

RESEARCH REPORT



Smart Growth, Livable and Sustainable Communities for Seniors Part 2: Phase Reports



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SMART GROWTH, LIVABLE AND SUSTAINABLE COMMUNITIES FOR SENIORS

PART 2: PHASE REPORTS

February 2008

prepared for:

Canada Mortgage and Housing Corporation (CMHC)

prepared by:

Industrial Economics, Incorporated

2067 Massachusetts Avenue

Cambridge, MA 02140

617/354-0074

with contributions from:

Dr. Gloria Gutman, PhD

Simon Fraser University

Smart Growth, Liveable and Sustainable Communities for Seniors

Part 2: Phase Reports

Prepared

By

Industrial Economics, Incorporated

In collaboration with Dr. Gloria Gutman, Professor Emerita,
Gerontology Department, Simon Fraser University

For

Canada Mortgage and Housing Corporation

Project Manager: Luis Rodriguez

February 2008

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TABLE OF CONTENTS

SMART GROWTH, LIVABLE AND SUSTAINABLE COMMUNITIES FOR SENIORS

PHASE I: LITERATURE REVIEW

PHASE II: REPORT ON FOCUS GROUPS

PHASE III: REPORT ON INDICATOR DEVELOPMENT

PHASE IV: REPORT ON CASE STUDIES

PHASE V: REPORT ON INDICATOR PILOT TESTING

SMART GROWTH, LIVABLE AND SUSTAINABLE
COMMUNITIES FOR SENIORS

PHASE I

LITERATURE REVIEW

SUBMITTED DECEMBER 5, 2006

TABLE OF CONTENTS

Introduction 1

Conceptual Overview of Smart Growth, Livable and
Sustainable Communities 3

Literature Review Findings 6

Annotated Bibliography

INTRODUCTION

Much has been written about the aging of the Canadian population in recent decades. From 1996 to 2001, the nation's population fell by 0.9% a year, while the population of those 65 and older grew at an annual rate of 1.8%, and the population of those 80 and older grew at an annual rate of 3.5%.¹ By 2026, Canadians 55 and over will account for 35% of the country's population (12.6 million people), representing a doubling in size of the current 55 plus population.² By 2030, a full 20% of Canada's population will be age 65 or older.³

The majority of Canadians over 55 years old own their own home. The homeownership rate for Canadians between the ages of 55 and 75 is approximately 75 percent, with a decline after the age of 75.⁴ Comparatively few seniors reside in supportive housing, assisted living, or care facilities, with only 7.4 percent of the Canadian population over the age of 65 living in institution settings.⁵ A previous literature review indicates that although data on the housing preferences of older Canadians is outdated, it is clear that most older Canadians want to age in place (i.e., to continue to live independently in their homes and neighbourhoods for as long as possible even if they become lonely, frail or develop disabilities).⁶ The meaning of home is a very powerful concept for people and for seniors in particular. Seniors often see their homes as an "anchor," a central and trusted staging ground for life's activities, and a place to express individualism. Seniors also associate living in their own home with independence, and the freedom to do as they choose.⁷

Unfortunately, many older Canadians are aging in place without the features of a built environment (e.g., walkability, transit options, and housing choices) that will support this

¹ Moore, Eric and Michael Pacey. Social and Economic Dimensions of an Aging Population (SEDAP). *Geographic Dimensions of Aging in Canada 1991-2001*. March 2003, p. 2.

² CMHC. "Determining the Implications of Population Aging for Housing and Residential Communities: Discussion Paper #2: Validating and Extending What was Learned from the Initial Literature Review (through Expert and Practitioner Views)." June 30, 2005, p. 1.

³ Center for Canadian Studies at Mount Allison University. "About Canada: Aging and the Canadian Population." 2006.

⁴ Canadian Housing Information Center. "2001 Census Housing Series: Issue 10: Aging, Residential Mobility and Housing Choices." *Research Highlights*. February 2006, p. 4.

⁵ Statistics Canada. Household Living Arrangements (1), Age Groups (17A), Sex (3) for Population in Private Households - Collective data from unpublished tabulation 27th October/03. 2001.

⁶ CMHC. "Determining the Implications of Population Aging for Housing and Residential Communities: Discussion Paper #2: Validating and Extending What was Learned from the Initial Literature Review (through Expert and Practitioner Views)." June 30, 2005, p. 23.

⁷ "Aging in Place." Presentation from Workshops at Simon Fraser University. 1997.

<http://www.justshelter.com/seniors/options/retire/aging.htm#aging>, accessed on Oct. 1, 2006, "Meaning of Home" section.

choice in the long-term.⁸ While the lack of walkability and transit options are typically problems for seniors living in the suburbs, urban seniors can face challenges related to personal safety and securing affordable housing. Seniors living in both urban and suburban areas may experience difficulty in accessing services in their neighbourhoods.

CMHC is interested in how the concepts of smart growth, livable communities, and sustainable communities intersect with and inform the aging in place trend. To explore this nexus, the IEc team has identified and reviewed over 35 pieces of literature on smart growth, livable communities, sustainable communities, and aging in place. This review has identified many pieces of literature that squarely address the nexus of these planning concepts and aging in place. We draw heavily from this literature in synthesizing our findings.

Our review of the literature is presented below. We begin by providing an overview of the concepts of smart growth, livable communities, and sustainable communities. This is followed by a section presenting the findings of our review on the intersection of these planning concepts and aging in place. While this literature review considers the implications of the built environment for those aged 55 and over, we recognize that senior citizenship is most often defined at 65, and that many seniors do not face physical or function limitations until into their 70s. In fact, it is “older old”, those over 80 years old, who most often require special planning consideration.⁹ Finally, we include an annotated bibliography in tabular form, which provides a description of each resource reviewed, as well as a checklist of common topics covered by the literature (i.e., street-level planning, transportation, housing, services, and community involvement). While the literature covers many aspects of the intersection between smart growth and aging, additional research focused specifically on the Canadian experience is needed.

It should be noted that several key issues associated with aging in place are distinct from smart growth, livable communities, and sustainable community approaches, and are therefore excluded from this literature review. These issues include promotion of barrier-free interior residential design; the availability and affordability of home retrofitting services; and the availability of paratransit and rideshare programs to address the transportation needs of seniors who can neither drive nor use public transportation.

⁸ The terms “walkable community” and “walkability” refer to locations where common goods and services are within easy and safe walking distance for pedestrians. Walkable communities typically have compact development patterns and contain design elements focused on pedestrian safety (e.g., sidewalks, streetscapes, etc.). <http://www.smartgrowth.org>, accessed on Dec. 4, 2006.

⁹ For example, the discussion of driving focuses on the segment of the senior population whose driving ability may be affected or impaired by their age. Most drivers under the age of 65 do not meet this description.

CONCEPTUAL OVERVIEW OF SMART GROWTH, LIVABLE AND SUSTAINABLE COMMUNITIES

In recent years, urban sprawl has emerged as a major concern in communities across North America. The automobile-dominated development patterns associated with urban sprawl have been linked to a range of societal problems, including urban decline, environmental degradation, government deficits, and social inequity. The smart growth movement, born as a reaction to urban sprawl, attempts to provide communities with options to manage growth more efficiently, while at the same time enhancing quality of life, preserving environmental resources, and saving taxpayer money.¹⁰

Smart growth encompasses a variety of themes centered on managing growth, improving communities, and protecting the environment. The principle elements of smart growth include:¹¹

- **Planning and Design:** Smart growth promotes the planning of resource-efficient communities that make use of concepts such as mixed-use development, transit-oriented development, walkable neighbourhoods, open space preservation, and green building design.
- **Economy:** Sprawling development strains local resources by forcing communities to pay for the expansion of municipal systems (i.e., roads, water, and utilities) and services (i.e., police, fire, and social services). By focusing on efficient development and design, smart growth encourages the cost-effective use of public resources. In addition, smart growth encourages the use of community-based small business investment and development to create a diversified local job market.
- **Environment:** The environmental impacts resulting from urban sprawl include habitat fragmentation, air pollution, degradation of water resources, and global warming. Smart growth practices seek ways to reduce the environmental “footprint” of development through community design, infill development, intensification, and improving transportation options.
- **Health:** Smart growth’s focus on efficient design seeks to diminish the impacts of development on human health by reducing air and water pollution. Additionally, by offering transportation options such as mass transit, bike lanes, and pedestrian

¹⁰ Canada Mortgage and Housing Corporation. *Smart Growth in Canada: Implementation of a Planning Concept*. August 2005, p. 1.

¹¹ The discussion of the central tenants of smart growth are based on the Smart Growth Network’s “Smart Growth Online: Overview of Issues.” <http://www.smartgrowth.org/about/issues/default.asp>, accessed on Oct 24, 2006 and Smart Growth America’s “Elements of Smart Growth.” <http://www.smartgrowthamerica.org/>, accessed on Oct 25, 2006.

walkways, smart growth encourages community members to participate in a more active lifestyle.

- **Housing:** Smart growth promotes housing options for diverse lifestyles and socioeconomic levels, and encourages the development of housing in a fashion that reduces automobile dependency through compact and mixed-use development.
- **Transportation:** Smart growth supports the development of transportation options (e.g., walking, biking, transit) to provide communities with choice and convenience. These options also protect public health and environmental quality, conserve energy, encourage mobility, and improve quality of life.
- **Quality of Life:** In contrast to sprawling development, which can separate and segregate society, smart growth aims to build community and preserve or create a unique sense of place. Smart growth calls for an investment in resources to revitalize city centers, adapt older sites and buildings to new uses, preserve historic character, and conserve open space.

LIVABLE COMMUNITIES

Woven throughout the fabric of the smart growth movement is the notion of creating “livable communities.” The definition of a “livable community” has evolved and expanded over time. Originally used to include broad topics such as quality of life and economic opportunity, the term has become associated with the principles of smart growth. Under this expanded description, a livable community is one that exhibits compact development patterns, provides transportation and housing choices, makes efficient use of public resources, and offers civic amenities.^{12, 13}

Recently, advocates have expanded the concept of livability to incorporate the needs of specific constituencies, including seniors. The American Association of Retired Persons (AARP) has modified the definition of a livable community to mean “[a community] that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life.”¹⁴

SUSTAINABLE COMMUNITIES

The terms “livable community” and “sustainable community” are often used synonymously in the literature.¹⁵ Similar to a livable community, a sustainable community refers to one that promotes smart growth concepts such as environmental sensitivity, compact design, and transportation options. However, a “sustainable community” is sometimes referred to in the literature as one that is continually adjusting

¹² AARP Public Policy Institute. *Livable Communities: An Evaluation Guide*. 2005, p. 15.

¹³ The “livability” of cities has also been evaluated on an even broader set of criteria including: health care quality and affordability, culture and educational opportunities. See “Vancouver tops liveability ranking according to a new survey by the Economist Intelligence Unit.” Economist Intelligence Unit. 2005. We do not include these broader criteria in the literature review of livable communities.

¹⁴ AARP Public Policy Institute, *Livable Communities: An Evaluation Guide*. 2005, p. 16.

¹⁵ <http://sustainable.org/information/aboutsuscom.html>, accessed on Oct. 25, 2006.

to meet the social and economic needs of its residents and future residents.¹⁶ Of particular importance to this research, some literature defines a sustainable community as one that can adapt to the needs of older residents. One example of this concept is FlexHousing™, an innovative approach to home design developed by CMHC that emphasizes accessibility and engineering to allow low-cost modifications that meet the needs of older residents.¹⁷

This literature review focuses on the smart growth concepts most relevant to seniors and to aging in place, such as pedestrian oriented land use planning, transportation options, housing options, and community engagement. This review does not address some the elements of smart growth, sustainability, and livability that do not directly affect aging in place, such as green building design, environmental protection, historic preservation and farmland conservation.

¹⁶ UK Ministry of Communities and Local Government, "What is a Sustainable Community?", <http://www.communities.gov.uk/index.asp?id=1139866>, accessed on December 4, 2006.

¹⁷ CMHC. "FlexHousing™ Adapts to Life's Changes."

LITERATURE REVIEW FINDINGS

IEC's review and synthesis of the literature yields eight distinct findings at the nexus of smart growth, livable communities, and aging in place:

1. *Some tenets of smart growth and livable communities -- specifically pedestrian friendly orientation of streetscapes, the availability of transit options and reduced reliance on automobiles, the existence of an affordable and diverse housing stock, and mixing of land use -- are especially important to seniors striving to remain independent members of their communities.*

Senior independence is predicated on mobility. In communities that lack transit options, pedestrian friendly streetscapes, and services within walking distance of homes, mobility is predicated on having a car and the ability to drive it. Many seniors lose the ability to drive or walk long distances as they age. Hence, low density, car dependent communities are not conducive to responding to the physical changes of aging. Several resources speak to the connection between multiple facets of smart growth and livable communities, and the needs of senior citizens striving to age in place, including:

- AARP Public Policy Institute. *Livable Communities: An Evaluation Guide*. 2005.
- M. Scott Ball. *Aging in Place: A Tool Kit for Local Governments*. Community Housing Resource Center.
- Elli Dalrymple. *Aging in Place: Making Communities More Livable for Older Adults*. Partners for Liveable Communities and the National Association of Area Agencies on Aging. 2005.
- Howe, Deborah. Funders' Network for Smart Growth and Livable Communities. "Aging and Smart Growth: Building Aging-Sensitive Communities." *Translation Paper Number Seven*. December 2001.
- International City/County Management Association. *Active Living for Older Adults: Management Strategies for Healthy and Livable Communities*. September 2003.

The common theme across this literature is that the suburban, low density land-use pattern predominant in Canada is mismatched with the needs of older residents because:

- Low density areas are typically car dependent and generally lack good transit options. In contrast, smart growth and livable community advocates call for pedestrian-oriented streetscapes and widespread availability of transit.
- Suburban streets are often unwalkable; sidewalks are not contiguous or do not exist, and pedestrian crossings are inconvenient and in many cases unsafe. In contrast, smart growth and livable community advocates call for streetscapes that are planned for pedestrians.
- Access to shopping and essential services (banking, healthcare, etc.) in suburban areas is often made more difficult by wide distances separating buildings, further hindering pedestrian access. In contrast, smart growth and livable community advocates call for higher densities and mixing of land uses (e.g., commercial/retail, residential, and recreational uses in close proximity) to enable walking from place to place.
- Housing alternatives that meet senior needs in terms of affordability and access to community are often not available in suburban areas. In contrast, smart growth and livable community advocates call for a diversity of housing options, including condominiums and town homes, focused around more compact spaces that are connected to the rest of the community. Smart growth and livable community concepts also promote the inclusion of housing and other uses in the same building or block, and allow for arrangements such as granny flats and accessory apartments.¹⁸

Over the past two decades, some North America cities have addressed the issues associated with urban sprawl through more comprehensive and coordinated municipal and regional planning. For example, metropolitan Vancouver has enacted a series of initiatives, including the Livable Region Strategic Plan, to manage growth through regional housing and transportation planning. The policies resulting from these initiatives have lead to modest increases in density, mixed-use development, and green infrastructure such as bikeways and walking paths.¹⁹

2. *Many planning and zoning changes needed to facilitate housing strategies that meet smart growth and livable community goals are the same as those needed to support aging in place.*

Although many Canadian seniors want to stay in their homes as they grow older, their homes are often in single-family units in low density, suburban locations, a living

¹⁸ Recent research by CMHC shows that intergenerational living arrangements, (e.g., granny flats, homesharing) can provide positive experiences for seniors and other family members, although all participants must be sensitive to privacy and other issues that may cause friction. In addition, CMHC found that regulatory limitations imposed by municipal zoning currently impede homesharing and similar living arrangements. CMHC. "Intergenerational Homesharing and Secondary Suites in Québec City Suburbs." *Research Highlight*. November 2006. See "Seniors' Housing for Senior: A Feasibility Study" *Research Highlight*. November 2006, for additional information on costs of converting single-family housing to secondary suites and the impact of zoning restrictions on the feasibility of conversions.

¹⁹ CMHC. Smart Growth in Canada: Implementation of a Planning Concept. August 2005, p. 20-48.

arrangement that can isolate seniors and prematurely strip them of their independence. As mentioned above, diversity of housing choice is a key tenet of smart growth and livable communities that has particular resonance for an aging population. Senior access to critical services is facilitated by mixing of land uses in close proximity and in a pedestrian-friendly layout. For example, two senior housing projects in Everett, Washington, were built next door to the senior center. Within the center, seniors can access pharmacies, grocery stores, and retail shopping. Medical services, including hospital care, are also located within a 12-block radius.²⁰ In order to facilitate aging in place, Canadian communities will need also to focus on building a concentration of housing in infill areas. For example, the Village of Minoa, New York converted an outdated high school in the village center into a housing development, which provides residents with easy access to shopping and other amenities.²¹

In addition, the development of an adaptable housing stock can facilitate aging in place. One example, CMHC's FlexHousing™ initiative, revolves around three core principles—accessibility, adaptability, and affordability—and provides for a wide range of housing options, including single-family homes, apartments, and condominiums. FlexHousing™ minimizes the need for specialized housing or expensive renovations by incorporating safety and flexibility in the planning and design of homes. For example, a home designed with FlexHousing™ principles allows for the easy conversion of a family room to a bedroom if the residents' needs change over time. In addition, FlexHousing provides safety and security for aging residents through design features such as wide doorways, easy-to-grasp handles, and non-slip floors.²²

Several planning and zoning changes are needed to facilitate this shift in housing development. Local political and planning systems are often geared towards low-density development, and several clear planning and zoning obstacles stand in the way of developing dense housing in infill areas. Standard planning requirements such as minimum lot size requirements, setbacks, and parking requirements are designed for auto dependent land use and directly hinder denser housing development. Conventional zoning precludes smart growth options (e.g., townhouses, condominiums, etc.) In addition, the development of accessory, or "in-law" apartments, which are sometimes used by caregivers of elderly people, or by elderly people living in their children's homes, is often precluded by zoning codes that allow for only single-family units in many areas. Similarly, converting existing single-family homes into multi-unit homes is often precluded by zoning.²³

In contrast, smart growth zoning codes encourage dense development by allowing mixing of land uses, mixing of housing types, smaller lot sizes, and narrower, shorter streets.

²⁰ Howe, Deborah. Funders' Network for Smart Growth and Livable Communities. "Aging and Smart Growth: Building Aging-Sensitive Communities." *Translation Paper Number Seven*. December 2001, p. 9 and M. Scott Ball. *Aging in Place: A Tool Kit for Local Governments*. Community Housing Resource Center, p. 11-12.

²¹ New York State Commission on Rural Resources. *A Guide to Planned Unit Development*. Fall 2005, p. 5.

²² CMHC. "FlexHousing™ Adapts to Life's Changes."

²³ Canadian Housing Information Center. "Implementing Sustainable Community Development: Charting a Federal Role for the 21st Century." *Research Highlights*. December 2000, p. 3. "Aging in Place." Presentation from Workshops at Simon Fraser University. 1997, "what hinders and what helps in providing supportive housing for seniors" section. International City/County Management Association. *Active Living for Older Adults: Management Strategies for Healthy and Livable Communities*. September 2003, p.13.

Smart growth zoning also typically requires sidewalks and safer crossings. One particularly intensive form of mixed-use development is the planned unit development (PUD) approach, which makes retail and other services available within the housing complex itself, greatly minimizing distances between residences and services.²⁴

In addition to changing zoning to remove barriers to smart growth, local governments can employ tools such as inclusionary zoning, density bonuses, and traditional neighbourhood design zoning overlays to encourage development of dense, age-sensitive infill housing. These tools are also commonly used to encourage affordable housing by reserving a percentage of new housing units for low- and mid-income individuals and families.²⁵ For example, the City of Stratham, New Hampshire modified its zoning code to create an "affordable senior housing zone," which removes minimum lot sizes applicable to the rest of the community and encourages building smaller, denser units.²⁶

3. *Smart growth streetscape planning for seniors must include attention to small details that, in combination, have significant impacts on the ability of older residents to take advantage of pedestrian routes.*

Smart growth and livable community approaches dictate that streetscapes are designed on the human scale and are pedestrian friendly. To fully meet the needs of an aging population, not only do streetscapes need to be generally pedestrian friendly and walkable, but additional considerations and features must also be incorporated. The literature on streetscape planning that meets the needs of older citizens includes:

- AARP Public Policy Institute. *Livable Communities: An Evaluation Guide*. 2005, p. 48-49.
- Burton, Elizabeth and Lynne Mitchell. *Inclusive Urban Design: Streets for Life*. Architectural Press. 2006.
- CMHC. "Aging, Communities and Planning for the Future: A CMHC Literature Review." (Draft) April 2005, p. 16-23.
- Elli Dalrymple. *Aging in Place: Making Communities More Liveable for Older Adults*. Partners for Liveable Communities and the National Association of Area Agencies on Aging. 2005, p. 22-23, 40-42, 85-93.
- Howe, Deborah. Funders' Network for Smart Growth and Livable Communities. "Aging and Smart Growth: Building Aging-Sensitive Communities." *Translation Paper Number Seven*. December 2001, p. 5-8.

²⁴ CMHC. "Determining the Implications of Population Aging for Housing and Residential Communities: Discussion Paper #2: Validating and Extending What was Learned from the Initial Literature Review (through Expert and Practitioner Views)." June 30, 2005, p. 29

²⁵ M. Scott Ball. *Aging in Place: A Tool Kit for Local Governments*. Community Housing Resource Center, p. 11-12.

²⁶ National Association of Area Agencies on Aging: "The Maturing of America - Getting Communities on Track for an Aging Population." September 2006.

- International City/County Management Association. *Active Living for Older Adults: Management Strategies for Healthy and Livable Communities*. September 2003, p. 8-11.

The literature includes many examples of streetscape details that can make the difference between mobility and isolation for older residents:

- Safer crosswalks: Strategies for creating safer crosswalks include using reflective crosswalk paint and raised crossings/speed bumps; programming signals for longer walk durations; providing audio cues at crossings; and taking other actions to minimize potential conflicts with automobile traffic.
- Better sidewalks: Strategies for making sidewalks more inviting include ensuring adequate width so that two people can walk side by side; keeping sidewalks well maintained and free of obstructions (e.g., overgrown vegetation); and using no-slip materials (e.g., high tech rubber sidewalks).
- Better visibility: Ensuring adequate illumination at night, for example by supplementing overhead lighting with low-level lighting that highlights ground features, and using lighting that is incorporated into design features, helps to orient seniors. Increasing signage, and using larger lettering on street and business signs, also helps older residents to get where they want to go.
- Resting places: Providing benches and other resting places, and areas of shade and shelter, enable more seniors to take advantage of pedestrian routes. In addition, ensuring access to public restrooms in densely populated areas is also recommended.

For example, the City of Vancouver, Mount Pleasant Wellness Walkways program retrofits and enhances existing streetscapes and open spaces to improve the safety, walkability, aesthetics, and social interaction along the streets of the Mount Pleasant neighbourhood. The program has successfully incorporated many of the design elements enumerated above through an inclusive participatory design process.²⁷ In addition, the City of Hamilton, Canada has pioneered a streetscape marking system that, in addition to incorporating all of the above streetscape features, includes a "Braille" system to help seniors and visually impaired residents navigate throughout the city's downtown area. This system represents the state-of-the-art in streetscape planning for universal access. It uses a series of different surface textures to communicate the delineation of sidewalks, pathways, bus stops, entranceways, and curbs. These textures can be felt by foot or by cane, and are uniform throughout the downtown area.²⁸

4. *The smart growth emphasis on widespread transit availability facilitates aging in place, although age sensitive transit features are needed to make seniors feel safe and comfortable using transit systems.*

²⁷ City of Vancouver, Community Services, Planning Department. "City of Vancouver, Mount Pleasant Wellness Walkways."

²⁸ Tomic, Sinisa. Hamilton Urban Braille System: Urban Design for an Aging Society. Plan. Spring 2003.

Seniors take advantage of public transportation where it is available. In general, the availability and quality of public transportation is a function of population density. In fact, subway and trolley service is generally not affordable from a fiscal perspective at low housing densities.

Research conducted in the U.S. shows a direct relationship between population density, public transportation use, and senior isolation. In other words, seniors who live in denser areas are more likely to have access to and take advantage of transit, and are therefore more likely to interact with the community. Seniors in the U.S. living in communities with 25,000 residents or more report a 58% rate of occasional transit use, compared to a 38% rate of transit use for seniors who live in communities with 10,000 to 25,000 people, and a 5% rate of occasional transit use for seniors living in communities with a thousand or less residents. Seniors in the U.S. living in communities with 25,000 people per square mile report staying home 43% of the time, compared to 61% of the time for seniors who live in communities with a thousand residents or less.²⁹

For transit systems to accommodate the needs of seniors (i.e., people 65 years old or more), however, they need to be accessible and convenient. Transit systems can accommodate senior needs by minimizing stairs in stations and in entryways to trains and buses, and by facilitating wheelchair access. Many transit systems are geared towards servicing a workforce during working hours, and provide less service to non-work destinations and during off-peak hours. For transit systems to be convenient for seniors, they must provide service to places that seniors want to go, and provide adequate service during off-peak times (e.g., mid-morning and mid-afternoon).³⁰ In addition, minimizing transfers and ensuring that the transit system stops at locations that are frequented by seniors, such as medical facilities and religious institutions, encourages senior ridership.³¹ For example, Phoenix, Arizona's Central Station provides a one-stop transit hub that allows passengers to choose from 12 local bus routes or service to downtown. The Central Station also has well-marked bathrooms, information services, and rest areas.³²

Finally, building new services that seniors use (e.g., medical facilities, grocery stores, pharmacies, and banking) in very close walking distance to a transit stop will make it more likely that seniors are able to use transit to access these services.

Transit systems also must be easily understood by seniors. *The AARP Livable Communities Evaluation Guide* notes that routes that are not well marked or not easily learned can be very confusing to older residents, and will discourage senior ridership. It is also important that transit systems announce major stops to help seniors and the visually impaired; this is best accomplished with automated announcements.³³ In addition, having convenient and easy to understand schedules also helps seniors take advantage of transit options.

²⁹ Bailey, Linda. Surface Transportation Policy Project. *Aging Americans: Stranded Without Options*. <http://www.transact.org/report.asp?id=232>, p. 9.

³⁰ Andrew Cochera et al., *Beyond 50.05 A Report to the Nation on Liveable Communities: Creating Environments for Successful Aging*. AARP Public Policy Institute, May 2005, p. 81.

³¹ AARP Public Policy Institute. *Livable Communities: An Evaluation Guide*. 2005, p. 25.

³² Cochera, Andrew et al., *Beyond 50.05 A Report to the Nation on Liveable Communities: Creating Environments for Successful Aging*. AARP Public Policy Institute, May 2005, p. 86.

³³ AARP Public Policy Institute. *Livable Communities: An Evaluation Guide*. 2005, p. 23-25.

It should be noted that some seniors are too frail or incapacitated to use public transit systems, despite the accommodations described above. Seniors who are unable to use fixed route transit need options such as escort transit and paratransit to maintain their mobility.³⁴

5. *Many seniors harbor concerns about crime and personal safety that need to be taken into consideration when promoting walking and public transit use among senior citizens.*

Smart growth strategies are designed to minimize driving and increase reliance on other modes of transportation, with walking and public transit being those most applicable to seniors. A smart growth and livable communities strategy needs to include attention to personal safety issues in order to make seniors comfortable walking around their community, especially at night. The *AARP Livable Communities Evaluation Guide* provides concrete planning recommendations for reducing the fear of crime. Some of these recommendations are the same as those that address general safety concerns, such as ensuring adequate lighting and keeping vegetation from overgrowing public spaces. Specific suggestions related to crime prevention include minimizing potential entrapment areas, posting neighbourhood watch signs, and installing police call boxes.³⁵ For example, in response to community concerns regarding slow emergency response times (as a consequence of urban sprawl), Cuyahoga Falls, Ohio, embarked on a Light Bulb Giveaway Program, which provided free strobe-type lights to seniors to place on their homes. When turned on, the flashing bulbs immediately alert emergency crews to the house with the emergency issue. This successful program has reduced emergency response time and has been heralded as a cost-effective means to increase the security of seniors.³⁶ In addition, ICMA guidance refers communities to resources on Crime Prevention Through Environmental Design, which is a planning approach that uses design elements to discourage crime.³⁷

6. *Seniors who should not drive but do because they do not have other transportation options pose a risk to themselves and others. Smart growth planning mitigates the need for seniors to drive.*

Because of the direct link between driving and mobility in low-density communities, many seniors in such communities continue driving for as long as possible. Current research projects a dramatic increase in the number of seniors aged 65 and over who will hold drivers licenses in British Columbia.³⁸ In addition, a U.S. transportation survey found that 73% of older Americans continue to drive. Seniors tend to give up driving

³⁴ These services are out of the scope of this literature review.

³⁵ AARP Public Policy Institute. *Livable Communities: An Evaluation Guide*. 2005, p. 63-71.

³⁶ Elli Dalrymple. *Aging in Place: Making Communities More Liveable for Older Adults*. Partners for Liveable Communities and the National Association of Area Agencies on Aging. 2005, p. 152-153.

³⁷ International City/County Management Association. *Active Living for Older Adults: Management Strategies for Healthy and Livable Communities*. September 2003.

³⁸ Wister et al. *Older Drivers in British Columbia: Predicting Future Patterns and Assessing Strategies for Prevention of Accidents*. A Report for the Insurance Corporation of British Columbia's SMART Program. 2000.

incrementally; surveys indicate that a majority of seniors over the age of 75 reported that they avoid night driving and rush-hour traffic, but still drive under normal conditions.³⁹

Unfortunately, older drivers suffer disproportionate injuries in auto accidents; a U.S. study showed that drivers over the age of 85 have an accident fatality rate nine times higher than younger drivers per mile driven.⁴⁰ Providing older residents with a built environment that allows them to stop driving while maintaining independence and mobility would reduce the number of seniors and others injured or killed in automobile accidents.

Moreover, communities that embrace walkability and transit are more likely to retain their senior residents. While the majority of seniors move to retirement housing because of other primary factors, ease of access to transportation is one factor that may play into the decision to move.⁴¹

Some cities are taking proactive approaches to improving walkability and decreasing automobile reliance. For example, Peachtree, Georgia is expanding and improving its multi-use paths to interconnect all city areas, so citizens can walk from place to place.⁴² In addition, Richmond, Virginia residents are working with city officials to identify areas that demonstrate good and poor walkability. These discussions have led to a number of improvements in walkability around the city.⁴³

7. Senior isolation due to a lack of mobility has negative economic and civic impacts that can be avoided with smart growth planning.

Senior citizens play a key role in their communities. Per capita, elder citizens contribute the most hours to volunteer work, and are generally active in local government and civic affairs.⁴⁴ Older residents often have time and expertise to lend to community life. Older citizens also contribute to the community economically, through spending at local businesses and through local property taxes.

The forthcoming generation of senior citizens, the baby boom generation, is expected to be the most vital generation of senior citizens yet, with enormous potential to make contributions to their communities. Baby boomers are a historically socially and civilly active demographic group. Compared to former generations, this generation of seniors is better educated, and baby boomer seniors are expected to be in better health and live

³⁹ Hendrickson, Christy Cannon and William Mann. "Changes Over Time in Community Mobility of Elders with Disabilities." *Physical & Occupational Therapy in Geriatrics* 23(2/3), 2005: p. 77.

⁴⁰ Bailey, Linda. Surface Transportation Policy Project. *Aging Americans: Stranded Without Options*. <http://www.transact.org/report.asp?id=232>, p. 3 and CMHC. "Determining the Implications of Population Aging for Housing and Residential Communities: Discussion Paper #2: Validating and Extending What was Learned from the Initial Literature Review (through Expert and Practitioner views)." June 30, 2005, p. 21.

⁴¹ Hendrickson, Christy Cannon and William Mann. "Changes Over Time in Community Mobility of Elders with Disabilities." *Physical & Occupational Therapy in Geriatrics* 23(2/3), 2005: p. 77, p. 78.

⁴² National Association of Area Agencies on Aging: "The Maturing of America - Getting Communities on Track for an Aging Population." September 2006, p. 16.

⁴³ International City/County Management Association. *Active Living for Older Adults: Management Strategies for Healthy and Livable Communities*. September 2003, p. 7.

⁴⁴ Hall et al. *Imagine Canada. Caring Canadians, Involved Canadians: Highlights from the 2004 Canada Survey of Giving, Volunteering and Participating*. 2006, p. 34-35.

longer than the current generation of seniors. This generation also controls substantial net worth, with higher levels of disposable income than previous generations of seniors.⁴⁵

A community that is designed to support senior mobility can take advantage of the talents and potential contributions of its seniors. Smart growth and livable development supports the role of older citizens in contributing to economic and community life. For example, the Penn South Housing Co-op in New York City encourages interaction between older and younger residents by placing design elements such as children's playgrounds near sitting areas and assigning garden plots to mixed teams of younger and older residents.⁴⁶

In addition, if seniors can walk to their local store or take transit into town, they are far more likely to continue previous rates of discretionary spending, and continue to engage in civic life. In contrast, seniors who are not able to leave the home cannot participate in this way, and may ultimately be faced with the decision to leave their community in order to have their mobility needs met.

The smart growth and livable communities movements stress the importance of community involvement, including elder involvement, in developing land use plans for their communities. Older residents often have a historical view of their community and can contribute valuable information to planning processes. Older residents can help identify general planning priorities as well as priorities that specifically affect older residents. For example, the AARP Active for Life program teams with local governments to utilize its membership in community walkability and other assessments that inform smart growth planning.⁴⁷

8. *Many Canadian communities have made minimal progress in achieving smart growth and livability goals to date, and are thus ill-prepared to accommodate the housing and mobility needs of an aging population. Government leadership is needed to make the smart growth, livability, and aging in place connection, and to push these issues to the forefront of public policy.*

A recent CMHC report, *Smart Growth in Canada: Implementation of a Planning Concept*, found that Canadian communities are struggling to meet the smart growth goals included in formal growth management plans. Low density, car dependent development dominates Canadian metropolitan areas, and transit options are often inadequate. The housing stock is dominated by large, detached, single-family homes and land use patterns that are not conducive to walking or public transit. Researchers found some progress over time in increasing densities, but little progress in promoting mixed uses, and backsliding in the areas of housing affordability, housing diversity, and transportation options.⁴⁸

Smarter growth has proven difficult for Canadian communities for a variety of reasons. The above report cited many barriers to smarter growth: lack of political will; the

⁴⁵ AARP Public Policy Institute. *Livable Communities: An Evaluation Guide*. 2005, p. 14.

⁴⁶ Ball, M. Scott. [Aging in Place: A Tool Kit for Local Governments](#). Community Housing Resource Center. p. 25.

⁴⁷ International City/County Management Association. *Active Living for Older Adults: Management Strategies for Healthy and Livable Communities*. September 2003, p. 7.

⁴⁸ CMHC. *Smart Growth in Canada: Implementation of a Planning Concept*. August 2005, p. 10.

cumulative effect of regulations (e.g., zoning, building codes) in perpetuating low-density development; financial barriers; and consumer preferences. In addition, CMHC interviews of developers, politicians, and community leaders in 2000 indicated that political and community opposition to denser housing is strong, that government funding formulas subsidize the current development pattern, and that it can be challenging to find affordable and suitable land to develop in urban areas.⁴⁹

Different places in Canada are experiencing different trends in aging, complicating the ability to chart a smart growth course for an aging population. Although two-thirds of Canadians reside in urban areas, small towns of a thousand to 2500 residents tend to have higher proportions of senior residents.⁵⁰ Smaller, more rural towns have greater challenges in meeting the transit and service needs of seniors. A study conducted over the course of the 1990s indicates that localities aging more rapidly than others tend to have fewer economic advantages, again posing challenges to making investments in planning, transit, and services that seniors need.⁵¹ These trends point to the need to dedicate national and provincial resources and coordination to address the needs of aging Canadians.

