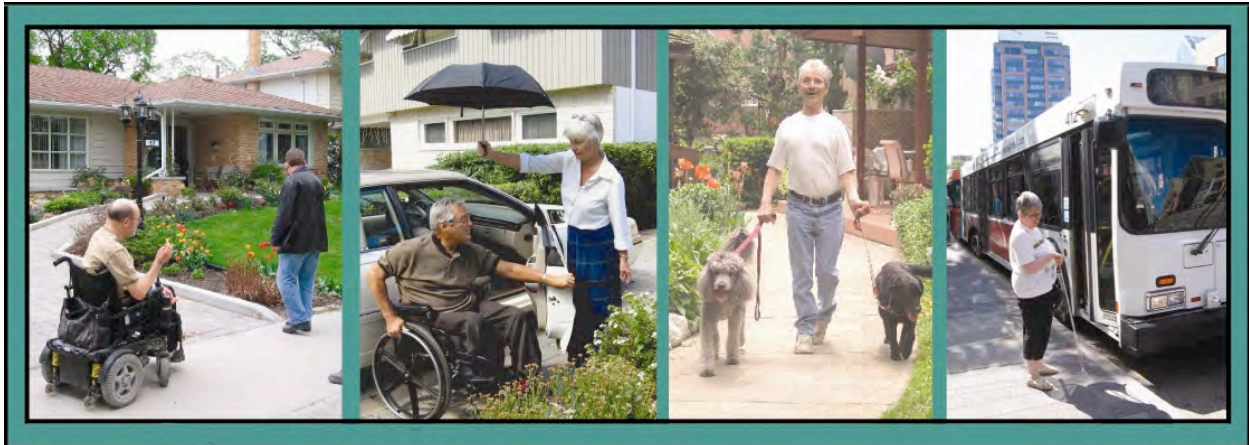# CANADIAN CENTRE ON DISABILITY STUDIES



# AGING AND DISABILITY
*From Research and Knowledge to Better Practice:*
*Building Strategies and Partnerships for Livable*
*Communities that are Inclusive of Seniors with Disabilities*

# Discussion Paper
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# I.    Introduction

Canada's population is aging, and as a result, the numbers of individuals experiencing a form of disability is also increasing.  Disability in this sense is defined as "physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder full and effective participation in society on an equal basis with others" (United Nations, 2006).  Seniors, or individuals over the age of 65, by their sheer numbers, are gradually becoming a more significant component of Canadian society, and it is incumbent upon the government and non-government sectors to ensure that communities are inclusive and livable from the point of view of seniors.

The concept that seniors with disabilities should be included and fully participate in the community is based on a social model of disability which takes the view that disability is a consequence of environmental, social and attitudinal barriers that prevent people with impairments from full participation in society.  In this case, the responsibility lies with society to change in order to accommodate the individual as opposed to the other way around.  For example, if an individual who uses a wheelchair is registered for a recreational program, then it is up to the program to ensure that the building is accessible.  Full participation in society means that people with disabilities have the same rights as everyone else; are able to make informed choices; pursue personal goals; and, are seen as equal.  Using the social model disability as the basis, the goal of this project is to examine how the community environment can become more conducive to full participation of seniors with disabilities by placing the onus on the community partners, with participation from seniors, to evaluate their respective communities and develop a plan of action.

There are currently several projects initiated by government and non-government organizations examining issues related to aging or disabilities, but no initiatives bring these sectors together. The intent of this project is to build upon previous research on aging and disability conducted by the Canadian Centre on Disability Studies (CCDS) by developing an evaluation model to assist communities to measure key elements in the community to determine the degree to which the community is livable and inclusive of seniors with disabilities.  In addition, the project assists communities to address the results of the evaluation by engaging in a process to develop a community action plan.  Case studies conducted by external consultants will show case best practice in two key areas: visitable housing and transportation.

The CCDS Project Team developed a model for Livable and Inclusive Communities including an evaluation tool and process to be tested in three Canadian provinces within two communities, one rural and one urban, in each province.  The pilot sites in which the model will be implemented are:  Fort St. John, British Columbia; 100 Mile House, British Columbia; Rossburn, Manitoba; Selkirk, Manitoba; Waterloo, Ontario; and, Woolwich, Ontario.

This document is meant to provide information regarding the issue and challenges facing seniors with disabilities which substantiates the need to address these issues at the community level.  A comprehensive review of current initiatives in the areas of aging and disabilities was conducted and serves to demonstrate the overlap between the two sectors and to highlight the required areas in a combined evaluation model.  The definitions, principles, and elements of livable and inclusive communities for seniors with disabilities was the result of lengthy research and analysis, and provide the basis for the contents of the evaluation model to be tested in each of the six pilot sites.

## II.    Background

### A.  Aging and Disability – What the statistics tell us

Recent studies show that Canada's population is aging.  It is estimated that in 2001 there were 3.92 million Canadians age 65 and over.  It is anticipated that as the baby boomer generation (born between 1946 and 1965) ages, the number of seniors is expected to reach 6.7 million in 2021 and 9.2 million in 2041 (nearly one in four Canadians).  Seniors (age 65 and over) are the fastest growing population group in Canada overall, with the most notable increase occurring among the oldest Canadians.  In 2001, more than 430,000 Canadians were age 85 and over and this age group is expected to increase to 1.6 million individuals by 2041 or 4% of the overall population. (Health Canada, 2002)

There is evidence to show that as Canada's population ages, the disability rate increases, demonstrating a direct relationship between the two.  The Participation and Activity Limitation Survey (PALS) 2006 conducted by Statistics Canada was designed to collect information on adults and children who have a disability.  The survey defines disability as self-reported limitations in everyday activities due to a physical or psychological condition or to a health condition.  The data revealed that among children age 0 to 14, 3.7% reported a disability, with the rate increasing to 11.5% among individual aged 15 to 64, and further increasing to 43.4% among persons aged 65 and over.  Furthermore, more than half (56.3%) of persons aged 75 and over reported having an activity limitation. (Statistics Canada, 2007)  However an aging population does not account entirely for the increasing rates of disability.  Other factors such as changes in the perceptions of Canadians towards their limitations and an increased willingness to report them all contribute to the increase disability rates.

Women reported slightly higher rates of disability than men across most age groups, including seniors.  Differences in the rates began to show at age 25 when rates of disability are slightly higher for women then men, and this trend continues into the senior age groups where approximately 54% of men and 57.8% of women over the age of 75 experienced activity limitations. (Statistics Canada, 2007)

Based on the connection made between the seniors population, gender and higher rates of disability, we know that a province's demographic profile does have an impact on the disability rate for that province.  The PALS survey results showed that Quebec had the lowest disability rate at 10.4% and Nova Scotia, a province with one of the higher percentages of seniors, had the highest disability rate at 20.0%.  Ontario, Manitoba, and British Columbia, the three provinces that are the focus of this project, have very similar rates of disability at 15.5%, 15.7% and 16.0% respectively. (Statistics Canada, 2007)

The primary causes of limitations in activity sited by individuals age 15 years and over were pain, mobility restrictions, and agility problems.  Approximately 11% of the total population age 15 and over reported one of these limitations, and 70% of these same individuals who reported one of these three disabilities were also affected by the other two.  The rates of disability associated with pain, mobility and agility increase with age along with difficulties hearing and seeing.  For example, less than 2% of individuals between the ages of 15 and 24 reported in the PALS survey that they experienced challenges with mobility; however 44% of people age 75 and over were affected. (Statistics Canada, 2007)  Moreover, the causes of disability change as a person ages and the degree to which the person's activities are restricted becomes more severe.

