other communities have identified:

- City of Mississauga's Older Adult Project website (www5.mississauga.ca/rec&parks/websites/oldadult/)
- City of Brantford's Master Aging Plan website (www.brantford.ca/govt/projects/Pages/MasterAgingPlan.aspx)
- Hamilton Council on Aging's Hamilton, A City for All Ages report (www.coahamilton.ca/pdf/Hamilton,%20A%20City%20for%20ALL%20Ages.pdf)

Once your community has set its goals, prioritize them based on the AFC dimensions. Knowing these priorities will be critical when the time comes to create your custom needs assessment. Tallying the responses from your AFC focus groups and key informant interviews will help to prioritize AFC dimensions. The dimensions mentioned most frequently will be the most important.

If you need more responses from your community on what these priorities should be, consider conducting a [Dotmocracy](http://dotmocracy.org) session. Dotmocracy is a transparent, equal-opportunity and participatory decision-making tool that simplifies the process of finding agreement among large groups of people. You can download a Dotmocracy handbook that provides an overview of the process, step-by-step instructions on facilitating a Dotmocracy session, resources and examples. A Dotmocracy session is similar to focus groups but also provides you with more visual and numerical data.

<http://dotmocracy.org>

HAMILTON'S AGE-FRIENDLY COMMUNITY EXPERIENCE

Collaborating with Partners to Develop a Strategy

What has Hamilton done?

The Hamilton Council on Aging (HCoA) was established in 2006 to improve the lives of Hamilton's older adults through a collaborative network of individuals and organizations. The HCoA has worked to implement some of recommendations including increasing walkability and accessibility of retail centres as well as raising awareness of various services and financial entitlements. One such development was the implementation of workshops in 2012 to assist older adults in navigating the Hamilton Street Railway (HSR), Hamilton's Public Transit System.

Hamilton demonstrates the benefits of collaborating with community partners to develop optimal strategies to create a more age-friendly community. Such partners include the United Way Burlington & Greater Hamilton, the Social Planning and Research Council of Hamilton, the Mayor's Senior Advisory Committee, the Hamilton Centre for Civic Inclusion and representatives from Public Health, the City of Hamilton's Community Services, and academics, researchers and students. The City of Hamilton in partnership with the Collaborative is working to develop a seniors' strategy for Hamilton.

How did Hamilton get there?

2006: Hamilton Council on Aging (HCoA) was established

2010: Released report "Hamilton: A City for ALL Ages" with 92 recommendations to enhance the social and built environments

2009: Established the Age-Friendly Advisory Committee with a grant from the Ontario Trillium Foundation. Conducted a focus group to engage the senior community.

2011: Companion report by the Social Planning and Research Council of Hamilton on "Profile of Vulnerable Seniors in Hamilton"

2012 – Present: Developing the Hamilton Senior's Strategy

Implementation of workshops to help seniors understand transportation services

What are Hamilton's next steps?

Next steps include focusing on increasing the age friendliness of Hamilton's public transportation system and connecting older adults from diverse ethno-cultural communities to community services and opportunities for life enrichment.

To learn from other community experiences, visit http://afc.uwaterloo.ca/community_stories.html



SECTION 5: CUSTOM NEEDS ASSESSMENT

At this point, you have probably collected some helpful information from existing sources, focus groups and interviews. However, a key strategy to achieving meaningful, long-term change is to base your action plan on detailed evidence collected from a complete range of community stakeholders, particularly older adults, caregivers and service providers.

Taking a grassroots approach, any community can create a custom needs assessment designed for their unique set of circumstances, with questions addressing local realities. By completing four tasks, you will be able to select specific questions for your assessment from the existing AFC and QoL surveys ([described in Appendix III](#)). The guide has also categorized these questions using the WHO's eight age-friendly dimensions ([see Section 3](#)) so you can find questions related to the priorities you have developed. As a result, the guide provides tips for creating a balanced and thorough assessment, and allows you to create content that meets the unique needs of your community.

Objectives

- Collect more detailed information about age-friendly priorities in your community
- Identify your community's person-environment (p-e) fit

Key skills

- Experience conducting a community needs assessment:
 - community surveys
 - community mapping
 - conducting focus groups
- Basic proficiency with spreadsheet software
- Basic data analysis skills (e.g., data input, calculating averages, making graphs)

Key tasks

- Examine your tool set
- Create a draft list of questions
- Create person-environment question pairs
- Finalize the needs assessment



If your local government is leading or supporting your AFC movement, your efforts will benefit greatly from the experience of municipal staff or town/city councillors. Other successful strategies that committees have used include:

1. Collaborating with a university or college in their community or region. Faculty and students are often looking for ways to integrate their research with meaningful community initiatives, and most will have the skills needed to facilitate a needs assessment.
2. Getting advice and technical assistance from professionals in a relevant field (e.g., teachers, professors or accountants), or from a community-based research organization.
3. Accessing the experience and expertise of AFC committees that have already completed a needs assessment in their community. A shared commitment to the value of the AFC movement has been, and will continue to be, central to its success.
4. Submitting a grant to obtain funding to hire an individual with the skills needed to complete a needs assessment.

Task 1: Examine Your Tool Set

Selecting appropriate research and information-gathering tools — or instruments — is the most important task during the needs-assessment step. A poor fit between a tool and what a community is trying to measure can often hinder data collection. Make sure you are familiar with the concepts you are measuring and the specific context of the community you are evaluating. Review the AFC dimension descriptions in [Section 3](#), paying careful attention to how they relate to issues you may have discussed during your community’s focus groups ([see Section 4](#)). Use these questions to guide your discussion. As you proceed, use your focus group results to list specific issues related to each dimension.

- What AFC dimensions did your community identify as priorities for meeting the goals of your initiative? What dimensions are lower priorities?
- Are there dimensions that do not apply to your community? Are there unique circumstances related to specific dimensions?
- What issues in your community relate to the dimensions you feel are most important?

Next, select the instruments that will form the basis of your custom needs assessment. To do this, use [Appendix II \(AFC and QoL Instrument Comparison\)](#), which compares all 17 instruments in the guide:

- The relative proportion of person-centred and environment-centred questions each instrument contains;
- The level of objectivity of each instrument;
- Whether each instrument focuses more on the built or the social environment.

You will also need the charts in [Appendix III](#) as they relate to the needs-assessment comparison and present a more detailed summary of instruments. They include surveys that measure Quality of Life (QoL) and nine surveys that measure a community’s age-friendliness. Along with each chart, you will also find a description of the instrument that summarizes its strengths, weaknesses and details about its creation and use.

A close examination of many AFC and QoL instruments reveals that AFC instruments emphasize the measurement of community resources (environment-centred) while QoL instruments focus more on individuals’ abilities (person-centred) ([see Appendix II](#)). As a result, this guide includes both types of instruments to enhance your ability to create a needs assessment that accurately identifies gaps in your community’s p-e fit.

There are no set rules for selecting instruments for your custom needs assessment. The goal is to identify which of the instruments are strongest (measured in the total number of questions) in the dimensions you prioritized during your focus groups. This will give you access to the greatest range of questions that focus on your community's needs. Once you have selected the instruments, note each instrument name for future reference. You may also want to consider the following recommendations:

- Select four to six instruments to start. Different instruments contain similar questions and choosing to go through each one will not necessarily yield a better result.
- Choose a set of questions that can help you determine your community's p-e fit. This is critical to finding the gaps in your community's age-friendliness. Since the QoL and AFC instruments focus on persons and environments respectively, you will find it helpful to select several instruments of each type.
- Come back to explore other instrument options if you feel you need to expand or fill in any gaps. The instruments you select now are just a starting point.
- Take note of the fact that some instruments' creators do not allow you to reproduce their content, or only grant access to their content at a cost. You may need to commit extra time or money to gain access to them. The instrument descriptions ([Appendix III](#)) will tell you whether the questions are freely available.

RESOURCES

Section 3: A list of dimension definitions

Appendix III: Graphs summarizing the strengths and weaknesses of existing instruments based on the AFC Dimensions

Task 2: Create a Draft List of Questions

By creating a short list of instruments, you have taken the first task in developing a set of initial questions that will ultimately become your community's AFC needs assessment. Review these instruments and select relevant questions that match your identified priorities. These steps will result in an instrument uniquely suited to the needs of your community.

On the University of Waterloo website (www.uwaterloo.ca/env/finding-the-right-fit) you will find a downloadable Excel file containing questions and their recommended responses from most of the QoL and AFC instruments in [Appendix III](#). If you have engaged

the community to establish priorities and issues, you are ready to use the questions database to start building your needs assessment. Your local priorities and key issues represent the local knowledge in your community. Use them to select questions to make sure your needs assessment is measuring the realities of your community.

The AFC questions database gives access to a range of questions, but does not prescribe what questions you should ask. Its role is to save you the time of crafting questions from scratch, which allows you to spend more time determining what issues need deeper investigation. As you proceed, use the results of your focus groups to gauge the importance and appropriateness of various questions.

	Total # of Questions	Outdoor Spaces and Buildings Questions	Transportation Questions	Housing Questions	Social Participation Questions	Respect and Social Inclusion Questions	Civic Participation and Employment Questions	Communication and Information Questions	Community Support and Health Services Questions
AARP	191	55	60	20	12	6	2	25	11
ADVANTAGE	212	9	22	41	8	17	23	2	49
CASOA	106	3	6	14	10	17	17	4	28
CLEVELAND	194	40	28	40	14	21	15	22	12
HAMILTON	132	65	40	5	7	12	7	11	6
MICHIGAN	225	66	32	34	10	13	10	19	28
RURAL	117	18	19	17	11	8	13	13	17
VITAL	45	8	5	7	1	4	9	1	6
WHO AFC	175	23	33	28	17	14	31	16	14

Choose relevant questions, along with the associated dimension, p-e rating information and so on, from the database. You will use this information in a later step to assess the balance of your needs assessment. You may also find these tips helpful:

- Age-friendliness is about the fit between people and their community environment, so collect questions about both. Consider that older adults’ relationships with their social environments are just as important as their relationships with their physical environments. Try to reflect this when selecting questions about the community. While certain dimensions may be more important to your community, your assessment should also ideally address all eight dimensions.

- The online database contains questions about mental and physical health — try to cover both subjects in your needs assessment.
- The method you choose to survey older adults and other community members will influence the length of your assessment. Consider the table above as a guide to the number of questions to include, but remember that what makes sense in your community will ultimately drive the overall length.

RESOURCES

Questions database: a list of questions from existing AFC and QoL instruments

Task 3: Create Person-Environment Question Pairs

The path to age-friendliness requires a community to find the gaps between its resources (in other words, the environment) and the needs, preferences and abilities of its older adults (in other words, the persons). Your needs assessment must contain a balance of person-centred questions and environment-centred questions in order to identify your community's p-e fit. Two questions are essential:

1. What do older adults need to do, what do they prefer to do and what are they able to do?
2. What resources does the community environment offer and how does it offer them?

Each question you took from the online database during task 2 contains a code that identifies it as a person-centred, environment-centred or fit-centred question. To make sure you can determine your community's p-e fit, pair each of the questions you selected with a relevant counterpart. One exception to this is the fit-centred questions, which already focus on the relationship between persons and their environments. If you included any fit-centred questions in your initial list, you do not need to pair them.

You can use two approaches to developing your person-environment (p-e) pairs:

1. The Needs Assessment Comparison ([Appendix II](#)) illustrates the ratio of person-centred to environment-centred questions contained in each of the 17 instruments included in the guide. Use the graph on page 76 in conjunction with [Appendix III](#). Find an instrument that has a high number of questions in the dimension you are working with, and that also has a high proportion of either person-centred or environment-centred questions.

2. Use the questions database to search for an appropriate match. Task 4 asks you to complete some calculations to examine the balance of your instrument, and these calculations will be easier if you follow this recommendation.

Use the three examples of developing a p-e match on the following page as a guide to writing your own matching questions. If you need more examples, refer to the questions database to see how person-centred and/or environment-centred questions are generally worded. You should store these new questions on a separate sheet.

RESOURCES

Section 3: A list of dimension definitions

Appendix III: Graphs summarizing the strengths and weaknesses of existing instruments based on the AFC Dimensions

Thinking about Audience

As you craft your needs assessment, reflect on the questions you are including and who can provide the most helpful information — older adults and others in your community.

BRANTFORD'S AGE-FRIENDLY COMMUNITY EXPERIENCE

Succeeding Through Providing a Forum for Open Communication

What has Brantford done?

Through the support of volunteers, grants and in-kind donations, Brantford has developed a Master Aging Plan, an Implementation Plan and is currently implementing its recommendations. Funding was used to focus on the needs of the community. The needs were identified through focus groups conducted across the City and Brant County that helped with developing key informant interviews, a community demographic profile, and several planning sessions. Separate sub-committees on housing and transportation explored the needs of Brantford's older adult populations. A transportation subcommittee survey assessed the community's current resources and transportation capacity and explored key service partnerships to use existing transportation resources more efficiently. Two housing forums have opened the lines of communication about accessible and appropriate housing. These are part of the City of Brantford's broad community engagement campaign involving older adults, city staff, caregivers and members of the local development community. The aim is to clarify, from the perspective of older adults, what constitutes locally appropriate housing design.

Key initiatives include a new bi-weekly column in the Brantford Expositor featuring interviews with older adults and a series of wellness meetings to help bring independent seniors together to learn about health and wellness in Brantford and become better informed on the various community supports available. As a result of the needs assessments, strategies have been implemented to help move Brantford towards becoming an age-friendly community.

How did Brantford get there?

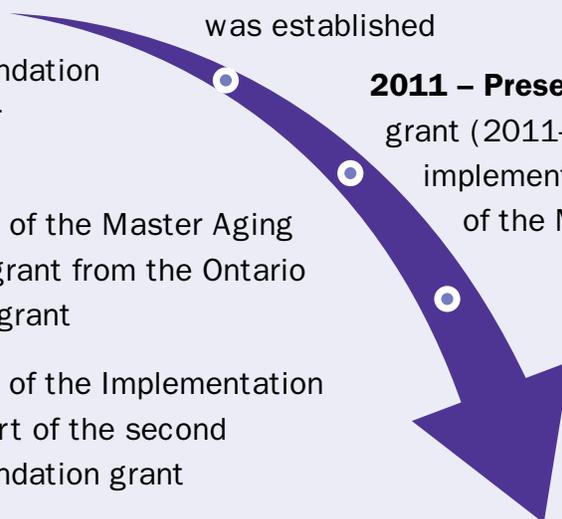
2007: Proposal submitted to the Ontario Trillium Foundation to develop a Master Aging Plan

2008: Development of the Master Aging Plan (MAP) with a grant from the Ontario Trillium Foundation grant

2009: Development of the Implementation plan with the support of the second Ontario Trillium Foundation grant

2010: Grand River Council on Aging (GRCOA) was established

2011 – Present: A third Trillium Foundation grant (2011–2013) supports overseeing the implementation of the recommendations of the Master Aging Plan



What are Brantford's next steps?

Brantford's AFC planning experience has led to one key conclusion: the need to look beyond 'age' as a determinant of appropriate action. If the focus is placed more on an individual's functional capacity and social capital, it becomes possible to not only generate more effective solutions, but to generate solutions that benefit people at all stages of the life course.

To learn from other community experiences, visit http://afc.uwaterloo.ca/community_stories.html

EXAMPLE 1

Start with a person-centred question from the LEIPAD instrument:

1. How much do your feelings of anxiety (if any) stand in the way of doing the things you want to do?

Create an environment-centred question to complete the pair:

2. Is there a program in your community designed to help older adults cope with feelings of anxiety that might be unique to an older adult?

EXAMPLE 2

Start with an environment-centred question from the AARP instrument:

1. Does the community have a regulation about snow removal from the sidewalks?

Create a person-centred question to complete the pair:

2. Do you have any difficulties getting around in the winter because sidewalks have not been cleared of snow?

EXAMPLE 3

Start with a person-centred question from the WHO QOL instrument:

1. How satisfied are you with the conditions of your living place?

Create an environment-centred question to complete the pair:

2. Does your community have a program to help seniors with home repairs and modifications?

AN EXAMPLE OF WHY P-E FIT IS IMPORTANT

A community has reached a consensus and decided to use an existing AFC instrument to collect data. The chosen instrument has a strong focus on health, which focus groups identified as a priority area. After committing resources to distributing the instrument, the community has reached a representative sample of questions. During analysis, however, it realizes that much of the data is not well suited to specific recommendations for changes in the community.

For example, while they now know that over 80 per cent of older adults in the community feel isolated and lonely, they did not ask what social events are offered for older adults or why they are not attended. Likewise, the assessment found that many mental health programs in the community deal with depression, but older adults were not asked whether depression affected their QoL. Simply put, the community failed to identify the fit between its resources and the needs of its older adults.

At this point, the community has two options. It can write its action plan with the existing evidence, making arbitrary recommendations, or it can spend more time and resources to go back and collect the data it needs to fill in the holes in the evaluation. Neither of these options is desirable to a community that wants to make meaningful change, but has limited human and financial resources to do so.

Fortunately, you can avoid this situation by developing a needs assessment that you have carefully crafted to identify a proper personenvironment fit.

Task 4: Finalize the Needs Assessment

Before starting this step, let's review what you have accomplished thus far:

- You have used the discussions from your community's focus groups to identify those instruments that served as the foundation for your custom needs assessment.
- Using these instruments, you consulted the questions database and created an initial list of questions tailored to the circumstances and interests of your community.
- You paired all of the questions in your initial list with their p-e fit counterpart and enhanced the capacity of your assessment to find the gaps in your community's age-friendly infrastructure.

You now have a complete list of questions that resembles a custom-built AFC needs assessment. However, you still need to evaluate your needs assessment before collecting data in your community. Consider the following steps:

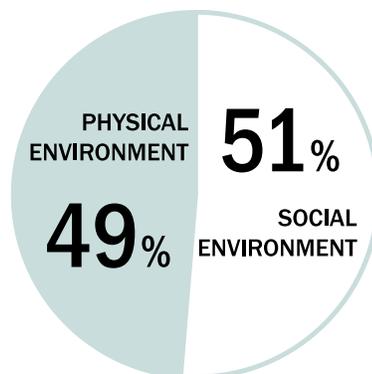
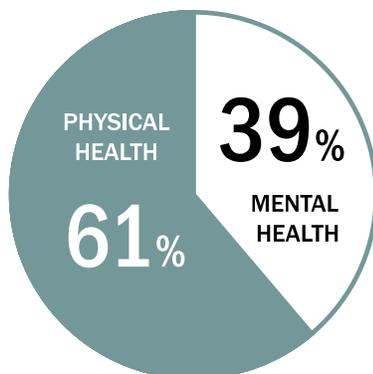
Evaluate the Instrument's Balance

As [Section 1](#) discussed, many interrelated issues related to age-friendly dimensions (as covered in [Section 3](#)) affect the lives of older adults. Evaluate your needs assessment for a balance of:

- Questions covering each of the eight dimensions;
- Questions about mental and physical health;
- Questions about the social and physical environment.

The guide helps arrive at a balance of questions by coding each question in the database according to these factors. If you copied these codes into a spreadsheet, calculating a few quick totals can tell you how balanced your instrument is. To do this, you should base all of your calculations only on your draft questions list — the questions you had before completing your p-e pairs. You don't have to include questions you added during p-e pairing because omitting them will not affect the outcome. Review these suggestions and the graphs below that illustrate the common balance of these factors in the instruments that you have selected. If you feel your needs assessment is unbalanced, use the resources in the previous steps to add or replace questions. Keep in mind:

- No AFC instrument contains a perfect mix of questions and your assessment should reflect the unique priorities of your community.
- Unless you have an explicit reason not to do so, represent each of the eight dimensions in your final product.
- The dimension codes associated with each question that you copied into your spreadsheet will help you calculate the number and proportion of questions for each dimension. You can use these proportions, calculated from the existing AFC instruments that this guide contains, as a rough reference.



Low-Priority Dimensions:

Four to nine per cent of the total questions in one instrument.

Medium-Priority Dimensions:

Ten to 17 per cent of the total questions in one instrument.

High-Priority Dimensions:

Eighteen to 35 per cent of the total questions in one instrument.