The literature contains many policy suggestions for pushing a smart growth agenda at different levels of government. In 2000, experts interviewed by CMHC recommended leveling the transportation playing field by changing the Income Tax Act to provide more funding to public transportation systems. They also recommended developing an international center of excellence on environmental remediation technology to address infill development barriers due to contamination in urban areas.⁵² Lessons learned from state-driven planning initiatives in the U.S. may be applicable to provincial planning in Canada. Examples include *Minnesota's Aging Initiative: Project 2030*, which identified the impacts of the aging of Minnesota's population and helped prepare the state's response.⁵³ In addition, The Strategic Plan for an Aging California provides a potential legislative model to serve the needs of aging populations. Under this plan, California is evaluating its ability to deliver a wide variety of services to older residents.⁵⁴

Beyond policy solutions, however, political leadership is needed to raise the profile of the aging in place and smart growth connection, to educate citizens about the conflict between aging in place and low-density land use patterns, and to illustrate how smarter growth can preserve independence and mobility for seniors. Currently, land use issues are often poorly understood by the general public, and are rarely connected to the widespread desire to age in place. If the general public buys into the argument that smarter growth would enable preferences for aging in place, it would lend support for building more livable communities that benefit all residents.

⁴⁹ Canadian Housing Information Center. "Implementing Sustainable Community Development: Charting a Federal Role for the 21st Century." Research Highlights. December 2000, p. 3.

⁵⁰ CMHC. "Aging, Communities and Planning for the Future: A CMHC Literature Review." (Draft) April 2005, p.4.

⁵¹ Moore, Eric and Michael Pacey. Social and Economic Dimensions of an Aging Population (SEDAP). *Geographic Dimensions of Aging in Canada 1991-2001*. March 2003, p. 22.

⁵² Canadian Housing Information Center. "Implementing Sustainable Community Development: Charting a Federal Role for the 21st Century." Research Highlights. December 2000, p. 5.

⁵³ Elli Dalrymple. *Aging in Place: Making Communities More Liveable for Older Adults*. Partners for Liveable Communities and the National Association of Area Agencies on Aging. 2005, p. 85-91.

⁵⁴ CMHC. "Aging, Communities and Planning for the Future: A CMHC Literature Review." (Draft) April 2005, p. 23.

ANNOTATED BIBLIOGRAPHY

LITERATURE	TOPIC			GEOGRAPHIC CONTEXT	SUBTOPIC					ANNOTATION
	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
<p>"Aging in Place." Presentation from Workshops at Simon Fraser University. 1997. http://www.justshelter.com/seniors/options/retire/aging.htm#aging g, accessed on Oct. 1, 2006.</p>		✓		Canada			✓	✓		Provides details on a set of presentations focused on aging in place given at workshops at Simon Fraser University in November of 1997. Includes discussions on housing design and options, residential area development, and the need to provide support services. Discusses barriers to supportive housing, including zoning restrictions, governmental compartmentalization, lack of knowledge, lack of guidelines and information, lack of awareness, and the high cost of land.
<p>AARP Public Policy Institute. Livable Communities: An Evaluation Guide. 2005.</p>			✓	USA	✓	✓	✓	✓	✓	Updates the original Guide, which was published in 2000. Provides a survey that offers communities a series of self-assessment questions (with a focus on older residents) that are designed to help groups identify issues associated with livability within a given community. Provides summary information, examples of successes, and potential survey questions on various topics, including transportation, walkability, safety, shopping, housing, health services, and recreation.
<p>AARP. Global Report on Aging, Special Edition on Livable Communities. Summer 2005. http://www.aarp.org/research/international/gra/gra_special_05/, accessed on Oct. 1, 2006.</p>			✓	Canada, Denmark, Germany, Japan, Netherlands, Philippines, Sweden, UK, USA	✓	✓	✓	✓	✓	Provides an international perspective on "aging in place" and livable communities. Contains a brief article by the British Columbia Premier on the aging population of BC and how BC government has made a focused effort to address this issue. Includes discussions of housing (affordability and design), home care, the role of communities and neighbourhoods, product design, mobility, transportation, accessibility, and local leadership from around the world.

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	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
Bailey, Linda. Surface Transportation Policy Project. Aging Americans: Stranded Without Options. http://www.transact.org/report.asp?id=232			✓	USA	✓	✓		✓		Provides descriptive statistics on the impacts of transit options and walkable communities on the mobility of U.S. seniors and their ability to participate in economic and social life. Includes statistics on senior driving rates and dangers, as well as statistics on seniors disproportionately affected by a lack of transportation options (e.g., rural populations, lower income and minority populations). Provides legislative and policy recommendations at the national, state, and local levels on transit funding, coordination between transit and human service agencies, and specific improvements to street design to meet pedestrian needs.
Ball, M. Scott. Aging in Place: A Tool Kit for Local Governments. Community Housing Resource Center. http://www.smartgrowth.org/libr ary/articles.asp?art=2126&res=1024			✓	USA	✓	✓	✓	✓	✓	Provides a set of local strategies to help local governments prepare for their aging populations. Includes recommendations on the integration of health care and services, housing and urban design, transportation, and planning and zoning. Includes an appendix with best practices and a condensed list of recommendations. Includes section on the use Geographic Information Systems (GIS) to help coordination of services and programs.
Benfield, F. Kaid, Matthew Raimi, and Donald Chen. Once There Were Greenfields: How Urban Sprawl Is Undermining America's Environment, Economy and Social Fabric. Natural Resource Defense Council and Surface Transportation Policy Project. 1999.	✓			USA	✓	✓	✓		✓	Provides an extensive overview of the problems associated with sprawl, including traffic, pollution, habitat loss and fragmentation, water resource issues, costs, employment, urban decline, and loss of community. Provides a set of guiding principles for smart growth, including strengthening inner cities, infill development, transit-oriented development, maintaining agricultural land, and controlling "big box" development. Offers several models of effective smart growth, including Portland, Oregon; Maryland; and Europe.
Burton, Elizabeth and Lynne Mitchell. Inclusive Urban Design: Streets for Life. Architectural Press. 2006			✓	UK	✓					Provides detailed information on the design needs of seniors. Discusses how older people move through the urban environment and how existing design hinders or helps seniors in their daily lives. Presents six street-level design principles including familiarity, legibility, distinctiveness, accessibility, comfort, and safety.

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	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
Canadian Housing Information Center, CMHC, "Implementing Sustainable Community Development: Charting a Federal Role for the 21 st Century." Research Highlight. December 2000.	✓			Canada	✓					Summarizes the status of current sustainable planning and development efforts in Canada and compares this to the progress made in Australia, New Zealand, the U.S., and northern Europe. Provides a table of barriers to incorporating sustainable community features in Canadian community development processes, including lack of suitable land/high cost of land; development geared toward low-density/automobile-based designs; lack of government support; and narrow standard planning requirements. Concludes that the development of sustainable communities has taken hold outside of Canada, principally in northern Europe.
Center for Canadian Studies at Mount Allison University. "About Canada: Aging and the Canadian Population." 2006. http://www.mta.ca/faculty/arts/canadian_studies/english/about/a_aging/index.htm#table , accessed on Oct. 1, 2006.		✓		Canada				✓	✓	Provides general statistics on the aging population of Canada. Projects that by 2030, 20 percent of Canada's population will be age 65 or older, which will lead to additional burdens on Canada's health care system. Discusses the role of family and companionship in the care of Canada's senior population. Notes research suggesting that 80 percent of Canada's senior population is cared for by family or friends.
City of Vancouver, Community Services, Planning Department. "City of Vancouver, Mount Pleasant Wellness Walkways."			✓	Canada	✓			✓	✓	Provides a summary of the City of Vancouver Mount Pleasant Wellness Walkways program, which retrofits existing streetscapes or open spaces to enhance their value to the community. Discusses projects to create more accessible walkways, with wider sidewalks, and benches for resting. Concludes that public participation is extremely important to the success of such projects.
CMHC. "Aging, Communities and Planning for the Future: A CMHC Literature Review." (Draft) April 2005.			✓	Canada	✓	✓	✓	✓	✓	Summarizes current literature on the impacts of aging on needs of older adults, housing, and communities. Conducted by scanning materials (spanning 25-year period) on aging, housing, community planning, and services. Reports on the nature of aging in North America and Europe, Canadian aging patterns, issues related to older adults, and changes in family structures. Includes discussion of the consequences of current housing preferences (suburbanism) on aging populations, housing, and mobility. Includes information on designing communities to better meet needs of older populations, including issues with providing adequate services, transportation, and affordability.

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	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
CMHC. "Determining the Implications of Population Aging for Housing and Residential Communities: Discussion Paper #2: Validating and Extending What was Learned from the Initial Literature Review (through Expert and Practitioner Views)." June 30, 2005.			✓	Canada			✓	✓		Reports findings to-date on survey of 50 Canadian and international experts to understand the implications of an aging population on housing and communities. Includes and updates information from a previous literature search on the same topic. Provides information on Canadian preferences to age in place, housing options, housing design, and affordability. Concludes that it is not currently possible to determine the detailed implications of the aging of the Canadian population for housing and residential communities. Emphasizes that research on housing, aging, and communities needs to be connected, although national level data is lacking.
CMHC. "FlexHousing™ Adapts to Life's Changes."			✓	Canada			✓			Describes CMHC's FlexHousing™ initiative, an innovative approach to home design, renovation, and construction that emphasizes accessibility and is engineered to adapt at minimal cost to the changing needs of occupants over their lifetimes.
CMHC. "Intergenerational Homesharing and Secondary Suites in Québec City Suburbs." Research Highlight. November 2006.		✓		Canada			✓			Reports findings of research investigating the addition of secondary suites to single-family homes for intergenerational homesharing. Defines a secondary suite as a self-contained housing unit, either adjacent to a single-family house, or within it. Concludes that intergenerational homesharing using secondary suites can be a positive experience, however, conflicts may arise around issues of privacy. Concludes that institutional (current zoning practices) and financial barriers (lack of incentives) may be obstacles to further use of secondary suites.
CMHC. "Seniors' Housing for Senior: A Feasibility Study." Research Highlight. November 2006.		✓		Canada			✓			Reports on the feasibility of converting single family housing, owned and occupied by seniors, into multiple units. Concludes that a sizable number of senior homeowners (up to 19 percent) showed some openness towards converting their homes to multiple occupancy. Finds that local regulations may be a barrier to renovations. Provides recommendations to reduce barriers and promote the use secondary suites.

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	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
CMHC. Smart Growth in Canada: Implementation of a Planning Concept . August 2005.	✓			Canada	✓	✓	✓			Reports on experience of six Canadian regions' efforts to implement growth management strategies. Develops six indicators to measure success or failure, including changes in density and mixed-use development, changes in infill development, increases in transportation options/decreases in car usage, increases in the supply of affordable housing, preservation of agricultural lands, and encouragement of employment in city centers. Concludes that a large gap exists between state growth management policies found in planning documents and accomplishments on the ground. Concludes that progress is absent or minimal for many of the indicators, while greatest gains have been made in providing infrastructure to support future growth management.
Cochera, Andrew et al., Beyond 50.05 A Report to the Nation on Liveable Communities: Creating Environments for Successful Aging . AARP Public Policy Institute, May 2005. http://www.aarp.org/research/health/mobility/individing/beyond_50_com_munities.html			✓	USA		✓	✓		✓	Describes how the principles of livable communities, particularly home design and mobility options, may maintain the quality of life for older residents. Provides the definition of a livable community as one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which allow for a high level of civic and social engagement for all residents. Concludes with a series of recommendations to improve the livability of communities, including housing options, community design, transportation options, and civic engagement.
Dalrymple, Eli. Aging in Place: Making Communities More Liveable for Older Adults . Partners for Liveable Communities and the National Association of Area Agencies on Aging. 2005.			✓	USA	✓	✓	✓	✓	✓	Provides general background information on aging in place and the agenda of the Partnership for Livable Communities. Compiles a series of articles on aging in place, including a set of articles examining critical issues, news stories highlighting issues, and a description of the Aging in Place program. Includes extensive examples of best practices from across the U.S.

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	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
Environics, Public Opinion on the Environment, Education, Urban Sprawl, and Water Issues, prepared for the Sustainability Network, June 2002. http://www.sustain.web.ca/cbt/eresearch%20-%20July%202002.pdf	✓			Canada						Reports the results of a survey in which Canadians were asked to what extent they feel that they know enough about the environment, urban sprawl, and water issues. Reports that a majority of Canadians say they are very concerned about urban sprawl. Reports that few Canadians feel provincial governments are doing enough to curb urban sprawl.
Environment Canada. Sustainable Community Indicators Program (SCIP). "Guidelines for the Development of Sustainability Indicators." August 2001. http://www.ec.gc.ca/soer-ree/English/scip/guidelines.cfm , accessed Oct. 6, 2006.	✓			Canada						Provides guidelines to help communities and organizations develop indicators of sustainability and establish a sustainability indicators program. Provides steps to develop these indicators, including defining sustainability, identifying audience/purpose, choosing the appropriate framework, and selecting indicators.
Fobker, Stephanie and Reinhold Grotz. "Everyday Mobility of Elderly People in Different Urban Settings: The Example of the City of Bonn, Germany." Urban Studies 43(1): 99-118. January 2006.		✓		Germany		✓		✓		Investigates which living conditions best meet the needs of seniors, using Bonn, Germany as the research site. Concludes that the central district physically provides better infrastructure and therefore preconditions the population for an independent life better than areas on the urban fringe; however, the authors found no distinct contrast between the activities of the senior inhabitants of these areas.
Foster et al. "Travel Patterns of Rural Elders." Transportation Quarterly 49(3): 51-65. Summer 1995.		✓		USA		✓				Reports results of a survey of rural elders in Iowa (over 1,100 were contacted) conducted to determine their travel behavior and use of transit services. Concludes that elders in rural Iowa (aged 75 and over) remain a mobile population, with the car as the primary means of transport (over 80 percent have access to a car). Concludes that a smaller number report using transit at least once in the previous year (13 percent), and that elders living alone and those without driver's licenses were more likely to use transit.

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	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
Gutman, Gloria (Ed). Gerontology Research Center, Simon Fraser University. Technology Innovation for an Aging Society: Blending Research, Public & Private Sectors. 1998.		✓		Canada						Explores the issues related to the development and marketing of technologies designed to enhance the health and welfare of seniors. Presents a series of chapters focused on product design and marketing, use of video-based technology to understand behavior in long-term care settings, environmental design, and safe-building strategies.
Hall, Michael, David Lasby, Glenn Gumulka, and Catherine Tryon. Imagine Canada. Caring Canadians, Involved Canadians: Highlights from the 2004 Canada Survey of Giving, Volunteering and Participating. 2006.		✓		Canada					✓	Highlights the findings of the 2004 Canada Survey of Giving, Volunteering and Participating. Reports statistics on volunteering and charitable giving in Canada. Reports that per capita, seniors give the most hours to volunteering.
Hendrickson, Christy Cannon and William Mann. "Changes Over Time in Community Mobility of Elders with Disabilities." Physical & Occupational Therapy in Geriatrics 23(2/3): 75-89. 2005.		✓		USA		✓				A retrospective case study that explores whether community mobility changes over time. Concludes that community mobility in the area studied has declined, apparently due to driving cessation, and identifies factors that predict changes in community mobility.
Howe, Deborah. Funders' Network for Smart Growth and Livable Communities. "Aging and Smart Growth: Building Age-Sensitive Communities." Translation Paper Number Seven. December 2001.			✓	USA	✓	✓	✓			Contentends that urban sprawl seriously limits the mobility and independence of seniors, and that as the population of the U.S. continues to age, this problem will be magnified. Suggests transforming communities through better planning (regional, state, and municipal) to make them age-sensitive. Argues that leadership and commitment from all levels of government and the private sector is required to implement new housing alternatives and mixed-use development. Highlights opportunities for funders.

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	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
International City/County Management Association. Active Living for Older Adults: Management Strategies for Healthy and Livable Communities. September 2003.			✓	USA	✓	✓	✓		✓	Offers strategies for designing communities that support opportunities for older adults to remain physically active and active in community life. Explains the concepts around “active aging” and the benefits to both individuals and communities. Describes potential steps for local governments to take when developing policies to promote active aging, including understanding current trends in the community, identifying partners, involving older residents, and developing plans. Describes specific policies and programs to promote active aging, including creating safe walking routes, improving transportation options, supporting housing choices, and promoting awareness.
Metz, David. Transportation Policy for an Ageing Population. Transport Reviews 23(4): 375-386. 2003.		✓		UK		✓				Presents current transportation policy in the U.K. as related to aging populations. Includes policies such as reduced fares on public transit for older people, lower flow buses, and subsidized taxis. Concludes that better methods need to be developed to effectively measure the affect of these programs on mobility.
Moore, Eric and Michael Pacey. Social and Economic Dimensions of an Aging Population (SEDAP). Geographic Dimensions of Aging in Canada 1991-2001. March 2003.		✓		Canada						Explores the demographics of population aging in Canada at the provincial and metropolitan scale for the periods 1991 through 1996 and 1996 through 2001. Provides statistics on Canadian aging in place and migration. Concludes that struggles in British Columbia economy from 1996 through 2001 are associated with an aging population.
Moos, Bob. Dallas Morning News. “Boomer home-bodies: Accommodating those who age in place.” November 27, 2004.			✓	USA	✓	✓	✓			Reports that recent research shows that baby boomers want to stay in their homes and close to family and friends as long as possible. Concludes that changes will need to be made to accommodate the growing population of people intent on “aging in place”. Discusses changes in home design that allow older residents to remain independent, changes in street design and safety features, changes in zoning regulations to allow for “accessory apartments” or “granny flats,” and transportation options. Concludes that paying for all these changes will likely require public-private partnerships.

LITERATURE	TOPIC			GEOGRAPHIC CONTEXT	SUBTOPIC					ANNOTATION
	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
National Association of Area Agencies on Aging: "The Maturing of America - Getting Communities on Track for an Aging Population." September 27, 2006.		✓		USA		✓	✓	✓	✓	Provides statistics from a survey showing lack of preparedness in American communities to deal with an aging population, including the areas of health care, exercise, transportation, safety, housing, taxation, worker training, civic engagement and community services. Provides a list of "best practices" for communities to consider as their populations age. Provides a list of ten communities and their innovative strategies to deal with aging populations.
National Association of Home Builders. "Learn About Aging in Place and What a Professional Can Do for You." http://www.nahb.org/generic.aspx?sectionID=717&genericContentID=46799&print=false , accessed on Oct 1, 2006.		✓		USA			✓			Provides a set of questions that should be asked while considering remodeling a home to make it more compatible with aging in place. Describes the Certified Aging-In-Place Specialist (CAPS) program, which provides qualified specialists to help homeowners address their needs.
New York State Commission on Rural Resources. A Guide to Planned Unit Development. Fall 2005.	✓			USA	✓	✓	✓	✓	✓	Provides a model Planned Unit Development (PUD) law as guide for New York State (NYS) municipalities to use when creating their own local ordinances. Presents examples of successful NYS PUD developments.
Partners for Livable Communities. "Aging in Place: The Issue." http://www.livable.com/aging/issue.htm , accessed Oct. 1, 2006.			✓	USA		✓	✓	✓	✓	Defines the problems associated with the increase in older populations in the U.S. Discusses strategies to eliminate barriers to aging in place, including retrofitting the housing supply, increasing services, providing transportation options, and encouraging community involvement.
Scott, Mary Ann Clarke (Ed). Gerontology Research Centre, Simon Fraser University. Aging in Place: Planning for the 21st Century. Proceedings of a Housing and Planning Conference Held on November 6-7, 1997 SFU at Harbour Centre, Vancouver, British Columbia. 1999.			✓	Canada			✓	✓	✓	Reports on the proceedings of a conference held at Simon Fraser University on November 6-7, 1997. Discusses new standards in housing design, innovations to provide supportive living, new methods of strategic planning for seniors. ¹⁰

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	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
Scott, Virginia, Steven Dukeshire, Susan Gallagher, and Andria Scalan. A Best Practices Guide for the Prevention of Falls Among Seniors Living in the Community. Prepared on behalf of the Federal/Provincial/Territorial Committee of Officials (Seniors) for the Ministers Responsible for Seniors. September 2001.			✓	Canada			✓			Provides a summary of the best practices found to prevent falls by seniors living in the community. These include: developing safe and effective exercise programs; modifying home design to reduce falls; increasing education and awareness; reducing the use of drugs that may increase risks of falling; and conducting thorough medical screening to detect health issues that may lead to imbalance deficits.
Smart Growth America. "Elements of Smart Growth." http://www.smartgrowthamerica.org/ , accessed on Oct 25, 2006.			✓	USA	✓	✓	✓	✓	✓	Provides a brief overview of the elements of smart growth including housing, economy, children in schools, environment, preservation and revitalization, social equity, transportation, open space and farmland preservation, and health and aging.
UK Ministry of Communities and Local Government, "What is a Sustainable Community?", http://www.communities.gov.uk/index.asp?id=1139866 , accessed on December 4, 2006.			✓	UK	✓	✓	✓	✓	✓	Defines sustainable community development as one that "continually adjust[s] to meet the social and economic needs of its residents while preserving the environment's ability to support it."
Smart Growth Network's "Smart Growth Online: Overview of Issues." http://www.smartgrowth.org/about/issues/default.asp , accessed on Oct 24, 2006.	✓			USA	✓	✓	✓	✓	✓	Organizes topics of smart growth into issue areas including community quality of life, design, economics, environment, health, housing and transportation. Provides overviews and on-line resources for each topic area.

LITERATURE	TOPIC			GEOGRAPHIC CONTEXT	SUBTOPIC					ANNOTATION
	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
Smart Growth BC. The Smart Growth Toolkit. 2001. http://www.smartgrowth.bc.ca/index.cfm?Group_ID=3470	✓			Canada	✓	✓	✓		✓	Provides an overview of the primary issues associated with urban sprawl. Presents the mission of Smart Growth BC as a non-profit with a mandate to create more livable communities in British Columbia that promotes responsible, sustainable urban development principles and practices throughout the province. Includes a glossary that defines important terms associated with smart growth. Highlights the tools and references available to Canadian local governments to address urban sprawl, including growth management, community planning, urban design, affordable housing, demand management, transport demand management, ecosystem planning, and conservation covenants.
Tomic, Sinisa, Canadian Institute of Planners. "Hamilton Urban Braille System: Urban Design for an Aging Society." Plan Canada. Spring 2003. http://www.cip-icu.ca/english/pcanonline/Pc43/Pc43113.pdf			✓	Canada	✓					Describes the Urban Braille System, developed by the City of Hamilton, which provides the severely visually impaired, seniors, the infirm, and users of mobility devices with the opportunity to navigate through the complex urban environment. Details the specifics of the system, which includes providing adequate sidewalk space to ensure freedom of movement; planning to account for local climates; using texture to indicate directional changes, pathway hierarchies (major path versus minor paths), and bus stops; and visual and audio timers at crosswalks.
Transit Cooperative Research Program and the National Research Council. The Cost of Sprawl 2000 . 2002. http://onlinepubs.trb.org/onlinepubs/tcrp_rpt_74-a.pdf	✓			USA	✓	✓	✓			Provides quantitative measures of the relative costs and benefits of smart growth development in comparison to urban sprawl. Defines and determines the incidence of sprawl in the United States. Analyzes the resource and personal impacts of sprawl, including land conversion, water and sewer infrastructure, road infrastructure, public-service costs, real estate development costs, travel miles, quality of life, and urban decline. Estimates the benefits of sprawl and measures developed to counteract sprawl. Provides quantitative information using 15 metropolitan area case studies. Concludes that the costs of sprawl exceed its benefits.

LITERATURE	TOPIC			GEOGRAPHIC CONTEXT	SUBTOPIC					ANNOTATION
	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
U.S. Department of Health and Human Services, Administration on Aging. 2005 "A Profile of Older Americans: 2005". Conference on Aging Final Report Appendix. 2005.		✓		USA			✓	✓		Provides statistics on the aging population in the U.S. based on data from the U.S. Census Bureau, the National Center on Health Statistics, and the Bureau of Labor Statistics. Reports that the older population (65-plus) increased by 9.3 percent from 1994 through 2005. Reports statistics on future growth, marital status, living arrangements, racial and ethnic composition, geographic distribution, income, poverty, housing, employment, education, health care, insurance, disabilities, activities, caregiving, and internet access.
US EPA. Our Built and Natural Environments: A Technical Review of the Interactions between Land Use, Transportation and Environmental Quality . November 2000. http://www.smartgrowth.org/library/built.html	✓			USA	✓	✓	✓			Designed as a technical reference, this report summarizes research on the relationship between the built and natural environments, as well as current understanding of the role of development patterns, urban design, and transportation in improving environmental quality. Examines the trends in land use, including reliance on scattered development, dependence on automobiles, and expansion of urbanized areas. Reports the impacts of these trends on habitat loss and fragmentation and the degradation of water resources. Reports a dramatic increase in vehicle travel, the result of the building of highways, dispersed low-density development, and urban design that emphasizes the automobile. Reports that the impacts of vehicle travel and dependency on cars include degradation of air quality, greenhouse gas emissions, and noise. Provides a list of development options to reduce impacts of development, including safeguarding environmentally sensitive areas, mixed-use development, transit access, compact development, and reduction in impervious surfaces.
"Vancouver tops liveability ranking according to a new survey by the Economist Intelligence Unit." Economist Intelligence Unit. 2005. http://store.eiu.com/index.asp?layout=pr_story&press_id=660001866&ref=pr_list , accessed on Oct. 25, 2006	✓			Canada						Assesses and ranks the "livability" of 127 cities worldwide based on 40 individual indicators grouped into five categories: stability, healthcare, culture and environment, education, and infrastructure. Found Vancouver to be the most livable city, while other Canadian cities such as Calgary and Toronto ranked also ranked high.

LITERATURE	TOPIC			GEOGRAPHIC CONTEXT	SUBTOPIC					ANNOTATION
	SMART GROWTH	AGING & MOBILITY	NEXUS		STREET LEVEL PLANNING	TRANSPORT	HOUSING	SERVICES	COMMUNITY INVOLVEMENT	
Wister, Andrew, Yves Carrière, Agnes Sauter, and Margot McWhirter. The Gerontology Research Center, Simon Fraser University. Older Drivers in British Columbia: Predicting Future Patterns and Assessing Strategies for Prevention of Accidents. A Report for the Insurance Corporation of British Columbia's SMART Program. 2000.		✓		Canada		✓				Reviews the literature pertaining to patterns, behaviors, and policies related to British Columbia to older drivers in British Columbia. Provides a summary of the demographic factors, the number of older drivers, and driving trends in Canada. Projects that the majority of older drivers (over 80 years old) will be female and that rates of driving among older women will increase in the future. Discusses the role of health and increases in life expectancy on older drivers. Discusses driving attitudes and preferences of the seniors.

SMART GROWTH, LIVABLE AND SUSTAINABLE
COMMUNITIES FOR SENIORS

PHASE II

REPORT ON FOCUS GROUPS

SUBMITTED JANUARY 3, 2007

TABLE OF CONTENTS

INTRODUCTION 1

PROFILES OF THE FOCUS GROUPS 1

PARTICIPANT RESPONSES 3

Housing 3

Transportation 3

Neighbourhood Walkability and Safety 4

Access to Services 4

CONCLUSION 5

APPENDIX A: BEACONSFIELD, QUEBEC FOCUS GROUP SUMMARY

APPENDIX B: RICHMOND, BRITISH COLUMBIA FOCUS GROUP SUMMARY

APPENDIX C: FOCUS GROUP PROTOCOL

INTRODUCTION

As the first phase of a study for the Canada Mortgage and Housing Corporation (CMHC), Industrial Economics, Inc. (IEc) recently conducted a literature review that examines the intersection between the concepts of smart growth, liveable communities, sustainable communities, and aging in place. This literature review identified challenges in meeting the needs of older residents associated with land-use planning and the built environment in six key areas: neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in local land-use decisions.¹

For the second phase of the study, IEc and its subcontractors conducted two focus groups with senior residents in an effort to validate the findings of the literature review and gather additional information on the aspects of the built environment that appear to be most important to seniors.² This report analyzes the responses of focus group participants and identifies areas of commonality and difference between the two focus groups. Appendices A and B provide descriptions of the focus groups, including profiles of the participants, recruitment methods, and participant responses. Appendix C presents the full focus group protocol, including the participant questionnaire and additional focus group questions.

PROFILES OF THE FOCUS GROUPS

IEc subcontractors conducted focus groups with senior residents in two separate locations. The first location, Beaconsfield, Quebec, is a bedroom community of predominantly single-family homes that is located approximately 20 minutes from downtown Montreal. The municipality has a population of 20,000 people, of which 12 percent are over the age of 65. The second location, Richmond, British Columbia, is a growing city situated in suburban Vancouver. Richmond has a population of approximately 164,000 people, with an estimated 12 percent of the population over the age of 65.³

In both locations, focus group facilitators solicited participation from seniors who had an interest in the topics associated with aging in place and smart growth. Participants were asked to fill out a questionnaire detailing personal information and experiences pertaining to aging in place. Through a set of discussion questions, the facilitator asked the participants to expand on their responses to the questionnaire. Exhibit 1 summarizes the key characteristics of the focus group participants for each location.

¹ For more information on the literature review, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase I Literature Review*, prepared for CMHC by Industrial Economics, Inc., December 5, 2006.

² The Beaconsfield, Quebec focus group was conducted by Luba Serge, a Montreal-based planner. The Richmond, British Columbia focus group was conducted by Dr. Gloria Gutman of Simon Fraser University.

³ Population figures taken from the 2001 Census of Canada. Statistics Canada.

EXHIBIT 1 PROFILES OF FOCUS GROUP PARTICIPANTS

CHARACTERISTICS OF FOCUS GROUP PARTICIPANTS	BEACONSFIELD, QUEBEC	RICHMOND, BRITISH COLUMBIA
Number of participants	10	8
Average age (years)	80	73
Number of females	10	5
Number of males	0	3
Marital status (Percent)		
Married	10%	25%
Widowed	50%	50%
Divorced	20%	12.5%
Never married	20%	12.5%
Current housing situation (Percent)		
Single-family	80%	12.5%
Townhouse	10%	25%
Apartment	10%	62.5%
Average time living in current housing	24 years	15 years
Percentage of homeowners	90%	87.5%
Percentage that live alone	80%	62.5%
Percentage with health problems	50%	25%

Although the characteristics of the focus groups were similar in several respects (i.e., homeownership rates, percentage of widows, and participants living alone), the groups exhibited some important differences. Most notably, the average age of the Beaconsfield group was seven years greater than the Richmond group. In fact, all members of the Beaconsfield group were more than 70 years old, while three Richmond participants (38 percent) were between the ages of 55 and 69. In addition, the Beaconsfield focus group included only female participants, whereas the Richmond group was comprised of both males and females. These differences may be the result of differences in the recruiting strategies employed by the facilitators. In Beaconsfield, focus group recruiting centred on a lunch with a local seniors' association, which attracted mainly women.⁴ The Richmond focus group was held at a cultural centre and was advertised more widely, which may account for the participation of more men and younger seniors.

Differences in community character may also explain some of the disparities between the two groups. Specifically, the Beaconsfield focus group participants generally live in single-family homes, reflecting the character of the community housing stock. Conversely, Richmond has a more diverse housing stock, including multifamily and single-family dwellings; therefore, seniors living in Richmond are more likely to live in

⁴ The Beaconsfield facilitator reported that very few men were present for the meal used for focus group recruiting. Those men that were present were not healthy enough to participate.

apartments or townhouses. In addition, several of the Richmond participants reported recently moving from single-family homes to apartment-style housing.

Because of the small sample sizes, it is important to interpret the reasons for variations in focus group participants with caution. However, these differences (e.g., the older average age of the Beaconsfield group) may help explain differences in some of the focus group responses.

PARTICIPANT RESPONSES

The questionnaire and subsequent discussion solicited input on how the built environment meets or does not meet the needs of focus group participants. Discussion within the focus groups centred on several general areas, including housing, transportation, neighbourhood walkability and safety, and access to services. The sections below summarize the focus group responses on each of these topics.

HOUSING

Overwhelmingly, the participants from both focus groups indicated a strong desire to stay in their current homes as long as possible. Several participants from the Richmond focus group have already moved from single-family dwellings to apartments. The Beaconsfield group (living in mostly single-family dwellings) agreed that living independently in their existing homes was important, whereas in Richmond, seniors enjoyed the location and easy access to services from their apartments near the city centre.

If forced to move from their current residence, both groups pointed to affordability as a key problem in finding new housing. In Beaconsfield, the focus group was keenly aware of the high cost of new housing opportunities in the area; most felt that they could not afford to move to a new senior development. In Richmond, participants noted renter fears of being evicted from housing in the city centre. In addition to housing costs, both groups mentioned the hidden costs associated with assisted living and support services.

Both groups pointed to stairs and bathrooms as being problem areas that cause difficulty around the home. Some participants spoke of moving to single floor dwellings to avoid stairs or installing safety features (e.g., grab bars) in their current bathrooms.

TRANSPORTATION

The majority of the participants from both focus groups drive on a regular basis. In Beaconsfield, all of the seniors that responded to the questionnaire drive more than once a week. These individuals indicated that driving has become more stressful as they age. Many have made changes to their driving habits (e.g., no driving at night or during rush hour). In Richmond, the response varied, with some seniors driving every day and others reporting that they have stopped driving altogether.

Participants from both focus groups reported using public transportation far less than driving; most indicated that they use public transit less than once per week, if ever. Both groups cited inadequate service schedules and the distance to train or bus stations as the primary reasons they do not use public transportation more often. Beaconsfield seniors indicated that the buses were often dirty. Richmond residents pointed to poor lighting and lack of escalators or elevators at transit stations. Although most focus group participants found public transportation to be safe during the day, some felt that the stations are unsafe at night.

NEIGHBOURHOOD WALKABILITY AND SAFETY

Most of the Richmond residents walk to services and shops on a regular basis; walking is less prevalent among the Beaconsfield participants.⁵ A majority of the Richmond group could walk to the grocery store, bank, and pharmacy. Half could walk to the recreation centre, theatre, and library. Few Richmond seniors could walk to the doctor's office. In Beaconsfield, few participants were able to walk to any of these services. Although some of this inability to walk may be due to age, the built environment in the Beaconsfield community does not appear to encourage walking.

Both groups agreed that walking in the neighbourhood was generally safe during the day; however, a majority of the Beaconsfield group found walking at night to be unsafe. In Richmond, residents indicated that the winter does not limit their ability to walk, whereas in Beaconsfield, winter restricts walking (and travel in general) and most residents indicated that they stay home more often. This difference is not surprising given the differences in climate between the two regions, with British Columbia generally enjoying much milder winters. The Beaconsfield residents agreed that icy sidewalks are the greatest impediment to walking during the winter months.

The Beaconsfield residents appreciated the addition of benches at all local bus stops, but those who walk longer distances would also like to see benches installed along common walking routes. The Richmond group expressed a desire for wider sidewalks and concern regarding the placement of stairs in public places.

ACCESS TO SERVICES

Both focus groups identified access to services such as grocery stores, retail shopping, and medical care as an important component to successfully aging in place. Interestingly, both focus groups lamented the loss of local grocery stores. For many of the group members, a once walkable trip to the grocery store now requires a more costly trip via car or bus to purchase food and other essentials. For the focus group members that could not walk to services (see above), most found access through alternate means such as driving, public transportation, and assistance from family or friends. The Richmond residents, the majority of whom live close to the city centre, found that their central location provided good access to services.

⁵ Only three Beaconsfield participants responded to the questionnaire regarding walking. Of these, only one responded that she walks more than once per week.

CONCLUSION

Consistent with CMHC's literature review, several themes emerge from these focus group discussions that highlight the importance of smart growth, liveability, and sustainability for facilitating aging in place. In particular:

- Seniors overwhelmingly desire to remain in their current homes as long as possible.
- Seniors show considerable concern about the availability of affordable housing options and hidden fees associated with assisted living if they must move from their current home.
- Seniors desire to live in safe, walkable neighbourhoods with easy access to services such as transportation, retail shopping, and medical care. Walkable access to grocery stores is of particular concern. Walkability for seniors means modifications to the built environment such as wider and non-slip sidewalks, minimizing stairs, and the periodic placement of benches along common travel routes.
- Without better public transportation service, older seniors will continue to drive to meet their transportation needs, even if driving is stressful. The suburban areas where the focus groups took place appear to have somewhat inadequate public transportation schedules. Issues of cleanliness and safety also pose significant barriers to public transit use for seniors, perhaps more so than for younger residents.

APPENDIX A:
BEACONSFIELD, QUEBEC FOCUS GROUP SUMMARY

CMHC Study: Smart Growth, Liveable Communities, and Sustainable Communities: Is It Good for Seniors?

