Finding the Right Fit
Age-Friendly Community Planning

Acknowledgements

The Residents of the City of Greater Sudbury

Seniors' Advisory Panel to Mayor & Council for the City of Greater Sudbury

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EXECUTIVE SUMMARY

Census information released on May 3rd, 2017, marked the first time that findings showed more seniors (5.9 million) than children 14 years of age and younger (5.8 million) in Canada. Data recently noted that between 2011-2016, the number of people aged 65 and older increased by 20.0%, while the number of people aged 14 or younger increased by 4.1%.It is well known that an Age Friendly Community (AFC) is of benefit to all area residents. All regions in Ontario see a shift to an older age structure. Regions where natural increase and net migration are projected to become or remain negative see the largest shifts in age structure. The Northeast is projected to remain the region with the oldest age structure. By 2041, this percentage is expected to increase to 31.3% of the population of Northeastern Ontario (Ministry of Finance, 2015-2041).

In 2016, 164, 689 people lived in the City of Greater Sudbury, including 30,155 adults 65 years of age or older (18.3%). Of these older adults, 16,630 are females (55%). Table 1 demonstrates the number of older adults by ward within the City of Greater Sudbury, with Ward 10 having the greatest number and Ward 6 having the least (Statistics Canada, 2016).

Table 1 : *Population 65 years and older by ward in the City of Greater Sudbury*

Ward	Aged 65 and Older
1	2,610
2	2,420
3	2,460
4	1,950
5	1,990
6	1,850
7	1,965
8	2,155
9	2,135
10	3,790
11	2,825
12	3,475
Total	**29,625**

Source: Statistics Canada, 2016 Census of Population (Note: Dissemination Area data was aggregated to best match the City of Greater Sudbury Ward Boundaries).

On October 18th, 2016, Council heard from the Seniors' Advisory Panel to Mayor and Council regarding work being done to make the City of Greater Sudbury more Age Friendly– supporting the World Health Organization's Age Friendly Framework and Designation Process. From here the Age Friendly Community Steering Committee began a dialogue with residents

through a community survey, which was then followed by public forums and this final report. Over 1,200 residents from the City of Greater Sudbury completed the survey and highlights include:

- Age range - the youngest respondent was 18 and the oldest 95; with the average age of 65.
- Over 90% of the respondents indicated Sudbury is home for over 10 years.
- Over 50% lived in their own home for over 10 years
- 90% would like to stay living at the current place of living.

Once the survey closed, many community presentations were held as a follow up to bring findings back to the community so that all information was captured. An Age Friendly Community is a friendly city for people of all ages. Healthy neighbourhoods are safer for children, youth, women and older adults. This report summarizes and synthesizes the results obtained noting; strengths, concerns and actions suggested by respondents. Comments have been compiled into this report in hopes that each will be used to make Sudbury more age friendly. The following are recommendations to make the City of Greater Sudbury Age Friendly:

1. That this report, *The City of Greater Sudbury Age-Friendly Community Action Plan*, be accepted by Mayor & Council of the City of Greater Sudbury.

2. That 'Action Items' from this report, be used to obtain official World Health Organization Age Friendly City Designation. And that City Council endorses the Seniors Advisory Panel to Mayor & Council, to strive to achieve Age Friendly Status

3. That this report is distributed to City Council, staff, and relevant community groups so action items can be considered in future planning and decision making. And that all City Departments review the action plan, and align current and ongoing initiatives and policies with each of the 8 pillars

4. That Council through the Seniors Advisory Panel to Mayor & Council, establish a Task Force to further the actions from this report. This committee should be comprised of older adults, experts within the field of aging and staff. This committee would also be responsible to ensure that actions suggested in this report are accomplished. And that Council receives further updates on the progress of the Task Force once a year.

5. That City Council gives consideration to identifying a framework for council reports similar to the Health Impact Assessment (HIA), through a lens, using the 8 pillars suggested by the World Health Organization (Outdoor Spaces & Buildings, Transportation, Housing, Social Participation, Respect & Social Inclusion, Civic Participation & Employment, Community &

Information and Community Support & Health Services). This lens can also be used as facilities are adapted, as well as, programs and services offered according to an aging population.

6. That Mayor and Council use this report to leverage leadership in furthering future activities in all of northern Ontario communities to become more Age Friendly.

INTRODUCTION

Many municipalities are performing research to complete an Age-Friendly Community Checklist in order to identify community strengths, concerns and suggested actions with regards to planning for facilities, programming and services to older adults. These checklists have been used around the world, including the City of Greater Sudbury. Collecting data on age-friendliness within society allows researchers, advisory groups, and councils, to create future steps towards becoming an age-friendly community through changing policies, the creation of programs and services, changing built environments and attitudes towards aging. The goal of the City of Greater Sudbury Age-Friendly Community Steering Committee was to; develop a vision, build awareness towards age-friendly priorities along with actions suggested from citizens, and to support age-friendly initiatives within the community, and to make recommendations to all levels of government regularly to initiate and continue age-friendly initiatives, (AFC Steering Committee 2017).

The main objective of formulating an Age Friendly Community Action Plan was to generate awareness and public discussion regarding findings and suggestions for actions to make the City of Greater Sudbury age friendly. With support from the city and its multiple partners in the public and private sectors, ways can be found to overcome obstacles and barriers to allow for full participation in the community, that aging residents may experience. The committee also wanted to determine how current practices need changing to accommodate and celebrate an aging population.

As the number of older adults is rapidly increasing, it is essential to create environments, which reflect the needs, desires and capacities for this population. Communities that design environments according to age-related challenges and provide opportunities for older adults are called Age-Friendly Communities (AFCs). These communities promote active ageing; empower older adults' independence, participation, dignity, care, self-fulfillment and security. Age-friendly communities are inclusive of biological, psychological, economic, and social factors, affecting one's life. An age-friendly community is a place that provides older people connection to society and those around them. It helps people stay active and healthy through the support of the community. In consequence, this approach accommodates not only older adults, but people of all ages and benefits their overall health and quality of life (World Health Organization [WHO], 2007).

According to the World Health Organization (WHO), age-friendly communities include eight specific dimensions (pillars) of focus; 1) Outdoor Spaces and Public Buildings, 2) Transportation, 3) Housing, 4) Social Participation, 5) Respect and Social Inclusion, 6) Civic

Participation and Employment, 7) Communication and Information, and 8) Community Support and Health Services (Figure 1).

Figure 1. **The eight domains of an age-friendly community (The Global Age-Friendly Cities Guide, 2007).**

Survey Findings – Age

Adhering to the principles of age-friendliness, the research team did not put any age limit on the participants in this survey. It was rather understood, that in order to become a city in which every person can live to their greatest potential would mean to being friendly to any age-group. The youngest participant was 18 and the oldest was 95 years old. In this section (Figure 25), the sample is divided into young (under 65 years of age) and older people (65 years and older).
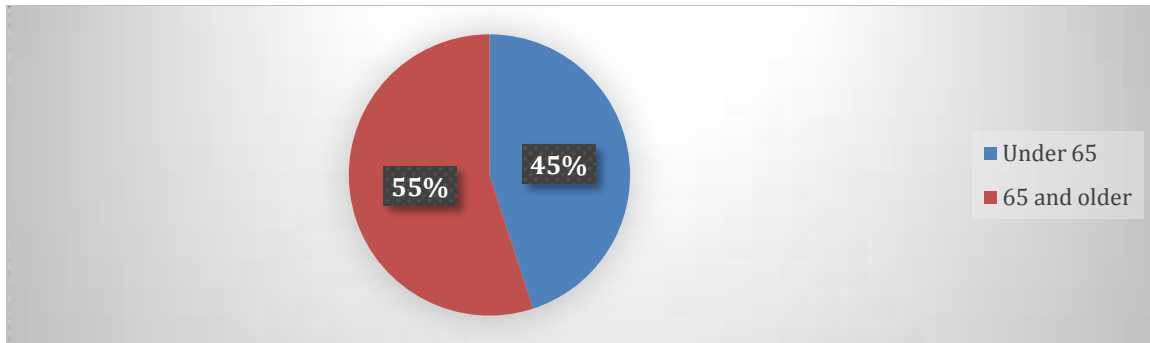

Figure 25. **Respondent Age Grouping**

When comparing the younger and older participants, several differences in their answers could be identified. Please note, that only significant differences are outlined below (p≤.05).

Survey Findings - Wards

The City of Greater Sudbury's twelve (12) wards show differences in the survey participants and the opinions provided by them (Figure 26). The wards:

- Ward 1: West End, Gatchell, Copper Park, Robinson, Moonglo, South of Ontario and West of Regent Street.

- Ward 2: Lively, Naughton, Whitefish, Copper Cliff, and Worthington.

- Ward 3: Chelmsford, Onaping, Dowling, and Levack.

- Ward 4: Azilda, Elm West, and Donovan.

- Ward 5: Val Caron, Blezard Valley, Cambrian and McCrea Heights, Guilletville, Notre Dame - Lasalle area west of Rideau Street.

- Ward 6: Val Therese and Hanmer.

- Ward 7: Garson, Falconbridge, Capreol, and Skead.

- Ward 8: New Sudbury - East of Barrydowne Road.

- Ward 9: Coniston, Wahnapitae, Wanup, and South End - Border Township.

- Ward 10: Lockerby, Lo-Ellen, University Area, Kingsmount, Bell Park, and Downtown - South of Elm Street.

- Ward 11: Minnow Lake and New Sudbury - West of Barry Downe Road, East of Arthur, South of Lasalle.

- Ward 12: Flour Mill, Downtown - North of Elm Street, New Sudbury - East of Rideau Street, West of Barrydowne Road, and North of Lasalle Boulevard, Kingsway - Bancroft area.
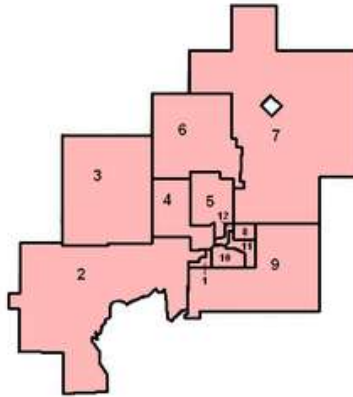

Figure 26: The twelve wards within the City of Greater Sudbury.

Table 5 displays some of the demographic differences between wards, including the first spoken language, their living arrangements, and home ownership. Please note, that only significant differences are outlined below (p≤.05).

The majority of participants in all wards were English speaking, except in Ward 4 and Ward 6 were the majority was French speaking (52%, 53%). In most Wards contributors were living in their own home, followed by apartments and residences. That was not the case for Ward 12, where most participants lived in residences (42%), which they rented (61%).

Many participants strongly agreed and agreed that public buildings and walkways were safe. Generally, participants felt comfortable using different transportation options, except for Wards 2, 3, 4, 6, 7, and 8. Many participants leave their home daily. The majority of contributors also feel that there are enough events and activities available to them. Participants indicated that there is a need for more community spaces geared to older adults. Good information about activities and events are provided to contributors. Residents are not regularly consulted by public, voluntary and commercial services on how to serve them better. The majority of participants do not feel recognized by the

community for their past as well as present contributions. Generally speaking, respondents overall physical health as excellent or good.

Table 5

Demographic differences between the wards in percentages.

Wards	First Spoken Language			Own/Rent		Living Arrangement		
	English	French	Other	Own	Rent	House	Apartment	Residence
1	71	15	14	56	29	54	21	12
2	80	9	11	52	41	46	7	39
3	58	37	5	78	19	74	5	7
4	41	52	7	69	27	66	18	3
5	62	38	0	75	17	72	15	3
6	46	53	1	86	7	88	0	2
7	66	28	6	91	9	89	9	0
8	58	40	2	64	31	59	19	11
9	75	15	10	82	12	84	10	2
10	81	11	8	57	30	53	34	4
11	58	35	7	58	30	55	17	19
12	54	35	11	27	61	21	26	42

Ward 1

Participants from Ward 1 had more positive attitudes than those from other wards in several areas. They indicated that public walkways are well lit (47%), well maintained (29%), and clear of obstructions (34%). Public buildings are accessible and have railings on stairs (71%).

Ward 2

Many participants leave their home daily, but only 53% of people from Ward 2. However, most participants from Ward 2 believe that there are community transportation options available (57%).

Ward 3

Participants from Ward 3 were concerned about pedestrian crossings and lights. Only 41% indicated that crossings have visual and audio signals. Furthermore, only 41% said that public buildings have elevators and 23% that toilets are available. Community transportation is only available to 34%. The majority of contributors also feel that there are enough events and activities available to them. The lowest percentage of people agreeing with this statement are living in Wards 3 and 7 (67% each). Participants indicated that there is a need for more community spaces geared to older adults, with

the highest percentage from Ward 3 with 82%. Residents are not regularly consulted by public, voluntary and commercial services on how to serve them better, especially in Ward 3 (85%). Generally, contributors' overall physical health as excellent or good. The lowest percentage is found in Wards 3 (69%), 4 (67%), and 12 (61%).

Ward 4

Many participants strongly agreed and agreed that public buildings and walkways were safe. However, only 44% of participants from Ward 4 felt that way. The minority of participants agreed with the statement that there are well maintained and safe public spaces with toilet facilities (12%), seating at regular intervals (22%). Only a small percentage of participants from Ward 4 agreed that public walkways are well maintained all year and clear of obstructions (1%), and that pedestrian crossings allow sufficient time (28%). Public buildings do not have elevators (53%), rest areas (78%), and public toilets (71%). Traffic issues of trains are a complaint for 67% of the participants. Good information about activities and events are provided to contributors, but in Ward 4 only 51% believe that. Generally, contributors are their overall physical health as excellent or good. The lowest percentages are found in Wards 3 (69%), 4 (67%), and 12 (61%).

Ward 5

Participants from Ward 5 generally have positive attitudes towards pedestrian crossings. They believe that they are at regular intervals (58%) and have visual and audio signals (76%). Public buildings have elevators (76%) and ramps (69%). Participants indicated that there is a need for more community spaces geared to older adults (58%).

Ward 6

Contributors from Ward 6 indicate issues pertaining to public walkways. The majority believes that they are not well-lit (80%) and not well maintained (92%). Pedestrian crossings are not well marked (68%). Public buildings do not have enough rest areas (79%). Finally, participants from Ward 6 mentioned that transportation services are not well advertised (86%).