Pretest Your Assessment

Before you are ready to collect data, make sure to review your assessment for important questions or areas that may need clarification. Review the strengths and weaknesses of your assessment with several members of the final audience before collecting data. This process — called pretesting — is one of the most critical checks in a well-designed instrument:

- Select a pretest group that reflects all subgroups that you might ultimately collect data from (e.g., older adults, caregivers, service providers). Consider recruiting participants from the list of individuals who participated in the focus groups in your community.
- Identify individuals who are not currently aware of the AFC initiative, since most individuals in your final sample will likely fit this category.
- Test your assessment with this small group of participants (approximately five to 10 per cent of your final sample) and then discuss opportunities for improvement.

The following resources contain a great overview of the pretesting process and can help you determine what you need to ask to achieve a clear and comprehensive final assessment.

SPSS - 13 important tips to help you pretest your surveys, available on the University of Guelph's website: <http://www.htm.uoguelph.ca/MJResearch/ResearchProcessPretestingTips.htm>

Designing Surveys: A Guide to Decisions and Procedures (Authors: Czaja & Blair).

RESOURCES

Appendix II: a chart comparing 17 AFC and QOL instruments based on their person-environment balance and objective-subjective balance

Questions database: a list of questions from existing AFC and QOL instruments

Appendix IV outlines a process for completing a descriptive analysis of your needs assessment. If your needs assessment includes a set of questions about older adults' "Independence and Life Satisfaction," it may be possible to examine how much the other dimensions contribute to this outcome. **Appendix IV** contains references to additional materials.

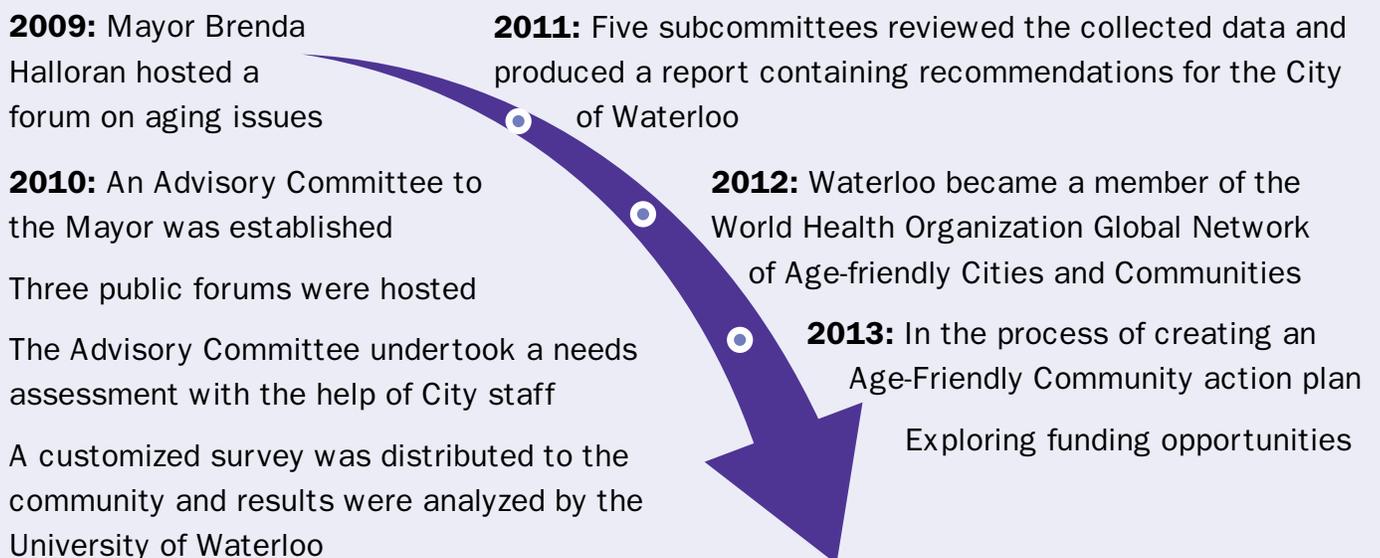
WATERLOO'S AGE-FRIENDLY COMMUNITY EXPERIENCE

Amplifying Strengths and Addressing Weaknesses

What has Waterloo done?

One important highlight of Waterloo's age-friendly initiative has been the creation of a comprehensive and representative needs assessment. Through a number of public forums and a customized survey produced by the University of Waterloo, the City gained an intimate understanding of its level of age-friendliness. This has led the Advisory Committee to point out that *"recognizing and building on existing strengths is as important to community improvement as a willingness to examine and discuss weaknesses"*. Waterloo's strengths include pleasant public areas, meaningful volunteer opportunities, and diverse, convenient, and affordable social events. The City plans to address concerns about housing affordability, high curbs, and a lack of outreach to socially isolated seniors.

How did Waterloo get there?



What are Waterloo's next steps?

The Advisory Committee will continue to develop an Action Plan. It then anticipates submitting it to council for approval, implementing the plan, and eventually evaluating its results. As a member of the WHO Global Network of Age-friendly Cities and Communities, Waterloo is required to demonstrate continual improvement. As such, Waterloo will continue to assess the needs of its residents and respond to those needs, in the pursuit of becoming more age-friendly.

To learn from other community experiences, visit http://afc.uwaterloo.ca/community_stories.html



SECTION 6: DEVELOPING AN ACTION PLAN

Once you have completed your analysis and established priorities for action, this guide can direct you through the task of creating an AFC action plan.

The action plan should be a stand-alone document that can supplement existing policies that may be included in other local plans (for example, the BC Union of Municipalities' report: Planning for the future: Age-friendly and Disability-friendly Official Community Plans (www.ubcm.ca/assets/Resolutions~and~Policy/Policy/Healthy~Communities/Planning%20for%20the%20Future.pdf)). Your action plan should:

- **Link your vision to practical strategies:** Carry the momentum you have developed and turn it into recognizable progress.
- **Be realistic:** Write your plan to be complementary and compatible with key local decision-making processes, rather than expecting these processes to adapt to the needs of the plan.
- **Group content:** Order your strategic actions using the AFC dimensions you used in your community evaluation. Using these eight dimensions to structure your action plan ensures that a comprehensive set of strategies is developed and offers continuity to the process.

Objectives

- Collect more detailed information about age-friendly priorities in your community
- Identify your community's person-environment (p-e) fit

Key skills

- Data analysis/mapping
- Project management
- Communications/presentation
- Team building/networking
- Report writing

Key tasks

- Analyze your needs assessment data
- Identify specific strategies that address the gaps identified by your needs assessment
- Compile strategies into an action plan with specific goals and objectives



The key to creating a successful action plan is to think ahead to the eventual implementation of the plan ([see Strategic Actions section below](#)). Having access to someone who is experienced with action planning would be an asset, but the most important resource at your disposal at this point is the experience and connections your steering committee has developed. Keep the following in mind:

- Having your municipal council officially adopt your action plan will increase the likelihood that key strategies will receive continued attention from the community.
- Implementing many strategic actions (for example, improving older adults' access to transit) requires involving specific municipal departments, service providers and community organizations. Involving these stakeholders in developing the plan generates their commitment and puts the proposals of your action plan on a practical and feasible grounding. Your municipality could integrate elements of the action plan into other key municipal plans, such as official plans, secondary plans, housing strategies, transportation and transit master plans, urban design guidelines and street designs.
- Involve stakeholders (well-known local members of the business community and other community leaders) in the action planning process. Rallying support in the community means your age-friendly resolutions will have more support when you place them before city/town council.

- Prepare for the council vote. Schedule a deputation — a presentation — to council, focusing on the benefits of age-friendliness to the community as a whole.

Action Plan Elements

The foundation for your action plan ought to be the guiding principles and vision statement you developed during the Defining Local Principles phase of your initiative ([Section 4](#)). Using this vision statement, translate conceptual ideas into practical action:

- **Define** the look, feel and function of key elements in your community if it were the ideal place for older adults to live.
- **Connect** your action plan’s guiding principles to measurable, concrete AFC objectives.
- **Frame issues** in a way that allows you to monitor the progress in your community once the plan is implemented.
- **Directly relate** to one of the key elements described in your vision statement.
- **Focus** on discussing the issues in a single AFC dimension, and link related issues from several dimensions.
- **Emphasize implementation** by ensuring that any action is proposed and presented in a measurable form using quantitative or qualitative measurements of progress.

The City of Edmonton’s **Vision for an Age-Friendly Edmonton** is an example of an action plan that is based on an explicit set of shared principles.

To ensure that readers of your action plan can easily interpret the overall message in the context of the local community, provide an age-friendly community profile ([Section 4: Create an Age-Friendly Community Profile](#)) in your action plan. In this version of the AFC profile, you may want to outline some of the key developments that have occurred since your initiative started.

The following elements describe the most common pieces of information included in a community profile about existing action plans:

- **The Past:** What has the community done to support the needs of older adults?
- **The Present:** How age-friendly is the community?
- **The Future:** Where will it be demographically in the future?

The Past

Describing what a community has accomplished is an important element for a complete action plan (such as planning initiatives, policy developments, research reports, community milestones). Your action plan should discuss:

- Key community partnerships and individual champions that carried the initiative;
- Primary research sources for creating the action plan and related funding;
- Any key secondary data sources that the action plan was based on;
- The processes you followed to conduct focus groups and the community-wide needs assessment, including the sampling approach that you used;
- An overview of the sample you obtained during focus groups and the needs assessment;
- Key limitations to the methods that you used.

The planning process section in Brantford's **Master Aging Plan** offers a detailed example of how you might organize and present a community's historical aging profile.

Link relevant community statistics with focus-group statements from older adults. Interviews could also supplement this testimonial information. The goal is to illustrate a routine day for an older adult in the community, highlighting aspects that bring enjoyment to his or her life and those that might be a barrier to independence. A socio-demographic cross-section of the community should supplement this individual testimony. A profile should measure older adults' living arrangements, health, income, ethnicity and culture in addition to the obvious measures of age and gender. See chapter eight of Hodge's *The Geography of Aging: Preparing Communities for the Surge in Seniors*.¹⁶

A good community profile will include an overview of the current community environment, with a focus on describing the physical and social environments and programs and services that are essential to the daily lives of older adults. To communicate this information clearly and to explore the geographic distribution of these aspects within your community, you may want to map statistical indicators at a neighbourhood scale (for example, census tracts).

Cockburn, **Australia's Age-Friendly Strategic Plan** (www.cockburn.wa.gov.au/templates/template48/frame2.asp?url=/Your_Council/Corporate_Strategic_Plans/1846-2009_agefriendly_strategic_plan_adopted_june_09.pdf&EventID=1846&TemplateID=48) and Mississauga's **Older Adult Plan** (http://www.mississauga.ca/file/COM/Old_Adult_Report_1.pdf) include profiles of existing "Older Adult Programs, Services, and Facilities." The Mississauga example introduces the concept of an "older adult cluster: a concentration of senior-oriented facilities and services in a limited geographical area that is accessible by car and transit and within which walking is feasible" (http://www.mississauga.ca/file/COM/Old_Adult_Report_1.pdf).

The Future

The goal of your plan is to produce not only short-term, but also long-term strategies to enhance older adults' quality of life (QoL). Ideally, you would include the factors described above in a socio-demographic projection of your community. Unfortunately, accurate projections for all of these indicators may not be readily available for all communities (for example, living arrangements), may be impractical to create in others (for example, health) and could be expensive to obtain in many cases. Still, understanding the future demographics in your community is vital to creating a proactive plan. Projections should include likely age, gender, income and ethnicity distributions at five-year, 10-year and 20-year horizons.

LONDON'S AGE-FRIENDLY COMMUNITY EXPERIENCE

Staying on Track with the Support of a Global Network

What has London done?

In 2012, City Council approved a Three Year Action Plan for an Age-Friendly London. More than 500 residents were consulted in the creation of the Plan. Implementation began in 2013, and improvements already made include the installation of countdown timers on crosswalks, improved readability of street signs (starting with those at major intersections), and the advertisement of the London Transit Commission's "Get On Board" program - which provides education on how to use the city's bus system - to seniors' groups.

How did London get there?

2010: London became the first Canadian municipality to join the World Health Organization's Global Network of Age-Friendly Cities and Communities

2012: Representatives of the Task Force presented the Action Plan to London City Council, where it was unanimously endorsed

2013: The Age-Friendly London Network was established to implement the Action Plan

2011: London City Council created the Age-Friendly London Task Force

The Task Force reviewed demographics and existing services, developed a vision and strategies, and underwent extensive consultations with organizations and individuals in the community. This nine month process ultimately led to the creation of a Three Year Action Plan to achieve an Age-Friendly London



What are London's next steps?

London will continue with its implementation of the Three Year Action Plan, improving quality of life for the city's residents. There are many more improvements planned, including the creation of a "check-in" service for isolated seniors and the development of a recognition program for older adult volunteers. As a member of the WHO Global Network of Age-Friendly Cities and Communities, London is committed to undertaking a process of continually assessing and improving the age friendliness of the community and ensuring that older adults are involved throughout the process in a meaningful way.

To learn from other community experiences, visit http://afc.uwaterloo.ca/community_stories.html

CAMBRIDGE'S AGE-FRIENDLY COMMUNITY EXPERIENCE

Engaging the Community to Develop a Customized Plan

What has Cambridge done?

A survey conducted in Cambridge found that residents appreciated the existing easy-to-read signage, available outdoor parks and spaces, plenty of volunteer opportunities and general show of respect for older adults. Cambridge has worked together with its older adults and service providers to assess the needs of the community and put forth 5 key areas for community improvement as seen below:

- Housing – Particularly affordable, accessible options where individuals feel safe and have the supports to successfully age in place
- Transportation – Improving public transportation so that car access or ability to drive are not a barrier to maintaining a high quality of life
- Community Health Services and Support – Access to quality health care and home supports to enable active aging and aging in place
- Respect and Social Inclusion – All residents should be able to participate fully in society, without facing barriers due to age
- Communication and Information – Information should be readily accessible in a variety of ways, it should “come into the hands” of older adults.

The needs were discussed through forums and focus groups to create the foundation of the Cambridge action plan.

How did Cambridge get there?

2010: 2010 Poverty Symposium entitled “Moving Towards an Age Friendly Community”

Early 2011: Received a New Horizons Seniors Program grant to conduct a community needs assessment on local service delivery to determine gaps in availability, accessibility and awareness of services and programs

Conducted an environmental scan on existing services and their delivery

Findings and recommendations presented in a report shared with the local community

End of 2011: Committee Formation began on the Cambridge Age-Friendly Action Plan based on the framework developed by the World Health Organization. The plan was supported through an Ontario Trillium Foundation grant

2012: Conducted events to engage the Cambridge community including:

Community Forum (November 2012) – community dialogue and learning opportunities about seniors housing and aging in place

Community Consultation (December 2012) – prioritized the top 3 recommendations and developed a suggested timeline

2013: Action Plan presented in March 2013. Action plan has begun implementation

What are Cambridge’s next steps?

Implementation of the Action Plan has begun starting with the establishment of an ombudsman to help with health and social supports and access to information.

To learn from other community experiences, visit http://afc.uwaterloo.ca/community_stories.html

Strategic Actions

There is a big difference between the development of an action plan and the final adoption of the plan. Since you will be seeking official recognition from a municipal or regional council, balance visionary solutions with a plan that is practical within the local socio-economic context. Only through collaboration, using creativity and insight, can you strike this balance.

The **Five-Part Process** technique involves developing strategies to make your action plan a reality. This technique has an established history in the field of strategic planning and extends the process for identifying and prioritizing issues for your action plan

(see Appendix IV for further detail). Taken together, the strategies you develop through this process will be some of the most important contributions to the AFC planning process, as each strategy will link the goals of the initiative to the changes that are required in the local environment.

These five questions are directly adapted from Bryson's Five-Part Process strategy model. Have your steering committee address the following questions about each strategic issue as prioritized in the needs assessment (see Appendix IV):

1. What are the practical alternatives we might pursue to discuss this strategic issue?
2. What are the barriers to realizing these alternatives?
3. What major proposals might we pursue to achieve these alternatives directly or to overcome the barriers to realizing them?
4. What major actions (beginning with existing staff working within job descriptions) should you take in the next year, two to three years and five years to implement the major proposals?
5. What specific steps should you take in the next six months to implement the major proposals, and who is responsible for each step?

Ask the second question to anticipate and limit challenges you may face when implementing your plan. It will help broaden the range of potential alternatives as you approach step three, which can lead to options that you might not have identified otherwise.

Ask the fourth and fifth questions to help identify the specifics for implementing your plan. They will help frame how you could implement each alternative. Answer these questions by consulting with any relevant local partners — including them will help establish what is practically possible within the limits of your community's resources.

Be as specific as possible when addressing the final question. When determining who will be responsible for implementing various strategies in your plan, find out what person or group of persons 'personally care' about the issue of AFC. If you cannot identify such a person or group, you may need to look at different partnerships. Remember, in any strategic exercise, people (not organizations) are at the centre of change.

Finally, to make sure that the strategies discuss all of the objectives you identified for your initiative, link each strategy back to the AFC objective(s) it serves and ask about any gaps, conflicts or options for mutual benefit. The way you organize these implementation elements in your action plan depends on your local context. Remember that the final design of your document can be an asset to ensure your message comes through clearly.

TORONTO'S AGE-FRIENDLY COMMUNITY EXPERIENCE

Towards An Age-Friendly City

What has Toronto done?

On May 7, 2013, Toronto City Council unanimously adopted the Toronto Seniors Strategy. Building on existing City work, available research, community consultations and proven best practices, the Toronto Seniors Strategy recommends 91 actions that are practical, achievable, measurable and linked to specific outcomes. To ensure alignment with the efforts of other communities in Canada and around the world, the Strategy was organized according to the WHO framework for age-friendly cities. The City brought together key stakeholders and initiated a multi-lingual consultation process to initiate improvements in a number of areas including:

- staff training on best practices for communicating with vulnerable older adults;
- expanding the Community Paramedicine program;
- lengthening intersection crossing times; and
- developing senior-friendly public education for homeless, at-risk and low income older adults, their families and caregivers, among many others.

How did Toronto get there?

2011: Council directed staff to develop a Seniors Strategy

2012: Public Consultation and Expert Panel Roundtables

Staff conducted demographic research, analysed the implementation of previous City report recommendations, reviewed best practices and developed actions with the participation of 17 different City agencies, divisions and corporations

2013: Council unanimously adopted the Toronto Seniors Strategy. The Strategy aligns with the WHO, the Government of Ontario's Action Plan for Seniors and Dr. Samir Sinha's recommendations to the Minister of Health and Long-Term Care on the development of an Elder-Friendly Ontario

What are Toronto's next steps?

The City began implementing the 91 recommended actions immediately upon Council approval. Each recommended action includes a time line, a lead City program area responsible for implementation, and a measure by which to monitor the progress of implementation going forward. The Strategy's accountability and monitoring framework commits to working closely with community partners to support implementation. An initial progress report will be delivered to the new term of Council.

To learn from other community experiences, visit http://afc.uwaterloo.ca/community_stories.html



SECTION 7: IMPLEMENTATION AND EVALUATION

The goal of the process thus far has been to explore and embrace the unique character of your community. Regardless of which strategy you implement once you have completed your action plan, this guide assumes that it will be the first of many projects. A thorough evaluation of the action plan increases the likelihood that the plan (and the evaluation results) will influence future decision-making. This section highlights some helpful objectives to guide you through your evaluation process.

Among many evaluation frameworks, Patton's Utilization-Focused Evaluation' (U-FE) framework has a rich history within the field of evaluation and has been adopted by private companies and public organizations around the world.¹⁷

This guide highlights the U-FE framework because it focuses on creating a sense of ownership, credibility and technical confidence among its potential users.

Objectives

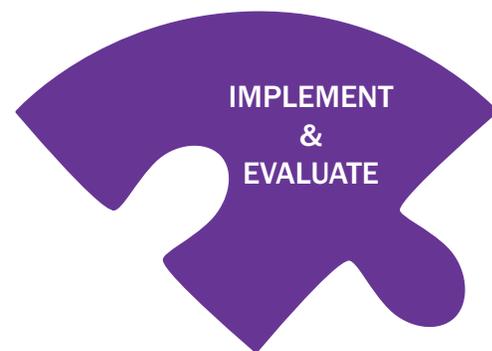
- Identify primary users
- Determine the purpose of your evaluation – summative vs. formative
- Identify methods and measurement
- Interpret findings and make judgments
- Develop future AFC plans
- Improve existing AFC action plan

Key skills

- Utilization-focused evaluation skills
- Research, data collection and data analysis
- Report writing

Key tasks

- Establish a direction for monitoring and evaluating the success of the plan
- Determine an appropriate monitoring mechanism
- Specific goals and objectives



Identify Primary Users

Begin by identifying and bringing together your primary users and stakeholders (staff, administrators, program participants) to share in decision-making about the evaluation. You may find that your primary user is an individual or group already involved in your AFC process, although this does not necessarily mean they will be responsible for implementing the project or program being evaluated. In fact, because implementation of your plan will involve a range of stakeholders, each may only be responsible for implementing one strategy. The body implementing a current initiative may therefore have less interest in evaluation results than a stakeholder responsible for a future project may.

