Introduction

Maxwell Hartt and Samantha Biglieri

Our world is growing older. As birth rates continue to drop, and younger residents and recent immigrants congregate in a small number of global cities, the demographic geography of Western nations has become increasing uneven (Townshend and Walker, 2015). While it is important to celebrate the fact that people are living longer and healthier, such changes in population also challenge the viability of economic and healthcare systems (Nefs et al, 2013). Canada's demographic shift is particularly significant as Canada is home to the world's largest proportion of 'baby boomers' – those born between 1947 and 1966 (Foot, 1999). As the baby boomers reach and pass retirement age, Canada's population pyramid will become increasingly top-heavy. The shift is already well underway. As of 2015, Canadians aged 65 years and older have outnumbered children aged 0 to 14 years (Statistics Canada, 2015).

The aging of the population has called into question how prepared national, provincial, and local governments are to support the needs of the heterogeneous older adult population. Though national- and provincial-level planning on macro-level issues like pensions and healthcare is commonplace, these debates neglect how policies play out on the ground in the complex and varied regional milieu of a large nation like Canada (Hodge, 2008). Recent research has shown a ubiquitous increase in older adult populations across Canadian municipalities (Hartt and Biglieri, 2018). Of course, an increase in the older adult population is not problematic in its own right. More concerning is that the Canadian cities expected to age the most are also the least likely to have begun any age-friendly planning (Hartt and Biglieri, 2018). In order to prepare for this demographic shift, we need a better understanding of the local implications of aging and the built environment's impact on the health and wellbeing of older adults.

The importance of the local environment is reflected in the overwhelming desire of older adults to maintain their independence as they age, often expressed as the desire to age in place (Hodge, 2008). As people age, they are increasingly likely to experience some kind of impairment (physical, sensory, or cognitive) or reduced mobility (Myers et al, 2005). This reduced ability means that an individual is

more likely to be impacted by barriers in his or her local environment (Lawton, 1982). In fact, 70% of our aging process is determined by external factors, as research has shown that genetic factors account for less than 30% (Vaupel et al, 2003; Wahl and Oswald, 2010). Older adults' independence, sense of dignity, and overall quality of life often manifest at the community level (Thomas and Blanchard, 2009; Plouffe and Kalache, 2010). Furthermore, older adults are more likely than any other age group to spend time in their immediate neighbourhoods (Kerr et al, 2012). Therefore, it follows that the local community becomes an ideal space for intervention. The need for additional research on local experiences of aging has also been highlighted by policymakers. The Chief Public Health Officer of Canada (2017) emphasized the need to focus more research on the built environment's impacts on health – specifically, the importance of encouraging physical activity, promoting healthy food options, and supporting mental wellness, especially for vulnerable populations like older adults. The *Improving Health By Design Report* by the Chief Medical Officers of Health in the Greater Toronto and Hamilton Area (2014) called on public health policymakers and planners to encourage the creation of walkable mixed-use neighbourhoods as a way to combat chronic disease and encourage active transportation, and identified older adults as more vulnerable when in automobile-dependent neighbourhoods.

In order to live well as we age, a combination of individual factors (such as income, health status, and housing) and community-level factors (such as access to transportation, community supports, and housing) must come together to support people in everyday activities (Lawton and Nahemow, 1973; Carlsson, 2002; Scheidt and Windley, 2006). This fundamental combination of individual and community is reflected in the title and organization of this book: *Aging People, Aging Places*. Throughout this text, a wide range of contributors from across Canada demonstrate how community-level factors can be the difference between enabling and disabling older adults. And in doing so, shed light on the debates and discussions needed to help Canadians age better.

In this introduction, we first outline the underlying rationale and overarching objectives of the book. Next, we unpack the idea of the 'local' context and explain how we perceive it. From there, we provide an overview and critique of the World Health Organization's (WHO) Age-Friendly City (AFC) model in order to provide some foundational context for the chapters to come. Finally, we outline the structure of the rest of the book.

Rationale, objectives, and 'local' aging

Canada is changing. Economically, socially, environmentally, and culturally, the aging of the population and the rural-(sub)urban shift are fundamentally changing Canada. We believe that big changes require big questions and big discussions. However, these questions and discussions often overlook a key spatial component. Despite the growing acknowledgement of the importance of the local municipal and neighbourhood context, much of the aging literature remains either focused on national- and provincial-level issues, such as pensions and healthcare systems, or individual geriatric care. Similarly, programs and courses focused on aging at Canadian universities are overwhelmingly housed in health science or sociology.

