

# Fostering Knowledge Development and Exchange on Age-Supportive Communities

Report of the June 9, 2011 Meeting  
Toronto, Ontario

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Centre on Aging, University of Manitoba

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## **Centre on Aging, University of Manitoba**

The Centre on Aging, established on July 1, 1982 is a university-wide research centre with a mandate to conduct, encourage, integrate, and disseminate research on all aspects of aging.

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## Executive summary

The Public Health Agency of Canada (PHAC, Division of Aging and Seniors) collaborated with the Canadian Institutes of Health Research (CHIR), Institute of Aging and the Canadian Association on Gerontology (CAG) to host a meeting designed to foster knowledge development and exchange on age-supportive communities. The meeting, held on June 9, 2011 in Toronto, brought together 33 researchers and decision-makers.

Objectives for the day were to:

- identify major questions and issues relevant for age-friendly community (AFC) policy and practice; and,
- identify opportunities, models, potential partnerships, avenues and requirements for ongoing AFC knowledge development and exchange

The meeting involved presentations from several speakers to situate the topic and inform subsequent discussion by participants. The speakers were: Cathy Bennet (PHAC, Division of Aging and Seniors); Louise Plouffe (PHAC, Division of Aging and Seniors); Anne Martin Matthews (CIHR, Institute of Aging); Judy Brownoff (Saanich, BC); Norah Keating (University of Alberta); Richard Milgrom (University of Manitoba); and Catharine Ward Thompson (Edinburgh College of Art).

The first breakout session allowed participants to discuss what evidence already exists in the area of age-supportive environments and gaps in knowledge. The second breakout session had participants identify research questions and activities to address the gaps. Lastly, participants were asked to identify next steps and activities to move ahead knowledge development and exchange in the area of age-friendly communities.

Some of the key next steps mentioned by the participants included the need to:

- compare and align AFC with other initiatives (e.g., Smart Growth, Leadership in Energy and Environmental Design (LEED)-Neighbourhood Development). “We should not re-invent the wheel, but rather dovetail with what is already happening”;
- continue the dialogue by bringing together researchers, policy-makers, older adults and other stakeholders;
- synthesize and disseminate existing knowledge; for example, compile success stories (and failures);

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- conduct evaluation projects that document the process of implementing AFC in different contexts and examine outcomes for different groups;
  - examine a range of research topics, including a focus on the “big picture” —how do age-friendly domains interact and intersect—as well as how AFC plays itself out for different groups of people, across contexts, and over time;
  - secure funding for knowledge development and exchange;
  - build capacity by getting students involved in AFC; and,
  - continue to assist communities by creating tools (e.g., guidelines) and providing meaningful recognition.



# Overview

## Background

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The Public Health Agency of Canada (Division of Aging and Seniors) collaborated with the Canadian Institutes of Health Research (CHIR), Institute of Aging and the Canadian Association on Gerontology (CAG) to host a meeting designed to foster knowledge development and exchange on age-supportive communities. The meeting, held on June 9, 2011 in Toronto, brought together 33 researchers and decision-makers (see Appendix A for participant list).

## Objectives

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Objectives for the day were to:

- identify major questions and issues relevant for age-friendly community (AFC) policy and practice; and,
- identify opportunities, models, potential partnerships, avenues and requirements for
- ongoing AFC knowledge development and exchange

## Overview of meeting

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The meeting involved:

1. several presentations to situate the topic; and,
2. breakout sessions with participants to discuss:
  - What do we know about age-supportive communities and research to this point and what don't we know?
  - What are the key gaps in research, knowledge, policy and planning?
  - How can we address the gaps and what are the next steps forward?

The agenda for the day is provided on the following page.

## Purpose of this report

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This report provides a summary of the presentations provided at the meeting, as well as a compilation of the issues that were discussed by participants.

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### Fostering Knowledge Development and Exchange on Age-Supportive Communities

#### Agenda

|                       |  |
|-----------------------|--|
| <b>8:30 to 8:45</b>   | <b>Welcome</b> – Cathy Bennett, PHAC<br><b>Overview of Objectives and Expected Outcomes</b> – Verena Menec                           |
| <b>8:45 to 9:10</b>   | <b>Introductions and Overview of Day</b> – Peggy Edwards (PHAC)  |
| <b>9:10 to 9:20</b>   | <b>Age-Friendly Communities: Policy Context</b> – Louise Plouffe (PHAC)  |
| <b>9:20 to 9:30</b>   | <b>CIHR Institute of Aging Activities in the Area of Age-Supportive Communities</b> – Ann Martin-Matthews (CIHR, Institute of Aging) |
| <b>9:30 to 10:30</b>  | <b>Panel Discussion of Age-Supportive Environments</b><br>Moderated by Verena Menec<br>Judy Brownoff, Norah Keating, Richard Milgrom |
| <b>10:30 to 10:45</b> | <b>Break</b>   |
| <b>10:45 to 11:30</b> | <b>Breakout groups: What do we know? What don't we know?</b>   |
| <b>11:30 to 12:15</b> | <b>Reporting Back</b>  |
| <b>12:15 to 1:00</b>  | <b>Lunch</b>   |
| <b>1:00 to 1:45</b>   | <b>Breakout groups: Addressing the gaps</b>  |
| <b>1:45 to 2:15</b>   | <b>Reporting Back</b>  |
| <b>2:15 to 2:30</b>   | <b>Break</b>   |
| <b>2:30 to 3:45</b>   | <b>Next steps</b>  |
| <b>3:45 to 4:00</b>   | <b>Closing remarks</b>   |