## B.  Common Issues between Seniors and People with Disabilities

Despite the evidence showing the increasing numbers of senior individuals experiencing disability, the senior and disability sectors have historically been addressed separately in both the health and social service and policy realms.  As a result, barriers have been created to receive necessary supports and services needed to attain quality of life.  The common services used by seniors and people with disability calls for combined approaches to service delivery and policy development to ensure that seniors with disabilities can fully participate in the community.

### i.   Home Support Services

Home care and home support related programs are an essential resource for any individual whose daily functioning is compromised.  The Council of Canadians with Disabilities (Krogh and Ennis, 2005) undertook a national study of home care policies and supports across Canada. The value of home care and support programs was emphasized by consumers across Canada when they described the importance of good home support as a key contributor to health and quality of life, assisting individuals to reach their human potential, attain life goals and exercise full citizenship.  Good quality home support for many was characterized by consumer control regarding caregiver, schedule, location and type of service.  Well-trained staff who valued consumer expertise and respectful relationships was also described as essential components of quality home support. (Krogh and Ennis, 2005)

However, the reality is that programs available to persons with disabilities and seniors differ in terms the range of support options available.  As well, the eligibility criteria for home support services differ, with some excluding persons with disability and others excluding seniors, yet the service is required for both groups of individuals.  As people with disability age, the transition from the disability services to the senior services can be challenging with the former advocating for more consumer control practices and the latter focused on a more paternal approach to service provision.  This begs the question of what losses are experienced by people with disability as they transition to senior related services.   In light of this, it is important to examine the possibility of integrating models of home care and support from the disability and aging fields.  This enables the provision of a fuller range of supports and services to maximize independence for those with disabilities who are growing older and the senior population by emphasizing the strengths from both sets of models.  Also, coordinated and integrated services result in cost efficiencies.  The integration of service model requires changes in policy in the health and social service sectors to support the integration of home support services.

### ii.  Accessibility

The built environment can act as a barrier or a catalyst to the participation of individuals aging with disabilities as well as those aging into disabilities.  The built environment refers to items such as housing, parks, recreation facilities, and public transportation systems.  Too often the built environment is not designed to facilitate access of individuals who have restricted mobility, such as the presence of stairs into houses, an absence of ramps into buildings, a lack of clear walkways, and a lack of mobility friendly transportation options.  When buildings are designed with accessibility in mind, the net effect is that individuals with disabilities become more independent, relying less on external supports, and are more likely to fully participate in the social, economic, and environmental aspects of the community.

### iii. Stigma Associated with Aging and Disability

Society attributes and assigns different labels to the notions of aging and disability, also known as societal stigma. For example, there is a widespread assumption the seniors with disabilities cannot be productive in the paid employment sector and are incapable of living independently. Many people who are growing older fear the prospect of the onset of disability and experiencing the stigma that surrounds disability and how this might impact their lives. Many seniors are reluctant to accept that they have a disability for fear of the stigma, even though acknowledging the disability is necessary to access needed supports. Variables such as culture, religion, language, family role, and gender all have an impact on whether a person will self-identify as a senior with disabilities. Some people may be reluctant to identify themselves as a senior with disabilities as it carries with it a "double stigma"; the negative connotations society associates with aging and disability. In some cases, seniors may refuse to accept the "disability" label, but will take on the impairment itself (recognizing for example, a loss of hearing but not accepting to be qualified as a person with a disability).

How terminology such as "disability" is defined by a particular group is affected by the stigma surrounding disability and aging. Many organizations for seniors refrain from using terms such as disability and discuss "healthy aging" instead. Within the disability movement, however, the term "disability" is not defined as an illness but rather as a state in which a person can live a full productive life. For example, some seniors believe that disability aids and devices such as wheelchairs are signs of frailty. In contrast, the disability community feels that use of these types of aids and devices can lead to greater pride and independence. A community that is considered livable and inclusive of seniors with disabilities would not embrace negative perceptions but rather would look to the attitudinal, environmental and social changes needed to ensure that they can participate fully in the community.

### iv. Impact on Individuals and Families

The impact of the increasing number of people aging with disabilities and those aging into disability is significant for individuals and families. For those individuals whose disabilities are worsening due to health conditions or whose physical or cognitive functioning is decreasing, there is an increased need for support from family, friends and other informal caregivers as well as the formal service system. For family members who offer much of the informal caregiving, this results in increased family stress. Previous research conducted by CCDS on the experiences of informal caregivers with disabilities showed that supports to caregivers with disabilities as well as care receivers were inadequate. The findings included: insufficient respite care (particularly in rural areas); insufficient home supports to both caregivers and care receivers; insufficient compensation to family caregivers; lack of accessible, affordable and flexible transportation; inaccessibility of the environment; and lack of sufficient affordable, accessible housing. In addition, non-profit organizations and agencies which support caregivers are often inadequately funded resulting in a decreased ability to provide services. As more people age, the stresses and strains on individuals, caregivers and the service system will increase unless communities take steps to engage seniors with disabilities and other key partners in developing ways that the community can be responsive to their needs.

### v. Research and Policy

Within the research and policy realm, "disability" and "aging" are often treated as two distinct areas. As this section has demonstrated, there are common issues that converge for the two groups which should be integrated at the policy level and at the service delivery level. There is

a need to develop solutions that will serve to meet the needs of persons with disabilities, seniors, and seniors with disabilities. For example, universal design is applicable to both the aging and disability fields, and policies can be developed as a starting point for communities to address environmental aspects of livable and inclusive communities for seniors with disabilities.

## C.  Seniors and Disability Lens

Within the context of social policy and program analysis, the term "lens" refers to a tool used to assess the degree to which a policy, initiative or program is consistent with the needs of the population being studied or examined. A lens is a framework which includes a series of questions that are taken into account in the development, delivery and evaluation of policies, programs and services pertaining to a specific group. Separate lenses have been developed as they relate specifically to seniors, seniors mental health, disabilities, and inclusion; however these lenses have not been combined to assess common policies, programs, and services for seniors with disabilities. Examples of common issues include: the need for a range of affordable, accessible housing; affordable, accessible and flexible transportation; and, a range of home support services. For this project, it is important that a combined seniors and disability lens is developed in order to accurately measure if a community is livable and inclusive of seniors with disabilities. In this section, the components of separate disability and seniors lenses are described, and the key elements of a combined lens are proposed.