Ward 7

Most contributors feel that pedestrian crossings are not at regular intervals (67%). Participants mentioned that transportation services are not well advertised (86%). Public buildings do not have ramps (55%). The majority of contributors also feel that there are enough events and activities

available to them. The lowest percentage of people agreeing with this statement are living in Wards 3 and 7 (67% each). Residence are not regularly consulted by public, voluntary and commercial services on how to serve them better, especially in Wards 3, 7, 8, and 11 (85%, 83%, 83%, and 81%).

Ward 8

Public buildings do not have enough rest areas (77%). Residence are not regularly consulted by public, voluntary and commercial services on how to serve them better, especially in Wards 3, 7, 8, and 11 (85%, 83%, 83%, and 81%).

Ward 9

Many participants leave their home daily, with 90% of people from Ward 9. However, they feel that they are not enough community transportation options available (66%).

Ward 10

Contributors from Ward 10 generally are positive about their community. They feel that well maintained and safe public green spaces have adequate shelter/shade (59%), toilet facilities (41%), and seating at regular intervals (59%). Pedestrian crossings are well marked (67%), allow sufficient time (50%), and have visual and audio signals (75%). Public buildings have elevators (75%), railings on stairs (71%) and toilets (50%).

Ward 11

Public walkways are well-lit (46%) and public buildings have railings on stairs (71%). Participants indicated that there is a need for more community spaces geared to older adults, with the highest percentages from Ward 3 with 82% and Ward 11 with 81%. Residents are not regularly consulted by public, voluntary and commercial services on how to serve them better (81%).

Ward 12

Public buildings do not have enough ramps (55%) and toilets (72%). Generally, contributors are their overall physical health as excellent or good. The lowest percentage is found in Ward 12 (61%).

WARDS

Strengths

- Public buildings and walkways are safe
- Enough events and activities are available

Concerns

- Not comfortable using different transportation options (Wards 2, 3, 4, 6, 7, & 8)
- A need for more community spaces geared to older adults (Wards 3 & 11)
- Not regularly consulted by public, voluntary and commercial services on how to serve them better (Wards 3, 7, 8, & 11)
- Not feeling recognized by the community for their past as well as present contributions (Wards 1, 4, 5, 6, 7, 8, & 10)

Action Items

- Educating community about aging and older adults
- Consulting older adults when making decisions that will affect them
- Increasing safety and police presence

METHODOLOGY FOR AN AGE FRIENDLY COMMUNITY

Literature Review (January 2017)

The undergraduate research team used secondary sources and government literature to provide context for the findings. The researchers used academic literature to draw connections between the dimensions of age-friendly communities and quality of life. Planning documents from other municipalities provided a basis for the recommendations and action items.

Age-Friendly Survey (September 2016-March 2017)

In March of 2016, Dr. Birgit Pianosi assisted the Seniors' Advisory Panel to Mayor and Council in presented the foundation and work plan needed to make the City of Greater Sudbury more age friendly to over 80 residents, not for profit organizations, civil servants, health care providers and community service providers. Participants attending this session were then asked to sign up for a future session designated to design and implement a community survey to be used to cover all of the 8 pillars from the WHO checklist. On September 8th 2016 the City of Greater Sudbury Seniors' Advisory Board held the first meeting with 75 representatives from different government, community organizations and residents from the community. During that meeting, participants were divided into eight (8) working groups (using AFC pillars (8)). Based on the framework contained in the Ontario Ministry of Senior Affairs' Finding the Right Fit guide, participants customized an Age Friendly Needs Assessment Survey for the City of Greater Sudbury (CGS). The City Seniors Advisory Panel Liaison was instrumental in ensuring the survey was provided to key community informants. Also, a community member donated 2,000 business cards to be distributed in libraries, citizen services office, housing units, apartment buildings, etc...Over 1,220 participants completed the 55-question survey. The survey focused on the eight dimensions of an age-friendly community and informed researchers' for analysis regarding the community action plan. The survey was provided in both official languages, using the online service "Survey Monkey", as well as, hard copies of the survey were sent strategically to community organizations in the twelve wards within the City of Greater Sudbury.

Initial Presentations (September 2016 – January 2017)

Members of the AFC Seniors' Advisory Council informed participants on the principals of age-friendliness, presented the project at numerous events and handed out copies of the AFC community survey to the participants. Participants were also informed about the option of completing the questionnaire using SurveyMonkey. During this five months period, more than 70 events were attended and over 670 filled-out questionnaires were collected.

Focus Groups (February – March 2017)

Five focus groups were organized by geographical location within the twelve wards (Table 2). Unfortunately, not many people attended the focus groups, so that only a limited amount of feedback was received.

Table 2

Focus group locations, wards, and covered AFC pillars.

Date	Location	Wards	Pillars - Questions	Participants
February 9th	Finlandia	7, 8, 9, 11	Culture Transportation Social Participation	3
February 16th	Meadowbrook, Lively	2	Transportation Social Participation Respect & Social Inclusion Community Support & Health Services	22
February 16th	Downtown	1, 10, 12	Housing Communication & Information Culture	0
March 2nd	St. Gabriel's, Chelmsford	3, 4	Outdoor Spaces & Public Buildings Civic Participation & Employment Housing Communication & Information	29
March, 6th	Howard Armstrong, Valley East	5, 6	Respect & Social Inclusion Community Support & Health Services Outdoor Spaces & Public Buildings Civic Participation & Employment	7

Follow-Up Presentations (January – March 2017)

In addition to the focus groups, several meetings throughout the City of Greater Sudbury were attended and a presentation on age-friendliness and subsequent questions about specific concerns were raised (Table 3).

Table 3

Follow-up presentations.

Date	Location/Organization	Attendees
	Ward 1 CAN	16
	Southend CAN	7

Donovan Elmwest CAN	25
Seniors Coalition (SDHU Committee)	20
Seniors Network (and via email)	15 (54)
CARP	75

Additional Resources

In December 2012, the City of Greater Sudbury with the assistance of Oracle Research published a Report of a public opinion survey of older adults 55 years and older in the City of Greater Sudbury. The objective of the survey was to gauge the opinions of older adults on issues related to life in the community. A total of 600 residents 55 years of age and older were interviewed.

Survey Information

After several months of active recruitment of survey participants, a total of 1,222 people filled out the on-line or a hard copy questionnaire in English or French. The hard copies of the surveys were entered manually into the SurveyMonkey website. The average age of participants was 65 years of age. The youngest participant was 18 and the oldest was 95 years old. In detail, 22% (n=253) were younger than 55 years of age, 23% (n=267) were between 55 and 64 years of age, 27% (n=312) were between 65 and 74 years of age, 17% (n=201) were between 75 and 84 years of age, and 11% (n=127) were over the age of 85 (Figure 2). Most of the participants were married (Figure 3) with 48% (n=572), 20% were widowed (n=240), and 13% were single (n=158). Furthermore, 25% were male (n=299) and 75% were female (n=889; Figure 4). Most participants live in Ward 2 (n=167), and the least participants live in Ward 9 (n=56) and 7 (n=58; Figure 5).
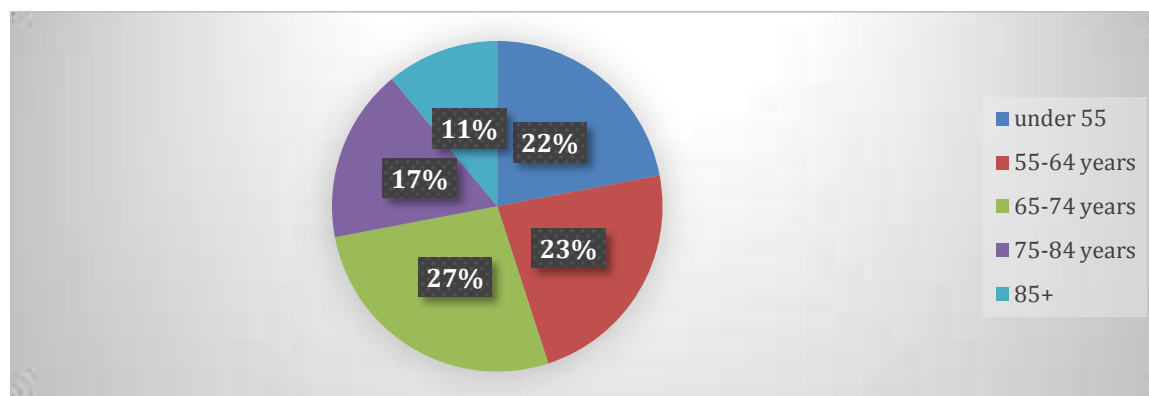

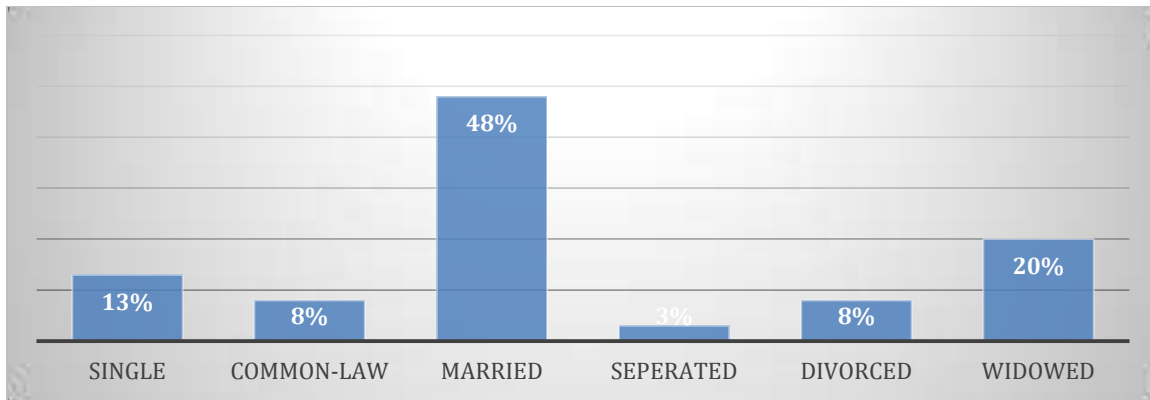*Figure 2.* **Responses by Age Categories**

Figure 3. **Marital Status of Respondents**
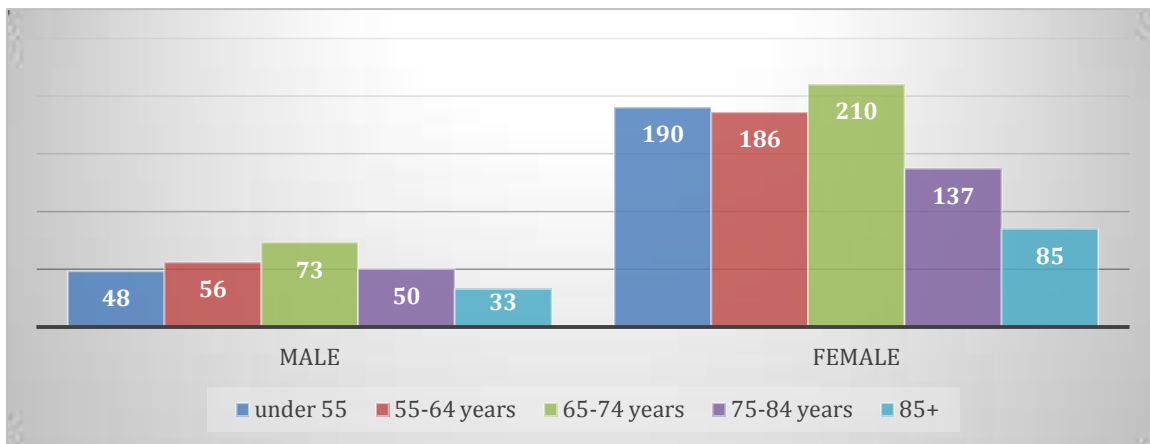

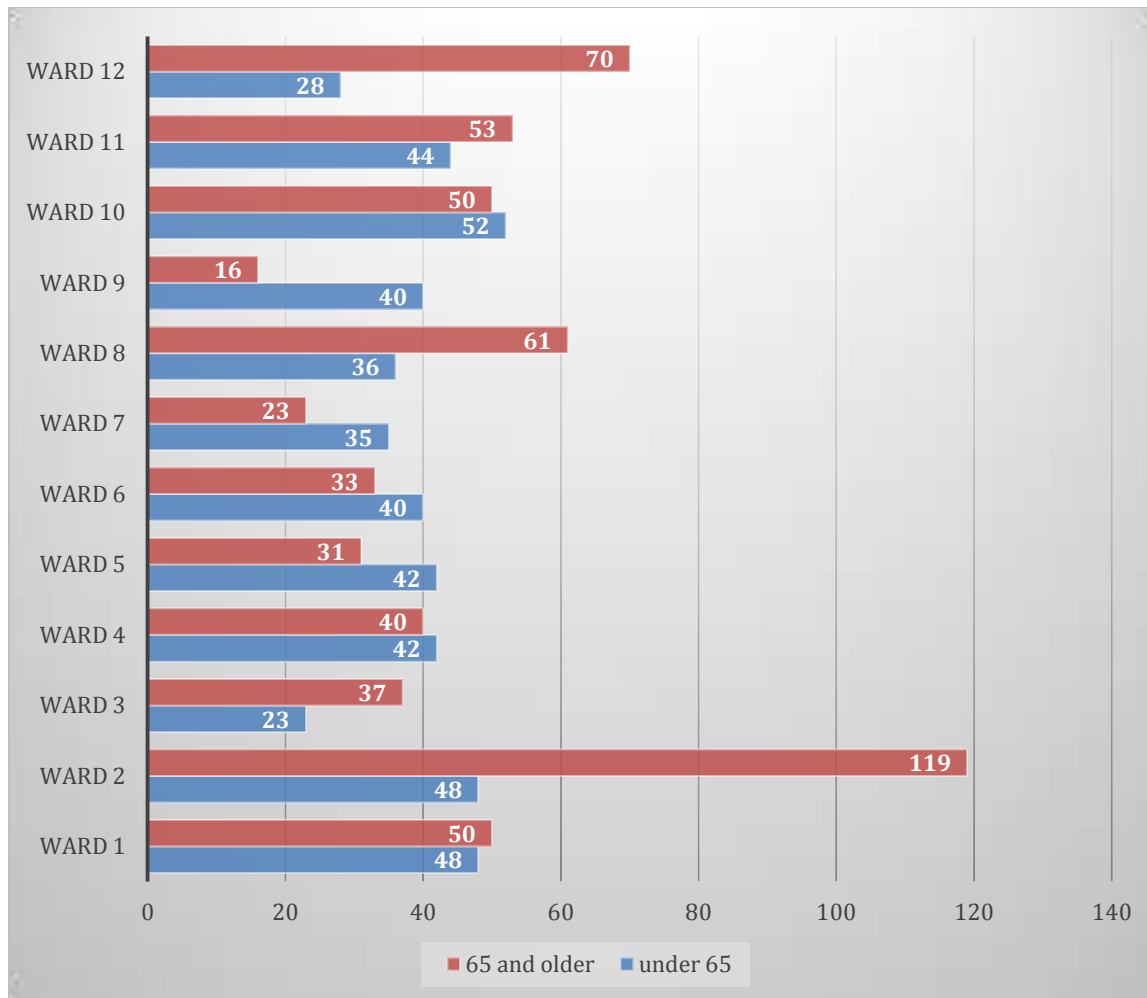***Figure 4.*** **Respondents Gender and Marital Status**

Figure 5. **Respondents Age Category by Ward**

Language/Culture

Among the survey participants, 64% indicated the mother tongue to be English, 29% French, and 7% of respondents identified another mother tongue (Figure 6).

