



THE 2015 COMMUNITY ACTION PLAN

Building a diverse, inclusive, accessible and respectful community, that enables independence and healthy lifestyles at all stages of aging.



Age Friendly Chatham-Kent is a collaborative effort of



a proud partner of



and was made possible by the generous support of



An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario

TABLE OF CONTENTS

IntroductionPage 1

Background

The Demographic Imperative..... Page 5

The World Health Organization Age Friendly Initiative Page 7

Chatham-Kent Timeline..... Page 13

The Public Consultations.....Page 15

ReferencesPage 19

Age-Friendly Chatham-Kent: The 2015 Community Action Plan

The Strategy..... Page 21

Outdoor Spaces and Buildings..... Page 27

Transportation..... Page 30

Housing..... Page 33

Social Participation..... Page 36

Civic Engagement..... Page 39

Community Support and Health Services..... Page 42

INTRODUCTION


It is important to set aside from the start, the stereotypical images and assumptions about what “Age-Friendly” means and for whom it is intended. At its heart, this is, first and foremost, an international program that aims to foster healthy, active, and inclusive aging for all people, at all stages of life.

Age-friendly communities are committed to building neighbourhoods that are welcoming and respectful of all abilities and lifestyles. They create environments and services that offer a high quality of life and an opportunity for residents to remain as engaged as they want to be, on a day-to-day basis as they age.

It is a misconception among some people that “Age-Friendly” is merely a program that allocates additional resources to, and focuses attention on doing something for the aged and infirm only. Some critics also perceive “Age-Friendly” as another example of an out-of-control nanny state that is attempting to prescribe a fix for something that isn’t broken. Each opinion sees the status quo as acceptable because he or she either does not recognize the connection between environmental factors and aging or believes that the government should not be relied upon to fix everything. These uninformed opinions reduce social and physical barriers encountered on a daily basis by older individuals to nothing more than the natural by-product of getting old, when, in fact, the barriers can be predicted and the effects diminished.

In actuality, an age-friendly community focuses on creating an *AGING*-friendly environment and not an *AGED* one. Such a community endeavours to be proactive and not reactive by providing residents with the necessary supports to remain healthy, productive, and engaged. People who remain active report experiencing a higher quality of life and are less likely to be infirm and dependant at an early age. ¹

Each person ages differently, and there is no set age at which someone is guaranteed to experience age-related barriers in the community. Some people remain healthy and



fit into their 90s and never need assistance, while others, due to illness or genetics, could face challenges in their 50s. Regardless of one's age, once a person begins to encounter physical or social barriers in the community, he or she will alter habits and become more likely to stay home. Once this happens, the ability to independently provide for day-to-day needs becomes impeded, and overall health and quality of life decline.

According to a World Health Organization (WHO) study, age-friendly policies can have a significant impact by:

- Helping people remain active;
- Helping people find and access needed services;
- Preventing the early on-set of age related illness and disease;
- Decreasing social isolation;
- Reducing dependency on family, friends and social services for simple day-to-day needs; and
- Improving overall quality of life. ²

This list is a stark illustration of the dangers and costs of the status quo. Those who advocate doing nothing to enable active and healthy aging must accept high rates and the earlier-than-necessary on-set of preventable age-related diseases. This impacts more than solely the individuals who suffer, as their needs impose stress and financial burdens on the health system, social services and families. If the barriers are not addressed, they will continue to negatively affect successive generations once they too reach old age.

In the end, becoming age-friendly is equally a moral imperative and a financial and public health imperative. Moreover, the benefits to society are felt beyond only the elderly, as mitigating age related barriers can improve the overall conditions for people of other ages, including:

- Pregnant women,
- Parents with children in strollers,
- People with injuries or recovering from surgery,
- People of any age with sight, hearing or mobility limitations,
- People with limited English,
- People with mental illness³



This action plan is the first step along the path toward a proactive Chatham-Kent. It has been created by the Senior Advisory Committee – a Committee of Chatham-Kent Council – following extensive input from the general public and in consultation with experts and service providers at all levels of community and from all regions of the Municipality. It represents the conclusion of a two-year process that followed frameworks put forward by the WHO and the Ontario Seniors Secretariat.

This is a call to action. Recommendations contained in the action plan will not place the burden for instituting change solely on the shoulders of the government; it also provides direction to the private sector, community and social sectors, and private citizens. Everyone has a role to play.

Becoming age-friendly is not a short-term project with a defined end point; it is better understood as an evolutionary process. Therefore, this action plan is best described as a living document – the first of what will be many versions. It is designed to be evaluated and updated in three or five year increments so that it can grow with the community and keep pace with social and technological change. For this reason “Age-Friendly” is more appropriately categorized as a mindset that will guide decision makers, not a one-time checklist of needs and wants.

The Senior Advisory Committee and all the volunteers and coordinators who worked on Age Friendly Chatham-Kent hope you will read further and pledge to do your part.
Together, we can make Chatham-Kent a great place to live at any age!



BACKGROUND

*“A lot of people like to look at aging as a disease...
but what I like to say is aging is a triumph.”*

-Dr. Samir Sinha, Ontario Senior Secretariat
and Director of Gerontology, Toronto Mount Sinai Hospital

THE DEMOGRAPHIC IMPERATIVE


Today, society reaps the benefits of one of the greatest achievements of the 20th century, or indeed, the greatest achievement of any century. The combination of modern medicine, sound public health practices, and healthy lifestyles has resulted in the most rapid and significant increase in human life expectancy in history. *This is a wondrous achievement that should be celebrated!* Never before could so many people reasonably expect to live as long as they can today.

To put this into perspective, according to Statistics Canada,

- In 1901, the average Canadian life expectancy was just 47 years for men and 50 for women;
- In 1946, following the end of the Second World War, the average life expectancy had risen to 63 for men and 67 for women; and
- Today, it is 79 for men and 83 for women.⁴

Therefore, in the span of roughly a single century, the average Canadian can now expect to enjoy three more decades of life. This rate of increase may decelerate, but it will continue on this upward trajectory in the century ahead as medical and technological advances make the diagnosis and treatment of serious diseases, ailments and injuries easier.

Indeed, the Office of the Superintendent of Financial Institutions (a government agency whose forecasts are responsible for calculating actuarial valuations of the Canada Pension Plan and Old Age Security fund) reported in 2014 that half of all Canadians who were 20 years of age in that year, could expect to live to 90.⁵ One in 10 could expect to live to 100. According to the report's authors, it may even be possible for a generation to be born in Canada sometime this century that would have a life expectancy of 100.