## Introductory comments

Cathy Bennett (Acting Director, Public Health Agency of Canada, Division of Aging and Seniors) welcomed researchers and decision-makers from across Canada and abroad to the meeting. She noted that it was a mere five years ago that the Age-Friendly Cities research project was launched out of the World Health Organization (WHO) headquarters in Geneva. The needs of seniors from 33 cities around the globe were the primary data source in determining community features that promote active/healthy aging.

Today, more than 400 communities in Canada have committed to working towards becoming age friendly - and that number is growing. She further indicated that, with the collaboration from stakeholder groups from across Canada, the Division has recently developed a consistent model for age-friendly community (AFC) implementation in Canada which is referred to as the “milestone process”. This process allows for recognition of AFC initiatives by the provinces, PHAC, and the WHO. Ms. Bennet concluded by noting that the initial participatory research spearheaded by the WHO was critical to the implementation and success of AFC initiatives and that responsible public policies are always evidence-based.

Verena Menec (Professor, Centre on Aging, University of Manitoba) subsequently welcomed participants on behalf of the Canadian Association on Gerontology (CAG). She further introduced the objectives of the day: What research do we have? What is it that we do not know? What are the gaps? What, ultimately, do we need to do to address those gaps? How can we foster knowledge exchange? The Facilitator for the day, Peggy Edwards from the Division of Aging and Seniors (PHAC), next provided a brief introduction and overview of the day.

## Presentations

### Age-friendly communities: Policy context—Louise Plouffe

Louise Plouffe (Public Health Agency of Canada, Division of Aging and Seniors) provided a policy context of age-friendly communities in Canada. She noted that the vision is to have an age-friendly approach and planning in all communities so that older adults can participate actively and be in good health. Canada has been part of the age-friendly movement since 2006, with four cities participating in the WHO Age-Friendly Cities project (Saanich, BC; Portage la Prairie, MB; Sherbrooke, QC; and Halifax, NS). Canada also took the initiative to develop an age-friendly rural/remote communities' guide. Since the launch of the two guides in 2007, there has been much progress. Partnerships have been created as well as suggested activities (milestones) by which communities can develop a consistent approach. The province of Manitoba was the first to start a provincial recognition program, linked to federal recognition and recognition by the WHO. As well, a community of practice has been created through webinars.

Dr. Plouffe further indicated that the Division of Aging and Seniors has partnered with CIHR in research and knowledge translation activities in the area of age-supportive communities. The Division is partnering with CAG to develop an AFC knowledge translation platform. Lastly, Dr. Plouffe noted that the Division has been working on a logic model. One key question which requires more investigation is how, ultimately, AFC can reduce health inequalities.

### CIHR Institute of Aging activities in the area of age-supportive communities—Anne Martin Matthews

Anne Martin-Matthews (Scientific Director, CIHR Institute of Aging) presented a brief overview of the Institute of Aging's activities in regards to age-supportive environments. She first noted that the CIHR's mandate is two-fold: 1) to create new knowledge; and 2) the translation of that knowledge into improved health for Canadians. She went on to note that it is, therefore, important to create dialogue with the community, stakeholders and older people so that the right questions that need addressing are developed.

In 2005, the Institute of Aging introduced a strategic funding initiative on mobility in aging. A variety of projects were funded under this initiative. Although all the funding for the initiative has been allocated at this point, mobility in aging remains an area of particular interest. The Institute also brought together researchers from Canada and the United Kingdom (U.K.) to discuss issues in the area of the built environment. Dr. Matthews concluded by indicating that the 10-year, international review of CIHR will be available in July and that the Institute of Aging's Advisory Board will be looking at the whole array of initiatives at that point.

## Panel discussion of age-supportive environments—Judy Brownoff, Norah Keating, Richard Milgrom

The purpose of the Panel was to set the stage for the breakout sessions. Three participants with different perspectives (political/policy perspective; rural/research perspective; and planning perspective) addressed two questions: 1) where does research fit into the decision-making process? and 2) what kinds of evidence will be valuable? Panelists had ten minutes to present. Questions and comments were taken from the floor following the presentations.