During the data collection process it was found that the availability of events and activities in the Greater Sudbury region, that there seems to be more activities available to the French community members. The difference is 8% more of the English community believes that there are not enough social events or activities made available compared to French counterparts. This could be based on cultural events that are geared to the French community while English events are more open to everyone, as almost everyone who is French can also speak and understand English very well. Activities can also be bilingual whereas the French activities are not open in a sense to the English community as there is a lack of knowledge of the French language, which could make it difficult to enjoy certain events.
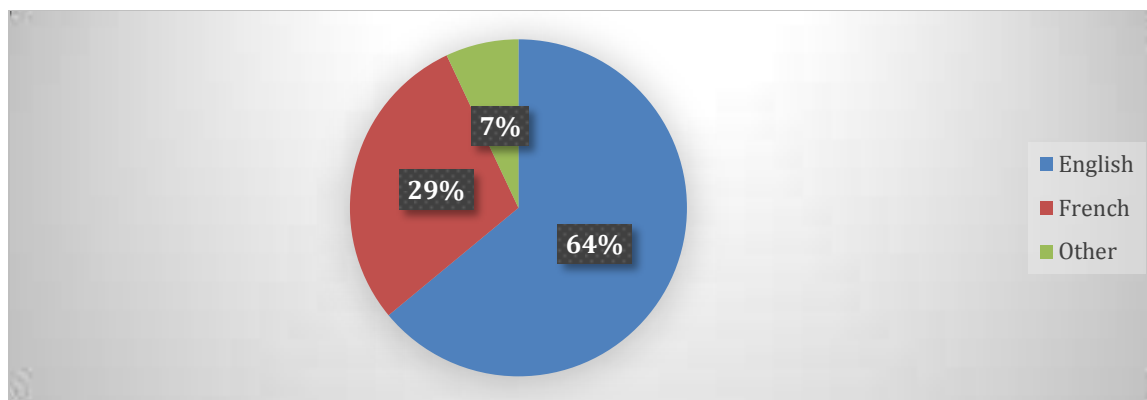
Figure 6. **Mother Tongue of Respondents**

Table 4

Demographic Information about Participants

		Number	Percentage (%)
Gender	Males	272	25
	Females	824	75
Marital Status	Single	136	12
	Common-Law	85	8
	Married	540	49
	Separated	34	3
	Divorced	90	8
	Widowed	218	20
Age	Under 55 years	242	23
	55-64 years	236	22
	65-74 years	279	26
	75-84 years	191	18
	85 years +	120	11
Religion	Christian	925	78
	Other	73	7
	No-Religion	171	14
Spoken Language	English	764	64
	French	343	29
	Other	91	8
Lived in Sudbury	1-4 years	39	3
	5-9 years	43	4
	10+ years	1,103	93
Lived in Current Location	Less than 1 year	89	7
	1-4 years	243	20
	5-9 years	196	17
	10+ years	663	56
Wards	1	106	9
	2	183	15
	3	72	6
	4	91	8
	5	83	7
	6	81	7
	7	66	6
	8	104	9
	9	62	5
	10	120	10
	11	111	9
	12	107	9
Employment Status	Employed FT	288	24
	Employed PT	67	6
	Retired	725	61
	Unable to Work for Medical Reasons	82	7
Years of Current Employment Status	Less than 1 year	52	4
	1-4 years	165	14
	5-9 years	167	14
	10+ years	793	67

SURVEY FINDINGS & ACTION ITEMS

Pillar 1 - Outdoor Spaces & Buildings

Age-friendly outdoor spaces and buildings for older adults are environments that are safe and accessible. This consists of removing barriers that restrict older adults from meeting the needs and desires on any dimension (e.g., physical level, recreational level, etc.). Such spaces and buildings encourage older adults to use available services and participate fully within the community. Thus, outdoor spaces and public buildings contribute to older adults' mobility, independence, ability to age in place and quality of life (The Ministry of Seniors Affairs, 2015).

Several guidelines exist pertaining to age-friendly outdoor spaces and buildings. Age-friendly outdoor spaces consist of green spaces. Research shows that green spaces are beneficial to the well-being of older adults. The simple view of nature can benefit an individual just as much as being within nature. It has the ability to reduce stress, as well as, chronic pain and discomfort, increase rehabilitation while decreasing recovery time, and promoting relaxation. Green areas can help individuals cope with other serious health problems, such as; cancer, allergies, HIV/AIDS and dementia (Davies et al., 2014). Activities within community green spaces like gardening are also advantageous for people of all ages with different circumstances. Gardening has been proven to; lower blood pressure, lift depression, speed wound healing and even increase bone density (Westcott, 2006). The availability of green spaces also increases the rates of walking among populations (Masotti et al., 2010).

Age-friendly outdoor spaces must provide green areas that are well-maintained and meet the needs of older adults. Therefore, should provide adequate and accessible shelters, seating areas and public washrooms (WHO, 2007). These aspects also add to the walkability of a green space. Without shelters for shade, or benches to rest, going for a walk in the park could be tiring and potentially dangerous. If walking became too strenuous and the older adult was unable to rest, the individual could fall and get seriously injured. Also, some older adults suffer from incontinence so it is extremely important to have access to public washrooms while outdoors. Washrooms must be clean, available at regular intervals and accessible by all (wheelchair, walker, etc.).

Walkability of outdoor spaces should be obstruction free (e.g., no snow or potholes, parked vehicles, etc.) walkways, sidewalks, and bike paths need to be accessible to all. Providing older adults with these essential components helps to stay healthy, social and independent (Carman & Carman, 2007). Giving proper access to these outdoor components is also a matter of safety for people of all ages, including older adults and others who rely on walkers, wheelchairs or for those that are frail.

Accessible and safe walkways, sidewalks and cycle paths are essential aspects to an individual's daily life, denying it could be considered discriminatory. Therefore, outside spaces must include sidewalks that are wide enough with low curbs that taper off at the end of the road as well as pavement/roads that are smooth, level and non-slip.

Pedestrian crossings and crossing lights must be strategically and regularly placed and spaced, allowing sufficient time for older adults to cross the road. These need to be sensitive to age-related sensory changes (WHO, 2007). Without these, older adults may rush across intersections, which could potentially cause falls or fractures. Short-lasting crossing lights could cause a vehicle to hit an older adult who had not yet finished crossing the road when the light turned green. Also, older adults may avoid going out completely due to unsafe pedestrian crossings.

Age-friendly buildings should be easily accessible. This not only means having elevators, ramps, adequate signage, non-slip flooring, as well as, other safety features; it means having service buildings in clusters within proximity to older adults (WHO, 2007). This prevents older adults from searching to get errands done. Service buildings that are too spread out can be barriers to older adults. For those who rely on public transportation, traveling from one location to the next can be costly and take time. On the other hand, if the older adult prefers to walk, having services far apart can be tiring.

Above all, age-friendly outdoor-spaces and buildings must provide a safe environment. Areas must be clean, free of harmful odors and excessive noise. As well, older adults need to feel protected by police patrols. Measures to reduce the risk of natural disasters, enforcement of by-laws among others should also be in place for safety purposes (WHO, 2007). An individual's perception of safety within the community is just as important as the actual safety measures in place. Research shows that perceived neighborhood safety is significantly linked to psychological health and well-being. Thus promoting and ensuring perceived neighborhood safety is essential to the well-being of older adults, especially to those with functional limitations, as this population is more vulnerable to negative effects of the environments (Choi & Matz-Costa, 2017). Older adults who reported feeling safe describe the surrounding areas as having fewer road safety problems, little litter, sufficient practical services nearby and low rates of crime among others (De Donder et al., 2013).

Survey Findings

Generally, older participants indicate a more positive attitude towards outdoor spaces and buildings than younger participants:

- Older adults believe that there are well-maintained and safe public green spaces with toilet facilities than younger respondents (27%, 22%).

- Well-lit public walkways (39%, 32%).

- Pedestrian crossings and lights are at regular intervals (51%, 44%)

- Public buildings have non-slip flooring (36%, 29%)

> "Some efforts are being made to make our city more pedestrian friendly and I applaud those efforts."
> (Q11, response 194)

The survey shows that the city must make multiple changes to outdoor spaces and public buildings in order to become age-friendly. Many participants strongly agree/agree that public spaces and walkways are generally safe at all times of the day (61%) and 39% strongly disagree/disagree (Figure 7). More specifically, the survey shows that a large amount of the participants, approximately 53%, do not feel comfortable using walking, cycling and public transit as viable means of transportation. Although 71% of

> "There are very few sidewalks in my subdivision. Residents must walk on the side of the road with their dogs/children day and night and dodge cars. The amber streetlights are not enough to light up the streets and with all the cars and bears in our area, this is a must to keep safe."
> (Q11, response 130)

> "In the winter they don't plow or sand the sides of the roads for people who walk."
> (Q11, response 123)

participants say that public walkways are visible and well-lit (55%), only 21% find these are non-slip, 23% find these smooth, 25% find these level and 29% say these are well-maintained throughout the year. Furthermore, 65% of participants strongly disagree/disagree that public spaces and walkways are easily accessible by residents with disabilities/walking aids (Figure 8). Many participants (n=299) provided additional comments. Three areas of concern impacting the safety in public spaces and on walkways were mentioned the most: 1) snow removal (n=45, 15%), 2) lighting (n=30, 10%), 3) bears (n=17, 7%) and 4) uneven walkways. Public spaces and walkways are difficult to travel by residents with mobility challenges and/or walking aids especially in the winter due to missing snow removal (n=154, 46%) and uneven surfaces all year around (n=61, 18%).

> "I have seen many people getting stuck in knee high snow and actually falling getting of the bus."
> (Q12, response 336)

On a positive note, public walkways and green spaces are said to have adequate shelters by 75% of the participants, seating at regular intervals by 68% and toilet facilities by 46%. The survey also shows positive results regarding pedestrian crossings; 76% of participants say these are well marked, 68% say these are at regular intervals, 58% say these have visual/audio signals and 54% say these allow sufficient time to cross. Lastly, over 60% of participants say that public buildings are equipped with elevators, ramps and stairs that are not too steep or high, which also have railings. Additionally, 49% of participants say public buildings are well equipped with public toilets, 44% say these have non-slip flooring and 40% say there are rest areas.

PILLAR 1 - OUTDOOR SPACES & PUBLIC BUILDINGS

Strengths

- Accessibility of municipal buildings
- Pedestrian crossings and lights are well-marked and are at regular intervals
- Public walkways and green spaces include adequate shelter, shade and seating at regular intervals

Concerns

- Respondents are not comfortable using walking, cycling and public transportation as viable means of transportation
- Public spaces and walkways are less than adequate, resulting in poor accessibility by residents with walking aids or mobility challenges
- Walkways and sidewalks are not always cleared during winter months

Action Items

- Increase maintenance of walkways and green spaces
- Walkways need to be smooth and non-slip when installed or repaired
- Increase public washroom facilities along walkways and green spaces
- Add more time to pedestrian crosswalks and add more mid-crosswalks to longer streets

Pillar 2 - Transportation

Transportation is a form of mobility that people use throughout life that gets them from point A to point B. According to the WHO (2007), "transportation includes accessible and affordable public transport, which is a key factor for influencing active aging" (p. 20). For example, if an older adult is immobile and requires a wheelchair, the individual will be more likely to need affordable public transit in order to actively age. An individual's personal mobility and transportation options can determine the mobility of an older adult. According to the Government of Ontario (2013), "personal mobility is directly influenced by physical and mental health status, access to personal transportation, and the proximity to important amenities" (p. 21). Another important aspect of mobility, is the "quality and design of the transportation infrastructure such as signage, sidewalks and traffic lights" (Government of Ontario 2013, p. 22). If proper transportation is unavailable, it is much harder for older adults to age actively.

Various forms of transportation are available to the general public in most communities, such as; taxis, handi transit, public city buses, etc. However, many of these methods have restrictions, especially when it comes to the older adult population. According to Rosenbloom (2009), older adults felt the public transportation system to be geared towards people in the workforce and had "a variety of safety, personal security, flexibility, reliability, and comfort concerns, even if it was physically accessible" (p. 33-34). Older adults also felt that the hours and routes did not meet desired travel plans (Rosenbloom 2009, p. 34). This can affect social participation, access to health services and community support, as well as, becomes a safety concern. Older adults also have concerns regarding handi transit access as it is based on the severity of physical disability and often does not consider mental disabilities, such as dementia. This can affect older couples because if only one spouse has a physical disability, the spouse will not be able to ride on the handi transit together. All these methods of transportation are important to consider when trying to improve age friendliness and active aging within the community.

Survey Findings

Affordability and reliability is an issue for transportation services for younger people, but neither is an issue for older people (Figure 9).
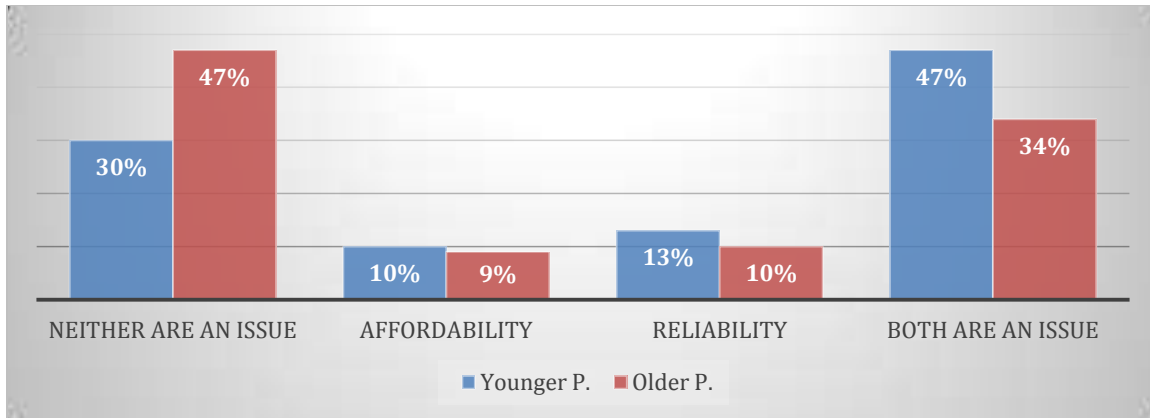

Figure 9. **Issue of Affordability and Reliability by Age Group of Respondents**

Older adults (63%) are more likely to be concerned with the speed of traffic than younger participants (53%). Older adults have a more positive attitude towards transportation services than younger participants:

- More are comfortable using walking, cycling, public transportation as a viable means of transportation given the current infrastructure in the city in comparison to younger adults (54%, 41%).