However, as these statistics indicate, not only is the average person living to a much older age than in generations past, but the sheer number of older adults relative to their share of the overall population has also increased sharply:

- In 1950, people over the age of 65 represented roughly 6% of the overall Canadian population (about one in 20 people).
- Today, people over 65 account for 15% of the population in Ontario.
- In Chatham-Kent it is even higher than the provincial average at 18% (which is three times what the share of the national average was in 1950).⁶

These numbers are set to explode over the next 20 years because of demographic pressures created by the size of the Baby Boom generation. The oldest of the “Boomers” (born in 1946) turned 65 in 2011, but the largest single cohort of “Boomers” (those born in 1959) will not turn 65 until 2024. Chatham-Kent’s over-65 age group is not expected to peak until the mid-2030s, when it will reach 31% of the overall population.⁷ The provincial average at that time is expected to be only 25%. This figure does not take into account the present-day efforts by the Municipality to attract active retirees to Chatham-Kent as part of its economic development plans, which, if successful, will drive the percentages higher.

The overall result of these developments in aging is that between 1950 and the mid-2030s, people over 65 will have gone from representing one in 20 people who had a short life expectancy to being one in three people with an extended life expectancy. When so many more people in the community will be older and will be experiencing a set of needs that the community did not have to accommodate merely a few decades ago, it places significant pressures on individuals, families, and urban planners, as well as on health and social service providers.

If this reality is one of the great success stories of the 20th century, then the pressures it creates represents a new long-term challenge. How society manages this shift could define the 21st century.

THE W.H.O'S AGE FRIENDLY INITIATIVE

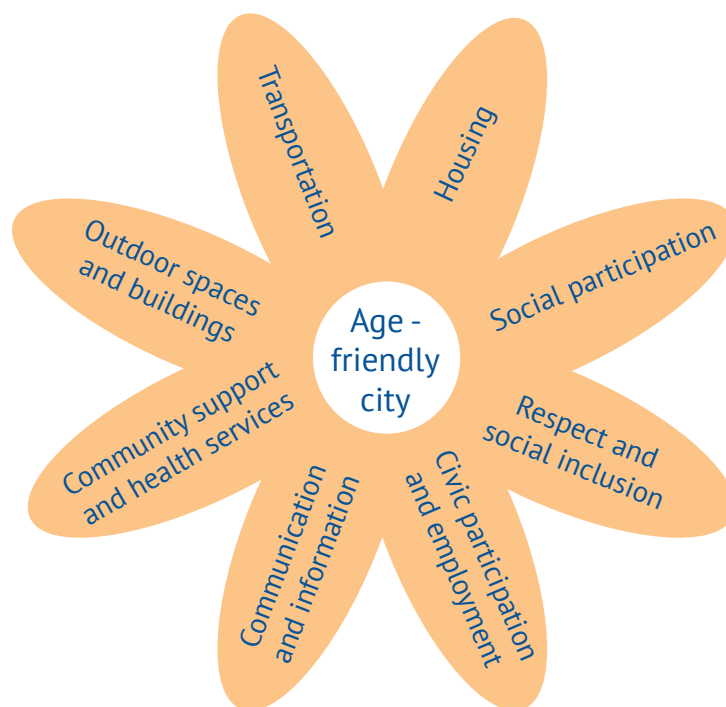
In 2006, the WHO conducted a study of 33 cities of varying sizes spread across every continent. Partially funded by Health Canada, four of the 33 communities were Canadian: Halifax (NS), Sherbrooke (PQ), Portage La Prairie (MB), and Saanich (BC). The study attempted to understand the scope and scale of the challenges faced by an aging population, review approaches taken in various communities and global regions to address these challenges, and develop a guide to assist those determined to address the issue.

The result was the Age Friendly Cities Guide (AFCG), published in 2008. The AFCG, and similar handbooks released later by the Ontario Seniors' Secretariat and Health Canada explore how adjustments made at the municipal or even neighbourhood level have the greatest impact on a person's life. This is because the everyday social interactions and the majority of government services that a person accesses are determined by actors within the community in which he or she lives and not by distant provincial or national capitals.

The AFCG urges each community to assume responsibility for developing a plan to fit its own unique needs. Because every municipality is different in terms of size, demographics, financial capacity, environment and other factors, the needs experienced by residents, and what can reasonably be done to accommodate them, can vary wildly from one community to another. It would therefore be unrealistic to hold all communities to the same set of standards. As an example, one need only consider the community and commercial services available to help a resident of Thamesville, who has limited physical mobility and no driver's license to get his or her groceries, versus a similar person living in Toronto who is attempting to do the same.

Finding the solution to this and other problems should not be solely the responsibility of the government. All the services that a government provides do not in and of themselves represent the totality of a person's wants, needs, or daily interactions with the community. *It takes a village.* Effective age-friendly action plans must engage private business, the not-for-profit sector, the faith community, and families to make the community welcoming, inclusive, accessible, and respectful of persons of all ages and abilities.

In the AFCG, the WHO identifies what it refers to as the eight “dimensions” of an age-friendly community. The elements within each of the eight dimensions contribute toward creating a community that supports dignity, healthy aging and personal independence⁸:



1. OUTDOOR SPACES AND BUILDINGS

A predominant feature of an age-friendly community is that its outdoor spaces and buildings not only comply with existing local accessibility standards but that they are also welcoming and safe and leave a person with a sense of confidence that he or she can use them easily despite any personal limitations. An age-friendly community ensures that its sidewalks, parks, roads, and public service areas of restaurants, stores, offices and businesses encourage people to be physically or socially active.



2. TRANSPORTATION

“Transportation, including accessible and affordable public transport is a key factor influencing active aging... in particular, being able to move about the city determines social and civic participation and access to community and health services.”¹⁰

Whether it is walking, driving a personal vehicle or riding public transit, mobility equals independence. When mobility is lost and a person becomes restricted to his or her home, isolation increases, health declines, and quality of life becomes limited.

3. HOUSING


Where a person lives can enhance his or her health and security, or contribute to illness and stress. This is true for people of all ages, but a person’s housing needs can vary from one stage of aging to another. Younger aged “seniors” may seek accessible and safe neighbourhoods that promote physical activity and are close to needed services for when the day comes when they can no longer operate a motor vehicle. Older “seniors” may seek affordable and low-maintenance housing that has been adapted to meet the physical needs of those with limited mobility. Age-friendly communities ensure a sufficient diversity of housing options exist to suit each stage or need, and provide a smooth transition from independent residential living to retirement homes and finally to long-term care.

4. SOCIAL PARTICIPATION

“Social Participation” comprises all potential activities a person engages in during his or her free time. Age-friendly communities have a diverse range of activities for all types of interests and abilities. These activities are important because they get people out of the home and moving about while stimulating social connection. “Social participation and personal relationships are integral to prevent isolation, and the satisfaction one derives from these encounters measures an individual’s health and well-being.”¹¹

5. RESPECT AND SOCIAL INCLUSION

“Community attitudes such as a general feeling of respect and recognizing the role older adults’ play in our society, are critical factors for establishing an age-friendly community. Our shared attitudes toward aging can create significant social norms that may limit older adults’ capacity to achieve personal goals and maintain independence.