### Judy Brownoff

Judy Brownoff (Councillor, Saanich, British Columbia) described the role research plays in decision-making processes at the municipal level. She noted that when government invests tax dollars it is important to have the data to show that there are improvements to the community. For example, in her area, municipal government has invested millions of dollars into trails. They then started to keep statistics of trail use, which showed that last year there were 1.6 million users. This demonstrated that the trails were in the right place. Although it not known whether creating trails makes people healthier, these statistics provided the opportunity to go to politicians to argue that there is a need to hire staff to clean the trails, provide washrooms, etc.

Ms. Brownoff further noted that although municipal government does not have the funds to monitor health outcomes, there is a need for doing so. For example, although we know that health levels are better for those engaging in activity we do not have research-based evidence that this was accomplished with seniors in her community. She also suggested that a standard questionnaire about health outcomes would be useful to have – one to use before and after a program that would illustrate these health outcomes. Finally, Ms. Brownoff noted that there is a need to demonstrate to businesses the financial benefits of being age-friendly.

## Norah Keating

Norah Keating (Professor, Department of Human Ecology, University of Alberta) commented on the need to be critical and evaluative in what we are doing in relation to AFC and where we are going. It is important to be aware of how political agendas affect seniors and communities; for example reducing public sector resources translates down to individuals and communities and can lead to compulsory volunteerism, whereby a small group of older adults are compelled to keep the community going. Dr. Keating further noted that it is important to consider questions such as, What do we mean by age-friendly? What does it mean across the life-cycle, across generations? For example, the Age Friendly (AF) initiative in sub-Saharan Africa is not the same as in Ontario. We also need to understand what we mean by “community”, “city”, “neighborhood”, as these terms may mean different things depending on one’s perspective (e.g., politicians, planners, or geographers).

Dr. Keating further highlighted the concept of “best fit” between community resources and particular groups of older adults. Important issues to consider include: Which groups of people do we need to target or want to target? How does the size and scope of communities make a difference? Which of the age-friendly domains are most prominent? How do communities and personal characteristics and resources change over time? Finally, Dr. Keating commented on the need for applied research to gain an understanding of which interventions work for which people to bring about specific outcomes, keeping in mind that “health” is not always the key outcome.

## Richard Milgrom

Richard Milgrom (Associate Professor, Department of City Planning, University of Manitoba) began by describing his work with communities, politicians, and people in regards to making communities more age-friendly. The challenge, he finds, is in trying to get people to understand something other than what they already have. He suggested that by visualizing it and showing it to the community, they are better able to understand the concept. He noted that research needs to document, compare and examine precedents—from not age-friendly to age-friendly. Each community is different and so the strategies for getting the community involved must be different. A solution to this would be to build a catalogue of different age-friendly strategies.

Dr. Milgrom further suggested that planning should be based on research (which is currently not always the case); that we need informed community engagement (public education); that we need political will to implement plans (a city can come up with a plan, but politicians can

choose to ignore it); and that we need practice-based plans that evolve and change as needed. We further need to continue research to evaluate plans as they are implemented. We also need to know who the decision-makers are (policy-makers, politicians, communities/public, developers) so that the research can be packaged to suit different audiences. Finally, Dr. Milgrom noted that a challenge is to have people think about long-term rather than short-term goals—it is easy to have short-term goals (e.g., put in a crosswalk), but more difficult to think in the long-term (e.g., implement mixed use environments that work for older and younger people) and overcome the inertia of “this is always the way we have done things”. He concluded by suggesting that demonstration projects are needed.

### Questions and comments from the floor

The panel discussion generated a number of comments and questions from participants. Key points included:

#### Barriers to becoming age-friendly

- Local governments often do not have the funding. For example, a school board will close a school due to demographic and financial pressure to keep schools where the population is growing and close those with fewer students. Due to these school closures, children that cannot walk to school have to get a ride and therefore miss out on the aspect of walking and staying active and healthy. An interesting demonstration project would be to come up with ways to fund things we know work, to avoid having negative demonstrations like closing a school. Public health should be looking into ways to transfer resources so that we don't have negative demonstrations.
- There may be resistance to the concept of AF; for example there can be resistance because a community wants to be a “young” city.
- There are countless by-laws and regulations that can stop us from effecting change. For example, streets are often designed at a speed of 60km/hour but the best speeds are 40km/hour for walking and an exemption is needed to change the speed to this level.

#### Taking into account diversity

- Age-friendliness is about people and places. We need to recognize the diversity of places as they exist, the capacity of those municipalities to engage in these initiatives, and the types of people who live in those places.
- Age-friendliness is more than the built environment; social aspects are also critical.

- We need to think about health more broadly; for example, the WHO definition of health includes spirituality.