Montreal, Quebec Focus Group

Monday, December 4, 2006

Beaconsfield, Quebec

1. Background: the community

The municipality has a population of 20,000 of which 12% are over 65 according to 2001 census data – slightly below the 12.9% for the metropolitan region (or CMA). It is situated on the island 20 minutes from downtown Montreal and is predominantly single-family, homeowner housing with many community facilities and very few businesses. The town first grew as a summer resort (it is bordered by a lake to the south), when train service was established in 1880. A highway running parallel to the train was built after the war and various residential developments followed throughout the 1950s and 1960s. In 2001, the town was merged with the City of Montreal (as were all 28 municipalities on the island). Following an electoral promise made during the 2003 provincial elections, the town voted to “de-merge” and became independent again in January 2006.

2. Background: the meeting

The focus group was held after the Christmas lunch of a local seniors association. The meal was held at a local church, which is situated just off of the main neighbourhood shopping street that includes a pharmacy, bank and some shops. A grocery store that had been situated there was closed in 1985 – a loss that continues to be felt by people in the community and is raised in the focus group discussion. About 30 people were at the lunch and the facilitator had been invited to come speak to the group to see whether people might be interested in participating in the focus group.

After the facilitator spoke to the group, outlining the purpose and the criteria for participation, one person suggested that a number might find it convenient to hold the focus group right after the meal. Ten people¹ were available and the facilitator decided to hold the group at that time. The focus group began at 2 pm and ended at about 3 pm – with some discussion that continued with a few persons after the meeting ended.

Before the focus group began, and as the meal ended, the mayor of the municipality spoke to the Association. He had participated at the meal, along with a municipal employee who is responsible for community relations. Questions followed the mayor’s speech and many dealt with housing issues including a project by Sunrise Senior Living, Inc.² that is planned in the community. People were generally appalled at the proposed

¹ In trying to find a time to meet with the 12-15 people who were willing to participate, it was clear that it would not be possible to identify a date convenient for everyone; thus, the facilitator decided that 10 participants was probably the maximum number feasible for recruitment.

² The website for the development is: <http://www.sunriseseniorliving.ca/>

cost of housing (starting at \$3,000/month, according to one participant) and that it was being built by a large American corporation. Concern about the lack of affordable options for seniors in the community was voiced by a number of persons. Some of these concerns spilled over into the focus group.

3. *Participants Profile and Response to the Questionnaire*

<u>Question</u>	<u>Number</u>
1. AGE	
65-69	0
70-74	1
75-79	4
80-85	5
	Average: 80
2. SEX	
Female ³	10
3. MARITAL STATUS	
Married	1
Widowed	5
Divorced	2
Never Married	2
4. HEALTH PROBLEMS	
Yes	5
No	5
Specify: <i>Responses included: Diabetes & arthritis; heart; heart & cholesterol; "it's controlled by medication"; knee replacement; knee replacement (one person with knee replacement said she had health problems, the other said "no" health problems)</i>	
5. HOUSING	
Single family	8
Townhouse	1
Apartment	1

³ There were very few men at the meal used for focus group recruitment, and those who were present were not well enough to participate in the group.

<u>Question</u>	<u>Number</u>	
6. HOW LONG HAVE YOU LIVED THERE?		
Less than a year		1
5-9 years	(but had lived in another single family house in the community since 1960)	1
15-19 years		0
20-24 years		3
25-29 years		0
30-34 years		1
35-39 years		2
40 years or more	Average: 24.2	
7. TENURE		
Own		9
Rent		1
8. LIVE ALONE		
Yes		8
No		2
If widowed...remain in home?	(1 lives with her 2 sisters)	maybe
Do you plan to stay on indefinitely?	(applicable to only 1 person)	
Yes		5
No	(2 added "don't know" to the "yes")	0
Maybe/don't know		3
9. NEIGHBOURHOOD	YES	No
<i>Summer can walk to:</i>		
Grocery store	1	8
Bank	3	6
Rec centre	-	9
Theatre	-	8
Library	1	7
Pharmacy	3	6
Doctor	1	8
<i>Winter can walk to:</i>		
Grocery store	-	8
Bank	3	6
Rec centre	-	9
Theatre	-	8
Library	1	7
Pharmacy	3	6

<u>Question</u>	<u>Number</u>	
Doctor	1	8
9A. CAN STILL GET TO BY OTHER MEANS	YES	NO
Grocery store	10 (including: 3 specified by car; 1 by bus & 1 bus/car)	-
Bank	5 (including 2 car)	-
Recreation centre	10 (including: 3 car; 1 bus; 1 bus/car)	-
Theatre	9 (including: 3 car; 1 bus; 1 bus/car)	-
Library	8 including: 3 car; 1 bus; 1 bus/car	-
Pharmacy	7 (including 2 car)	-
Doctor	9 (including 3 car; 1 bus)	-
10. TRANSPORTATION		
10a Driving		
▪ every day		6
▪ less than once a week		0
▪ more than once a week		2
▪ never		0
10b Public transportation		
▪ every day		
▪ less than once a week		0
▪ more than once a week		4
▪ never		2
why never		3
10c Walking		
▪ every day		
▪ less than once a week		
▪ more than once a week		
▪ never		1
	“ have a car”; “use my car” ; “it’s too far away”	

<u>Question</u>	<u>Number</u>
10 d Other	1 0 1 1 "friends & neighbours"
11. IF DRIVE, MODIFICATIONS? Yes No Less night - yes Less highway – yes Less rush hour – yes Other	3 4 3 2 3 -
12. HELP TO GET FROM PLACE TO PLACE yes no who how often receiving help with transportation: ▪ every day ▪ less than once a week ▪ more than once a week	3 (including 1 "sometimes") 6 (including 1 "sometimes") "relatives, neighbours, & friends"; neighbours & friends"; "step-daughters" 0 0 2
13. SAFE WALKING IN YOUR NEIGHBOURHOOD Day: Yes No Night: Yes No	10 - 3 5 (including 1 "sometimes")
13. SAFE TAKING PUBLIC TRANSPORT Day: Yes No Night:	7 0 2 4

<u>Question</u>	<u>Number</u>
Yes NO	(including 1 “sometimes”)

4. *Focus group*

How many of you are planning to stay in your current home as you get older?

It was unanimous – everyone wants to stay.

1. *For those of you planning on staying in your homes as you age, what are your plans for supporting that decision (e.g., enlist family help, renovate your home)?*

People spoke of difficulty with stairs. One person wondered if she would have to move to something on one floor only – she had arthritis and knee problems and was already finding it difficult. One participant had done this – she had moved from her house in the neighbourhood to another that had no interior stairs.

There was great interest in modifying bathrooms (e.g. grab bars). One person who had undertaken renovations of her bathroom had included all of these features and people were interested in what she had done.

Quite a few spoke about the difficulty of taking care of the garden and the grounds – cutting the grass, snow removal, bending over to plant/weed. One person, a widow of a veteran who had been on disability, spoke of having this cost covered by Veterans’ Affairs (but it seems that being on a disability pension was the trick).

Other comments:

“My house is too big for me” (A few others nodded their heads at this)

“It takes determination to stay on.”

2. *For those of you planning on moving at a certain point:*
 - 2a: *Why do you plan on moving?*
 - 2b: *What type of housing do you think you would move into?*
 - 2c: *What will you look for in a new neighbourhood (e.g., affordability, ability to walk to services, better transit)?*

Most did not plan on moving but there was discussion of what people would look for if they did have to move. There was unanimity that the ideal was some form of seniors housing that would allow them to live independently while they could but that also would have some assisted living, if that was needed – people did not want to move twice!

There was some discussion about what was available in the neighbourhood – including the cost of some of the projects and how these were too expensive for them. People seemed very aware of what is being offered. When one person spoke about an affordable project that had various levels of care, people knew of it – including that it was not in the neighbourhood (or in the West Island but in Montreal) and it was quickly dismissed because of this – people want to stay in their neighbourhood!

People also spoke about the small size of units in seniors’ housing and what to do with all the furniture and other possessions.

When discussing what they would want in a new neighbourhood there was unanimity that a grocery store – not a “dépanneur” or convenience store was ideal.

For those of you planning on staying in your home as you age:

2d. Why do you plan to stay?

2e. What do you like about your housing?

2f. What do you like about your current neighbourhood (e.g., affordability, ability to walk to services, the availability of transit)?

Somehow the idea of staying was self-evident – people did not want to move.

There was not much response to what people liked about their houses. One person, who had moved, said that she liked the fact that it was all on one floor – however another said that she liked her stairs since it was one of the few forms of exercise she got (nods from a few others on this point).

People liked that transport was close by (this was someone who used it quite a lot). There was lots of discussion about the loss of the local grocery store (see above) and how the “local” grocery stores were all large and farther away – some commenting that it now required a car to get to them. However, some participants seemed to go by public transit and were very aware of which days had free delivery for seniors. There also was discussion about other large stores that had opened up – including a hardware store. This part of the discussion revolved around the cost of getting there, finding knowledgeable clerks, etc. While it would appear that the larger stores may have lower prices, people seemed to feel that if you added the cost of transport (including possibly having to go back to exchange items), then the local stores (especially a local hardware store) were cheaper and gave more personalized services.

3. What is the biggest transportation challenge living in your current neighbourhood?

The participants all seem to use the local small hospital and find themselves fortunate to have it there. However, this hospital does not offer a full range of services, and people spoke of the challenges of getting to the large downtown hospitals for specialized care such as cancer treatment. There was some discussion of how people would get there – those who drive do not like to go downtown and while there is train service, the downtown station is far from any of the services they use. People spoke of using taxis – but this gets very expensive.

3a: How do your transportation challenges vary from summer to winter?

Winter restricts travel and most find themselves staying at home more in the winter. Icy sidewalks were unanimously noted as being a real impediment to walking around.

4. Are there places that you would like to walk to but can't in your current neighbourhood?

4a. If yes, which places?

4b. If yes, what prevents you from walking there?

People did not seem to find that there were places that they couldn't walk to. (*This could be because they live close to the services they need or have found ways to get to them, including driving.*)

5. *What would make it easier and/or safer for you to walk from place to place (e.g. buildings or services closer together, better sidewalks, safer crosswalks, less crime, etc.)?*

People spoke of needing more benches to rest during walks. Benches have been added at all the local bus stops and people appreciated these, but for those who walk longer distances, or would like to, having benches along the route would help.

6. *How do you feel about driving as you get older?*
 6a: *Do you plan on making (additional) modifications to your driving pattern (e.g., less driving at night or on highways)?*

People find driving stressful. Some spoke about no longer driving at night or during rush hour. Most seem to have made changes to their driving and many lamented the increased traffic both locally and in the city.

7. *What improvements to public transportation would make you want to use it (more)? (e.g., better schedule, better connections, more stops at places you want to go, safer/cleaner, easier to understand)?*

More trains would be nice, although many found that the train station was too far away – it is too long a walk.

More buses early on Saturdays and Sundays – they get very full at those times.

One person found that the buses were not very clean; this was attributed to the fact that there are high schools nearby and students go by bus.

8. *Have you ever missed a community event or other engagement because transportation was a problem? If yes, what would have made a difference and allowed you to attend the event?*

People did not seem to have missed community events however they did not seem to go downtown – especially in the evenings. Going to movies requires a car – the closest cinemas are “mega” ones and are far away.

9. *We have discussed potential changes that would improve the characteristics of your neighbourhood for seniors; are there other changes that we haven't discussed that would improve the ability of seniors to "age in place" in your neighbourhood?*

Greater tax breaks!

One person who lived “north” of the tracks, which has newer housing developments \ spoke about how buses “south” of the tracks were good but there was much less public transportation in her neighbourhood and that it was quite inaccessible – a ½ km walk to get to a bus stop. Services in that part of the town were far away as well – at least 3 km.

People also spoke about the new seniors project that was going to be built (see above) and how it was far from services and transportation. According to participants few parking spaces were planned and people thought that these would probably be used primarily by staff. There was a sense that people who would wind up living there would be quite isolated from the rest of the neighbourhood and outside services because of this.

10. Now that we have discussed many changes that would make a neighbourhood good to live in as you age, which ones are the most important? Could you prioritize them?

Autonomous housing with the option of support.

More benches to rest when walking.

5. Synthesis of additional or overarching feedback that does not fit within the organization of the focus group questions

A number of persons lingered on after the meeting ended. One person spoke about having tried to get a non-profit seniors project going. She seemed to be aware of government funding for these but said that she had sent letters to the municipality about this need but nothing had come of this.

The participants for the most part were quite active – one spoke about time constraints because she had to go swimming. Two were volunteers with Meals on Wheels (meals delivered to seniors & others who are house-bound).

APPENDIX B:
RICHMOND, BRITISH COLUMBIA FOCUS GROUP SUMMARY

CMHC Study: Smart Growth, Liveable Communities, and Sustainable Communities: Is It Good for Seniors?

Richmond, British Columbia Focus Group

Monday, December 11, 2006

Richmond, BC

1. Background: the community

The city of Richmond has a population of 164,345 of which 19,330 (11.8%) are aged 65 and over according to 2001 census data – slightly below the 12.2% of the Greater Vancouver Regional District, or 12.9% of the city of Vancouver of which it is a suburb. Sixty years ago it was an area characterised by single family dwellings, open ditches and truck farms where Vancouverites went on weekends to buy fresh produce. Today it is a bustling city with many community facilities and many businesses including a major casino.

2. Background: the meeting

The focus group was held at 9:30 am in a cultural centre nearby a senior activity centre. Eight individuals participated – all Caucasians and all long-term residents of the community. They were recruited with the assistance of the City of Richmond's new Wellness Co-ordinator, who contacted several of the Board members of the senior association and individuals they suggested as having an interest in the topics to be discussed. The focus group was also advertised by word of mouth to individuals who regularly come into the cultural centre and via an e-mail sent to other Richmond-area community centre senior's program coordinators.

3. Participants Profile and Response to the Questionnaire

<u>Question</u>	<u>Number</u>
1. AGE (RANGE 59-88)	
55-59	1
60-64	1
65-69	1
70-74	1
75-79	1
80-84	2
85-89	1
	Average: 73

<u>Question</u>	<u>Number</u>
2. SEX	
Female	5
Male	3
3. MARITAL STATUS	
Married	2
Widowed	4
Divorced	1
Never Married	1
4. HEALTH PROBLEMS	
Yes	2
No	6
Specify:	
<i>Heart attack & stroke; cancer</i>	
5. HOUSING	
Single family	1
Townhouse	2
Apartment	5
6. HOW LONG HAVE YOU LIVED THERE?	
Range = 6-35 years	
	2
5-9 years	4
10-15 years	0
15-19 years	1
20-24 years	0
25-29 years	0
30-34 years	1
35-39 years	Average: 15 years
7. TENURE	
Own	7
Rent	1
8. LIVE ALONE	
Yes	5
No	3
If widowed....	3/3 who live with a spouse would remain in their current home if widowed
Do you plan to stay on indefinitely?	Despite the "if yes" wording 7/8 checked off the slot indicated that they planned to remain in their current home indefinitely.
Yes 7	
No 1	

<u>Question</u>	<u>Number</u>	
9. NEIGHBOURHOOD	YES	No
<i>Summer can walk to in under 10 min,:</i>	5 + 1 could in 15 min	2
Grocery store	4 + 1 could in 15 min	3
Bank	4	4
Rec centre	4	4
Theatre	4	4
Library	5	3
Pharmacy	2	6
Doctor		
<i>Winter can get to:</i>	(answers were same as in summer)	
Grocery store		
Bank		
Rec centre		
Theatre		
Library		
Pharmacy		
Doctor		
9A CAN STILL GET TO BY OTHER MEANS	YES	NO
	2 / 2	-
Grocery store	3 / 3	
Bank	4 / 4	
Rec centre	4 / 4	
Theatre	4 / 4	
Library	3 / 3	-
Pharmacy	3 / 3	
Doctor	6 / 6	
	- One person was able to walk to all of the above but it was more than a 10 min. walk; one said car or bus was used to get to the doctor; the others didn't specify.	-
10. TRANSPORTATION		
10a Driving		
▪ every day		2
▪ less than once a week		0
▪ more than once a week		3
▪ never		3
10b Public transportation		
▪ every day		
▪ less than once a week		0
▪ more than once a week		
▪ never		4

<u>Question</u>	<u>Number</u>
why never	1
10c Walking	1
▪ every day	“ cost” “Not convenient, I walk or drive”
▪ less than once a week	away”
▪ more than once a week	6
▪ never	1
10 d Other	1
	0
	1
	“bike”
11. IF DRIVE, MODIFICATIONS?	3
Yes	2
No	2
Less night - yes	2
Less highway – yes	2
Less rush hour – yes	1 person said “glasses”. That was his only modification. One of those who said yes to doing less night driving, less highway and less rush hour driving also wrote “less driving in the rain, no driving in snow and restrict driving to my own community”.
Other	
12. HELP TO GET FROM PLACE TO PLACE	2
yes	(including 1 “yes, but seldom”)
	6
no	1 said “daughter”; the other “family and friends”
who	
how often:	0
▪ every day	2
▪ less than once a week	2
▪ more than once a week	
13. SAFE WALKING IN YOUR NEIGHBOURHOOD	
Day:	8
Yes	0
No	
Night:	5

<u>Question</u>	<u>Number</u>
Yes	2
No	1
NA	
13. SAFE TAKING PUBLIC TRANSPORT	7
<i>Day:</i>	(including 1 who seldom takes it)
Yes	1
No	
	4
<i>Night:</i>	2
Yes	2
NO	
NA	

4. *Focus group*

How many of you are planning to stay in your current home as you get older?

Seven of the eight participants indicated that they planned to stay in their current residence for as long as they possibly could. The one who did not plan to do so indicated that he lived in a farmhouse, had a health problem that did not allow him to continue working and, that affordability was a big issue for him. He is looking for alternative accommodation now but is having difficulty getting into public housing because he is only 63.

1. *For those of you planning on staying in your homes as you age, what are your plans for supporting that decision (e.g., enlist family help, renovate your home)?*

One of the participants, a man in his 60s who has had a heart attack and stroke, lives with his wife in a strata title (condominium) apartment. The location was chosen “because the price was right” and because it is close to where his wife works (she is 10 years younger than he is). He also noted that it has a ramp and elevator. A further reason for selecting this home, which came out much later in the discussion, was that his parents lived in the vicinity and closeness to family was important.

Another participant bought a townhouse which she noted, has a bedroom on the main floor so she doesn’t have to climb stairs.

Four participants live in high rise buildings close to where the focus group was held. One noted that everything is on one floor in her unit which is a good thing since someone she knew had moved into a two storey penthouse and had problems with stairs.

Putting “poles” (i.e. grab bars) in the bathroom was mentioned as a means of facilitating aging-in-place.

2. *For those of you planning on moving at a certain point:*
 2a: *Why do you plan on moving?*

Several of the focus group participants had already relocated from a single family dwelling to an apartment. One had done so because he husband died, and she didn't drive, and she was nervous about home invasions and house break-ins. One person had lived in a house, moved to an apartment when her husband died, then moved again to a townhouse in a gated community where she feels secure. A third reported having stayed in her large home for a number of years after her husband died. She realized that she was "a sitting duck" behind her trees and moved to an apartment which she plans to stay in

2b: *What type of housing do you think you would move into?*

2c: *What will you look for in a new neighbourhood (e.g., affordability, ability to walk to services, better transit)?*

One said "People need to realize that they need to be near services." Those in the high rise buildings close by to the focus group location noted that there used to be a grocery store across the street but it had been demolished to make way for new construction. They now had to walk "a fair way". They spoke about the need for wider sidewalks to accommodate people pushing grocery carts. Stairs in public places were another issue. They also said they missed the Zellers store that used to be across the street – the point being that it had modest priced goods. One participant noted that there is a phone-in shopping service available in Richmond and that the senior centre has a "shopping bus".

There was discussion of the need for affordable housing that seniors could access. They noted that it was difficult to build any housing in Richmond because of the high land costs. They noted that seniors currently renting in the town centre area were fearful of being evicted. There had been some sort of survey conducted recently; the tenants were fearful it might result in eviction to make way for renovation of their units and sale of them as condominiums. While these buildings were not designed for seniors they were what in the environment and aging literature are known as NORCS - naturally occurring retirement communities.

With respect to where they might move, it was noted that Providence Health Care was looking at building in Richmond. A school was being demolished and might be a possible site. This led to a brief discussion about assisted living and the extra/hidden costs associated with this housing form. Can people afford the added services? There was discussion about seniors who move into assisted living running out of money and as a result having to relocate. The issue of running out of money also came up in the context of a discussion of the possibility that a spouse was institutionalized. Concern was expressed as to whether the other spouse could afford to remain in their home if it was a rental unit or if it was owned but had a mortgage.

For those of you planning on staying in your home as you age:

2d. *Why do you plan to stay?*

2e. *What do you like about your housing?*

2f. *What do you like about your current neighbourhood (e.g., affordability, ability to walk to services, the availability of transit)?*

A participant living in a single-family dwelling said "everything is within a 15-20 minute walk".

Those living in the high-rise blocks in city centre reiterated their liking for the location.

3. What is the biggest transportation challenge living in your current neighbourhood?

For those living outside the central business district, the fact that there is no bus service after 6 pm was noted as a problem. One respondent who lives in Steveston, said she doesn't go out at night because she doesn't like driving at night and she has to wait a long time for a bus at night. Poor lighting at the bus shelters was also mentioned.

There was discussion about the need for accessible buses. Attention then turned to the issue of Sky Train, and the new line being built from downtown Vancouver to the airport which is located in Richmond. People noted a need for more and bigger elevators at the Sky Train stations. While many have an up-escalator some do not have down escalators. Stairs are problematic for seniors. Larger elevators are needed to accommodate seniors with mobility aids as well as mom's with carriages and strollers. Criminality and lack of sufficient security at Sky Train stations was also a concern to focus group participants. One participant expressed concern about the plan to build a park near the Sky Train station. He felt it would lead to drug trafficking problems.

3a: How do your transportation challenges vary from summer to winter?

This is not an issue in Richmond.

4. Are there places that you would like to walk to but can't in your current neighbourhood?

4a. If yes, which places?

4b. If yes, what prevents you from walking there?

(See responses to Question 2 above.)

5. What would make it easier and/or safer for you to walk from place to place (e.g. buildings or services closer together, better sidewalks, safer crosswalks, less crime, etc.)?

(See responses to Question 2 above.)

6. How do you feel about driving as you get older?

6a: Do you plan on making (additional) modifications to your driving pattern (e.g., less driving at night or on highways)?

One participant said she doesn't make left turns. She also said she may not get another when her current car "dies".

One stated that he doesn't drive much at night.

7. *What improvements to public transportation would make you want to use it (more)? (e.g., better schedule, better connections, more stops at places you want to go, safer/cleaner, easier to understand)?*

(See responses to Question 3 above.)

8. *Have you ever missed a community event or other engagement because transportation was a problem? If yes, what would have made a difference and allowed you to attend the event?*

(No responses were provided to this question.)

9. *We have discussed potential changes that would improve the characteristics of your neighbourhood for seniors; are there other changes that we haven't discussed that would improve the ability of seniors to "age in place" in your neighbourhood?*

One of the participants said explicitly that walkability to the places she needs is very important. Other participants nodded in agreement.

5. *Synthesis of additional or overarching feedback that does not fit within the organization of the focus group questions*

The need for affordable housing for seniors was an overarching theme. One participant even mentioned legalizing secondary suites as a way of helping seniors to stay in their own home. Several spoke about the need for CMHC to make seniors more aware of subsidy programs for making safety additions/renovations to their homes. One suggested that all new developments should be built using universal design principles. The need for education to help seniors prepare for moves was also mentioned.

APPENDIX C:
FOCUS GROUP PROTOCOL

FOCUS GROUP INSTRUCTIONS

Prepare Focus Group kits that include:

- Information sheet
- Informed consent form
- Blank name tag
- Pencil

If participants come early have them fill out the forms before the discussion begins and when completed, return them to the envelopes.

GENERAL PROCEDURES

Ask everyone to be seated.

Make opening remarks. If they haven't already done so, have participants fill out the forms in their envelope. Have forms reinserted in the envelopes. Collect the envelopes.

Go over the procedure for the focus group. Ask for questions and provide the necessary answers.

Start with the introductory question, then continue moving through all topics until complete.

At the end of the focus group, thank all the participants, answer any questions that they may have.

OPENING COMMENTS

Hello my name is _____ and I am (insert short description of position or background). Thank you for joining us today and for your willingness to share your opinions how community characteristics including transportation options, walkability of neighbourhoods, housing choice, and access to services, inform seniors' decisions to "age in place" or move residences. "Aging in place" refers to the ability to continue to live independently in your home and community for as long as possible even if you become frail or develop disabilities. The study that you'll be participating in today is part of a broader research being undertaken for the Canada Mortgage and Housing Corporation (CMHC) on how land use planning intersects with the needs of Canada's aging population.

Before I go any further, a very important point I want to stress about today's discussion is that CONFIDENTIALITY IS ASSURED. While the opinions you express will be communicated to CMHC, your names will remain confidential. No opinion will be

identified with any specific participant. (As you probably noted) the information sheet you (completed/will be asked to complete in a few minutes) does not ask for your name. Note as well that your name tag has only your first name on it, (*and for Vancouver focus group only....* the Informed Consent Form you signed binds us legally to maintain confidentiality).

We are carrying out another focus group discussion like this one in (Montreal/Vancouver). The data collected will provide some very useful information about how community characteristics support of pose challenges to senior citizens, and how seniors consider community characteristics in their decision-making around where to live as they get older.

Do you have any questions so far?

(After answering questions, if they have not filled out the forms, say: “Now would you please open your envelope and fill out the forms in it.”)

I will now explain today’s procedure. We have some questions about your plans about where you plan to live as you get older, as well as features of your current and potential future neighbourhood that may affect your decision-making. Features we are particularly interested in include housing choices, transportation options, the walkability of neighbourhoods. By walkability, we mean the presence of features that encourage walking, such as sidewalks, safe crossings, and the close proximity of buildings to one another.

Please note that there are no right or wrong answers and most likely there will be a number of points of view. It is not necessary to agree with each other and all opinions or ideas are valid. Your role is to participate. We are interested in everyone’s ideas and viewpoint. Please share your opinions with the group like you would with friends, colleagues and neighbours. Talk to the group, not just to me.

While we want each participant’s view, if your view has already been well presented, just say so. It’s not necessary to repeat your idea in detail. On the other hand, if your idea has only been partially discussed, it is important for you to speak up.

My role as moderator is to steer conversation and see that everyone participates. While I may have opinions, I am not here to give them.

You will notice that there is a tape recorder and microphone in the room. With your permission, we’d like to tape the discussion so we don’t miss anything. Once we’ve reviewed the tapes, they will be destroyed.

Are there any questions or comments you would like to make before we begin our discussion?

DISCUSSION QUESTIONS

Introductory question: "How many of you are planning to stay in your current home as you get older?"

1. For those of you planning on staying in your homes as you age, what are your plans for supporting that decision (e.g., enlist family help, renovate your home)?
2. For those of you planning on moving at a certain point:
 - 2a: Why do you plan on moving?
 - 2b: What type of housing do you think you would move into?
 - 2c: What will you look for in a new neighbourhood (e.g., affordability, ability to walk to services, better transit)?

For those of you planning on staying in your home as you age:

 - 2d. Why do you plan to stay?
 - 2e. What do you like about your housing?
 - 2f. What do you like about your current neighbourhood (e.g., affordability, ability to walk to services, the availability of transit)?
3. What is the biggest transportation challenge living in your current neighbourhood?
 - 3a: How do your transportation challenges vary from summer to winter?
4. Are there places that you would like to walk to but can't in your current neighbourhood?
 - 4a. If yes, which places?
 - 4b. If yes, what prevents you from walking there?
5. What would make it easier and/or safer for you to walk from place to place (e.g. buildings or services closer together, better sidewalks, safer crosswalks, less crime, etc.)?
6. How do you feel about driving as you get older?
 - 6a: Do you plan on making (additional) modifications to your driving pattern (e.g., less driving at night or on highways)?
7. What improvements to public transportation would make you want to use it (more)? (e.g., better schedule, better connections, more stops at places you want to go, safer/cleaner, easier to understand)?
8. Have you ever missed a community event or other engagement because transportation was a problem? If yes, what would have made a difference and allowed you to attend the event?
9. We have discussed potential changes that would improve the characteristics of your neighbourhood for seniors; are there other changes that we haven't discussed that would improve the ability of seniors to "age in place" in your neighbourhood?
10. Now that we have discussed many changes that would make a neighbourhood good to live in as you age, which ones are the most important? Could you prioritize them?

CMHC STUDY

SMART GROWTH, LIVABLE COMMUNITIES, AND SUSTAINABLE COMMUNITIES: IS IT GOOD FOR SENIORS?

FOCUS GROUP PARTICIPANT INFORMATION

Some information is needed about you so that we may describe the overall characteristics of our volunteers. Please complete this information sheet by marking the proper line or writing in the answer. If you have a question, ask the group leader.

Background Information:

1. Age at last birthday _____
2. Sex: Male_____ Female_____
3. Present Marital Status:
Married_____ Widowed_____ Divorced_____ Never Married_____
4. Do you have any health problems or disability? yes_____ no_____
 - 4a. If yes, please specify:

Housing:

5. What type of home do you currently live in?
Single Family House_____Duplex_____Row House_____Townhouse_____

Apartment_____Mobile Home_____Other_____

(Specify)
6. How long have you lived there? _____ (years)
7. Do you own or rent your home? own_____ rent_____
8. Do you live alone? yes_____ no_____
 - 8a. If no, and you live with your spouse, would you remain in your home if you were widowed? yes_____ no_____
 - 8b. If yes, do you plan on remaining in your home indefinitely?
yes_____ no_____

Neighbourhood:

9. Are you able to walk to the following services in under 10 minutes? Please answer yes or no.

	During the Summer	During the Winter
Grocery store		
Bank		
Recreational centre		
Theatre		
Library		
Pharmacy		
<u>Your</u> doctor's office		

- 9a. If you answered "no" to any of the questions above, are you still able to get to them by other means (e.g. by car)? If not, why?

	I <u>am</u> able to get to it.	I <u>am not</u> able to get it.
Grocery store		
Bank		
Recreational centre		
Theatre		
Library		
Pharmacy		
<u>Your</u> doctor's office		

Transportation:

10. Please indicate how often you use the following means of transportation:

10a. driving: every day_____ more than once a week_____

less than once a week_____ never _____

10b. public transportation: every day_____ more than once a week_____
less than once a week_____ never _____

If never, please describe why:_____

10c. walking: every day_____ more than once a week_____
less than once a week_____ never _____

10d. Other (specify)_____
every day_____ more than once a week_____
less than once a week_____ never _____

11. If you drive, have you made any modifications to your driving patterns related to age or infirmity? yes_____ no_____

11a. If yes, what types of modifications?

less night driving: yes_____ no_____

less highway driving: yes_____ no_____

less rush hour driving: yes_____ no_____

other (specify)_____

12. Do you currently use the help of others to get from place to place?

yes_____ no_____

12a. If yes, who helps you?_____

12b. If yes, how often do you receive assistance in getting from place to place?

every day_____ more than once a week_____ less than once a week_____

Safety:

13. Do you feel safe walking in your neighbourhood?

during the day? yes_____ no_____

at night? yes_____ no_____

14. Do you feel safe taking public transportation?

during the day? yes_____ no_____

at night? yes_____ no_____

SCHEDULE AND DELIVERABLE

IEc's report on focus group findings is due to CMHC by December 22nd. Hence, the latest that we can receive focus group summaries to make this deadline is December 13th. Focus group summaries should include:

- basic information on where and when the focus group was held
- summary of the characteristics of focus group participants relative to selection criteria
- summary of the characteristics of focus group participants from information provided on participant questionnaire
- synthesis of feedback organized by focus group question
- synthesis of additional or overarching feedback that does not fit within the organization of the focus group questions

SMART GROWTH, LIVABLE AND SUSTAINABLE
COMMUNITIES FOR SENIORS

PHASE III

REPORT ON INDICATOR DEVELOPMENT

SUBMITTED JULY 5, 2007

TABLE OF CONTENTS

INTRODUCTION 1

DEVELOPMENT OF PRELIMINARY INDICATORS 1

INTERVIEW PROTOCOL AND RESPONDENTS 2

RESULTS 3

Walkability 17

Transportation Options 17

Safety 17

Housing Choice 18

Access to Services 18

Community Engagement 18

General Questions and Potential Case Studies 19

NEXT STEPS 20

REFERENCES 21

APPENDIX A PRELIMINARY INDICATORS TABLE

APPENDIX B INTERVIEW QUESTIONS AND INITIAL CONTACT LETTER

APPENDIX C INTERVIEW RESPONDENTS

INTRODUCTION

During the first phase of this study for the Canada Mortgage and Housing Corporation (CMHC), IEc conducted a literature review that examines the intersection between the concepts of smart growth, liveable communities, sustainable communities, and aging in place. This literature review identified challenges in meeting the needs of older residents associated with land-use planning and the built environment in six key areas: neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in local land-use decisions.¹ Following the literature review, IEc and its subcontractors conducted two focus groups with senior residents that validated and expanded the findings of the literature review.²

For the third and most recent phase of the study, IEc developed a preliminary set of indicators to measure the extent to which a community's built environment benefits seniors' health, quality of life, and well-being. This report presents the methodology and data sources used to develop the preliminary list of indicators, and synthesizes the recommendations of planners and key informants who provided feedback on the indicators. First, we discuss development of the preliminary indicator list, followed by the process we used to interview planners and key informants. Subsequently, we present our findings, including recommended changes to the preliminary indicator list. Appendix A provides the preliminary indicator table as it was sent to the informants. Appendix B presents the interview protocol and initial e-mail correspondence used to contact potential informants. Appendix C presents a table of respondents and their affiliations.

DEVELOPMENT OF PRELIMINARY INDICATORS

We began this effort by reviewing the literature to identify previously developed indicators of smart growth and livable communities, and quality of life for older populations. Key general sources used in the development of the preliminary list of indicators include:

- ***Livable Communities: An Evaluation Guide***: Published by the AARP in 2005, this is a second version of the *Guide*, which was first published in 2000. It uses a survey format that offers communities a series of self-assessment questions focusing on quality of life topics such as transportation, walkability, safety, shopping, housing, health services, and recreation.³
- **The Center for Home Care and Policy Research, AdvantAge Initiative, Program Information**: The AdvantAge Initiative uses consumer-driven data to inform community planning. Its website contains a survey instrument with 33

¹ For more information on the literature review, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase I Literature Review*, prepared for CMHC by Industrial Economics, Inc., December 5, 2006.

² For more information on the focus groups, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase II Report on Focus Groups*, prepared for CMHC by Industrial Economics, Inc., January 3, 2007.

³ AARP Public Policy Institute. *Livable Communities: An Evaluation Guide*. 2005.

indicators that communities can use to measure how well they are meeting the needs of older residents.⁴

- **Environment Canada's Sustainable Community Indicators Program Guidelines:** This document provides guidelines to help communities or organizations develop indicators of sustainability and establish a sustainability indicators program.⁵
- **Beyond 50.05:** This AARP report provides a series of recommendations to improve the livability of communities, including recommendations on housing options, community design, transportation options, and civic engagement.⁶

In addition to these and other general sources, we also consulted literature specific to individual topics such as transportation, housing, safety and physical activity. A full list of the sources reviewed in developing the preliminary list of indicators is provided at the end of this report.

After reviewing the literature, we used the six issue areas previously identified (neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement) as an organizational framework for the preliminary set of indicators. For each of these categories, we developed up to six separate indicators intended to measure aspects and elements of a community that are of particular benefit to the health, quality of life, and well-being of older citizens. In some cases, we adjusted the indicators to address issues specifically identified as important to quality of life by seniors during the focus groups (i.e., location of grocery stores).⁷ Appendix A provides a table of the preliminary indicators by category.

INTERVIEW PROTOCOL AND RESPONDENTS

After completing the preliminary list of indicators, we established a written protocol to solicit feedback from planners and other key informants. The protocol requests that respondents identify the indicator(s) from each category (i.e., housing choice, safety, etc.) that are most useful for measuring a community's responsiveness to meeting the needs of older residents. For those indicators selected, the protocol requests that the reviewers provide suggestions on ways to clarify or improve the indicator. Respondents are also asked if they would suggest additional indicators. Lastly, we ask respondents to provide information on potential data sources for the previously identified indicators.

