IN BRIEF

Canada's Aging Population and Public Policy: 7. The Effects on Community Planning

Havi Echenberg

Social Affairs Division
Parliamentary Information and Research Service

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7. The Effects on Community Planning
(In Brief)

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CONTENTS

CANADA'S AGING POPULATION AND PUBLIC POLICY: 7. THE EFFECTS ON COMMUNITY PLANNING*

1   INTRODUCTION

Whether in a large city or a small community, Canadians age in a context; that context can support or hinder their well-being and participation in the community in which each lives. This paper addresses the social infrastructure – focusing on housing, mobility/transportation and other built environments – that affects the quality of life for older Canadians.
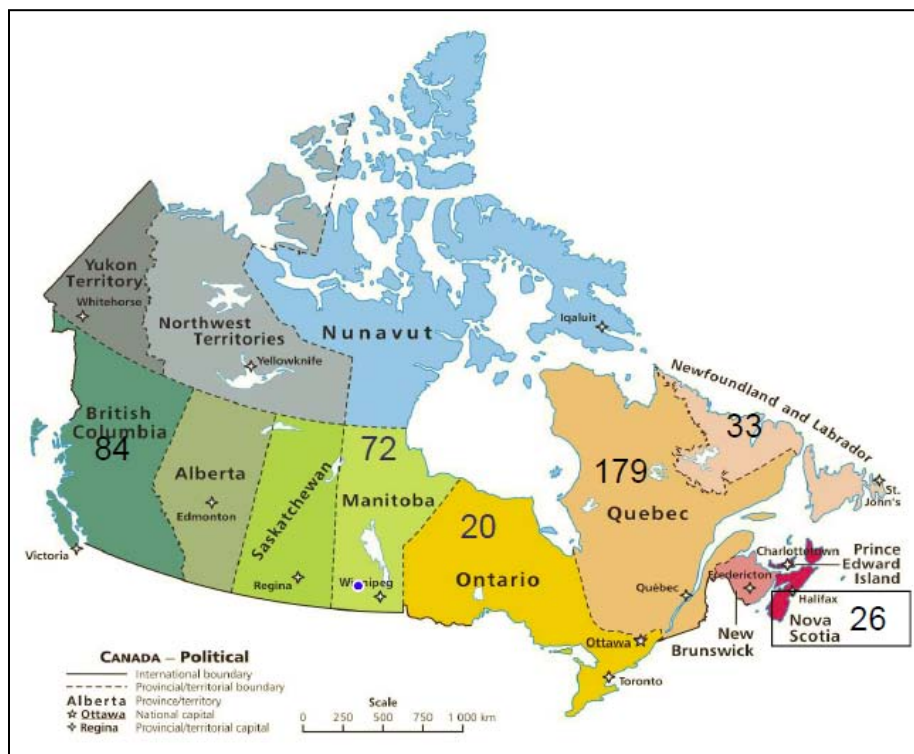
2   AGE-FRIENDLY CITIES AND COMMUNITIES

Canada has been a leader and an active participant in the development and implementation of guidelines for age-friendly cities and communities. In 2007, the World Health Organization (WHO) developed guidelines[1] for age-friendly cities, supported by Canadian federal funding and officials.[2] WHO defined an age-friendly city as an "inclusive and accessible urban environment that promotes active ageing."[3] Recognizing that Canada's communities include more than cities, the Federal/Provincial/Territorial Ministers Responsible for Seniors developed parallel guidelines for smaller communities,[4] involving 10 communities in eight provinces.

The WHO initiative involved four Canadian communities in its pilot stage, a number that has since expanded to more than 400. These are geographically distributed as shown on the map below.

Both initiatives define communities and individuals as age-friendly if they "recognize the great diversity among older persons, promote their inclusion and contribution in all areas of community life, respect their decisions and lifestyle choices, and anticipate and respond flexibly to aging-related needs and preferences."[5]

Indicators used by the WHO to establish guidelines for assessing improvement are in eight domains: housing, transportation, outdoor spaces and buildings, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services.[6] The first three of these are addressed in more detail in this paper. As described in the WHO guide, these three "have a strong influence on personal mobility, safety from injury, security from crime, health behaviour and social participation."[7]

Figure 1 – Age-Friendly Communities in Canada

Source: Louise Plouffe, "Age-Friendly Cities and Communities: WHO and Canadian Initiatives," Public Health Agency of Canada presentation to Queen's International Institute of Social Policy, 16 August 2011, slide 24.