- The belief is that community transportation is available (47%, 40%)

- Transportation services are safe (62%, 52%)

- Transportation services are comfortable (48%, 38%)

- Transportation services are well scheduled (33%, 20%)

- Transportation services are well advertised (29%, 23%)

- Transportation services are affordable (40%, 26%)

Based on the research conducted, older adults believe that transportation options, such as; public transportation (84%), private transit (family and friends 74%), handi transit (63%), community transportation (Red Cross; 51%), and taxis (53%) are available. When participants were asked if affordability and reliability were an issue for transportation services, approximately 40% of respondents reported both were an issue, 12% responded that reliability is an issue and for 9% of participants affordability is an issue (Figure 10). Out of the 246 participants that commented on this

issue, approximately 10% of the respondent's feedback stated that the city transit prices are too high and 8% of the participants felt that taxis are too expensive to use this form of transportation.

> "I would like to see more access to taxi services in outlining areas for the elderly who no longer drive but want independence."
> (Q21, response 61)

Results from the survey show that comfort of using walking, cycling, and public transportation is not a viable means of transportation given the current infrastructure. Several participants commented on this issue (n=278). Approximately 70% of the participant's feedback expressed that when walking, safety is a concern. Same for biking on streets, as roads are not wide enough, and bus stops are often too far to walk to. Moreover, there are several traffic concerns; approximately 82% of participants are concerned about speed, 64% about general traffic, and 49% about truck traffic (Figure 11). Results obtained show a high concern for drivers speeding, especially speeding through intersections. The results also displayed that there are needs to implement more mid-block crosswalks or pedestrian traffic signals on long streets with no intersections to improve crossings for older pedestrians. Surveys identified a need for increased access to affordable and reliable modes of transportation to promote age friendliness within the City of Greater Sudbury.
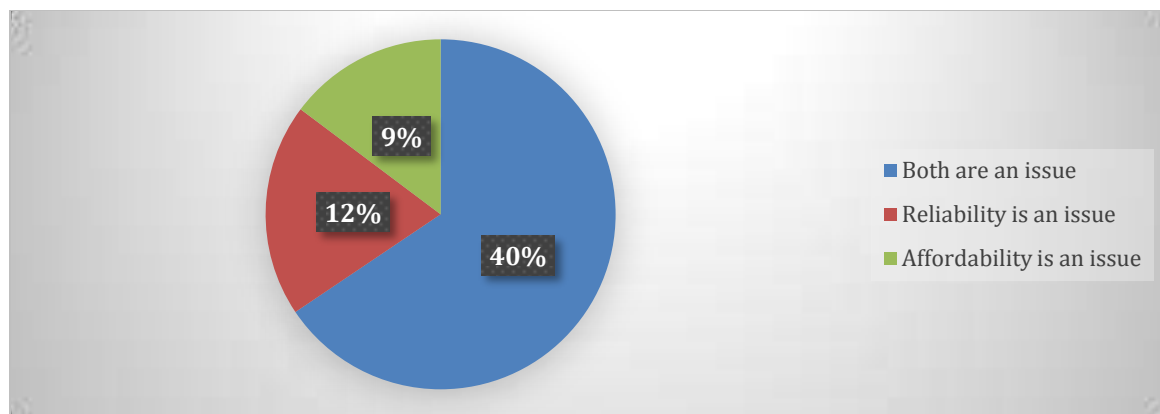

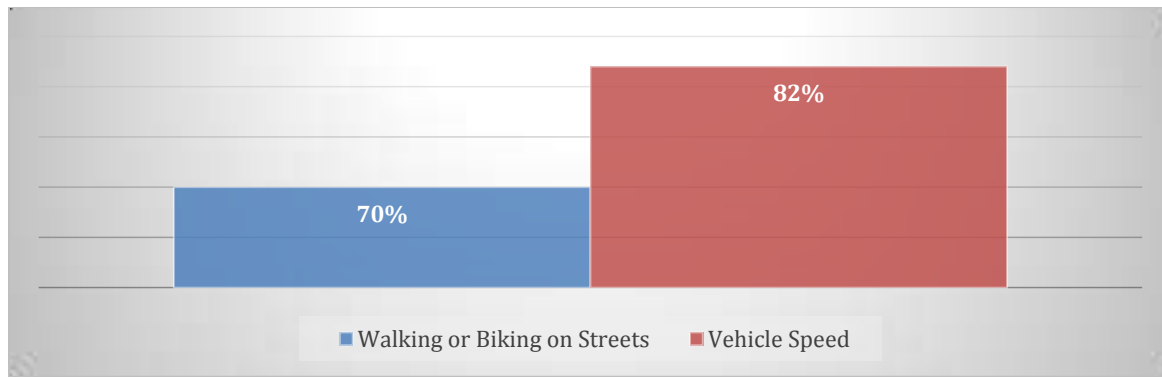*Figure 10.* **Transportation Affordability and Reliability**

Figure 11. **Pedestrian Safety**

PILLAR 2 - TRANSPORTATION

Strengths

- Lots of options available within the city core (public transportation, handi transit, community transportation, such as, the Red Cross and taxi services
- Within the city core, transportation is safe, comfortable, easily accessible and affordable to use

Concerns

- Many respondents indicated a safety concern with the downtown bus depot
- Lack of speeding enforcement for both cars and trucks in all areas of the city
- Lack of traffic improvement measures within major roads
- Road too narrow for trucks
- Not enough mid-block crosswalks or pedestrian traffic signals on long streets with no intersections
- Transportation services do not serve the needs of affordability and reliability within the older adult community
- Walking, cycling, and public transportation is not a viable means of transportation as it does not feel safe walking or biking, and bus stops are often too far to walk to
- Lack of bike lanes, wider roads, and safer sidewalks
- Reliability of transportation services
- Lack of funding or further cost subsidization for older adults where affordability is an issue

Action Items

- Need bike lanes, wide roads, and safer sidewalks
- Need mid-block crosswalks or pedestrian traffic signals on long streets

- Need to increase timing on lights at street intersections to allow enough time for residents with mobility issues to cross
- Need funding or further cost subsidization for older adults' with affordability issues
- Improvement of traffic measures on major city roads

- Offer better transportation options in the outlying areas of the city.
- More law enforcement for speeding.
- Pedestrian crossings and lights are at regular intervals

Pillar 3 - Housing

Where one lives, especially for older adults, is an important part of one's life (Pynoos et al., 2008). A home not only allows older adults to stay independent in their later years, it also allows daily living activities to be performed in the most functional way possible (Hwang et al., 2011). For older adults, a home is more than just that, it is a place where they grew and evolved into their own personal self, as well as a place where "emotional, cultural and spiritual connections" were made (Pynoos et al., 2008, p. 79).

Most older adults, if physically able, prefer to age in place than be in institutions. In order to promote independence and functionality of activities of daily living; home modifications can be an important change to one's environment (Van Hoof et al., 2010). However, many older adults "live in physically unsupportive environments disconnected from needed services" (Pynoos et al., 2008, p.80). In order for older adults, especially those with disabilities, to age in place within their homes, "social, medical, and environmental supports are needed as people age and limitations in physical and cognitive abilities increase to achieve "aging in place" (Hutching et al., 2008). Aging in place can be beneficial by increasing an individual's "autonomy, independence, sense of identity, as well as, maximizing financial resources" (Hutching et al., 2008, p. 302). Older adults view a possible transition into an institution as a "negative event leading to loss of autonomy and important life values" (Hwang et al., 2011, p. 248). As well, a change to one's environment (home modifications) can have a direct impact on competency levels (i.e. as functional frailty). Nevertheless, aging in place can be problematic especially for those who suffer from dementia. Many individuals are unable to develop environments that are, "appropriate, healthy, and supportive... in which each can perform optimally and are being compensated for a decreasing vitality and overall health status" (Van Hoof et al., 2010, p. 202). Moreover, there are also barriers towards aging in place, such that many communities have strict rules on the type of housing that can be built (Menec et al., 2015) especially in rural areas.

As mentioned above, home modifications are necessary so older adults can successfully age in place because each modification, "enhances accessibility and usability of home environments, strengthens personal and social meaning of home for older people, lessens dependence in performing daily activities, and reduces care giving burden," (Hwang et al., 2011, p. 247). Not providing home modifications that promote accessibility and full functioning individuals can cause older adults to have, "unnecessarily restricted activities, decreased personal safety, increased

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dependence on others, and can become a future risk of needing higher levels of care and institutionalization," (Pynoos, 2008, p.81).

Additionally, safety is a top priority, as injuries can happen in unsafe homes. Outdoor areas should have lights, railings and clutter free pathways. Indoor areas should have well lit hallways and rooms, secure rugs and mats, and clear walkways. Lastly, stairs should be well lit, free of clutter, have skid-free surfaces, and handrails (Public Health Agency of Canada, 2006).

Hwang et al., (2011) describes a positive relationship between home modifications and aging in place, increased quality of life and functioning of activities of daily living. Menec et al., (2015) found that many rural communities require more ways to meet older adult needs (p. 217). Those rural communities that were further away from resources had lower quality of life for older adults due to physical and social environments.

Survey Findings

The majority of participants feel safe at home. However, older adults (84%) feel safer that younger people (75%). Based responses received, 91% of individuals want to remain at home while aging. Only 9% would choose to move if possible because of high taxes and electricity costs. Those who are concerned for the rising cost of electricity and taxes

> "The bear problem is quite bad in my area in Spring and Fall. Unfortunately, this keeps me and my neighbours on high alert and often afraid to venture into our own backyards."
> (Q29, response 50)

> "Only a change in my health would cause me to give up living in my home."
> (Q28, response 14)

may not be aware of affordable housing options designed specifically for those with low incomes. Nine percent (9%) of individuals believe that a decline in health and living outside of the city center would determine whether or not aging in place is possible.

These findings suggest that older adults do not always live in environments that are physically supportive and may not have access to certain services needed (Pynoos et al., 2008). Most participants live in single family homes (58%), followed by apartments or condominiums (17%), and seniors' residences (16%; Figure 12). Furthermore, many respondents own their home (61%) and 30% are renters.
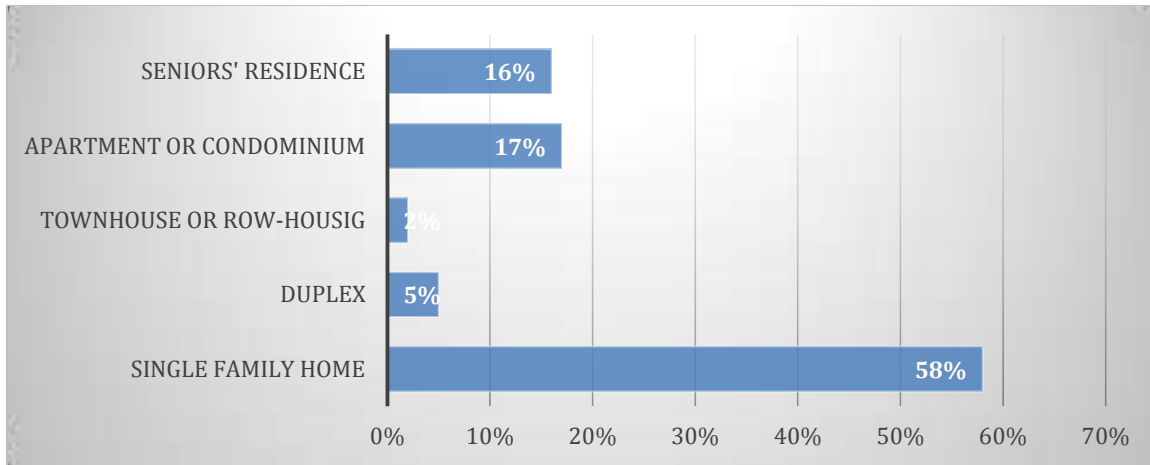
Figure 12. Respondents: **Housing Types**

Safety is also a priority for older adults when it comes to living environments. Most respondents indicated feeling unsafe in the downtown core. Of the respondents, 95% felt safe at home, 84% within immediate surroundings, and 79% felt safe in the neighborhood (Figure 13). However, nearly 47% of respondents expressed concern due to bear problems, high traffic concerns, high levels of crime and not enough police presence and fear of being downtown. As much as 5% did not feel it was safe travelling at night resulting in these respondents not leaving the premises. Some respondents also requested "more lighting" such that, "city street lights are not always on and very dark on days it does not come on", as well as, requests for "more railings" when asked about neighborhood safety. On the other end, 84% of respondents feel safe in immediate surroundings, especially those who live in apartments and condominiums due to having good communication and relationships with neighbours, high levels of security and police that are available.