#### Research evidence and funding

- We need to know more about causal relationships. If we change a community is it going to make a difference? Will it improve people's health? How do we make these changes and where do we intervene? With the person or the community? For example, how do we know that if we fix a sidewalk that this is going to make the older people in the community get out and walk?
- We need to be clear about what kind of research we are doing within the context of the policy-making cycle: a) agenda setting; b) policy formulation; c) decision-making; d) policy implementation; or e) or policy evaluation.
- The timing of natural experiments and funding opportunities are often not aligned to allow evaluation projects.

#### Communication and collaboration

- Politicians and planners work in silos – they often do not connect. At the local level it is not the mandate of the Ministry of Health to examine programmatic effects. So bringing groups together is important and challenging. Creating relationships and community building is part of the research.
- Having models with researchers that work together is a win-win. Platforms of sharing information are critical.

## Taking research into practice—Catharine Ward Thompson

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Catharine Ward Thompson (Professor, Edinburgh College of Art and the University of Edinburgh) presented on what her research team has learned when trying to get research translated into practice. Some of Dr. Ward-Thompson's suggestions to facilitate translating research into practice include:

- having a lot of partners; this makes a big difference in ensuring that research is useful and useable.
- producing attractive publications with catchy titles and full of pictures.
- creating well-illustrated guides with examples that planners and designers can use.
- raising contentious issues in guides by using quotes from qualitative research.



- 
- combining qualitative and quantitative research in publications and on websites and using numbers to make concepts easier to understand; for example, “Do you live within a 10 minute walk of a local open space? Those who do are twice as likely to achieve the recommended levels of walking”.
  - targeting current policy and practice, which gets individuals involved more quickly and allows targeted research on issues that are relevant to public authorities and policy makers

Dr. Ward Thompson also discussed some key lessons she has learned from conducting longitudinal research on environmental design such as: the difficulty and need to provide evidence on health and well-being; getting funding approval in time to undertake baseline studies; the difficulty in recruitment and retention of participants over many years, particularly in deprived communities; the strength of taking advantage of natural experiments for research, but at the same time the many delays that can occur when environmental work is put in place. These delays then also impact the research.

## Breakout sessions

### What do we know? What don't we know?

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The purpose of this session was to summarize the state of our current knowledge and the research activities underway or completed in terms of age-supportive community design and implementation. Further, this session aimed to identify key gaps in knowledge and research.

Participants broke out into four groups pre-determined by meeting organizers to maximize the diversity of the backgrounds of the members of the groups. Each group chose a rapporteur to report back to the plenary for the group. After introductions, the groups were tasked with discussing the following three issues:

In terms of age-supportive community design (built and social environments) and implementation:

1. What relevant research activities are completed or underway/planned?
2. How robust is the state of our current knowledge?
3. What are the key gaps in knowledge and research activities?

Comments were grouped into the following two major categories and subthemes:

#### What we know

##### We know about

- some specific improvements that are age-friendly (e.g., benches), as well as specific aspects of the built environment and how they relate to mobility (e.g., Geoff Fernie's research)
- the home environment and how to design homes to allow people to age in place (e.g., allow space for an elevator to be added, make bathroom adaptations possible, and having all on one-level)
- how to make public buildings more age-friendly
- assistive technology
- that the data suggests associations between age-friendly community characteristics and health

- the affordability of housing and transportation and that because many seniors have low incomes, places where seniors should be living will be out of their price range
- walkability audits, social and economic costs of care, care-giving in communities, migration issues and impacts, and social exclusion
- driving as a key issue; many seniors will at some point no longer be able to drive

#### We have existing data that can be mined

- There are national databases we can statistically test for which age-friendly domain(s) may impact particular groups; for example, how income and neighborhood characteristics impact health.
- We have data from focus groups in the four cities that participated in the WHO Age-Friendly Cities project and 11 communities that were part of the Age-Friendly Rural/Remote Communities' project.

#### We have research on similar initiatives, including:

- literature on the active living movement in communities
- over 20 years of information on healthy communities; we need to find connections and partner with this initiative and others
- literature across disciplines

#### We have evaluation projects underway

- The focus has been on looking at the implementation of the model; we are only beginning to look at questions for the outcomes.
- There is novel research underway (such as in Quebec) using an innovative participatory approach that engages with the community and implements, assesses, and evaluates the steps.

### What we don't know

#### The big picture

- We do not have evidence on the bigger picture of age-friendly as a process. Why do some communities embrace the age-friendly initiative and others not?
- Lots of wonderful work is happening in each of the eight domains, but we don't know how all of those fit together.
- We do not have evidence as to which of the eight age-friendly themes are important for specific groups.

- We need to learn how it all fits together – one thing may not produce change, two may not, but three may change the community. There may be non-linear effects (there may be a tipping point among social networks).
- We do not know the role of the private sector and should we look there instead of loading this entirely on governments?
- Should we redefine health? Is it broad enough and does it capture enough?
- We need to look at geographical versus social issues and neighborhood versus city. We need to look at the interface between the individual and the community. What is my community and how do I influence it? But also how does it influence me?
- Are we too focused on the environment? If we create a better environment for older adults will they use it?
- We must examine the built, social, and natural environment. How does the natural environment affect the age friendly community? For instance, climate change.