2.1 HOUSING

The impact of aging on housing choices has two important dimensions. The first is to consider whether aging households will stay in the homes they occupied while younger or will choose to "downsize," affecting future demand for different kinds of housing. A second dimension is the extent to which aging Canadians will choose or need housing that offers support to daily living, whether with maintenance, health care or social participation. In rural and remote communities, housing options are often more limited.[8]

2.1.1 ECONOMIC CONSIDERATIONS

Conventional wisdom about housing and aging has highlighted the desire of many older Canadians to "age in place." A 2007 study prepared for the Canadian Home Builders' Association found that "[m]ost Canadian households ... do not move house after retirement."[9] Economic considerations may contribute to the decision to remain in a mortgage-free or low-mortgage home. In Canada, wealth in the form of housing assets is greater than financial wealth.[10] Further, taking home ownership and its benefits into account, Statistics Canada reports that "the income of retirement-age households is increased by 10% to 13% for those in the 60-to-69 age class and by 12% to 15% for those in the 70-plus age class."[11]

It has been noted that housing is often now considered an investment, rather than a goal.[12] Discussion has begun about mechanisms whereby other forms of housing for seniors might allow for the maintenance and/or building of equity.[13]

Canadian and U.S. demographic research suggests that "[o]nly a minor portion of a typical adult lifecycle has a strong preference for single-family housing."[14] In short, "[t]he growing diversity of older Canadians suggests that the seniors of today and tomorrow will be distributed differently across dwelling types."[15]

2.1.2   COMMUNITY SUPPORT

The range of options currently chosen by older Canadians, and options that could be chosen as "baby boomers" age, were addressed in the report of the Senate Special Committee on Aging, which referred to removing barriers and providing supports to allow seniors to "[age] in place of choice."[16] Canada's Chief Public Health Officer defined this as "the ability of individuals to choose to live in their own communities for as long as possible, and to have access to home and community services that will support this ability."[17]

While it can be expected that the form of housing might shift over the 30-year age span between 65 and 95, with increasing need for some form of community living,[18] "[a]ging in place will be perfectly tenable for most seniors when support services are planned and delivered on a neighbourhood-by-neighbourhood basis."[19]

2.1.3   DESIGN AND CONSTRUCTION

A further factor in permitting the widest range of choices in housing for older Canadians is design and construction, addressed in greater detail below.

In its response to the Senate committee report, the Government of Canada identified its role as one of coordination and support, leaving the primary responsibility for providing or supporting a range of choices in housing for seniors to provincial and territorial governments.[20] Many provincial initiatives focus on affordability for seniors in rental accommodation.[21] Others provide supports to allow seniors to live in their own homes longer.[22]

Three federal programs do provide limited assistance to seniors wishing to undertake maintenance, repairs and adaptations in their homes. The first, the Veterans Independence Program, is targeted to veterans and is provided by Veterans Affairs Canada. Its goal is "to help clients remain healthy and independent in their own homes or communities."[23] These services are provided only to pensioners who meet eligibility criteria and are resident in Canada.

Canada Mortgage and Housing Corporation's (CMHC) Residential Rehabilitation Assistance Program is targeted in part to persons with disabilities (who may also be seniors); it

> offers financial assistance to allow homeowners and landlords to pay for modifications to make their property more accessible to persons with disabilities. These modifications are intended to eliminate physical barriers,

imminent safety risks and improve the ability to meet the demands of daily living within the home.[24]

CMHC also offers funding through its Home Adaptations for Seniors' Independence program "for minor home adaptations that will help low-income seniors to perform daily activities in their home independently and safely."[25]

2.2 TRANSPORTATION

There is ample evidence in Canada, as elsewhere, that suggests a strong preference for private automobiles as a primary means of transport; there is equally ample evidence that the willingness and capacity to drive diminishes with age, especially with advanced age.[26] Further, the shift from what is known as "automobility" to relying on others or public transit can be traumatic, resulting in careful policies to restrict the autonomy of drivers as they age that are based on competency rather than age.[27] Yet the trauma can be eased if alternatives are convenient and reliable, and allow for some degree of spontaneity.[28] These considerations make transportation a central element in age-friendly communities. The WHO guide to age-friendly cities says that affordable public transit is "a key factor influencing active ageing."[29] The guide identifies several characteristics of an age-friendly transit system, including availability, affordability, reliability and frequency, and a wide range of travel destinations.[30]

It has been demonstrated that restricted access to transportation – whether by private car or public transit – can undermine the physical health and social engagement of older Canadians, triggering a spiral of isolation and diminished capacity for those unable to access existing modes of transportation.[31]

Accommodating seniors' requirements for mobility and public transit entails meeting the challenges of designing communities so that more services – including public transit stops – are within a short walking distance. To date, most Canadian communities have not made planning decisions with these challenges in mind.[32] With an emphasis being placed on options for mobility to meet the diverse needs of an increasingly diverse older population, planners and geographers point to the need for a mix of solutions that include both fixed-route transit and a paratransit system.[33]