Once you have a completed shortlist, you can narrow the scope of potential users and uses by discussing possible evaluation questions ([see Appendix V](#)). As this discussion unfolds, consider each candidate in light of the following points that have been adapted from Patton's evaluation framework:

- Primary users want to answer evaluation questions and care about the answer.
- Primary users want to answer the evaluation questions for themselves, not just someone else.
- Primary users can indicate how to use answers to the evaluation; they can specify the relevance of answers for action.

Determine the Purpose of Your Evaluation — Summative vs. Formative

Before an assessment of the action plan can start, both the evaluator and affected stakeholders need to determine the purpose of the evaluation (for example, goals, program implementation).

Both *summative* and *formative* evaluations can be used.

Evaluation throughout Implementation (Formative)

The purpose of a formative evaluation is to assess initial plan goals and *ongoing* plan activities. The purpose of a summative evaluation is to assess the quality and effect of the plan *after* it has been fully implemented.¹⁸ Perform a formative evaluation using the following:

- **Checklists:** A simple yet effective reporting strategy to municipal council to demonstrate that priority action items set out in the plan — such as developing resources to inform older adults and their families about housing options — have been fulfilled or are in progress according to the plan’s implementation schedule.
- **Focus groups:** Speak with older residents of your community in a small meeting to gauge their awareness of, and opinions about, age-friendly initiatives that result from your action plan.
- **Needs assessment:** Use the needs assessment again to gauge whether your community’s social and physical resources have changed since the first time you conducted the needs assessment.

Evaluation of Quality and Effect After Implementation (Summative)

A summative evaluation uses the same methods (focus groups, needs assessment) and asks the same questions as a formative evaluation, but it takes place after the plan’s time period has ended.¹⁹ In addition to the questions you asked during focus group discussions and the needs assessment, use a summative evaluation to address the following general questions:

- Did the action plan meet its goals for change or effect?
- Which plan components were most effective? Which components need improving?
- Were the results worth the cost of particular age-friendly strategies and programs?
- Can those strategies and programs be sustained?

Your AFC movement will involve innovations in built and social environments and adaptations to projects that already exist. Whether you follow a summative or formative evaluation method, you must involve the potential user of the evaluation data at every stage of developing the evaluation. [See Appendix V](#) for more detailed information on conducting summative and formative evaluations.

Identify Methods and Measurement

The third part of the U-FE process involves identifying methods and measurements and making design decisions. Your AFC committee will consider a range of possibilities:

- Using qualitative versus quantitative data;
- Using selective or random sampling strategies;
- The degree to which the data collected provides insights into issues/problems (depth) or allows you to make generalizable statements (breadth);
- Threats to the validity and usefulness of the data.

Ultimately, the overriding concern will be the usefulness of the data you collected. In other words, will results obtained from alternative methods be accurate, cost effective and useful?

Interpret Findings and Make Judgments

Once you have collected and organized data for analysis, invite the intended users to actively and directly interpret results and provide recommendations.

DRYDEN'S AGE-FRIENDLY COMMUNITY EXPERIENCE

Implementing Community-Supported Change

What has Dryden done?

Dryden's Age-Friendly Network is continually looking for innovative ideas to expand upon services within the community. By forming partnerships to work beyond the boundaries of any one organization, the network has been able to creatively address service gaps, improving access to services and quality of life for seniors and caregivers in Dryden. Many improvements have already been made, including:

- The Creation of a Community Service Guide which supports seniors during health transitions, such as the move from hospital to home or vice versa. This innovation was recognized as a leading best practice by Accreditation Canada
- Hosting education sessions targeting caregivers and seniors
- The creation of an Anishenaabe Community Liaison who supports First Nation community residents through health transitions and with traditional health teaching
- The opening of Outreach Nurse Practitioner Clinics with evening hours, which service supportive housing units, long-term care facilities, and First Nations communities
- Expanding the use of Telehealth Ontario in supportive housing and long-term care facilities to reduce ER visits
- The establishment of a regional caregiver support network through Telehealth Ontario

Dryden has risen to the challenge of creating an age-friendly community by establishing true partnerships that have successfully advanced collaborative care with a senior/caregiver focus.

How did Dryden get there?

2009: Dryden Age Friendly System Integration Group/Network was initiated

Patricia Region Senior Services and Dryden Area Family Health Team formed a partnership under a Community Living IADL investment in Dryden

Senior and caregiver survey completed

First senior and caregiver learning series. Continued each year since its inception

2010: Developed a strategic plan

Released a Senior and Caregiver Community Directory

2011: Ontario Telehealth Network proposal submitted and funded

Patricia Region Senior Service Tub room submitted and funded as supportive housing expansion into the community

2012: Patricia Region Senior Service and Grace Haven Adult Day program service integration

2013: Supportive Housing Physiotherapy Program proposal submitted and funded for falls prevention

What are Dryden's next steps?

The Age-Friendly Network and Steering Committee will continue to meet and concentrate on barriers and gaps in care, providing solution-focused programs and services. Community partners are currently working on senior isolation, palliative care/end of life care, and volunteerism initiatives.

To learn from other community experiences, visit http://afc.uwaterloo.ca/community_stories.html

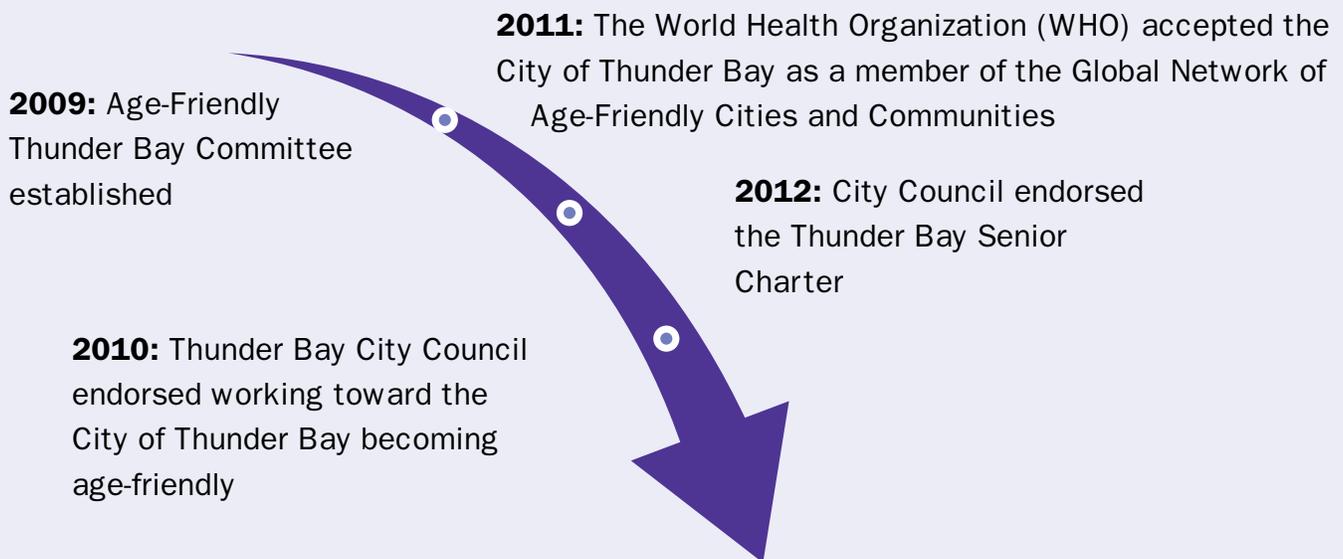
THUNDER BAY'S AGE-FRIENDLY COMMUNITY EXPERIENCE

Revisiting Plans to Stay On-Track

What has Thunder Bay done?

In their strategic planning framework, the Age-Friendly Thunder Bay Committee stated that one of their goals was “To ensure the sustainability of Age-Friendly Thunder Bay by continuing its organizational development process.” The goal is further explained to continually clarify policies, proposals and roles that are involved in the AFC process. This sustainable mentality has led to the ongoing success of Thunder Bay’s age-friendly plans such as establishing themselves as a member of the World Health Organization’s Global Network of Age-Friendly Cities and Communities. Thunder Bay has many age-friendly features, including a respectful attitude toward seniors, access to pleasant places for walking, numerous volunteer opportunities, and many cultural events and activities.

How did Thunder Bay get there?



What are Thunder Bay’s next steps?

The Age-Friendly Thunder Bay Committee has received funding from the Ontario Trillium Foundation for a project that focuses on promoting and marketing the age-friendly concept in the community of Thunder Bay. This has resulted in the development and implementation of an age-friendly business toolkit, intergeneration education modules and a public awareness campaign.

For more information, please visit <http://cerah.lakeheadu.ca/>



APPENDIX I: RESOURCES

Key Resources

University of Waterloo – Questions Database

www.uwaterloo.ca/env/finding-the-right-fit

New Horizons for Seniors Program:

www.hrsdc.gc.ca/eng/community_partnerships/seniors/index.shtml

City of Brantford Master Aging Plan:

www.brantford.ca/govt/projects/Pages/MasterAgingPlan.aspx

Older Adult Project:

www5.mississauga.ca/rec&parcs/websites/oldadult

Ontario Trillium Foundation:

www.otf.ca/en/index.asp

The Council on Aging of Ottawa:

www.coaottawa.ca

Dotmocracy:

www.dotmocracy.org

MAREP AFC Website:

<http://afc.uwaterloo.ca/>

Hamilton Council on Aging:

www.coahamilton.ca

AdvantAge Institute:

www.vnsny.org/advantage/index.html

Open Space World:

www.openspaceworld.org

Vancouver Protocol:

www.who.int/aging/publications/Microsoft%20Word%20-%20AFC_Vancouver_protocol.pdf

Constellation Collaborative:

<http://socialinnovation.ca/blog/constellation-model-of-collaborative-social-change>

EnAbling Change Program:

www.mcass.gov.on.ca/en/mcass/programs/accessibility/partnerships/EnablingChange/funding.aspx

Ontario Growth Secretariat:

www.placestogrow.ca

Planning By Design: A Healthy Communities Handbook:

www.mah.gov.on.ca/Page6737.aspx

WHO Global Network of Age-Friendly Cities and Communities:

www.who.int/ageing/age_friendly_cities_network/en/index.html

Public Health Agency of Canada – Age-Friendly Communities:

www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php

Canadian Association on Gerontology:

<http://cagacg.ca/>

Canadian Urban Institute:

www.canurb.com

International Federation on Ageing – Age-Friendly World:

www.agefriendlyworld.org

Sources for Funding and Forming Community Partnerships

EnAbling Change Program:

www.mcsc.gov.on.ca/en/mcsc/programs/accessibility/partnerships/EnablingChange/funding.aspx

New Horizons for Seniors Program:

www.hrsdc.gc.ca/eng/community_partnerships/seniors/index.shtml

Partners Advancing Transitions in Healthcare (PATH):

www.changefoundation.ca/about-us/projects-and-partnerships

Ontario Seniors' Secretariat:

www.seniors.gov.on.ca/en/about/partnerships.php

A Guide to Programs and Services for Seniors in Ontario:

www.seniors.gov.on.ca/en/seniorsguide/index.php

Canadian Institutes of Health and Research:

www.cihr-irsc.gc.ca/e/193.html

The Change Foundation:

www.changefoundation.ca

Ontario Trillium Foundation:

www.otf.ca/en/index.asp

Nissan Canada Foundation:

www.nissan.ca/about/responsibility/en/index.html#foundation

Enabling Accessibility Fund:

www.hrsdc.gc.ca/eng/disability_issues/eaf/cfp/index.shtml

Division of Aging and Seniors:

www.phac-aspc.gc.ca/seniors-aines/about-apropos-eng.php

Healthy Communities Fund:

www.mhp.gov.on.ca/en/healthy-communities/hcf/default.asp

Home and Vehicle Modification Program:

www.marchofdimes.ca/EN/programs/hvmp/Pages/HomeandVehicle.aspx

Data Sources

Your community may want to collect its own AFC data information, but you can save time and money by accessing free or low-cost data that other organizations have collected. A community profile should include demographic, geographic, social and economic characteristics of your community if one is not readily available.

Local Data Sources

Your community's website may host useful publications such as strategic plans, reports and studies. Check specific municipal departments' inventory of studies, for example, Planning and Economic Development, Public Works, Public Health and Social Services.

Forming partnerships with different groups in your community is an important part of the AFC process and may enable you to access data someone has already collected or allow you to share the cost of getting such data. Collaborating with local communities, colleges and universities can be very beneficial when it comes to searching for and sharing relevant AFC information, especially if your community is in a rural area or has a small population.

Researchers and other staff within nearby communities, colleges and universities may have information for your AFC movement, can help you collect it, or can give advice about where your community can find such data. They may even already be researching the AFC concept or want to start an AFC research-community alliance (for example, the University of Manitoba). The Community Stories on MAREP's website (<http://afc.uwaterloo.ca/>) — Dryden, Haliburton, Hamilton, Ottawa and Thunder Bay — discuss some of these beneficial partnerships.

Local sources of data include:

Research Data Centres Program:

www.statcan.gc.ca/rdc-cdr/index-eng.htm

The Research Data Centres Program provides university researchers with approved projects access to confidential Statistics Canada microdata from population and household surveys. Research Data Centres are available at most universities in Ontario and are another good reason to form partnerships with your local university, as researchers may be able to assist your community with finding and accessing useful AFC information.

Social Planning Councils

Social Planning Network of Ontario:

www.spno.ca/

Vulnerable Seniors in Hamilton:

www.sprc.hamilton.on.ca/reports/#profile-of-vulnerable-seniors-in-hamilton

Social Planning Councils produce reports that can be useful for your AFC movement. Topics include poverty, older adults, employment and homelessness. They may also be able to direct you to specific sources of information or other contacts.

The Community Data Consortium:

www.communitydata-donneescommunautaires.ca

The Community Data Consortium is a gateway for municipalities and community groups to access local social and economic data from Statistics Canada and other sources. The Consortium is a growing national association of 19 regional data networks that includes most large Canadian cities, with members such as social planning councils, health and family service agencies, school boards, police, non-profit groups and other social development organizations. The Community Data Consortium obtains and disseminates a variety of social data at a preferred rate that enables members to share the costs and benefits of this information, which may have been previously unaffordable. The Consortium's catalogue is free to browse, although only members can download the data. Data from this source may be available through the planning department of your local municipality or through organizations such as the Social Planning Council.

External Data Sources

Statistics Canada:

www.statcan.gc.ca/pub/11-533-x/11-533-x2007001-eng.htm

Statistics Canada produces information on Canada's population, resources, economy, society and culture. Statistics Canada conducts a census every five years in addition to 350 active surveys on various aspects of Canadian life. Most Statistics Canada data are available free of charge, but if there is a particular type or source of information you are looking for, you may have to contact Statistics Canada for assistance with locating that data. For data that is available only for a fee, known as a 'custom request,' a free estimate of its cost and delivery timelines is sent to you for review.

CANSIM:

<http://www5.statcan.gc.ca/cansim/a00;jsessionid=1E55E6CC08BCDB7EE29792C355CCD8C1?lang=eng&mode=aboutCansim>

The Canadian Socioeconomic Information Management System (CANSIM) is an extensive database of time series data on various aspects of Canada's economy and population. It has over 35 million time series that are updated daily and organized into tables that can be downloaded in numerous formats. CANSIM is an easy and cost-effective way to access Statistics Canada data to analyze demographics, track trends, study economic activity, forecast economic conditions, evaluate social conditions and plan programs or services. Some recent CANSIM statistical information is free or available at a low cost. Data are available via a search tool, table directory and subject and survey lists.

Canadian Community Health Survey:

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226&lang=en&d b=imdb&adm=8&dis=2

The Canadian Community Health Survey is an annual cross-sectional survey of information about health status, diseases, lifestyle and social conditions, health-care utilization and health determinants of Canadians. It provides reliable estimates at the regional level as well as health data on small populations and rare characteristics. While some of the Canadian Community Health Survey is available by searching Statistics Canada's website and CANSIM's health tables, more detailed local-level information can be obtained by ordering a CD-ROM of the survey's public-use microdata file, which is available at no cost. The microdata file also has information on the socio-demographic, income and labour force characteristics of the population.

General Social Survey:

www.statcan.gc.ca/pub/89f0115x/89f0115x2009001-eng.htm

The General Social Survey is an annual cross-sectional survey on Canadian social trends. Changes in living conditions and well-being are monitored over time while also providing information on specific current or emerging social policy issues. Topics surveyed can include time use, victimization, family, social support and aging, and education, work and retirement, with specific topics varying from year to year. The General Social Survey is a frequently cited source in the CMHC's Community Indicators for an Aging Population (see below).

Canadian Longitudinal Study on Aging:

www.clsa-elcv.ca

The Canadian Longitudinal Study on Aging is a comprehensive long-term study that will follow roughly 50,000 Canadian men and women between the ages of 45 and 85 for at least 20 years. The study is collecting information on the changing biological, medical, psychological, social and economic aspects of Canadians' lives as they age to understand how they affect maintaining health and quality of life, as well as the development of disease and disability. Universities across Canada and within Ontario are helping to collect and analyze data that may be useful for your community's AFC movement.

CMHC Indicators for an Aging Population:

www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=143&itm=34&lang=en&fr=1370969165073

The Community Indicators for an Aging Population are a set of community measures that local planners and AFC groups can use to set local goals for the needs of an aging population and track their progress. The indicators are organized into six categories (neighbourhood walkability, transportation options, safety, housing choices, access to services and community engagement) with suggested data sources and checklists to help you set and meet your goals. Data sources include local planning data, local transit authorities, Statistics Canada surveys and CMHC data.

CMHC Housing in Canada Online (HiCO):

cmhc.beyond2020.com/HiCOMain_EN.html

HiCO is an easy-to-use interactive resource for accessing CMHC housing conditions and core housing need data between 1991 and 2006. You can use HiCO's electronic database to create custom tables for examining housing conditions in your area by Aboriginal household status, household type, tenure and age group, including whether or not households live in dwellings that meet CMHC's housing standards. For those dwellings below standards, HiCO identifies whether or not they are in core housing need. HiCO provides national, provincial, territorial and community-level data that you can view or download in various table and chart formats. You can get data on housing conditions that are not available on HiCO by contacting the CMHC.

Institute for Clinical Evaluative Sciences:

www.ices.on.ca

The Institute for Clinical Evaluative Sciences (ICES) is a non-profit, multidisciplinary scientific organization that conducts research to improve the effectiveness, quality, equity and efficiency of health care and health services in Ontario. The data ICES produces helps policy-makers, managers, planners, practitioners and researchers with their decisions and health care planning. Some of the data sources that ICES analyzes include Statistics Canada, Canadian Community Health Survey, Canadian Institute of Health Information, Ministry of Health and Long-Term Care, Local Health Integration Networks and Community Care Access Centres.



APPENDIX II: AGE-FRIENDLY COMMUNITY AND QUALITY OF LIFE COMPARISON

The needs assessment section of this tool kit ([Section 5](#)) includes general measures of QoL and instruments designed specifically for evaluating AFC. The graph on the next page compares the eight QoL instruments (purple) and nine AFC instruments (teal) in the tool kit on three separate factors important when designing an AFC needs assessment:

- How objective or subjective the instrument is.
- How dedicated the instrument is when comparing information about a person with information about the environment they live in.
- How dedicated environment-focused questions are when comparing information about the social environment with information about the physical environment.