### *Disability Lens*

Provincial governments in British Columbia and Alberta have developed disability lenses while Manitoba is in the midst of developing its disability lens. Each lens is designed to assess the degree to which people with disabilities are included in policies, programs and services, although the elements of the various lenses differ slightly. For example, the Alberta Disability Lens (Premier's Council on the Status of Persons with Disabilities, 2002) is divided into three sections of questions:  1) identifying the degree of inclusiveness reflected in policies or programs; 2) addressing the homogeneity of the interests and viewpoints of children, women, and seniors with disabilities; and, 3) addressing employment, education, housing, transportation, and recreation/active living of persons with disabilities. The responses to the questions are rated with respect to the degree of inclusiveness for persons with disabilities and each rating leads to a strategy to improve or maintain the rating of the initiative.

Alternatively, the disability lens developed by the British Columbia government (Government of British Columbia, 2002) reflects broad principles to ensure that legislation, policy, programs and services are inclusive of persons with disabilities. The seven primary impact areas in the British Columbia Disability Lens are:
• Consultation and data collection;
• Accessibility and appropriate accommodation;
• Systemic, indirect discrimination and legal obligations;
• Economic status, education, training and employment;
• Communication;
• Safety and protection from victimization; and
• Health and well-being.

The Government of Saskatchewan released a *Disability and Inclusion Framework* in June 2007. Similar to a disability lens, the Framework contains values, goals and principles however there is a focus on the disability support service system and the impact that a disability has on a person's ability to achieve social and economic inclusion. The Framework is intended to serve

as a guide to the development of policy, programs and services that will better support and include individuals with disabilities (Government of Saskatchewan, 2007).

### *Seniors Lens*

The National Framework on Aging (2002) created by Health Canada and the Seniors Mental Health Policy Lens (2004) developed by the British Columbia Psychogeriatric Association are examples of a seniors lens containing questions against which policies, programs and services can be measured. The National Framework on Aging is based on a set of principles that include dignity, independence, participation, fairness and security. The questions are designed to assess the presence or absence of these principles in policies, programs and services related to seniors. Examples include:

- Does the policy/program address the diverse needs, circumstances, and aspirations of various sub-groups within the seniors population (e.g. age, gender, family status, geographic location, Aboriginal status, official language minorities and ethno-cultural minorities, income status, health status, etc.)?
- Is the policy/program inclusive in nature, or does it separate and isolate seniors from the rest of society?
- Does the policy or program take into account the full costs and benefits of supporting the aspirations of society, including those of seniors? What is the cost or consequence of not responding?

In the article "Promoting Seniors Well Being: A Policy Lens", MacCourt (2004) discusses a Seniors Mental Health Policy Lens developed by the British Columbia Psychogeriatric Health Association. This lens is an analytical tool to identify (or predict) direct or indirect negative repercussions of policies, programs and services (in place or proposed) on the mental health of all older adults. It was developed as part of a national project, "Psychosocial Approaches to the Mental Health Challenges of Late Life", awarded to the B.C. Psychogeriatric Association by Health Canada, Population Health Fund. The Seniors Mental Health Policy Lens incorporates the perspectives of Canadian seniors about the factors influencing their mental health and reflects the values of older adults.

The lens is composed of a set of ten questions that are: (1) intended to raise user's awareness about the factors that impact the mental health of older adults; and (2) guide the analyses of policies from a seniors' mental health perspective. The questions are based on the principles of the population health determinants (Health Canada, 2002), mental health promotion (Health Canada, 1998) and healthy aging policy (Marshall, 1994). They draw upon the values and core principles embedded in the "Guidelines for Best Practices in Elderly Mental Health Care" (B.C. Ministry of Health, 2002) and the "National Framework for Aging: A Policy Guide" (Health Canada, 1998). The Mental Health Policy Lens Questions include:

- Has the policy been developed in collaboration with those who will be most affected?
- Does the policy address the diverse needs, circumstances, and aspirations of vulnerable sub-groups within the seniors population? Are any negative effects from this policy likely to be magnified for any of these groups?
- Does the policy acknowledge the multiple determinants of health?
- Does the policy consider accessibility?
- Does the policy support seniors' social participation and relationships?
- Does the policy support seniors' independence and self-determination?
- Does the policy support seniors' dignity?

- Is the policy fair? Does it take into account the full costs and benefits of supporting the aspirations of seniors?
- Does the policy/program support seniors' sense of security?
- Is consideration given to the cumulative impacts on later life of policies/programs targeted at earlier life stages?" (MacCourt, 2004).

### *Elements of a Combined Seniors and Disability Lens Approach*

A combined disability and seniors lens can serve as a tool to assist in the development of an evaluation exercise to determine the extent to which a community is livable and inclusive of seniors with disabilities by highlighting the areas to be addressed. By applying a combined disability and seniors lens, the following areas become apparent:

- Social and economic participation: Do policies, programs and services for seniors with disabilities encourage participation in paid or volunteer work within the community and address inequalities which serve as barriers to such participation?
- Community involvement including civic participation and opportunities to develop community leadership: Do seniors with disabilities have equal opportunities to participate on community committees, boards, leadership positions, etc? What barriers exist to hinder this form of participation?
- A built environment that is based on universal design principles and is accessible using universal design principles and maximizing the use of public spaces and facilities to meet a variety of needs. Are environments based on universal design principals and encourage optimum use of public spaces?
- Social and physical environments have a direct correlation to overall health, well-being and quality of life of current and future generations: Are health and well-being programs and services available to seniors with disabilities?
- Affordable and accessible housing with a range of support services included where appropriate and eligibility criteria that is flexible and inclusive of the needs of both populations: Do policies, programs and services allow for a range of affordable and accessible housing choices with program eligibility criteria which are flexible to address varying situations experienced by people with disabilities who are aging and those aging into disability?
- Affordable, accessible and flexible transportation options are available: Do policies, programs and services support a range of affordable and accessible transportation choices which are flexible to address varying situations experienced by people with disabilities who are aging and those aging into disability?
- A range of home support options and support to caregivers is available to respond to a variety of situations and with eligibility criteria which is flexible: Do policies, programs and services offer a range of affordable and accessible home support options with program eligibility criteria which are flexible to address varying situations experienced by people with disabilities who are aging and those aging into disability?
- Cultural and spiritual programs are accessible to seniors with disabilities: Are church activities, cultural events such as theatre, concerts, etc. held in locations that are accessible to seniors with disabilities? Do programs take into account the cultural diversity of the population?

## D.  Recommendations from Previous CCDS Research

Between March 2007 and March 2008, the Canadian Centre on Disability Studies conducted a project entitled "Development of a Comprehensive Knowledge-based Framework to Address the Needs of Canadians with Long-Term Disabilities who are Aging" funded by the Office for Disability Issues, HRSDC.  The purpose of the project was to examine programs, policies, gaps and best practices in British Columbia, Manitoba and Nova Scotia in three key areas as they relate to people aging with a long-term disability: home support/ caregiving; transportation; and housing.

Roundtable discussions were held in each of the three provinces to identify the priority areas for consumers with long-term disabilities who are aging, service providers and policy makers in the fields of aging and disability.  The series of roundtable discussions provided the research team with a snapshot of the current status with respect to policy, services and programs in the areas of seniors and disability and recommendations for next steps.  This research has provided the impetus and lays the foundation for the current project's intent to evaluate in more detail the elements of livable and inclusive communities for seniors with disabilities.