#### Addressing diversity—one size doesn't fit all

- We have a one-size fits all approach; for example curb cuts – one design may not be for everyone.
- We need a more nuanced understanding. Can we really have a universal design? Do the needs of one group mesh with the needs of another?
- We have not looked at issues for different cohorts within a senior population, such as between the young-old and the old-old.
- Are there generations of connectedness? Is it very different in the current cohort to the generation coming soon? What about those that Twitter and use Facebook? How will social media affect social connections?
- Research needs to start to look at differences in age, ethnicity, socio-economic status, regional differences and mindsets (values and attitudes) in these areas.
- We need to understand political attitudinal differences, cohorts (e.g., the baby boomers – will they move?).
- We need to examine the life course and understand how the different groups transition into stages.
- Do urban and rural communities differ with respect to features that are considered age- friendly by senior residents?

### Evidence of causality and/or methodological issues

- What is the robustness of our knowledge – what comes first? That is, if we make the changes, how do we know it works? If we build it, will they come or do we need them first before we build it?
- We need better evidence of causal relationships.
- Research around place is challenging because of migration of people into and out of the community.
- We need to “walk the talk,” but we need the evidence to convince decision-makers. We don’t have it to the degree that we would like.
- We do not know if the association between age-friendly communities and health is enough to make decisions. Do we need this information to make decisions? What evidence do we need? Can we localize this evidence to the communities? Can the evidence be creative or does it have to be empirical research from a quantitative approach?
- We are not good at interdisciplinary/cross-sectoral research. Different stakeholders need different evidence.
- The evidence gets interpreted by decision-makers and researchers can only give evidence shaded by /caveats of research. Researchers need to be conscious of this.
- What counts as evidence? It is hard to step outside our disciplines to understand what counts.

### Policy and cost-benefit

- We do not know about costs (to whom) and benefits; for example, the cost is to the city, but the benefit may be to the province.
- Where do policy levers lie? Who controls policy? Who sets the standards?
- We do not know the broad policy context and how to effect change? As policy is implemented, how does it impact age-friendly communities?

### Knowledge synthesis and transfer

- There needs to be a central fact forum where researchers can go to find out what is going on.
- There is a gap in systematic sharing of what is happening.
- When you go into a community they often say they do not need change – so we need to coach them as to why they do need change.

## Evaluation projects

- We need a better understanding of the activities underway in age-friendly communities' projects that are related to the social environment, and an evaluation of these activities. Do age-friendly community changes make a difference for seniors? Does getting outdoors make a difference for older people?
- We need an evaluation where the mechanism plus the context equals the outcome. In other words, find out what works for whom under what circumstances. Is the mechanism realistic and how was it changed and distorted? We need the implementation context.
- What is the impact of age-friendly community interventions on the physical and mental health of older persons and what are the economic impacts/benefits?
- What is the impact of cognitive impairment on exercise and social engagement (and vice versa)? We need to tease out the causal effects of the interventions (there is a lot of interplay and it is difficult to assess a particular effect or impact).
- We need to look at the competitive advantage of cities as an age-friendly city. The argument is being built around the idea that the people with money are going to move to places that are attractive to grow old in. We need to do migration studies. For example, some towns are pitching themselves as age-friendly which is a boon for them. However if the other towns around them are not changing as well, this may exacerbate inequities among cities/towns and may displace other people.
- We need to have before and after studies of current interventions. For example, the effects of urban densification on access to open space; the effects of shared spaces where cyclists, motorists and pedestrians share the same space; and the user-friendliness of tactile paving.
- We need an evaluation of equipment and designs intended to promote mobility.
- There is a need for intervention studies and programmatic interventions in different communities. Is it enough to change the environment or do you also need programs to make change happen? For instance, a pilot study could be undertaken that looks at the feasibility and power of one-on-one interventions with older adults to see how they move currently and then with a new destination.
- We need to look at the intergenerational relevance of age-friendly communities, further exploring the implementation of age-friendly communities and if they are sustainable.

## Addressing the gaps

In this session, groups were asked to review the gaps identified in the first session and then to identify key research questions and activities to help address the gaps and strengthen policy and practice related to age-friendly communities.