This book aims to not only fill the disciplinary and geographic gap in the aging literature by focusing on the local, but also to generate a wider, more inclusive, discussion on aging in Canadian communities. Unencumbered by disciplinary boundaries or town-and-gown silos, this book embraces debates from a range of disciplines, public and private actors, and individual community members. Together, we highlight the diversity of challenges, opportunities, and policies influencing and being influenced by Canada's aging population to help shed light on two fundamental questions: How well do the places we live in support the health and wellbeing of older adults? And what can be done to make it better?

One of the unique and important contributions of this book is our explicit focus on aging at the local level across Canada. But in a vast, multifaceted country spanning almost 10 million square kilometres, what is 'local'? To us, local is the geographic representation of a person's day-to-day life. It is their commute, their social network, their cultural space, their familiar territory. Local is the rich intertwined spatial tapestry of economic, social, environmental, and cultural that defines everyday experiences. And it is an inherently relative concept. One person may view an entire metropolitan area as their local environment, whereas another may limit their conception of local to a few streets or even a single building. In addition to its relative size or extent, an individual's local environment is also defined by its built form. And in Canada, the local built environment can vary considerably. Living in a rural community like Petit Étang, Nova Scotia, brings a different set of local opportunities and challenges than living on Queen Street West in Toronto, Ontario, or suburban Richmond, British Columbia. While there is no correct or optimal conception of local, it does influence how we live our life – especially as we age.

In this book, we aspire to capture the breadth of local Canadian experiences. From the very first conversations that led to this book's creation, we have been intent on recognizing and celebrating the diversity of the Canadian aging experience. As such, the book covers a wide range of Canadian people and places. Canada's aging population is far from homogeneous and we felt it was important to reflect and celebrate that diversity within these pages – from recent immigrants to Indigenous peoples, and older adults of varying abilities and identities. We are thrilled that this book not only includes research on a wide range of older adults, but it incorporates a wide range academic, practitioner, and older adult voices authoring the chapters, case studies, and personal vignettes. Similarly, we wanted to ensure geographic breadth to capture the Canadian aging experience. As you read through the book, you will be transported from urban metropolises to rural towns, from Nova Scotia to British Columbia.

No matter whereabouts you are in Canada, the local environment is a key component of aging well. The importance of examination and intervention at the local level has been reflected in the WHO's policy push for AFCs. The WHO recognizes that, as we grow older, our physical and relational environment plays an increasingly significant role in our quality of life (WHO, 2017). The AFC policy movement has been developing momentum around the globe for over ten years and is a foundational conceptual and practical element of the aging discourse. Therefore, before delving into the remainder of the book, we will first provide a summary of the AFC history and framework, its practical application, and relevant critiques and recommendations.

The promise and limitations of AFCs

The AFC movement is based on the recognition that: (1) the world's population is aging (with the number of older adults to be the highest in human history), (2) it is the local level of government that can make some of the most tangible impacts on older adults' everyday lives, and (3) our cities were not made for older adults. The AFC policy movement began in the early 2000s with focus group research in megacities, regional centres, and small towns all over the world (led by Canadian Louise Plouffe and Brazilian Alexandre Kalache for the WHO). The focus groups included 1,485 participants over the age of 60, 250 caregivers, and 515 service providers from 33 countries (WHO, 2007). The objective of the WHO's research agenda was to determine the areas of everyday life that impact the lives of older adults and how they could be improved by a local government. The

WHO was and remains the largest global supporter of the original research and the movement as it continues today, hosting the global Age-Friendly Network, and numerous resources for local, provincial, and national governments interested in the framework.