The results of the roundtable discussion revealed that:

➢ Seniors and people with disabilities fear that they will lose their independence, lose access to appropriate transportation, housing and support services, and eventually require institutional care
➢ Aging with a disability is perceived as a "transition to less"
➢ Due to the growing population of seniors and people with disabilities, the current public system is not equipped to meet the service demands
➢ There are many good practices occurring across Canada; however the project findings highlighted where major gaps exist in relation to seniors and disability fields.

### *Recommendations from Roundtable Discussions*

The recommendations stemming from the roundtable discussions in Manitoba, Nova Scotia and British Columbia are summarized as follows:

1. **Develop livable and inclusive communities** through promotion of community participation and inclusion of all citizens.  This approach requires the interconnection of government departments, grassroots organizations and the public to work together towards a common goal to improve the social, environmental and built environments for seniors with disabilities.  Livable and inclusive communities are beneficial to all citizens.

2. **Use an inclusive aging and disability lens** approach when making changes to national and provincial policy, programs and initiatives that include:

   a. **Poverty and Income** - There is a need for additional funding sources to assist people aging with a long-term disability to access social programs.

   b. **Language, Attitudes and Identity -** Due to the multi-cultural component of Canada there are many different perceptions of disability and aging.  As a result, there is a need for common language and definitions when speaking about disability and aging to ensure a baseline of awareness and understanding of the issues.

   c. **Gender Issues -** There is a need to gain further understanding of the impact of gender and disability on senior women who, more often than men, live in poverty.

    d. **Disability Specific Issues -** There is a need to revise the age limits associated with eligibility criteria for programs and services as some people aging with disabilities have an accelerated aging process. In addition, there is a need for further study on the impacts of aging on people with intellectual disabilities, those aging who are deaf and the aging Aboriginal population who has a higher rate of disability and must leave their communities in order to access support services.

3. **Develop national standards**, policies, frameworks and initiatives to address the changing needs of people aging with disabilities in Canada. These standards should be based on existing best practice structures and models rather than creating new standards. Many service gaps that exist in an urban setting are magnified in rural settings due to fewer resources. The standards would ensure that services would be portable/ transferable between provinces and would enable people who need assistance to be eligible for basic services.

4. **Develop an information and navigation system** as a single point of access to information in multiple formats with resources to navigate it (i.e. Independent Living Resource Centres and Service Canada). In order for this to be successful there must be inter-sectoral collaboration, a willingness to share information and resources, identification of common priorities, and effectively coordinated programs, services and policies.

5. **Transform public transportation systems** to suit the needs of the population including the increased demand for accessible and affordable services by seniors. Public transportation in this case includes air travel, intra-inter provincial bus travel and increased transportation options available in rural areas. The transportation system needs to be designed with awareness of interconnections with housing, support services and the community as a whole.

6. **Establish housing** that offers more options for accessible, visitable and affordable housing in public and private, single and multi-family housing stock. The housing needs should be designed with awareness of interconnections between transportation, support services and the community as a whole.

7. **Provide support services** including formal health care such as home care and respite services and informal support, such as older parents and people with disabilities as caregivers. Additional resources such as training on emerging trends associated with aging and long-term disabilities should be available. Furthermore, there needs to be adequate funding for individuals to access assistive devices. Similar to housing and transportation, support services need to be designed with awareness of interconnections between housing, transportation and the community as a whole.

8. **Build community capacity** through a public education process to raise awareness of aging and disability issues through consultations with senior's and disability organizations, academic, government and advocacy groups.

## III.    Seniors with Disabilities – Current Concepts, Approaches and Tools

There have been many initiatives and projects in Canada and elsewhere with a focus on examining inclusion and participation of seniors and persons with disabilities in the community with the common goal of improving their quality of life.  There are common elements examined across these initiatives; however no project or initiative to date has specifically studied how communities can facilitate the inclusion of seniors with disabilities and promote intersectoral collaboration and learning.

In order to better understand the current concepts, approaches and tools used in the field of community development with respect to inclusion and participation, and to begin to link the current initiatives with the notion of inclusion of seniors with disabilities, a summary of some of the key initiatives is outlined below.

## A.  Active Ageing – A World Health Organization Policy Framework

The WHO policy framework on active aging defines active ageing as "optimizing opportunities for health, participation and security in order to enhance quality of life as people age" and is grounded in the United Nations' principles of participation, dignity, care, independence and self-fulfillment.  Active ageing is the process of optimizing opportunities for health participation and security in order to enhance quality of life as people age.  It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.  The word "active" refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force.

According to the framework, active ageing is dependent upon a number of influences or "determinants" on health and they are important in the development of policies and programs directed towards individuals that are ageing.  The determinants of active ageing are:

- Culture and Gender are cross-cutting determinants within the framework of active ageing.  Cultural values and traditions largely determine how society views older people and the ageing process whereas gender is a lens in which to determine the appropriateness of a policy when applied to both men and women.
- Health and Social Service Systems should be integrated, coordinated, and cost-effective while the provision of services should not discriminate on the basis of age.
- Behavioural Determinants refers to the adoption of healthy lifestyles and actively participating in one's own care.
- Personal Factors such as genetics and psychological factors including intelligence and cognitive capacity greatly influence the active ageing process.
- Physical Environments often determine the degree to which an individual can be independent and access community resources, thus impacting their quality of life.
- Social Environment includes social support, education and literacy which, if absent, contribute to a greater risk of disability and illness among people as they age.
- Economic Determinants refers to income, social safety net, and availability of employment for persons as they age.

Source:  World Health Organization (2002). Active Ageing: A Policy Framework

## B.  Strategy for Positive Aging in Nova Scotia

Nova Scotia's positive aging strategy advances the idea that aging is a lifelong process, whereby positive attitudes toward aging can encourage the ongoing participation of seniors in the community. Positive aging emphasizes that aging is both a personal and a societal issue. It focuses on promoting individual responsibility, such as improving lifestyle choices that influence positive aging, while also addressing the broader role that families, communities and the province play in ensuring seniors receive the supports they need to age positively. Principles include dignity, fairness, participation, respect, safety, self-determination, self-fulfillment and security that are promoted to reach the following goals:

- Celebrating seniors (eliminating ageism, valuing seniors' contributions to society)
- Financial security (adequate and accessible public income support programs, available financial planning resources)
- Health and well being (health promotion, disease and injury prevention, continuum of care)
- Maximizing independence (available in-home services, support for family caregivers, adequate supply of paid care providers)
- Available housing options (affordable housing options and accessible housing design)
- Accessible transportation (affordable and accessible, responsive to rural and urban needs, pedestrian-friendly community)
- Respecting diversity (policies and programs that take into account cultural diversity, gender equity and social inclusion)
- Employment and life transitions (age-friendly and healthy workplaces, volunteer and education opportunities)

Source: Province of Nova Scotia (2005). Strategy for Positive Aging in Nova Scotia.