> "Knowing and being nice with neighbours is important, i.e. looking out for one another."
> (Q29, response 90)

Home modifications are also a major factor for older adults and age friendly communities. Modifications for cosmetic repairs (61%) and bathroom modifications (34%) accounted for the highest requested modifications needed within the home (Figure 14). Consistent with the work of Hutching et al., (2008) and the Public Health Agency of Canada (2006), handrails, grab bars, high toilets, and non slip tiles were some of the major bathroom and home modifications to better meet the physical needs of older adults and assist in successful aging in place. The remaining participants believed that emergency response systems (31%) and major structural repairs, such as; new roofs, and plumbing (27%). However, some comments suggest that housing and living environments do not account for an individual's physical ailments, such as; wheelchair use and bathroom lifts that

may be required to assist in activities of daily living. Others commented on the lack of efficient snow removal within their neighborhoods, which suggests older adults may not be aware of services that exist within Sudbury. For instance, The Red Cross offers programs that provides "home maintenance, such as; house cleaning, snow blowing, and yard maintenance services" (City of Greater Sudbury, 2016, p.20-21). Without these modifications, older adults living situations cannot fully meet accessibility and usability requirements to increase independence and performance of activities of daily living (Hwang et al., 2011). When it comes to outdoor areas, respondents commented that, "lights did not work properly", many requiring ramped entrances, hallway railings, and stairs becoming harder to climb. Without these changes, many older adults are at greater risk for injuries and falls (Public Health Agency of Canada, 2006).
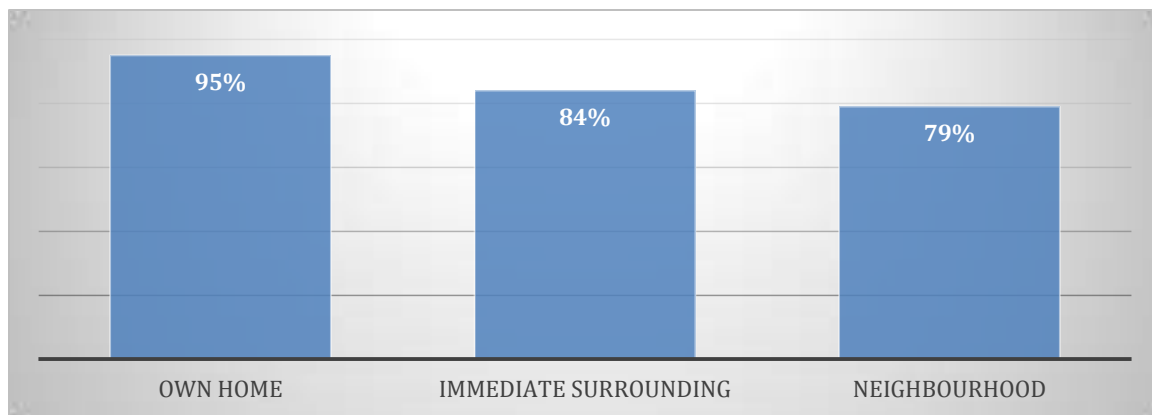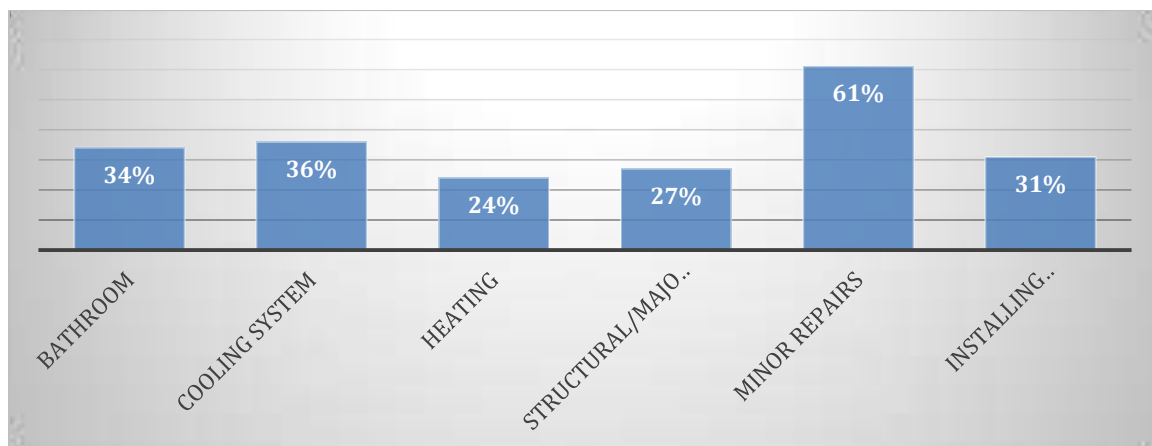

Figure 13. **Feeling of Safety.**

Figure 14. **Necessary Home Repairs and Modifications.**

PILLAR 3 - HOUSING

Strengths

- Safety with security control within apartment complexes and condominiums

- Good communication and relationships with neighbours

Concerns

- Bears

- Not enough police presence

- Lower income areas have increased crime resulting in decreased feelings of safety

- Low lighting at night

- Inadequate home modifications to meet physical ailments

- Lack of affordable housing in outlying areas

Action Items

- Improve availability and accessibility of affordable housing, decrease waiting time on waiting list

- Raise awareness of subsidized housing and other subsidy programs

Pillar 4 - Social Participation

Social participation is an individual's involvement in recreation, leisure, social, cultural and/or spiritual activities within the community. It is also the socialization with family and friends, which "allows older adults to maintain and establish supportive relationships" (AFC Definitions, 2017).

Providing opportunities for social participation is particularly important in older age, as the involvement in activities often decreases with age (Novek et al, 2013). The lack of social participation among older adults is often due to life changes, including retirement, death or illness of a loved one, relocation, and socio-economic status (Ashida & Heaney, 2008). Participation may also be impacted by mobility and transportation issues. If an older adult does not have access to transportation, attendance is less likely at social activities. As a result, older adults can develop feelings of loneliness. According to a Canadian study conducted by de Jong Gierveld, Keating and Fast (2015), "personal characteristics, social network size and composition and satisfaction with network contact were related to loneliness in older adults" (p. 125). Therefore, it is crucial for older adults to have proper access to these services and are encouraged as much as possible to join social groups.

Social involvement can have multiple health benefits for older adults, including; an enhanced quality of life, decreased likelihood of depression, decrease risk of cognitive decline, and many other health benefits (Lee et al 2008, p. 1042). Social participation is important as it promotes active and healthy aging. According to the study conducted by James et al (2011), "the risk of developing a disability in activities of daily living decreased by 43% over an average of 5 years for each additional social activity engaged" (p. 11). He also found that the risk of mobility disability decreased by 31%.

Survey Findings

The majority (83%) of younger participants leave home daily, whereas only 55% of older participants do. The City of Greater Sudbury has a significant amount of events and activities available to the older population to get involved in and participate. The results from the survey show that

> "I would like more age friendly activities, especially healthy nutrition and exercises."
> (Q34, response 37)

participants often leave home frequently during the

> "No information is easy to find, or you hear about it after the fact."
> (Q38, response 64)

week, which helps to prevent isolation. Many respondents feel that many places are accessible to accommodate needs, such as; public washrooms and automatic handicap door openers. In terms of organized activities, respondents found these were suitable to interests and cultural needs. However, would like to see more events geared towards specific interests. According to respondents, television, radio, Facebook, and newspapers, are the primary means of communication and information on activities and events. Nevertheless, out of 106 participants who commented on this issue, approximately 33% stated that preference to participate in more activities, but often find out about events too late and miss out (Figure 15).

Figure 15. **Good Information on Activities and Events**

Participants expressed concern for more community spaces geared towards older and younger generations that are convenient and accessible to travel to (Figure 16). Weather contributes

> "If there is a bad snow storm, I may not venture out due to road conditions."
> (Q39, response 94)

the older population's participation in community events, as it can be harder to travel to farther locations. The results obtained show that there is need for additional funding to promote higher participation in programs by subsidizing the costs for older adults to attend more activities. To maximize participation, out of the 137 respondents that commented, 9% expressed the desire for more affordable activities around the city. One

> "Drop in centers within the neighbourhood does not have to be seniors only, multigenerational would be great!"
> (Q40, response 267)

participant stated that, "I can't afford to go to a gym or swimming pool for exercise or the Parkside Centre".

"Don't just gear them towards older adults gear community spaces to a mixing of all age demographics. It is only be catering to the entire community that all age groups will benefit. Older citizens receive needed social interaction and youth receive humility and wisdom. "
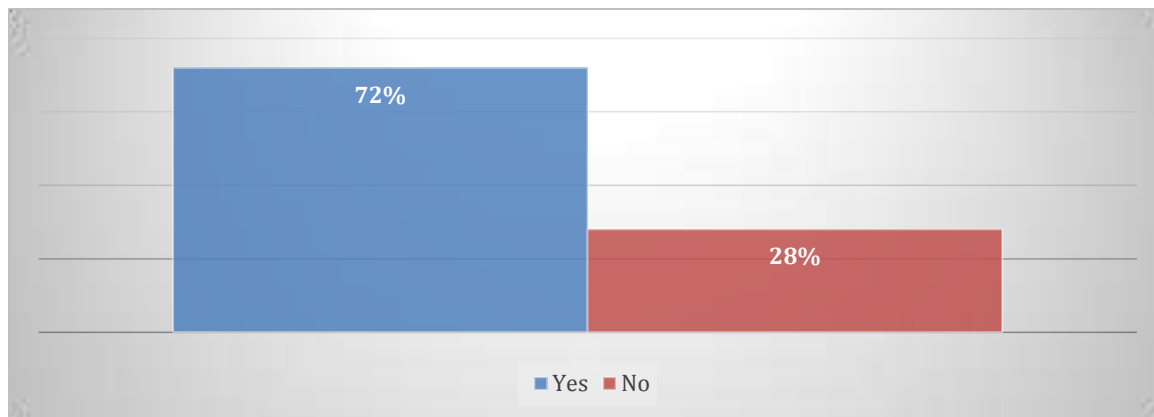
(Q36, response 98)

Figure 16. **The need for more community spaces**

PILLAR 4 - SOCIAL PARTICIPATION

Strengths

- Participants are leaving homes daily or 1-3 times per week
- Significant amount of events and activities available
- Organized activities are suitable for interests and cultural needs
- Majority respondents have spaces that are accommodating (accessible bathrooms, stairs, etc.)
- Television, radio and word of mouth are more common forms of communication used to hear about events and programs

Concerns

- Only 55% of older adults leave home daily
- Not enough community spaces geared to older adults
- Not enough community centres for all generations that are accessible by walking or public transportation
- Not enough parking available or very expensive to park for activities and events

- Lack of awareness of community events

- The weather is a huge contributing factor to older adults' participation in activities

- Participants find out about events too late

- Need for more affordable exercise programs

Action Items

- Need cost subsidization for social events and clubs

- Need more events, programs and services held indoors due to the weather

- Better advertising of events and services using television, radio, paper form of communication and emails

- Desire to receive a printed version of the "Leisure Guide"

Pillar 5 - Respect & Social Inclusion

"Shared attitudes toward aging can create significant social norms that may limit older adults' capacity to achieve personal goals and maintain independence," (WHO, Age-Friendly Community Planning, 2013, p. 23). Respect and social inclusion is important for communities to establish in order to help improve the lives of older adults. Older adults sometimes experience negative behaviour, "this clash is explained in terms of changing society and behavioural norms, lack of contact between generations, and widespread ignorance about ageing and older people," (WHO, Global Age-Friendly Cities: A Guide, 2007, p. 45). As mentioned by Scharlach and Lehning, "social inclusion may have a variety of potential benefits for older persons, such as; reciprocal social exchanges that foster interdependence rather than inequity and disempowerment, social integration that supports social identification, role fulfillment and preservation of self-construct and self-esteem, social recognition from community member and one's self, meaningful social interaction, and social agency rooted in mastery, self-efficacy, and perceived control of oneself and one's environment". By remaining involved, older adults are also helping to maintain independence for as long as able, achieving a sense of empowerment.

It is common knowledge that older adults are sometimes mistreated by younger generations. By educating local residents on how to properly address older adults, a community can eliminate and resolve the feelings of a lack of respect and become more age-friendly. Respect is important to someone's mental health and overall well-being. If one experiences disrespect, it could dramatically affect their way of living and their perception on life in general. This could mean not leaving the house, not maintaining personal care, or even not maintaining contact with family members due to discouragement, thus causing social isolation, one of the greatest risks for negative health outcomes. Forms of respect as listed by Sung and Dunkle (2009) include; care/service, acquiescent, consulting, precedent, salutatory, linguistic, victual, gift, presentational, celebrative, spatial, and public respect.

Survey Findings

The City has a large variety of activities, clubs, services and programs to initiate social inclusion and respect for its residents. These programs are in place to advocate for better health and well-being of Sudbury's older adults. It is important to the community that all

> "I have been recognized in the past, and I would like to say that it is very much appreciated. However, that is not always the case."
> (Q42, response 43)

residents are respected and included in social activities and interactions. Maintaining respect between generations encourages and increases the independence and self-determination of older adults. It is with best efforts that Sudbury is inclusive and respectful to all generations especially with the latest work being done with transgender individuals.

Due to the variety of programs, services and activities, 455 residents (52%) that participated in this survey feel recognized and respected by the community, but feel that there could be more efforts put in towards educating younger generations on the aging process and older adults in general

> "Public transit schedule makes getting to major destinations like hospital, downtown, shopping centres a safari." (Q23, response 275)

(Figure 17). Residents in Sudbury also indicated that some programs and services are difficult to access due to mobility issues. Very few indicated barriers when participating in community socially

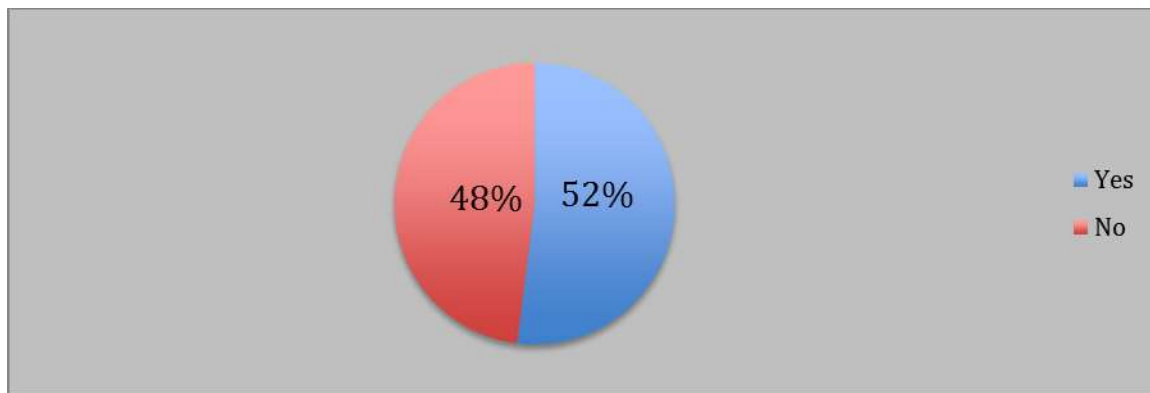by hearing, seeing, and other health disparities (Figure 18).