Comments were grouped into the following major categories:

### Taking a holistic approach

- We need to know what the points of intersections are along some of the action plans. Can we bring them together? How can this strengthen our understanding of age friendliness? Sometimes the eight age-friendly domains are not discrete and are overlapping. It is hard to disentangle them. Sometimes policies are discrete and sometimes they intersect. Are there certain ones that cluster together more than others?
- How do you do a study that captures the gestalt? When you put it under a microscope you find so much divergence. Can you break it down? As a whole, can you capture it? Is the age-friendly community template flawed? Is the starting place of research a process evaluation?
- We need to get single-track research themes to interact; the reality is more complex than the domain-specific themes (e.g. housing; transportation)
- Where do interactions occur between domains? Can domains be clustered, and can the cluster components be measured? How do these interactions affect our understanding of age-friendly communities?
- With age-friendly communities we can focus on particular domains such as transportation and housing and leave out the other domains, but it is hard to imagine those ones alone since they can touch the others.

### Comparative research—across groups, contexts, and time

- We need to examine the extent of the compatibility of needs of any one group and the incompatibility of needs. How can we bring them together as one group? How can incompatibilities be resolved?
- What incentives are effective in influencing behaviours? For examples, what tradeoffs do people make in deciding to go or not go to the park?
- We need to compare older people who had to move towards the city center and see what they have gained and lost versus those who stayed in place.

- What do people seek in the environment and how does this change over time? How can the environment become more age-friendly around specific issues, for instance in cognitive impairment? How do we build in flexibility and adaptability to that group?
- What demands do people make on the environment and how does this change as people grow older? What kinds of environmental features are effective in accommodating aging-related changes?
- We should conduct an environmental scan on what has been done on intergenerational projects. What can we learn? What changes to the built environment that are good for older adults are good for other age groups/ everyone? What can we learn from intergenerational work in other sectors?
- What is the benefit of intergenerational programs on older adults/ youth/child health (with health broadly defined)?
- How do different generations use space to live, work, play? How do they perceive “play”? Is what is good for older adults also good for children and youth? How can generations come together to learn how to share space?
- We need to look across generations, socio-economic groups, and abilities.
- What is the impact on seniors, economics, relationships, and for the decision makers?
- We need to assess the gap between the public and private sphere.

#### Evaluation projects

- We need evaluations of indirect/direct causality. As such, we have to be cautious in choosing long-term outcomes; rather we might choose shorter-term outcomes.
- We need to include a process evaluation that documents the process and identifies the barriers and facilitators to change/implementation and sustainability. For example, collect stories, and develop case studies (successes and failures) including all the details, that is, fully contextualized.
- Age-friendly communities must be recognized not as an end point, but an ongoing process.
- We require a logic model with outputs specified (process evaluation).
- We need to determine what success is at the level of the community and at the level of the individual. What predicts community success and what predicts individual success?



- At the individual level health and happiness are important indicators of well-being. Can we measure this?
- We need to examine where age-friendly community initiatives have not met the goals or has not been carried forward. We like to orient towards success, but we often learn more from the failures and asking questions as to why that happened.
- How adaptable is the age-friendly cities process to a range of communities? When and why does the age-friendly cities process fail?

#### Benefits to municipalities

- What are the benefits to municipalities? Can we look at some of the different policy perspectives and the ways they act at different jurisdiction levels, and how they create age –friendly changes?
- What are the benefits to municipalities of investing in seniors?
- Is the age-friendly toolkit a research tool or a community development tool? We need to get a dialogue going with the people who developed it.

#### Specific topics

- We should conduct research from a real estate perspective; for instance, is there any change in looking for houses regarding age-friendliness?
- How do we make suburbia more age -friendly? Should we be thinking about aging in place?
- What is the experience of people who move? What do they experience as gains and losses? How do they evaluate their decision to move?
- We need to look at factors that influence changing housing type.
- We need to understand how age-friendly communities start from a community approach and then go theoretical. A theory driven approach is useful as well, but theory can also come out of the research.

#### Research designs

- Mixed methods, interdisciplinary and cross-sectoral are important.
- Quasi-experimental designs to assess the effect of the environment at different points along the causal chain are needed.
- What is required is a multi-year, international case study approach – applied age-friendly city approaches and then a meta-analysis to see what the successes and failures are.

## Alignment of age-friendly initiatives with other initiatives

- What is the difference between age friendly communities and healthy communities? Age friendly and active aging? It is a new name but perhaps it is the same thing.
- We need to harmonize, align, and recognize the common elements of age-friendly communities currently used by planners and decision-makers. Can the WHO active aging framework, which is comprised of three domains (health, participation, security) provide a common language for the age-friendly model? We could design a matrix that includes the three active aging domains (health, participation, security) and a number of initiatives planners are using (see Table 1 below). Advantages of this approach would be:
  - We do not need to create a new tool, but instead highlight where age-friendly communities fits into other tools and this therefore provides a common language for communication.
  - A matrix design could bring people together and ground the different systems of organization at the scale of local municipalities, planners, politicians, etc.
  - The matrix design could be part of an interactive website that shows what other places are doing.
  - Within the matrix one can have:
    - \* Case studies and examples in a tool box
    - \* Similarities and differences with other initiatives and tools
    - \* A link to political priorities and government mandate (opportunity to advocate for health through other issues like participation and security)