Building positive community attitudes involves fostering positive images of aging and intergenerational understanding. It also requires you to recognize that older adults as a broad demographic, share common experiences, but their experiences may also diverge in many ways. Our aging population encompasses several decades and demonstrates incredible diversity.”¹¹

6. CIVIC ENGAGEMENT


“Older adults possess a wealth of knowledge and experience that can be a valuable resource for community initiatives. An age-friendly community recognizes and fulfills older adults’ desire to contribute their talents to political and community development initiatives. In addition, the ability of an older adult to remain employed or find meaningful employment is an important means of providing economic security to individuals on limited or fixed incomes, and employers with an experienced and dedicated workforce.”¹²

7. COMMUNICATION AND INFORMATION

“In a society of rapidly changing information technologies, an age-friendly community ensures that information about community events or services is delivered in formats that are accessible and appropriate for older adults with varying abilities and resources.”¹³

8. COMMUNITY SUPPORTS AND HEALTH SERVICES

“Good mental and physical health is essential to quality of life and age friendliness. Physical health includes the current state of self-awareness of an individual’s general physical well-being, nutritional status and the presence or absence of chronic and acute conditions. Mental health involves the status of older adults cognitive functioning such as memory, and elements of emotional health, such as the presence or absence of feelings like confidence and self-worth or anxiety and depression.”¹⁴ Offering a sufficient range of affordable services to support mental and physical health is critical to ensuring residents can enjoy as good a quality of life as can be expected within their individual circumstances.




There is no set order in which a community should prioritize how, when and where to implement improvements. Although some may be tempted to focus their efforts on improving outcomes within one dimension believing it to be more important such as Community Support and Health Services—that would be a mistake. By name, each dimension would appear to have well defined boundaries but there is actually a great deal overlap and shared elements between them. Each is given equal weight by the AFCG and must be regarded as equally important in creating an age-friendly community.

When asked, residents of a particular community may feel that it has more pressing needs at that moment which fall within one particular dimension. These needs should be prioritized by the residents themselves and not by the WHO or local service providers and stakeholders. It is up to local service providers and stakeholders to integrate the community's feedback into their collective response.

The greatest indicator of success in a community's age-friendly transformation will not be the introduction of a particular policy, program or infrastructure item under one of the eight dimensions, rather it will be whether or not it can inspire a change in the community's mindset. In such communities, all its residents, and stakeholders recognize the importance of being age-friendly and incorporate this philosophy into their decision-making processes. It must be integrated with strategic planning and become a part of the normal ways in which all stakeholders do business, surviving changes in leadership, economic or political cycles and technological innovations.

An Age Friendly Community is one where service providers, politicians, community leaders, faith leaders, business and citizens:

- **Recognize the great diversity among older adults;**
- **Promote inclusion and contribution in all areas of community life;**
- **Respect an older person's decisions and lifestyle choices;**
- **Protect those who are most vulnerable; and**
- **Anticipate and respond flexibly to aging and its related needs.**¹⁵



The term age-friendly was carefully chosen to exclude the use of the word “*senior*” or any direct reference to the elderly. There is no universally accepted definition of the term senior and when the associated life-phase begins. It is laden with generally negative stereotype images with which healthy, active and younger aged individuals in the targeted age group would not want to be associated.

The goal of any age-friendly plan is to ensure at an individual level that as each person ages, he or she is sufficiently healthy and active to defer the negative effects of aging as long as possible. That means enabling healthy habits, accessibility and inclusivity at younger stages of aging rather than waiting until it is too late to prevent the worst effects.

The drive for healthy aging, accessibility and inclusivity knows no age. As stated in the introduction, although age-friendly planning focuses its attention on the needs of older age groups, if a door is easier to open, public washrooms and rest areas are made more available, and crosswalks are easier or safer for “seniors” to use, these improvements will also benefit pregnant women, parents with small children, and people of any age who are recovering from surgery or living with vision, hearing and mobility limitations.



CHATHAM-KENT TIMELINE

In June 2011, the Municipality coordinated a workshop to launch Chatham-Kent's Age Friendly Project. The attendees included representatives of various Municipal departments and community organizations specializing in the needs of seniors. Over the course of the day's dialogue, the participants described broad concepts of what each believed an age-friendly Chatham-Kent should look like.

The group met again the following summer to revisit its ideas and begin setting targets and assigning responsibilities. However, during this session it was noted that the opinions of older adults, and not just service providers, were needed. The departments and agencies in the room were making plans that, in many ways, represented the views and experiences of the employees of those departments and agencies and furthered their existing mandates. It was not at all clear whether these would address the issues of the greatest importance to the average 63-year-old in Wallaceburg or 86-year-old in Morpeth.

A collaborative partnership between the Municipality's Senior Advisory Committee and St. Andrew's Residence received funding in 2013 from the Ontario Trillium Foundation to hire a Project Coordinator. The role of the Project Coordinator was to balance the direction of the agencies and departments that were already engaged, expand consultation to include other sectors and agencies that were not previously engaged, and, most importantly, to consult the public directly and develop an action plan that was responsive to the needs and wants of the community.

Throughout the fall of 2013 and early 2014, the coordinator reviewed the work and approaches taken by communities across Southern Ontario. Then, working from the guidebooks produced by the WHO and Ontario Senior Secretariat, and in direct consultation with the staff at Chatham-Kent Public Health Unit, the University of Western Ontario and the New York Academy of Medicine, established a comprehensive consultative process that would provide the best-quality data that reflected the geography and demographics of Chatham-Kent.



Public consultation took place between April 1, 2014 and October 31, 2014.

In the early fall of 2014, the coordinator established six panels that were responsible for the analysis of specific dimensions of age-friendly community design and assigned each the task of writing the goals and recommendations for that portion of the action plan. Each panel comprised one representative of the Age Friendly Chatham-Kent Advisory Committee as well as representatives drawn from the public sector, Municipal administration, the business and private sector, social service agencies, and the volunteer sector.

The six panels were: Outdoor Spaces and Buildings, Transportation, Housing, Social Participation, Civic Engagement, and Community Support and Health Services.

The remaining two of the eight age-friendly dimensions – Communication and Information, and Respect and Social Inclusion – were not assigned their own panels because it was felt that these themes were universal and were integral to the success of the other six. Each of the six panels was instructed to bear communication and respect, in mind as they proceeded with their work.

The result of the work of these dedicated women and men, is this report (released in June 2015).



THE PUBLIC CONSULTATIONS

The general public was invited to participate through two methods: survey and focus group. The only eligibility requirements necessary for participation were that the person be over the age of 50 and a resident of Chatham-Kent.

The decision to have a minimum age requirement was based upon the fact that the Age-Friendly initiative aims primarily to ensure that the community is responsive to the needs of aging to offset the negative impact of community design on the elderly. Therefore, it targets residents who are most familiar with the effects of aging – that is, those who are experiencing the very barriers that the action plan hopes to address and those who have observed or otherwise experienced these barriers through an older family member.