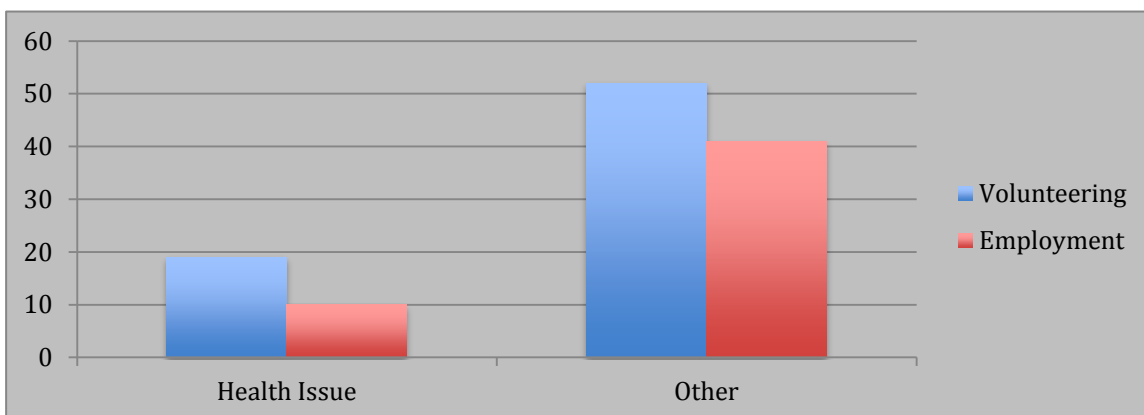*Figure 17*. **Recognition from the community felt by older adults**

Figure 18. **Barriers experienced by older adults when volunteering or during employment**

Both age groups feel that consultations are not done regularly by public, voluntary and commercial services on how to improve services to meet the needs of older adults. There is a lower percentage of older adults that feel consulted (older – 70%, younger – 82%). Many older adults feel recognized by the community for past and present contributions (61%), but only a minority of younger participants felt that way (41%). Older adults believe the images used by media are depicted realistically and without stereotypes

> "Would like to see more presentation of healthy active seniors. I believe the perception is that the majority live with limitation and disability but that is not the case."
> (Q45, response 94)

(69%) with regards to this specific population. Only 54% of younger people agree.

PILLAR 5 - RESPECT & SOCIAL INCLUSION

Strengths

- Residents feel recognized by community and specific volunteer organizations for past and present contributions to society
- Over 50% still volunteer
- Social clubs and groups show appreciation for help received from older adults
- Majority believe Sudbury is inclusive of same sex couples and different sexual orientations within the community and are satisfied with the amount of services offered
- A variety of a cultural and social activity/clubs are available in the community, along with Public Libraries which satisfy current needs
- Older adults are visible in the media and are depicted realistically without ageism
- Some schools incorporate education programs about aging

Concerns

- Little communication between different generations
- Not regularly consulted by public, voluntary and commercial services on how to serve older adults better
- Local media companies not advertising activities for older adults
- Not enough intergenerational educational activities
- Transgender older adults struggling with social acceptance and not enough activities and groups geared to this sector
- Some social groups and activities are difficult to access due to language barriers

Action Items

- Create more intergenerational educational activities within the community

- More community services and activities that are accepting of transgender older adults

Pillar 6 - Civic Participation & Employment

An Age-Friendly Community enables older adults to contribute to community through; paid employment, civic participation and volunteerism by eliminating age-related barriers and challenges. The desire to contribute to the community does not simply end because one becomes an older adult. In fact, civic participation and employment in later life is important for both the individual and the community. Older adults' contribution through unpaid work and volunteerism creates meaning to lives and provides opportunities for social involvement (Ontario Ministry of Seniors Affairs, 2015). In return, the community gains a wealth of knowledge from the older adult and employers benefit as most older adults have job experience.

There are standards that portray age-friendly civic participation and employment in a community. Older adults must have a range of volunteering options to meet skill level and interest. Reasonably, these options must be well-developed with infrastructure and training. This is also the case for employment options. Training or re-training is required for people of all ages who are doing paid or unpaid work, e.g., training on new technology or training on policies, etc. It is not only a safety measure. Research shows that availability and quality of training received by older adults directly affects job satisfaction. Proper training not only has a positive effect on the older worker's satisfaction; it also benefits the organization (Leppel et al., 2012).

Unfortunately, employment options are not always available for older adults and may face many barriers within the workforce, such as; ageism, changing skill requirements, lacking the necessary education or skills or having limited access to the required training (Anderson et al., 2013). For this reason, age-friendly communities have policies and legislations in place to prevent age-related discrimination and forced retirement. Moreover, age-friendly communities encourage organizations to employ and retain older workers, as well as, offer flexible opportunities like part-time or seasonal employment. More and more older adults want to ease into retirement, slowly cutting back on hours. Research shows that this method is beneficial for both the individual and the employer (Hardy, 2008). To further promote the participation of older adults in paid and unpaid work, age-friendly communities create accessibility for older adults. Thus, opportunities are posted in areas geared towards older adults, workplaces are adapted to their challenges and needs and there are no additional costs to the participating worker. For example, the older adults' transportation or other expenses while working are reimbursed. Also, older workers' in an age-friendly environment are paid fairly, like any other adult, and income is not deducted from pensions or other forms of income due to their work (WHO, 2007).

Lastly, age-friendly organizations and employers will respect and acknowledge the older adults' needs and contributions, and eliminate all barriers (Martinez et al., 2011). However, for older adults to fully contribute and make a positive influence on the community, it is essential for organizations to utilize the talents of older adults. This can be done so in multiple ways, for example; colleges and universities can provide older adults with training in jobs, entrepreneurship programs could be offered to support self-employment, among more (Halvorsen & Emerman, 2013). As for civic engagement, communities successfully encourage older adults to participate through shared sense of values and goals, commitment to a common good, mutual trust and adequate resources (Henkin & Zapf, 2006-07).

Survey Findings

A range of employment opportunities are available for younger adults (51%), but not for older adults (21%).Based on the results obtained from the City of Greater Sudbury Age-Friendly Communities Survey, civic participation and employment among older adults is adequate, however there is plenty of room for improvement. First, there is not a significant amount of older adults that volunteer. Nearly half, 46%, of the participants in this study do not volunteer. Some respondents left comments as to why volunteering cannot be done. Comments suggest that there are multiple barriers restricting engagement, such as; health limitations, conflict in schedule and/or lack of time (for those who remain employed), lack of safety (especially at night), as well as, cost and

> "I have been an active volunteer in this community for over 40 years."
> (Q47, response 101)

transportation. Participants suggested refund for transportation and other costs, on multiple occasions as possible solutions.

On the other hand, 54% of the participants reported that they are currently volunteering. Overall, this group of older adults described positive outcomes and experiences in volunteering. Indeed, approximately 85% feel welcomed and valued and approximately 80% feel recognized and acknowledged (Figure 19). Moreover, approximately 78% have not experienced barriers in volunteering. The downfall is that the remaining 22% of older adult volunteers have come across difficulties at one point in time during volunteerism. Some of these participants left comments about personal barriers with volunteering, which reiterates some of obstacles mentioned by non-volunteers, like cost, transportation and health.

In terms of older adults and employment, this survey shows that most participants are currently retired (approximately 62%) or employed fulltime (approximately 25%). The remaining participants reported one of the following: unable to work due to medical reasons (6%), employed part time (6%), unemployed (2%) or looking for employment (1%). An additional 3% of the participants did not fall under the preceding categories, in which case answered "other" as employment status. Based on comments received, those who answered "other" are either self-employed or homemakers. About 70% of participants have had current employment status for ten years or more.

> "Most of the jobs I am qualified to work for requires bilingualism."
> (Q50, response 80)
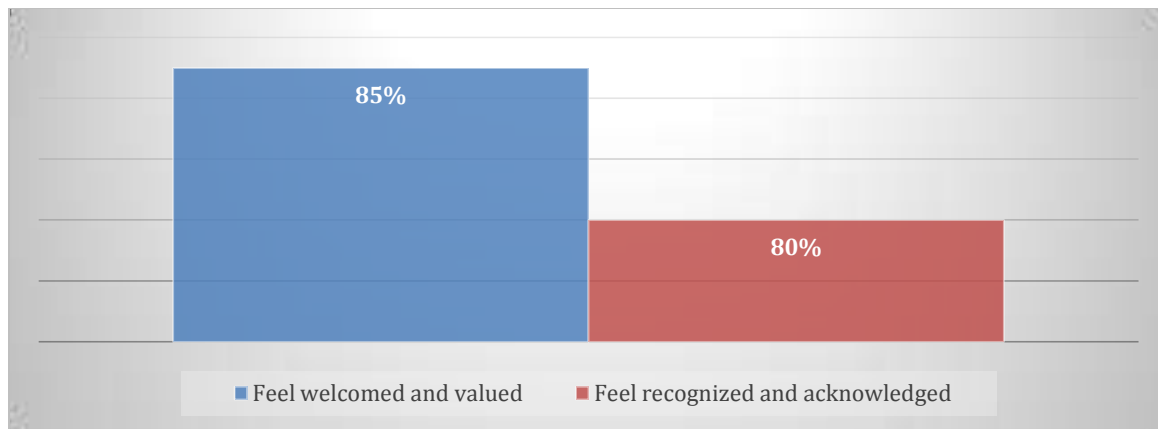
Figure 19. Benefits of Volunteering

As for difficulties in employment among older adults, the majority of participants say that barriers have not been experienced while employed. However, 28% of the participants expressed experiencing some form of obstacle while employed

> "Ageism, people assuming you know nothing of technology because you are older, they forget that my generation invented the computer."
> (Q51, response 89)

and some respondents commented regarding these. There were a variety of answers, though the most common impediments were; ageism, racism, sexism, homophobia, language, and physical barriers that come with age and/or disability. Furthermore, 66% of the participants in this survey say that there is not a range of employment opportunities available at this time.

PILLAR 5 - CIVIC PARTICIPATION & EMPLOYMENT

Strengths

- Overall, participants reported great experiences and positive outcomes in volunteering

- There is a very low percentage of participants that are unemployed or looking for employment

Concerns

- Only half of the participants volunteer within the community, which is considerably low given the amount of participants that are retired

- Barriers are affecting older adult's willingness and ability to volunteer

- Limited range of employment/volunteer opportunities available to older adults

Action Items

- Create more awareness on where and how to apply for volunteering opportunities

- Refund transportation, police check, and all other costs involved with volunteering

- Increase awareness and opportunities of employment opportunities

Pillar 7 - Communication & Information

Communication and information is another important aspect of an Age-Friendly Community. Communication can have an impact on reducing social isolation and loneliness in older adults by involving individuals and creating awareness of what is occurring within one's community (Rebola & Jones, 2011). In order for a community to be age friendly, it must provide information regarding opportunities for older adults to be involved within community. One major problem that older adults face is access to information about current services and programs that can help better the quality of life. However, in recent years there has been an increase in the knowledge of services that are available within communities. Older adults believe that that the level of information provided to make informed decision about where community services are severely lacking. This made many older adults feel unconnected with the community (Everingham et al., 2009).

Face-to-face communication and using the telephone are the most used and preferred methods of communication within the older adult population. Many older adults are affected by age related complications, such as; mobility, vision, and hearing issues. These impairments not only influence the choice of communication method, but also have a negative impact on loneliness and lower the quality of life, especially if one does not have many social supports (Yuan et al., 2016). The least preferred method of communication within the older adult population is the use of the internet. Nevertheless, this form of communication can benefit older adults, especially if there is training to use such technology. Not only would it allow older adults to stay connected to current services, but it could also link older adults with health care specialists, (Charness & Schale, 2003).

One option to succeed in making older adults more connected with community is by teaching the use of current technology. One study found that older adults do have the ability to learn computer skills; however, require more time and effort, as well as, simplistic technology, (Charness & Schale, 2003). Researchers are trying to bridge the gap between communication barriers as well as create solutions for these barriers. Being able to make information more accessible and easy to comprehend for older adults is the most important step. For instance, using less automated systems and more direct contact with specialists, (Public Health Agency of Canada, 2010). It is also important for technology businesses to create software and programing that is easy to use and age friendly (Charness & Schale, 2003). In order for older adults to be able to embrace and use technology, such as the internet, changes must be made towards how organizations and services lay out homepages. Studies found that, websites can cause frustration and other difficulties for older adults, such as font sizes being too small for those who have vision impairments, and sites that

require extra information to be known. This is a major issue, especially if older adults are not comfortable or trained in using technology or have vision and motor skill problems. Since phone calls are a preferred method of communication among older adults, there must be some changes to this barrier as well. Older adults themselves, "find it less satisfactory as a means (telephone) of getting information if they cannot speak to a real person or cannot do any negotiating with an automated system,"(Public Health Agency of Canada, 2010). One final barrier that older adults experience when acquiring information about organizations and services are advertisements that are not as age friendly as needed. This means that printed information should be easy to read, be direct and specific, and avoid language that older adults might not be familiar with (Public Health Agency of Canada, 2010).

Survey Findings

Communication and information is an important part of an age friendly community, in order for older adults to be aware of the different opportunities and services that are available in the community and to reduce instances of social isolation and loneliness (Rebola & Jones, 2011). When asked which mediums older adults receive most community information, many stated that a reliance on family and friends (65%), which was also indicated as the most effective form of communication 69%. On the other hand, television (56%) is also indicated as receiving information from (Figure 21). This suggests that face to face communication is heavily relied upon by this age strata and is consistent with many other findings (Yuan et al., 2016; Public Health Agency of Canada, 2010). Not a lot of older adults are aware of telephone information services, 211 (5%) and 311 (8%) helplines and were described as the least effective forms of getting their information. This seems interesting considering many older adults rely on using the telephone as a main form of information sharing
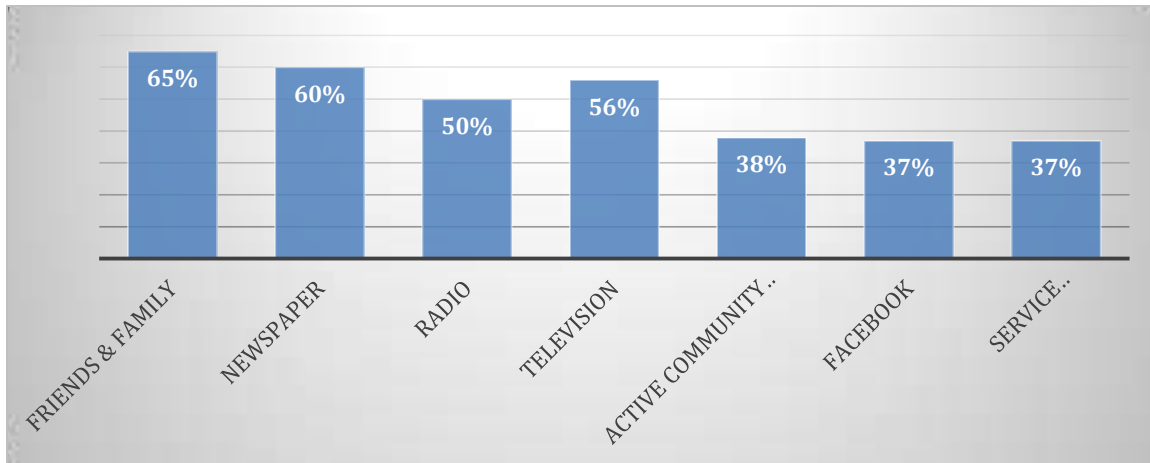
(Yuan et al., 2016).