The team from the WHO, working with partners across the globe, developed the *Age-Friendly City Framework* with 77 factors nested within eight domains (WHO, 2007). The eight domains and a selection of key factors can be found in Table Int.1. Two key facets of the AFC framework are its holistic nature (encompassing nearly every

Table Int.1: Age-friendly domains and a selection of key factors

Social Participation	Accessible opportunities Affordable activities Range of opportunities Awareness of activities and events
Civic Participation and Employment	Volunteering options for older people Better employment options/opportunities Accommodate older workers/volunteers Encouraging civic participation
Community Support and Health Services	Accessible care Wide range of healthcare services Aging well services Homecare
Transportation	Availability Affordability Reliability and frequency Travel destinations
Communication and Information	Widespread distribution The right information at the right time Will someone speak to me? Age-friendly formats and design
Respect and Social Inclusion	Respect and disrespectful behaviour Ageism and ignorance Intergenerational interactions Place within community
Housing	Affordability Essential services Design Modifications
Outdoor Spaces and Buildings	Pleasant and clean environment Importance of green spaces Somewhere to rest Age-friendly pavements

Source: WHO, 2007

action a local government can undertake), and its flexibility (which allows the framework to be place-based and context-specific to the needs of older adults in a particular locale).

As part of the AFC framework, the WHO also developed a systematic process through which a municipality, anywhere in the world, could officially be branded a WHO-recognized Age-Friendly City. In order to receive the WHO's seal of approval, municipalities would have to demonstrate that they had:

1. Completed a background study/needs review of the older adults in their community based on the eight domains (eg reviewing census data, cataloguing existing services and supports for older adults, etc);
2. Conducted public engagement with older adults in their community about issues to be solved in regard to the eight domains (eg hosting a town hall, open house or creating an advisory group);
3. Developed an Age-Friendly Plan that is context specific (based on the previous two steps) and includes the eight pillars;
4. Received endorsement from the municipal government and received a signature of commitment from the municipality's Mayor.

Once these four steps were completed, the WHO would declare the city 'Age-Friendly', send an official letter to the municipality, and add the city to the AFC list on its website. Municipalities all over the world have completed this process, receiving official status from the WHO, including a number of Canadian municipalities. Once AFC status has been granted, municipalities are required to renew this process every three years in order to continue to be considered WHO Age-Friendly.

While the AFC movement has gained traction over the past decade, especially in raising public consciousness to the needs of older adults in our cities and towns and the need to plan for them, there are a few critiques of the movement. First, in its focus on municipal issues, scholars have argued that the AFC framework ignores macroscale issues that greatly affect the everyday lives of older adults – neoliberalization, austerity policies, and global market forces (Plouffe and Kalache, 2010; Buffel and Phillipson, 2016). Macro-level dynamics can affect affordability (eg housing, food, personal supports, etc), erode social safety nets with the privatization or downloading of services, and reduce public pension plans (or fail to increase them to keep pace with inflation), which can all lead to greater inequalities. These issues have

a particularly strong impact on older adults as they are more likely to require additional supports and services as they age and are often living on fixed incomes. As the AFC model focuses on the municipal level, it does not tend to engage with these larger issues, as they are more likely to be impacted by larger levels of government with greater taxation powers.

Canada provides an apt example of the disconnect between government powers. In Canada, healthcare is a provincial responsibility and many of the homecare-related services are administered by this level of government. Of course, an important part of an AFC model is access to health and social care services. However, AFC policies are created by the local level of government, not provincial. This means that even the best AFC policy put forward by a city would not be able to meaningfully change health/social care investment and policy beyond advocating to provincial governments.

There are also critiques of the AFC model in terms of how it speaks about older adults, and how the policy presents itself as apolitical. The AFC model can be considered paternalistic in its orientation. Activists have begun to use terms like 'age-inclusive' and to assert the rights of older adults to access the places they live and to be supported living at home. Further, the model is problematic in how it depoliticizes the issue of a lack of services and supports for older adults. Building a few benches (one of the common built environment recommendations) is AFC appropriate, but bigger questions of why homecare has been defunded in Canada are not. Furthermore, Dalmer (2019) highlights that AFC policies neglect the role of family/friend support networks, in addition to inaccurately framing aging-in-place as a problem of choice.

Another main critique of AFCs has to do with implementation of the policy. There are a number of issues stemming from its voluntary nature (and thus being susceptible to political interest and available funding) as well as the necessary continued involvement of older adults in the plan's creation, implementation, and evaluation. AFCs are meant to be ongoing processes for municipalities in the sense that they are not only done once but considered living documents. However, many municipalities in Canada have not engaged with the process at all. Our own work on Ontario's municipalities found that uptake was mixed (Hartt and Biglieri, 2018). In fact, we found that municipalities with the greatest proportion of older adults were the least likely to have completed any form of AFC planning. We speculate that this discrepancy could be due to differences in voluntary policy and budgets, funding, and leadership.