As previously noted, there is no set age at which a person begins to experience age related barriers in the community (if he or she ever will). Aging is a very individualized experience. Many businesses offer “senior” discounts to patrons in their 50s, and most of the adult activity centres in the Municipality admit members at age 50 or 55. Although there is no mandatory retirement age, the Canada Pension Plan has, for decades, been based around the age of 65. The Advisory Committee was not interested in creating a definitive assessment for what is or is not a “senior” or to attempt to limit it to those who were frail. The action plan addresses a wide range of issues that are not necessarily relevant to the very old or infirm, but merely to those who are aging; such issues relate for example to employment, volunteerism and social activities. The Advisory Committee, therefore, hoped to learn the complete range of needs that people have and how these needs evolve at different stages of the aging process.



The Survey:

The survey was divided into nine sections; one for each of the eight age-friendly dimensions, and an additional section to gather demographic details about the respondents. This last section allowed the organizers to verify that the results represented the needs of the overall population. The concern was that if too many of the responses came only from “younger ‘seniors,’” “just Chatham residents,” “wealthier respondents,” or other people who are most likely to learn about and participate in community surveys, it would skew the data. This would lead to an action plan that would address only the needs of those people and not necessarily the needs faced by people in all demographics.

To ensure adequate distribution, the survey was available on-line and in print. Paper copies included a stamped, self-addressed, return envelope, and were available at:

- All Municipal Centres
- All branches of the CK Public Library
- All 11 Adult Activity Centres
- St. Clair College Healthplex, Blenheim Rotary Gable Rees Pool, the YMCA, and Dresden Memorial Arena
- All Chatham-Kent Family Health Team offices
- All Community Health Centres,
- Participating Royal Canadian Legions

The copies were also distributed directly to the clients of:

- CK Meals on Wheels
- VHA Home Health
- Family Service Kent CHAP users
- Salvation Army
- CK Housing Services

Questions were constructed using a mix of styles and included questions that asked respondents to select the degree to which they agreed/disagreed or were satisfied/unsatisfied with a statement. Other questions were designed to elicit a single answer, such as yes or no, while others asked respondents to “check all that apply.” At the conclusion of each section, the respondent was given the opportunity to write in any that comments he or she wished to voice about a specific question or about the topic in general.

The Focus Groups:

A total of 21 focus groups were scheduled in communities around the Municipality between April and November of 2014, however, only 14 had sufficient registration necessary for the focus group to take place. These included events in: Blenheim, Chatham (three events), Dresden, Erieau (two events), Merlin, Ridgetown (two events), Rondeau, Shrewsbury, Tilbury and Wallaceburg. At least one focus group was held in each electoral ward in the Municipality. The seven additional events that were cancelled due to low registration would have taken place in Blenheim, Bothwell, Chatham, Dresden, Tilbury, Wallaceburg and Wheatley.

To allow sufficient opportunity for the focus group participants to explore a topic in-depth, the sessions were divided into two one-hour segments. During each one-hour segment, the participants discussed only one of the eight age-friendly dimensions. The topics were assigned randomly to each group beforehand to ensure both the impartiality of the participants, and the even distribution of topics over the course of the consultation period.

Whenever possible, the focus group sessions were audio-recorded. Transcripts of the recordings, omitting the names of the participants, were produced, and then the audio recordings were deleted. When no recording was possible, notes were made by the moderator and assistants.

Public Awareness:

Age Friendly Chatham-Kent utilized multiple media platforms to raise awareness of the project throughout the Municipality. This included advertisements in newspapers and print media in all communities, a mass mailing of flyers via Canada Post targeting one-quarter of all households in CK, radio spots on all local radio stations, flyers and posters displayed in public spaces in each community, postings in free community calendars, press releases, and a website.

The coordinator and other representatives of the Age Friendly Advisory Committee were available throughout the process to deliver presentations to service clubs, church groups, and retirement homes as well as to Municipal Council.



The Results:

In total, 613 completed surveys were submitted by October 31. A further 112 people took part in the 14 focus groups. The public awareness activities outlined above clearly had a role in this result, as evidenced by the strong overall number and the significant per-capita participation rate compared to other communities in Southern Ontario.

Participation was also evenly distributed around the Municipality, with rates largely in line with each community's share of the population. Smaller communities, such as Paincourt, Erieau and Merlin were significantly overrepresented relative to their population – thanks to strong community word of mouth and each community's higher average age – while Wallaceburg and Wheatley were slightly underrepresented, though not significantly enough for this to be a concern.

Participation was also distributed evenly across socioeconomic groups and ethnic groups relative to the most recently available census data for CK. Although the overwhelming majority of the participants were female (72%), this is not unusual compared to other communities' Age Friendly consultations and it is not anticipated to be a problem for interpreting community needs from the data.

Similarly the breakdown of respondents by age is much the same. Combined, 60-79 year-old respondents comprised the bulk of the participants in the survey, and overall this was not far off from their share of the over-50 population as per the 2011 census. The notable discrepancy is that 50-59 year olds are underrepresented in the survey data, while the 80+ age group is overrepresented by a similar amount.

The results and analysis will be available in a separate document titled "Age Friendly Chatham-Kent: 2014 Public Consultation Results."



REFERENCES

1. Lecture: "Active Aging and Age Friendly Cities," Dr. Alan Walker, VADA 2013, Quebec City, September 9, 2013.
2. AFCCG
3. Doyle, Veronica and Gallagher, Elaine "Creating an Age-Friendly Business in BC," Senior' Healthy Living Secretariat, BC Ministry of Health, 2011, 1.
4. Stats Can
5. "Mortality Projections for Social Security Programs in Canada" OSFI-BSIF.gc.ca April 2014.
<http://www.osfi-bsif.gc.ca/Eng/oqa-bac/as-ea/Pages/mpsspc.aspx> (February 23, 2015).
6. Stats Can
7. Stats Can
8. "Global Age-Friendly Cities: A Guide," World Health Organization, WHO Press 2007, 9.
9. "Global Age-Friendly Cities Project," WHO.int Aging and Life Course, 2015
http://www.who.int/ageing/projects/age_friendly_cities/en/ (February 23, 2015).
10. "Global Age-Friendly Cities: A Guide," World Health Organization. WHO Press, 2007, 20.
11. "Finding the Right Fit: Age Friendly Community Planning," Ontario Seniors' Secretariat. Queen's Printer for Ontario, 2013, 22-23.
12. "Finding the Right Fit: Age Friendly Community Planning," Ontario Seniors' Secretariat. Queen's Printer for Ontario, 2013, 23.
13. "Mayor's Advisory Committee for an Age Friendly Waterloo: Report to the Mayor," City of Waterloo, 2012, 7.
14. Mayor's Advisory Committee for an Age Friendly Waterloo: Report to the Mayor," City of Waterloo, 2012, 7.
15. "Finding the Right Fit: Age Friendly Community Planning," Ontario Seniors' Secretariat, Queen's Printer for Ontario, 2013, 25.