Figure 21. **Receiving Information about Community Events and Programs.**

The majority of older adults (68%) strongly agree and agree that information is received about activities and programs in the city, but only 56% of the younger participants strongly agree and agree with this statement.

Surprisingly, with the rise of technology, many older adults do not prefer this form of communication and would much rather receive information by word of mouth (Yuan et al., 2016). Within this survey, 37% of older adults receive information from Facebook and 38% believe that it is the most effective medium for information. As well, email (31%) is also another form of communication that older adults make use of and 37% believe it to be another effective medium. Many older adults, when commenting on preferred mediums of communication, would like to have more information broadcasted online, such as, Facebook, email, or text message. The least effective form was use of websites. Only 28% of respondents said information was received from this source and only 31% think it is an effective medium. Considering it is rated as being used the least amount and seems to be less effective than others, it is still used by a substantial amount of adults. This lower consensus can be partially explained by website layouts not being as age friendly as possible, such that these site's layouts are more difficult to navigate and read and more complex for the older adult population (Public Health Agency of Canada, 2010).

> "If I miss an announcement on CBC I likely won't know about it. I check the bulletin boards at the library. I'd like a one-spot online area to find a calendar/list of activities that I can go to rather than having to glue my ear to the radio, hear by happenstance, or weed through all of the paper to possibly see something that's appealing."
>
> (Q54, response 8)

Many individuals (63%) strongly agree/agree that information is regularly received regarding programs and activities in the community. Participants receive inadequate information on selected health services (37%), for community support (33%) and for social participation (28%). The Parkside Older Adults Centre located in the City of Greater Sudbury, is beginning to improve older adults abilities to receive better access and information to services and programs in the community by offering computer literacy classes that aid in using technology, as well as, email and social media (City of Greater Sudbury, 2016). Several factors have an impact on the ability of older adults to socialize

> "Facebook seems to be the number one information centre. The Northern Life should advertise a week before the event. Sometimes we get the paper on Thursday and the event has already been completed in the morning or afternoon."
> (Q57, response 32)

on a

regular basis, such as; receiving information about community events too late (41%), weather conditions (48%), too costly (41%), and time at which events are scheduled (30%; Figure 22).
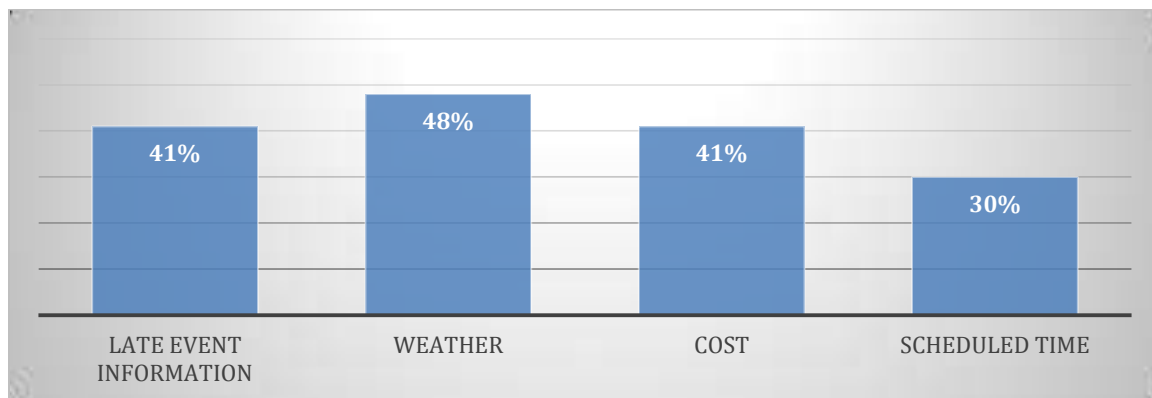
Figure 22. **Factors Preventing Socialization**

PILLAR 7 - COMMUNICATION & INFORMATION

Strengths

- Word of mouth between family friends

- Television, radio and newspaper

- Regular updates on program and activity information

Concerns

- Minimal awareness of certain communication and information mediums

- Lack of knowledge on 211

- Lack of knowledge and skill level to be able to use technology

- Service industries that no longer use live customer service, all automated

- Not enough public consultation for public, private and not for profit businesses on how to improve customer services for older adults

Action Items

- Further education and awareness on program and activities that assist in technology usage

- More flyers for activities throughout the community in public places, such as; community boards, churches, clubs, apartment buildings and libraries

- Community wide distribution of the new version of the Older Adults Leisure Guide

- Always have 'live person' option for customer service and community engagement services

Pillar 8 - Community Support & Health Services

The Canadian Red Cross, Bayshore Services, Home Instead, North Eastern Community Care Access Centre are all examples of community support services. "Health and support services are vital to maintaining health and independence in the community. Many of the concerns raised by older adults, caregivers and service providers in the focus groups dealt with the lack of availability of sufficient good quality, appropriate and accessible care" (WHO, Global Age-friendly Cities: A Guide, 2007, p. 66). It is important for older adults to age in place instead of aging in a long-term care facility or hospital, in order for this to happen, community support and health services are needed to bring these services to homes to assist in everyday living.

Communities demand lower cost in health care services, but nothing has been done to accommodate this issue. Lower costs for these services would allow more older adults who are living with health issues, to age in place and therefore, increasing overall well-being. Offering in and out home services, within the community through adult day centers which can increase independence and life quality of life. Dabelko and Zimmerman (2008), concluded that psychosocial outcomes, such as; maximizing independence/control, personal growth, positive relationships with others, sense of purpose in life, and self-acceptance would occur if an older adult were to attend an adult day program. Adult day services also improve; caregiver adaptation, improve client functioning, and delay nursing home placement. Overall, participation in these programs increased the mental health and well-being of the older adults.

Survey Findings

When reviewing the Age-Friendly Survey results for Sudbury, most residents found were found to be in excellent or good physical (72%) and excellent or good mental health (85%). Findings also indicated that there is a great number of community supports provided to older adults in need yet were not used by those completing the survey. Residents felt there are numerous health services within the community to accommodate needs which address health issues. This would include; caregiver supports, home delivered groceries and meals, community sponsored meals, adult recreation and leisure programs, medical equipment loan program, and bereavement support (Figure 23). It should also be noted that respondents stated that many of these services are only offered in town and not the rural areas of the city.

Approximately 79% of the residents included in the survey are very satisfied or satisfied with the health services provided to them (Figure 24).
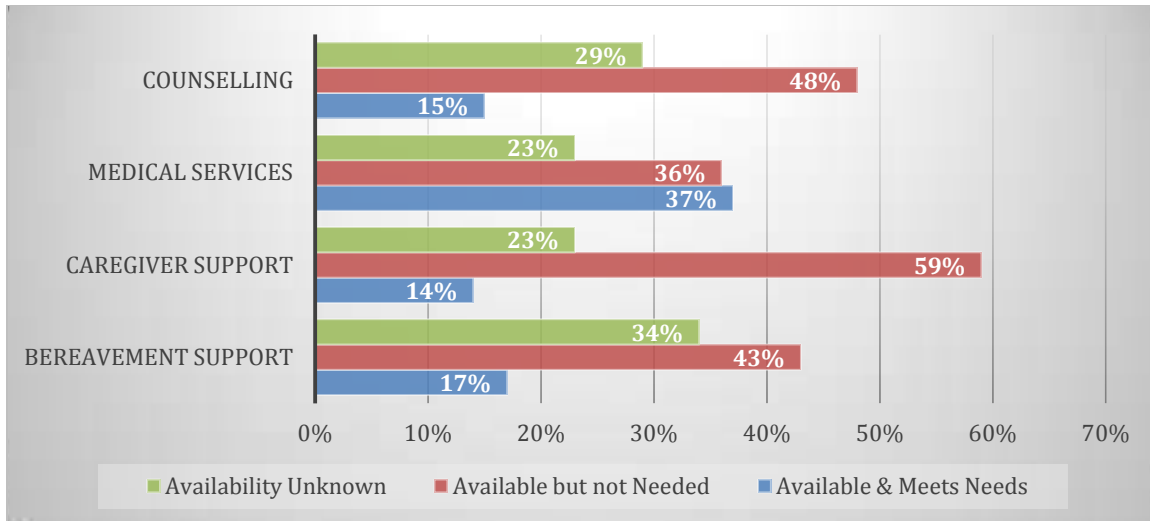
Figure 23. **Available Services in City of Greater Sudbury**
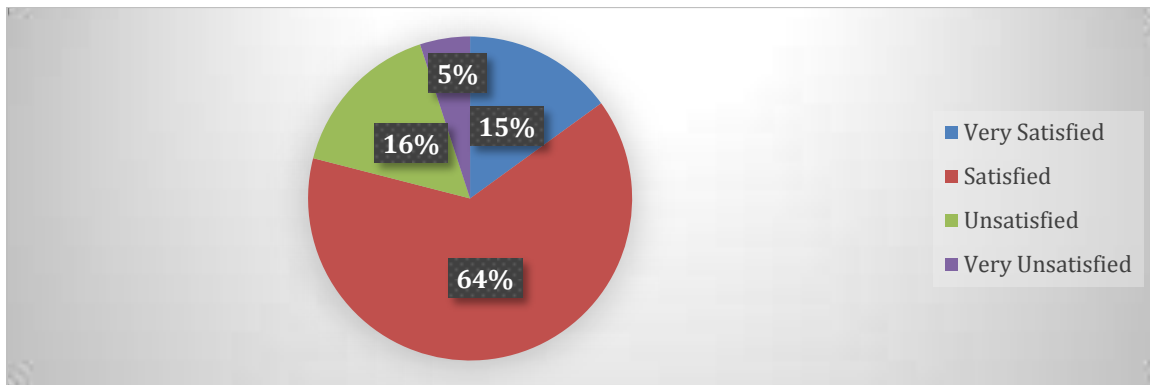
Figure 24. **Health Services and Program Satisfaction felt by Older Adults within the City of Greater Sudbury**

Many younger participants describe overall physical health as excellent or good (80%) and 69% of the older participants.

> "In order to keep seniors living in their own homes, we need to increase the availability of assistance with homemaking, meal preparation, grocery shopping, yard work... this service must be very affordable. Persons who are on welfare and EI, should be supporting our seniors in their homes, in exchange for receiving government assistance."
>
> (Q62, response 21)

PILLAR 8 - COMMUNITY SUPPORT & HEALTH SERVICES

Strengths

- Ability to receive health and dental care benefits

- Affordability of medications

- Satisfied with the health care services and programs offered within City core

- Access to a family physician or a nurse practitioner

Concerns

- Not enough services provided to residents that offer them financial consulting for unemployed and retired adults, as well as, to divorced and single parents who are struggling

- Snow removal services

- Transportation issues prevent residents from accessing health services (i.e. no handitransit for same day or day following appointments

- Wait times too long at the hospital when visiting the emergency room and also to obtain appointments to see specialists

- Lack of services in more rural areas

- Inadequate information regarding health services

Action Items

- Better accessibility and wait times for health care specialists within the community

- Offer more financial assistance to services after retirement

- More community services need to be offered outside of the downtown core.

LIMITATIONS

Several limitations have been identified during this process. Firstly, the survey was very lengthy and many potential contributors refused to take part, as participation would be too time consuming.

Also, some people did not understand the meaning of certain questions, which was reflected in certain comment sections.

The panel really tried to reach as many organizations and individuals as possible, the concern was that perhaps residents that are socially isolated or those that are difficult to speak to because of no method of communication available to them (i.e. telephone, computer, newspaper, homelessness, etc...) were missed therefore survey results might not be accurate for those with higher needs.

There were also illiteracy issues where individuals could not read or write. The survey appeared to lack good response from the indigenous community.

Another possible limitation would be the geographical size of the city as it is quite large, therefore more difficult to catch all residents to complete the survey.

Winter weather also made it challenging for those wanting to participate in community presentations/forums.

Some groups preferred the survey be left behind to answer because of its length, therefore not able to identify if participants at the sessions actually completed the survey.

CONCLUSION

Overall, the data collection process for the action plan was very successful. The collaboration between the University, the City and other partners was useful for all parties involved. The goal of responses was 500, therefore, having 1,222 respondents indicated a huge success in obtaining feedback from the community as this number is quite higher than normal responses for community surveys.

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APPENDIX I

City of Greater Sudbury AFC Survey

The Seniors' Advisory Board of the City of Greater Sudbury and researchers from Laurentian University are looking for your feedback on a range of features that are essential to creating an age friendly community, in which people of all ages have a high quality of life. Your feedback will assist members of the Seniors' Advisory Board with identifying its strengths, targeting its concerns, and establishing a benchmark to measure our progress as we work together towards becoming the most age friendly rural community in North-Eastern Ontario! This survey uses 8 'age-friendly communities' categories that were developed through consultation with older people in 33 cities and 22 countries for the World Health Organization (WHO) Age-Friendly Communities project. Please note, the information you provide will be kept completely confidential – it will only be used to inform the analysis of this survey. Completion of the survey is optional, but the information can provide researchers with a clearer picture of Sudbury's age-friendliness.

Demographic Background

1. Please indicate your sex:
2. What is your marital status?
3. In what year were you born?
4. What is your religious denomination?
5. What is your first spoken language?
6. How many years have you lived in the City of Greater Sudbury?
7. How long have you lived in your current location?
8. In what part of Sudbury do you currently live?
9. What is your current employment status?
10. How long have you been employed, unemployed, or retired?

Outdoor Spaces and Public Buildings

11. Public spaces and walkways generally feel safe at any time of the day.
12. Public walkways and public spaces are easily travelled by residents with mobility challenges and/or other walking aids all year.
13. There are well maintained and safe public green spaces with:
    a. Adequate shelter/shade
    b. Toilet facilities
    c. Seating at regular intervals

14. Public walkways are:

    a. Well-lit

    b. Visible

    c. Well-maintained all year

    d. Clear of any obstructions

    e. Smooth

    f. Level

    g. Non-slip

    h. Wide enough to accommodate wheelchairs

    i. Low curbs that taper off to the road

15. Pedestrian crossings and lights are:

    a. At regular intervals

    b. Well marked

    c. Allow sufficient time to cross the road

    d. Have visual and audio signals.