For each factor, an instrument's rating depends on the ratio of questions it contains that correspond to either end of the associated scale (for example, the proportion of objective and subjective questions). An instrument with questions only about the physical environment that are all assessed objectively would, therefore, appear in the top-right corner of the graph and with the lightest colour in the legend. (**NOTE: The label for each instrument corresponds with the names in the graphs in Appendix III.**)

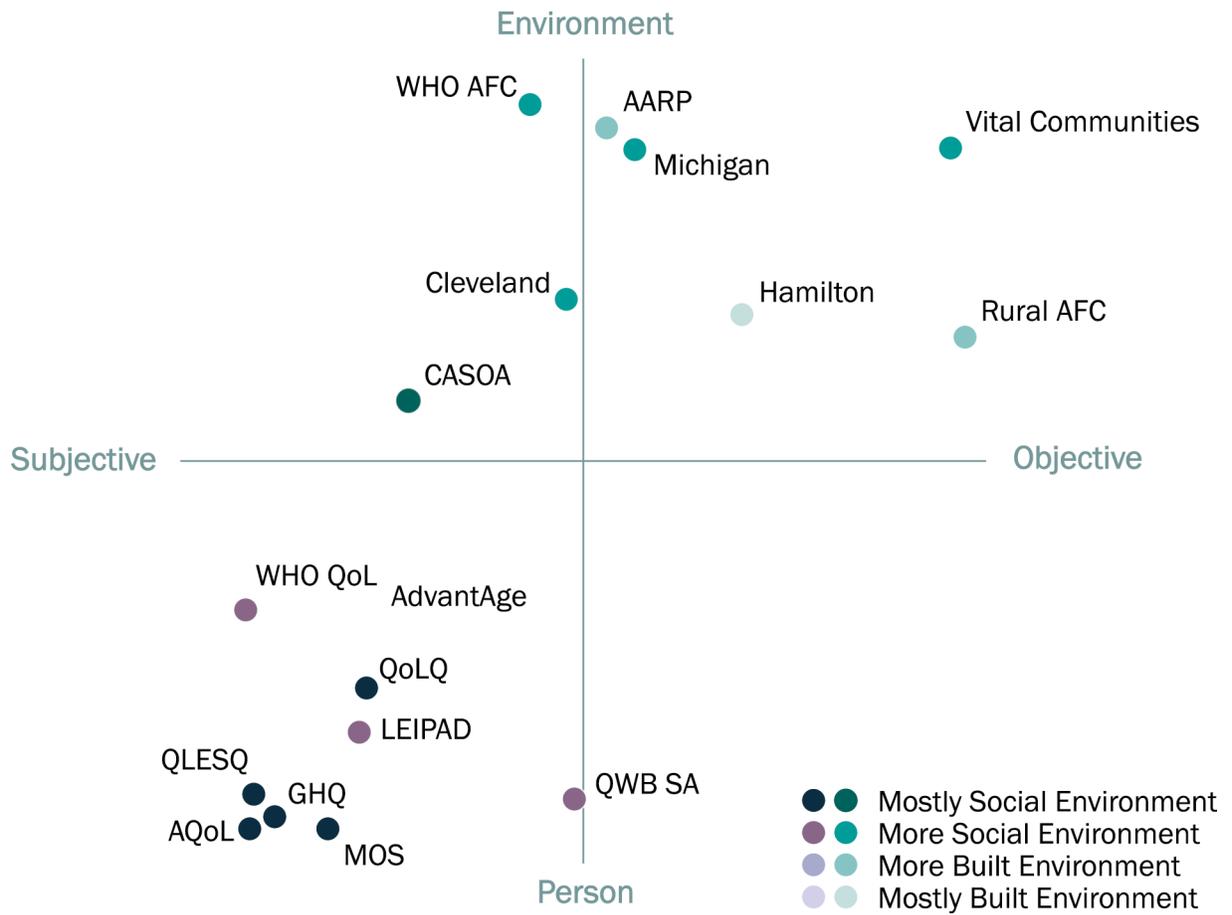
The tool kit provides several key differences between the QoL and AFC instruments. Most notably, as a whole the QoL instruments are highly person-focused, while the AFC instruments tend to measure aspects of the community environment. As a result, the two types of instruments serve different purposes in a complementary relationship.

If you need a baseline assessment of your community's physical and social infrastructure, then the AFC instruments are an appropriate source of relevant topics and questions. (Use these instruments if you want to ask questions such as 'How accessible is the built environment?' and 'What social programs do older adults use?') Alternatively, if finding out whether older adults are satisfied with their lives or they feel they need to improve their lives is important, then the QoL instruments are probably a better resource. (Use these instruments to ask questions like: 'How safe do older adults in the community feel?' 'How economically secure are older adults?')

An equally important difference is the form of measurement each instrument type uses. As the clustering of the purple markers toward the left of the scale suggests, QoL instruments generally contain a higher number of subjective items when you compare them to the more objective AFC tools. While you might view this as a weakness, this trend is in no way a function of poor instrument design. The health care profession's reaction to disease-centred care models traditionally neglected life satisfaction as an element of good practice. Current QoL instruments base their measurements of health-related QoL on this. As a result, subjective instruments are now the accepted norm for measuring QoL because 'QoL resides within the experience of the individual.'²⁰ In contrast, AFC instruments are generally more objective because they contain a higher number of questions about the physical environment that are suited to numeric measurement or a simple yes/no response resulting from an element's presence or absence in the environment.

The final general distinction between the QoL and AFC instruments relates to the issue of measurement, something not immediately visible in the graph. Although many of the AFC tools were created as a community-wide survey (for example, AdvantAge; CASOA), certain instruments were designed as audits for a small project team to complete (for example, AARP; Cleveland). These audit instruments cover a broad range of important issues and are a great resource for identifying relevant AFC topics; however, in many cases, you need to reword their questions to use them in a community-wide survey. Alternatively, all of the QoL instruments below were developed as self-administered or evaluator-administered surveys. In most instances, the wording of their questions is appropriate for a community-wide survey. For more detailed information about developing and using each instrument and their strengths, see the instrument descriptions and graphs in [Appendix III](#).

Needs Assessment Comparison

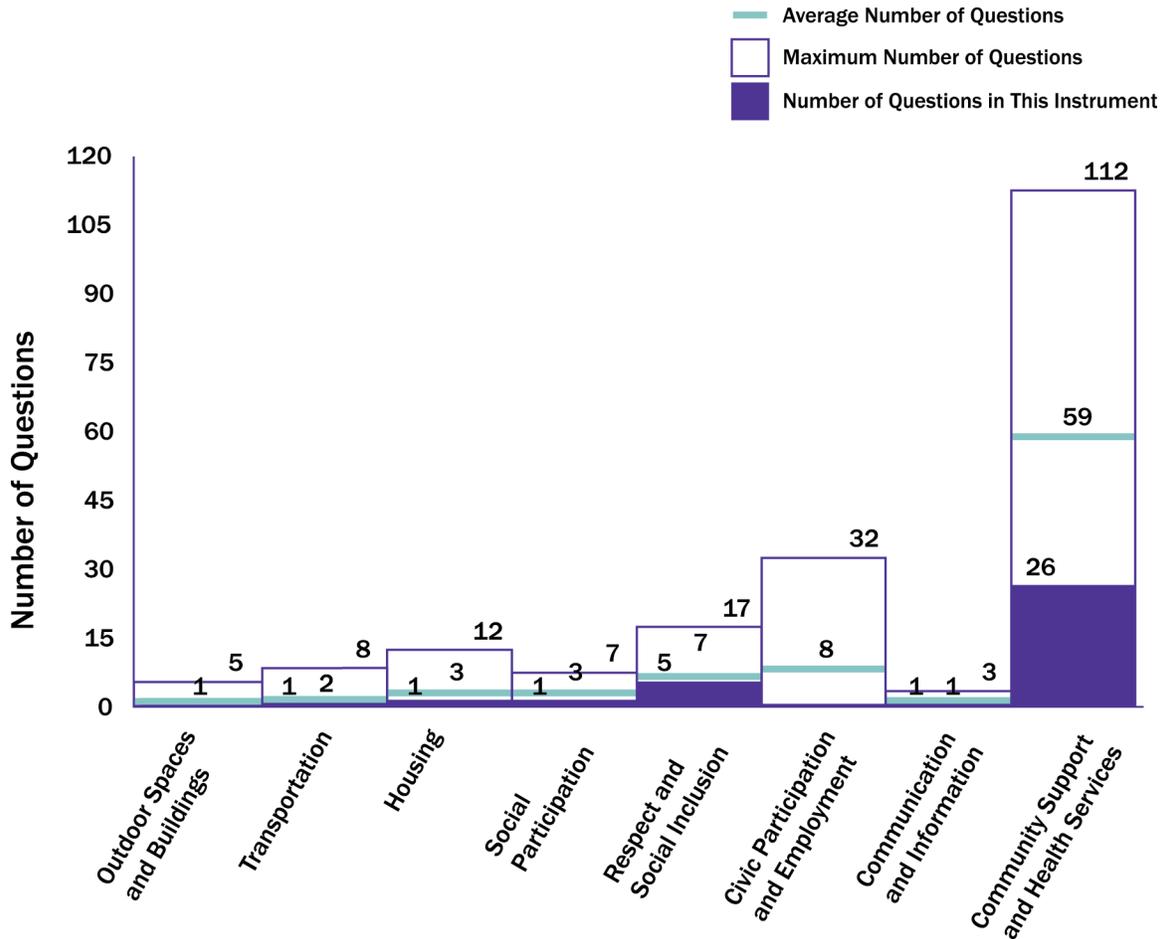




APPENDIX III: AGE-FRIENDLY COMMUNITY AND QUALITY OF LIFE INSTRUMENT STUDIES

The charts that follow present a summary of each existing instrument that was designed to measure either QoL (**purple charts**) or a community's age-friendliness (**teal charts**). For each dimension, the chart will tell you the number of questions that particular instrument contains (**dark bar**), the average number of questions in an instrument and the maximum number of questions in an instrument (**light bar**). Please note that averages and maximums were calculated separately for QoL and AFC instrument groups. Along with each chart you will find a description of the instrument that summarizes its strengths and weaknesses, as well as details about its creation and use.

AQoL Dimension Robustness



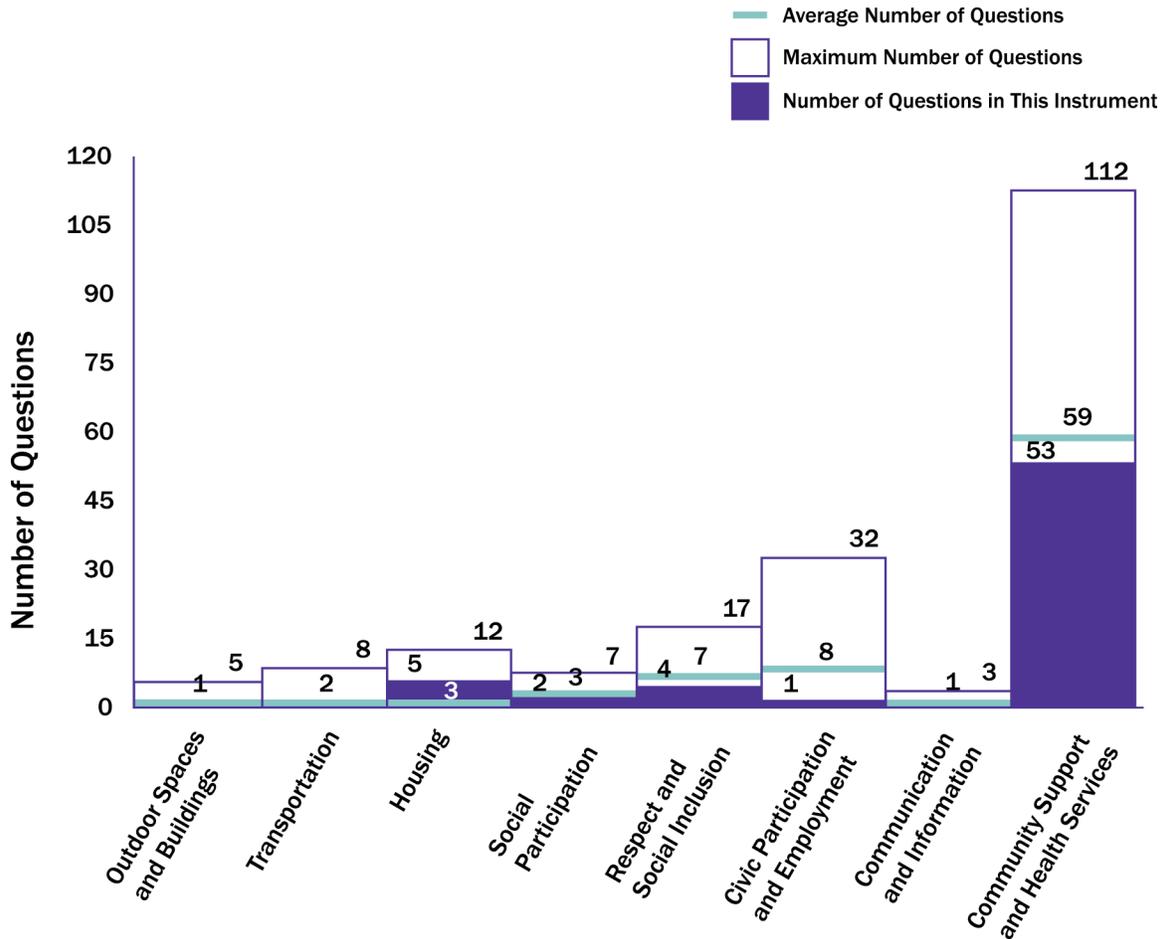
DESCRIPTION: The AQoL 8D instrument is part of a larger suite of instruments developed to assess health-related QoL for economic evaluation studies, although their use has broadened considerably beyond this initial purpose. This instrument set is based on the WHO's definition of QoL and uses a multi-dimension structure to measure aspects of QoL that are important from the perspective of both individuals and policy-makers. The AQoL instrument was developed by a collaborative of government agencies and universities led by researchers from the Centre for Health Economics at Monash University in Australia.

TARGET GROUP: Although not developed specifically for use with older adults, questions in the AQoL instrument are well suited for use in a community-wide AFC assessment and the instrument has been used in the context of research with older adults.

DIMENSION ROBUSTNESS: This instrument covers six of the eight dimensions used in this guide and well over half of its questions focus on the Community Support and Health Services dimension.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument, along with instructions on analyzing results for the complete instrument, can be downloaded free of charge at www.aqol.com.aulaqolquestionnaires.html.

GHQ Dimension Robustness



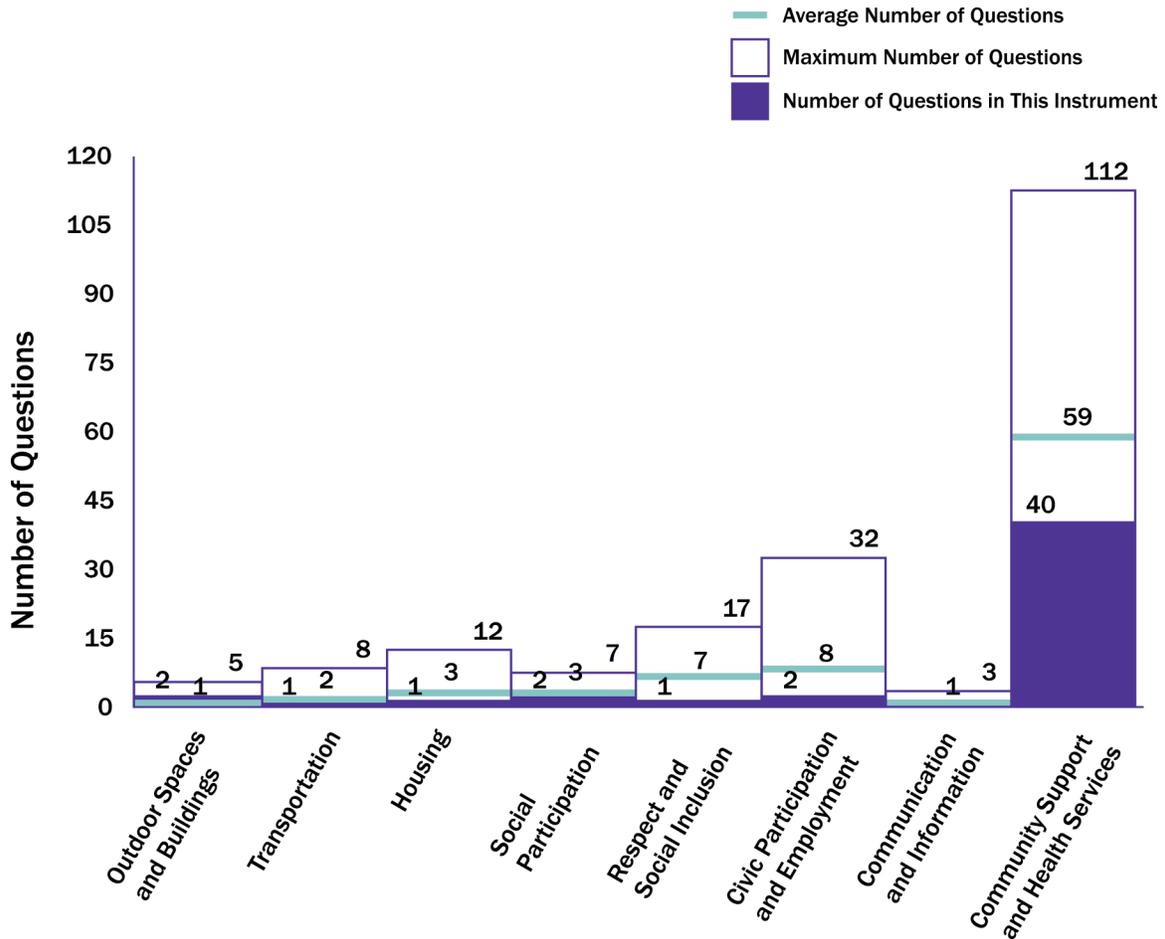
DESCRIPTION: The GHQ-60 is the longest version of a popular screening instrument known as the General Health Questionnaire, developed by Dr. David Goldberg to identify mental health conditions within a community or clinical setting.

TARGET GROUP: The GHQ is designed for use as a self-administered questionnaire and is therefore adaptable for use in a community-wide AFC survey to measure health-related QoL, although it was not designed specifically for use with older persons.

DIMENSION ROBUSTNESS: The GHQ focuses almost entirely on the Community Support and Health Services dimension, with a small number of questions addressing issues of Social Participation and Respect and Social Inclusion.

INSTRUMENT COST AND AVAILABILITY: Due to the proprietary nature of the instrument, questions from the GHQ have not been included in the online database associated with this tool kit. You can get a package of 25 instruments at a cost of £56.99. You can buy the associated user guide for £82.50. For more information go to shop.gl-assessment.co.uk/home.php?cat=416.

LEIPAD Dimension Robustness



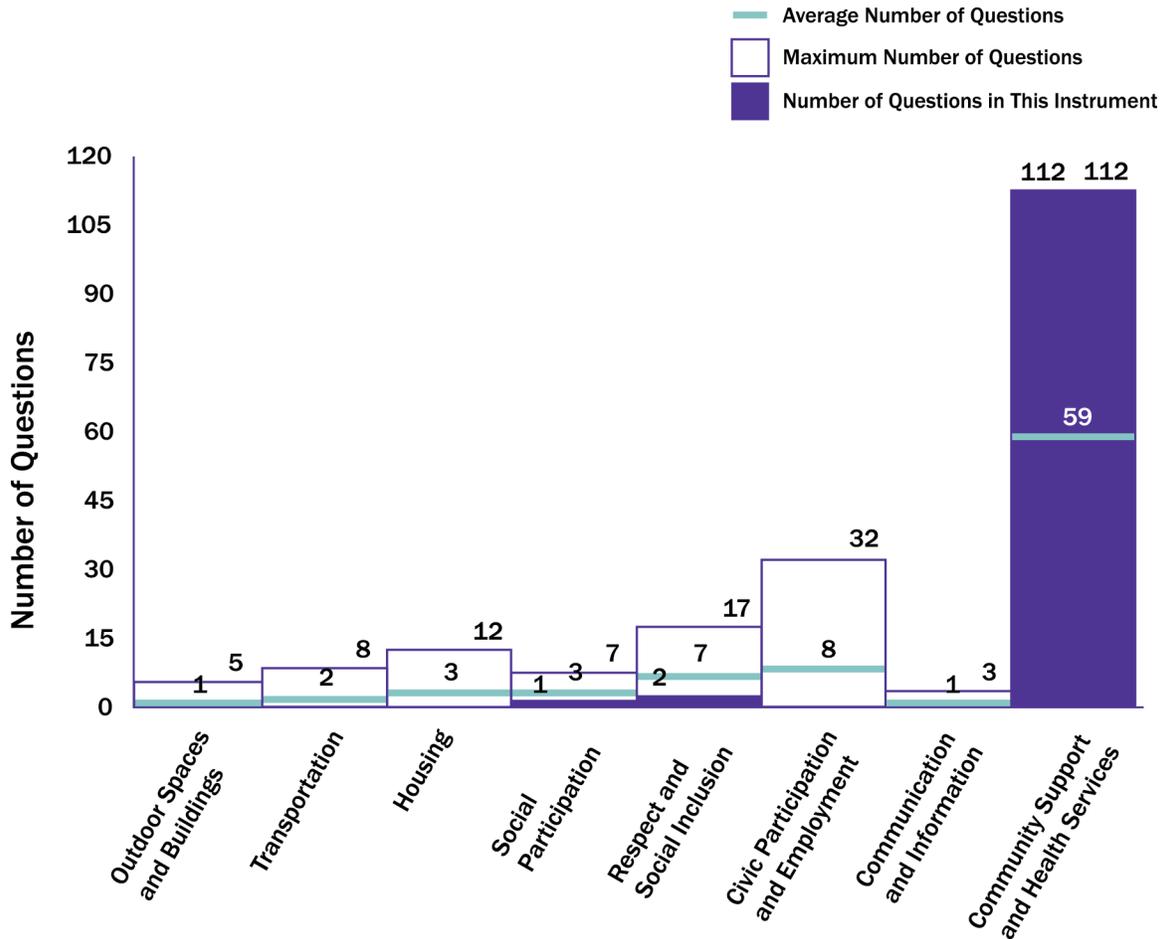
DESCRIPTION: With the support of the European office of the WHO, researchers from universities in Leiden, Holland; Padua, Italy; and Helsinki, Finland, collaborated to create a general QoL assessment tool with a comprehensive focus and strong cross-cultural validity, which they specifically designed for use with older adults. They initially developed the resulting LEIPAD instrument to combine questions from existing instruments and questions they selected based on findings from the body of literature on aging, but refined it repeatedly to produce a final self-administered survey.