In addition to questions regarding the preliminary indicators, we also asked respondents to provide some general observations to help inform the study as whole. Specifically, we

⁴ Center for Home Care and Policy Research, Visiting Nurse Service of New York. "The AdvantAge Initiative." <http://www.vnsny.org/advantage/index.html>.

⁵ Environment Canada. Sustainable Community Indicators Program (SCIP). "Guidelines for the Development of Sustainability Indicators." August 2001.

⁶ Cochera, Andrew et al., Beyond 50.05. A Report to the Nation on Liveable Communities: Creating Environments for Successful Aging. AARP Public Policy Institute, May 2005.

⁷ It is important to note that we organized the indicators by category to facilitate the interview process. Some of the indicators, however, could be placed in more than one category.

inquired as to: 1) their opinions on successful planning tools and strategies for addressing the needs of older citizens, as well as specific measures implemented to benefit the health, quality of life, and well-being of the senior population; and 2) potential case studies that may warrant future research. Appendix B presents the full text of the interview protocol submitted to the respondents.

With the assistance of CMHC, IEc developed a list of potential interviewees to participate in the study. Potential respondents represented a wide-range of expertise in community planning, urban design, gerontology, health and human services, and other related fields. At the request of CMHC, we placed an emphasis on locating experts with planning backgrounds.

In December 2006, IEc sent an e-mail introducing the study, the preliminary indicator table, and the interview protocol to 40 potential respondents in Canada, the United States, the United Kingdom, and Australia. Respondents were given the option to answer the questions directly via email or conduct a phone interview with IEc. Appendix B provides the text of this introductory email.

By the conclusion of our outreach efforts in mid-March 2007, the protocol and indicators table had been sent to 82 potential respondents. We received responses from 30 informants, 19 of whom described themselves as planners, and 11 representing other disciplines. Approximately half of the interviewees chose to respond via e-mail, while we conducted phone interviews with the other half. Appendix C presents the full list of respondents, including their current affiliations and form of response (e-mail or phone).

RESULTS

This section summarizes the results of the preliminary indicator survey. Exhibit 1 presents common themes, respondent suggestions, potential data sources, and recommendations for each indicator. Column headings are as follows:

- **Preliminary indicator:** Text of each preliminary indicator as originally written and sent to the respondents, or in the case of newly developed indicators (marked with an asterisk), text as suggested by the informants.
- **Number of times favoured (out of 30 respondents):** The number of respondents who indicated that the measure should be considered a priority.
- **Respondent suggestions/common comments:** Suggestions or comments made by multiple respondents.
- **Census data:** Whether the Canadian census tracks the type of information required by the indicator.
- **FCM data:** Whether the Federation of Canadian Municipalities (FCM) Quality of Life Reporting System captures the data required for the indicator.⁸

⁸ The FCM Quality of Life Reporting System was developed to provide a framework for monitoring quality of life in 16 large urban cores. The system regularly reports out a large number of “quality of life” indicators, ranging from community affordability and housing quality to community participation. The data used to derive the FCM indicators comes from many different sources. As a result, the extent to which it can be parsed to solely identify seniors is unclear.

- **Other potential data sources:** Sources that may be used to collect data on the indicator. In general, however, the majority of respondents did not provide suggestions for data sources.
- **Recommendation:** General suggestions to keep, alter, or drop the indicator.
- **Final Indicator:** The final text of the indicator after incorporating suggestions from the interview respondents.

EXHIBIT 1: PRELIMINARY INDICATORS: FEEDBACK, LIKELY DATA SOURCES, AND RECOMMENDATIONS

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVOURED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
WALKABILITY								
1	Proportion of housing within walking distance (usually defined as ½ km or ¼ mile) to public transportation (could be further categorized by new versus existing housing stock).	16	May need to adjust distance downward for seniors.	No	No	Local planning data	Reduce distance to 500metres.	Proportion of housing within walking distance (500 metres) to public transportation (could be further categorized by new versus existing housing stock by local government).
2	Average distance between pedestrian resting places (e.g., benches) along sidewalks.	7	N/a	No	No	Local planning data	Keep indicator as is.	Average distance between pedestrian resting places (e.g., benches) along sidewalks.
3	Proportion of streets (by linear km/mile) in the community that contain sidewalks.	13	Need to better define sidewalks: both sides of the street? Continuous? May need to add seasonal component for sidewalk snow/ice clearance (see # 7 below).	No	No	Local planning data	Add qualifiers regarding the proportion of streets with sidewalks on both sides of street.	Proportion of streets (by linear km/mile) in the community that contain sidewalks. Specifically, the proportion of streets that contain: a) sidewalk on both sides, b) sidewalk on one side, or c) no sidewalks.

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVOURED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
4	Proportion of sidewalks (by linear km/mile) that could be defined as well-maintained (i.e., no badly cracked or broken pavement).	12	Not adequate for rural areas. May need to add seasonal component for sidewalk snow/ice clearance (see #7 below).	No	No	Local planning data	Reword "well maintained" to "in good repair".	Proportion of sidewalks (by linear km) that could be defined as in good repair (i.e., no badly cracked or broken pavement).
5	Average number of walks per week taken by residents age 65+ (categorize by length/time of walk).	8	May be difficult to get data. May need to be adjusted for seasons and destination.	No	No	Special purpose surveys	Categorize by season and destination.	Average number of walks per day/week/month taken by residents age 65+ (local government should categorize by destination, season/length/time of walk).
6	Annual number of pedestrian injuries and fatalities from automobile accidents (could be further categorized by victim age).	6	Could be moved to safety category. Injuries and fatalities could be categorized separately	No	Yes	Canadian Motor Vehicle Collision Statistics (Transport Canada)	Categorize injuries and fatalities separately by victim age, season, and reason for accident.	Annual number of pedestrian: 1) injuries and 2) fatalities from accidents with automobiles, categorized by: a) victim age, b) season, and c) reason for accident.

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVOURED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
7*	Proportion of sidewalks cleared during/after a snow fall/freezing rain.	6*	Clearing snow/ice is a very important issue for seniors.	No	No	Municipal public works departments	Multiple respondents mentioned the need for and indicator that deals exclusively with clearing sidewalks from snow and ice. Add this indicator.	Proportion of sidewalks cleared during/after a snow fall/freezing rain.
TRANSPORTATION OPTIONS								
1	Percent of residents age 65+ who use public transportation every day, once a week, once a month, or never.	10	Needs to focus on all types of transport-ation (not just public) because public transport-ation is not always available in rural areas and suburban areas.	No	Yes	Special purpose surveys / 2007 General Social Survey (Statistics Canada)	Change indicator to reflect multiple transportation options such as public, personal driving, taxis, family members, etc. May wish to categorize by each mode of transportation.	Proportion of residents age 65+ who travel every day, once a week, once a month, or never, categorized by: a) mode of transportation, b) destination, and c) season.
2	Average number of trips taken on public transportation by residents age 65+.	7	General support from respondents for this indicator	No	Yes	Focus group with seniors, special purpose surveys / General Social Survey (Statistics Canada)	Clarify unit of measurement.	Average number of trips taken on public transportation every day, once a week, once a month by residents age 65+.

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVOURED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
3	Average number of times per week that residents 65+ report staying at home because of lack of transportation.	8	Speaks to the issue of remaining isolated in the house.	No	No	Focus group with seniors, special purpose surveys / General Social Survey (Statistics Canada)	Keep indicator as is.	Average number of times per week that residents 65+ report staying at home because of lack of transportation.
4	Of residents age 65+ who use "dial-a-ride" or door-through-door transportation, percent who are satisfied with the service.	2	N/a	No	No	Service providers	Respondents found that this indicator provides little value in gauging a community's embracement of smart growth and livable/sustainable community tenets because it is focused on automotive transport. Drop indicator.	n/a
SAFETY								
1	Proportion of residents age 65+ who report feeling safe/unsafe in their neighborhood.	15	Perception of safety is more important than reality. May need to ask why people feel safe/unsafe.	No	No	Focus group with seniors, special purpose surveys	Categorize by time of day, location, and reason for feeling unsafe.	Proportion of residents age 65+ who report feeling safe/unsafe in their neighborhood, categorized by: a) time of day, b) location, and c) reason(s) for feeling unsafe.

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVOURED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
2	Proportion of streets and pedestrian routes (by linear km/mile) that lack adequate lighting for walking at night.	9	Intensity/ quality of lighting is important. Should add storefronts, bus stops, and public places. Should consider crosswalks as well.	No	No	Local planning data	Add storefronts, bus stops, pedestrian routes, and public places to this indicator.	Proportion of streets, pedestrian routes (by linear km), bus stops, public places, and retail areas that lack adequate lighting for walking at night.
3	Number of police patrols in the community per week.	5	Perceptions of police presence more important than patrols. May not be helpful in rural areas or those with community policing.	No	No	Local police data	Several respondents indicated that this indicator does not provide a meaningful measure of safety. Drop indicator.	n/a

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVOURED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
4	Annual number of slip and fall injuries on sidewalks and in public spaces.	11	Falls (and fear of falling) are important factors that keep seniors home. May wish to add seasonal component to the indicator.	No	No	Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) (Public Health Agency of Canada)	Categorize by season, type, and place of fall.	Annual number of slip and fall injuries on sidewalks and in public spaces, categorized by: a) season, b) type of injury, and c) place of fall.
5	Number of reported street crimes against residents ages 65+ (categorize by type of crime, e.g., assault versus robbery).	8	Most inclusive of the crime indicators. Include home invasions or other crimes.	No	Yes	Crime statistics (Statistics Canada) / Canadian Centre for Justice Statistics / 2008 General Social Survey	Include additional types of crimes against seniors, such as home invasions. Categorize by type, location, and time.	Number of reported street crimes against residents ages 65+, categorized by: a) type of crime, b) location of crime, and c) time of day.
6*	Availability of wayfinding systems/safety features at crosswalks (e.g., longer crossing times, clear signage, visible sight lines, crossing noise for the visually impaired, safe design, etc).	5*	Seniors need extra time at crosswalks. Safety features at crosswalks are important.	No	No	Local planning data	Multiple respondents found that the addition of these features reduces the fear of falls. Add indicator to list.	Availability of wayfinding systems/safety features at crosswalks (e.g., longer crossing times, clear signage, visible sight lines, crossing noise for the visually impaired, safe design, etc).

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVOURED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
HOUSING CHOICE								
1	Proportion and number of residences in the community categorized by housing type: multi-family home, single-family home, duplex, rowhouse, mobile home, flex housing, garden flats, accessory dwelling units, and other (could be further categorized by new versus existing housing stock).	16	Variety of housing options is extremely important. Could be combined with Housing Indicator #3.	Not yet available for some housing choices	No	Local planning data / CMHC	Keep indicator as is.	Proportion and number of residences in the community categorized by housing type: multi-family home, single-family home, duplex, townhouse, rowhouse, mobile home, flex housing, garden flats, accessory dwelling units, and other (could be further categorized by new versus existing housing stock).
2	Occupancy rates at existing lifestyle retirement, senior residences, and supportive housing in the community.	9	Important indicator of current state of housing in the community. May wish to look at supply of housing stock instead of occupancy.	Yes (data may not be robust enough for this use though)	Yes	Local planning data / CMHC	Keep indicator as is.	Occupancy rates at existing lifestyle retirement, senior residences, and supportive housing in the community.
3	Types of tenure available in the community (freehold homeownership, rental condominium, cooperative housing, leaseholds, shared equity ownership, life tenancies, flexible tenure).	9	Variety of housing options is extremely important. Could be combined with Housing Indicator #1.	Yes (not all types are available through the Census)	No	Local planning data / 2008 General Social Survey (Statistics Canada)	Keep indicator as is.	Types of tenure available in the community (freehold homeownership, rental condominium, cooperative housing, co-housing, leaseholds, shared equity ownership, life leases, life tenancies, flexible tenure).

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVORED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
4	Proportion of residents 65+ who spend greater than 30 percent of their income on housing (existing CMHC affordability indicator).	13	Affordability is a major concern for seniors. The 30 percent threshold may be set too high.	Yes	Yes	CMHC	Change to "equal to or greater than 30 percent" to reflect CMHC's affordability criteria.	Proportion of residents 65+ who spend equal to or greater than 30 percent of their income on housing.
5	Proportion of residents age 65+ living in housing with unmet home modification needs (e.g., narrow hallways, stairs, lack of bathroom grab bars).	6	Add lighting to example modifications.	No	No	CMHC	Include lighting.	Proportion of residents age 65+ living in housing with unmet home modification needs (e.g., narrow hallways, stairs, lack of bathroom grab bars, adequate lighting).
6	Proportion of households living in "acceptable" housing (meeting adequacy, suitability, and affordability standards) in the community (existing CMHC core housing acceptability indicator).	8	May be the most important indicator. May wish to categorize by age cohorts.	No	No	CMHC	Incorporate age cohorts into indicator.	Proportion of households living in "acceptable" housing (meeting adequacy, suitability, and affordability standards) in the community, categorized by age cohort.

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVOURED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
ACCESS TO SERVICES								
1	Proportion of housing within walking distance (usually defined as ½ km or ¼ mile) to the following basic services: pharmacy, grocery store, and bank.	18	Reduce distance to be more manageable for seniors. Add places such as restaurants, bus stops, hairdresser, post office, parks, community and senior centres.	No	No	General Society Survey (Statistics Canada) / Local planning data	Reduce the walking distance to 500 metres and add additional places of interest.	Proportion of housing within walking distance (500 metres) to the following basic services: pharmacy, grocery store, and bank.
2	Proportion of housing within walking distance (usually defined as ½ km or ¼ mile) OR within a 20 minute walking plus transportation trip to the following services: pharmacy, grocery store, bank, hospital, senior center, retail shopping.	12	May be duplicative with Access to Service Indicator #1. Alter to include driving trips. Reduce distance to be more manageable for seniors.	No	No	General Society Survey (Statistics Canada) / Local planning data	Reduce the walking distance to 500 metres and add driving.	Proportion of housing within walking distance (500 metres) OR within a 10 minute car/public transportation trip to the following services: pharmacy, grocery store, bank, hospital, senior center, retail shopping.

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVoured (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
3	Proportion of residents 65+ that require assistance from family members or other individuals to access the following services: pharmacy, grocery store, bank, hospital, senior centre, retail shopping.	4	Speaks to level of support in the community. Add clinics, libraries, and community halls.	No	No	Local planning data	Add additional places.	Proportion of residents 65+ that require assistance from family members or other individuals to access the following services: pharmacy, grocery store, bank, hospital, senior centre, retail shopping, libraries and community halls.
4	Proportion of residents 65+ who have access to home delivery of groceries and other retail goods.	4	Provides a measure of availability of services to those with restricted mobility	No	No	Local planning data / 2008 General Social Survey (Statistic Canada)	Keep indicator as is.	Proportion of residents 65+ who have access to home delivery of groceries and other retail goods.
5	Proportion of residents 65+ who are able to afford home delivery of groceries and other retail goods.	0	No support from respondents.	No	No	Focus group with seniors, special purpose surveys	Drop indicator.	n/a

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVOURED (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
COMMUNITY ENGAGEMENT								
1	Proportion of residents 65+ who socialized with friends or neighbors in the past week.	9	Could be combined with Community Engagement Indicator #2. Change to "programmed recreational activity" to be more inclusive.	No	No	Focus group with seniors, special purpose surveys / 2008 General Social Survey (Statistics Canada)	Combine with Community Engagement Indicators #2 and #3.	Proportion of residents 65+ who engage in social activities at least once per week. Activities may include: meeting with friends/neighbors, engaging in civic religious, or cultural activities, and participating in volunteer or part time work.
2	Proportion of residents age 65+ who engaged in at least one civic, religious, or cultural activity in the past week.	8	See #1	No	No	Focus group with seniors, special purpose surveys / 2008 General Social Survey (Statistics Canada)	Combine with Community Engagement Indicators #1 and #3.	See # 1 above
3	Proportion of residents age 65+ who participate in volunteer work.	4	Include "part time work."	No	No	Focus group with seniors, special purpose surveys / 2008 General Social Survey (Statistics Canada)	Combine with Community Engagement Indicators #1 and #2 and include part time work.	See # 1 above

	PRELIMINARY INDICATOR	NUMBER OF TIMES FAVoured (OUT OF 30 RESPONDENTS)	RESPONDENT SUGGESTIONS/ COMMON COMMENTS	CENSUS DATA	FCM DATA	OTHER POTENTIAL DATA SOURCES	RECOMMENDATIONS	FINAL INDICATOR
4	Proportion of residents 65+ that are able to access a dedicated senior centre.	6	Include community centres, libraries, and places of interest.	No	No	Focus group with seniors, special purpose surveys	Include additional community places.	Proportion of residents 65+ that are able to access a dedicated senior centre or other places of interest such libraries and community centres.
5*	Local government has land use policy and planning programs that specifically engage seniors.	5*	Important that seniors have say in own future	No	No	Local government data	Add indicator to list.	Local government has land use policy and planning programs that specifically engage seniors.

Walkability

Survey respondents found the walkability category to be of high priority and reacted positively to all of the indicators, particularly Walkability Indicators #1 (proximity to transit), #3 (presence of sidewalks) and #4 (well-maintained sidewalks). With the exception of Walkability Indicator #6 (injuries), most respondents were not able to identify data sources to calculate these measures; however, several interviewees suggested that local planning offices may possess sufficient data to address many or most of these indicators. A fair number (20 percent) of respondents suggested adding an indicator that deals with snow clearing (or lack thereof). During winter, the lack of clear/safe sidewalks can be a major barrier for seniors wishing to walk outside. We suggest adding this indicator (Walkability Indicator #7) to the list.

Transportation Options

On the whole, respondents indicated the transportation options category, while important, was not of the highest priority when compared to other categories on the list. The interviewees indicated that Transportation Indicators #1 (use of public transportation by seniors), #2 (also use of public transportation by seniors), and #3 (unmet transportation needs) would be the most effective indicators. However, several respondents suggested that the focus should include all transportation options (including driving, taxi, and family members), not just public transportation, because in rural areas public transportation is simply not available. In fact, several interviewees indicated that in many places (including urban locales, but very often in suburban and rural communities), the majority of seniors continue to drive well into their 80s. This finding highlights a key tension between promoting smart growth and livable communities, and the transportation needs of seniors in rural areas in particular, which are most realistically met through automotive transportation. And some respondents acknowledged that a focus on automotive transportation does not fit within our study. The implication is that CMHC should focus its outreach efforts related to this project to urban and suburban areas where a focus on public transportation and/or walkability is realistic.

In general, several respondents indicated that data for the entire category would likely be difficult to find, and it may be necessary to conduct focus groups or surveys with seniors to obtain the appropriate information. However, the General Social Survey conducted by Statistics Canada is a possible data source for some transportation statistics.⁹

Safety

In general, the respondents indicated that safety is a high priority and that the indicators adequately captured the two key aspects of safety: crime and falls. Half of respondents suggested that Safety Indicator #1 (perception of safety) was the most important in terms

⁹ The General Social Survey, established in 1985, gathers data on social trends in order to monitor changes in living conditions and societal well-being in Canada. The policy issues explored each year through sampled telephone surveys changes yearly. Because the subjects of the survey change often, it may not be an adequate data source for a community that needs to update its senior community indicators on a regular basis. Statistics Canada. 2006.

of getting seniors to leave the house. The perception of crime or fear of crime keeps seniors from leaving the home. However, several interviewees suggested that this perception may be difficult to measure; surveys or focus groups with seniors would be required. Many respondents felt that Safety Indicator #3 (police patrols) did not provide adequate insight into a community and should be dropped from the list. We concur with this suggestion.

In addition to crime, many respondents felt that falling and the fear of falling as referenced in Safety Indicator #4 is an important indicator of the quality of the built environment.¹⁰ In places with quality sidewalks and crosswalks, with adequate signage and other safety features, the fear of falling is far less. Based on the response of the interviewees, we recommend adding Safety Indicator #6, which captures this concept.

Housing Choice

Respondents generally had positive responses to all of the housing choice indicators. More than half of the interviewees found Housing Choice Indicator #1 (housing variety) to be the highest priority, since the greater the variety of housing available in a community, the more options available for seniors as they age. Respondents also noted that affordability (Housing Choice Indicator #4) is an extremely important priority for senior housing. In general, data for the housing categories is available from the Census and is reported to FCM. In addition, several interviewees suggested that CMHC might have some internal data that may be helpful to communities addressing this indicator.

Access to Services

A majority of the respondents found that Services Indicator #1 (proximity to services) was a high priority indicator; however, many suggested reducing the distance to services cited in the indicator to a level that is more manageable for most seniors. Suggestions ranged from 200 to 1000 metres. We recommend reducing the distance to 500 metres for Services Indicators #1 and #2 (proximity to less critical services than #1). In addition, some respondents found that Services Indicators #1 and #2 may be duplicative and could be combined. It is likely that local planning data will be necessary to calculate these two indicators. Conversely, Services Indicators #3 (need for assistance to access services) and #4 (access to home delivery services) did not receive substantial support from the interviewees; however, based on the responses of the focus groups, we suggest CMHC keep these indicators on the list.

Community Engagement

Many respondents did not find the community engagement indicators to be of high priority. Several thought that they were duplicative, and that we should combine Community Engagement Indicators #1 (frequency of socialization), #2 (frequency of

¹⁰ The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP), which is administered by the Public Health Agency of Canada (PHAC), keeps extensive records on falls and seniors.

civic engagement), and #3 (frequency of volunteerism) to encompass all aspects of civic and social life. Most interviewees felt that data needed to measure these indicators would not be available and focus groups or surveys with seniors would be necessary, although the 2008 GSS survey will address volunteerism to a certain degree. In addition, several key informants suggested that we add an indicator that captures the role seniors play in community planning. We recommend adding this indicator (Community Engagement #5) to the list.

General Questions and Potential Case Studies

In addition to the questions regarding the preliminary indicators, the protocol also asked respondents to identify successful planning tools and strategies for addressing the needs of older citizens, specific measures implemented to benefit the health, quality of life, and well-being of the senior population, and potential case studies that may warrant future research. The respondents identified a variety of tools and strategies, including:

- **Involving seniors in development and planning issues:** Through non-threatening communication tools such as design charrettes or regular community meetings, planners can work with seniors to improve their built environment. Senior involvement in the planning process provides planners with important information and keeps seniors connected to civic life.
- **Altering zoning standards to provide for senior-friendly housing options:** In many municipalities, current zoning codes prevent the development of housing options that may benefit seniors as they age (e.g., granny suites). Relaxing some zoning restrictions will provide municipalities the flexibility to adjust to aging populations.
- **Creating incentives to encourage the development of a broad choice of housing options and a more walkable environment:** Municipalities have had moderate success in spurring smart growth development through grant programs and tax incentives.
- **Promoting intergenerational interaction:** Successful senior-friendly communities view seniors as an important resource and foster communication between seniors and other members of the community. The creation of accessible public spaces, such as community paths and parks, can facilitate community interaction.

In addition, the interviewees suggested a number of communities and neighborhoods that may serve as suitable case studies for the next phase of the study.¹¹

¹¹ IEC will develop a potential list of case studies, factoring in interviewee as well as CMHC suggestions, at the start of Phase IV of the project.

NEXT STEPS

The preliminary indicators developed in this report will provide a foundation for developing a case study template and creating a checklist tool to help communities across Canada determine the extent to which their built environments are meeting the needs of seniors.

During Phase IV, IEc will develop a case study template that addresses community responsiveness to the six established areas of smart growth and livable communities/aging in place. During the development of case studies, we will select two communities with which we will test the checklist tool, based on their willingness to collaborate and the availability of data.

During Phase V, IEc will develop the checklist tool. It will integrate lessons learned during Phases III and IV, including:

- Prioritizing walkability, safety, housing choices, and access to services.
- Creating flexibility to accommodate the differences between rural and urban communities.
- Understanding the extent to which data are or are not available to support the use of indicators, and designing a checklist that accommodates different levels and types of data.

From the interviews conducted, it became apparent that it would not be possible for CMHC to identify the one or two indicators in each category that would be applicable to all Canadian communities. In light of this finding, the checklist tool that IEc develops will be designed with community customization in mind. Prior to using the checklist, community planners will first choose indicators from each category based on demography (e.g., urban, suburban, or rural area), issues of local importance, ability to collect new data, and other factors to be determined.

Once the checklist is created, we will test it with two communities identified in Phase IV. Subsequently, we will incorporate lessons learned during the tests into the final checklist tool.

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APPENDIX A | PRELIMINARY INDICATORS TABLE

PRELIMINARY INDICATORS OF AN ELDER FRIENDLY COMMUNITY

This table contains preliminary indicators, which can be used to measure the aspects and elements of a community that are of particular benefit to the health, quality of life, and well-being of older citizens.

	WALKABILITY	TRANSPORTATION OPTIONS	SAFETY	HOUSING CHOICE	ACCESS TO SERVICES	COMMUNITY ENGAGEMENT
1	Proportion of housing within walking distance (usually defined as ½ km or ¼ mile) to public transportation (could be further categorized by new versus existing housing stock).	Percent of residents age 65+ who use public transportation every day, once a week, once a month, or never.	Proportion of residents age 65+ who report feeling safe/unsafe in their neighborhood.	Proportion and number of residences in the community categorized by housing type: multi-family home, single-family home, duplex, townhouse, rowhouse, mobile home, flex housing, garden flats, accessory dwelling units, and other (could be further categorized by new versus existing housing stock).	Proportion of housing within walking distance (usually defined as ½ km or ¼ mile) to the following basic services: pharmacy, grocery store, and bank.	Proportion of residents 65+ who socialized with friends or neighbors in the past week.
2	Average distance between pedestrian resting places (e.g., benches) along sidewalks.	Average number of trips taken on public transportation by residents age 65+.	Proportion of streets (by linear km/mile) that lack adequate lighting for walking at night.	Occupancy rates at existing lifestyle retirement, senior residences, and supportive housing in the community.	Proportion of housing within walking distance (usually defined as ½ km or ¼ mile) OR within a 20 minute walking plus transportation trip to the following services: pharmacy, grocery store, bank, hospital, senior center, retail shopping.	Proportion of residents age 65+ who engaged in at least one civic, religious, or cultural activity in the past week.
3	Proportion of streets (by linear km/mile) in the community that contain sidewalks.	Average number of times per week that residents 65+ report staying at home because of lack of transportation.	Number of police patrols in the community per week.	Types of tenure available in the community (freehold homeownership, rental condominium, cooperative housing, co-housing, leaseholds, shared equity ownership, life leases, life tenancies, flexible tenure).	Proportion of residents 65+ that require assistance from family members or other individuals to access the following services: pharmacy, grocery store, bank, hospital, senior center, retail shopping.	Proportion of residents age 65+ who participate in volunteer work.
4	Proportion of sidewalks (by linear km/mile) that could be defined as well-maintained (i.e., no badly cracked or broken pavement).	Of residents age 65+ who use "dial-a-ride" or door-through-door transportation, percent who are satisfied with the service.	Annual number of slip and fall injuries on sidewalks and in public spaces.	Proportion of residents 65+ who spend greater than 30 percent of their income on housing (existing CMHC affordability indicator).	Proportion of residents 65+ who have access to home delivery of groceries and other retail goods.	Proportion of residents 65+ that are able to access a dedicated senior center.

	WALKABILITY	TRANSPORTATION OPTIONS	SAFETY	HOUSING CHOICE	ACCESS TO SERVICES	COMMUNITY ENGAGEMENT
5	Average number of walks per week taken by residents age 65+ (categorize by length/time of walk).		Number of reported street crimes against residents ages 65+ (categorize by type of crime, e.g., assault versus robbery).	Proportion of residents age 65+ living in housing with unmet home modification needs (e.g., narrow hallways, stairs, lack of bathroom grab bars).	Proportion of residents 65+ who are able to afford home delivery of groceries and other retail goods.	
6	Annual number of pedestrian injuries and fatalities from automobile accidents (could be further categorized by victim age).			Proportion of households living in "acceptable" housing (meeting adequacy, suitability, and affordability standards) in the community (existing CMHC core housing acceptability indicator).		

Resources consulted in developing the above table of indicators include:

1. AARP Public Policy Institute. Livable Communities: An Evaluation Guide. 2005.
2. Pollak, Patricia B. Liveable Communities: A Guide for Evaluation. Washington, DC: AARP. 2000.
3. Center for Home Care and Policy Research, Visiting Nurse Service of New York, "The Advantage Initiative." Undated.
4. CMHC. Smart Growth in Canada: Implementation of a Planning Concept. August 2005.
5. CMHC. Research Highlight: 2001 Census Housing Series: Issue 3 Revised, The Adequacy, Suitability, and Affordability of Canadian Housing. April 2004.
6. CMHC. Smart Growth, Livable Communities, and Sustainable Communities: Is It Good for Seniors? Montreal Focus Group. December 4, 2006.
7. CMHC. Smart Growth, Livable Communities, and Sustainable Communities: Is It Good for Seniors? Vancouver, BC Focus Group. December 11, 2006.
8. Cochera, Andrew et al., Beyond 50.05. A Report to the Nation on Liveable Communities: Creating Environments for Successful Aging. AARP Public Policy Institute, May 2005.
9. Environment Canada. Sustainable Community Indicators Program (SCIP). "Guidelines for the Development of Sustainability Indicators." August 2001.
10. National Association of Area Agencies on Aging. "The Maturing of America - Getting Communities on Track for an Aging Population." September 27, 2006.
11. Turcotte, Martin. "Seniors' Access to Transportation." Statistics Canada- Catalogue No. 11-008.

APPENDIX B | INTERVIEW QUESTIONS
AND INITIAL CONTACT LETTER

Smart Growth, Livable Communities, and Sustainable Communities: Is It Good for Seniors?

QUESTIONS FOR EXPERTS

In considering the following questions, please refer to the attached table of indicators of smart growth, and livable and sustainable community features of interest to older residents.

1. Of the indicators included in each category (e.g., walkability, housing choice), please identify one or more indicators in order of priority that you think are most useful in measuring a community's responsiveness to the challenges identified in meeting the needs of older residents associated with land-use planning and the built environment. For each indicator that you identify as most useful, provide a short explanation for your selection.
2. Would you suggest that CMHC consider other specific indicators of community responsiveness to the challenges identified? If so, what are they, and what would they measure?
3. For the indicators that you recommend for Questions 1 and 2 above, what measurement approaches would you suggest? Please provide information on any data sources that you know of which would support the measurement approaches recommended.
4. For the indicators that you recommend for Questions 1 and 2 above, would you recommend any changes to the indicator wording to make the wording resonate better with local planners and policy-makers?

We also have a few general questions to inform the study.

5. We are interested in any broader advice that you may have for addressing the categories of challenges that we have identified related to land-use planning, the built environment, and the needs of older residents. In your experience, what are the most successful planning tools, policies, or other strategies for addressing these challenges?
6. Has your local government introduced any of the features/elements of smart growth, livable, or sustainable communities that are of particular benefit to the health, quality of life, and well-being of the senior population?
 - If yes, what are these, and how did your community achieve them?
 - If no, what is the potential of your local government addressing these issues, what are the most likely features/elements to be introduced, and how would this be done?

7. Another objective of this study is to identify and develop case studies on communities in Canada and elsewhere which exemplify how the features/elements of smart growth, livable, and sustainable communities have been introduced to meet the needs and preferences of older residents. Would you recommend any communities for a case study? If yes, please specify and indicate why you recommend the community(ies).
8. Finally, please indicate if your educational and professional background is in planning or another discipline. If another discipline, please specify.

INITIAL CONTACT LETTER SENT TO POTENTIAL RESPONDENTS

Dear *[expert name]*:

Hello, my name is Neal Etre and I am with the firm IEc, a public policy consulting firm in Cambridge, Massachusetts. I am contacting you today regarding a study we are conducting for the Canada Mortgage and Housing Corporation (CMHC). The objective of the study is to explore how land use planning and the built environment intersects with the needs of Canada's aging population. Specifically, we are exploring how the concepts of smart growth, and sustainable and livable communities can respond to the desire of many citizens to "age in place," as opposed to move to a different home or community when they get older.

To date, we have conducted a literature review and focus groups that have identified challenges in meeting the needs of older residents associated with land-use planning and the built environment in six key areas: neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in local land-use decisions. As part of this research, we are developing a set of indicators and tools for communities and local governments to use to measure their progress in addressing these challenges. We understand that you have expertise related to this issue, and we would like to solicit your feedback on the development of indicators.

To solicit feedback, we have developed the attached (1) short list of questions and (2) table of potential indicators designed to measure community progress in meeting the needs of older residents associated with land-use planning and the built environment. We identified these indicators from existing literature and are using them as a starting point for further indicator development and refinement.

We would appreciate your feedback in any way that is convenient for you, although we are hoping to collect all feedback by *[insert date]*. If you would like to e-mail back responses to the attached questions, please (1) notify us as soon as possible that you will be sending us responses, and (2) please send your responses by *[insert date]*. Alternatively, we would be happy to set up a time to talk with you over the phone. If you would rather have a phone conversation, please e-mail me some dates and times that you would be available for a half-hour call between now and *[insert date]*, and I will contact you to set up an interview time.

Thank you in advance for your consideration and input.