## C. Aging Well in British Columbia

The Premier's Council on Aging and Seniors' Issues in British Columbia envisions a society where everyone benefits from the wealth of talent and experience of older adults; where older people are actively involved, integrated rather than isolated, and supported in their desire to remain engaged with their communities; and, assisted when poor health, lack of income or other barriers stand in the way of a good quality of life. Elements of the community that are explored to create this vision include:

- Participating in society (employment opportunities, culturally appropriate services, volunteer opportunities, access to information)
- Transforming work (e.g. flexibility, government leadership, private retirement savings)
- Neighbourhoods (mixed use, interconnected, range of housing options, safe public spaces, government leadership in planning, comprehensive transportation plan)
- Healthy living (physical activity, healthy eating, reduced tobacco use, fall prevention)
- Ensuring sufficient incomes (adequate public pension and income support programs)
- Caregiver support and independence (expanded home support services, increased assisted living options, supporting caregivers)
- Quality health care (comprehensive primary health care, chronic disease management, assistance with medical expenses, culturally appropriate)

Source: British Columbia Premier's Council on Aging and Seniors Issues (2006). Aging Well in British Columbia

## D. Measuring Up – British Columbia

The "Measuring Up" initiative was designed to assist municipalities and communities in British Columbia to assess the degree to which their citizens with disabilities are active participants in community life. Active participation has two dimensions: accessibility and inclusion. Accessibility means recognizing, reducing and removing any physical or structural barriers that prevent individuals with disabilities from being present in the community. Inclusion is the degree to which the contributions of all citizens are welcomed and enabled.

The Measuring Up framework is built on elements which enable people with disabilities to participate in their communities in a meaningful way. The Measuring Up guide has four main elements:
- Support Services: including transportation, housing, emergency preparedness, personal supports and fully accessible environments
- Access to Information: including universal signage, plain language, and multiple formats (i.e. large print, Braille, sign language etc.)
- Economic Participation: including business and skill development, jobs and labour supply, disability market and consumer spending, and niche markets such as accessible tourism
- Community Contribution: including bringing new energy and talent to the social, recreational, sport, environmental, business and cultural life of communities

Source: City of Vancouver (2006). Measuring up: Communities of Inclusion, Workbook, Tools and References.

## E. Global Age Friendly Cities Project - World Health Organization

The World Health Organization defines an "age-friendly" community as one in which the policies, services, settings and structures support and enable people to age actively by:
- Recognizing the wide range of capacities and resources among older people
- Anticipating and responding flexibly to aging-related needs and preferences
- Respecting the decisions and lifestyle choices of older adults
- Protecting those older adults who are most vulnerable, and
- Promoting the inclusion of older adults in, and contribution to, all areas of community life

The elements in the community that are the focus with respect to the degree to which they meet the definition of an "age-friendly" community include:

- Transportation (available, affordable, reliable, accessible)
- Housing (affordable, essential services, accessible design, close to services, range)
- Social Participation (accessible activities, affordable, range of activities, awareness of activities, integration with others)
- Respect and social inclusion (consultation, anti-stigma, involvement)
- Civic participation and employment (volunteering, flexible employment, training, civic participation)
- Communication and information (widespread, easily accessible, multiple formats)
- Community support and health services (accessible, range of services, home care, residential facilities)
- Outdoor spaces and buildings (access to green space, barrier-free, safe, amenities)

Source: World Health Organization (2007). Global Age-Friendly Cities: A Guide.

## F. Age-Friendly Rural and Remote Communities: A Guide

The Rural and Remote Communities initiative is Canada's focus as it relates to the World Health Organization's Global Age Friendly Cities Project. The rationale for the focus on rural and remote communities is that they face unique social and environmental challenges when compared with urban centres, and these challenges have a negative impact on an individual's health. The first phase of the initiative included ten communities from eight jurisdictions. The Guide is based on the same eight elements described in the WHO document above. The Guide includes a check-list related to the elements to assist in the community evaluation process.

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

## G. Elder Friendly

The term "Elder Friendly" refers to a community's assets that have been shown to improve the lives of seniors. The vision of an "Elder Friendly" community includes:
• Older adults remain engaged in community life longer and as a result contribute to community life longer;
• Older adults are healthier, reducing the demands on and costs of local health care;
• The community attracts residents of all ages who contribute to community vitality;
• The community attracts resources (i.e. businesses, infrastructure) to meet the needs of its older adult members;
• Community capacity exists to develop leadership, relationships and knowledge that is useful in creating community change in other areas

The Elder Friendly Community Assessment Tool includes ten categories of assets that contribute to elder friendly communities:

• Walkability (paved, barrier-free, well-lit, well maintained and safe walkways)
• Supportive community systems (process to evaluate progress, access to technology, emergency services, and information)
• Access to health care (health promotion for seniors, quality medical care, support for caregivers)
• Safety and security (measures public and personal safety)
• Available and affordable housing (range of housing options, affordable and flexible housing)
• Modified housing (access to home modification and home maintenance services at a low cost)
• Transportation (affordable, available and reliable transportation options for local and out-of-town travel)
• Commerce (services in close proximity to housing, accessible services, employment opportunities for seniors)
• Enrichment (accessible and available green spaces, recreation activities, opportunities for education and volunteering
• Inclusion (needs of seniors are acknowledged and valued, seniors participate on community boards)

Source: Michigan Department of Community Health (2007). Michigan Community for a Lifetime, Elder Friendly Community Recognition Program, History and Project Development Report.

## H. Mentally Healthy Community

A mentally healthy community is a place where people report low levels of depression, suicidal thoughts, substance abuse, violence, discrimination and stress and high levels of quality of life, work satisfaction, economic security, social support, self-esteem and well-being. It is a place where people's interdependence and mutuality is recognized, protected and valued.

The World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." This definition of mental health is aligned with the values of Canadian Coalition of Seniors Mental Health (CCSMH) and suitably falls within a framework for a mentally healthy community for seniors.

The determinants of health that contribute to the creation of mentally healthy communities for seniors include:

- Income and social status (adequate public income support programs, universal coverage, optional retirement)
- Social support networks (active leisure programs, support programs, caregiver support, participation in decision-making)
- Social environment (anti-stigma campaigns, supportive neighbourhoods)
- Physical environment (barrier-free, adequate transportation, home based care, home modification subsidies)
- Personal health practices and coping skills (inclusion in public health campaigns, available counseling and support programs)
- Health services (available assessment services, access to well funded geriatric/primary health care services)

Source: Canadian Institute for Health Information (2008). Mentally Healthy Communities: A Collection of Papers.

## IV.    Model for Livable and Inclusive Communities for Seniors with Disabilities

The core purpose of this project is to assist communities in evaluating the elements necessary to ensure that the community is livable and inclusive of seniors with disabilities, and to facilitate a community planning process to identify what steps the community can take to achieve this outcome. In order to undergo this evaluation and planning exercise, it is important that the concepts of livable and inclusive communities are clearly defined.

A model has been developed by the CCDS Project Team to evaluate the extent to which the key principles and elements that make up livable and inclusive communities for seniors with disabilities are present, and a process to plan and address the gaps revealed in the evaluation. The development of the model stemmed from an extensive environmental scan of community-based evaluation initiatives in the disability and seniors sectors; a comprehensive review of the literature, an analysis of the common principles, elements and indicators comprising existing tools in the field; and previous research conducted by CCDS on seniors with disabilities (2007-2008) and caregivers with disabilities (2008).