TARGET GROUP: Because of its intentional focus on older adults' QoL and the structure of its questions, the LEIPAD instrument is very well suited to include in a community-wide AFC survey.

DIMENSION ROBUSTNESS: The LEIPAD instrument focuses heavily on the Community Support and Health Services dimension but contains a few questions covering most dimensions.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument is available to download from the Taylor & Francis group at the cost of \$37 US, available at www.tandfonline.com/doi/abs/10.1080/08964289809596377?journalCode=vbmd20.

MOS Dimension Robustness



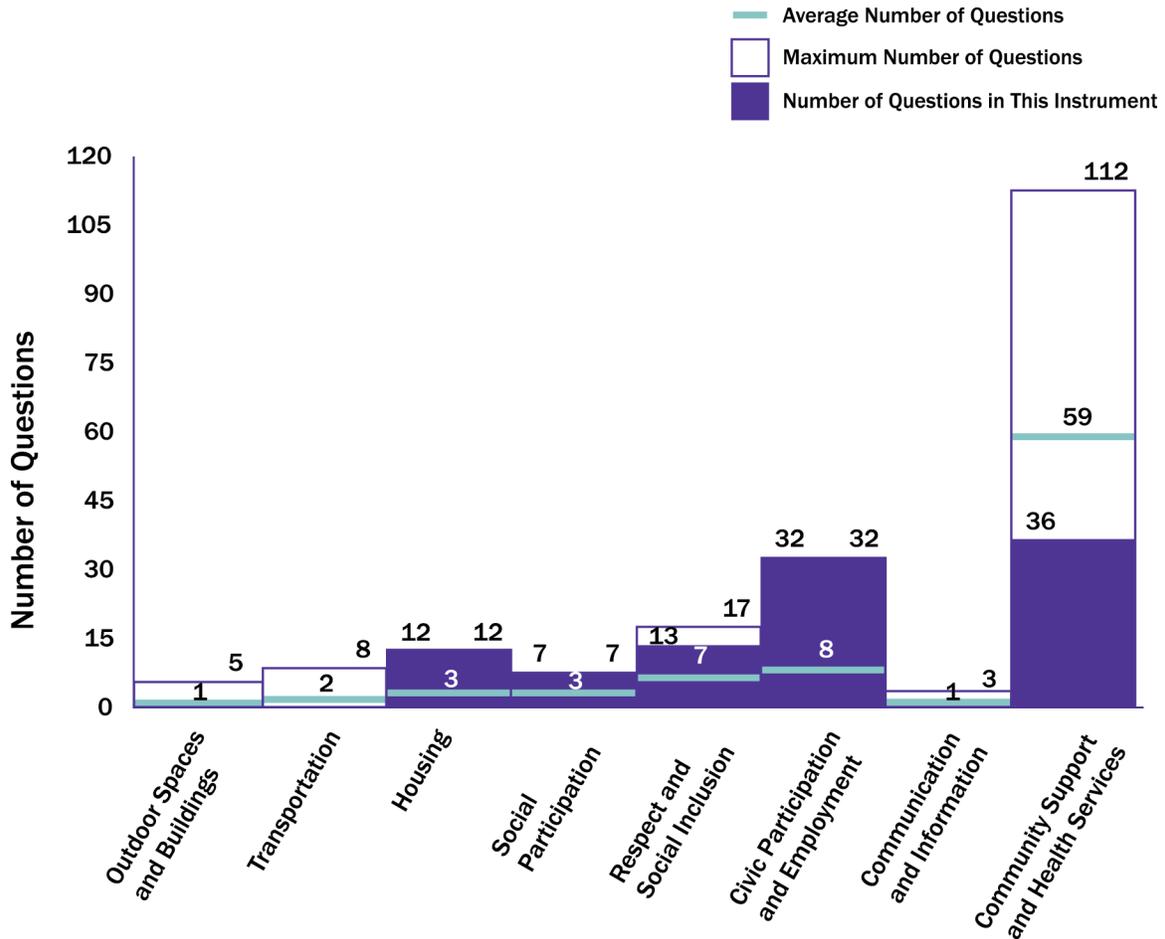
DESCRIPTION: The MOS core survey instrument was created under the auspices of the RAND Corporation, a not-for-profit research and analysis institution dedicated to advancing knowledge in a host of fields that include health, education and the environment. The MOS is the complete version of the popular SF-36 instrument and was developed to measure HRQoL to supplement biomedical evaluations of health interventions. Developing the instrument took place as part of a multi-year observational study that sought to assess the effect of physician practice styles on HRQoL among a cross-section of 22,399 patients and a panel of 2,471 patients.

TARGET GROUP: The MOS is a self-administered questionnaire containing generic questions focused on individual functioning and well-being, and although not designed specifically for older adults, it has been used in assessment research with this subject group.

DIMENSION ROBUSTNESS: Of the QoL instruments in this guide, the MOS has the strongest focus in the Community Support and Health Services dimension.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument and its user guide can be downloaded free of charge, with restrictions on its use, at www.rand.org/health/surveys_tools/mos.html.

QLESQ Dimension Robustness



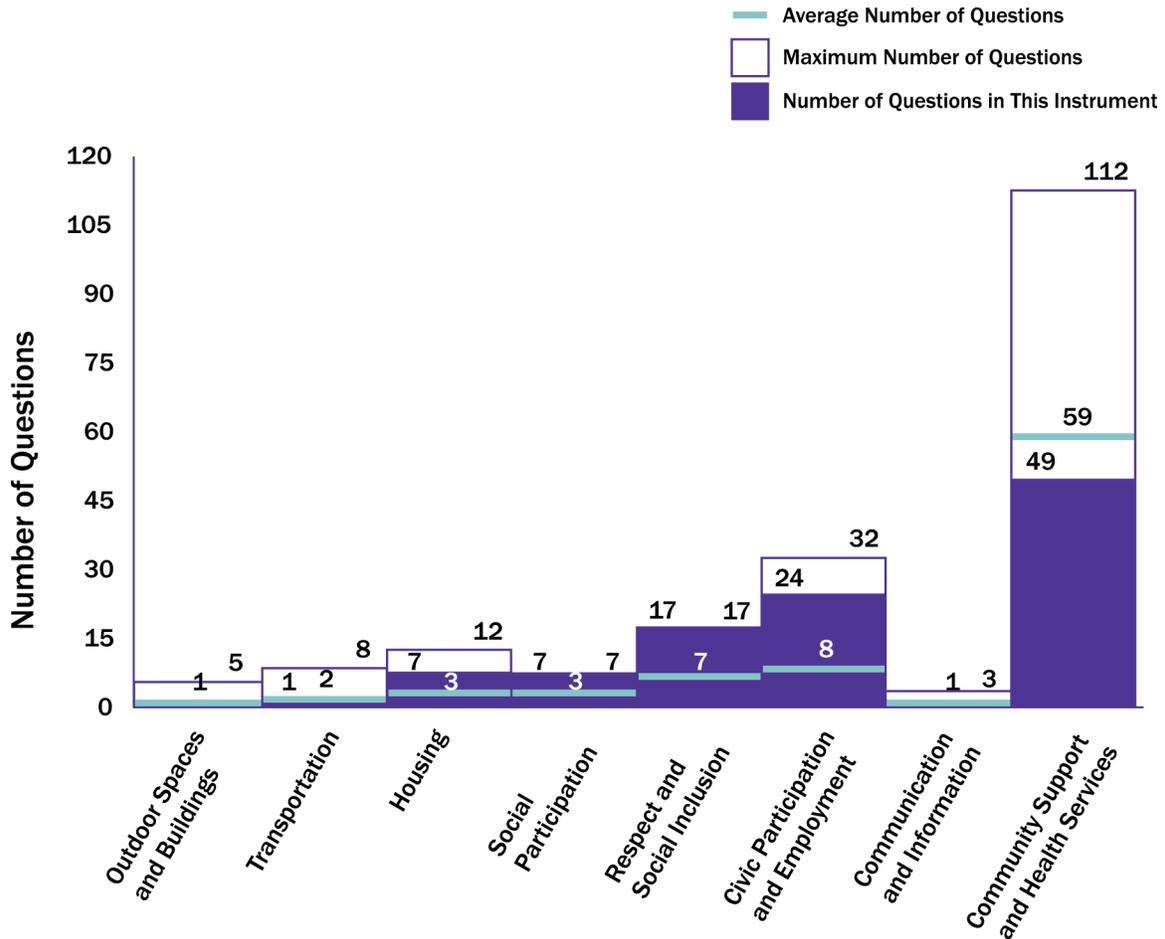
DESCRIPTION: In 1993, as lead author of a peer-reviewed article in the Psychopharmacology Bulletin, Dr. Jean Endicott of Columbia University designed an instrument for the clinical assessment of individuals' health-related QoL by evaluating their enjoyment and satisfaction with daily living. Since that time, the Quality of Life Enjoyment and Satisfaction Questionnaire (QLESQ) has been used in a range of studies addressing health-related QoL as the outcome of specific interventions, with mental health research being a particularly common application.

TARGET GROUP: Due to its design as a self-administered survey, questions from the QLESQ instrument are well suited for use in a community-wide AFC survey, although the instrument was not created specifically for use with older adults.

DIMENSION ROBUSTNESS: Of the QoL instruments in this guide, QLESQ has the strongest focus on the Housing and Civic Participation and Employment dimensions. Along with the QoLQ instrument, it also contains the highest number of questions about Social Participation.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument can be downloaded free of charge at www.opapc.com/oak_forms.html.

QoLQ Dimension Robustness



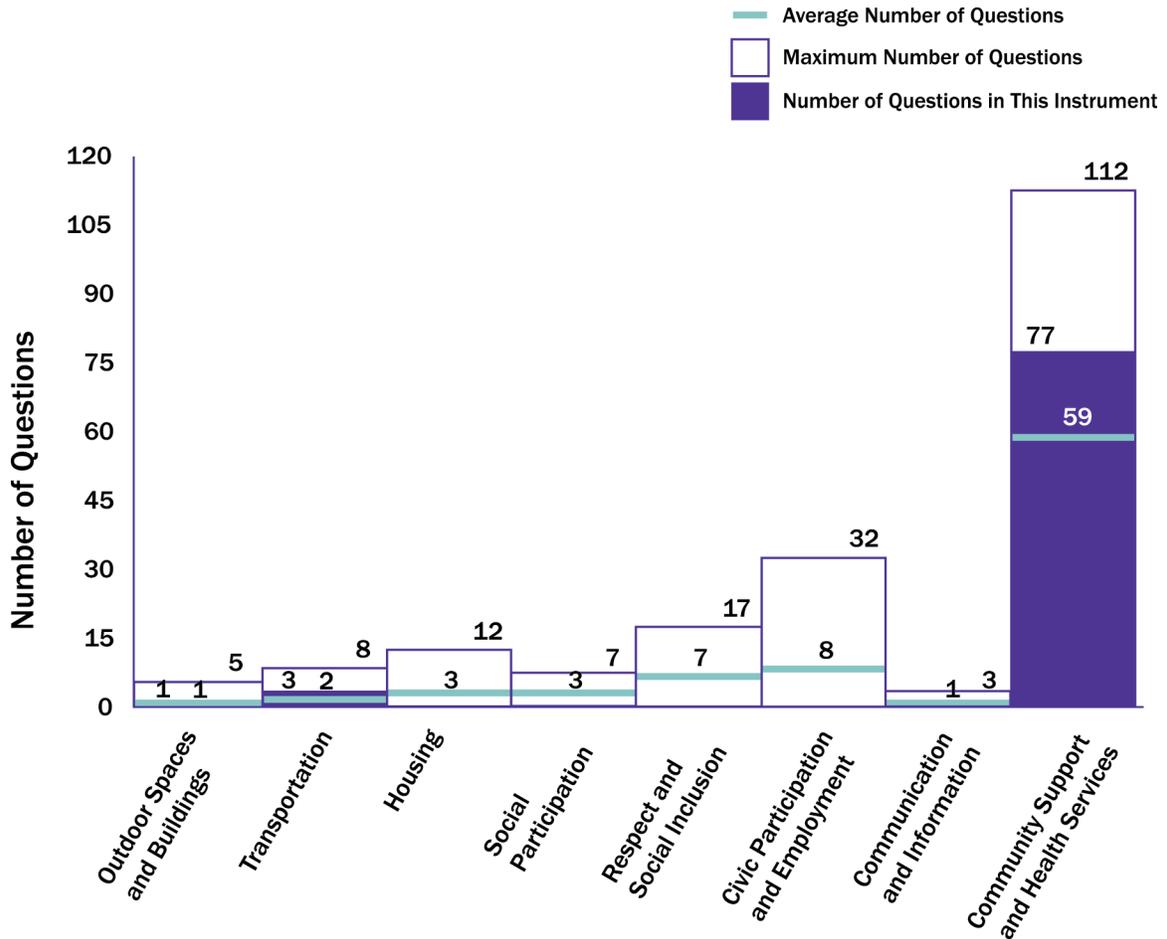
DESCRIPTION: Dr. Robert Schalock and Dr. Kenneth Keith developed the Quality of Life Questionnaire (QoLQ) as a clinical assessment tool for evaluating QoL among persons with varying levels of cognitive impairment. The instrument has been used extensively in this context, but its application has also broadened to include non-clinical evaluations of persons without a mental health condition.

TARGET GROUP: The instrument was designed to be completed as a participant self-assessment or to be completed by a caregiver with extensive knowledge of a participant's daily life activities.

DIMENSION ROBUSTNESS: Along with the QLESQ instrument, the QoLQ tool contains the highest number of questions about Social Participation. It also has the strongest focus on Respect and Social Inclusion.

INSTRUMENT COST AND AVAILABILITY: Due to the proprietary nature of the instrument, questions from the QoLQ have not been included in the online database associated with this tool kit. A package of 25 instruments and a copy of the user guide can be purchased for \$110 USD. For more information go to www.idspublishing.com/resources/QOL.pdf.

QWB-SA Dimension Robustness



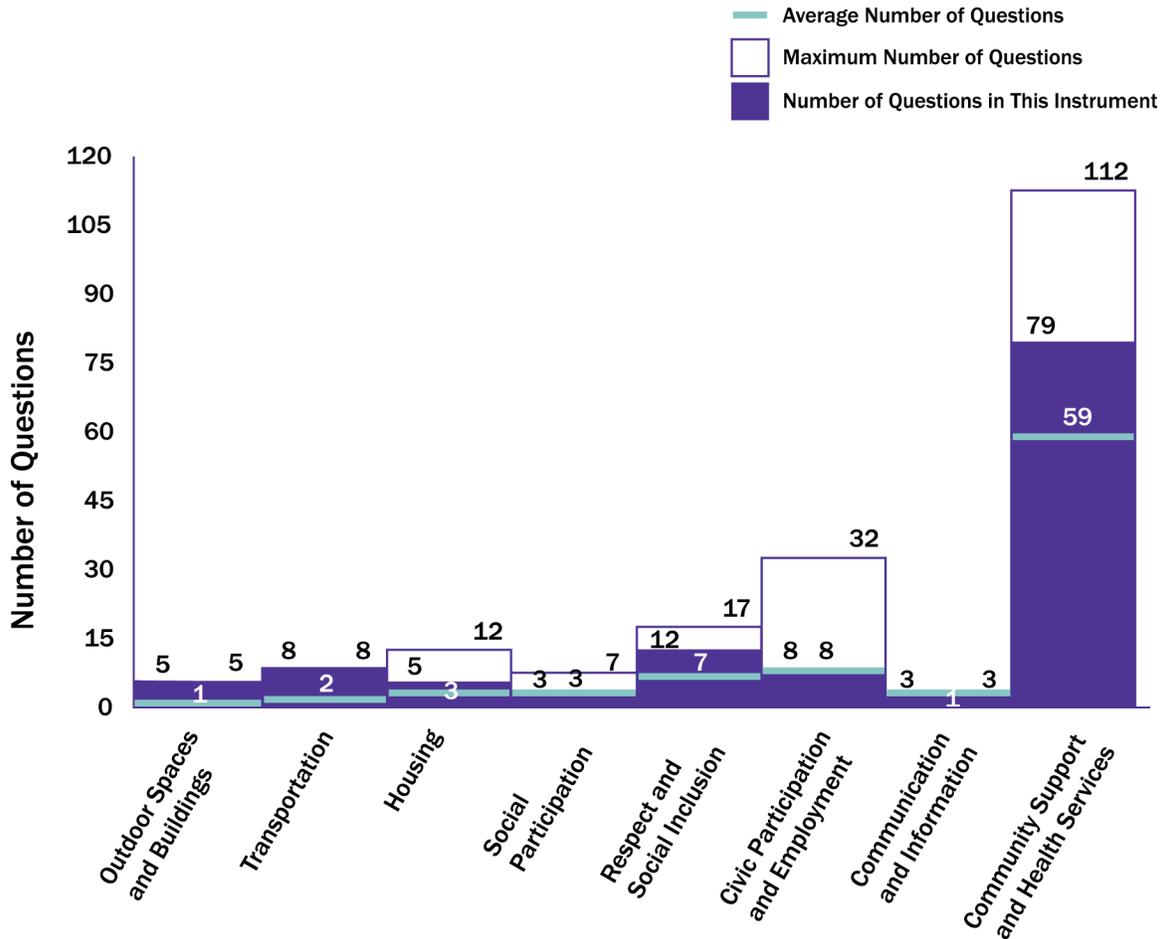
DESCRIPTION: The Quality of Well Being Self-Assessment (QWB-SA) was developed in the mid-1990s by researchers at the University of California San Diego as an efficient alternative to the original Quality of Well Being instrument. The purpose of the new instrument was to provide an alternative means of rapid health status assessment that could be used in the calculation of Quality of Adjusted Life Years, as no existing instrument at the time was suitable for use in the calculation of this metric used in standardized comparisons of health interventions.

TARGET GROUP: The QWB-SA was designed as a health-related QoL instrument that assesses an individual's functioning and health symptoms, and, although it was not created specifically for use with older adults, its suitability with this population has been verified.

DIMENSION ROBUSTNESS: The QWB-SA contains questions covering only three of the eight dimensions used in this guide and it is strongest in the area of Community Support and Health Services.

INSTRUMENT COST AND AVAILABILITY: Due to the proprietary nature of the instrument, questions from the QWB-SA have not been included in the online database associated with this tool kit. A copy of the instrument can be downloaded at www.healthmeasurement.org/Measures.html. However, modification, duplication or distribution is prohibited without permission from the authors.