16. Public buildings are accessible and have the following features:

    a. Elevators

    b. Ramps

    c. Adequate signage

    d. Railings on stairs

    e. Stairs that are not too high or too steep

    f. Non-slip flooring

    g. Rest areas with comfortable chairs

    h. Sufficient number of public toilets

17. Are there any public buildings or outdoor spaces that are of particular concern for you about the above?

Transportation

Traffic Patterns

18. Are the following traffic issues of concern to you?

    a. General traffic

    b. Trains

    c. Trucks

> d. Speed

19. Would you like mid-block crosswalks or pedestrian traffic signals on long streets with no intersections?

Transportation Services

20. Is affordability **and** reliability an issue for transportation services?

21. Are the following transportation options available to you?

> a. Public transit
>
> b. Handi-Transit
>
> c. Private (e.g. family or friends)
>
> d. Taxi
>
> e. Community transportation (e.g. Red Cross)

22. Transportation services are

> a. Safe to use
>
> b. Comfortable to use
>
> c. Easily accessible
>
> d. Well scheduled
>
> e. Well advertised
>
> f. Affordable

23. Do you feel comfortable using walking, cycling, public transportation as a viable means of transportation given the current infrastructure in our City?

<u>Housing</u>

24. In what type of home do you currently live?

25. Including yourself, how many people live in your home?

26. Do you own or rent your home?

27. How confident are you that you will be able to afford to live in your current residence for as long as you would like?

28. Do you want to remain in your current housing and community?

29. Do you feel safe:

> a. In your home?
>
> b. In your immediate surrounding?
>
> c. In your neighborhood?

30. Does your current residence need any of the following repairs, modifications or changes to improve your ability to live there for the next five years?

    a. Bathroom modifications (i.e. grab bars, handrails, high toilet, non-slip tile, etc.)

    b. Better cooling in the summer

    c. Better heating in the winter

    d. Fix problems with insects and/or rodents

    e. Structural/major repairs (i.e. new roof, plumbing, etc.)

    f. Cosmetic/minor repairs (i.e. painting, floor refinishing, etc.)

    g. Installing an emergency response system that notifies others (i.e. police, hospital, etc.) in case of emergency

31. Are there other types or styles of housing you would consider if you were not able to live in your current home?

    a. Apartment

    b. Condo

    c. Seniors' residence

    d. Secondary unit (e.g. granny flat)

32. Are you currently on a wait list for another type or style of housing?

Social Participation

33. On average how many times per week do you leave your home for any reason?

34. Are there enough events/activities available to you?

35. Are organized activities suitable for your interests and cultural needs?

36. Do we need more community spaces geared to older adults?

37. Are currently available spaces accommodating to you (i.e. accessible bathrooms, no stair, etc.)?

38. Good information about activities and events are provided to you.

39. What would prevent you from socializing more?

    a. Mobility issues

    b. No one to go with

    c. Find out about events too late

    d. Lack of transportation

    e. Noise level concerns

    f. Safety concerns

    g. Weather

      h.   Scheduled times of events

      i.   Too costly

      j.   Health

      k.   Lack of opportunities

40. Are there other programs/events you would like to see in the community?

Respect and Social Inclusion

41. Are you regularly consulted by public, voluntary and commercial services on how to serve you better?

42. Do you feel recognized by the community for your past as well as your present contributions?

43. Is your community inclusive of same sex couples/different sexual orientations?

44. Are there cultural and social activities or clubs available to you?

45. Older adults are visible in the media and are depicted realistically and without stereotypes.

46. Schools provide opportunities to learn about aging and older people and involve older adults in educational activities.

Civic Participation and Employment

Volunteering

47. Are you currently volunteering?

48. As a volunteer:

      a.   Are you interested in becoming a mentor?

      b.   Do you feel welcomed and valued?

      c.   Do you feel recognized and acknowledged?

49. Have you experienced barriers in volunteering?

Employment

50. Are there a range of employment opportunities available to me?

51. Have you experienced barriers while employed?

52. Do you know that university and colleges offer courses for free to those 65 of age and older?

53. What type of workshops/courses/classes are you interested in?

Information and Communication

54. How do you receive information about community events/programs?

      a.   Active community member(s)

      b.   Friends and/or family

      c.   Newspaper

       d. Community notice boards

       e. 211* helpline

       f. 311 phone line

       g. Radio

       h. Television

       i. Newsletter

       j. Website

       k. Facebook

       l. Email

       m. Service organizations/clubs/church

55. You regularly receive information about activities/programs in my community.

56. Do you have difficulties with any of the following as it relates to accessing media?

       a. Hearing

       b. Eyesight

       c. Understanding

       d. Mobility

57. What are the most effective forms of communication?

       a. Active community member(s)

       b. Friends and/or family

       c. Newspaper

       d. Community notice boards

       e. 211* helpline

       f. 311 phone line

       g. Radio

       h. Television

       i. Newsletter

       j. Website

       k. Facebook

       l. Email

       m. Service organizations/clubs/church

58. How would you prefer to receive information?

59. Do you have difficulty accessing information on

    a. Housing

    b. Transportation

    c. Social participation

    d. Community support

    e. Health services

    f. Civic participation (volunteering)

    g. Employment

    h. Outdoor spaces and buildings

    i. Respect and social inclusion

Health and Community Support

60. How would you rate your overall physical health?

61. How would you rate your overall mental health/emotional wellbeing?

62. Please indicate the availability of the following supportive services

Available and meets my needs	Available but not needed/required	Availability unknown	Not available but needed

a) Adult recreation & leisure programs

b) Bereavement support

c) Community-sponsored meals (in a central location)

d) Home delivered groceries/meals

e) Caregiver supports (i.e. home visitations, nursing care)

f) Medical equipment loan program

g) Medical services (i.e. blood pressure checks, vaccinations, medication management, home health aides, etc.)

h) Counselling and mental health support

i) Nutrition counselling

j) Home maintenance (cleaning, yard work, snow removal)

k) Others (please specify)

APPENDIX II

Community Presentations

Date	Organization Name	# of Surveys	Comments
Sept. 30, 2016	Parkside Seniors Fair	12	Some seniors brought surveys home with them to turn in.
Oct. 3, 2016	Cedar Brook Senior Residence Hillside Drive, Lively	15	- Confusion as to what Public Space means - Survey too long - Want Survey delivered to building at same time so they can help each other complete, therefore more completed - One person was blind so needed assistance - All very pleased with this initiative - Come back if need more help
Oct. 3, 2016	St. Stephen's On The Hill United Church	11	Members brought surveys home to turn in.
Oct. 3, 2016	Ward 1 CAN	3	Most brought home
Oct. 6, 2016	Keeping Seniors Warm Event	52	Some volunteers still to return
Oct. 12, 2016	Walden Seniors & Pensioners Inc.	32	Went very well
Oct. 20, 2016	Donovan Elmwest CAN Seniors	12	Found it long
Oct. 20, 2016	Stand Up Class – Copper Cliff	13	
Oct. 24, 2016	Ukrainian Seniors Centre	22	Very well. 5 Participants were illiterate or language barrier
Oct. 27, 2016	Donovan Elmwest CAN	3	Doing follow up presentation of findings on March 30
Nov. 1, 2016	Stand Up Class - Gatchell	3	
Nov. 2, 2016	VON	16	Found it long and difficult to answer some

			questions
Nov. 5, 2016	Onaping CAN	9	Returned via Don
Nov. 7, 2016	Meadow Brook	50	Did follow up presentation as well and 22 people attended.
Nov. 8, 2016	Greater Sudbury Seniors Network		Did follow up presentation on March 14th and they asked for another opportunity to email thoughts seeing they disagreed with findings. Sherri emailed group for follow up.
Nov. 10, 2016	City of Lakes Family Health Team		No copies just a few comments from patients
Nov. 10, 2016	Accessibility Panel	2	Presented by Lionel Courtemanche at panel meeting. Christine Hodgins resent via email to panel.
Nov. 15, 2016, Jan.4/17	Meals on Wheels	4 + 4 = 8	Paul dropped off to clients
Nov. 15, 2016	Stand Up – New Sudbury	9	
Nov. 15, 2016	Primary Care Providers		Via Ryan Humeniuk
Nov. 15, 2016	United Way		United Way emailed all agencies affiliated with them.
Nov. 15, 2016	Sustainable Mobility Advisory Panel		No Response
Nov. 15, 2016	Sudbury & District Health Unit	12 + 10 from SDHU Lobby	
Nov. 15, 2016	Greater Sudbury Police Services		Lise contacted supervisor and is awaiting a response
Nov. 15, 2016	NE CCAC		Frankie Vitton sent to clients through staff
Nov. 15, 2016	Laurentian University		
Nov. 15, 2016	Huntington University		
Nov. 16, 2016	Walden CAN	0	Few did on line
Nov. 17, 2016	Libraries – Southend, Copper		Few were mailed back in from different sites

- Ongoing	Cliff, Downtown,		
Nov. 17, 2016 - Ongoing	CGS Gym/Community Centres – Capreol, Dowling, Onaping, HARC,	1 HARC	Comment received was lots are not completing the survey as took too long
Nov. 17, 2016	Club Richalieu de la Valle	16	
Nov. 21, 2016	Chelmsford CAN	10	
Nov. 21, 2016 & Dec. 12, 2016	Extendicare York – Residents, Staff, Family Council	4	Tracy said there are more to return. Not sure where they went.
Nov. 21, 2016	Royal Bank of Canada – Southend	6	
Nov. 21, 2016	St. Joseph's	4	
Nov. 23, 2016	111 Seniors		Delayed presentation until March 21st
Nov. 24, 2016	CARP		Presented findings on March 23.
Nov. 24, 2016	Onaping Golden Age	9	
Nov. 28, 2016	CAN Summit	12	Some had already completed on line or at CAN meeting
Nov. 28, 2016	Azilda Chelmsford OAC	24	
Nov. 28, 2016	Francophone OACs	3 English 41 French + 17 French	
Dec. 1	Casa Bella	5	
Dec. 2, 2016	Dalron Assisted Living Residences		Distributed by staff to Autumnwood, others
Dec. 6, 2016	Community Paramedicine Program	7	
Nov. 24, 2016	Nurse Practitioners Clinic – Walden Site	9	From patients
Dec.6, 2016	Shkagamik-Kwe Health Centre		Is printing off copies and sharing electronically as well
Dec.7, 2016	Stand Up Chelmsford	19	

Dec. 7, 2016	SOYF Coalition Orientation Session	0	
Dec. 8, 2016	Leisure Services	1	Turned in anonymously
Dec. 8, 2016	Seniors Advisory Panel	5	Turned into SAP
Dec. 8, 2016	SOYF Indigenous Event		
Dec. 8, 2016	Chelmsford Surveys	31	Unsure who or where came from
Dec. 12, 2016	Onaping Falls CAN	13	Mark Vainio brought in
Dec. 13, 2016	Garson/Falconbridge CSC	2	Received in mail today
Dec. 16, 2017	Garson- Falconbridge CAN		Emailed CAN members
Dec. 19, 2016	Extendicare Falconbridge		Presenting to Resident Council
Jan. 4, 2017	St. Gabriel's	3	Presented findings on March 6th and 33 residents attended. Some emailed comments.
Ongoing	Glad Tidings	5	
	Rockview Towers		Dropped off to Mary Michasiw
Jan. 5, 2017	Autumnwood/Red Oaks	3 + 21+24	
Jan. 5, 2017	Laurie Fraser Apt Building	8	
Jan. 5, 2017	Seniors returned to Barb Nott	3	
	Lockerby Legion		Distributed via
Jan. 5, 2017	Lions Club		Emailed Link to group
	Pioneer Manor		
	1052 Belfry Drive		
	Volunteer Sudbury	20	
	720 Bruce Street		
Jan. 9, 2017	1960 Regent Street		Dropped off 850 surveys to Kim Plante as well as 500 survey cards to be used at the lease signing day
	Social Planning Council		
	Azilda CAN		
Jan. 5, 2017	Parkside Older Adult Centre	30	
	Inter-Office Mail – Chelmsford Library		

Jan. 13, 2017	Home Instead for Seniors		Distributed to all clients
	Better Beginnings Better Futures		Gave Jim E 30 cards
	Lockerby Legion		Dropped off 50 cards
	Native Friendship Centre		Left 40 cards with Tony and Monica
	Business Cards given to Barb and Mark Vainio		
	Dropped off at Front Desk	4 + 20	
	Finlandia	10	Also presented follow up to residents but only 1 showed up.
January 15, 2017	Skead Seniors	10	4 were returned by mail

APPENDIX III

Focus Group Questions - Example

Age-Friendly Focus Group Questions

February 16th, 2017

Meadowbrook, Lively

An age-friendly community is a community which enables older persons to live in security, enjoy good health and participate fully in society. We are going to talk about many different aspects of the community, including the environment, buildings, roads, and the different services and activities in the community. From your experience as an older person, we would like to hear about the positive experiences, or good features of Ward 2 (including Lively, Naughton, Whitefish, Copper Cliff, Worthington), that show the ways in which our community is now age-friendly. We also want to learn about the ways in which our community is NOT age-friendly. Finally, we would like your suggestions on ways to improve age-friendliness. There are no right or wrong answers. Every person's opinion is important. The session is being tape-recorded so that we don't miss anything you say. Be assured that you will not be personally identified in the final report. So that we can understand the tape, it is important that only one person speaks at a time. We will make sure that everyone gets a chance to have their say. Some of these questions were used in the Age-Friendly Cities project led by the World Health Organization and the Age-Friendly Rural and Remote Communities Initiative in Canada to help communities identify their strengths and areas requiring improvements.

General Question

1. What is it like to live in Ward 2 (including Lively, Naughton, Whitefish, Copper Cliff, Worthington) as an older person? Good features? Problems?

Transportation

2. What is the public transportation system like in your community?

3. What is it like to drive in your community?

Respect and inclusion

4. In what ways does your community show, or not show, respect for you as an older person?

5. In what ways does your community include, or not include, you as an older person in activities and events?

Social participation

6. How easily can you socialize in your community?

7. Tell me about your participation in other activities, like education, culture recreation, or spiritual activities.

Communication and information

8. What is your experience getting the information you need in your community, for example, about services or events? This can be information you get by telephone, radio, TV, in print, or in person.

Wrap-up question

9. Before we finish, are there any other issues or areas we haven't discussed that you want to raise?