The result is a model for livable and inclusive communities consisting of concepts that are central to the model as well as processes and tools that are used in the implementation of the

model in communities. The concepts include: 1) elements that make up a livable and inclusive community; 2) principles that act as a guide when examining the elements, and 3) processes including one to measure livable and inclusive communities and the other to plan livable and inclusive communities. There are three aspects associated with the implementation of the model including: 1) the evaluation tool that outlines the elements and associated indicators to be measured, the space for data collection results, and identification of the implications of the results; 2) a process to measure the indicators and collect the data; and, 3) a facilitated planning process to transfer the evaluation findings into actionable steps.

The model emphasizes the inter-relationships not only between the principles and the elements, but also between the elements themselves. The general premise of the model is that the principles and elements described can be adapted and applied to different priority populations because the central principles and elements of livable and inclusive communities applies to all citizens of a community. In this case, the principles, elements and indicators have been developed with a focus on the interests of seniors with disabilities.

## A. Definitions

The term "livable and inclusive community" is premised on the values:

- every community, whether rural, urban or northern, should offer the same opportunities for all of its citizens regardless of their abilities, and,
- a community's social and physical environments have a direct correlation to its citizen's overall health, well-being and quality of life and should be addressed in tandem in order to meet citizens' needs.

Livable communities are assessed by the level of quality of life it offers to their citizens, including a place that fosters good schools, housing, public transit, and jobs; takes a sustainable approach to environmental, cultural, and human resources; encourages a broad range of physical, cultural, social, and economic opportunities; and, it takes a context-sensitive approach to planning and development impacts. (Montgomery County Planning Department, 2003)

An "inclusive community" by definition is one that is open to individuals of all identities (for example, age, gender, race, religion, sexual orientation, ability/disability, ethnic origin, family status, etc.), and that these same individuals are able to actively take part in the community as they feel safe and empowered to do so; their voices are heard; and, their contributions are acknowledged and valued by the community. (McMaster University, N.D.) Participatory planning and decision-making are at the heart of an inclusive community. (Maxwell, G., 2007)

When these values and definitions are applied to seniors with disabilities, the result is a community that actively involves and includes seniors with disabilities and that the businesses, programs, and services that make up a community are planned and established with the needs of seniors with disabilities in mind.

## B. Principles

The principles are a collection of morally based standards that act as a guide to the measurement of the elements. They are purposely broadly stated so that they can be easily incorporated into the measurement process. The principles have been written to reflect the focus on seniors with disabilities and are as follows:

1.  **Participation** – Seniors with disabilities actively participate in community planning, design, decision-making and implementation. Furthermore, seniors with disabilities fully participate in all aspects of the community.

2.  **Community Connections** – Opportunities exist and the physical surroundings support the interaction between seniors with disabilities and other community members, organizations, and surrounding communities.

3.  **Leadership** – The community as a whole requires leadership to ensure that communities are inclusive of seniors with disabilities, and in addition, opportunities exist for seniors to build capacity to develop and exercise leadership roles within the community.  Evidence such as existing policies show that community leaders have prioritized the needs of their constituents.

4.  **Sustainability** - A constant process of evaluation and adaptation is necessary to seek balance in the social, economic and environmental components of a community to meet the changing needs of seniors with disabilities ensuring that the ability of future generations lead active lives in the community.

5.  **Universal Design** - Universal Design is the practice of planning and designing environments that accommodates individuals' changing needs over time.  It applies to accessing services, landscapes, buildings and information to young and old, with or without disabilities regardless of life circumstances. (Source: www.winnipeg.ca/ppd/Universal_Design.stm)

6.  **Affordability** - The cost of programs, services and amenities are relative to an individual's income and do not act as a barrier to access necessary services or negatively affect an individual's quality of life.

## C. Elements

Based on a review of the literature, an examination of other initiatives focused on seniors or persons with disabilities, and previous research conducted by CCDS, it was determined that livable and inclusive communities consist of ten common elements.  The six principles listed above act as a guide when examining each element and determining the degree to which it reflects livable and inclusive communities.  Just as the principles are connected with the elements, each element is inter-connected with another.  In other words, if change occurs within one element, than another element is impacted.  For example, if accessible homes (element) for seniors with disabilities are built on the outskirts of a community, then reliable transportation (element) needs to be available in order to use necessary support services (element).

The descriptions of the elements with a focus on seniors with disabilities are as follows:

1.  **Housing** - Available housing stock consists of a range of options including public (subsidized) and private housing, assisted living accommodations, co-housing, and life lease accommodations.

2.  **Transportation** - Public transportation is available and affordable, and can accommodate individuals with different abilities.  Public transportation refers to taxis,

buses, trains, airplanes, and assisted transportation such as Handi-Transit. Private transportation such as the use of a car is supported.

3. **Support Services** – Supportive services are made available by the formal service system and informal caregivers to provide assistance in a flexible manner to individuals to carry out the activities of daily living and facilitate the person's ability to interact in a person's home and the community. Examples include: home care, respite care, housekeeping, home maintenance, and meal preparation.

4. **Health and Well-being** – Programs and services are available that promote physical health and mental well-being. Examples include formal health services, alternative health resources, counselling services and peer support groups. Access to healthy food is fundamental to good physical and mental health and is influenced by factors such as local availability, affordable prices, and gardening options.

5. **Education & Training** – Formal opportunities for learning are available which include post-secondary, continuing education, and skill training programs that promote access to life-long learning opportunities for adults and seniors. Also, informal learning opportunities are available such as mentorship programs for youths and seniors.

6. **Spiritual/ Cultural** - Spiritual refers to individual or group-based participation in worship, exploration of doctrines and beliefs, fellowship, and community outreach, as well as meditation and yoga. Culture refers to a common language, history, art forms shared among a group of people.

7. **Leisure/Recreation** – Leisure/recreation refers to activities including physical exercise programs and community gatherings, such as social activities to promote interaction among community members of all ages. Available and affordable programs targeting seniors should be adapted for people with different abilities. Furthermore, information is made centrally available to the community regarding leisure program options in an accessible format.

8. **Outdoor Environment** – The outdoor environment refers to public space that includes green spaces, e.g. public parks, gathering spaces, and sidewalks. In order to be welcoming to seniors with disabilities, these areas should be pedestrian-friendly, e.g. clear of hazards, sheltered from adverse weather where possible, accessible, integrated into residential areas, well-lit for safety sake, easily navigated with adequate signage, and offer access to seating and public toilets.

9. **Employment/Jobs** – Flexible employment options are available to seniors such as job sharing, part-time work, and various retirement options. Retraining opportunities in new or existing skill areas is available to older employed individuals, e.g. computer skills training.

10. **Volunteerism** – Volunteer opportunities are available and seniors with a disability are encouraged to participate in the community as volunteers with organizations, schools, boards, etc. A registry exists in the community of available individuals with skill sets for the purpose of matching to potential volunteer opportunities. Seniors with disabilities are valued, recognized, and utilized by the community for their knowledge and lived experience.