Sincerely,

Neal Etre, IEc

APPENDIX C | INTERVIEW RESPONDENTS

INTERVIEW RESPONDENTS

RESPONDENT	AFFILIATION	DISCIPLINE	INTERVIEW TYPE
George Adams	Urban Design Manager, Neighborhood Planning and Zoning Department, City of Austin, Texas	Planner	Phone
Don Alexander	Professor, New City Institute	Planner	Email
Lynn Armstrong	Landscape Planner, Ontario Association of Landscape Architects	Planner	Email
Jane Belausteguigoitia	School of Architecture, University of British Columbia	Planner	Email
Don Buchanan	Transportation Planner, Translink, Greater Vancouver Transportation Authority	Planner	Email
Marnie Cappe	Planner, Canadian Institute of Planners	Planner	Phone
Angela Dietrich	Manager, Policy Planning Division, Planning and Building Department, City of Mississauga	Planner	Email
Mary Edwards	Assistant Professor, Department of Urban and Regional Planning, University of Illinois at Urbana-Champaign	Planner	Email
Geoff Fernie	Vice-President, Research, Toronto Rehabilitation Institute, University of Toronto	Informant	Email
Eugene Ferraro	Director, Metropolitan Planning, Department for Planning and Infrastructure, Western Australia	Planner	Phone
Austin French	Project Manager, Halifax Regional Municipality, Regional Planning, Governance and Strategic Planning	Planner	Email
Nancy Gnaedinger	Consultant in Gerontology	Informant	Phone
Jill Grant	Director, School of Planning, Faculty of Architecture and Planning, Dalhousie University	Planner	Email
Nadene Henningsen	Executive Director, Canadian Home Care Association	Informant	Email
Cheeyong Ho	Executive Director, Smart Growth British Columbia	Informant	Phone
Gerald Hodge	Urban Planner	Planner	Phone
Deborah Howe	Professor, Urban Studies and Planning, Temple University	Planner	Phone

RESPONDENT	AFFILIATION	DISCIPLINE	INTERVIEW TYPE
Helene Iardas	Planner, Urban Design, City of Toronto	Planner	Email
Joe Johnson	Planner, Development Services Department, City of Grand Prairie, Alberta	Planner	Phone
Richard Kendall	Project Coordinator, Markham Centre, Development Services Commission	Informant	Email
Chris Leach	President, Canadian Institute of Planners	Planner	Phone
Bill Mann	Senior Manager of Planning Policy, Town of Milton, Ontario	Planner	Phone
Ann McAfee	President, City Choices Consulting	Planner	Email
Ken Petersen / Kyle McIntyre	Ontario Ministry of Municipal Affairs and Housing	Informant	Phone
Bonnie Schroeder	Project Manager, National Programs, VON Canada	Informant	Email
Vicky Scott	Senior Advisor on Falls Prevention, British Columbia Injury Research and Prevention Unit, Ministry of Health Services	Informant	Phone
Janet Thomas	Director of Planning, Research and Evaluation, Department of Family and Community Services, Government of New Brunswick	Informant	Email
Gloria Venczel	Executive Director, Smart Growth Canada Network	Planner	Phone
Paul Vieira	Chief Executive Officer, Hay River Health and Social Services Authority	Informant	Email
Valerie White	Executive Director, Nova Scotia Seniors Secretariat	Informant	Phone

SMART GROWTH, LIVABLE AND SUSTAINABLE
COMMUNITIES SENIORS

PHASE IV

REPORT ON CASE STUDIES

SUBMITTED NOVEMBER 8, 2007

TABLE OF CONTENTS

INTRODUCTION

Identifying Case Studies 1

Case Studies 2

CASE STUDY ONE

Benny Farm, Notre-Dame-de-Grâce, Montréal, Québec: Redeveloping A Central City Area to Better Serve An Aging Population 3

Introduction and Background 3

The Task Force and A New Plan for Redevelopment 4

Implementation of the Redevelopment Plan 5

Key Lessons Learned 6

CASE STUDY TWO

Squamish, British Columbia: A Regional Approach to Directing Growth Towards Downtown 7

Introduction and Background 7

A New Vision for Downtown 7

From Plan to Practice 9

Key Lessons Learned 10

CASE STUDY THREE

Senior Services of Seattle/King County, Washington, USA: Providing Essential Services to Older Residents 11

Introduction and Background 11

Empowering Seniors to Live Better Lives 11

Key Lessons Learned 14

CASE STUDY FOUR

Dunedin, Florida, USA: Creating A More Livable Environment Through Policy Action 15

Introduction and Background 15

Communities for a Lifetime Initiative 15

Results 17

Key Lessons Learned 18

CASE STUDY FIVE

Baltimore, Maryland, USA: The "Safe At Home" Program Demonstrates That Falls Can Be Prevented With Home Modifications 19

Introduction and Background 19

Safe At Home 19

Program Evaluation 21

Key Lessons Learned 22

CASE STUDY SIX

Atlanta, Georgia, USA: Developing Partnerships to Improve Seniors' Quality of Life 23

Introduction and Background 23

EasyLiving Homes 23

Metropolitan Partnership in Aging 24

Key Lessons Learned 25

CASE STUDY SEVEN

Cornell Community, Markham, Ontario: A New Urbanist Development Provides Suburban Residents with an Opportunity to Age in Place 27

Introduction and Background 27

A New Urbanist Community 28

The Future of Cornell 29

Key Lessons Learned 30

CASE STUDY EIGHT

Mississauga, Ontario: Long-Term Planning to Serve the Needs of Seniors 31

Introduction and Background 31

Framework for the Project 31

The Action Plan 32

The Implementation Plan 33

Key Lessons Learned 33

CASE STUDY NINE

Regina, Saskatchewan: Civic Engagement Helps Identify Ways to Improve the Quality of Life for Seniors 34

Introduction and Background 34

The Seniors Action Plan 35

Speak Up, Speak Out 36

Key Lessons Learned 36

CASE STUDY TEN

Oakridge Centre, Vancouver, British Columbia: Transforming an Older Shopping Mall into a Mixed-use Neighbourhood Centre 37

Introduction and Background 37

Developing a New Policy Statement for Oakridge 37

Key Lessons Learned 39

CONCLUSIONS

Walkability 40

Transportation Options 40

Safety 40

Housing Choice 41

Access to Services 41

Community Engagement 41

Other Considerations 41

INTRODUCTION

Industrial Economics, Incorporated (IEc), is engaged in a research effort to distill principles of smart growth and sustainable and livable communities that can inform land use planning for an aging population. During the first phase of this study for the Canada Mortgage and Housing Corporation (CMHC), IEc conducted a literature review that examined the intersection between the concepts of smart growth, liveable communities, sustainable communities, and aging in place. The literature review identified challenges in meeting the needs of older residents associated with land-use planning and the built environment in six key areas: neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in civic activities.¹ In the second and third phases, IEc conducted focus groups and developed preliminary indicators to measure the extent to which a community's built environment benefits seniors' health, quality of life, and well-being.^{2,3}

For the fourth phase of the project, IEc features in this report a series of case studies illustrating successful approaches that exemplify how the principles, elements, and features of the concepts of smart growth, livable and sustainable communities have been introduced to meet the needs and preferences of seniors. First, we discuss the methods employed to identify case studies. Next, we present each case study. Finally, we present conclusions summarizing the lessons learned through this case study exercise.

IDENTIFYING CASE STUDIES

To identify appropriate case studies, we relied heavily on the smart growth and aging in place literature originally examined during the initial phase of the project. In addition, we examined a number of potential case studies suggested by the planners and key informants interviewed during phase three of the project. We employed the following criteria to identify appropriate case studies:

- Each case study should illustrate successful approaches to senior-inclusive smart growth planning in at least one or two of the six key areas identified in our literature review.

¹ For more information on the literature review, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase I Literature Review*, prepared for CMHC by Industrial Economics, Inc., December 5, 2006.

² For more information on the focus groups, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase II Report on Focus Groups*, prepared for CMHC by Industrial Economics, Inc., January 3, 2007.

³ For more information on the indicators, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase III Report On Indicator Development*, prepared for CMHC by Industrial Economics, Inc., July 5, 2007.

- One or two case studies should feature a community that has taken broad, successful actions (e.g., actions in four or five of our six key areas) to address senior-inclusive smart growth planning.
- The case studies should reflect a diversity in scale: neighbourhood, town, city, and regional approaches should be illustrated.
- At least six case studies should focus on Canadian initiatives; others can be from the US or elsewhere.
- One or two case studies should feature suburban retrofits; i.e., redevelopment or redesign of suburban development to address the needs of aging populations.⁴

CASE STUDIES

The following sections present ten case studies demonstrating successful approaches to senior-inclusive smart growth planning. A text box to left of the case study text indicates which of the key topic areas (neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement) is addressed by each. Each case study begins with a brief introduction to the study area and a description of the land use and aging issues addressed. Next, we follow with a description of the program or policy action(s) employed to address issues outlined in the introduction. Finally, we present the results of the initiative. The report concludes with a brief discussion of lessons learned from the experiences described in the case studies.

⁴ It was very difficult to identify a clear example of a suburban retrofit. However, the case study of Duniden, Florida, presents information on a suburban area that is remodeling sidewalks, crosswalks, and bus shuttles to meet senior needs.

CASE STUDY ONE

**BENNY FARM, NOTRE-DAME-DE-GRÂCE, MONTRÉAL, QUÉBEC:
REDEVELOPING A CENTRAL CITY AREA TO BETTER SERVE AN AGING POPULATION**

INTRODUCTION AND BACKGROUND

KEY TOPICS ADDRESSED

- ✓ Walkability
- ✓ Transportation Options
- ✓ Safety
- ✓ Housing Choice
- ✓ Access to Services
- ✓ Community Engagement

Notre-Dame-de-Grâce (NDG) is a culturally diverse, middle-class Montréal neighbourhood with a large immigrant community.⁵ Benny Farm is an 18-acre residential property located in the heart of NDG. The Benny Farm site, named after its longtime owners—the Benny family—was a working farm until the mid-1940s. At that time, Benny Farm was sold to developers and converted into a large post World War II-style development, with large apartment buildings set amongst green space. In total, the site housed 384 units in groups of three-story buildings. In 1947, the Canada Mortgage and Housing Corporation (CMHC) purchased the site and gave veterans' families priority in renting units. The neighbourhood's initial reaction to the Benny Farm development was lukewarm because many felt that the structures did not fit the character of NDG; however, over time, with the arrival of the veteran's families, Benny Farm became an integral part of the NDG community.⁶

By the early 1990s, Benny Farm began to show its age. In order to provide more accessible housing for aging veterans, CMHC announced its intentions to redevelop the site with an ambitious plan calling for 1,200 new units, including accessible housing for veterans. This plan met with strong resistance from the surrounding neighbourhood; many felt the new plan destroyed the original character of Benny Farm and was too dense for NDG. After completing two new veteran's buildings, CMHC sold the property to the Canada Lands Company (CLC)—a self-funding federal Crown corporation whose mission is to optimize the financial and community value of strategic Government of Canada properties. In 1999, CLC completed construction on two additional veterans' buildings. Soon after, CLC began working closely with the community to create a new redevelopment plan that better reflects the character of the NDG neighbourhood.⁷

⁵ Cavis, Basil, General Manager, Real Estate, Canada Lands Company, Personal Communication, July 23, 2007.

⁶ Canada Lands Company, Benny Farm Redevelopment: A Project for the Community, September 2003.

⁷ Canada Lands Company, Benny Farm Redevelopment: A Project for the Community, September 2003; Canada Lands Company, Redevelopment of the Benny Farm Site: a history, a community, a project. DVD (undated).

The following case study explores how the collaborative process between CLC and the neighbourhood created a dynamic redevelopment plan for Benny Farm that will help seniors (especially existing residents) to remain part of this diverse and vibrant community, while protecting the NDG neighbourhood's character.

THE TASK FORCE AND A NEW PLAN FOR REDEVELOPMENT

In 2002, CLC initiated a consensus-building process to redevelop Benny Farm. After interviews with various stakeholders, CLC organized the Benny Farm Redevelopment Task Force, which was made up of ten individuals representing different parts of the NDG community, including commercial interests, residents, and veterans (seniors). Through an intensive deliberation process, the Task Force developed a set of principles to guide the redevelopment process. These principles focused on preserving the character of Benny Farm and providing a diverse, inclusive, and accessible community that would meet the needs of the NDG neighbourhood.⁸

The Task Force charged four architectural firms with the task of incorporating the guiding principles into a redevelopment plan for Benny Farm. In October 2002, four competing plans were presented to the community in an open meeting where the public could view the plans and ask questions of the architects and CLC. The Task Force also displayed the plans in strategic locations throughout NDG for ten days. Based on community recommendations, CLC selected one of the architectural firms, Saia Babarese Topouzanov, to draw up a formal redevelopment plan. The Task force finalized the plan in September 2003, following extensive consultations with community members and the City of Montréal.⁹

The Task Force ensured that the final plan reflected the vision of the community. The plan called for 500 to 550 new residential units; two-thirds were designated as rental units and one-third were targeted for home ownership. This ratio of renters to homeowners matches that of the surrounding NDG neighbourhood. Approximately 200 new rental units would serve those with special needs, such as seniors, single-parent families, and residents with limited mobility. The plan emphasized several key objectives that would benefit seniors and the wider Benny Farm community. These include:¹⁰

- **Accessible Housing:** The redevelopment plan called for the construction of 314 accessible housing units for people with limited mobility or other disabilities; most of these units include adaptive designs that can be altered to meet the special needs of residents. The layout of these units eliminates obstacles that may impede mobility. A new building was specifically planned to provide housing for seniors with a slight loss of autonomy.

⁸ Canada Lands Company, Benny Farm Redevelopment: A Project for the Community, September 2003.

⁹ Canada Lands Company, Benny Farm Redevelopment: A Project for the Community, September 2003; Canada Lands Company, Redevelopment of the Benny Farm Site: a history, a community, a project. DVD (undated).

¹⁰ Canada Lands Company, Benny Farm Redevelopment: A Project for the Community, September 2003.

- **Affordable Housing:** The plan was designed to ensure the affordability of many rental units through City and Provincial programs. The City of Montréal, in partnership with Société d'habitation du Québec and CMHC, would subsidize several of the housing developments built at Benny Farm.
- **Access to Services:** The NDG neighbourhood is amongst the least well served by recreational and community facilities. The new plan provided for the construction of two large community facilities on the Benny Farm site near the seniors/veterans housing.¹¹ The first facility would serve as a community recreation centre. The second facility would serve as a Centre Local de Services Communautaires (CLSC), a neighbourhood community centre, run by the Québec government, that provides front-line health and social services.¹²
- **Landscape design:** The redevelopment plan called for an open and inviting landscape design that eliminates obstacles for people with limited mobility.

IMPLEMENTATION OF THE REDEVELOPMENT PLAN

The redevelopment of Benny Farm is well underway. CLC continues to work with the community to ensure that the vision of the redevelopment plan is realized. Several new buildings have been completed on the site, along with new landscaping that opens Benny Farm up to the NDG neighbourhood.¹³

In addition to the four veterans buildings built in the late 1990s, an additional senior housing complex was completed in 2005.¹⁴ The building, known as Chez Soi (named after the non-profit agency that manages the complex), is comprised of 91 apartments. Housing at Chez Soi is subsidized through a Québec-run housing program that provides subsidies for those whose annual income is below a certain threshold. Rent includes utilities and three meals per week.¹⁵

After consulting with senior residents, CLC included special features to enhance accessibility, mobility, and social engagement for seniors in all five seniors' buildings. A partial list of these features includes:¹⁶

- Colour-coded doorways to assist those with memory problems;
- Wider hallways, aisles, and elevators to allow for wheelchair access;

¹¹ The plan required developers to locate seniors housing near the newly constructed veterans' apartments to promote the sharing of necessary services.

¹² Note that since Benny Farm is located in a central area of Montreal, it is well serviced by the public transportation network. Redevelopment of the site provides residents with excellent access to public transportation. Luis Rodriguez, Canada Mortgage and Housing Corporation, Personal Communication, July 30, 2007.

¹³ Cavis, Basil, General Manager, Real Estate, Canada Lands Company, Personal Communication, July 23, 2007.

¹⁴ Ibid.

¹⁵ Chez Soi (NDG) rental fact sheet found at <http://www.bennyfarm.org/en/documents/RentalFactSheet.pdf>

¹⁶ Cavis, Basil, General Manager, Real Estate, Canada Lands Company, Personal Communication, July 23, 2007.

- Railings and grab bars situated throughout units and in common areas;
- Sliding doors in the bathrooms;
- Meeting areas and common dining facilities; and
- Laundry facilities on each floor.

In addition to the seniors' housing, the redevelopment plan calls for the two community centres to be located within walking distance to the senior residences. This will allow seniors to have easy access to both recreational and health care facilities. The developers have been selected for both buildings and are currently going through the permitting process. CLC hopes to have both buildings completed by late 2009.¹⁷

KEY LESSONS LEARNED

The Benny Farm redevelopment project provides an excellent model for the redevelopment of inner-city properties. Key lessons learned during this process include:

- The redevelopment of an inner-city infill site requires patience and open-mindedness. CLC's decision to organize the Task Force proved to be an excellent strategy to ensure that the community's voice was heard throughout the process. While working with community groups may add time and expense to a project, obtaining their "buy in" to the plan is critical to a project's success.
- Consultation with the community proved to be an excellent springboard for innovative concepts, and the redevelopment of Benny Farm benefited from the process. For example, the original redevelopment plan, which called for the demolition of many of the historic Benny Farm structures, met with community outrage and resistance. The community's request to keep the original structures turned out to be an excellent idea, both functionally and aesthetically.
- Incorporating the CLSC into the master plan will help enable senior residents to age in place on the Benny Farm site. Free, local health care will encourage Benny Farm seniors (and nearby residents) to seek assistance, when necessary, and they can be confident that medical or social services are readily accessible regardless of the weather conditions.

¹⁷ Ibid.

CASE STUDY TWO

SQUAMISH, BRITISH COLUMBIA: A REGIONAL APPROACH TO DIRECTING GROWTH TOWARDS DOWNTOWN

INTRODUCTION AND BACKGROUND

KEY TOPICS ADDRESSED

- ✓ Walkability
- ✓ Transportation Options
- ✓ Safety
- ✓ Housing Choice
- ✓ Access to Services
- ✓ Community Engagement

The Squamish-Lillooet Regional District (the District) refers to itself as the “Outdoor Recreational Capital of Canada” with good reason. Situated on majestic Howe Sound and surrounded by the scenic Coast Mountains, the District is a major outdoor recreational centre, attracting thousands of skiers, climbers, windsurfers, hikers, and other nature-lovers each year. Located approximately halfway between Vancouver and Wistler along the Sea-to-Sky highway, the town of Squamish (population ~ 16,000) serves as the economic and cultural centre of the District.^{18, 19}

The breathtaking environment combined with a high quality of life for residents has led to rapid growth in the District. Between 1996 and 2001, the District was the fastest growing region in British Columbia (BC). As the 2010 Olympic Winter Games will be hosted in the greater Vancouver area, rapid growth in Squamish promises to continue.²⁰ The development pressures and risk of urban sprawl as a result of this rapid growth have forced communities in the region to reconsider conventional urban sprawl and look for an alternative growth strategy to preserve the environmental features of the area and the high quality of life enjoyed by its residents. This case study summarizes the processes employed by a partnership between local officials and several smart growth organizations to develop a new growth strategy, and provides an update on the implementation of the plan.

Note that this case study focuses on efforts to implement smart growth on a regional level. While measures to assist seniors were not specifically targeted by those involved, this case study illustrates how smart growth can address the needs of an aging population through mechanisms that will benefit all members of the community.

A NEW VISION FOR DOWNTOWN

The Squamish-Lillooet District Council, in partnership with Smart Growth on the Ground, the Design Centre for Sustainability at the University of BC, the Real Estate

¹⁸ http://www.squamishchamber.com/chamber_of_commerce.php, accessed July 11, 2007.

¹⁹ <http://www.britishcolumbia.com/regions/towns/?townID=3364>, accessed July 11, 2007

²⁰ <http://www.sgog.bc.ca/content.asp?contentID=129>, accessed July 11, 2007

Institute of BC, and Smart Growth BC, initiated a process to create a new Regional Growth Strategy.²¹ Starting in late 2004, Smart Growth on the Ground organized a series of workshops and educational events for planners, businesses, and citizens in the District. The workshops provided residents with an opportunity to become familiar with the basic tenets of smart growth (e.g., compact design, vibrant downtowns, walkable neighbourhoods, preservation of open space, and community involvement), and to elect representatives to participate in a design charrette.²²

In April 2005, professional planners and related experts (including the partnership organizations) teamed with community members to hold a design charrette, an intensive event that brings stakeholders together in an effort to spawn creativity and consensus.²³ The focus of the charrette was to characterize a long-term vision for development of downtown Squamish and the surrounding region. The results of the charrette were incorporated into a Concept Plan, a comprehensive set of recommendations on land use, transportation, and the environment that was intended as a guide for long-term regional development.²⁴ These recommendations include:²⁵

- **Each community is complete:** The Plan calls for downtown Squamish to become the centre of the District, with a mix of uses including housing, employment, cultural centres, and educational facilities. Throughout the District, access to basic services (e.g., medical facilities, grocery stores, retail shopping, etc.) should be accessible (defined in the Concept Plan as “nearby”) to all residents.
- **Mobility:** The District should provide residents with attractive transportation options beyond the automobile. Potential improvements include bike paths, walking trails, and improved bus service. The Plan provides for development of a safe, pedestrian-friendly character for downtown and a comprehensive network of trails for commuting and recreation.
- **Housing choices:** A range of affordable housing choices should be developed in the existing downtown, on previously developed ocean-front lands, and at the site of an old mill. The plan calls for the development of an additional 4,500 new housing units, including townhouses and apartments. All new housing built in the District should be developed in proximity to basic services.

²¹ Smart Growth on the Ground (2005), “A sustainable vision for downtown Squamish.” <http://www.sqog.bc.ca/uplo/SqNews2.pdf>, accessed July 11, 2007.

²² Ibid.

²³ <http://www.sqog.bc.ca/content.asp?contentID=133>, accessed July 11, 2007.

²⁴ The Design Centre for Sustainability. Downtown Squamish Concept Plan. October 18, 2005.

²⁵ We adapt the descriptions of the Concept Plan recommendations from The Design Centre for Sustainability, Downtown Squamish Concept Plan, October 18, 2005, and the summary document found at <http://www.sqog.bc.ca/uplo/SqNews2.pdf>, accessed July 11, 2007.

- **Maintaining community character:** Special emphasis should be placed on the historical character and heritage of Squamish, including respect for sacred sites of the Squamish Nation people. The Plan suggests that the community can create a sense of place for all residents of the District through building designs and public art.
- **Everyone has a voice:** It is important to maintain the spirit of cooperation and meaningful public participation that drove the process to develop the Concept Plan. Residents should remain engaged in the planning process through the development of shared civic, cultural, educational, and recreational spaces.
- **Harmony with nature:** The Plan suggests increasing connectivity through creation of a green network that preserves important views, ecologically sensitive areas, and current trail locations, and development of a blue network that restores the ecology and recreational value of degraded streams.

FROM PLAN TO PRACTICE

The District Council approved the Concept Plan in October 2005. Since the Concept Plan is only a guide to the community's vision for the future, more substantial regulatory mechanisms need to be developed to ensure the vision is achieved. Currently, based on the suggestions put forth in the Concept Plan, the District is in the process of developing a set of Neighbourhood (or Sub-Area) Plans to guide specific developments. Expected to be in place by October 2007, the Neighbourhood Plans are near completion. In addition, local officials and consultants are in the early stages of developing a Subdivision Control Plan that sets forth the engineering standards required to build or retrofit existing infrastructure to realize the promises of the Concept Plan.²⁶

Until the District Council approves these official community plans, the implementation of the vision set forth in the Concept Plan is the responsibility of the District planning staff. The Council specifically charged that the Concept plan be used as a guidance document until the Neighbourhood and Subdivision plans are complete. This group is currently working and negotiating with developers to apply the principles of the Concept Plan in new developments. Early returns suggest that the Concept Plan is having an impact on the types of new development proposals submitted to the District. For example, the District has seen a rise in applications for the development of new multi-family housing in the downtown area. Specifically, the Council has approved a new mixed-use (residential/commercial) building on Squamish's main thoroughfare, Cleveland Avenue.²⁷

²⁶ Siu, Jodie. Outreach Coordinator, Smart Growth on the Ground, Personal Communication, July 13, 2007.

²⁷ Evans, Heather, District Council of Squamish- Lillooet, Personal Communication, July 30, 2007.

KEY LESSONS LEARNED

Smart Growth on the Ground's efforts, along with those of the District Council, have produced a new vision for the growing region around the town of Squamish. These consensus-building efforts provide excellent examples of how to encourage people of differing opinions and agendas to come together for the common good. The educational workshops and charrette exercise allowed for a creative and inclusive approach to community planning. By involving a diversity of opinions into the process, the Council is ensuring that all parties have a stake in a positive outcome, and a foundation for working together to ensure that this vision of smart growth comes to fruition.

CASE STUDY THREE

SENIOR SERVICES OF SEATTLE/KING COUNTY, WASHINGTON, USA: PROVIDING ESSENTIAL SERVICES TO OLDER RESIDENTS

INTRODUCTION AND BACKGROUND

KEY TOPICS ADDRESSED

- Walkability
- ✓ Transportation Options
- ✓ Safety
- ✓ Housing Choice
- ✓ Access to Services
- ✓ Community Engagement

Seattle, Washington has experienced a demographic shift over the last 40 years. While the population of the city has remained fairly consistent, household size has dropped from 2.70 people per household in 1960 to 2.08 people per household in 2000. In addition, the percentage of people living alone or with unrelated persons has increased from 29.5 percent to 56.1 percent over the same time period.²⁸ These demographic changes, when combined with the general aging of the population, demands that Seattle address the needs of a growing senior population that is increasingly living alone. Fortunately, the City established an innovative program designed to address a host of seniors' issues.

Established by the United Way in 1967, Senior Services of Seattle/King County provides older residents in Seattle and surrounding areas with vital services aimed at improving quality of life. The non-profit agency's \$14.5 million (US dollar) budget is funded from a variety of public and private sources, including government grants, foundation support, and individual contributions. The agency serves more than 56,000 older adults per year through a network of approximately 250 paid employees and over 8,000 volunteers.²⁹ The following case study summarizes the various programs run by Senior Services and details some of their most recent accomplishments.

EMPOWERING SENIORS TO LIVE BETTER LIVES

Senior Services provides a wide variety of innovative programs designed to increase the health, mobility, and quality of life of senior residents living in Seattle and surrounding areas. The programs focus on providing an environment that empowers seniors and their families to engage in community activities and maintain productive, active lifestyles.³⁰

We highlight several of the programs and their accomplishments below.

- **Senior Centres:** Senior Services operates eight senior centres in the Seattle region. The centres provide opportunities for residents that are 55 and older to socialize, learn new skills through workshops and classes, share meals through a

²⁸ City of Seattle, Department of Design Construction and Land Use, Demographic Snapshots, October 2003.

²⁹ Senior Services, Report to Community 2006.

³⁰ <http://www.seniorservices.org/intro.htm>, accessed August 6, 2007.

community dining program, get information on health care and other services, and participate in volunteer programs.³¹ The centres serve as hubs of activity and provide an important space for outreach, education, and community engagement. In 2006, the senior centres received nearly 500,000 visits from approximately 22,000 seniors.³²

- Transportation Program:** Senior Services promotes independence and access to services for seniors by providing residents a variety of transportation options. Senior Services offers a volunteer transportation service that provides personalized door-to-door service at no charge for seniors who cannot use other transportation options. Over 350 volunteers use their own vehicles to drive seniors to essential appointments (e.g., medical care) and wait to take them home.³³ For less-frail seniors, Senior Services offers an extensive shuttle program that operates throughout King County. At no charge, the service provides seniors with personalized van shuttle service to take them to and from appointments, grocery shopping, work, and other local destinations. Seniors schedule rides on a first-come-first-serve basis. Once again, shuttle drivers are volunteers.³⁴ Other transportation programs include a nutritional program that drives seniors to over 50 hot lunch programs, and the Ride Guide, an online, searchable database that provides seniors with a list of the available transportation options in the Seattle area.³⁵ In 2006, Senior Services provided free trips for nearly 4,500 senior residents covering approximately 972,000 kilometres.³⁶
- Homesharing:** Older homeowners living on fixed incomes may have difficulties making mortgage payments or keeping up with property maintenance. Senior Services has developed a homesharing program designed to address both of these issues. The program matches younger residents looking for a place to live with senior homeowners that have available space for rent. Matched tenants are required to perform property maintenance or other chores for a reduced rent. The senior homeowners benefits from the rental income, property maintenance, companionship, and an increased feeling of security that comes from living with another person.³⁷ From 2004 through 2006, Senior Services has matched approximately 100 senior homeowners and tenants throughout the Seattle area.³⁸

³¹ <http://www.seniorservices.org/sc/centres.htm> (and associated pages), accessed August 6, 2007.

³² Senior Services, Report to Community 2006.

³³ <http://www.seniorservices.org/vts/vts1.htm>, accessed August 6, 2007.

³⁴ <http://www.seniorservices.org/vts/shuttle.htm>, accessed August 6, 2007.

³⁵ <http://www.seniorservices.org/vts/Nutrition.htm> and <http://www.seniorservices.org/vts/Options.htm>, accessed August 6, 2007.

³⁶ Senior Services, Report to Community 2006.

³⁷ <http://www.seniorservices.org/homesharing/homeshare.htm>, accessed August 7, 2007.

³⁸ Senior Services, Reports to Community 2004 -2006.

- **Minor Home Repair:** Senior Services provides older residents access to discounted minor home repair, including plumbing, electrical work, carpentry, and aids for disabled access (e.g., grab bars). Those who qualify pay for materials at cost and pay a discounted labor charge. Estimates for repairs/modifications are free.³⁹ In 2006, Senior Services was responsible for over 2,000 completed home repairs.⁴⁰
- **Adult Day Health Centres:** Senior Services operates three centres focused on providing frail elders experiencing physical, mental, or social problems with the opportunity to participate in a variety of activities. Staff members and volunteers supervise specially designed activities with the goal of improving the mental and social skills of participants. Activities such as arts and crafts, discussion groups, and exercise help the seniors meet new people and enjoy daily life.⁴¹ In 2006, the Adult Day Health Centres provided services to approximately 270 senior residents.⁴²
- **Caregiver and Senior Outreach and Support:** Senior Services provides a variety of support and outreach functions for seniors and caregivers. The program offers information on health, finances, legal services, insurance, and other community resources to older residents. Caregivers (defined as any person caring for someone 60 or older, or 19 or under) may receive free education and support on issues such as financing long-term care, attending to special needs, and dealing with mental health issues.⁴³ Many of the outreach services are provided through workshops and other community activities at the Senior Centres. In 2006, Senior Services provided outreach assistance in nearly 8,400 cases for seniors and approximately 1,000 cases for caregivers.⁴⁴

³⁹ <http://www.seniorservices.org/mhr/mhr.htm>, accessed August 7, 2007.

⁴⁰ Senior Services, Report to Community 2006.

⁴¹ <http://www.seniorservices.org/adultday/centres.htm>

⁴² Senior Services, Report to Community 2006.

⁴³ <http://www.seniorservices.org/aaoutreach/aao.htm> and <http://www.seniorservices.org/caregiver/caregiver.htm>, accessed August 7, 2007.

⁴⁴ Senior Services, Report to Community 2006.

KEY LESSONS LEARNED

For 40 years, Senior Services has provided seniors of Seattle and Kings County, Washington a suite of important services ranging from community outreach to transportation to homesharing. The agency's experience reveals several lessons for organizations looking to draw from the Senior Services model:

- Organizational and funding support is critically important to achieving success. Even though Senior Services is a non-profit organization, the agency receives a large portion of its funding from government resources.
- By focusing broadly on activities that foster empowerment and community engagement, Senior Services is free to innovate and adapt its programs to best meet the needs of seniors.
- The extensive use of volunteers is a resourceful strategy to minimize costs and improve service to seniors. Senior Services volunteers come from all walks of life and are critically important for reaching the thousands of seniors assisted by the program.

CASE STUDY FOUR

DUNEDIN, FLORIDA, USA:

CREATING A MORE LIVABLE BUILT ENVIRONMENT THROUGH POLICY ACTION

INTRODUCTION AND BACKGROUND

KEY TOPICS ADDRESSED

- ✓ Walkability
- ✓ Transportation Options
- ✓ Safety
- ✓ Housing Choice
- ✓ Access to Services
- ✓ Community Engagement

Dunedin is a small city (population: 36,000) located in Florida's metropolitan west coast region, just 20 kilometres from Tampa. Approximately 35 percent of the city's population is aged 60 or older.⁴⁵ The city is known for its dedication to smart growth principles, including walkable streets and extensive open space. In addition, Dunedin is recognized for its long held commitment to its senior population.⁴⁶

As part of this commitment, Dunedin was the first city in Florida to participate in the Florida Department of Elder Affairs (FDEA) Communities for a Lifetime (CFL) initiative. CFL, created in 2000, is a statewide effort to assist Florida communities in planning and implementing improvements benefiting the lives of all residents. The initiative provides communities with a platform to make civic improvements in housing, health care, transportation, accessibility, business, education, and the efficient use of natural resources. The program emphasizes that communities provide opportunities for people to age in place.⁴⁷ As of the writing of this case study, over 100 Florida communities are participating in the CFL initiative.⁴⁸ This case study explores how the CFL initiative guided improvements to create a more senior-inclusive built environment in Dunedin.

COMMUNITIES FOR A LIFETIME INITIATIVE

The CFL protocol calls for communities to conduct a comprehensive self-assessment, known as the Community Report Card, in an effort to evaluate their status with regards to smart growth and aging. This assessment addresses a wide range of factors, including land use and zoning; housing costs, location, and type; health care costs and accessibility; employment and volunteer opportunities; accessibility of services; pedestrian safety and sidewalks; traffic crossings and signals; public and private transportation options; open

⁴⁵ Peg Cummings, City of Dunedin, Florida, 2007 National Aging I&R/A Symposium, Presentation, May 2007. Power Point Presentation on Communities for Lifetime Initiative,

⁴⁶ <http://www.epa.gov/agingepa/bhc/smart/question16.htm>, accessed August 8, 2007.

⁴⁷ <http://www.communitiesforalifetime.org/what.html>, accessed August 8, 2007.

⁴⁸ http://www.communitiesforalifetime.org/practices_dunedin.html, accessed August 8, 2007.

space and recreational opportunities; and incidence of crime.⁴⁹ The initial CFL assessment focused on “well-elders”, those seniors that are generally independent and may require modest levels of assistance. FDEA provided Dunedin with technical guidance and some financial support to conduct the assessment and participate in the initiative. The City appointed the Dunedin Committee on Aging to manage the CFL initiative and created the position of CFL Coordinator to carry out the Report Card assessment. The various elements of the Report Card were assigned to relevant departments and participating community organizations, and were completed by relying primarily on existing information (e.g., city planning data). For example, the City Planning Division was responsible for the land use and transportation assessment, and the Realtors Citizen Volunteers organization prepared the housing costs assessment.

The assessment process required Dunedin to take an introspective look at itself to determine which aspects of the community worked for seniors and which needed improvement. The assessment and accompanying Report Card were completed in January 2001.⁵⁰ The result was development of action plan that focused on several areas to improve the built environment for seniors:

- **Improve Accessibility, Walkability and Transportation:** GIS-based maps overlaying housing, transportation, and services illuminated areas that were disconnected from community facilities, and highlighted the need for improvements in transportation options. The action plan emphasized accessibility and safety by improving sidewalks and increasing connections throughout the system. In addition, the action plan called for a new master transportation plan to address the needs identified in the Report Card.⁵¹
- **Provide New Opportunities for Community Activities and Intergenerational Involvement:** The action plan recommended expanding the senior centre to increase recreational offerings and establishing a committee to plan intergenerational community activities.⁵²
- **Develop a “Frail Elder” Report Card:** The initial report card did not assess the needs of frail seniors who require additional medical and social services. A second Report Card focusing on frail elders was completed in November of 2001. The action plan was adapted to incorporate the results of the frail elder assessment. Specifically, the new plan called for an Adult Day Care Centre to provide health and social services to frail elders, additional handicapped parking

⁴⁹ <http://www.epa.gov/agingepa/bhc/smart/question16.htm>, accessed August 8, 2007, and, Peg Cummings, City of Dunedin, Florida, 2007 National Aging I&R/A Symposium, Presentation, May 2007.

⁵⁰ Peg Cummings, City of Dunedin, Florida, 2007 National Aging I&R/A Symposium, Presentation, May 2007.

⁵¹ <http://www.epa.gov/agingepa/bhc/smart/question16.htm>, accessed August 8, 2007.

⁵² Ibid.

spaces in community areas, and more extensive accessibility modifications for some community facilities (e.g., Dunedin Stadium).⁵³

RESULTS

The Dunedin assessment effort and subsequent planning process has led to a number of civic improvements to make the City more senior inclusive, including:

- A \$1.7 million (US dollars) expansion to the senior centre. The centre provides a community dining room, an exercise room, classrooms, a game room, and other social spaces.⁵⁴
- A fully renovated Adult Day Care facility operated in partnership with a local hospital, local seniors organizations, and the City of Dunedin. The facility provides critical services for seniors with physical, mental, and social disabilities.⁵⁵
- A Citywide Sidewalk Program that emphasizes safety, accessibility, and access. The program is responsible for the maintenance and repair of sidewalks, the expansion of the sidewalk system, and construction of easy-access ramps.⁵⁶ In addition, the city installed audible streetlight signals, along with easy to push buttons that stop traffic in all directions in the city's busiest intersections.⁵⁷
- Improvements in bus shelters and a new senior-friendly brochure outlining Dunedin's public transportation options. In addition, street sign text height was increased from six to nine inches to improve visibility for older drivers.⁵⁸
- An ordinance giving an additional \$25,000 Homestead Exemption to qualifying seniors, providing additional financial shielding from property taxes and creditors. To qualify for the additional exemption, a homeowner must qualify for the standard Homestead Exemption, and have a household income below \$20,000 (US dollars).⁵⁹ This ordinance, passed in 2005, should help financially struggling seniors remain in their homes.⁶⁰

⁵³ Peg Cummings, City of Dunedin, Florida, 2007 National Aging I&R/A Symposium, Presentation, May 2007.

⁵⁴ Ibid.

⁵⁵ Peg Cummings, City of Dunedin, Florida, 2007 National Aging I&R/A Symposium, Presentation, May 2007, and <http://elderaffairs.state.fl.us/News/PressReleases/2003/JAN-MAY/3429clfres.html>, accessed on August 8, 2007.

⁵⁶ <http://elderaffairs.state.fl.us/News/PressReleases/2003/JAN-MAY/3429clfres.html>, accessed on August 8, 2007, and <http://www.epa.gov/agingepa/bhc/smart/question16.htm>, accessed August 8, 2007.

⁵⁷ <http://elderaffairs.state.fl.us/News/PressReleases/2003/JAN-MAY/3429clfres.html>, accessed August 8, 2007.

⁵⁸ <http://www.epa.gov/agingepa/bhc/smart/question16.htm>, accessed August 8, 2007

⁵⁹ Peg Cummings, City of Dunedin, Florida, 2007 National Aging I&R/A Symposium, Presentation, May 2007.

⁶⁰ Florida Law currently entitles every person, who has legal or equitable title to real estate and maintains it as his/her permanent residence, to apply for a \$25,000 homestead property tax exemption.