Table 1: Matrix developed by one breakout group that links the WHO active aging framework to existing frameworks and AFC

| Initiative            | Active Aging Domains |               |          |
|-----------------------|----------------------|---------------|----------|
|                       | Health               | Participation | Security |
| LEED-ND               | 8 AF domains         |               |          |
| Smart growth          |                      |               |          |
| 2050 – new approaches |                      |               |          |
| Etc.                  |                      |               |          |

## Next steps

Participants were asked to consider the question: “What next steps/ activities are needed to move knowledge development and exchange ahead in the area of age-friendly communities?” They were then tasked with writing their answers on an index card. Each participant could provide as many as three next steps.

The following presents key groupings of the next steps written down by participants:

### Aligning age-friendly with other initiatives

- We need to dedicate capacity to identify the co-benefits that exist between the goals of age-friendly communities (AFC) and those of other local development initiatives. We need to limit the perception that the AFC agenda is competing with other initiatives in all aspects.
- We need to work to highlight and/or compare how AFC fits into already established planning tools. We should not re-invent the wheel; rather we should dovetail with what is already happening.
- We must analyze existing initiatives and tools for common elements (matrix – see Table 1 above) that overlap with AFC.
- There is a need to research and develop a list of relevant planning philosophies and models (e.g. Healthy Communities, LEED, Regional Growth Strategy, Built Environment, Climate Change, Green Buildings Framework, etc). Maybe the development industry (i.e. Urban Development Institute, Home Builders) could help fund this.
- We should flesh out and develop the matrix model (see Table 1) and link it to the policy agenda.
- We must create knowledge transfer framework(s). The matrix model (see Table 1) should be a high priority.
- We need to move forward on the matrix (see Table 1).

### Continuing the dialogue

- We must support ongoing dialogue between researchers and policy-makers; i.e. there are opportunities to translate knowledge to action over time.
- There needs to be continued opportunities for researchers, policy makers and older adults to talk about AFC and the research agenda.

- We should have policy meetings among municipalities that are interested in AFC and those where it has been successful and those where not. Researchers can be observers. This would inform process research.
- We need to continue the dialogue around AFC (e.g. with workshops) to take steps like creating teams and starting specific projects.
- We need to get communities working together in partnership (including citizens, policy and decision-makers, etc.) to ensure the needs of all are met.
- We need to allow time and funds to get to know people in advance as it potentially leads to excellent collaboration.
- We must continue with the engagement that has begun today, as it has provided an opportunity to think outside the box and to be creative in a warm nonthreatening environment.
- Regular forums should be started to get researchers and policy-makers together.

### Knowledge synthesis and transfer

- We should share the information gathered today with relevant federal, provincial, territorial, and municipal departments (e.g. CMHC, HRSDC, CIC, Health, Planning)
- We need to create an interactive website repository of AFC and related projects, research, and tools (e.g. development, evaluation, etc.).
- We must disseminate existing knowledge on AFC in Canada through a website (and perhaps other means).
- It is necessary to mobilize research knowledge across the country. We do not always know what people in other regions are doing.
- There should be a follow up to this meeting at the one-year mark with research updates, progress, and examples.
- Workshops should be held with city planners, health planners, etc. to communicate research and findings.
- We must provide an area of exchange for partners and stakeholders working in AF communities.
- There is a need to establish inventory of AFC projects in each province (to date) and lessons learned (one or two).
- We should compile and describe successful precedents of age-friendly interventions at various scales and in all topic areas; include information on how they gained approval, gained funding, and evaluations (if available).

- There must be a knowledge synthesis of literature, including gray literature.
- There needs to be more sharing of experiences, “success stories”.
- We need a data base of activities and AFC initiatives based on type (e.g. transportation, housing)
- We need to develop a framework within which findings can be fitted and shared.
- We need to create and populate a user-friendly platform to present evidence available and how it matters and to whom.
- Start compiling stories on AFC projects—from citizens, champions, etc. (could be topic focused).
- Collect stories from people in different circumstances who have aged in different environments.
- Provide a summary of an example of AFC municipal councilors and researchers working well together.

### Evaluation projects

- There is a need for creating a research network that includes policy-makers, planners, older adults, developers and researchers. This network should develop multi-site AFC research projects focusing on: process and implementation evaluation; outcomes evaluation; and costs/benefit analysis.
- We need to bring key influential policy-makers together with researchers committed to making something happen. We need to forge a partnered agenda that serves to establish a rigorous and relevant evaluation (including baseline data, outcome focused measures, and longitudinal design) so as to create appropriate practice-based evidence for AFC.
- Develop a base questionnaire at the start of program (or initiative) and one for after the program is completed. This might help develop more relevant on-the-ground results.
- Commit to 3 to 5 year evaluation of AFC process/implementation.
- Facilitate applied research to measure the effects of the AFC implementation underway
- There is a need to get commitment from municipalities to offer interventions as opportunities for research and evaluation.