## D.  Indicators

Indicators have been developed for each element to measure the extent to which the element is present in the community being evaluated.  The indicators are both quantitative and qualitative in nature and each element's indicators reflect the six key principles.  For example, the indicators for the element of housing are as follows:

| Element | Principle | Indicators |
|---|---|---|
| Housing | Participation | ➢ seniors with disabilities are required to participate directly in the planning process as it relates to housing development as well as neighbourhood design.  Participation can take place at the provincial, municipal or community levels.  Policy(s) exists making the participation of seniors in the planning process mandatory. |
| | Community Connections | ➢ the location of the housing occupied by seniors with disabilities is within a 5 minute walk, 10 minute drive by car, or 15-20 minute ride using public transportation to core amenities. |
| | Leadership | ➢ the leadership of government and non-government organizations in the community formally acknowledges and addresses the housing needs of seniors with disabilities.  Evidence of such leadership would include strategic planning and community planning processes and subsequent documents that highlight the different housing options for seniors with disabilities. |
| | Sustainability | ➢ the community conducts pre and post evaluation activities to ensure a balance between the social, economic and environmental factors in the development of housing.  For example, does the housing development meet the needs of the community members, is it economically affordable to build and maintain in the long run, and does it address the impact on the surrounding natural environment? |
| | Universal Design | ➢ policy exists to guide the planning of new housing construction (private and public) that ensures basic accessibility (no step entrance, wider doorways, and main floor bathroom).  For existing housing stock, assistance (i.e. financial and design/construction knowledge) is available to adapt the home to meet and individual's needs. |
| | Affordability | ➢ percentage of individuals in the community age 65 and over that spend more than 30% of their income on housing.  The number of seniors subsidized housing units in the community in proportion to the number of individuals age 65+ that spend more than 30% of their income on housing. |

## E.  Process to Implement Evaluation

The process to implement the evaluation is participatory and multisectoral in nature. The activities of the evaluation, i.e. the measurement of the elements based on the indicators, are conducted by a Community Working Group that consists of members that are representative of the key elements of livable and inclusive communities, such as:

➢ Consumers with lived experience – seniors with disabilities
➢ Local government
➢ Municipal planning office
➢ Health services
➢ Transportation
➢ Housing
➢ Universal design
➢ Recreation
➢ Environment

The Community Working Group is sanctioned by an external organization, or project partner, to carry out the activities of the evaluation. More importantly, a mechanism exists whereby the results of the evaluation can be disseminated for the purpose of influencing the policy, program and service structures in the community.

The Community Working Group is led by a Regional Team Leader that coordinates the Group's activities through meetings which take place every 2-3 weeks. The Group's primary activity is to implement the evaluation tool. Each Community Working Group receives on-site training on the use of the tool. Once the training is completed, the Regional Team Leader assigns each element and the corresponding indicators to the individual Working Group member whose knowledge matches the element. Each Working Group member is responsible for collecting the information related to the indicators for that element and reporting the findings to the Group at the scheduled meetings. If the required expertise is not available among the existing Working Group members than individuals or other sources of knowledge external to the Working Group may be sought. Examples of external sources of knowledge are policy developers at the municipal or provincial government levels and housing developers. The Regional Team Leaders, with the Working Group members, enter the information gathered for the indicators on the forms provided as part of the evaluation tool and submit the forms to the Project Team for synthesis and analysis.

## F. Planning Process

The planning process is essentially about translating the knowledge gained through the evaluation exercise, such as the absence of policies, into actions. The planning process takes place once the evaluation process is completed and consists of two steps. First, the Community Working Group meets for the purpose of completing a planning tool developed by the Project Team that consists of the evaluation results, the implications of the results on seniors with disabilities, proposed actions to address the results, the identification of the organization/agency/government to be involved in the action, and a timeframe in which the action should take place. The Working Groups receive training on the planning tool prior to the planning process taking place. The completed planning tool is submitted to the Project Team for synthesis and analysis.

Second, the Regional Team leaders will participate in a Think Tank for the purpose of evaluating the effectiveness of the evaluation tool, the evaluation process and the planning

process. An additional outcome of the Think Tank is to develop a broader "Blue Print for Action" that incorporates the findings of the community-based evaluation and planning process and identifies potential policy areas at the provincial and national levels that require action.

The figure below is an illustration of the model demonstrating the inter-connectivity between the principles, elements and process.
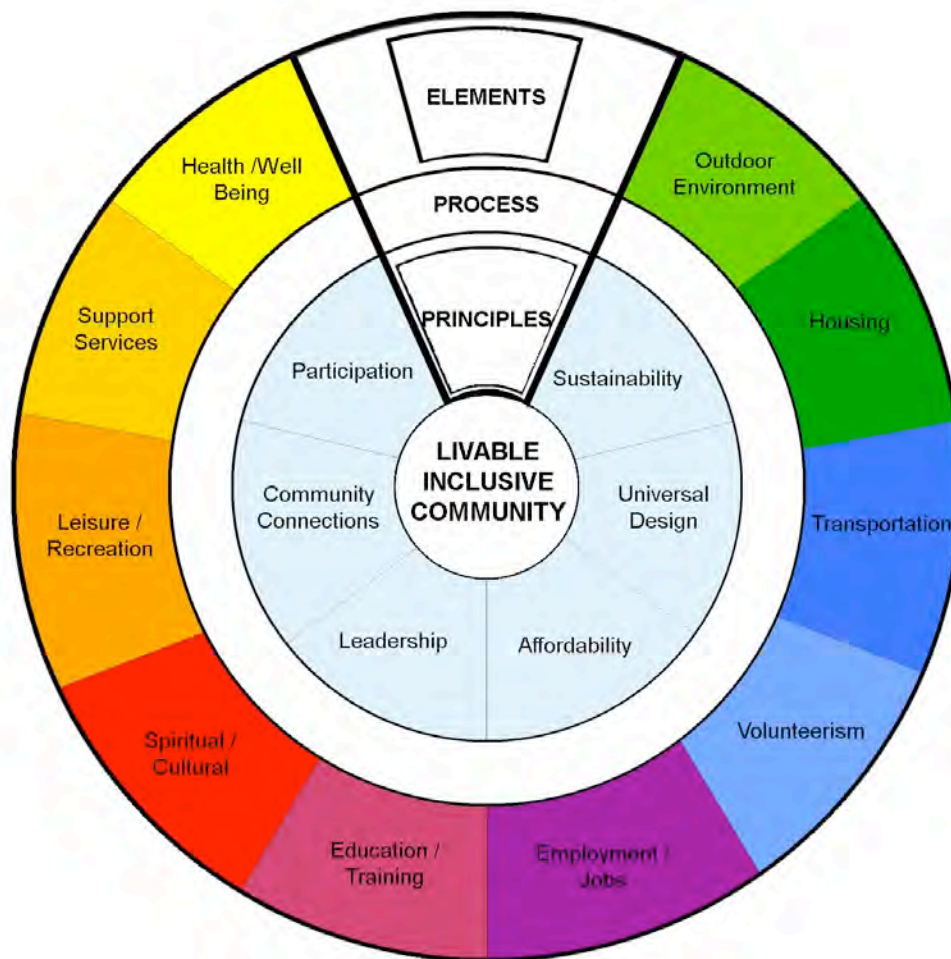