- The creation of a Youth Advisory Committee to arrange and implement intergenerational community activities.⁶¹

KEY LESSONS LEARNED

Dunedin, Florida reaffirmed its commitment to providing an inclusive environment for all residents, with a special focus on seniors. Its continued participation in Florida's CFL initiative provides an excellent example of how a local government can wisely leverage resources to improve the built environment to be more senior-inclusive. The lessons of Dunedin's experience with the CFL initiative include the importance of self-assessment and leveraging regional resources. In particular:

- The CFL initiative forced the city to perform an in-depth assessment of the city's strengths and weakness with respect to smart growth and seniors. A comprehensive assessment provides municipalities an opportunity to identify areas in need of improvement, and challenges city and community organizations to work together to make improvements.
- Since the CFL initiative received strong support from Florida's Governor, the State of Florida was able to provide resources and additional technical expertise to participating cities. Enlisting the assistance of regional and provincial governments through the framework of a partnership or grant program greatly increases the ability of local governments to undertake extensive projects to adapt the built environment to meet seniors' needs.

⁶¹ <http://www.epa.gov/agingepa/bhc/smart/question16.htm>, accessed August 8, 2007.

CASE STUDY FIVE

BALTIMORE, MARYLAND, USA:

THE “SAFE AT HOME” PROGRAM DEMONSTRATES THAT FALLS CAN BE PREVENTED WITH HOME MODIFICATIONS

INTRODUCTION AND BACKGROUND

KEY TOPICS ADDRESSED

- Walkability
- Transportation
- Options
- ✓ Safety
- Housing Choice
- Access to Services
- ✓ Community
- Engagement

The city of Baltimore, Maryland is home to many seniors living on limited incomes. Local community groups estimate that nearly 76,000 of Baltimore senior households have incomes below \$25,000 (US Dollars) per year.⁶² In southeast Baltimore (a section of the city with a high percentage of seniors), many seniors are widowed long-time homeowners who live alone in row houses that are not senior friendly. The vertical nature of these homes, with their steep and narrow stairwells, leads to safety concerns for senior residents, specifically falls. The single bathroom is often located upstairs and kitchens are typically located in the basement. Compounding the problem is that these older homes often fall into disrepair due to lapses in maintenance and insurance resulting from a lack of resources.⁶³ Thus, falling and the fear of falling at home have become major barriers to aging in place in southeast Baltimore.

In 2001, the South East Senior Housing Initiative (SESHI), a community organization formed to help Baltimore seniors remain in their own homes, developed its “Safe at Home” program to demonstrate that falls can be prevented through home modifications, home repairs, and other preventative measures.⁶⁴ This case study describes the comprehensive approach employed by the Safe at Home program, and presents a brief assessment of the program's outcomes.

SAFE AT HOME

In an effort to address the constellation of issues involving seniors, falls, and aging in place, SESH I collaborated with several community development, public health, and aging organizations to develop an action plan. With support from the Robert Wood Johnson Foundation and other funders, the action plan was put into practice as the Safe at Home

⁶² <http://www.rwjf.org/reports/grr/039733.htm>, accessed August 7, 2007.

⁶³ Peter Merles, Director, South East Senior Housing Initiative, Testimony to United States Senate, Hearing on Elderly Fall Prevention, Committee on Health, Education, Labor, and Pensions, Subcommittee on Aging, June 11, 2002.

⁶⁴ <http://www.rwjf.org/reports/grr/039733.htm>, accessed August 7, 2007.

program.⁶⁵ The goal of the program was to work with low-income seniors in southeast Baltimore to improve safety and the condition of their homes, along with their overall health and well-being. In turn, this would demonstrate that senior falls could be prevented through a comprehensive strategy, including home interventions and personal health evaluations. Given the constraints of the grant, SESH I designed the Safe at Home program as a four-year pilot program (with the goal to secure additional funding at a later date), and carried out its objectives from 2001 to 2004.⁶⁶

Based on eligibility requirements, physicians or community groups referred clients to SESH I to participate in the Safe at Home program. To be eligible, Safe at Home participants had to be at least 65 years old and earn an annual income less than \$25,000 (US dollars). For eligible clients, SESH I and its partners would conduct a broad assessment of their clients' needs, including home safety and repair, nutrition, medical issues, transportation, and social needs, which were incorporated into a Home Service Plan.⁶⁷ Developed in consultation with the client, the Home Service Plan provided a comprehensive approach to safety and health. SESH I shared the Service Plan with the client's physician and caregivers where applicable.⁶⁸ In addition, SESH I connected clients with appropriate social services and/or medical services according to the strategy set forth in the Service Plan.

Furthermore, with the client's approval, the Service Plan provided for the modifications or repairs to be completed in the home. In most cases, Safe at Home or other local assistance agencies covered the costs of repairs.⁶⁹ Typical home modifications and repairs included:

- Installing railings on all stairwells;
- Modifying bathrooms with grab-bars, raised toilet seats, shower seats, and anti-slip decals;
- Improving lighting and removing impediments (e.g., throw rugs, misplaced furniture);
- Installing electrical outlets at higher heights to reduce the need for bending over;
- Repairing broken steps and warped floors; and

⁶⁵ Peter Merles, Director, South East Senior Housing Initiative, Testimony to United States Senate, Hearing on Elderly Fall Prevention, Committee on Health, Education, Labor, and Pensions, Subcommittee on Aging, June 11, 2002.

⁶⁶ Peter Merles, Director, South East Senior Housing Initiative, Testimony to United States Senate, Hearing on Elderly Fall Prevention, Committee on Health, Education, Labor, and Pensions, Subcommittee on Aging, June 11, 2002.

⁶⁷ <http://www.rwjf.org/reports/grr/039733.htm>, accessed August 7, 2007.

⁶⁸ Peter Merles, Director, South East Senior Housing Initiative, Testimony to United States Senate, Hearing on Elderly Fall Prevention, Committee on Health, Education, Labor, and Pensions, Subcommittee on Aging, June 11, 2002.

⁶⁹ <http://www.rwjf.org/reports/grr/039733.htm>, accessed August 7, 2007.

- Improving wheelchair access throughout the home, including building ramps and installing wheelchair lifts.⁷⁰

After the completion of home modifications and implementation of other aspects of the Service Plan, SESH I continued contact with the clients (about every three months) to assess any change in the client's condition or needs. If necessary, SESH I staff would report changes in client needs to a physician and/or social worker. In some cases, participants who were previously reluctant to enact certain home modifications (e.g., moving furniture) would consent to further home modification after experiencing positive results from the Safe at Home program. This comprehensive approach to follow-up care demonstrated that progress could be sustained or enhanced over time.⁷¹

PROGRAM EVALUATION

As a part the program, SESH I contracted with Johns Hopkins School of Public Health to evaluate the effectiveness of the Safe at Home program. We summarize the results of this evaluation below.

- Safe at Home served 435 clients between 2001 and 2004. The majority of clients were aged 75 and older; approximately 75 percent of participants were women.⁷²
- The project was responsible for more than 850 home modifications and repairs. Participants received over 1,500 pieces of equipment, ranging from grab bars to wheelchairs. The majority of home modification costs were modest; over half of modifications cost less than \$50.⁷³
- Participants were less likely to fall after enrolling in the program than they were the previous year. Johns Hopkins reported that participants suffered an average of 0.46 falls per month before joining Safe at Home and only 0.13 falls per month once enrolled in the program.⁷⁴
- Clients were overwhelmingly satisfied with the program. Johns Hopkins reported that over 90 percent of participants indicated that Safe at Home improved their quality of life.⁷⁵

⁷⁰ Peter Merles, Director, South East Senior Housing Initiative, Testimony to United States Senate, Hearing on Elderly Fall Prevention, Committee on Health, Education, Labor, and Pensions, Subcommittee on Aging, June 11, 2002.

⁷¹ Ibid.

⁷² <http://www.rwjf.org/reports/grr/039733.htm>, accessed August 7, 2007.

⁷³ <http://www.rwjf.org/reports/grr/039733.htm>, accessed August 7, 2007.

⁷⁴ Ibid.

⁷⁵ Ibid.

KEY LESSONS LEARNED

The grant from the Robert Wood Johnson Foundation that supported the Safe at Home program ended in 2004. Although a lack of funding prevented the program from moving beyond the pilot phase, Safe at Home demonstrated some key lessons on strategies to help reduce senior falls at home, including:

- Reducing falls requires a comprehensive approach that provides assistance with home modification and repair, nutrition, medical attention, and social services.
- Many seniors lack the experience and resources to initiate modifications to their homes and lifestyles without assistance. The Safe at Home program demonstrated that seniors were willing to make these changes when given the proper opportunity, advice, and funding.
- It is typically not necessary to move seniors from existing homes to senior housing or single floor housing to reduce falls; modifications to existing homes and continued monitoring is a very effective alternative strategy.

CASE STUDY SIX

ATLANTA, GEORGIA, USA:

DEVELOPING PARTNERSHIPS TO IMPROVE SENIORS' QUALITY OF LIFE

INTRODUCTION AND BACKGROUND

KEY TOPICS ADDRESSED

- Walkability
- Transportation
- Options
- ✓ Safety
- ✓ Housing Choice
- ✓ Access to Services
- ✓ Community Engagement

Atlanta, Georgia, like much of the United States and Canada, is experiencing a dramatic increase in the age of its population. The older population in the Atlanta region doubled between 1970 and 2000, and is forecast to double again by 2015. By 2030, one in five residents is predicted to be over the age of 60 years old.⁷⁶ This demographic shift, coupled with an explosion in urban sprawl over the last four decades, requires the region to adapt its community planning and social systems to accommodate the needs of an aging population.

The Atlanta Regional Commission (ARC) is the regional planning and coordinating agency that serves the ten-county region including and surrounding Atlanta.⁷⁷ ARC serves as the region's Area Agency on Aging (AAA), which plans and provides comprehensive services to address the needs of the local senior population.⁷⁸ As an AAA, ARC seeks to foster regional solutions to create communities that allow seniors to live independent lives.⁷⁹ ARC develops and carries out its mission through contracts with 10 county-based aging programs and 13 specialized agencies to provide a range of home and community-based services.⁸⁰ This case study focuses on two ARC collaborations designed to facilitate aging in place amongst Atlanta's seniors: EasyLiving Homes and the Metropolitan Partnership in Aging.⁸¹

EASYLIVING HOMES

EasyLiving Homes, an ARC coalition of the Home Builders Association of Georgia, AARP, and several government and non-profit agencies, is the US's first voluntary

⁷⁶ http://www.atlantaregional.com/cps/rde/xchg/arc/hs.xsl/470_ENU_HTML.htm, accessed August 7, 2007.

⁷⁷ http://www.atlantaregional.com/cps/rde/xchg/arc/hs.xsl/8_ENU_HTML.htm, accessed August 7, 2007.

⁷⁸ The Older Americans Act of 1973 requires the formation of regional organizations (known as Area Agencies on Aging) to respond to the needs of adults age 60 and over. Under the Act, the States (through the AAAs) are responsible for developing multi-year plans to meet the needs of seniors.

⁷⁹ Atlanta Regional Commission, Regional Snapshot, The Aging of Atlanta: Are We Ready, Undated.

⁸⁰ http://www.atlantaregional.com/cps/rde/xchg/arc/hs.xsl/8_ENU_HTML.htm, accessed August 7, 2007.

⁸¹ Presently, Canada does not have agencies that equate to the AAAs; however, local or regional Health Authorities may consider forming coalitions with local or regional trade and community associations.

certification program for homes that are safe and accessible to all members of society. ARC and its partners work to identify and train builders on how to make homes more accessible through small improvements that add little cost to construction.⁸² To be certified as an EasyLiving Home, a home must have:

- A step-free entrance to the central living space that provides safe entry into the home.
- Wide doorways and passages throughout the house that span at least 32 inches (81 cm) wide. This width accommodates wheelchairs, crutches and walkers. The wide hallways ensure easy passage throughout the home.
- The main floor of the house must contain the spaces essential for living comfortably, including a bedroom, laundry, kitchen, and full bathroom. Bathrooms must be designed with a 30 inch (76 cm) by 40 inch (102 cm) open area to accommodate wheelchairs.⁸³

Many certified homebuilders include additional senior-inclusive home modifications such as grab bars, higher electrical outlets, and levered hardware.

The certification allows builders to market their homes to seniors, the disabled, and families with children. As of the writing of this report, the EasyLiving Homes program has certified over 40 builders and over 750 homes in Georgia (mainly in the Atlanta region). To date, the program has focused on new construction, but it is seeking to extend certification to remodeled homes as well. In addition, fledgling certification programs modeled on the EasyLiving Homes program have started up in New Hampshire, Texas, and West Virginia.⁸⁴

METROPOLITAN PARTNERSHIP IN AGING (MPIA)

Through the MPIA, ARC partners with county agencies and businesses to develop programs that are mutually beneficial to seniors and businesses. To find willing business partners, MPIA performs outreach to companies, often with the heads of the departments of human resources and/or community relations. Working together, MPIA and the business partner identify strategies that will benefit both the local business and the senior population.⁸⁵ Successful examples include:

- MPIA partnered with Publix Super Markets to establish a senior employment program. Over a six-month period, MPIA and Publix's upper management conducted a series of meetings to investigate how the needs of the company may be aligned with the needs of seniors. They determined that a lack of quality employees was an important issue for the company. Furthermore, Publix is an

⁸² <http://www.easylivinghome.org/elh.htm>, accessed on August 31, 2007.

⁸³ Bonham, Bonnie, Program Director, EasyLiving Homes, Personal Communication, August 30, 2007.

⁸⁴ Ibid.

⁸⁵ Kelley, Maureen, Atlanta Regional Commission, Personal Communication, August 24, 2007.

appealing employment option for seniors because the company provides benefits to part-time workers. As a result of the discussions, MPIA and Publix established a senior employment program, through which state agencies and other organizations refer able seniors to Publix for employment. Publix provides training, recognition, and promotion opportunities to the seniors, and benefits from a motivated and reliable workforce. The seniors benefit from the additional income, exercise, and enhanced self-worth that comes from working. As of the writing of this report, hundreds of senior employees have been employed and recognized by the company.⁸⁶

- The Atlanta-Journal Constitution (AJC) was looking for opportunities to expand its distribution to seniors. Traditionally, seniors are an important group for newspapers because they more likely to read the newspaper for news (rather than use the Internet). MPIA worked with AJC to develop a program in which seniors receiving home-delivered meals also received free copies of the newspaper. The discounted costs of the paper are paid for through a recycling program. The seniors benefit from remaining connected to the outside world, while the newspaper sells more papers and benefits from positive recognition in the community.⁸⁷

The MPIA recognizes its successful partners through its annual Business & Aging Awards. Beyond the positive public relations for business partners, the awards provide an opportunity for the partners to share their experiences and improve programming for seniors.⁸⁸ Through the MPIA, ARC has learned how to create winning partnerships, which moved beyond MPIA and now permeate all of ARC's work.

KEY LESSONS LEARNED

ARC uses public-private partnerships to develop programs that improve the quality of life for seniors and provide benefits to the business community. Key lessons learned from ARC collaborative efforts include:

- When establishing partnerships with the private sector, agencies must be patient. Businesses are often wary about entering into ventures that may impact the bottom line. It takes time to develop trust between the business and organization. For example, it took Publix over six months to identify an appropriate opportunity to partner with MPIA. As trust builds between the partners, the collaboration can be expanded and improved over time.

⁸⁶ Kelley, Maureen. How the Aging Network Can Work with Business: An Overnight Success After Thirty Years. *Generations*, American Society on Aging. Winter 2004-2005; Kelley, Maureen, Atlanta Regional Commission, Personal Communication, August 24, 2007.

⁸⁷ Kelley, Maureen. How the Aging Network Can Work with Business: An Overnight Success After Thirty Years. *Generations*, American Society on Aging. Winter 2004-2005.

⁸⁸ Metropolitan Partnership in Aging, Award Application. 2007

- Small steps can lead to bigger opportunities. Small projects give a business an opportunity to test the partnership, without a large financial commitment. Once the benefits to the business are established, the agency can work with its partner to increase its involvement in the partnership.
- For collaborations to be successful, the goals and outcomes of the partnership must benefit the business partner, the organizing agency, and most importantly, the senior population.⁸⁹ The organizing agency must work closely with the business partner to ensure that the effort meets the needs of all three parties. ARC's experience demonstrates that if these conditions are met, public-private partnerships can sustain themselves.

⁸⁹ Kelley, Maureen. How the Aging Network Can Work with Business: An Overnight Success After Thirty Years. *Generations*, American Society on Aging. Winter 2004-2005; Kelley, Maureen, Atlanta Regional Commission, Personal Communication, August 24, 2007.

CASE STUDY SEVEN

**CORNELL COMMUNITY, MARKHAM, ONTARIO:
A NEW URBANIST DEVELOPMENT PROVIDES SUBURBAN RESIDENTS WITH AN
OPPORTUNITY TO AGE IN PLACE**

KEY TOPICS ADDRESSED

- ✓ Walkability
- ✓ Transportation Options
- ✓ Safety
- ✓ Housing Choice
- ✓ Access to Services
- Community Engagement

INTRODUCTION AND BACKGROUND

Markham, Ontario (population ~ 262,000), located in the Greater Toronto Area (GTA), is approximately 50 kilometres north-east of Toronto, with a rapidly growing population: the town's population grew by 25 percent from 2001 to 2006.⁹⁰ Primarily suburban in character, much of the town exhibits the typical automobile-dependent development patterns associated with urban sprawl, which makes aging in place difficult for many seniors.

The Cornell Planning District, also known as Cornell, is a relatively new, planned community, located in eastern Markham. Originally conceived as a “typical” suburban development project, Markham residents, unhappy with the initial plan, called on a well-known architect and town planner, Andres Duany, to facilitate a series of design charrettes with the goal of producing a more traditional community plan. The final plan (known as a Secondary plan), approved in 1994, was based on a concept known as New Urbanism.⁹¹ New Urbanism recognizes the principles of smart growth – i.e., walkability, connectivity, human-scaled Neighbourhoods, open space – as the building blocks of sustainable communities. New Urbanist communities have the look of traditional towns, including unified architecture, a town centre with mixed-use development, homes located close to one another and close to the street, walking paths, and access to transit.⁹²

This case study describes how principles of New Urbanism incorporated into Cornell's Secondary Plan help facilitate aging in place among senior residents. We also describe new efforts to alter the current Secondary Plan, and the positive impacts that these changes may have on the community's senior population.

⁹⁰ <http://www12.statcan.ca/english/census06/data/profiles/community/Details/Page.cfm?Lang=E&Geo1=CSD&Code1=3519036&Geo2=PR&Code2=35&Data=Count&SearchText=markham&SearchType=Begins&SearchPR=01&B1=All&Custom=?>, accessed September 6, 2007.

⁹¹ City of Markham, Planning and Urban Design Department, Open House Presentation on Cornell Secondary Plan Review, May 2002.

⁹² http://www.cnu.org/Intro_to_new_urbanism, accessed September 6, 2007.

A NEW URBANIST COMMUNITY

The Cornell community plan is in the process of being completed; however, portions of the community have been inhabited for more than eight years.⁹³ Many of the principles incorporated into the Secondary plan and subsequent build-out provide a virtual blueprint for smart growth, and will also provide opportunities for seniors aging in place. These principles include:

- **Compact Development, Walkable Streets, and Access to Services:** The Cornell community is built around the concept that everyone should live within a five-minute walk (defined as 500 meters) to basic services, including grocery shopping, transit, retail, and recreation. The plan calls for a compact grid of interconnecting streets with sidewalks that are easy to navigate. Generally, Cornell streets contain on-street parking, which serves to slow driving speeds and increase safety on pedestrian sidewalks. In addition, green pedestrian pathways act as corridors between large and small parks.⁹⁴ Anecdotal evidence suggests that residents of Cornell walk more than those living in other Markham Neighbourhoods.⁹⁵
- **Mixed Use Development with a Variety of Housing Options:** The Cornell Secondary Plan and associated zoning require mixed-use development in a number of areas, including Cornell Centre, which serves as the town centre for the entire district. The plan requires the development of a variety of home types, including bungalows, single family, multi-family, apartments, and town homes, with the goal of attracting both homeowners and renters.⁹⁶ Of particular interest to seniors, zoning allows residents to build granny suites (known locally as “coach houses”). Typically the suites are located in the back of the lot over the garage. Residents who build granny suites are not required to pay additional property taxes for the structure. As of the writing of this report, 181 granny suites have been built in Cornell.⁹⁷
- **Access to Public Transportation:** Cornell is supported by a number of public transportation options, including local bus service, local rail service to Toronto’s Union Station, and express bus service to Toronto’s mass transit system.⁹⁸ A local bus stop is generally within five minutes walk of all residential housing.

⁹³ James, Eisa, Town of Markham, Planning and Urban Design Department Personal Communication, September 6, 2007.

⁹⁴ Town of Markham, Planning and Urban Design Department, Open House Presentation on Cornell Secondary Plan Review, May 2002.

⁹⁵ James, Eisa, Town of Markham, Planning and Urban Design Department Personal Communication, September 6, 2007.

⁹⁶ Town of Markham. Official Plan Amendment and Secondary Plan for the Cornell Planning District, Revised Draft. April 2007.

⁹⁷ James, Eisa, Town of Markham, Planning and Urban Design Department Personal Communication, September 6, 2007.

⁹⁸ Town of Markham. Official Plan Amendment and Secondary Plan for the Cornell Planning District, Revised Draft. April 2007.

- **Creating a Livable Community:** The compact form of development fosters community interaction by encouraging pedestrian activity. The plan requires homes to be placed close to the street, with driveways and garages placed in a back alley. By removing cars (and driveways) from the front of the house, the design shifts the focal point of social interaction from the private automobile to the public street.⁹⁹

THE FUTURE OF CORNELL

In an effort to manage growth in the region, Provincial and Regional mandates require that communities accommodate growth through intensification and redevelopment of existing areas. To come into compliance with the new mandates, Cornell is in the process of updating its Secondary Plan. In total, the revised plan calls for Cornell's maximum population to increase from 27,000 to 40,000 people. While the new plan is not specifically focused on providing better opportunities for seniors to age in place, several pending changes will likely have positive impacts, including:

- The revised plan calls for a 30 percent increase in density for Cornell Centre. It also calls for development of new apartments and mixed-use "live/work" units in Cornell Centre.¹⁰⁰ Combined with already approved plans to build two senior housing facilities in Cornell Centre, these revisions should provide additional opportunities for seniors to live in Cornell.¹⁰¹
- The plan details the potential for major expansion of Cornell's hospital. The current concept provides for a new onsite health and wellness facility, transit stop, open spaces, and improved pedestrian walkways. In addition, town staff are working with the hospital to explore the possibility of integrating a community centre and public library into the site.¹⁰² These potential changes would provide seniors with greater access to health care and community services.
- The town plans to add a new rapid transit bus system ("VIVA") that will run every five minutes on a dedicated lane. The first phase will run along Cornell's main east-west thoroughfare, Highway 7. VIVA buses will have low platforms for easy access and are yet another tool to increase mobility among Cornell's senior population.¹⁰³

⁹⁹ Town of Markham, Planning and Urban Design Department, Open House Presentation on Cornell Secondary Plan Review, May 2002.

¹⁰⁰ Ibid.

¹⁰¹ James, Eisa, Town of Markham, Planning and Urban Design Department Personal Communication, September 6, 2007.

¹⁰² Town of Markham, Planning and Urban Design Department, Open House Presentation on Cornell Secondary Plan Review, May 2002.

¹⁰³ James, Eisa, Town of Markham, Planning and Urban Design Department Personal Communication, September 6, 2007.

KEY LESSONS LEARNED

The Cornell community provides an example of how New Urbanism and smart growth can provide seniors with the opportunity to age in place through compact and walkable design, flexible residential zoning, and good public transportation. As the community continues to evolve, the principles of New Urbanism, as codified in the Secondary Plan and associated zoning, will guide future development in a manner that is consistent with smart growth and aging in place.

CASE STUDY EIGHT

MISSISSAUGA, ONTARIO:

LONG-TERM PLANNING TO SERVE THE NEEDS OF SENIORS

KEY TOPICS ADDRESSED

- ✓ Walkability
- ✓ Transportation Options
- ✓ Safety
- ✓ Housing Choice
- ✓ Access to Services
- ✓ Community Engagement

INTRODUCTION AND BACKGROUND

Located directly west of Toronto, Mississauga is Canada's sixth largest city (population~700,000). As a result of its business-friendly climate, varied housing options, and responsive municipal government, this bustling community is growing rapidly.¹⁰⁴ Forecasts project that the population of Mississauga will grow by an estimated 10 percent in the next 25 years.¹⁰⁵ Furthermore, projections show that approximately 40 percent of Mississauga's population will be over the age of 55 within the next 30 years (up from 20 percent in 2001).¹⁰⁶

City managers expect this demographic shift to have a broad impact on the social and financial fabric of Mississauga. To prepare for the challenges ahead, Mississauga is developing an Older Adult Plan to guide future City actions to support aging in place and improve quality of life for seniors.¹⁰⁷ Initiated in early 2007, a cross-department staff team is in the process of developing the Older Adult Plan in three phases: 1) the Framework; 2) the Action Plan; and 3) the Implementation Plan. This case study summarizes Mississauga's development of the Older Adult Plan and previews the City's strategy for short and long-term implementation.

FRAMEWORK FOR THE PROJECT

As the first step in the process, the Framework establishes a vision for the Older Adult Plan. The vision put forth by the City was developed through an extensive community outreach program that included two community conferences, an online senior resident survey, a detailed stakeholder survey, stakeholder interviews, and communications with relevant municipal and regional agencies. The vision states:

¹⁰⁴ City of Mississauga, Planning and Building Department, Moving Forward - Mississauga Profile, February 2006.

¹⁰⁵ City of Mississauga, Planning and Building Department, Mississauga Growth Forecasts, January 2006.

¹⁰⁶ http://www.mississauga.ca/portal/home?paf_gear_id=9700020&itemId=89700076, accessed September 13, 2007.

¹⁰⁷ Mitcham, Paul, Commissioner of Community Services, City of Mississauga. Corporate Report: Older Adult Plan. June 2007.

As an age friendly city, older adults in Mississauga will lead purposeful and active lives, will live in their community with dignity, integrity and independence, and will experience a diverse range of lifestyle opportunities to pursue their personal interests.¹⁰⁸

The Framework document presents 10 guiding principles to assist the City in its efforts to achieve the community's vision. Each principle is supported by specific goals intended to focus the efforts of the Older Adult Plan on desired end results. The principles and associated goals establish a foundation of core values that will guide the development of the forthcoming Action and Implementation Plans.¹⁰⁹ The general themes of the principles and goals mirror those of both smart growth and aging in place, including:

- Respecting and supporting the needs of older adults;
- Celebrating the value and experience that seniors bring to society;
- Providing seniors with opportunities for active living, lifelong learning, and volunteering;
- Developing complete neighbourhoods that allow for walkable access to services such as health care, groceries, libraries, and recreational opportunities;
- Designing public and private spaces to accommodate seniors and facilitate community interaction; and
- Providing seniors with a variety of accessible transportation options that will allow older adults to travel independently throughout the city.

The District Council of Mississauga accepted the Framework in June of 2007.¹¹⁰

THE ACTION PLAN

For the project's second phase, the City is in the process of developing its Older Adult Action Plan. The Action Plan will incorporate the guiding principles and goals of the Framework document into a concrete list of 64 specific actions/recommendations that the City should consider to meet the long-term vision. In addition, the Action Plan will also provide details on the rationale, costs, and potential impacts of each of the recommendations. The staff team expects to present the Action Plan to the District Council in November of 2007. If accepted by the Council, the Action Plan will provide specific guidance for individual municipal and regional agencies to initiate changes to improve quality of life for seniors.¹¹¹

¹⁰⁸ Ibid, p4.

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

¹¹¹ Piette, Laura, District Manager, Parks and Recreation Department, City of Mississauga Personal Communication, September 13, 2007.

THE IMPLEMENTATION PLAN

Following the acceptance of the Action Plan, the staff team will develop an Implementation Plan that will expand upon the recommendations for two specific action items. The Plan will provide municipal agencies with a blueprint to implement these two recommendations.¹¹² At this point in time, the Implementation Plan is still in development; however, the staff team has selected the two actions for which it will provide an implementation strategy, including:

- **Developing a Sustainable Community:** Changing Mississauga's older adult subsidy policy so that age will not be the sole determinant in establishing fees for senior services. Currently, Mississauga seniors receive subsidies for basic services (i.e., transportation, social programs, snow removal, etc.) based on their age. The current subsidy policy may not be sustainable as the size of the senior population grows in Mississauga. Due to financial constraints, the City is facing the prospect of either cutting subsidies or eliminating services. The policy change, if enacted, will establish an ability-to-pay model for most senior services that will allow the city to continue to provide quality senior services in an economically equitable manner.¹¹³
- **Promoting Civic Engagement:** Consulting with seniors to determine potential improvements to government senior service programs. The City is still in the process of determining the potential changes that need to be made and how they may be implemented. However, the City has learned from its consultations with seniors that older residents want programs based on their individual needs and interests, as opposed to programs based strictly on age.¹¹⁴

KEY LESSONS LEARNED

The Older Adult Project reveals the importance of political will and leadership to address challenges posed by the aging of society. The City of Mississauga's foresight to prepare for an expected increase in its senior population is testament to its leadership and commitment to its residents. Furthermore, the project demonstrates how consultation and communication among seniors, planners, government agencies, and other stakeholders can result in the development of effective strategies to facilitate aging in place and improve quality of life for seniors.

¹¹² Ibid.

¹¹³ Ibid.

¹¹⁴ Piette, Laura, District Manager, Parks and Recreation Department, City of Mississauga Personal Communication, September 17, 2007.

CASE STUDY NINE

REGINA, SASKATCHEWAN:

CIVIC ENGAGEMENT HELPS IDENTIFY WAYS TO IMPROVE THE QUALITY OF LIFE FOR SENIORS

KEY TOPICS ADDRESSED

- Walkability
- ✓ Transportation
- Options
- ✓ Safety
- ✓ Housing Choice
- Access to Services
- ✓ Community Engagement

INTRODUCTION AND BACKGROUND

Nearly 15 percent of Saskatchewan's population is 65 years of age or older. This is the highest percentage of any province in Canada.¹¹⁵ In 1998, the capital city of Regina and the Regina Health District appointed the Regina Seniors Action Plan Steering Committee, with a mandate to improve and promote community-based services for seniors in the province of Saskatchewan, and to make recommendations on how to best address the concerns of the area's seniors. The volunteer Committee initiated an extensive research effort profiling the area's senior community.¹¹⁶

As a follow-on to the project, the Committee participated in a national initiative, Improving Quality of Life of Canadian Seniors, funded by Health Canada.^{117, 118} The project had three main goals:

- To identify factors that affect seniors' quality of life;
- To develop an Action Plan outlining policy changes necessary to effect change; and
- To develop resource materials outlining ways in which seniors and community groups can improve their quality of life.¹¹⁹

This case study summarizes the development of the Action Plan and subsequent materials in Saskatchewan.

¹¹⁵ <http://www.statcan.ca/english/Pgdb/People/Population/Demo31c.htm>.

¹¹⁶ http://www.regina.ca/news_release.php3?id=28, accessed August 13, 2007.

¹¹⁷ Other participant cities included Halifax, Quebec City, Montréal, Ottawa, Toronto, Vancouver, and Whitehorse. Each city structured its project differently and worked independently; however, the University of Toronto served as a national coordinator to facilitate information sharing between projects. Seniors' Education Centre University Extension, University of Regina, Improving Seniors' Quality of Life Action Plan, February 2000.

¹¹⁸ http://www.regina.ca/news_release.php3?id=28, accessed August 13, 2007.

¹¹⁹ Seniors' Education Centre University Extension, University of Regina, Improving Seniors' Quality of Life Action Plan, February 2000.

THE SENIORS ACTION PLAN

In early 2000, the project, managed by the University of Regina's Seniors' Education Centre, published the *Improving Seniors' Quality of Life Action Plan* to report the outcome of their research and provide recommendations on how the government can improve quality of life for seniors.

The primary research conducted for the Action Plan consisted of several efforts to survey seniors and related professionals on the factors that affect quality of life for seniors and potential strategies to improve conditions. The Seniors' Education Centre interviewed 35 seniors and six senior care professionals directly. In addition, through a partnership with the City of Regina, the project reviewed the results of a City survey of 662 seniors at recreational and health care facilities throughout the city. The project also reviewed a small survey of rural seniors conducted by the Regina Health District.¹²⁰

Based on the review of survey results, the project team identified seven quality of life factors that were most important to seniors, including: health, income, belonging, "making life meaningful", housing, safety and security, and "getting around". For each factor, the Action Plan makes several recommendations geared toward federal, provincial, and municipal governments.¹²¹ We summarize the recommendations pertaining to aging in place below.

- Because the majority of seniors live on fixed incomes, some seniors expressed concern regarding their financial situation. The Action Plan recommends that the federal and provincial governments raise the minimum income level at which low-income seniors pay income tax.¹²²
- The study found that loneliness and feelings of isolation were common among survey participants. The Action Plan suggests that all three levels of government provide adequate funding for organizations that offer social and educational opportunities to senior residents. To facilitate senior participation in social activities, events should be held in accessible buildings. Advertising for such events should be distributed through senior networks.¹²³
- The survey respondents confirmed that they preferred to choose where and how they lived, rather than having others decide for them. The Action Plan recommends that government support policies that will lead to a broader range of housing options for seniors, including assisted living and seniors' condominiums. In addition, the Plan proposes that government provide additional support for home adaptations and modifications.¹²⁴

¹²⁰ Ibid.

¹²¹ Ibid.

¹²² Ibid.

¹²³ Ibid.

¹²⁴ Ibid.

- Many of the seniors surveyed expressed concerns over safety and security. Many were also afraid of being mugged and worried about being out after dark. The Action Plan suggests that municipal governments facilitate the establishment of active Neighbourhood Watch Programs to ease the fear of crime among senior residents. Furthermore, the Plan calls on provincial and federal government to provide seniors with tax exemptions on home and automobile security products.¹²⁵
- For many survey participants, accessibility to adequate transportation was problematic. The Action Plan recommends increasing funding throughout the province for public transportation.¹²⁶

SPEAK UP, SPEAK OUT

To satisfy the last goal of the project, the team developed a booklet called *Speak Up, Speak Out* that provides ideas and suggestions for actions that seniors and others could take to put seniors' issues at the forefront of political discussion. The booklet provides basic information on voting in elections, participating in political campaigns, and how to contact elected officials. The booklet also contains information about how to get the message across through the media, including sending letters to the editor, instructions to start a petition drive, and using television, radio, and Internet media.¹²⁷

KEY LESSONS LEARNED

The Improving Quality of Life of Canadian Seniors project interviewed older adults about the issues important to them and their quality of life. By working directly with seniors, the program produced materials that can empower seniors to get involved in the political process to advocate for their collective priorities. This effort demonstrates that seniors can and should be an integral part of the policymaking process to improve their quality of life.

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ Seniors' Education Centre University Extension, University of Regina, *Speak Up, Speak Out: Improving Quality of Life of Saskatchewan Seniors*, February 2000.

CASE STUDY TEN

**OAKRIDGE CENTRE, VANCOUVER, BRITISH COLUMBIA:
TRANSFORMING AN OLDER SHOPPING MALL INTO A MIXED-USE NEIGHBOURHOOD
CENTRE**

KEY TOPICS ADDRESSED

- ✓ Walkability
- ✓ Transportation Options
- ✓ Safety
- ✓ Housing Choice
- ✓ Access to Services
- ✓ Community Engagement

INTRODUCTION AND BACKGROUND

Developed in 1956, the Oakridge Centre was the first auto-oriented shopping centre in Vancouver. The 28-acre site has undergone a series of renovations over time. Presently, the Centre contains approximately 57,000 square metres of retail, service, and entertainment uses, and an additional 11,800 square metres of office space. An estimated 12,000 people live within 1,000 meters of Oakridge Centre. The Centre employs approximately 3,000 people and attracts 10 million visits per year.¹²⁸

In 2004, the owners of Oakridge Centre, Ivanhoe Cambridge, initiated a process with the City of Vancouver to establish planning principles to guide future development at the Centre.¹²⁹ Specifically, the owners are seeking to expand Oakridge into a mixed-use neighbourhood centre that will combine retail, commercial, office, residential, and recreational uses. In 2004, the Vancouver City Council approved a public policy review process to examine future changes at Oakridge Centre. The outcome of the process, the Oakridge Centre Policy Statement, outlines new policy for the redevelopment of the Oakridge site. Furthermore, the Policy Statement serves as a guide for potential rezoning of the site in the future.¹³⁰ This case study summarizes the public review process, the principles advocated in the policy statement, and discusses the potential positive impact this development may have on the local senior population.