In rural and remote communities, seniors themselves have noted that public transit is often not available, but they identified options that were successful, including "the availability of vans or shuttles, many operated voluntarily and/or with the assistance of government subsidies, as well as programs that transport older persons to the larger centres for health-related appointments."[34]

While public transit is a provincial (and in some cases municipal) issue, federal contributions have been considerable, beginning in recent years with a $900-million allocation in Budget 2006 through the Public Transit Capital Trust;[35] this was topped up in 2008 with an additional $500 million.[36] Transport Canada continues to manage contribution agreements with respect to public transit, with funding from the Canada Strategic Infrastructure Fund and the Building Canada Fund.[37]

2.3 OUTDOOR SPACES AND BUILDINGS

The WHO guide addresses many aspects of age-friendly outdoor spaces: environment, green spaces and walkways, cycle paths, outdoor seating, pavements, and roads. Its checklist also includes several features of age-friendly buildings, starting with accessibility and going on to more specifics, including elevators, ramps, and non-slip flooring.[38] Accessibility features coincide with requirements of universal design, defined by the United Nations as "the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design."[39] While universal design is not targeted specifically to older people, the results make buildings and outdoor spaces more accessible to them, regardless of the existence or extent of a mobility-related or other impairment.

The application of universal design principles results in a design that:

> is useful and marketable to people with diverse abilities … accommodates a wide range of individual preferences and abilities … is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level … communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities … minimizes hazards and the adverse consequences of accidental or unintended actions … can be used efficiently and comfortably and with a minimum of fatigue … [and provides] appropriate size and space ... for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.[40]

In Canada, the National Building Code serves as a model for use in provincial and territorial jurisdictions. Its objectives are consistent with principles of universal design: "to limit the probability that, as a result of the design or construction of the building, a person with a physical or sensory limitation will be unacceptably impeded from accessing or using the building or its facilities."[41]

The Canadian Standards Association goes somewhat further in its recently published standard for "Inclusive Design for an Aging Population," which "describes a series of core principles, guiding concepts, and tools applicable to the design and provision of products, services, and environments (PSE) that facilitate use by seniors and those whose abilities are affected by aging."[42]

Proposals to increase the choice and participation of seniors go further. Some reports, including one by Canada's Chief Public Health Officer, cite models of entire communities developed with universal design principles.[43] The Canadian Human Rights Commission has published a comparative compendium of international best practices in universal design.[44] The Senate special committee urged "the governments to adopt the principles of universal or inclusive design to guide the actions of all government departments."[45]

3 CONCLUSION

Canada's contribution to the development of age-friendly communities across the country and indeed around the world has been reflected in many local initiatives to

provide more supports for more choices for seniors as they age. Scholars, advocates and public officials continue to seek and develop new ways to make the context in which people age more accessible and more welcoming, enhancing both individual choice and community diversity.

4   USEFUL RESOURCES

- Federal/Provincial/Territorial Ministers Responsible for Seniors. *Age-Friendly Rural and Remote Communities: A Guide*, 2007.

- World Health Organization. *Global Age-friendly Cities: A Guide*, 2007.

NOTES

*   This paper is one of seven in the Library of Parliament series, "Canada's Aging Population and Public Policy." The other publications are:

André Léonard, *1. Statistical Overview*, Publication no. 2011-63-E, 28 February 2012.

Édison Roy-César, *2. The Effects on Economic Growth and Government Finances*, Publication no. 2011-121-E, 5 December 2011.

Raphaëlle Deraspe, *3. The Effects on Health Care*, Publication no. 2011-122-E, 21 October 2011.

André Léonard, *4. The Effects on Public Pensions*, Publication no. 2011-120-E, 4 August 2011.

Sandra Elgersma et al., *5. The Effects on Employers and Employees*, Publication no. 2012-07-E, 20 February 2012.

Julie Cool, *6. The Effects on Home Care*, Publication no. 2012-03-E, 23 January 2012.

1.   World Health Organization [WHO], *Global Age-friendly Cities: A Guide*, 2007.

2.   Louise Plouffe, "Age-Friendly Cities and Communities: WHO and Canadian Initiatives," Public Health Agency of Canada presentation to Queen's International Institute of Social Policy, 16 August 2011, slide 22.

3.   WHO, "WHO Age-friendly Environments Programme," *Ageing and Life Course*.

4.   Federal/Provincial/Territorial Ministers Responsible for Seniors, *Age-Friendly Rural and Remote Communities: A Guide*, 2007.

5.   Public Health Agency of Canada [PHAC], *World Health Organization: Global Age-Friendly Cities Project*, Ottawa, May 2006.