2015 COMMUNITY ACTION PLAN

*“Design for the young and you exclude the old.
Design for the old and you include everyone.”*

-Dr. Bernard Isaacs, world renowned geriatrician

2015 COMMUNITY ACTION PLAN

The following pages constitute the core of the Age Friendly Chatham-Kent Community Action Plan. Its purpose is to help local families, government, social service providers, volunteer agencies, spiritual leaders, private business, and individuals to find a role in creating a community that is inclusive, respectful, and accessible to enable the diverse needs of the aging community.

The plan is titled “2015 Community Action Plan” because it is only the first of what is hoped will be many editions to come. To become an age-friendly community is not something that happens overnight or that involves only the fulfilment of the recommendations in this one document. Rather, it is an evolutionary process with targets and goals that will be assessed, evaluated, and revised on an ongoing basis. This action plan is a living document that will grow and change with society, and the date here merely designates this as the first comprehensive plan, released this year.

The Guiding Vision

The vision for the Age Friendly Chatham-Kent 2015 Community Action Plan is to inspire Chatham-Kent residents toward:

Building a diverse, inclusive, accessible and respectful community, that enables independence and healthy lifestyles at all stages of aging.

The Age Friendly Advisory Committee believes that the above statement fuses the essential elements of the age-friendly movement and what the action plan aims to achieve. To address the needs of our older population, Chatham-Kent must be inclusive and respectful of all people regardless of their limitations and must offer barrier free accessibility (social, financial and physical) so that older adults can continue to enjoy a high quality of life regardless of their needs and interests. Having a good quality of life should be interpreted as having freedom and independence of choice so that people can be as engaged and active as they want to be, and can experience personal fulfillment in their daily lives.

The Role of the Municipality

To give the action plan the best opportunity for success, it needs to be supported by the Mayor, Council and Municipal administration. Although a great many other stakeholders will have influential roles to play in making Chatham-Kent an age-friendly community, the Municipality's leadership is the key to inspiring others to adopt age-friendly philosophies and policies.

The Senior Advisory Committee recommends that Council:

1. Accept the action plan as written and instruct Administration to investigate the means by which each department can contribute toward meeting the goals and recommendations contained in the action plan;
2. Register Chatham-Kent with the WHO, apply to join its "Age-Friendly Cities and Communities Network," and commit to the obligations of membership;
3. Pass a Motion in support of making it a priority for Chatham-Kent to become an age-friendly community, as required by the WHO; and
4. Request Administration come back with a Report to Council to facilitate and support a permanent Age Friendly Advisory Committee responsible for coordinating, and promoting Age Friendly initiatives and evaluation activities.

The 2015 Community Action Plan supports the objectives of the current Council Directive: People, Jobs, Health and Financial Stability.





The Age-Friendly Cities and Communities Network

In leading the global push toward more age-friendly communities, the WHO coordinates the “Age-Friendly Cities and Communities Network”. This international collaborative association links participating cities and communities of every size and from every continent to facilitate collaboration, share approaches, and generate partnership opportunities.


The WHO provides technical support to the network, offers training opportunities, and disseminates best practices. Joining the network is **free**, and the application process is not complicated, nor does it come with burdensome obligations:

- The Mayor and Municipal administration must formally apply by completing an application and attaching a letter “indicating their commitment to the Network cycle of continual improvement.”
- Complete a baseline assessment to identify gaps and needs to be improved.
- Write a three-year action plan to address the findings in the assessment with performance indicators to measure progress.
- Engage older adults in the assessment, and implementation of a plan.

As previously stated, every community has a mix of its own unique needs and the resources to address each need. A community’s action plan is its’ own, and if the community fails to reach the goals and recommendations that it set, the failure will lie in the ambitions of the plan and not with heavy-handed obligations stipulated by the WHO. The local community is answerable to no one for any shortcomings if it made an effort to implement its plan.

What is most important during this phase of the process is that the community recognizes the need and value of becoming age-friendly and works toward achieving it.

The WHO requires that members evaluate their progress three years after adopting their first action plan. This ensures that attention remains focused on the plan and that the community learns early on what is working and what is realistic versus what is too ambitious. At the end of the three-year term, members must submit a progress report to the Network, and develop a new action plan.



From that point onward, the community is obligated to develop five-year action plans, and conduct further public consultations as necessary. Using such a schedule allows members to update their plans at regular intervals to include new initiatives and integrate social, technological, political, and economic developments; while celebrating successes and removing items that are deemed to be no longer relevant.

How to Read the Action Plan

The action plan is divided into six colour-coded sections – one for each of the six dimensions that the Advisory Committee selected to concentrate efforts upon.

Each dimension's lead page contains the following:

- an introduction describing how it supports aging and why it is important;
- “Primary Concerns” that represent the most commonly cited barriers or needs identified during public consultation;
- direct quotes from local residents; and
- “Goals to Make the Community Age-Friendly” - addressing the Primary Concerns.



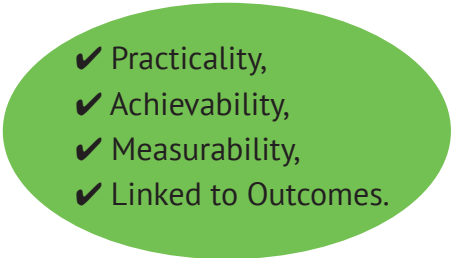
The goals are broadly written so they are applicable in a variety of environments. They represent big-picture ideals that individual stakeholders are strongly encouraged to adopt and incorporate into their own strategic planning.

The subsequent pages in each colour-coded section list specific recommended action that accomplish one or more of the goals. Each recommended action is assigned to a specific stakeholder or collaborative group that is responsible for implementing it and outlines how success is to be measured.



The Recommendations

The Age Friendly Advisory Committee outlined four principles to use as a guide when drafting the recommended actions.


- 
- ✓ Practicality,
 - ✓ Achievability,
 - ✓ Measurability,
 - ✓ Linked to Outcomes.

First, a recommended action must be practical. It should also be implementable – or at the very least, able to be initiated – during the three year time frame of the action plan.

As the first plan of what will be many to come, it should aim to not only make a difference to aging people but also ensure that the Age Friendly Chatham-Kent is built on a solid foundation. Therefore, in this first action plan, recommendations need to deal more with short-term and less with long-term issues so that tangible results are evident for people in the community as soon as possible. Longer-term issues can be dealt with in subsequent action plans when the program is firmly established and has a track record of success and public support.

Second, a recommended action must be achievable. Those who are writing the action plan could have proposed anything they wished; however, most of the recommendations will require action by or collaboration between the Municipality, private and social sector entities. The capacity of each stakeholder to act during the plan's time frame is constrained by economic and political realities; there are only so many resources to go around.