DEVELOPING A NEW POLICY STATEMENT FOR OAKRIDGE

The development of the Oakridge Policy Statement required extensive consultation and communication with local residents and business owners. In the winter of 2004/2005, the City hosted a series of focus group workshops with local community residents to assess initial reactions to the potential redevelopment of the site. With this information, the City, with the assistance of consultants, drafted a series of future development concepts for public review. Over the course of the next two years, the City engaged the local community in an iterative process in which the city drafted concepts and the community responded through

¹²⁸ City of Vancouver, Planning Department. Oakridge Centre Policy Statement. March 2007.

¹²⁹ <http://vancouver.ca/commvcs/currentplanning/oakridge/>, accessed September 13, 2007.

¹³⁰ City of Vancouver, Planning Department. Oakridge Centre Policy Statement. March 2007.

oral and written comments. Topics for discussion included mixed-use development, housing, retail, pedestrian-friendly design, parks and recreation, mass transit, and urban form.¹³¹

The result of the public review process was the development of the Oakridge Policy Statement. Approved by the Vancouver City Council in March 2007, the Policy Statement establishes the vision for the redevelopment of Oakridge Centre. The Policy Statement does not rezone the site; however, it does provide a blueprint for future rezoning.¹³² The Policy Statement envisions Oakridge Centre as a vibrant sustainable neighbourhood centre that features mixed-use housing, retail, office space, and recreation components that are well serviced by public transportation. Many of the concepts outlined in the Policy Statement are important for seniors and, if enacted, will facilitate aging in place.¹³³ These concepts include:

- **Mixed-Use Transit Oriented Development:** The Policy Statement encourages the development of office, residential, and commercial uses within a five to 10 minute walk (within 400 to 800 metres). The main transit node will consist of a transit entrance to the Canada Line located in the northeast corner of the site. The Canada Line, a new light rail system to be completed in 2009, will connect downtown Vancouver to the airport and Richmond, a neighbouring community to the south. Seniors living in the area will have easier access to public transportation, which will help residents maintain their independence as they age.¹³⁴
- **Housing Choices:** The Policy Statement calls for the redevelopment effort to prioritize housing choices suitable for all incomes, family types, and ages. Special consideration should be given to meet seniors' housing needs, including affordability, accessibility, and locations near required services.¹³⁵
- **Access to Support Services:** The Oakridge Centre redevelopment should focus on maintaining or enhancing service and amenities for the surrounding community. The Policy Statement specifically encourages an expansion of the current library and senior centre, and supports the clustering of compatible services and amenities. This will give seniors easier access to these services.¹³⁶
- **Connectivity:** The current pattern of development consists of a large retail centre surrounding by large expanses of parking, which is generally not a safe, walkable environment. The Policy Statement calls for the development of a more integrated street pattern that provides linkages between the immediate neighborhood and

¹³¹ <http://vancouver.ca/commvcs/currentplanning/oakridge/>, accessed September 13, 2007.

¹³² Ibid.

¹³³ City of Vancouver, Planning Department. Oakridge Centre Policy Statement. March 2007.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Ibid.

Oakridge Centre. It will be important to develop links between public transportation and the various uses on the site. In addition, the Policy Statement emphasizes the development of a pedestrian network of paths and sidewalks to connect public and private spaces. These developments will all contribute to increased mobility and access for seniors.¹³⁷

It is expected that the redevelopment of the Oakridge site will occur in several phases over the next 20 years. The City's next step in the process will be to rezone the Oakridge site for redevelopment. The City Council expects to receive the rezoning application in late 2007.

KEY LESSONS LEARNED

This effort demonstrates that the process to convert auto-dependent development to more sustainable smart growth requires patience and a desire to work closely with the community. The Oakridge Centre owners, along with City, engaged the community at each step of the review process that resulted in the Policy Statement. Given the high level of community participation in the review process, it is reasonable to expect that stakeholder input will only increase as the actual redevelopment of the site begins. It will be important for local seniors to continue dialogue to ensure their voices are incorporated in the final design of the project.

¹³⁷ Ibid.

CONCLUSIONS

The purpose of this report is to demonstrate successful approaches employed by communities to facilitate aging in place. The case studies presented highlight ways in which planning and community design can help municipalities meet the challenges associated with an increasingly older society. The initiatives presented in this report range in size and scope from local targeted efforts to comprehensive regional planning projects. Incorporating the theories of smart growth and aging in place through planning and design is still a relatively new concept for many communities. Many of the projects described in this report are still in the early stages of planning and development. The full impact of these initiatives on seniors and their communities will not be felt for many years. Nonetheless, the lessons learned from these collective efforts to-date can help inform future projects and initiatives. Organized by the key topic areas, these lessons include:

WALKABILITY

Planning for walkable communities is an important component in allowing seniors to live independently. Design plans that feature walkability create safe environments for seniors, facilitate community engagement, reduce feelings of isolation, and promote active lifestyles – all of which are essential for successful aging in place. Several of the communities highlighted in this report (e.g., Cornell, Dunedin, Mississauga) have developed community plans around the concept of building walkable, human-scale neighborhoods.

TRANSPORTATION OPTIONS

While comprehensive transportation generally occurs at a regional level (e.g., the Squamish Concept Plan calls for the development of a comprehensive regional transportation network), transportation options can still be successfully implemented at a smaller scale through appropriate consideration, site planning, and program design. For example, the redevelopment plan at Oakridge Center calls for an integrated street pattern that will increase mobility for residents and link the area directly to public transportation.

SAFETY

Local home renovation and adaptation programs can be an effective strategy to facilitate aging in place for seniors. Programs that provide seniors with access to comprehensive home evaluations and subsidized home modifications, such as the Safe at Home program in Baltimore, help create a safer in-home environment, by reducing the opportunity for falls and serious injury.

HOUSING CHOICE

Communities that provide for a range of housing choices are better equipped to deal with aging populations. A well-diversified and affordable housing stock provides seniors with options in event that they can no longer live in their current residences. For example, Cornell has made a commitment to develop a diversity of housing types, including bungalows, apartments, and granny suites, which may facilitate long-term aging in place for seniors. In addition, developing adaptive housing designs (e.g., Benny Farm) will allow aging senior residents to remain in their homes as their needs change.

ACCESS TO SERVICES

In order to live full and independent lives, seniors need to be able to access basic services such as health care, grocery stores, retail shopping, community facilities, and other recreational opportunities. Communities are beginning to rework their planning and zoning codes to allow for better access to services. For example, Mississauga's new planning framework document explicitly highlights developing neighborhoods that provide readily available access to services.

COMMUNITY ENGAGEMENT

Community involvement in the planning process is critical to the success of development projects. While working with community members may add time and expense to a project, it ensures that all parties have a stake in a positive outcome, and increases the prospects for long-term success. Through workshops, focus groups, and community gatherings, municipalities can create a positive working environment that fosters the generation of new ideas to address the needs of seniors, as well as others in the community. For example, on the Benny Farm redevelopment project, CLC's extensive consultation process resulted in a new development plan that was supported by both developers and community residents, in contrast to the negative reception given to a previous plan that lacked community involvement.

OTHER CONSIDERATIONS

The case studies reveal several additional considerations that fall outside the scope of the identified key topic areas, including:

- Leadership and political will are crucially important to the success of smart growth projects. Effective leadership can help establish a vision to guide the project and provide the financial and political support needed to ensure that the vision comes to fruition. For example, since the Communities for Lifetime initiative received strong support from Florida's Governor, the City of Dunedin obtained valuable resources and expertise to complete the self-assessment and enact civic improvements to enhance quality of life for seniors.
- The redevelopment of large retrofit projects requires patience and dedication to details. Large projects often require approvals from several levels of government and a willingness from the private sector to experiment with new ideas. Large projects, such as Benny Farm and Oakridge Centre, require developers and municipalities to

employ detail-oriented managers to shepherd the project through the development process and keep the lines of communication open to the surrounding community.

- A comprehensive self-assessment provides municipalities an opportunity to identify areas in need of improvement, and challenges city and community organizations to work together to make improvements. The self-assessment process can serve as a springboard for new ideas and improvements to facilitate aging in place. Several of the projects highlighted in this report conducted thorough self-assessments as an initial step in the planning process (e.g., Mississauga, Dunedin, and Regina).
- Collaboration between government and the private sector can be an effective strategy to implement plans to improve seniors' quality of life. Key examples of successful public-private partnerships include programs to provide home renovation (e.g., Atlanta Regional Commission's EasyLiving Homes Coalition) and transportation services to seniors (e.g., Seattle Senior Services' transportation program), as well as land use planning projects. For public-private partnerships to be successful, the goals and outcomes of the partnership must benefit the business partner, the organizing agency, and most importantly, the senior population.

SMART GROWTH, LIVABLE AND SUSTAINABLE
COMMUNITIES FOR SENIORS

PHASE V

REPORT ON INDICATOR PILOT TESTING

SUBMITTED NOVEMBER 29, 2007

TABLE OF CONTENTS

INTRODUCTION 1

Pilot Test Communities 1

Pilot Test Instructions to Communities 2

PILOT TEST FINDINGS 4

Overview of Data Availability Issues 4

Pilot Test Results by Indicator Category 5

Neighbourhood Walkability 5

Transportation Options 7

Safety 7

Housing Choice 8

Access to Services 9

Community Engagement 10

FINAL INDICATORS TABLE 12

APPENDIX A: DIRECTIONS TO PILOT TEST PARTICIPANTS

APPENDIX B: PILOT TEST RESPONSES - MISSISSAUGA, ON

APPENDIX C: PILOT TEST RESPONSES - SQUAMISH, BC

INTRODUCTION

During the first phase of this study for the Canada Mortgage and Housing Corporation (CMHC), IEc conducted a literature review that examines the intersection between the concepts of smart growth, livable communities, sustainable communities, and aging in place. This literature review identified challenges in meeting the needs of older residents associated with land-use planning and the built environment in six key areas: neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in civic activities.¹ Following the literature review, IEc and its subcontractors conducted two focus groups with senior residents that validated and expanded the findings of the literature review.²

During the third phase of the study, IEc developed a set of indicators to measure the extent to which a community's built environment benefits seniors' health, quality of life, and well-being. IEc interviewed 30 planners and other experts who provided feedback on the indicators, helping to refine them into a complete indicator set.³ IEc recently conducted a pilot test of the indicators with the Squamish, BC and Mississauga, ON planning departments. This report summarizes pilot test results, including availability of data on indicators and suggested refinements to indicator language. It includes a final indicator table incorporating pilot test refinements and a self-assessment scoring approach. Appendix A contains the instructions given to each of the pilot test communities. Appendices B and C contain the pilot test responses for Mississauga and Squamish, respectively.

PILOT TEST COMMUNITIES

During Phase IV of the project, IEc developed a series of case studies illustrating how the principles, elements, and features of smart growth, livable and sustainable communities have been introduced to meet the needs and preferences of seniors.⁴ As part of the case study research effort, IEc interviewed several planners to improve our understanding of each case

¹ For more information on the literature review, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase I Literature Review*, prepared for CMHC by Industrial Economics, Inc., December 5, 2006.

² For more information on the focus groups, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase II Report on Focus Groups*, prepared for CMHC by Industrial Economics, Inc., January 3, 2007.

³ For more information on the indicator development process, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase III Report On Indicator Development*, prepared for CMHC by Industrial Economics, Inc., July 5, 2007.

⁴ For more information on the case studies, see *Smart Growth, Livable and Sustainable Communities for Seniors: Phase IV Case Study Report*, prepared for CMHC by Industrial Economics, Inc., November 8, 2007.

study topic. Through the interview process, we identified planners who were willing to pilot test the indicators using available data from their communities. In an attempt to reflect the diversity in Canadian development patterns, we selected two communities for the pilot test that differ in demography and character:

- **Mississauga, Ontario:** Located directly west of Toronto, Mississauga is Canada's sixth largest city with a population of approximately 700,000 people. Mississauga is a growing city known for having a forward-thinking planning department.⁵ The Mississauga Planning and Building Department maintains a wide-range of planning data, including an extensive geographic information system (GIS).
- **Squamish, British Columbia:** Located approximately halfway between Vancouver and Whistler along the Sea-to-Sky highway, the town of Squamish (population ~ 16,000) serves as the economic and cultural centre of the Squamish-Lillooet Regional District. The District is currently implementing new smart growth regulations and zoning to accommodate rapid population growth in the region. Like planners in many small towns, the District of Squamish Planning Department has relatively fewer resources (than Mississauga) to devote to data collection.⁶

PILOT TEST INSTRUCTIONS TO COMMUNITIES

IEc presented the pilot test communities with a table containing the smart growth indicators, organized by the six key challenges associated with aging in place and the built environment (neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in civic activities). For each key area, we asked the planners to select two to four indicators that they felt were most relevant to their community and would be most helpful in their planning efforts. For each of the selected indicators, we asked the planners to provide information on why they selected the indicator, potential data sources to respond to the indicator, and a response to the indicator based on readily available data. IEC directed the planners to use only readily available data to complete the pilot test, and gave participants only a few weeks to provide responses. We imposed these constraints in order to determine which indicator data were easy to collect, and which were difficult.⁷ We also asked the planners to provide comments on the usefulness of the indicators and the availability of the data required, as well as suggestions to clarify language. Finally, for those

⁵ IEC would like to acknowledge Ms. Angela Dietrich and Ms. Shahada Khan of the Mississauga Planning and Building Department for their willingness to participate in the indicator pilot test.

⁶ IEC would like to acknowledge Ms. Heather Evans of the District of Squamish Planning Department for her willingness to participate in the indicator pilot test.

⁷ We expected that participants might contact colleagues or other government departments to locate useful data sources; however, we did not intend for the planners to conduct primary research. To facilitate the identification of data sources, we also provided the planners with suggested data sources for each indicator in the pilot test table.

indicators not selected, we asked the planners to provide some information on why they were not chosen. Note that the goal of the pilot test is to improve the indicators by identifying appropriate data sources, refining indicator language, and gaining feedback from the pilot test respondents. While the pilot test protocol asked the respondents to submit data on their communities, analysis of this information is not the focus of the exercise. Appendix A contains the full instructions given to the planners, along with the indicator response table used in the pilot test.

PILOT TEST FINDINGS

Pilot communities completed testing in early November 2007. The pilot test responses provide CMHC with a preliminary assessment of the usefulness of the indicators developed, as well as a description of the types of data sources available to respond to each indicator. This section summarizes the responses provided by the two communities, including specific recommendations put forth by the pilot test respondents. Appendices B and C provide the full pilot test responses for Mississauga and Squamish, respectively.

OVERVIEW OF DATA AVAILABILITY ISSUES

Data availability is a key issue to address in determining the level of effort needed to employ each indicator. Data are needed to develop baselines, set goals, and track progress towards established goals. Exhibit 1 summarizes, by key area, the number of indicators for which each community located readily available data.

EXHIBIT 1 NUMBER OF INDICATORS WITH DATA READILY AVAILABLE

INDICATOR CATEGORY (TOTAL NUMBER OF INDICATORS IN PILOT TEST)	NUMBER OF INDICATORS FOR WHICH DATA ARE READILY AVAILABLE	
	MISSISSAUGA, ON	SQUAMISH, BC
Neighbourhood Walkability (7)	4	1
Transportation Options (3)	2	1
Safety (5)	1	2
Housing Choice (6)	4	3
Access to Services (4)	0	2
Community Engagement (3)	3	2
Totals (28)	14	11

Of the total number of indicators presented to the pilot test communities (28 indicators), Mississauga currently has access to the data needed to respond to 50 percent (14 indicators), while Squamish has access to the data needed to respond to approximately 39 percent (11 indicators). The biggest difference between the two communities is the ability to respond to the walkability indicators. Mississauga was able to locate data for four of the seven walkability indicators, while Squamish could only provide a response for one indicator in this category. However, Squamish noted that over time, as its GIS capabilities improve, it would likely be in a better position to respond to these indicators. It is also important to note that Mississauga could not respond to the access to services indicators due to a lack of readily available data. However, it does appear that Mississauga may be able to respond to several of the access to services indicators if given more time to query its geographic databases.

PILOT TEST RESULTS BY INDICATOR CATEGORY

The pilot test responses provide insight into the data available and the applicability of each indicator to individual communities. Exhibits 2 through 7 on the following pages summarize the data available and notable suggestions from the pilot test respondents. We organize each exhibit by the key areas associated with aging in place and the built environment (neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in civic activities). Data availability is classified as 1) "generally available" (both communities located readily available data); 2) "generally not available" (neither community could locate readily available data); or 3) "mixed response" (only one community could locate readily available data).

NEIGHBOURHOOD WALKABILITY

Exhibit 2 summarizes, for each walkability indicator, data availability and notable comments and suggestions provided by the pilot test respondents.

EXHIBIT 2 KEY PILOT TEST RESULTS FOR NEIGHBOURHOOD WALKABILITY INDICATORS

INDICATOR		DATA AVAILABILITY	NOTABLE COMMENTS/SUGGESTIONS
1	Proportion of housing within walking distance (500 metres) to public transportation (could be further categorized by new versus existing housing stock by local government).	Mixed response	"Walking distance" may vary depending on community's priorities (e.g., Squamish uses 400 metres).
2	Average distance between pedestrian resting places (e.g., benches) along sidewalks.	Generally not available	Data collection to respond to this indicator would likely require a manual survey, which would be time intensive.
3	Proportion of streets (by linear km/mile) in the community that contain sidewalks. Specifically, the proportion of streets that contain: a) sidewalk on both sides, b) sidewalk on one side, or c) no sidewalks.	Mixed response	Data collection to respond to this indicator would likely require comprehensive GIS information.
4	Proportion of sidewalks (by linear km) that could be defined as in good repair (i.e., no badly cracked or broken pavement).	Generally not available	As GIS systems improve, these data may become available.
5	Average number of walks per day/week/month taken by residents age 65+ (local government should categorize by destination, season/length/time of walk).	Mixed response	Canadian Community Health Survey of 2005 provides related information.
6	Annual number of pedestrian: 1) injuries and 2) fatalities from accidents with automobiles, categorized by: a) victim age, b) season, and c) reason for accident.	Mixed response	Police data may provide required information.
7	Proportion of sidewalks cleared during/after a snow fall/freezing rain.	Generally available	NA

As noted on the previous page, Mississauga was able to collect data for four of the walkability indicators, compared to only one in Squamish. The geographic component of many of the walkability indicators (e.g., Walkability #2) requires the collection of comprehensive GIS data to adequately respond to the indicator. Thus, communities with thorough GIS information are more likely to use this set of indicators. Squamish specifically noted that data to complete these indicators will likely become available as the District's GIS system improves over time. For Walkability #1, Mississauga noted that a detailed query of the GIS system could be performed to respond to the indicator.

The respondents also suggested several additional data sources to respond to the walkability indicators. Mississauga recommended the Canadian Community Health Survey of 2005 to provide information on the number walks taken by older residents (Walkability #5), and the use of local police statistics to obtain information on pedestrian accidents (Walkability #6).

TRANSPORTATION OPTIONS

Exhibit 3 summarizes, for each transportation options indicator, data availability and notable comments and suggestions provided by the pilot test respondents.

EXHIBIT 3 KEY PILOT TEST RESULTS FOR TRANSPORTATION OPTIONS INDICATORS

INDICATOR		DATA AVAILABILITY	NOTABLE COMMENTS/SUGGESTIONS
1	Proportion of residents age 65+ who travel every day, once a week, once a month, or never, categorized by: a) mode of transportation, b) destination, and c) season.	Mixed response	Local or regional transit authorities may have data to complete this indicator.
2	Average number of trips taken on public transportation every day, once a week, once a month by residents age 65+.	Generally available	Local or regional transit authorities may have data to complete this indicator.
3	Average number of times per week that residents 65+ report staying at home because of lack of transportation.	Generally not available	Planners expressed interest in this indicator; however, it would likely require a special survey of senior residents.

The transportation indicators appear to be easily utilized measurement tools for the pilot test communities, although data availability varied between the two respondents. In general, Mississauga located information for Transportation Options #1 and Transportation Options #2 using data provided by the city transit department. The department accessed transportation statistics associated with senior transit pass programs to respond to the indicators. This suggests that transit authorities may be able to provide communities with adequate data to complete these two indicators. Unlike Mississauga, Squamish did not have data readily available for Transportation Options #1, and had to rely on a special health survey (conducted in 2003) to complete Transportation Options #2. Neither community located data to complete Transportation Options #3, although Squamish expressed interest in developing a survey to investigate the number of seniors who remain at home due to a lack of transportation options.

SAFETY

Exhibit 4 summarizes, for each safety indicator, data availability and notable comments and suggestions provided by the pilot test respondents.

EXHIBIT 4 KEY PILOT TEST RESULTS FOR SAFETY INDICATORS

INDICATOR		DATA AVAILABILITY	NOTABLE COMMENTS/SUGGESTIONS
1	Proportion of residents age 65+ who report feeling safe/unsafe in their neighbourhood, categorized by: a) time of day, b) location, and c) reason(s) for feeling unsafe.	Mixed response	Surveys of seniors appear to be the best method to collect data to complete this indicator.
2	Proportion of streets, pedestrian routes (by linear km), bus stops, public places, and retail areas that lack adequate lighting for walking at night.	Generally not available	Data to complete this indicator may need to be compiled from multiple sources (e.g., transit authorities for bus stop data, local planning data for roads, and special retail survey for shopping areas).
3	Annual number of slip and fall injuries on sidewalks and in public spaces, categorized by: a) season, b) type of injury, and c) place of fall.	Mixed Response	Canadian Community Health Survey of 2005 provides related data; however, sidewalk falls are not always reported.
4	Number of reported street crimes against residents ages 65+, categorized by: a) type of crime, b) location of crime, and c) time of day.	Mixed response	Crime statistics from Statistics Canada may not provided detailed information for small communities. Local police data may provide additional information.
5	Availability of wayfinding systems/safety features at crosswalks (e.g., longer crossing times, clear signage, visible sight lines, crossing noise for the visually impaired, safe design, etc).	Generally not available	Data to complete this indicator could be collected through a municipal audit of sight lines.

In general, the pilot test respondents had difficulty locating adequate data to complete the safety indicators. Neither community was able to locate readily available data for Safety #2 and Safety #5. Mississauga obtained slip and fall data to complete Safety #3, although the source data, the Canadian Community Health Survey, does not report all falls on sidewalks. Squamish located data for Safety #1 and Safety #4, but the street crime data available to complete Safety #4 was only available at the Census Metropolitan Area (CMA) level, which is a larger geographic area than the District of Squamish. The pilot testers suggested that additional crime statistics could be obtained from local or regional police data.

HOUSING CHOICE

Exhibit 5 summarizes, for each housing choice indicator, data availability and notable suggestions and comments provided by the pilot test respondents.

EXHIBIT 5 KEY PILOT TEST RESULTS FOR HOUSING CHOICE INDICATORS

INDICATOR		DATA AVAILABILITY	NOTABLE COMMENTS/SUGGESTIONS
1	Proportion and number of residences in the community categorized by housing type: multi-family home, single-family home, duplex, townhouse, rowhouse, mobile home, flex housing, garden flats, accessory dwelling units, and other (could be further categorized by new versus existing housing stock).	Generally available	Census provides this information.
2	Occupancy rates at existing lifestyle retirement, senior residences, and supportive housing in the community.	Mixed response	Collecting data to complete this indicator would likely require a special purpose survey.
3	Types of tenure available in the community (freehold homeownership, rental, condominium, cooperative housing, co-housing, leaseholds, shared equity ownership, life leases, life tenancies, flexible tenure).	Generally available	Census data only delineates between freehold and rental tenures. A special purpose survey is likely necessary to complete this indicator.
4	Proportion of residents 65+ who spend equal to or greater than 30 percent of their income on housing.	Generally available	The percent of income spent on housing could be adjusted to meet a community's data collection methods (e.g., Squamish uses 50 percent of income in its survey).
5	Proportion of residents age 65+ living in housing with unmet home modification needs (e.g., narrow hallways, stairs, lack of bathroom grab bars, adequate lighting).	Mixed response	Housing condition is available in the Census data, but a planning survey would be needed to assess home modifications.
6	Proportion of households living in "acceptable" housing (meeting adequacy, suitability, and affordability standards) in the community, categorized by age cohort.	Generally not available	Collecting data to complete this indicator would likely require a special purpose survey.

Based on data availability, the housing choice indicators appear to be relatively easy for the pilot test communities to respond to. Using Census data, both respondents located data to support Housing Choice #1. In addition, both pilot test communities responded to Housing Choice #4; however, they employed different data sources. Mississauga applied Census information, while Squamish used its own affordable housing study. Squamish applied this same affordable housing study to support Housing Choice #2. The pilot test respondents found that for Housing Choice #3, Census information does not provide additional detail on housing tenure beyond freeholders and renters. This suggests that a special purpose survey is likely necessary to collect complete information on this indicator. Finally, neither community located information to support Housing Choice #6, which also would likely require a special purpose survey.

ACCESS TO SERVICES

Exhibit 6 summarizes, for each access to services indicator, data availability and notable comments and suggestions provided by the pilot test respondents.

EXHIBIT 6 KEY PILOT TEST RESULTS FOR ACCESS TO SERVICES INDICATORS

INDICATOR		DATA AVAILABILITY	NOTABLE COMMENTS/SUGGESTIONS
1	Proportion of housing within walking distance (500 metres) to the following basic services: pharmacy, grocery store, and bank.	Mixed response	Data to complete this indicator could be obtained through GIS. Mississauga suggested expanding the definition of “basic services” to include additional places.
2	Proportion of housing within walking distance (500 metres) OR within a 10-minute car/public transportation trip to the following services: pharmacy, grocery store, bank, hospital, senior centre, retail shopping.	Generally not available	Data to complete this indicator likely require comprehensive GIS information.
3	Proportion of residents 65+ that require assistance from family members or other individuals to access the following services: pharmacy, grocery store, bank, hospital, senior centre, retail shopping, libraries and community halls.	Mixed response	Data to complete this indicator likely require a special purpose survey.
4	Proportion of residents 65+ who have access to home delivery of groceries and other retail goods.	Generally not available	Data to complete this indicator likely require a special purpose survey.

Pilot test respondents had difficulty locating readily available data for the access to services indicators. Mississauga did not locate information for any of the access to services indicators, but suggested that data might be obtained for Access to Services #1 by querying local geographic planning data. However, this effort may be time and resource intensive. Mississauga also suggested expanding the definition of “basic services” to include additional places (e.g., hospital, senior centre, and retail shopping). Squamish located data for Access to Services #1 and Access to Services #3 by relying on previous research, including smart growth planning efforts and a senior health study.

COMMUNITY ENGAGEMENT

Exhibit 7 summarizes, for each community engagement indicator, data availability and notable comments and suggestions provided by the pilot test respondents.

EXHIBIT 7 KEY PILOT TEST RESULTS FOR COMMUNITY ENGAGEMENT INDICATORS

INDICATOR		DATA AVAILABILITY	NOTABLE COMMENTS/SUGGESTIONS
1	Proportion of residents 65+ who engage in social activities at least once per week. Activities may include: meeting with friends/neighbours, engaging in civic, religious, or cultural activities, and participating in volunteer or part time work.	Generally available	Collecting data to complete this indicator would likely require a special purpose survey.
2	Proportion of residents 65+ that are able to access a dedicated senior centre or other places of interest such as libraries and community centres.	Generally available	Clarify wording to read, "Proportion of residents 65+ who have access from their home to a dedicated senior centre or other places of interest such as libraries and community centres."
3	The extent to which local government has land use policy and planning programs that specifically engage seniors.	Generally not available	Research into municipal policies may provide information to complete this indicator.

The pilot respondents successfully located data for the majority of the community engagement indicators. Interestingly, for Community Engagement #1 and Community Engagement #2, both communities relied on previous research efforts to complete the indicators. As part of its Older Adult Project, Mississauga surveyed seniors on their participation in and access to community activities. Similarly, Squamish conducted a survey that asked seniors to identify programs that they regularly attend. For Community Engagement #3, neither community has specific survey information; however, it appears that research on municipal policies towards seniors and participation in land use matters may yield information to inform Community Engagement #3.

In addition, Mississauga found the wording of Community Engagement #2 to be unclear. To clarify the indicator, we recommend the wording change presented in the comments column in Exhibit 7.

FINAL INDICATORS TABLE

Exhibit 8 presents the final table of the indicators of smart growth planning for seniors. This table reflects all phases of research conducted for this project, including the literature review, indicator development, interviews with planners, and the pilot test findings presented in this report.⁸

The table provides local governments the opportunity to measure their progress against established goals and/or prior indicator measurements. It is important to note that the only scoring method that is appropriate for this exercise is self-assessment, as available data do not support comparisons of one locality's performance on an indicator against another. For each indicator, the table provides the following columns:

- **Indicator:** In total, the table contains 28 indicators organized by the six key areas (neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in civic activities). The final indicators include the following changes resulting from the pilot test:
 - Access to Services #1: Added “hospital, senior centre, and retail shopping”.
 - Community Engagement #2: Clarified indicator wording to read: “Proportion of residents 65+ who have access from their home to a dedicated senior centre or other places of interest such as libraries and community centres.”
- **Suggested Data Sources:** To assist planners in locating available data for the indicators, this column provides suggested data sources for each indicator. Additions to the suggested data source column resulting from the pilot test include:
 - Walkability #5: Canadian Community Health Survey (2005)
 - Transportation Option #1: Local transit authority data
 - Transportation Option #2: Local transit authority data
 - Safety #2: Special purpose surveys
 - Safety #3: Canadian Community Health Survey (2005)

⁸ Even though the pilot communities expressed difficulty locating data sources for many of the indicators, we do not recommend removing any of the indicators from the final list. A pilot test of two communities is too small to give cause for large changes. In addition, we would not expect a community to be able to provide information for all indicators. In fact, some indicators may only be useful in a small number of cases.

- Safety #4: Local police data
 - Safety #5: Municipal audit of sight lines
 - Housing Choice #1: Census data
 - Housing Choice #2: Special purpose surveys
 - Housing Choice #3: Special purpose surveys
 - Housing Choice #5: Special purpose surveys
 - Housing Choice #6: Special purpose surveys
 - Access to Services #3: Special purpose surveys
 - Access to Services #4: Special purpose surveys
 - Community Engagement #3: Research on municipal policies
- **Data Sources Used:** This column allows users to keep a record of the data source(s) employed to respond to each indicator.
 - **Goal Related to the Indicator:** This column allows a locality to establish a goal for each indicator.
 - **Indicator Response:** This column provides a space to respond to each indicator.
 - **Progress Towards Goal:** This column allows a locality to calculate progress towards the goal for an indicator. For example, a hypothetical user selects a community goal for Walkability #1 of “40 percent of housing within walking distance (500 metres) to public transportation,” and the current response to the indicator is “20 percent”; in this case, the locality has met 50 percent of its goal. Using the scoring system provided at the bottom of the final indicator table, one could grade the locality’s progress. In this example, the locality would score “moderate progress” towards this goal.
 - **Notes/Comments:** This final column allows users to insert notes or comments into the table for future reference.

EXHIBIT 8 FINAL INDICATORS TABLE

	INDICATOR	SUGGESTED DATA SOURCES	DATA SOURCE USED	GOAL RELATED TO THE INDICATOR	INDICATOR RESPONSE	PROGRESS TOWARDS GOAL *	NOTES/COMMENTS
WALKABILITY							
1	Proportion of housing within walking distance (500 metres) to public transportation (could be further categorized by new versus existing housing stock by local government).	Local planning data					
2	Average distance between pedestrian resting places (e.g., benches) along sidewalks.	Local planning data					
3	Proportion of streets (by linear km) in the community that contain sidewalks. Specifically, the proportions of streets that contain: a) sidewalks on both sides, b) a sidewalk on one side, or c) no sidewalks.	Local planning data					
4	Proportion of sidewalks (by linear km) that could be defined as in good repair (i.e., no badly cracked or broken pavement).	Local planning data					

	INDICATOR	SUGGESTED DATA SOURCES	DATA SOURCE USED	GOAL RELATED TO THE INDICATOR	INDICATOR RESPONSE	PROGRESS TOWARDS GOAL*	NOTES/COMMENTS
5	Average number of walks per day/week/month taken by residents age 65+ (local government should categorize by destination, season/length/time of walk).	Special purpose surveys / Canadian Community Health Survey (2005)					
6	Annual number of pedestrian: 1) injuries and 2) fatalities from accidents with automobiles, categorized by: a) victim age, b) season, and c) reason for accident.	Canadian Motor Vehicle Traffic Collision Statistics (Transport Canada)					
7	Proportion of sidewalks cleared during/after a snow fall/freezing rain.	Municipal public works departments					
TRANSPORTATION OPTIONS							
1	Proportion of residents age 65+ who travel every day, once a week, once a month, or never, categorized by: a) mode of transportation, b) destination, and c) season.	Special purpose surveys / 2007 General Social Survey (Statistics Canada) / Local transit authority data					
2	Average number of trips taken on public transportation every day, once a week, once a month by residents age 65+.	Focus group with seniors / Special purpose surveys / General Social Survey (Statistics Canada) / Local transit authority data					

	INDICATOR	SUGGESTED DATA SOURCES	DATA SOURCE USED	GOAL RELATED TO THE INDICATOR	INDICATOR RESPONSE	PROGRESS TOWARDS GOAL*	NOTES/COMMENTS
3	Average number of times per week that residents 65+ report staying at home because of lack of transportation.	Focus group with seniors / Special purpose surveys / General Social Survey (Statistics Canada)					
SAFETY							
1	Proportion of residents age 65+ who report feeling safe/unsafe in their neighbourhood, categorized by: a) time of day, b) location, and c) reason(s) for feeling unsafe.	Focus group with seniors / Special purpose surveys					
2	Proportions of streets, pedestrian routes (by linear km), bus stops, public places, and retail areas that lack adequate lighting for walking at night.	Local planning data / Special purpose surveys					
3	Annual number of slip and fall injuries on sidewalks and in public spaces, categorized by: a) season, b) type of injury, and c) place of fall.	Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) (Public Health Agency of Canada) / Canadian Community Health Survey (2005)					

	INDICATOR	SUGGESTED DATA SOURCES	DATA SOURCE USED	GOAL RELATED TO THE INDICATOR	INDICATOR RESPONSE	PROGRESS TOWARDS GOAL*	NOTES/COMMENTS
4	Number of reported street crimes against residents ages 65+, categorized by: a) type of crime, b) location of crime, and c) time of day.	Crime statistics (Statistics Canada) / Canadian Centre for Justice Statistics / 2008 General Social Survey / Local police data					
5	Availability of wayfinding systems/safety features at crosswalks (e.g., crossing times that allow seniors to cross the streets safely, clear signage, visible sight lines, crossing noise for the visually impaired, safe design).	Local planning data / Municipal audit of sight lines					
HOUSING CHOICE							
1	Proportions and numbers of residences in the community categorized by housing type: multi-family home, single-family home, duplex, townhouse, rowhouse, mobile home, FlexHousing™, garden suites/granny flats, accessory dwelling units, and other (could be further categorized by new versus existing housing stock).	Local planning data / CMHC / Census data					
2	Occupancy rates at existing lifestyle retirement, senior residences, and supportive housing in the community.	Local planning data / CMHC / Census data / Special purpose surveys					

	INDICATOR	SUGGESTED DATA SOURCES	DATA SOURCE USED	GOAL RELATED TO THE INDICATOR	INDICATOR RESPONSE	PROGRESS TOWARDS GOAL *	NOTES/COMMENTS
3	Types of tenure available in the community (freehold homeownership, rental, condominium, cooperative housing, co-housing, leaseholds, shared equity ownership, life leases, life tenancies, flexible tenure).	Local planning data / 2008 General Social Survey (Statistics Canada) / Census data / Special purpose surveys					
4	Proportion of residents 65+ who spend equal to or greater than 30 percent of their before tax household income on housing.	CMHC / Census data					
5	Proportion of residents age 65+ living in housing with unmet home modification needs (e.g., narrow hallways, unsafe stairs, lack of bathroom grab bars, inadequate lighting).	CMHC data / Special purpose surveys					
6	Proportion of households living in "acceptable" housing (meeting adequacy, suitability, and affordability standards) in the community, categorized by age cohort.	CMHC data / Special purpose surveys					
ACCESS TO SERVICES							
1	Proportion of housing within walking distance (500 metres) to the following basic services, including pharmacy, grocery store, bank, hospital, senior centre, and retail shopping.	General Social Survey (Statistics Canada) / Local planning data					

	INDICATOR	SUGGESTED DATA SOURCES	DATA SOURCE USED	GOAL RELATED TO THE INDICATOR	INDICATOR RESPONSE	PROGRESS TOWARDS GOAL*	NOTES/COMMENTS
2	Proportion of housing within walking distance (500 metres) OR within a 10-minute car/public transportation trip to the following services: pharmacy, grocery store, bank, hospital, senior centre, retail shopping.	General Social Survey (Statistics Canada) / Local planning data					
3	Proportion of residents 65+ that require assistance from family members or other individuals to access the following services: pharmacy, grocery store, bank, hospital, senior centre, retail shopping, libraries and community halls.	Local planning data / Special purpose surveys					
4	Proportion of residents 65+ who have access to home delivery of groceries and other retail goods.	Local planning data / 2008 General Social Survey (Statistics Canada) data / Special purpose surveys					
COMMUNITY ENGAGEMENT							
1	Proportion of residents 65+ who engage in social activities at least once per week. Activities may include: meeting with friends/neighbours, engaging in civic, religious or cultural activities, and participating in volunteer or part time work.	Focus group with seniors, special purpose surveys / 2008 General Social Survey (Statistics Canada)					

	INDICATOR	SUGGESTED DATA SOURCES	DATA SOURCE USED	GOAL RELATED TO THE INDICATOR	INDICATOR RESPONSE	PROGRESS TOWARDS GOAL*	NOTES/COMMENTS
2	Proportion of residents 65+ who have access from their home to a dedicated senior centre or other places of interest such as libraries and community centres.	Focus group with seniors, special purpose surveys					
3	The extent to which local government has land use policy and planning programs that specifically engage seniors.	Local government data/Research on municipal policies					
Notes: * Progress Towards Goal Scoring System: Over 75% of goal met = significant progress 50-75% of goal met = moderate progress 25-50% of goal met = initial progress 0-25% of goal met = progress needed							

APPENDIX A | DIRECTIONS TO PILOT TEST PARTICIPANTS



INDUSTRIAL ECONOMICS, INCORPORATED

October 1, 2007

Name
Department
Address

Dear Planner:

Thank you for agreeing to assist the Canada Mortgage and Housing Corporation (CMHC) with their work on the project, *Smart Growth, Livable and Sustainable Communities: The Relationship to Aging in Place*. Industrial Economics, Incorporated (IEc) is under contract with CMHC to conduct this study. As you may know, the objective of the study is to explore how land use planning and the built environment intersect with the needs of Canada's aging population. Specifically, we are exploring how the concepts of smart growth, and sustainable and livable communities can respond to the desire of many citizens to "age in place," as opposed to move to a different home or community when they get older.