WHOQOL Dimension Robustness



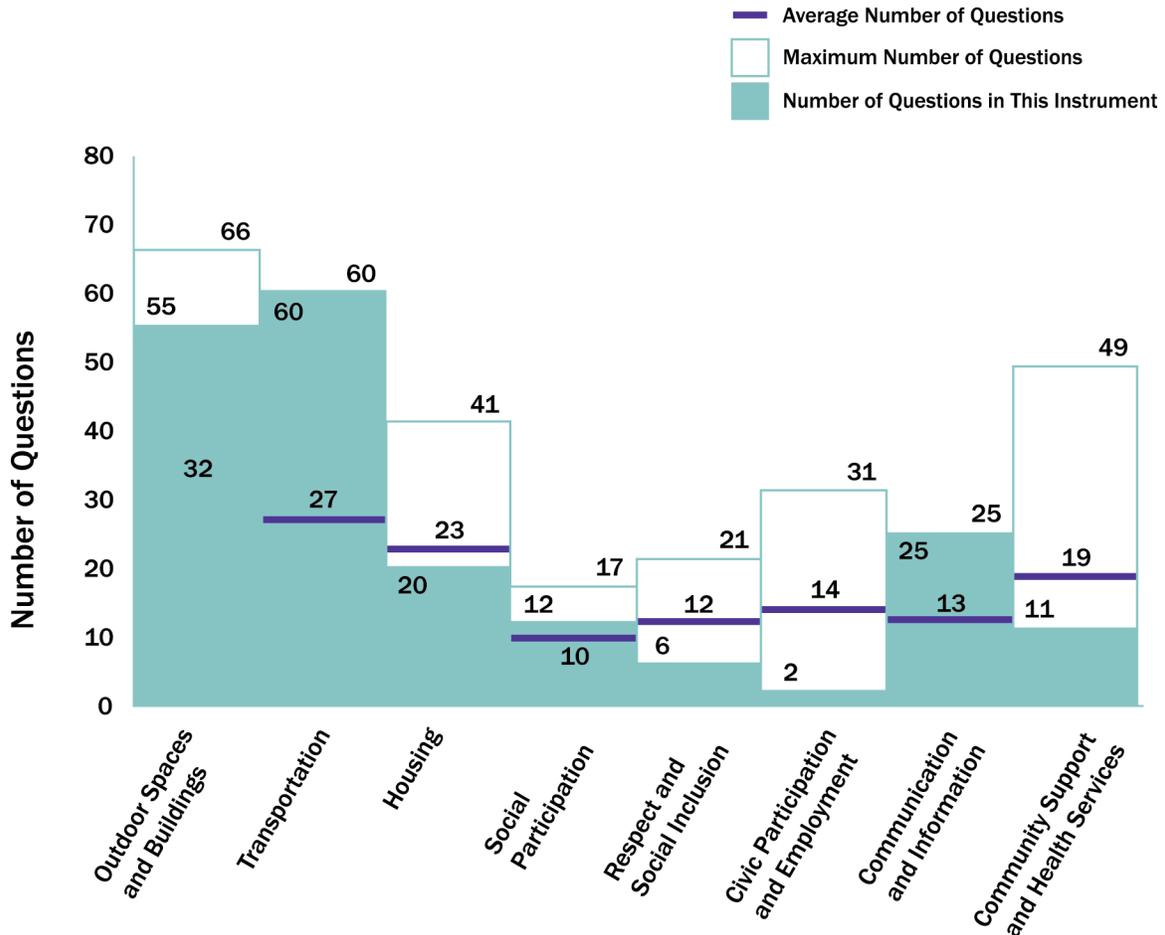
DESCRIPTION: The WHOQOL 100-OLD was adapted from the original WHOQOL-100, which was revised and supplemented with a module to address the needs of an older population. Similar to its predecessor, the WHOQOL100-OLD was developed following the WHO's bottom-up participatory process, including: a peer review of the original instrument; cross-cultural focus groups with older adults, caregivers and service providers; pilot testing and refinement with 7,401 participants in 22 international centres; and field testing with 5,566 participants in 20 international centres.

TARGET GROUP: Except for the LEIPAD instrument, the WHO QOL 100- OLD is the only QoL instrument included in this tool kit specifically intended for use with older adults.

DIMENSION ROBUSTNESS: The WHOQOL100- OLD has the widest dimension coverage of the QoL instruments in this guide. It also has the strongest focus of any instrument in the areas of Outdoor Spaces and Buildings, Transportation, and Communication and Information.

INSTRUMENT COST AND AVAILABILITY: Questions from the original instrument and the supplementary module have been included in the online database associated with this tool kit, and a copy of the complete WHOQOL 100 instrument and its user guide can be downloaded free of charge at www.who.int/mental_health/publications/whoqol/en/index.html.

AARP Dimension Robustness



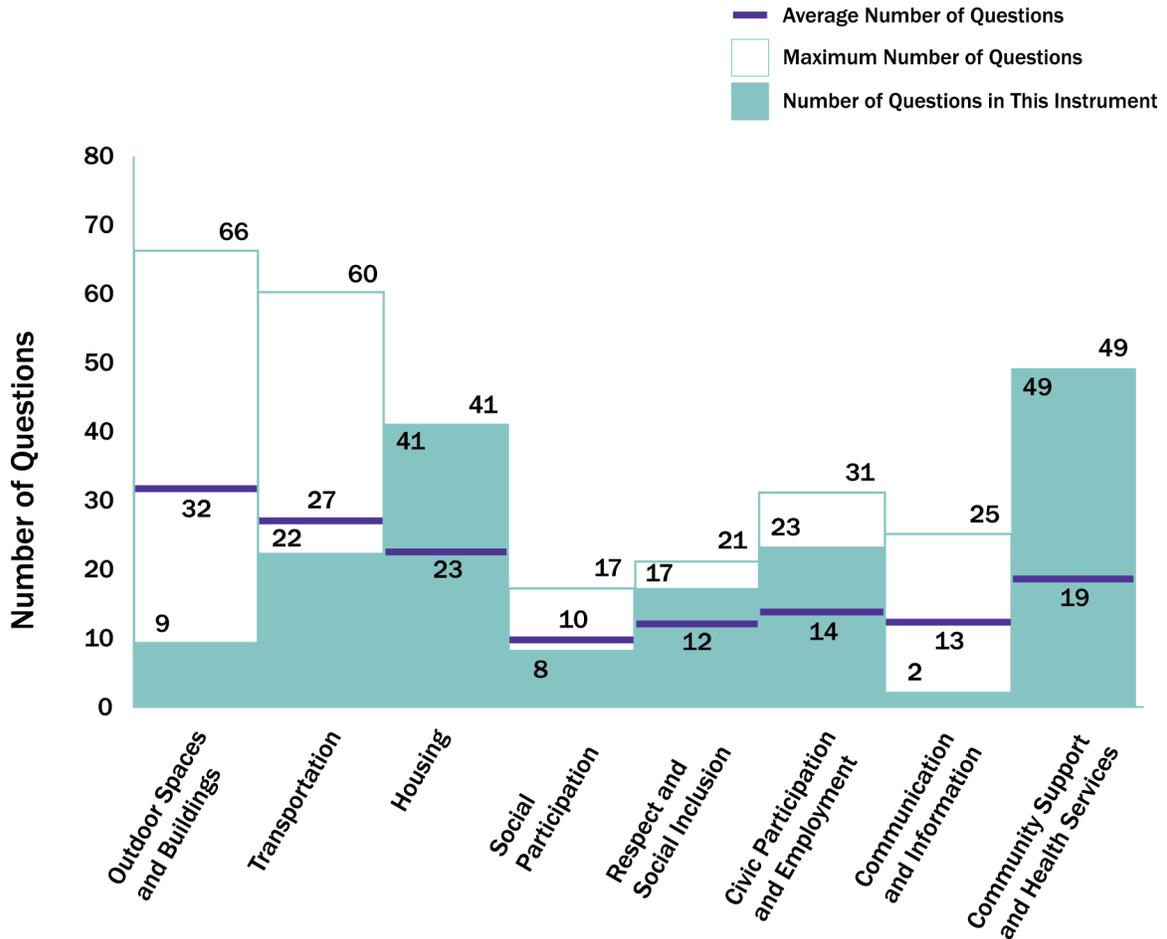
DESCRIPTION: A project team of planners from the State of Arizona and Arizona State University prepared the Livable Communities: An Evaluation Guide for the AARP Public Policy Institute. The most recent release of the guide, in 2005, is an update of an original publication released in 2000 by Patricia Pollack of Cornell University. This update incorporated older adults' conceptions of a livable city through an online survey and focus groups that were carried out in 13 U.S. cities.

TARGET GROUP: Although many of its questions are easily adapted to a community-wide survey, the AARP guide is designed for use by a small group of stakeholders working in tandem to complete the instrument. In addition to the actual assessment, the guide contains a section outlining why an assessment should be carried out; who should be involved; what materials are necessary; and what steps should be taken once the data are collected.

DIMENSION ROBUSTNESS: The AARP assessment contains questions primarily about the community environment, with slightly more than half of these questions exploring aspects of the physical environment. Of the AFC instruments in this guide, the AARP tool has the strongest focus on transportation and also has an above-average number of questions in several other AFC dimensions. One notable exception to this is the Civic Participation and Employment dimension, which has only two questions.

INSTRUMENT COST AND AVAILABILITY: Questions from Livable Communities: An Evaluation Guide have been included in the online database associated with this tool kit and a copy of the guide can be download free of charge at www.aarp.org/home-garden/livable-communities/info-2005/livable_communities__an_evaluation_guide.html.

AdvantAge Dimension Robustness



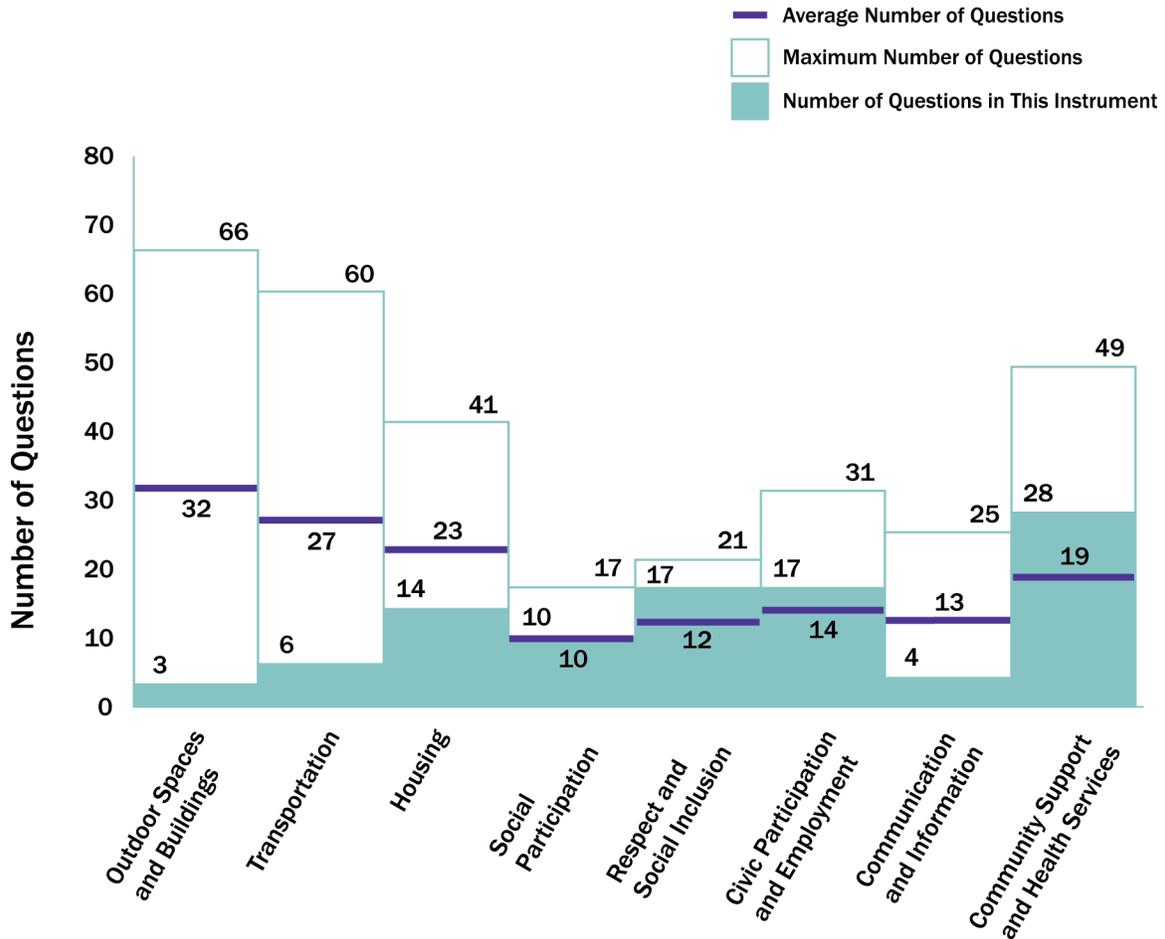
DESCRIPTION: The AdvantAge Initiative is a community-building effort directed by a small team of researchers from the Center for Home Care Policy and Research, which the Visiting Nurse Service of New York established in 1993. The AdvantAge survey follows a novel framework for age-friendly communities that emerged during a qualitative research effort involving 14 focus groups in four U.S. cities. The survey research firm Westat piloted the initial instrument as a community-wide telephone survey with over 5,100 participants in 10 U.S. cities, and work is currently underway to convert the telephone instrument into an online survey.

TARGET GROUP: The AdvantAge Initiative instrument is specifically designed to survey an older adult population.

DIMENSION ROBUSTNESS: The AdvantAge survey is the only AFC instrument included in this guide that has a higher proportion of questions about persons than about environments, and more of the environment questions focus on social elements than physical. Compared to the other AFC instruments included in this guide, the AdvantAge survey has the strongest focus on Community Support and Health Services and Housing. Due to its focus on social elements, however, it is particularly weak on the Outdoor Spaces and Buildings dimension.

INSTRUMENT COST AND AVAILABILITY: Due to the proprietary nature of the AdvantAge survey, the questions from the instrument could not be included in the online database. Information about cost and availability can be obtained by contacting the AdvantAge Initiative: www.vnsny.org/advantage/index.html.

CASOA Dimension Robustness



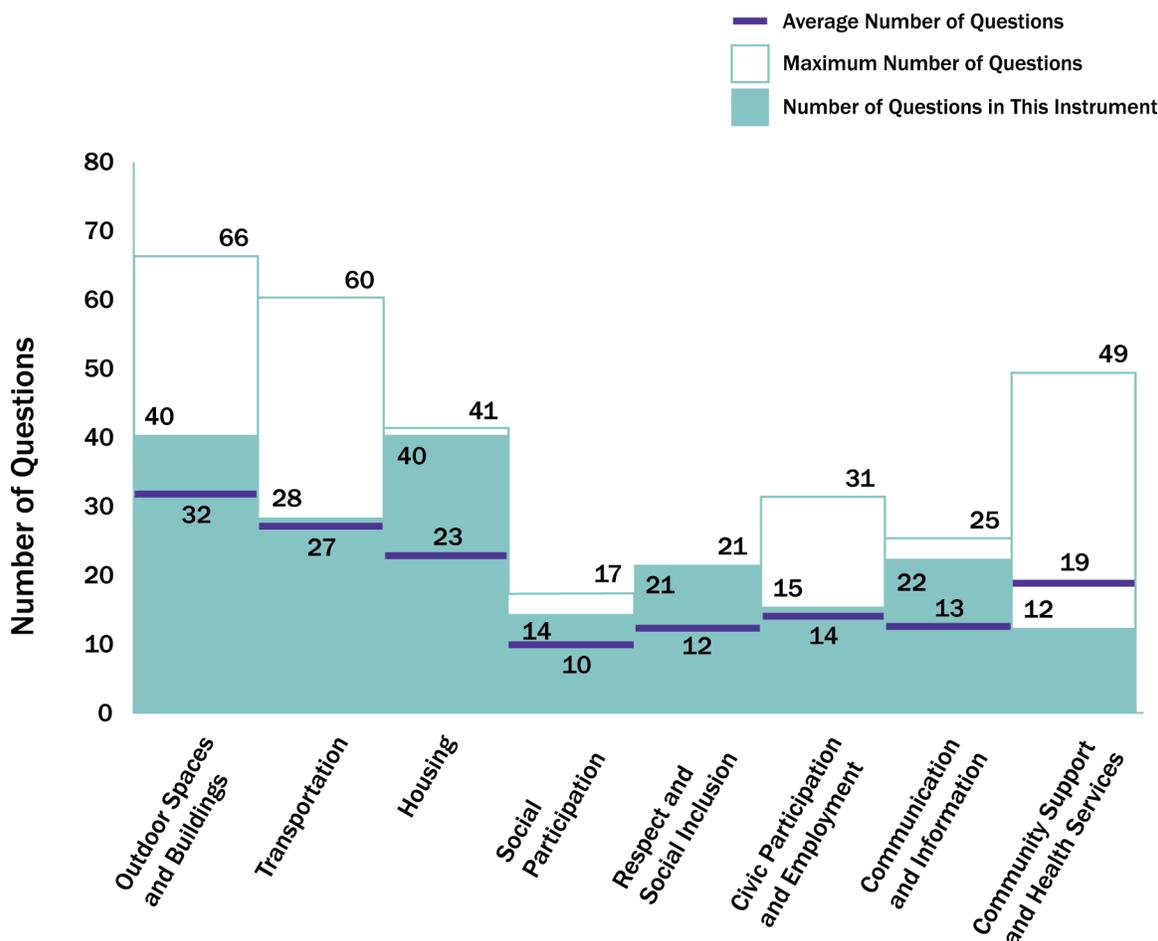
DESCRIPTION: The National Research Center in Boulder, Colorado, designed the Community Assessment Survey for Older Adults (CASOA) to provide practical, baseline information to guide planning, program development and advocacy efforts at the local level. Developing the instrument was based around common needs and community supports that are relevant to agefriendliness, as determined through the National Research Center’s experience with providing programs for older adults and the body of literature on aging.

TARGET GROUP: The CASOA was designed as a mail-out survey targeting the older adult population.

DIMENSION ROBUSTNESS: The CASOA survey contains a strong balance between person-centred and environment-centred questions, with significantly more questions about the social environment than the physical environment. The dimensions of Social Participation, Respect and Social Inclusion, Civic Participation and Employment, and Community Support and Health Services all contain an above-average number of questions.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument can be found as an appendix to the 2010 Report for Larimer County, which is available for download free of charge at www.larimer.org/seniors/lcoa.htm.

Cleveland Dimension Robustness



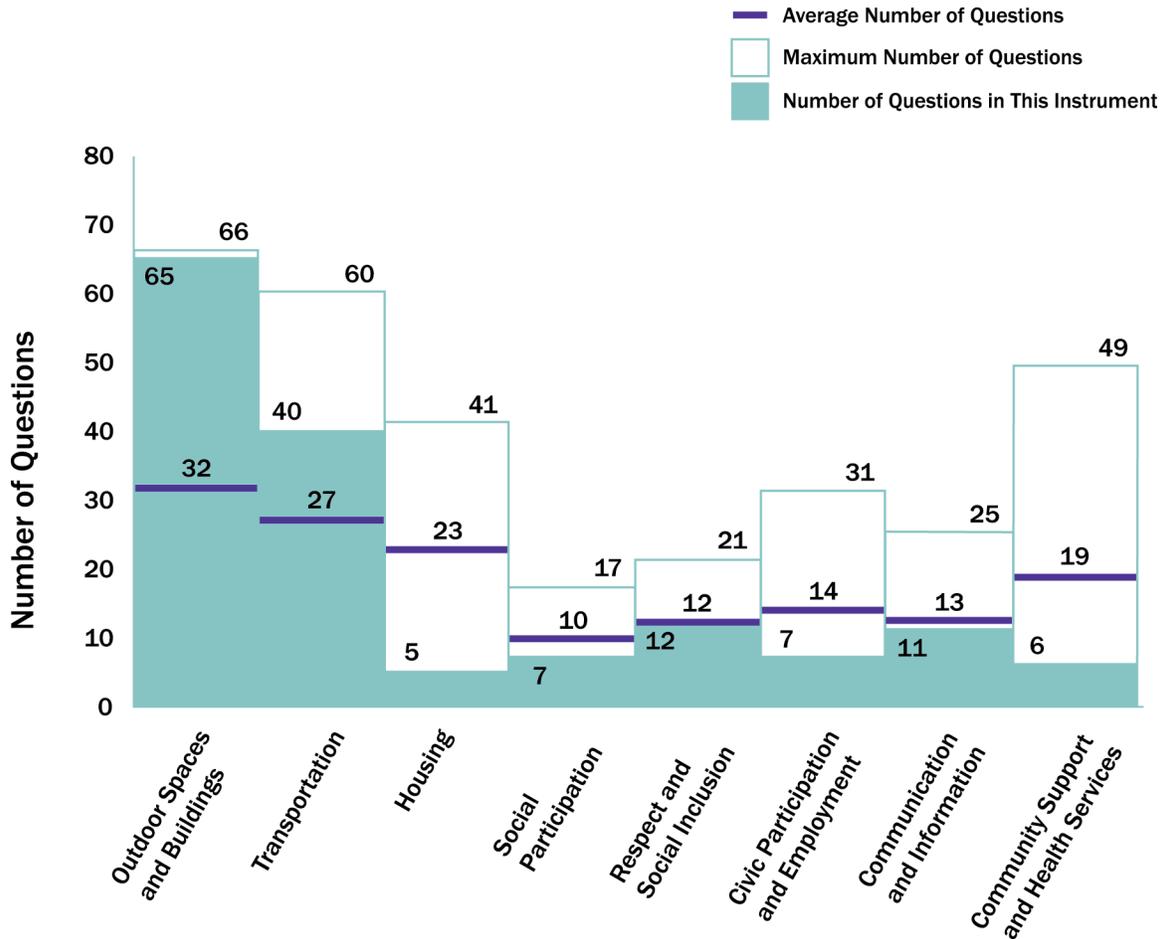
DESCRIPTION: In 2004, the Cuyahoga County Planning Commission and the Cleveland Foundation released the Guide to Elder-Friendly Community Building as part of the foundation’s Successful Aging Initiative. The guide has been ‘designed to occur within normal city, village or township planning and budgetary processes,’ although it contains many resources that any stakeholder interested in AFC would find useful. Besides the assessment questions, the guide discusses the AFC planning process and provides worksheets to help a community develop an AFC profile and map out their five-year AFC capital plan.