Voluntary policy, budget, and funding

An AFC Plan is voluntary in Ontario and most other provinces. Municipalities are not required by law to create and review AFC plans. This is in contrast to a municipality's land use plan – called an Official Plan – which is required to be reviewed every ten years. As a result, AFC Plans are susceptible to the politics of the day, as well as the budget available for their creation, maintenance, and execution of the goals/activities outlined. For municipalities where the lives of older adults are an important issue, politicians might choose to invest more heavily in their Age-Friendly Plans and goals/actions, and the same is true for disinvestment, or for a politician to pay lip service to a plan without allocating any part of the city budget behind it. It is also highly possible for an AFC Plan to 'sit on a shelf' without concrete actions, responsible departments, and funding to implement those actions.

Funding is a crucial element of AFCs. In Ontario, the Liberal Provincial government of the late 2010s began offering municipalities small grants to undertake AFC planning. This led to a number of municipalities beginning this process, however in the absence of continued funding, many municipalities have stopped moving forward with their plans.

Differences in leadership

Differences in political leadership can make or break an AFC Plan. Because AFC Plans often rely heavily on volunteers, it can be difficult to create or maintain interest, engagement, and progress. That being said, many municipalities have been able to sustain progress by incorporating a number of diverse strategies. For instance, the City of Toronto created a massive voluntary network to support their AFC Plan, including city departments, other levels of government, universities, hospitals, and non-profit/private entities that serve and speak for older adults in the city (called the Toronto Seniors Strategy Accountability Table). The continued success of this Accountability Table has led to changes within the local level of government, and consolidation of services that serve seniors into one department at the city. Other success stories of leadership include municipalities like Peterborough (Chapter 10) and Calgary (Chapter 5).

In all, the AFC model has been incredibly successful. It has given municipalities around the world a flexible framework and the opportunity to meaningfully engage with the older adults who live

in their community. The centrality of community engagement is something to be celebrated, as it implores municipalities to actually talk to older adults, instead of relying on proxies. However, as the aforementioned critiques highlight, there is still work to be done. In order to advance the AFC movement, Age-Friendly Plans should be a by-law requirement for local municipalities and funding should be guaranteed from higher levels of government (for AFC Plan creation, implementation, and evaluation). Regional, provincial, and national Age-Friendly Plans should be integrated to ensure inter-governmental co-operation, and to address issues that affect older adults that cannot be tackled at a municipal level (eg social security, health/social care). Coalitions with other groups should be built to organize and develop macro-scale policies to support funding for affordable housing, and to provide support and guidance to ensure people are afforded their rights (eg tenants rights' associations, disabled folks, new immigrants). In the remainder of this book, we explore and unpack these, and related, challenges and opportunities of aging people and places all across Canada.

Book structure

The book is divided into an introduction, conclusion, and four major parts: urban, suburban, rural, and Indigenous. The four parts represent distinct built and cultural environments within the Canadian landscape – each with its own unique opportunities and challenges for an aging population. Although not a singular place type, the fourth part is included as Indigenous peoples are a unique and fundamental part of Canadian culture, and therefore, of the Canadian aging experience. The relationship between Indigenous peoples and places in Canada cuts across the urban, suburban, and rural, as well as reserves. Due to the diverse and historical ties to place, and potentially heightened vulnerabilities, the multi-dimensional relationship between Indigenous aging and place requires in-depth and targeted study.

Each of the four parts include an overview, two research-based articles, one community member vignette, and one practitioner vignette. Using a consistent template, part overviews present key debates, statistics, and maps pertaining to the current and projected future state of aging, and opportunities and challenges unique to the respective built environment. Research articles present novel conceptual arguments alongside empirical analysis to help us better understand lived experiences of aging across Canadian communities. Community member vignettes allow a range of older adults to share

their own experiences, as well as their views on the challenges and opportunities of aging in their respective environments. In their vignettes the practitioners present their community as a short case study. They highlight key statistics, policies, initiatives, and challenges from the perspective of their position within local government or stakeholder organization. The conclusion synthesizes the four major parts and highlights the comparative aspects of local level aging in the Canadian context, provides policy recommendations, and highlights opportunities for future research.

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