As part of this effort, we conducted a literature review and focus groups that have identified challenges in meeting the needs of older residents associated with land-use planning and the built environment in six key areas: neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in local land-use decisions. We also developed a set of indicators for communities and local governments to use to measure their progress in addressing these challenges. Over 30 experts in the fields of planning, public administration, gerontology, and social work have reviewed the indicators and provided extensive feedback. We used their input to refine the indicator set.

Thank you for graciously agreeing to pilot test the indicators using data available for your community. The pilot test is a critical step in the indicator development process and will help ensure that the final indicator set will be useful to planners. Your participation will also help us determine the final language for each indicator. Attached to this letter is a table containing the indicators and set of instructions to guide you through the pilot test. **Please complete and return the pilot test table (electronically) to IEc by October 22, 2007.** If you have any questions or concerns, please call me at the number below. Once again, thank you very much for your willingness to participate in this project. Your time and effort is greatly appreciated.

Sincerely,

Neal Etre
Associate
Industrial Economics, Inc.

Enclosures

Industrial Economics, Incorporated
2067 Massachusetts Avenue
Cambridge, MA 02140 USA
617.354.0074 | 617.354.0463 fax
www.indecon.com

PILOT TEST INSTRUCTIONS

Through research conducted for this project, IEC identified six key areas associated with aging in place and the built environment: neighbourhood walkability, transportation options, access to services, housing choice, safety, and community engagement in local land-use decisions. For each category, we developed a suite of indicators designed to help communities measure progress in addressing the challenges associate with aging in place. The indicators, organized by category, are listed in Column A in the table below.

Please select two to four indicators within each of the six categories to pilot test. Select indicators that you believe are most relevant to your community and would be most helpful to your planning efforts. Please fill out you answers, electronically, in the table below.

For each indicator you choose to pilot test, please complete the following steps:

1. In Column C, enter the reason(s) why you selected this indicator (e.g., data availability, relevancy to issues in the community, etc.). For the indicators you did *not* choose, please enter the reason(s) for not selecting them (e.g., not appropriate for the community, data is not available, etc.).
2. Locate readily available data sources to respond to the indicator. Column B provides suggestions of sources that may contain information to help you respond to the indicator. You may find that your city department/local government has more relevant information. In some cases, data may not be readily available. **Note: please locate only readily available data sources to complete the pilot test. We do not intend for you to conduct primary research. However, we expect that you may contact colleagues or other government departments to locate useful data sources.**
3. In Column D, indicate the data source(s) you will use to respond to the indicator. If you cannot locate the appropriate data sources, indicate the data source(s) you would use, if available.
4. In Column E, provide the response to the indicator question reflecting the data located in Step 2 above. If you were unable to locate data in Step 2, leave this cell in the table blank.
5. Column F provides an opportunity for you to provide comments on the indicators themselves and the pilot test in general. Consider the following: *Do you suggest any changes to the language to clarify the text? How quickly/easily were you able to locate appropriate data for this indicator? How well does the available data align with the indicator?*

Please email your completed table to netre@indecon.com by October 22, 2007. If you have any questions, please call Neal at 617.354.0074.

TABLE OF TEST PILOT INDICATORS FOR SMART GROWTH AND AGING IN PLACE

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
WALKABILITY						
1	Proportion of housing within walking distance (500 metres) to public transportation (could be further categorized by new versus existing housing stock by local government).	Local planning data				
2	Average distance between pedestrian resting places (e.g., benches) along sidewalks.	Local planning data				
3	Proportion of streets (by linear km/mile) in the community that contain sidewalks. Specifically, the proportion of streets that contain: d) sidewalk on both sides, e) sidewalk on one side, or f) no sidewalks.	Local planning data				
4	Proportion of sidewalks (by linear km) that could be defined as in good repair (i.e., no badly cracked or broken pavement).	Local planning data				
5	Average number of walks per day/week/month taken by residents age 65+ (local government should categorize by destination, season/length/time of walk).	Special purpose surveys				

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
6	Annual number of pedestrian: 1) injuries and 2) fatalities from accidents with automobiles, categorized by: d) victim age, e) season, and f) reason for accident.	Canadian Motor Vehicle Traffic Collision Statistics (Transport Canada)				
7	Proportion of sidewalks cleared during/after a snow fall/freezing rain.	Municipal public works departments				
TRANSPORTATION OPTIONS						
1	Proportion of residents age 65+ who travel every day, once a week, once a month, or never, categorized by: d) mode of transportation, e) destination, and f) season.	Special purpose surveys / 2007 General Social Survey (Statistics Canada)				
2	Average number of trips taken on public transportation every day, once a week, once a month by residents age 65+.	Focus group with seniors, special purpose surveys / General Social Survey (Statistics Canada)				
3	Average number of times per week that residents 65+ report staying at home because of lack of transportation.	Focus group with seniors, special purpose surveys / General Social Survey (Statistics Canada)				

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
SAFETY						
1	Proportion of residents age 65+ who report feeling safe/unsafe in their neighborhood, categorized by: d) time of day, e) location, and f) reason(s) for feeling unsafe.	Focus group with seniors, special purpose surveys				
2	Proportion of streets, pedestrian routes (by linear km), bus stops, public places, and retail areas that lack adequate lighting for walking at night.	Local planning data				
3	Annual number of slip and fall injuries on sidewalks and in public spaces, categorized by: d) season, e) type of injury, and f) place of fall.	Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) (Public Health Agency of Canada)				
4	Number of reported street crimes against residents ages 65+, categorized by: d) type of crime, e) location of crime, and f) time of day.	Crime statistics (Statistics Canada) / Canadian Centre for Justice Statistics / 2008 General Social Survey				
5	Availability of wayfinding systems/safety features at crosswalks (e.g., longer crossing times, clear signage, visible sight lines, crossing noise for the visually impaired, safe design, etc).	Local planning data				

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
HOUSING CHOICE						
1	Proportion and number of residences in the community categorized by housing type: multi-family home, single-family home, duplex, townhouse, rowhouse, mobile home, flex housing, garden flats, accessory dwelling units, and other (could be further categorized by new versus existing housing stock).	Local planning data / CMHC				
2	Occupancy rates at existing lifestyle retirement, senior residences, and supportive housing in the community.	Local planning data / CMHC / Census				
3	Types of tenure available in the community (freehold homeownership, rental condominium, cooperative housing, co-housing, leaseholds, shared equity ownership, life leases, life tenancies, flexible tenure).	Local planning data / 2008 General Social Survey (Statistics Canada) / Census				
4	Proportion of residents 65+ who spend equal to or greater than 30 percent of their income on housing.	CMHC / Census				
5	Proportion of residents age 65+ living in housing with unmet home modification needs (e.g., narrow hallways, stairs, lack of bathroom grab bars, adequate lighting).	CMHC				

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
6	Proportion of households living in "acceptable" housing (meeting adequacy, suitability, and affordability standards) in the community, categorized by age cohort.	CMHC				
ACCESS TO SERVICES						
1	Proportion of housing within walking distance (500 metres) to the following basic services: pharmacy, grocery store, and bank.	General Society Survey (Statistics Canada) / Local planning data				
2	Proportion of housing within walking distance (500 metres) OR within a 10 minute car/public transportation trip to the following services: pharmacy, grocery store, bank, hospital, senior center, retail shopping.	General Society Survey (Statistics Canada) / Local planning data				
3	Proportion of residents 65+ that require assistance from family members or other individuals to access the following services: pharmacy, grocery store, bank, hospital, senior centre, retail shopping, libraries and community halls.	Local planning data				
4	Proportion of residents 65+ who have access to home delivery of groceries and other retail goods.	Local planning data / 2008 General Social Survey (Statistic Canada)				

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
COMMUNITY ENGAGEMENT						
1	Proportion of residents 65+ who engage in social activities at least once per week. Activities may include: meeting with friends/neighbors, engaging in civic, religious, or cultural activities, and participating in volunteer or part time work.	Focus group with seniors, special purpose surveys / 2008 General Social Survey (Statistics Canada)				
2	Proportion of residents 65+ that are able to access a dedicated senior centre or other places of interest such libraries and community centres.	Focus group with seniors, special purpose surveys				
3	The extent to which local government has land use policy and planning programs that specifically engage seniors.	Local government data				

NOTES: Table Example.

APPENDIX B | PILOT TEST RESPONSES - MISSISSAUGA, ON

APPENDIX B | PILOT TEST RESPONSES – MISSISSAUGA, ON

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
WALKABILITY						
1	Proportion of housing within walking distance (500 metres) to public transportation (could be further categorized by new versus existing housing stock by local government).	Local planning data	Data not readily available. Could be obtained through special request to Geomatics to plot distance and pull pins and link to land use. However, issue of identifying number of units (e.g. apartment units on one pin not the same as a detached house on one pin)	Special request to Geomatics and further assumptions would have to be done by Policy Staff. Task would take some time to complete. Feasible if a small number of transportation facilities were to be studied. (Data available at local level)		We don't have readily available data which assumes general areas, all these types of indicators would require a special request and additional work to pull numbers.
2	Average distance between pedestrian resting places (e.g., benches) along sidewalks.	Local planning data	This data could be obtained if there is a manual survey done, otherwise, this data is not readily available. We could contact the Parks Dept. for the number of benches in parks, but it may not be practical to obtain the distances.	N/A (manual survey)		
3	Proportion of streets (by linear km/mile) in the community that contain sidewalks. Specifically, the proportion of streets that contain: g) sidewalk on both sides, h) sidewalk on one side, or i) no sidewalks.	Local planning data	Data available - street by street, by z-area. Not available by Planning District.	Contact Person: Carey O'Halloran, Manager, Hanson Project (ex. 5936)		Data available - would take a few days to obtain.

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
4	Proportion of sidewalks (by linear km) that could be defined as in good repair (i.e., no badly cracked or broken pavement).	Local planning data	Data not available.	T&W (Hanson Project) are currently working to gather this information, will be available in a couple years.		
5	Average number of walks per day/week/month taken by residents age 65+ (local government should categorize by destination, season/length/time of walk).	Special purpose surveys	Related data available - Canadian Community Health Survey 2005 - last 3 months (walking, jogging, running), how many times in past 3 months participated in each activity, and how long seniors performed each activity.	Provided by Region of Peel Health Services, contact person Karen Funnell (905-791-7800, ex. 2608) or her manager Julie Statton (ex. 2610). Data organized by health unit, can be provided by Census Subdivision.		
6	Annual number of pedestrian: 1) injuries and 2) fatalities from accidents with automobiles, categorized by: g) victim age, h) season, and i) reason for accident.	Canadian Motor Vehicle Traffic Collision Statistics (Transport Canada)	Related data available based on fatalities (not injuries) by victim age, time, some data on reason for accident. (Data available for Mississauga)	Peel Regional Police. Contact: Shiela Doyle (905-453-2121 ex. 4731), Corporate Planning and Research.		
7	Proportion of sidewalks cleared during/after a snow fall/freezing rain.	Municipal public works departments	Data available.	Contact Silvio Cesario, T&W ex. 3034.	55% of sidewalks are considered priority, and are cleared after a snowfall.	

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
TRANSPORTATION OPTIONS						
1	Proportion of residents age 65+ who travel every day, once a week, once a month, or never, categorized by: g) mode of transportation, h) destination, and i) season.	Special purpose surveys / 2007 General Social Survey (Statistics Canada)	Data available through request to T&W (Data available at Citywide level)	Contact: Firmin Pico, Manager, Transit Business Development, Transportation and Works and Andy Kwan T&W (TTS data system)		Andy: TTS only collects data for the weekday so all tabulated information is for an average weekday. The following data for age 65+ Mississauga residents can be tabulated: - mode of transportation - destination (intra-Mississauga trips and beyond) THIS DATA IS ONLY AVAILABLE AS OF JANUARY 2008
2	Average number of trips taken on public transportation every day, once a week, once a month by residents age 65+.	Focus group with seniors, special purpose surveys / General Social Survey (Statistics Canada)	Data available through request to T&W (Data available at Citywide level)	Contact: Margaret Johnson, Supervisor of Transit and Revenue, T&W	Average # trips taken: (weather permitting) Tickets: Daily 1,100 to 1,700 Weekly 8,020 Monthly 34,800 Passes: Senior Pass rides (monthly/annual) per month 120,200; per week 27,700; per day 4,000	Data available - would take a few days to obtain.

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
					<p>Mode of Transportation many travel by transit (some have two senior passes within a household - husband and wife - give up the car, due to high costs associated with having a vehicle.</p> <p>Destination (mainly) Seniors Centre Shopping Plaza</p> <p>Season Between January to March ticket sales are lower (\$16,000 per week), seniors may be away. Between April to October ticket sales increase (\$21,000 per week) approx. 23%.</p> <p>Overall breakdown of sales for seniors tickets/passes: Monthly Pass 21% Annual Pass 22% Tickets 57%</p>	

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
3	Average number of times per week that residents 65+ report staying at home because of lack of transportation.	Focus group with seniors, special purpose surveys / General Social Survey (Statistics Canada)	Data not available.	N/A (Could be obtained through a specific survey.)	Staying at home (due to weather) -not lack of transportation Seniors travel every day of the week Mon. to Sun., however, majority during the mornings between 9:00a to 12:00p. If the weather is not very good, they will either travel later (ie: 10:30a to 2:00p), or many will not go out at all (ie: snow/rain). (T&W - Margaret Johnson)	
SAFETY						
1	Proportion of residents age 65+ who report feeling safe/unsafe in their neighborhood, categorized by: g) time of day, h) location, and i) reason(s) for feeling unsafe.	Focus group with seniors, special purpose surveys	Data not readily available. Data available for Peel (Brampton and Mississauga). Based on Community Survey 2005 - some data on age. Questions related to how satisfied are you with your personal safety from crime, feel safe within neighbourhoods, feel safe at night, daytime hours?	N/A (Could be obtained through a survey to seniors)		
2	Proportion of streets, pedestrian routes (by linear km), bus stops, public places, and retail areas that lack adequate lighting for walking at night.	Local planning data	Data not available	Enersource may have this information. Data for this indicator would be difficult to obtain.		

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
3	Annual number of slip and fall injuries on sidewalks and in public spaces, categorized by: g) season, h) type of injury, and i) place of fall.	Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) (Public Health Agency of Canada)	Related data available - Canadian Community Health Survey 2005 - Falls if person ends up in hospital (emergency visits, admissions to hospitals)	Provided by Region of Peel Health Services, contact person Karen Funnell (905-791-7800, ex. 2608) or her manager Julie Statton (ex. 2610). Data organized by health unit, can be provided by Census Subdivision.		Falls on sidewalks not always reported.
4	Number of reported street crimes against residents ages 65+, categorized by: g) type of crime, h) location of crime, and i) time of day.	Crime statistics (Statistics Canada) / Canadian Centre for Justice Statistics / 2008 General Social Survey	Data not readily available. Don't often have data by age. Would have to do a special query. (Peel Police)	N/A - would need to request special query from Peel Police, it would take them some time, may not be available by age.		
5	Availability of wayfinding systems/safety features at crosswalks (e.g., longer crossing times, clear signage, visible sight lines, crossing noise for the visually impaired, safe design, etc).	Local planning data	(STILL AWAITING A RESPONSE)			
HOUSING CHOICE						
1	Proportion and number of residences in the community categorized by housing type: multi-family home, single-family home, duplex, townhouse, rowhouse, mobile home, flex housing, garden flats, accessory dwelling units, and other (could be further categorized by new versus existing housing stock).	Local planning data / CMHC	Data available based on Census 2001 (Data available at local level)	Statistics Canada Data - Policy Division	Based on household dwelling: - single detached: 87,100, semi detached: 24,180, apartment: 57,775, row: 25,520, other: 585	

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
2	Occupancy rates at existing lifestyle retirement, senior residences, and supportive housing in the community.	Local planning data / CMHC / Census	Data not available.	N/A - Survey required of all senior housing buildings. Approx. 30 Long-Term Care facilities and Retirement facilities - would need to call each centre for occupancy numbers. We do not have a complete list of apartment buildings geared towards seniors.		
3	Types of tenure available in the community (freehold homeownership, rental condominium, cooperative housing, co-housing, leaseholds, shared equity ownership, life leases, life tenancies, flexible tenure).	Local planning data / 2008 General Social Survey (Statistics Canada) / Census	Some data available based on Census 2001 - freehold and rental tenure (Data available at local level)	Statistics Canada Data, Policy Division's Multiple Unit Inventory	2001 Census: owned with a mortgage, owned without a mortgage, rental. Multiple Unit Inventory: freehold (land and structure privately owned), condominium developments where CMHC has identified that 50% or more of the units are rented, market rental, rental Peel non-profit, rental Peel non-profit senior citizens, rental private non-profit, rental private non-profit senior citizens, co-operative under a Federal Jurisdiction or Region of Peel, residential institutional, other	
4	Proportion of residents 65+ who spend equal to or greater than 30 percent of their income on housing.	CMHC / Census	Data available based on Census 2001 (Needs Request - data available Citywide level)	Statistics Canada Data - Policy Division	Number of persons - 65-69: 2305 70-74: 1930 75-79: 1670 80-84: 1100 85+: 685	

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
5	Proportion of residents age 65+ living in housing with unmet home modification needs (e.g., narrow hallways, stairs, lack of bathroom grab bars, adequate lighting).	CMHC	Housing by condition of repair is available. Census 2001 (Needs Request - data available Citywide level)	Statistics Canada Data - Policy Division	Where condition of repair is major (number of persons): 65-69: 665 70-74: 550 75-79: 420 80-84: 165 85+: 150	Condition of repair of dwellings occupied by seniors would be relevant to our planning objectives to determine quality of life for seniors in Mississauga.
6	Proportion of households living in "acceptable" housing (meeting adequacy, suitability, and affordability standards) in the community, categorized by age cohort.	CMHC	Indicator too subjective.	N/A - Based on this wording a special survey would need to be done and these terms defined. We do have Census Data 2001 based on income by age, % of income spent on housing costs and condition of repair of housing.		Indicator vaguely worded.
ACCESS TO SERVICES						
1	Proportion of housing within walking distance (500 metres) to the following basic services: pharmacy, grocery store, and bank.	General Society Survey (Statistics Canada) / Local planning data	Data not readily available. Could be obtained through special request from Geomatics to plot distance and pull pins and link to land use. However, issue of identifying number of units (e.g. apartment units on one pin not the same as a detached house on one pin)	Special request to Geomatics and further statistics and assumptions would have to be done by Policy Staff. Task would take some time to complete. Feasible if a small number of retail services were to be studied.		"Basic Services" need to be expanded.
2	Proportion of housing within walking distance (500 metres) OR within a 10 minute car/public transportation trip to the following services: pharmacy, grocery store, bank, hospital, senior center, retail shopping.	General Society Survey (Statistics Canada) / Local planning data	Data not readily available. Could be obtained through special request from Geomatics to plot distance and pull pins and link to land use. However, issue of identifying number of units (e.g. apartment units on one pin not the same as a detached house on one pin)	Special request to Geomatics and further statistics and assumptions would have to be done by Policy Staff. Task would take some time to complete		"Services" needs to be expanded. Perhaps a survey of seniors asking which services are essential to their daily lives (or reference Older Adult Project)

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
3	Proportion of residents 65+ that require assistance from family members or other individuals to access the following services: pharmacy, grocery store, bank, hospital, senior centre, retail shopping, libraries and community halls.	Local planning data	Data not readily available.	N/A - Survey required.		
4	Proportion of residents 65+ who have access to home delivery of groceries and other retail goods.	Local planning data / 2008 General Social Survey (Statistic Canada)	Data not readily available.	N/A - Survey required.		
COMMUNITY ENGAGEMENT						
1	Proportion of residents 65+ who engage in social activities at least once per week. Activities may include: meeting with friends/neighbors, engaging in civic, religious, or cultural activities, and participating in volunteer or part time work.	Focus group with seniors, special purpose surveys / 2008 General Social Survey (Statistics Canada)	Data available. We do not have the raw data, but the summary of data in Older Adult Project background report. Participation in Social and Physical Activities each week. (Data based on a sample)	Older Adult Project - Background report	"Over 80% of older adults spend at least some time each week participating in both social and physical activities outside of the home. About 50% participate in each type of activity for up to five hours each week, 20% spends 6-10 hours, and just over 10% spend more than ten hours." (pg. 25 Background Review)	Clarification required. Does "access" mean how services are accessed i.e. transportation access to services, or if the services are accessible from where seniors live? Does this indicator imply barriers to access, such as language, physical barriers?
2	Proportion of residents 65+ that are able to access a dedicated senior centre or other places of interest such libraries and community centres.	Focus group with seniors, special purpose surveys	Related data available. Relates to primary mode of transportation used to reach destinations in a typical week; Usage of dedicated older adult facilities (Data based on a sample)	Older Adult Project - Background report	"In total 16% of respondents currently use the older adult facilities, and 22% (which includes current users) stated that they expect to use this type of facility in the future." (pg. 36 Background Review)	

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
3	The extent to which local government has land use policy and planning programs that specifically engage seniors.	Local government data	Information available	Official Plan policies, Special Studies (nodes, mixed uses, housing types, clustering project with U of T); Accessibility Committee - resident members		

APPENDIX C | PILOT TEST RESPONSES - SQUAMISH, BC

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	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
WALKABILITY						
1	Proportion of housing within walking distance (500 metres) to public transportation (could be further categorized by new versus existing housing stock by local government).	Local planning data	Yes. We are interested in this from a "smart growth" perspective, and we have baseline info available from a recent downtown plan.	Downtown plan, DoS GIS showing transit routes and dwellings.	86% of residential units in downtown Squamish are within 200m of a transit stop.	We only have info for downtown Squamish so far, as it was included as a baseline in our plan. But we will be seeking further info for the rest of the community. The 200 m distance was chosen for a benchmark, but we have noted in our plan that all new dwellings should be within 400m of a bus stop and we will be measuring this. We have selected 400m (rather than 500m) in our plan since it equates to .25 mile and is recommended by the Urban Mass Transit Administration and others. I'm sure there are equally credible reasons for selecting 500m though.
2	Average distance between pedestrian resting places (e.g., benches) along sidewalks.	Local planning data	No. DoS does not have info readily available e.g. in GIS re location of resting places. The location of these places could be collected and input into GIS if we were to monitor.			

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
3	Proportion of streets (by linear km/mile) in the community that contain sidewalks. Specifically, the proportion of streets that contain: j) sidewalk on both sides, k) sidewalk on one side, or l) no sidewalks.	Local planning data	No. Did not select because our GIS is not complete yet and I would not be able to provide you with an indicator response at this time. So far our GIS (Under construction) only shows the road classification (which indicates whether a, b, or c condition would exist) but does not confirm that the road has actually been constructed to this standard.			
4	Proportion of sidewalks (by linear km) that could be defined as in good repair (i.e., no badly cracked or broken pavement).	Local planning data	No. We have not surveyed this information in the community - no audit done.			
5	Average number of walks per day/week/month taken by residents age 65+ (local government should categorize by destination, season/length/time of walk).	Special purpose surveys	No. A survey covering this type of information has not been completed in Squamish, to the best of my knowledge.			
6	Annual number of pedestrian: 1) injuries and 2) fatalities from accidents with automobiles, categorized by: j) victim age, k) season, and l) reason for accident.	Canadian Motor Vehicle Traffic Collision Statistics (Transport Canada)	No. I am aware of this data source and have queried it in the past for other data needs, but did not select it here because it's not familiar to me.			

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
7	Proportion of sidewalks cleared during/after a snow fall/freezing rain.	Municipal public works departments	Yes. It's an easy one! The municipality does not clear sidewalks after snowfall, adjacent property owners do! The muni clears roads and then moves on to sidewalk clearing as time permits. We only get snow on occasion, not all winter. We mostly get rain.	Municipal policy	0%	The question could be clarified as to who is doing the sidewalk clearing. I answered the question from a muni perspective. But the question could address other obligations, for example apartment owners obligations to clear sidewalks.
TRANSPORTATION OPTIONS						
1	Proportion of residents age 65+ who travel every day, once a week, once a month, or never, categorized by: j) mode of transportation, k) destination, and l) season.	Special purpose surveys / 2007 General Social Survey (Statistics Canada)	No. We do have some community specific statistics Canada information that was purchased but it's not easy to access for me because it has not been inputted to our GIS yet.			
2	Average number of trips taken on public transportation every day, once a week, once a month by residents age 65+.	Focus group with seniors, special purpose surveys / General Social Survey (Statistics Canada)	Yes. To illustrate the type of local information that we do have available, for the purpose of this exercise.	Squamish Seniors Health Survey 2003. Administered by local health authority at Srs Health Fair in Oct 2003.	Of 300 respondents, 33 responded to the following question: "what means of transportation do you use" with the response bus and/or handidart (handidart = service by call for mobility challenged)	Your question is obviously much better and has a better source and reliability than the source of local information that we have available. However, I wanted to illustrate what we would have to work with if asked the question today ...
3	Average number of times per week that residents 65+ report staying at home because of lack of transportation.	Focus group with seniors, special purpose surveys / General Social Survey (Statistics Canada)	No. We have not conducted this type of survey, but I think there would be some interest to conduct a survey addressing this in the future.			

	A	B	C	D	E	F
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SAFETY						
1	Proportion of residents age 65+ who report feeling safe/unsafe in their neighborhood, categorized by: j) time of day, k) location, and l) reason(s) for feeling unsafe.	Focus group with seniors, special purpose surveys	Yes. We have some local info available.	The 2003 Squamish Seniors Health Survey	The 2003 Squamish Seniors Health Survey reports that almost half (45%) of seniors have some concerns about safety, primarily on the streets.	
2	Proportion of streets, pedestrian routes (by linear km), bus stops, public places, and retail areas that lack adequate lighting for walking at night.	Local planning data	No. Did not select because our GIS is not complete yet and I would not be able to provide you with an indicator response at this time. So far our GIS (Under construction) only shows the road classification (which indicates whether streetlights would exist if the road was built to standard) but does not confirm that the road has actually been constructed to this standard.	See Column F.		I think that adequate lighting on municipal roads is one aspect that could be obtained from local planning data. But this would not cover off the retail areas that are private property. And the responsibility of the muni to provide bus stop lighting is fuzzy – it is somewhat the transit authority's responsibility. All in all, I think that the qualitative "adequacy" of lighting might be best assessed in a community audit.
3	Annual number of slip and fall injuries on sidewalks and in public spaces, categorized by: j) season, k) type of injury, and l) place of fall.	Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) (Public Health Agency of Canada)	No. This info is not directly accessible to me. I would need to seek it out.			

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4	Number of reported street crimes against residents ages 65+, categorized by: j) type of crime, k) location of crime, and l) time of day.	Crime statistics (Statistics Canada) / Canadian Centre for Justice Statistics / 2008 General Social Survey	Yes. I had trouble finding Squamish specific data with the resources suggested in column B. It seemed to be readily available for CMAs but not smaller places like Squamish.	Local RCMP staff. I spoke with one of my contacts that said that they could provide this information annually, as long as we gave them the specific parameters. The turnaround time to provide you with the info for 2006 (most recent year) was too long to be constructive for this exercise. Local RCMP staff thought that comparative data with the rest of Canada or Vancouver CMA could be useful in analyzing how Squamish would correlate.	Not available.	Street crime could be interpreted with different meanings.
5	Availability of wayfinding systems/safety features at crosswalks (e.g., longer crossing times, clear signage, visible sight lines, crossing noise for the visually impaired, safe design, etc).	Local planning data	No. We do not have this info available in an easily gatherable format. Some of the info would be municipal, other info (for crossings of provincial highway) would be provincial.	Some of the info would be municipal or could be gathered from an audit. Other info (for data regarding crossings of provincial highway) would be provincial data source.		Perhaps some info could be collected and assessed from a local audit, e.g. sight lines.

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HOUSING CHOICE						
1	Proportion and number of residences in the community categorized by housing type: multi-family home, single-family home, duplex, townhouse, rowhouse, mobile home, flex housing, garden flats, accessory dwelling units, and other (could be further categorized by new versus existing housing stock).	Local planning data / CMHC	Yes. information on proportion of housing stock and new housing stock by type of unit – detached single, duplex, townhouse (row), apartment. We do not collect info on flex housing, accessory dwellings, other.	Municipal info.	2006 Census community profile: http://www12.statcan.ca/english/census06/data/profiles/community/Detailed/Profile.cfm?lang=E&Geo1=CSD&Code1=5931006&Geo2=PR&Code2=59&&Data=Count&SearchText=squamish&SearchType=Begin&SearchPR=01&B1=All&Custom=	
2	Occupancy rates at existing lifestyle retirement, senior residences, and supportive housing in the community.	Local planning data / CMHC / Census	Yes. We have this info available due to research done for a recent study on housing.	Affordable housing study	We have 77 non market seniors units in Squamish. Waitlist in 2005 reported at 15-20 persons. Full occupancy. We have one assisted living facility, capacity 66 units/beds, with full occupancy, info not available on waitlist. Updates would need to be gathered by contacting each facility annually.	Would also be interesting to include in the indicator the actual number of beds/unit types.
3	Types of tenure available in the community (freehold homeownership, rental condominium, cooperative housing, co-housing, leaseholds, shared equity ownership, life leases, life tenancies, flexible tenure).	Local planning data / 2008 General Social Survey (Statistics Canada) /Census	No. I would not be able to provide any info except the rental/ownership split from Census.			

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4	Proportion of residents 65+ who spend equal to or greater than 30 percent of their income on housing.	CMHC / Census	Yes, we have this info available from a recent affordable housing study, and we are likely to collect this information in the future due to community concern for affordable housing	Research from affordable housing study. Slight variation on indicator: Our measurement is for "core need", which means spending more than 50% on housing (as opposed to the 30% measure)	17% of senior households spent more than 50% of income on housing (10% owners, 56% renters)	Would you be interested in adding to the indicator info about which proportion are owners and renters.
5	Proportion of residents age 65+ living in housing with unmet home modification needs (e.g., narrow hallways, stairs, lack of bathroom grab bars, adequate lighting).	CMHC	No this would require survey / focus group info that we do not have.			
6	Proportion of households living in "acceptable" housing (meeting adequacy, suitability, and affordability standards) in the community, categorized by age cohort.	CMHC	No this would require survey / focus group info that we do not have			
ACCESS TO SERVICES						
1	Proportion of housing within walking distance (500 meters) to the following basic services: pharmacy, grocery store, and bank.	General Society Survey (Statistics Canada) / Local planning data	Yes, we have a measure something like this from smart growth on the ground downtown planning work.	Smart growth downtown plan baseline - based on 400m distance rather than 500m	46% of residential areas are within 400m of basic services	
2	Proportion of housing within walking distance (500 metres) OR within a 10 minute car/public transportation trip to the following services: pharmacy, grocery store, bank, hospital, senior center, retail shopping.	General Society Survey (Statistics Canada) / Local planning data	No, we have not done nay mapping work to explore this question.			

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3	Proportion of residents 65+ that require assistance from family members or other individuals to access the following services: pharmacy, grocery store, bank, hospital, senior centre, retail shopping, libraries and community halls.	Local planning data	yes	Seniors health survey, not local planning data. The survey could be tightened up in this area - no info on accessing other services listed (bank, retail, etc.)	16% of survey respondents to seniors survey are assisted by family members to do most of their food shopping. (80% of respondents manage own shopping, 1% had shopping delivered to their home after shopping in person or by phone)	
4	Proportion of residents 65+ who have access to home delivery of groceries and other retail goods.	Local planning data / 2008 General Social Survey (Statistic Canada)	No, We do have some home delivery services in Squamish that will deliver anywhere in town. Is this question driving at the existence and service area of these types of delivery businesses?			We do have some home delivery services in Squamish that will deliver anywhere in town. Is this question driving at the existence and service area of these types of delivery businesses?
COMMUNITY ENGAGEMENT						
1	Proportion of residents 65+ who engage in social activities at least once per week. Activities may include: meeting with friends/neighbors, engaging in civic, religious, or cultural activities, and participating in volunteer or part time work.	Focus group with seniors, special purpose surveys / 2008 General Social Survey (Statistics Canada)	Yes, but a slightly different indicator. Seniors were asked to check off a list of programs attended (many of which are weekly), and this indicator could be tweaked as desired to add to the list of community engagement activities.	Seniors survey	See attached seniors survey, page 11.	
2	Proportion of residents 65+ that are able to access a dedicated senior centre or other places of interest such libraries and community centres.	Focus group with seniors, special purpose surveys	Yes, see above indicator. The list of activities included a 'check off list' of seniors that were able to and chose to access the seniors centres in town.	Seniors survey	181 respondents attended programs at Tantalus Srs Ctr, 108 respondent attended programs at the Squamish Sr Citizens Home Society, 12 attended programs at Eagle Grove Srs complex.	Recreation centre may collect the proportion of "person days" attendance by demographic proportion, to show proportion of seniors participating in muni rec facility. Similar figures may be available for seniors programming.

	A	B	C	D	E	F
	INDICATOR	SUGGESTED DATA SOURCES	REASON FOR SELECTING / NOT SELECTING INDICATOR	DATA SOURCE USED/ REQUIRED TO RESPOND TO INDICATOR	INDICATOR RESPONSE	GENERAL PILOT TEST COMMENTS
3	The extent to which local government has land use policy and planning programs that specifically engage seniors.	Local government data	No. did not respond. We do have some policies in our OCP that address seniors' needs.			

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