## V.    Project Goal, Objectives, Activities and Time Frame

The goal of this project is to contribute and facilitate the development of livable and inclusive communities for seniors with disabilities.  The objectives and activities of the project reflect the steps taken to achieve the project goal, and are outlined in the table below.

| Objective | Activity |
|---|---|
| 1. To develop an evaluation model for livable and inclusive communities for seniors with disabilities. | 1.1 Conduct an environmental scan of existing tools, initiatives, and research focused on livable communities, inclusive communities, seniors, and people with disabilities.<br>1.2 Conduct a review of the literature<br>1.3 Synthesize the findings of the scan and literature review<br>1.4 Analyze the data for common principles and elements<br>1.5 Develop the indicators for each element<br>1.6 Establish the process to implement the evaluation |
| 2. To test the evaluation model | 2.1 Identify the communities to participate as pilot sites<br>2.2 Identify and engage with provincial project partners<br>2.3 Identify and engage with Regional Team Leaders<br>2.4 Form Community Working Groups<br>2.5 Implement the evaluation tool and process |
| 3. To increase the capacity of community members to evaluate their community and implement a planning process to address the inclusion of seniors with disabilities into the community. | 3.1 Provide one-day training sessions in each of the six pilot communities on the use of the evaluation tool and process<br>3.2 Provide a half-day training session on a community planning process |
| 4. To determine the effectiveness of the evaluation tool and community planning process developed. | 4.1 Hold a Think Tank and invite project participants to provide feedback on the evaluation tool developed, and to share the outcomes of the planning processes initiated in each of the six communities |
| 5. To demonstrate best practice in two key areas related to seniors with disabilities, namely visitable housing and transportation. | 5.1 Engage with two consultants to conduct two case studies: 1) visitable housing; and 2) transportation |

The timeframe for the completion of the project activities is as follows:

| Activity | Date of Completion |
|---|---|
| Development of Evaluation Model | April - December 2008 |
| Training Session on the Evaluation Tool and Process | January 2009 |
| Implementation of Evaluation Tool and Process | January – February 2009 |
| Training Session on the Planning Tool and Process | February 2009 |
| Community Planning Process and Tool Completed | March 2009 |
| Case Studies Completed | March 2009 |
| Think Tank | March 2009 |

# VI.    Project Methodology

## A. Project Governance

The governance structure of the CCDS Livable and Inclusive Communities for Seniors with Disabilities Project serves to provide a forum for project accountability; project leadership in each of the six chosen communities; involvement of key project partners in each of the three provinces; and participation of individuals on a Community Working Group representing key sectors within each of the communities.  The CCDS Project Team is responsible for the development of all evaluation materials, provision of evaluation and planning process training, facilitation of the Think Tank, and creation of reporting documents.  The CCDS Project Team consists of:

| | |
|---|---|
| Dr. Olga Krassioukova-Enns – | Project Manager |
| Christine Ogaranko - | Project Lead |
| Laura Rempel - | Project Coordinator |
| Colleen Watters - | Research Assistant |
| Laurie Ringaert - | Project Consultant |

## B. Community Selection

The evaluation model will be tested in two pilot sites, one rural and one urban, in three provinces for a total of six pilot communities: 100 Mile House and Fort St. John, British Columbia; Rossburn and Selkirk, Manitoba; and Waterloo and Woolwich, Ontario.

The six pilot sites were chosen based on the following criteria:

1. Communities with higher percentage of seniors compared with other communities
2. Population Size
   • One rural community in each province (less the 5000 population)
   • One urban community in each province (5000 – 50,000 population)
3. Ethnically diverse – presence of visible minorities, immigrants, and Aboriginal people
4. Presence of a seniors and/or disability network or organization
5. Potential partners within the municipal government or a non-government disability/seniors organization
6. Indication that the community is interested in promoting disability and/or seniors issues, such as the presence of seniors/disability initiatives

## C. Provincial Project Partners

The role of the provincial project partners is to work in close collaboration with the CCDS Project Team and act as a link between the Project Team and the initiatives, organizations, and individuals at the community level.  The project partners are the recipients of the project funding to be used for the implementation of the project activities within the community and required to submit accounting reports to the CCDS Project Team.  The project partners are as follows:

| | |
|---|---|
| 100 Mile House, British Columbia - | District of 100 Mile House |
| Fort St. John, British Columbia - | Measuring Up the North Community Liaison and the Fort St. John Association for Community Living |
| Rossburn, Manitoba - | Rossburn Seniors Drop-in Centre |
| Selkirk, Manitoba - | City of Selkirk |
| Waterloo and Woolwich, Ontario - | Social Planning Council of Kitchener-Waterloo |

## D. Regional Team Leaders

The Regional Team Leaders are responsible for leading the development of the Community Working Groups and providing overall coordination of the Working Group activities as well as liaising with the Project Team.  Key responsibilities include:

- ➢ Facilitating the meetings of the Community Working Groups including arranging meeting space, inviting representatives, and disseminating meeting agendas.
- ➢ Reporting progress to the CCDS Project Team
- ➢ Participating in the training for the evaluation, protocol and planning tools (2 sessions)
- ➢ Overseeing the implementation of the evaluation tool and protocol within the community
- ➢ Facilitating a planning session with the Working Group based on the results of the evaluation
- ➢ Providing feedback on the evaluation, protocol and planning tools
- ➢ Attending a Think Tank in March 2009 to participate in the development of a broader action plan

The Regional Team Leaders representing the six pilot communities are:

| | |
|---|---|
| 100 Mile House, British Columbia - | Joanne Doddridge, Planner, District of 100 Mile House and Shelly Somerville, Measuring Up the North Committee Member |
| Fort St. John, British Columbia - | Lori Slater, Measuring Up the North Liaison and Cindy Mohr, Executive Director, Fort St. John, Association of Community Living |
| Rossburn, Manitoba - | MaryAnn Grassinger and Ed Zimmerman, Rossburn Seniors Drop-in Centre |
| Selkirk, Manitoba - | Mayor David Bell, City of Selkirk |
| Waterloo and Woolwich, Ontario - | Trudy Beaulne, Executive Director, Social Planning Council of Kitchener-Waterloo and James Hunsberger, Board Member |

## E. Community Working Groups

There is one Community Working Group in each of the six chosen communities with members representing a range of sectors including:
- ➢ Consumers with lived experience – seniors and individuals with disabilities
- ➢ Municipal planning office
- ➢ Regional health and support services (government and non-government)
- ➢ Transportation (municipal government level)
- ➢ Housing (public and private)
- ➢ Universal design (accessible built environment)
- ➢ Recreation
- ➢ Environment

The Community Working Groups are responsible for participating in training sessions related to the evaluation tool and planning process associated with the development of a livable and inclusive community for seniors with disabilities.  Furthermore, the member of the Working Groups is responsible for carrying out the activities related to the measurement of the key

elements and for participating in the community planning process to address the results of the evaluation exercise.


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# CANADIAN CENTRE ON DISABILITY STUDIES

**Contact:**

Canadian Centre on Disability Studies
56 The Promenade
Winnipeg MB R3B 3H9

Tel: 204.287.8411
Fax: 204.284.5343
TTY: 204.475.6223
Email: ccds@disabilitystudies.ca
Website: www.disabilitystudies.ca