Furthermore, the recommended action should target barriers and needs that can be changed locally. For example, some of the issues raised during the consultations, such as those dealing with the pension system or health care system, would require the provincial or federal government to change. It is difficult for Chatham-Kent alone to influence institutional or legislative changes at higher levels of government, and although local actors can advocate for these changes, it is outside of local control. Therefore, the recommendations should focus solely on actions that can be addressed locally in the short to medium-term and that takes into consideration the capacity of local actors to reasonably accomplish.



Third, a recommended action must be measurable. If there is no way to measure the outcome of an action, the community will have no sense of whether or not it has been successful. Without measurability, the evaluation phase at the end of the term, will be difficult to complete. Therefore a clear means of assessing the impact of each recommendation is required.

Finally, a recommended action should be linked to a defined outcome so that it has a clear reason for its inclusion in the action plan. This means it must address one of its section's goals and directly improve one or more of the barriers exposed during the public consultations.

Get Involved!

As previously stated, being age-friendly is ultimately more a mindset than the sum total of the contents of an action plan. It is a philosophy whereby service providers, politicians, community leaders, faith leaders, businesses and citizens

- Recognize the great diversity among older adults;
- Promote inclusion and contribution in all areas of community life;
- Respect older adults decisions and lifestyle choices;
- Protect those who are most vulnerable; and
- Anticipate and respond flexibly to aging and its related needs.

The questions that should be asked are, “How can I contribute?” and “What else can we do to help the community achieve this aim?”

The Senior Advisory Committee encourages all residents and stakeholders in the Municipality to incorporate this vision into their policies and procedures and to consider the needs of older adults in all stages of their decision making.



Outdoor Spaces & Buildings

How easily a person can navigate public spaces – from parks and sidewalks to the public service areas of banks, stores and offices – is an important factor in measuring independence. Designing buildings and man-made environments to be barrier-free allows residents to feel welcome and confident that they can do what they want or go where they need. If a person begins to doubt her or his ability to use these spaces, he or she will start to limit outings or avoid them altogether.

Accessible, safe, and useable public spaces benefit not only older adults but also pregnant women; parents with children in strollers; people with injuries or who are recovering from illness and surgery; people with sight, hearing, or mobility limitations; people with limited English; and, people with mental illness.

PRIMARY CONCERNS

- Obstacles caused by snow and ice
- Not enough time allotted to crosswalk lights
- Deteriorated state of some sidewalks and paths
- Lack of public washrooms or places to sit and rest
- Inaccessible stores and businesses

WHAT RESIDENTS HAVE TO SAY

“I just walked to the other side of town this morning with my dog and came back. I’m going to tell you, I would not have been doing well with a walker.”

- *Blenheim focus group participant*

“I’d like seven extra seconds on that (crosswalk) light, you know. I am getting tired of running across the road.”

- *Ridgetown focus group participant*

“If we go for a walk and need a washroom there are none once the stores close. During the day some places don’t like you using their washroom unless you spend money. If there were public washrooms that charged a loonie that money could be used to keep it clean.”

- *Tilbury survey respondent*

GOALS TO MAKE THE COMMUNITY AGE-FRIENDLY

OB1.

Make public spaces in Chatham-Kent accessible, safe and useable for all ages, in all seasons

OB2.

Increase awareness of services, needs and issues dealing with public spaces, to support active aging in the community

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
OB1	<p>Improve crosswalk safety based on Age Friendly participant feedback,</p> <ul style="list-style-type: none"> • Allotting more time to crosswalk lights at key intersections • Developing long-term plans to install more visual and auditory aids at crosswalks (e.g. countdown clocks) • Reviewing the continued need for existing crosswalks, and identifying opportunities to relocate underutilized infrastructure to new locations 	Municipality of Chatham-Kent (MCK) as documented in Official Plan sec. 2.2.1.2.1 (2011)	Senior Advisory Committee (SAC), Age Friendly Chatham-Kent (AFCK), Accessibility Committee	Report with recommendations presented to Council.
OB1	<p>Enhance Municipal Winter Control Guidelines to include references for</p> <ul style="list-style-type: none"> • Removing the ridge of snow between curbside parking and sidewalks in priority locations such as downtown cores, hospitals, and senior centres • Snow removal at Municipal bus stops without shelters • Removing ridges of snow pushed into the roadway at intersections by sidewalk plows 	MCK	AFCK, Business Improvement Area (BIA), Accessibility Committee, Trails Committee	Winter Control Guidelines are updated
OB1	Create partnerships with local businesses to identify, sign, and promote a network of public washrooms open to non-patrons	AFCK	MCK, BIAs, local business community	Businesses have joined partnership, universal signage adopted and promotion begun
OB1	Create a Fall Prevention program aimed at helping businesses and managers of public spaces minimize hazards at their facilities	Public Health Unit (PHU)	CK Police	Program developed, businesses are taking part
OB1	Create an Age Friendly Business Assessment and Designation program	Chambers of Commerce	AFCK	A program similar to the Irish model has been initiated
OB1	Increase efforts to promptly repair and maintain safe and accessible sidewalks to mitigate injury and liability	MCK		Fewer reports of slips, falls, and injuries due to unsafe sidewalks

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
OB1	Initiate a public campaign to “place a bench,” that includes public input to identify locations that benches are needed, and provides sponsorship opportunities to share cost of installation	MCK	AFCK, BIA, Accessibility Committee, SAC, Trails Committee, ALC	“Place A Bench” campaign has been initiated
OB1	Establish criteria for “Recycling a Bench” enabling the community to reuse/relocate surplus benches. (e.g. current benches on King St in Chatham that will be replaced following the redevelopment project)	MCK	AFCK, BIA, Accessibility Committee, SAC, Trails Committee, ALC	“Recycle A Bench” campaign has been initiated
OB1	Adopt a long-term urban tree cover and management plan for primary and secondary urban centres aiming to increase shade coverage	MCK as documented in Official Plan sec. 2.2.1.2.6 (2011)	Horticultural societies	Plan has been presented to Council for consideration
OB1	Ensure paths and parks are accessible	MCK		More paths are installed in parks, and more curbside cut-outs, and other accessibility infrastructure included in parks
	“Adopt a Park” program expanded to encourage more corporate sponsorship and share costs of maintenance	MCK		Program developed, parks have been adopted
OB1	Promote active communities by publicizing existing plans for bike lanes, “fit-parks,” trails and events to encourage getting active	Active Living Committee (ALC)	PHU, MCK	Awareness campaign developed and launched
OB1	Educate community on proper crosswalk use, bicycle safety, and driver awareness	AFCK	MCK, CKPS, SAC, ALC and Accessibility Committee	Education program initiated, reduction in number of injuries/complaints

TRANSPORTATION

Mobility – having the ability to get around the community outside of the home, for any reason – is directly linked to a person’s sense of independence. This can range from driving on safe roads and walking or exercising on well-maintained sidewalks and bike paths to having convenient public transit options and reliable transportation services.