6.   Plouffe (2011), slide 10.

7.   WHO (2007), p. 9.

8.   Federal/Provincial/Territorial Ministers Responsible for Seniors (2007), pp. 18–20.

9.   Altus Group, *Long-Term Housing Demand In Canada*, Toronto, 28 July 2009, p. 2.

10.   Eva Sierminska and Yelena Takhtamanova, "Wealth Effects out of Financial and Housing Wealth: Cross Country and Age Group Comparisons," Luxembourg Wealth Study Working Paper No. 4, November 2006, p. 5.

11.   W. Mark Brown, Feng Hou and Amélie Lafrance, "Incomes of Retirement-age and Working-age Canadians: Accounting for Home Ownership," Statistics Canada Economic Analysis Research Paper No. 64, Ottawa, July 2010, p. 5.

12. Kevin Eby, "Demographics and Housing Choice: Rethinking the Age in Place Paradigm," Presentation to full committee of Canadian Housing Research Network, Spring 2011, slide 54.

13. See, for example, Duncan Maclennan, "Housing Economics and Policies for Longevity," Presentation to Queen's International Institute of Social Policy, August 2011, slide 21; and Christine Whitehead and Judith Yates, "Is there a Role for Shared Equity Products in Twenty-First Century Housing? Experience in Australia and the UK," in *The Blackwell Companion to the Economics of Housing: The Housing Wealth of Nations*, ed. Susan J. Smith and Beverley A. Searle, Wiley-Blackwell, Oxford, 2010.

14. Maclennan (2011), slide 9.

15. Thomas Perks and Michael Haan, "The Dwelling-Type Choices of Older Canadians and Future Housing Demand: An Investigation Using the Aging and Social Support Survey (GSS16)," *Canadian Journal on Aging*, Vol. 29, Issue 3, 2010, p. 447.

16. Senate, Special Committee on Aging, *Canada's Aging Population: Seizing the Opportunity*, April 2009, p. 73.

17. PHAC, *The Chief Public Health Officer's Report on the State of Public Health in Canada, 2010: Growing Older – Adding Life to Years*, 2010, p. 44.

18. Perks and Haan (2010), p. 455.

19. Gerald Hodge, *The Geography of Aging: Preparing Communities for the Surge in Seniors*, McGill-Queen's University Press, Kingston, 2008, p. 229.

20. Government of Canada, "*Government Response To The Final Report of the Special Senate Committee on Aging: Canada's Aging Population: Seizing the Opportunity*," October 2009, pp. 13.

21. For example, see BC Housing, *Seniors' Rental Housing*.

22. For example, see Nova Scotia Community Services, *The Senior Citizens Assistance Program*.

23. Veterans Affairs Canada, *Veterans Independence Program (VIP)*.

24. Canada Mortgage and Housing Corporation [CMHC], *Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP – Disabilities)*.

25. CMHC, *Home Adaptations for Seniors' Independence (HASI)*.

26. Ruben Mercado, Antonio Páez and K. Bruce Newbold, "Transport policy and the provision of mobility options in an aging society: a case study Of Ontario, Canada," *Journal of Transport Geography*, Vol. 18, Issue 5, 2010, pp. 651–652.

27. Ibid., p. 652.

28. Ibid.

29. WHO (2007), p. 20.

30. Ibid., pp. 20–26.

31. Noémi Dahan-Oliel et al., "Transportation Use in Community-Dwelling Older Adults: Association with Participation and Leisure Activities," *Canadian Journal on Aging*, Vol. 29, Issue 4, 2010, p. 492.

32. For a discussion of the existing situation and what changes are recommended or needed, see Josée Dion, "Impacts of the Aging Canadian Population on Housing and Communities," Presentation to Partners in Aging Forum, March 2010; and Glenn Miller, "Growing old in auto-dependent communities: What can be done to preserve quality of life as Canadians age in place?," Presentation to American Association of Geographers Annual Meeting, 16 April 2008.

33. Mercado, Páez and Newbold (2010), pp. 653–654.

34. Federal/Provincial/Territorial Ministers Responsible for Seniors (2007), p. 15.

35. Department of Finance Canada, *The Budget Plan 2006: Focusing on Priorities*, p. 115.

36. Department of Finance Canada, *The Budget Plan 2008: Responsible Leadership*, p. 16.

37. Transport Canada, *Transit Programs*.

38. WHO (2007), pp. 18–19.

39. United Nations, *Convention on the Rights of Persons with Disabilities*, Article 2.

40. Ronald L. Mace Universal Design Institute, *Principles of Universal Design*.

41. National Research Council of Canada, *NBC [National Building Code] Objective: Accessibility*.

42. Canadian Standards Association, *CAN/CSA B659-08 – Inclusive Design for an Aging Population*, 2008.

43. PHAC (2010), p. 47.

44. Canadian Human Rights Commission, *International Best Practices in Universal Design: A Global Review*, 2007.

45. Senate, Special Committee on Aging (2009), p. 87.