## Specific research questions and topics

- A focus on developing a research agenda that answers the right questions. Lots of gaps and ideas for research, but we need to ask what is most important and most likely to be funded.
- Decide whether research questions are short-term (need to develop indicators) or long-term (more fundamental).
- Distinguish (AFC) research questions from applied community development research questions.
- Get consensus and creation of research teams, i.e., develop some key research questions through research development workshops.
- Research on interventions with “seniors-in-training” (i.e. age 50–64). Is this the place to start AFC type awareness and programming?
- Address the sustainability of AFC projects.
- How to address the representation of elders in AFC (moving from tokenism to full participation).
- Address housing issues.
- Identify three areas of research; for example housing/aging in place, health outcomes of built environment, and cost benefits of AFC; and then develop strategies for disseminating the results.
- Survey the needs of those involved in AFC—the seniors only.
- What would an age friendly community look like in a First Nations community? There are many diverse communities and so a universal design may be difficult.
- Support and enable critical analysis of AFC. Much of the literature is blindly supportive. It is hard to believe it is all good.
- Communities are interested in AF initiatives but are restricted by resources and time. Thus, we need research that would help them choose between different AF initiatives.
- Identify gaps (theoretical, methodological, and practical).
- Understand the complexity of the issue (AFC is global and micro) and work towards solutions that are not necessarily “quick”, “neat” or over-simplified. We need to be sustainable and reflective.
- Consolidate the research questions and send them to all participants for comments.

## Tools

- Create AFC guidelines and checklists that are usable by planners at the municipal level.
- Refine AFC tools and identify ways to empower non-traditional decision-makers to push the AFC agenda.

## Continuing the momentum

- To move forward we should localize the AFC certification process (i.e. provincial/territorial) and tie certification to meaningful benefits/penalties.
- We must establish processes needed to develop partnerships that will lead to adoption/implementation of AFC model and guidelines.

## Funding

- \$\$\$
- We need targeted funding to support intervention research.
- Allow long-term funding for research/demonstration projects and follow-up studies.
- Funding, vision, and support needs to be provided for interdisciplinary research teams to form and collaborate in understanding how communities interact and change.
- Allocate research/knowledge transfer funds to AFC (\$ \$ \$).
- Collect and analyze longitudinal data of effectiveness of environmental interventions. This kind of research needs long and flexible funding for up to 10 years and not only for 3 or 4.

## Building capacity

- Provide student researchers with opportunities to share their enthusiasm and experiences.
- We should address the question of how to promote student researchers in AFC.
- Fireside chats with students and postgraduate fellows participating in AFC research from Canada and other jurisdictions.
- Student presentations on process evaluation.

## Closing remarks

Louise Plouffe from the Division of Aging and Seniors (PHAC) closed the meeting by describing the next steps to be taken and thanking participants for attending the meeting. She noted that as a first step, the Canadian Association of Gerontology will create an inventory of research that is underway or completed relevant to age-friendly communities on their website. The meeting today will help towards the set up of a Knowledge Translation tool that will be available for different audiences. As well, it is hoped, today's meeting will help generate applied research.



## Appendix A: Participant list

### Fostering Knowledge Development and Exchange on Age-Supportive Communities—Participants List

Thursday June 9, 2011

Toronto, Ontario

| Participant                  | Institution   | Email                               |
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## Appendix B: Workshop evaluation

At the end of the workshop, a survey was handed out to assess the usefulness of the meeting and obtain suggestions for future workshops. Twelve participants (36%) completed the survey. The following is a summary of responses.

- All participants that completed the evaluation felt that the workshop was a good use of their time.
- 67% felt that the workshop was able to identify major questions and relevant issues for AFC policy and practice to a “great extent”. The remainder felt it do so to a “standard extent”.
- Half of the participants felt that the workshop was able to identify opportunities, models, potential partnerships, avenues and requirements for ongoing AFC knowledge development and exchange to a “great extent”; the other half indicated it did so to a “standard extent”.
- All participants felt that the workshop agenda was structured in a way that maximized information sharing and interaction.
- Key areas participants mentioned that should be continued or implemented in future workshops included:
  - following up sessions regarding partnerships for AFC projects
  - continuing to blend researchers and policy-makers in workshop invitees
  - maintaining the size of the meeting, as it was a good size and had good group dynamic
  - using the breakout (small group) format as it made knowledge sharing much easier
  - providing introductions from all participants and not only those in one’s group
  - allowing time to discuss the review documents sent beforehand
  - including in future meetings a person from the WHO and other relevant federal departments
  - focusing more on opportunities, models, potential partnerships, avenues and requirements for ongoing AFC knowledge development and exchange
  - having multiple breaks to provide networking with others





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