If a person cannot get from his or her home to essential services on a regular and consistent basis he or she is at risk of becoming isolated. People with limited transportation options, isolated to their homes become dependent on family, friends and social services, while their overall health and social interactions decline.

PRIMARY CONCERNS

- Limited access to transportation services in rural areas
- Rising cost of transportation services especially for low and fix income earners
- Difficulty finding and accessing information on transportation services
- Lack of evening and weekend service

WHAT RESIDENTS HAVE TO SAY

“Our area is not served well for older people without a license, the bus comes to Merlin but someone still needs to get into Merlin to get on.”

- *Merlin survey response*

“Many elderly, handicapped and mothers with small children are reluctant to go out to [Walmart] because the only stop is located far from the store, is not signed and has no shelter.”

- *Chatham survey response*

“I would like to see some kind of continuous path somehow. A safe path, north-south or east-west, for biking. It would be nice, even if you just widen the sidewalks as opposed to trying to widen the street or whatever. Widen the sidewalks so it’s pedestrian and bike-friendly.”

- *Chatham focus group participant*

GOALS TO MAKE THE COMMUNITY AGE-FRIENDLY

- T1.
Foster a more user-friendly and barrier-free transportation system for people of all ages and abilities throughout CK
- T2.
Expand the network of partnerships to increase transportation services/ options throughout CK
- T3.
Provide safer, more extensive/accessible active transportation opportunities
- T4.
Enhance driver and pedestrian safety through enforcement, infrastructure, awareness, and education

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
T1	Publish and distribute to all households information on urban and intra-urban bus routes, schedules, fares, the “NextBus” app for devices etc. (perhaps published as added pages in the annual Residential Recycling and Waste Collection Calendar for example)	Municipality of Chatham-Kent (MCK)	Transit operators	Guide is published, downloads of app have increased
T1	Pass a by-law requiring property owners of busy commercial centres with a bus stop on the property to provide a safe and accessible location for a bench or adequate shelter	MCK	Commercial property owners	More safe bus shelters are available at locations such as Walmart
T1	Explore the feasibility of and provide options to Council for improving affordability of bus fares by <ul style="list-style-type: none"> • Instituting an unlimited ride one-day bus fare • Offering free transfers for riders changing from intra-urban to city buses 	MCK	Transit operators	Report with recommendations presented to Council
T1	Explore the feasibility of and provide options to Council for extending bus service hours to some evenings and Sundays (with either full, limited, or altered routes targeting shopping, church and entertainment destinations over traditional high-demand stops near schools and work areas)	MCK	Transit operators	Report with recommendations presented to Council
T1	Develop a driver education program for Municipal, as well as non-profit and private transportation service providers, regarding the unique needs of older riders	Age Friendly Chatham-Kent (AFCK)	Canadian Assoc. of Retired Persons (CARP), Accessibility Committee, Senior Advisory Committee (SAC), Public Health Unit	Driver education program developed and launched. Riders report satisfaction with customer service

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
T2	Foster collaboration and partnerships between volunteer services, private businesses and social service agencies to utilize existing resources to increase coverage in rural areas	AFCK	Social service and community based and agencies	Increase in ridership and services
T3	Continue to plan, develop and publicly promote – through an effective communication strategy and way-finding signage – active transportation infrastructure for paths, sidewalks, trails and bike lanes	MCK as documented in Official Plan sec. 2.2.1.2.2	Active Living Committee (ALC), Trails Committee, SAC, AFCK	Reports with recommendations presented to Council. Communication strategy launched (perhaps through as an addition to the Recycling and Waste Collection Calendar)
T4	Increase respect for handicap parking spaces through <ul style="list-style-type: none"> • Increased enforcement of handicap parking spaces • A public awareness/education campaign regarding the need for and use of handicap parking 	CKPS	CARP, SAC, AFCK	Less abuse of parking zones, public awareness campaign launched
T4	Develop a plan for updating size of street-name signs	MCK		Plan developed and adopted
T4	Review need for existing signage to determine if the need is still justified	MCK		Report with recommendations presented to Council



HOUSING

The condition and location of a person's home can enhance his or her health and security, or contribute to illness and stress. Having adequate housing throughout the community ensures that the range of styles available, and the locations and manner in which housing is built, meets the needs of local residents regardless of their stage of life and evolving needs, mobility, and abilities.

A complete range of housing options adequate for each stage of aging is referred to as a **"continuum of accommodation."** The continuum allows for people to comfortably age at home as long as they can, and provide a smooth transition through increasing levels of care, such as from family home to an accessible home or apartment, to retirement home, assisted living and finally long term care.

PRIMARY CONCERNS

- Rising cost of maintaining or living in a home
- Lack of appropriate housing and community development for an aging population
- Lack of accessible information on housing services
- Current housing stock leaves gaps in the "continuum of accommodation"

WHAT RESIDENTS HAVE TO SAY

"I own a 4 bedroom house, [and am] recently widowed. [I] want to downsize to a condo, BUT THEY ARE PRICED HIGHER THAN MY HOUSE. This doesn't make sense."

- Chatham survey response

"[F]our of five older women, for instance... instead of [living in] four individual homes on their own...[we should] build houses that have four units, for privacy, but combined cooking, eating, lounge spaces for cooperative living... so you are not alone, and there's shared costs and limited maintenance."

- Wallaceburg focus group participant

"The thing I find very frustrating is how hard it is to find someone to do work for you when you need something small fixed. Plumbers, electricians don't want small jobs... even small exterior home repairs are almost impossible to get someone to do."

- Chatham survey response

GOALS TO MAKE THE COMMUNITY AGE-FRIENDLY

H1.

Provide affordable, accessible, safe, and appropriately located housing that promotes independent living to meet the needs of residents as they age

H2.

Improve education and access to information about housing options in the community, including retirement and long-term care

Goal	Recommend Action	Accountability	Partners & Stakeholders	Performance Indicator
H1	Ensure applicable Municipal policies and regulations support both the objectives of the 2015 Official Plan, and the principles and standards of livable communities and accessible housing (e.g. principles and standards outlined in the Municipal Facility Accessibility Design Standards (FADS 2006), and Canada Mortgage and Housing Corporation's "Community Indicators for an Aging Population")	Municipality of Chatham-Kent (MCK)		Increase in percentage of housing deemed accessible as per Municipal accessibility design standards (F.A.D.S 2006), increase in proportion of residences complying with CMHC "Community Indicators for an Aging Population"
H1	Educate community developers, realtors and planners on how the changing demographics impact housing trends and design elements (e.g. VisitAble Housing Canada recommendations)	Age Friendly Chatham-Kent (AFCK)	Chatham-Kent Realtor Association, Chatham-Kent Landlord Association, Chatham-Kent Homebuilders Association	Awareness material and training program have been developed, information sessions have been held
H1	Developers and Municipal departments include more direct input from seniors in the planning process	AFCK	MCK,	Process created and seniors' needs and opinions are included in consultations and incorporated into plans
H1	Community stakeholders adopt objectives to provide models that support smooth transitions through the continuum of accommodation from independent living up to nursing care	AFCK	MCK, housing developers, retirement homes, nursing homes, CCAC	Sufficient, senior housing, retirement home, assisted living supports, and long-term care beds exist to meet the needs of the community