TARGET GROUP: Many of the questions are structured to be completed by an individual or project team, but can easily be reworded for a community-wide survey of older adults, caregivers and service providers.

DIMENSION ROBUSTNESS: The Cleveland needs assessment includes more questions about the community environment than about persons living in the community, and more of these address social aspects of the community than physical aspects. The instrument has the strongest focus on Respect and Social Inclusion of any included in this guide and has a very strong focus on housing as well. Except for Community Support and Health Services, all other dimensions contain an above-average number of questions.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument, contained in the guide, can be downloaded free of charge at www.planning.co.cuyahoga.oh.us/documents.

Hamilton Dimension Robustness



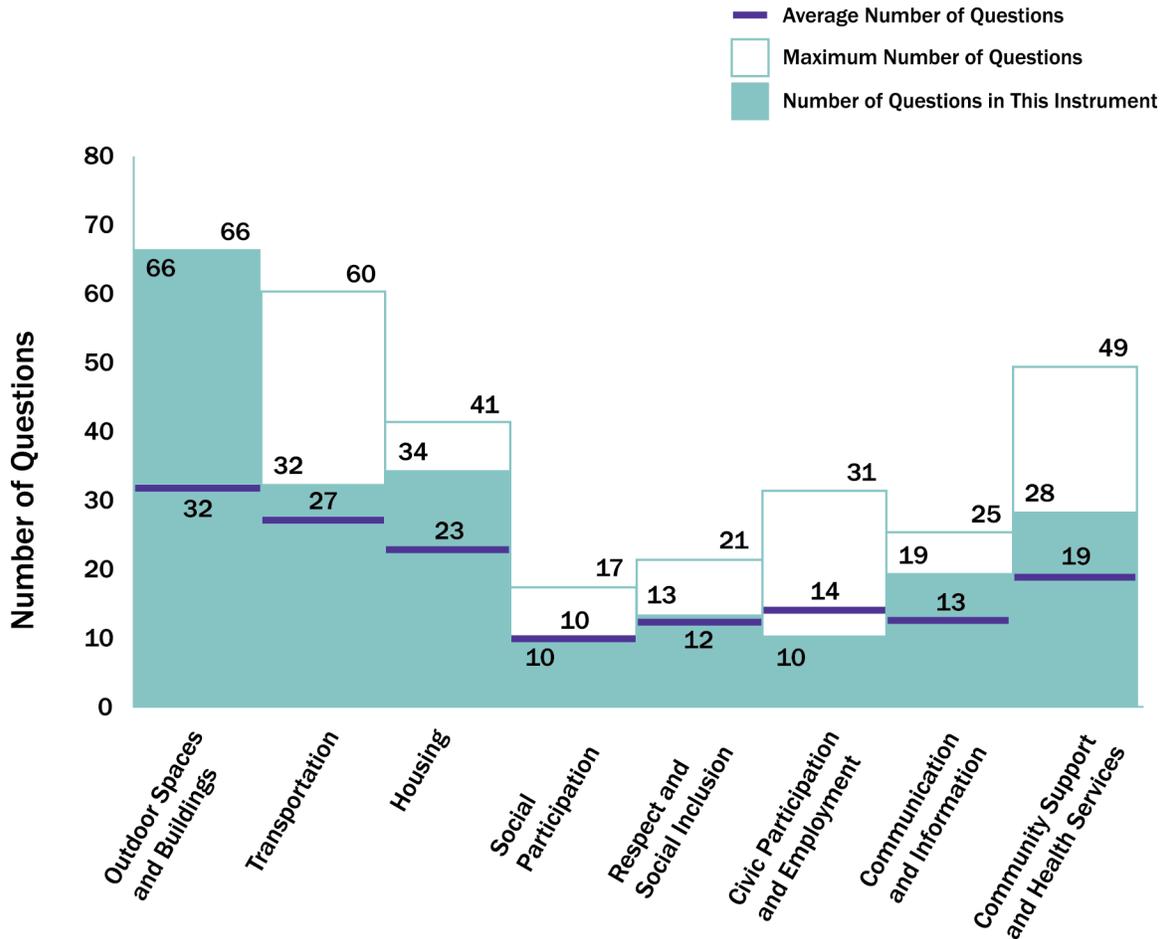
DESCRIPTION: The Hamilton Council on Aging and the Gilbrea Centre for Studies in Aging at McMaster University developed the Age-Friendly Hamilton Questionnaire. The questionnaire asks for older adults' opinions on the age-friendliness of their city by seeking their agreement (using a Likert scale ranging from 'strongly disagree' [1] to 'strongly agree' [5]) with a set of statements about the age-friendliness of the eight dimensions proposed by the WHO. This questionnaire is based on the Age-Friendly Cities checklist.

TARGET GROUP: The Age-Friendly Hamilton Questionnaire has been designed as a mail-out survey for older adults, but it could be adapted to other formats, such as an online survey or a personal interview.

DIMENSION ROBUSTNESS: The Hamilton instrument has a stronger focus on Outdoor Spaces and Buildings than almost all other instruments in this guide, and contains an above-average number of Transportation questions.

INSTRUMENT COST AND AVAILABILITY: The questions from this survey have been included in the online database associated with this tool kit and a full copy of the instrument can be obtained from the Hamilton Council on Aging upon request: www.coahamilton.ca.

Michigan Dimension Robustness



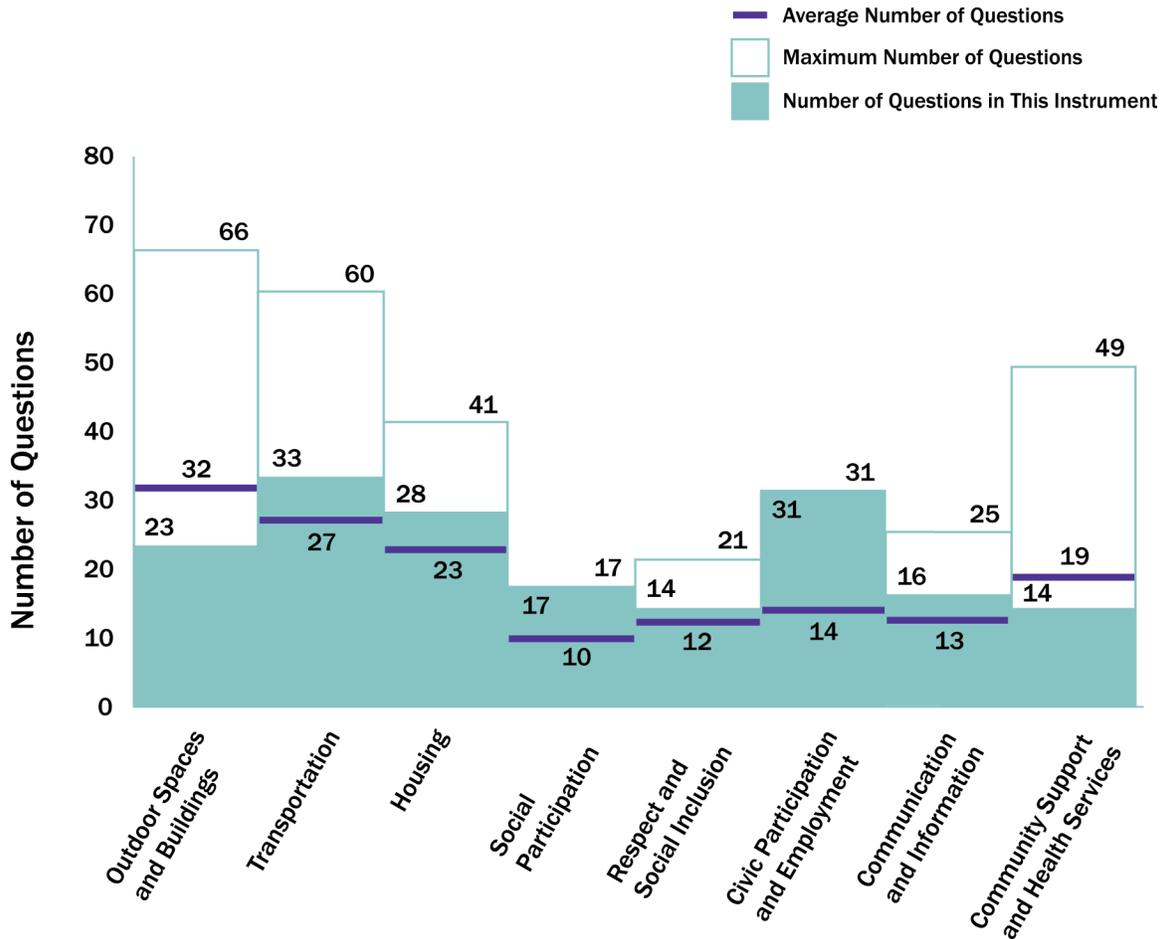
DESCRIPTION: A collaboration of several state agencies produced the Michigan Community for a Lifetime: Elder Friendly Community Assessment as part of the Community for a Lifetime recognition program. The Michigan assessment was developed from the content of various existing instruments and the body of research findings in the areas of elder-friendly and livable communities.

TARGET GROUP: The Michigan assessment was designed for a small project team to use, although many of the questions can be easily adapted for a community-wide survey of older adults, caregivers and service providers.

DIMENSION ROBUSTNESS: The Michigan assessment focuses heavily on questions about the community environment, with more of these questions addressing social elements than physical elements of the community. It has the strongest focus on Outdoor Spaces and Buildings of any instrument and, except for Civic Participation and Employment, all dimensions contain at least an average number of questions in comparison to other AFC instruments.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument can be downloaded free of charge at http://www.michigan.gov/documents/miseniors/4-Michigan_CFL_Assessment_199109_7.pdf

WHO AFC Dimension Robustness



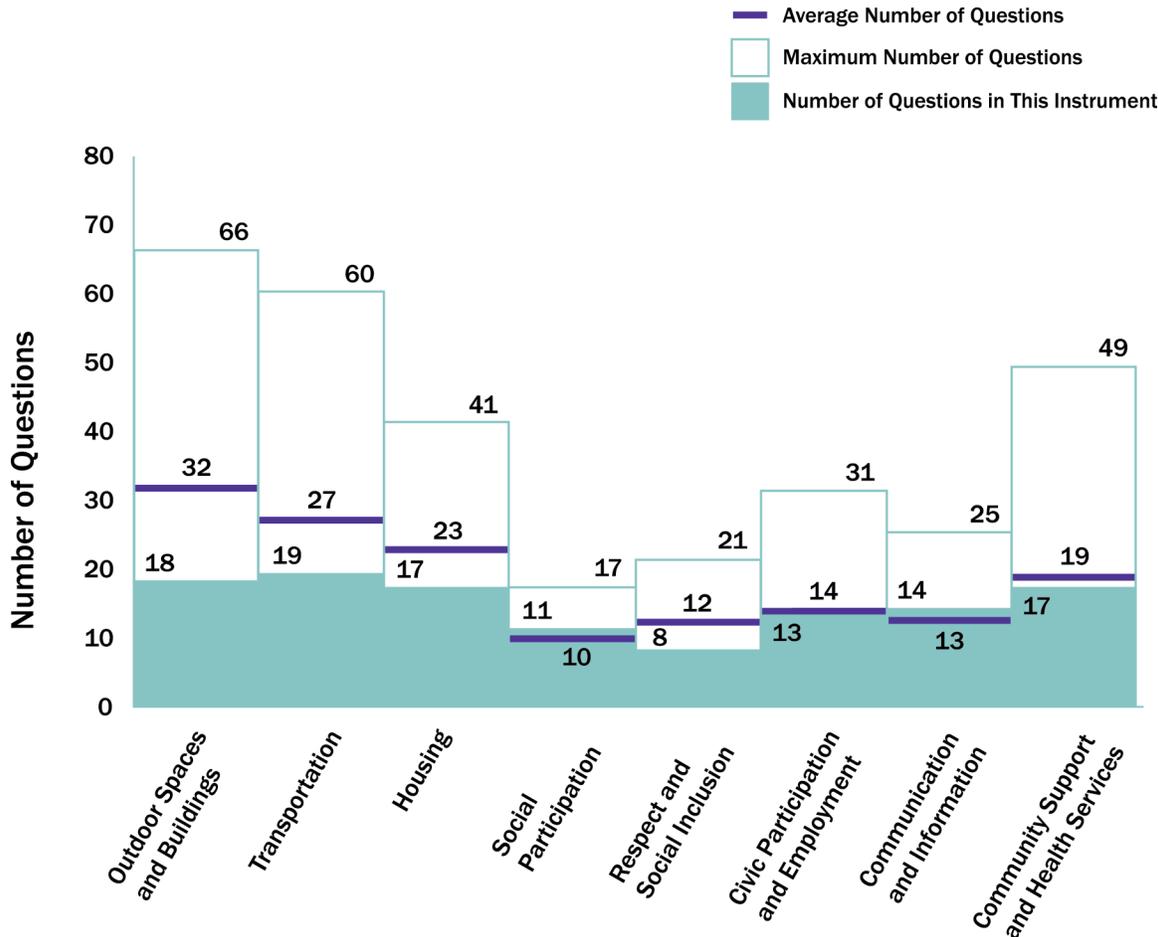
DESCRIPTION: Discussions during the 2005 World Congress of Gerontology and Geriatrics in Rio de Janeiro, Brazil, were the first motivation that ultimately led to the creation of Global Age-friendly Cities: A Guide. With support from its international partners, the WHO took the mandate from this meeting and conducted 158 focus groups with 1,485 participants in 33 international cities, exploring the features that were important to age-friendliness from the perspective of older adults and using the results of this research as the basis for its guide. The WHO AFC guide is based on eight age-friendly themes, and for each of these themes presents a discussion of its importance along with a checklist of relevant age-friendly features.

TARGET GROUP: The WHO checklists are designed to complement a focus group-based data collection process entitled the Vancouver Protocol. Most questions are well suited to a community-wide survey of older adults, caregivers and service providers.

DIMENSION ROBUSTNESS: The WHO AFC guide contains the highest proportion of environment-centred questions of any AFC instrument in this guide, and just over half of these questions focus on the community's social environment. It is also the strongest instrument in the dimensions of Civic Participation and Employment, and contains at least the average number of questions in all but two of the remaining dimensions.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument can be downloaded free of charge at www.who.int/ageing/age_friendly_cities_guide/en/.

Rural AFC Dimension Robustness



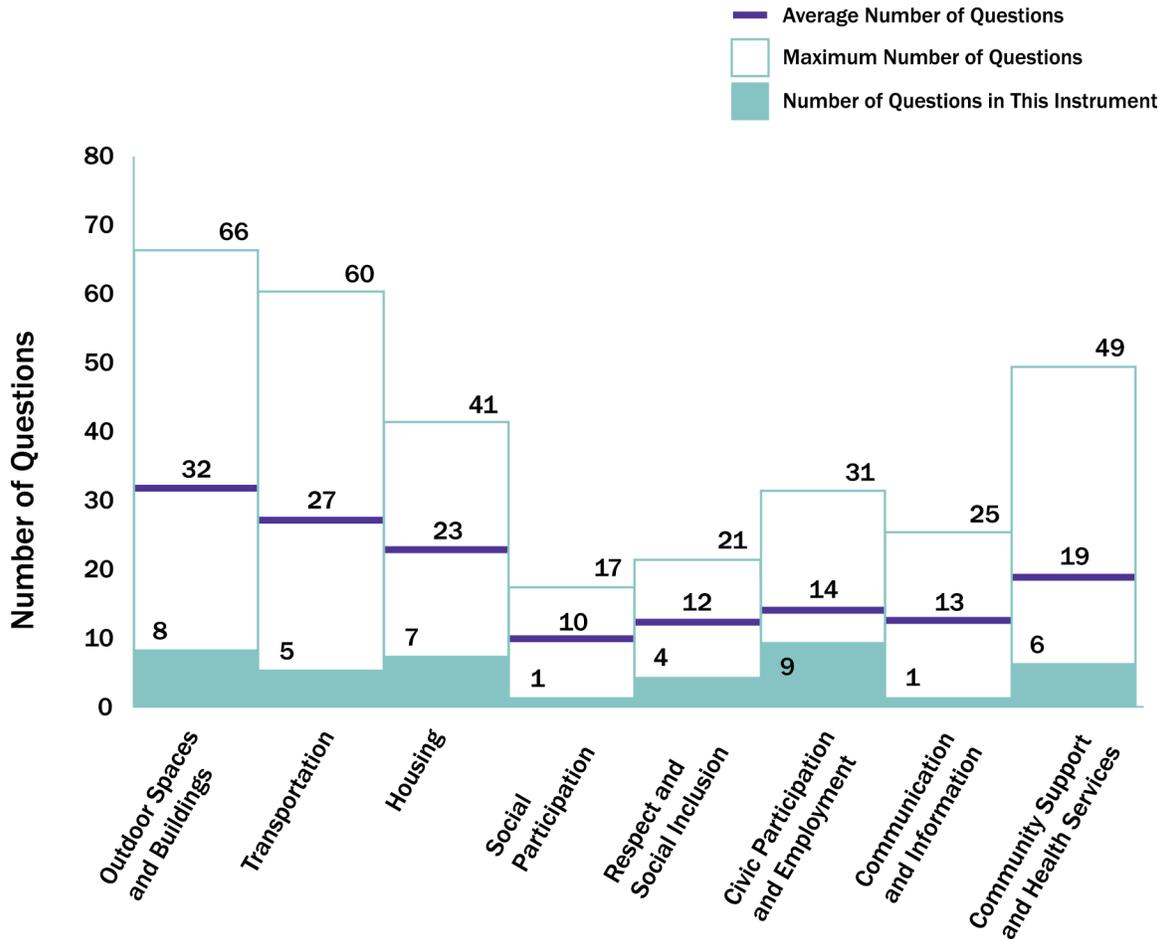
DESCRIPTION: In 2006, the Federal/Provincial/Territorial Ministers Responsible for Seniors officially recognized the need to extend the work of the WHO's AFC initiative to include smaller, more isolated communities, whose contexts differ considerably from larger municipalities. Using the WHO's Vancouver Protocol as a framework, a working group comprised of multiple government agencies and academic researchers produced *Age-Friendly Rural and Remote Communities: A Guide*, which was based on the shared experiences of 107 older adults and caregivers who were part of focus groups in 10 diverse communities across Canada.

TARGET GROUP: Questions in the Rural AFC guide are found as part of a self-assessment checklist, but like its WHO counterpart, most of these are well suited to include in a community-wide survey of older adults, caregivers and service providers.

DIMENSION ROBUSTNESS: The Rural AFC guide contains a higher proportion of environment-centred questions than other AFC instruments discussed in this guide, which are mainly focused on the physical environment. The Rural AFC guide is strongest in the Social Participation dimension, and contains multiple questions covering all of the remaining dimensions.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument can be downloaded free of charge at www.phac-aspc.gc.ca/seniors-aines/publications/public/healthy-sante/age_friendly_rural/index-eng.php.

Vital Communities Dimension Robustness



DESCRIPTION: The Vital Aging Network (VAN) is a community collaborative based out of St. Paul, Minnesota, whose mission is to promote civic engagement and allow older adults to proactively shape the quality of their communities and their own lives. In 2004, during its summit event, the VAN started its Vital Communities Toolkit, and as part of that tool kit they created the Vital Communities assessment, which has been designed as a community-wide survey.

TARGET GROUP: The Vital Communities Toolkit is designed for use with older adults and caregivers.

DIMENSION ROBUSTNESS: The Vital Communities Toolkit is heavily focused on questions about the community environment, and slightly more than half of these questions address elements of the social environment as opposed to the physical environment. The Vital Communities assessment is considerably shorter in length than other AFC instruments in this guide; however, it does contain questions about each of the AFC dimensions.

INSTRUMENT COST AND AVAILABILITY: Questions from the instrument have been included in the online database associated with this tool kit and a copy of the complete instrument can be downloaded free of charge at www.vital-aging-network.org/Vital_Communities_Toolkit/Tools/72/Community_Assessments_Surveys.html#vital_assessment.



APPENDIX IV: NEEDS ASSESSMENT ANALYSIS PROCEDURE

Analyzing Needs Assessment Data

AFC needs assessment data collected at a city-wide scale can ignore the needs of individual households, streets or even neighbourhoods. Determining an appropriate ‘scale’ of analysis is critically important. Choosing an analysis scale will always involve some uncertainty, but never make a final choice arbitrarily or for reasons of mere practicality.

Data collected through a needs assessment is susceptible to bias (for example, what makes up ‘a neighbourhood?’), but there is no reason that you cannot analyze the supplementary data sources in [Appendix I](#) at multiple scales. You can create a socio-demographic community profile for the city as a whole and for individual neighbourhoods using census tract data from Statistics Canada. By examining this data at both the larger and smaller scales, your analysis can:

1. **Create a ‘city-scale’ profile:** Directly relate the data from your needs assessment to an entire city. This allows you to assess the socio-demographic information on certain issues. It also allows you to predict a trend for these issues resulting from the future demographics of your community. Your needs assessment may find, for example, that current social programming is not meeting the expectations of older adults, but you may find that in light of a changing population, planning and funding future programming should factor in cultural diversity.
2. **Create a ‘neighbourhood-scale’ profile:** Neighbourhood-specific data can help you identify high-priority areas within your community and place broader issues in context. Your needs assessment may find, for example, that older adults are looking for information about home modification programs, but the broader ‘city-

scale' socio-demographic data suggests that the distribution of information packages requires a unique approach, because older homeowners are clustered in only a few neighbourhoods.

Most AFC and QoL instruments require you to use a specific set of questions and responses, allowing every community to collect and analyze data following a more or less standard procedure. In some cases, these instruments require a third party to analyze the data following a proprietary procedure that often involves some cost to the end user (for example, AdvantAge). These proprietary tools do provide certain benefits to the user: standardization and less direct analytical work. They have limitations, however. While getting answers at the end of an evaluation is important, the evaluation process itself can often be just as useful. This guide takes the approach that the partnerships, insights and shared understanding you develop through a bottom-up assessment procedure are indispensable drivers for change. You can only realize these partnerships, insights and understandings when local stakeholders explore local issues.

This guide allows you to create a customized instrument. As a result, it cannot also provide a standardized process for analyzing your data. However, data you collect under the p-e fit framework can identify gaps in your community infrastructure with a simple descriptive analysis. Below you will find a list of detailed recommendations to help you organize, generalize, synthesize and interpret the information you have collected. In analyzing your AFC data, you will discover the 'issue agenda' that will be the basis for your AFC action plan — keep this goal in mind as you work through your analysis. Although it is too early to know exactly what your action plan will look like, you should develop a general sense of what it will contain and how to structure it. Knowing these basic aspects will ensure your analysis approach does not hinder you from completing your plan.

Organizing the Data

1. Create a spreadsheet for your survey data and transfer each question and its responses into it. To determine the appropriate structure for your database, which will make finding useful information easier, know the general structure of your action plan. If you are basing your action plan around the AFC dimensions used in your needs assessment, we recommend you store each question as a row in your spreadsheet. This makes each column a different survey respondent. (**Note:** Because it is more common to structure an action plan around AFC dimensions, the remaining analysis recommendations assume this approach). If you are basing your action plan around specific groups of the population, you will want to do the exact opposite.

2. To quickly sort the information you gathered into the AFC dimensions, add a new column and give each question a numeric code based on the dimension into which it fits. Open the spreadsheet with your original questions set ([see Section 5](#)) and transfer the code for each question into your new spreadsheet.
3. Using the new 'Dimension Code' column, you can now quickly sort your data based on the AFC dimensions. When doing this, keep all p-e question pairs together, as the goal is to find gaps between what older adults need and prefer and what the environment currently supplies. Because each dimension represents a broad topic area, it will also be helpful to group questions within each dimension into smaller clusters representing more specific concepts. This more detailed grouping will make exploring your findings more logical and much more efficient. As an example, within the Mobility dimension, group all the public transportation questions together. Please refer to the instructions on how to use the Questions Database in the video available on the University of Waterloo website (www.uwaterloo.ca/env/finding-the-right-fit).

Generalizing the Data

4. In a new column, summarize the responses for each question using the most logical metric. In many cases this will probably be the average (or 'mean') response for a question, or the frequency of specific responses (for example, Yes=63; No=84). Keep in mind that the methodological decisions you have made, such as the sampling method you used, affect the metric you use to summarize your data. For example, if you collected data from a non-random sample of individuals at one location, like a mall, that could skew the responses you received in one direction. This would make using a mean score questionable, as it could misrepresent what the data is actually saying. In this case, using the median may be more appropriate. Consider using the following references to help determine which metric is best suited for your data.
 - Dictionary of Statistics & Methodology: A Nontechnical Guide for the Social Sciences (Authors: W. P. Vogt & R. B. Johnson)
 - Discovering Statistics Using SAS (Authors: A. Field & J. Miles)
 - The Basics of Social Research (Author: E. Babbie)

5. Most people have a much easier time understanding data in a visual format, instead of an assortment of numbers in a spreadsheet. Translate your summarized data into a set of graphs. Because we want to compare the fit of each p-e pair, a clustered bar graph is the most logical way to visualize the data. To organize the data, try to include several p-e question pairs in each graph. Use the groupings of specific concepts above to determine what each graph should include. Please refer to the instructions on how to use the Questions Database in the video available on the University of Waterloo website (www.uwaterloo.ca/env/finding-the-right-fit).
6. Determine whether there are any subpopulations within your survey sample — for example, different age cohorts — that you want to compare, and create the appropriate graphs.
7. Analyze the responses to any open-ended questions that you included by repeatedly grouping the responses into a set of themes. Each theme should represent a holistic idea, but not share a significant conceptual overlap with any other themes. The general name for this process is ‘content analysis’ and the following resources offer a great overview of its purpose and specific techniques to follow in its use.
 - The Content Analysis Guidebook (Author: K.A. Neuendorf)²¹
 - Qualitative Data Analysis: An Introduction (Author: C. Grbich)²²

Synthesizing the Data

8. Now that you have effectively summarized and presented data in a convenient format, explore the results. What you are looking for are gaps between older adults’ needs and what the environment supplies. If you followed the recommendations for organizing the response scales in your needs assessment, your graph will indicate a mismatch between the need and supply of a given resource. The table below summarizes the implications of the four results that could potentially occur for any p-e pair.
9. Identify the existing resources and resource deficiencies in your community and use the other data sources you have at your disposal (e.g., socio-demographic data, focus group data, open-ended questions) to provide context for the reason the gap exists and the potential consequences it might have on older adults’ QoL.
10. Use the socio-demographic information you have collected about your community to examine whether areas where a satisfactory supply (such as the right p-e fit) will remain stable as the community evolves, or whether you’ll have to act strategically to maintain this balance due to the changing context of the community.

	PERSON	ENVIRONMENT	IMPLICATION
POTENTIAL RESULT	High Needs Score	Low Supply Score	There may be an undersupply of this element in the community environment that is leaving older adults’ needs unmet and placing undue strain on their ability to adapt and maintain a high QoL.
	Low Needs Score	High Supply Score	There may be an oversupply of this element in the community environment and, although older adults’ needs are currently being met in this area, their overall QoL and the efficiency of the element in question (for example, a program) could be improved through a reallocation of resources.
	High Needs Score	High Supply Score	There appears to be a balanced supply of this element in the community environment and, although older adults’ needs are currently being met, the necessary supply of this resource should be monitored as the community changes to make sure it remains in balance.
	Low Needs Score	Low Supply Score	

Prioritizing the Issues

After identifying the gaps in your community’s physical and social infrastructure that present challenges to older adults’ QoL, establish which areas should be given priority in your community’s action plan. You can establish this ‘issue agenda’ in several ways — for example, asking a group of AFC experts to rank them. However, several decades of research on participatory planning indicate that a plan has a much higher likelihood of succeeding in its vision if the local population perceives it to be a true representation of its voice.

Talk to your AFC stakeholders again, addressing the principles, goals and priority dimensions that you established during focus group discussions. To help with this task, create a matrix similar to the one on the next page and use this four-step process:

1. Create a short, meaningful label for each gap you identified and add it to the first column in the matrix.
2. Use the dimension rankings from your focus groups to sort the eight dimensions into the matrix in the order of importance that you established.
3. Identify which dimension each of the gaps belongs to, for example by shading in the appropriate cell in the matrix.
4. Using the scale below, consider each gap along with the goals of your AFC initiative and determine how much you agree with the following statement: ‘Addressing this particular issue is critical to achieving one or more of the goals for this AFC initiative.’ Then add the appropriate rating to your matrix.

Gaps	← Dimensions in Order of Priority →							
	Decreasing Priority							Increasing Priority
	Outdoor Spaces & Buildings	Communication & Information	Civic Participation & Employment	Housing	Respect & Social Inclusion	Transportation	Social Participation	Community & Health Services
Dial-a-Ride								3
Streetlights				2				
Fitness Day						1		
Sidewalks			2					
Voting	1							

1 = Weakly Agree 2 = Agree 3 = Strongly Agree

Once you have completed this exercise, you will have a much better sense of what the priorities for your action plan should be. The further along the dimension scale a gap appears, and the higher you rated that issue’s importance, the more central it should be to your action plan.



APPENDIX V: FORMATIVE AND SUMMATIVE EVALUATION FRAMEWORK

Formative Evaluation

Experience from Canadian municipalities that are further along in the AFC process suggests that the early stages of carrying out your action plan will involve various stakeholders implementing many small-scale programs or projects, rather than a single ambitious intervention that requires a complex network of collaborations. To increase your chances of success, communicate emerging challenges and lessons between stakeholders.

An efficiently organized formative evaluation is one way to help make this communication possible. More specifically, it will be critical to consider the logical progression of initiatives as outlined in your action plan. This will allow you to determine how you evaluate a current program or set up a project with the organization or individual responsible for the next initiative in the sequence. By doing so, you can address issues that are important to all parties and, more importantly, uncover the lessons that can guide outcomes that better serve the needs of older adults.

Formative evaluations typically use the following questions and data sources; review them to help focus your efforts. For more in-depth guidance on conducting a formative evaluation read Chapter 5, 'Formative and Process Evaluation,' in Rosye et al., 2010, and Chapter 9, 'Implementation Evaluation: What Happened in the Program,' in Patton, 2008.

Formative Evaluation Questions

1. What do various stakeholders — participants, staff, administrators, funders — consider important to the program? How similar or different are those perceptions? What is the basis for and what are the implications of different perceptions?
2. What is the participant and staff feedback about program processes? What is working well and not working so well, from their perspectives?
3. What challenges and barriers have emerged as the program has been implemented? How have staff responded to these challenges and barriers? What 'bugs' do you need to work out?
4. What original assumptions have been proven true? What assumptions appear problematic? How accurate has the original needs assessment been? To what extent, if at all, are participants' 'actual' needs different from what you planned?
5. What do participants actually do in the program? What are their primary activities (in detail)? What do they experience? To what extent are those experiences yielding the immediate results or short-term outcomes you desired? Why or why not? In essence, does the model appear to be working?
6. What do participants like and dislike? Do they know what they are supposed to accomplish as participants? Do they 'buy into' the program's goals and intended outcomes?
7. How well are staff functioning together? Do they know about and agree on what outcomes they are aiming for? To what extent do they agree with the program's goals and intended outcomes? What are their perceptions of participants? Of administrators? Of their own roles and effectiveness?
8. What has changed from the original design and why? Why are adaptations from the original design being made? Who needs to 'approve' such changes? How are these changes being documented and reflected on, if at all?
9. What monitoring system has been established to assess implementation on an ongoing basis and how is it being used?²³

Formative Evaluation Data Sources

1. Client socio-demographic characteristics
2. Client service usage (type and amount of services clients received)
3. Referral sources (referral and co-ordinating agency perspectives of program strengths and weaknesses)
4. Staff characteristics:
 - Professional degrees
 - Experience
 - Socio-demographics
 - Staff perceptions of program strengths and weaknesses
5. Program activities:
 - Special events and meetings
 - Staff meetings
 - Training
 - Program protocols, procedures and training manuals
 - Any information to answer the questions: 'What happens to clients?' and 'What is the program?'
 - Observing program activities: is the program being implemented as it is supposed to be?
6. Minutes of board, staff and committee meetings
7. Correspondence and internal memos about the project
8. Client satisfaction data; client reports of program strengths, weaknesses and barriers
9. Financial data; program costs and expenditures²⁴

Summative Evaluation

As alterations to the built environment are completed and as programs begin to stabilize, evaluate the actual outcomes of your efforts and compare them to the goals you outlined in your action plan. This may be required by an external funding process, or you may need to determine whether an ongoing program calls for increasing local funding.

Chapter 7, 'Focusing on Outcomes: Beyond the Goals Clarification Game,' in Patton, 2008, describes in full detail the outcome-based evaluation that this section outlines briefly. This section describes the six elements that are central to this evaluation framework as they relate to the AFC context.

Target Group: The target group for the evaluation includes participants in a program or consumers of a service, or, more generally, individuals likely to benefit from an initiative. In the context of AFC planning, the target group will vary depending on the nature of the intervention. For programs that have been created or adapted, the target group will be program participants, while the target group for an intervention in the built environment will be the users of the space. Don't over-generalize when defining a target group. It is important for evaluative purposes that all members of the group share a desired outcome, which may not be the case if you make broad distinctions.

Desired Outcomes: The desired outcomes are the anticipated changes that will occur in the target group because of an intervention. Depending on the nature of the AFC program or project, this could include improving health, increasing access to public transit or decreasing feelings of loneliness and isolation. Although they may not exactly predict the outcomes, the explicit goals you developed help define what these outcomes are. Likewise, because the program or project you are evaluating was the focus of a strategy in your action plan, think about the answer to the following question: "What positive implications were expected as a result of implementing this strategy?"

Outcome Indicators: A sign of a desired outcome is one that you can measure in a meaningful way as attaining a particular goal. When measuring your desired outcomes, the best place to start is your needs assessment. Selecting indicators from your needs assessment will ensure continuity between the information baseline you have already developed and the evaluation of your programs and projects. You won't need or want to re-examine every question in your needs assessment. Use only the questions that relate to the particular intervention. For example, a measurement of a health-related outcome of a new program could be an improvement in older adults' ability to complete their daily living activities independently.

Data Collection Plan: Developing a plan for collecting data about your indicators involves many of the same details you discussed when you carried out your needs assessment (who will collect the data? How will it be collected? What is the sample and sampling technique? etc.) The difference at this stage is that you should involve the evaluation's intended user in decisions about the data collection plan. This will foster ownership and credibility, since collecting and reporting information in a format the intended user does not fully understand, or worse, does not trust, has little point.

Description of Results Use: Determining how to use your evaluation results increases the usefulness of your evaluation. Work with the intended user and imagine how to use the results in different scenarios. You can then predict weaknesses in your evaluation

design and adjust it, if necessary. Make sure the intended user is focusing on the implications of the results and what actions they would take in the immediate future. For example, if an evaluation determined that a mail-out program was highly successful at informing older adults in a particular neighbourhood about upcoming community events, the intended user might consider expanding the program and begin looking for resources to increase its capacity.

Performance Targets: The measurements you select determine whether you attain the performance targets. For example, a community might aspire to the following target: by 2013, 40 per cent of older adults will be regular users of public transit. The 40 per cent target is completely arbitrary, but when you design performance targets properly, this should never be the case.

Arbitrary targets may promote underachievement, or worse, simply be unachievable. Using past performance — in this case, the results of your needs assessment — is the best way to develop targets that represent a meaningful change and are realistic, given existing resources. Instead of prior local performance measures, look at standards other jurisdictions used, although local circumstances will always influence the usefulness of models you adopted from other jurisdictions.

GLOSSARY OF ACRONYMS

- AACs: Municipal accessibility advisory committees
- AARP: American Association of Retired Persons
- AFCs: Age-friendly communities
- AFO: Age-Friendly Ottawa
- AODA: The Accessibility for Ontarians with Disabilities Act, 2005
- AQoL: Australian Quality of Life
- CANSIM: Canadian Socioeconomic Information Management System
- CASOA: Community Assessment Survey for Older Adults
- CMHC: Canada Mortgage and Housing Corporation
- COA: Council on Aging (of Ottawa)
- GHQ: General Health Questionnaire
- HiCO: Housing in Canada Online
- HCoA: Hamilton Council on Aging
- ICES: Institute for Clinical Evaluative Sciences
- LEIPAD: Leiden (Holland) and Padua (Italy)
- MAREP: The Kenneth G. Murray Alzheimer Research and Education Program
- MOS: Medical Outcomes Study
- OSS: Ontario Seniors' Secretariat
- PATH: Partners Advancing Transitions in Healthcare
- P-E Fit: A person's ability to age well and independently comes from the relationship between his or her physical and mental capacity and the 'press' (i.e. barriers) of their environment
- QLESQ: Quality of Life Enjoyment and Satisfaction Questionnaire
- QoL: Quality of life
- QoLQ: Quality of Life Questionnaire
- QWB-SA: Quality of Well Being Self-Assessment
- U-FE: Utilization-Focused Evaluation
- VAN: Vital Aging Network
- WHO: World Health Organization

IS YOUR SMALL BUSINESS AGE-FRIENDLY?

Attracting and keeping customers in an aging population is essential to growing a business. Think about how to develop different product lines or improve your customer service.

Here is a checklist to help you make sure your business is taking care of the safety, comfort, visibility, clarity and respect of your clients:

Safety:

- Are your entrances clear of street furniture?
- Are your doors wide enough for wheelchairs?
- Is accessible seniors' parking available close to your premises?
- Do you have sturdy handrails on your stairways and have you marked the stair edges clearly?
- Is your flooring non-slip?
- Do you shelve your most popular items at medium height?

Comfort:

- Do you have seating at lineups?
- Are your service counters accessible to customers in wheelchairs?
- Do you have customer telephones with large-print buttons and ways to increase the sound volume?

Visibility and clarity:

- Are your premises evenly lit?
- Is your signage clear and understandable?
- Have you trained staff to speak clearly and help customers who have vision or hearing challenges?
- Is loud music playing that distracts those with hearing challenges or makes them uncomfortable?

Respect:

- Have you trained staff to avoid condescending behaviour and to be patient and friendly?
- Can your staff identify if a person is experiencing a medical emergency?
- Does your workplace promote an environment of respect among staff and customers, without stereotyping or drawing conclusions from age or ability?

Ask your customers or clients:

- Have you checked with your customers to find out what they see as obstacles?

By the numbers:

- Have you researched the number of older people in your market area and their disposable income to assess the size of your affected market? Visit the Ontario Ministry of Finance website at www.fin.gov.on.ca/en/economy/demographics/ for profile data on each municipality.

Source: 'Creating an Age-friendly Business in B.C.' Seniors' Healthy Living Secretariat, B.C. Ministry of Health, 2011 www2.gov.bc.ca/gov/topic.page?id=9B11E8EBO6194BOBB4DEC9DFA401825B&title=How%20to%20Become%20Age-Friendly

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