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
H1	Encourage innovative partnerships to develop more affordable housing that meets the needs of changing market demographics	MCK	AFCK, builders and developers	Partnerships formed, new housing under development
H1	Investigate the feasibility of developing a Home Share program in CK that is similar to other models in use around South-western Ontario	United Way of Chatham-Kent (UWCK)		Program options outlined and explored, and if feasible program has been launched
H1	Expand the access to and the promotion of services available through programs that assist seniors to find and hire affordable handymen/women for minor house repairs and jobs around the house	Family Service Kent (FSK)		Increase in use of services such as CHAP Home Helper
H2	Further promote housing and community grants, loans, and economic support programs that help people buy, rent, or maintain a residence	MCK	SAC, AFCK, Salvation Army, NeighbourLink	Promotional materials (e.g. directory, website and pamphlets) produced and distributed
H2	Offer public information sessions around CK to learn about in-home supports, retirement homes, assisted living and long-term care options	AFCK	MCK, SAC, Community Care Access Centre (CCAC), providers and operators of retirement and nursing homes	Educational events held across the Municipality on an annual basis
H2	Publish an annual directory of older adult housing services, specialized housing, home modification, social housing, economic supports	AFCK	UWCK, MCK, CCAC, Salvation Army	Directory produced

SOCIAL PARTICIPATION

An age-friendly community commits to strengthening emotional, physical, and social wellbeing. A person's ability to participate in social activities directly impacts this sense of wellbeing and is a significant element in how he or she rates his or her quality of life. Active people report feeling stronger linkages to the wider community, feeling an enhanced sense of belonging and experiencing fewer mental health issues, such as depression.

"Social Participation" is experienced in different ways depending on the needs and interests of an individual. It encompasses all potential uses of personal free time such as visiting friends and family; attending clubs or spiritual pursuits; creating arts and crafts; taking educational classes; traveling; shopping; exercising or walking; attending sporting events as a participant or observer; going to the movies, coffee shop, restaurant, and so on.

PRIMARY CONCERNS

- Aging public and privately owned facilities are in need of repair, or upgrades
- Lack of transportation to events
- Difficulty finding and accessing information on events opportunities and facilities
- Rising cost of fees for those on low or fixed incomes
- Community organizations face too much administrative red tape

WHAT RESIDENTS HAVE TO SAY

"Socializing is going to become more and more of a problem, with less and less families being close."

- Tilbury focus group participant

"I think people get depressed and anxious because they can't do the things they use[d] to do. So they tend to stay home and just be quite comfortable sitting in their chair, and I think that happens a lot."

- Blenheim focus group participant

"You need to have a computer and internet to access most community events, which is not always possible."

- Blenheim survey response

"If it costs anything we need to know a month in advance to set aside the money."

- Blenheim survey response

GOALS TO MAKE THE COMMUNITY AGE-FRIENDLY

SP1.

Provide a diversity of leisure opportunities appropriate to all stages of aging

SP2.

Ensure barrier-free access to services and information

SP3.

Cultivate a sense of greater social belonging

Goal	Action	Accountability	Partners & Stakeholders	Performance Indicator
SP1	Identify and document public and private facilities, spaces and hours of operation in each community, to catalogue underutilized hours to see how the space can be used	United Way of Chatham-Kent (UWCK), Municipality of Chatham-Kent (MCK)	Senior centres, churches, service clubs, schools, recreational and cultural facilities, CK Non-Profit Network	Asset map completed showing full range of facilities, usage, and availability
SP1	Promote more collaboration between event and activity organizers, and facility managers to better utilize existing facilities and share programming and organizational capacity	UWCK, MCK	Senior centres, churches, service clubs, schools, recreational and cultural facilities, CK Non-Profit Network	New partnership opportunities explored, increase in activities available in smaller communities
SP1	Improve access to leisure activities by encouraging adequate transportation services (routes, hours of operation, cost, rural options)	Age Friendly Chatham-Kent	MCK, Family Service Kent (FSK), event organizers, private transportation companies	Partnerships formed, services expanded, and attendance and ridership increased
SP2	Develop a plan identify in time lines and criteria to make parks multi-generational such as by installing “fit-park” outdoor exercise equipment in each urban centre	MCK	Service clubs, volunteer community groups, park users, PHU	Plan developed, infrastructure installed, increased park usage
SP2	Provide more outreach programming to teach seniors about technology, communication, and social media	CK Public Libraries (CKPL), schools	SAC, senior centres, CK Park and Rec.	Number of classes offered, number of participants, number of communities reached
SP2	Create a “Savvy Senior” program for peer-to-peer internet and computer training	AFCK, Senior Advisory Committee (SAC)	MCK, CKPL	Program similar to Age UK’s “Silver Surfers” launched
SP2	Promote greater educational opportunities such as affordable continuing education courses at local post-secondary institutions and Elder College	AFCK	Educational providers	Increased enrollment, and more courses offered

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
SP2	Launch a review of municipal facilities and services, and where appropriate, repurpose the facilities or alter programming to meet the needs of changing demographics	MCK	SAC, facility stakeholders and members, AFCK	Review completed and recommendations presented to Council
SP2	Develop awareness and resource guides targeting event organizers to ensure events are inclusive and accessible for older adults	AFCK	SAC, Libraries, CK Economic Development office, Municipal Centres	Guides and checklists developed, and information sessions held
SP2	Create and promote a one-stop-shop contact where older persons can get resources and assistance to organize their own events. This should: <ul style="list-style-type: none"> • Offer a list of affordable space and resources, • Offer help with permits, applications, licenses, and insurance • Foster partnerships to encourage resource sharing 	MCK	SAC, AFCK	Resources developed and available, more community events held, organizers report fewer barriers to event planning
SP2	Encourage greater use of all local media formats to promote events through up-to-date lists of public media contacts, community events calendars, and other promotional resources	MCK	Service clubs, volunteer community groups, park users, PHU	Greater usage of media resources, improved attendance at events
SP3	Develop methods to invite and better engage residents of smaller communities, isolated seniors and groups to encourage greater participation (e.g. “community ambassadors”)	AFCK	SAC, service clubs, volunteer community groups, churches, Neighbourhood Watch, home care providers	Engagement processes developed, pilot programs initiated

CIVIC ENGAGEMENT

Older residents of Chatham-Kent have accumulated a lifetime of talent, skills and experience. Civic Engagement addresses how a person can continue to be a valuable resource and contribute his or her wisdom to society. This engagement ranges from volunteerism, mentoring, and attending community meetings to supporting business start-ups for older workers, transitional steps to phase in retirement, and continuing barrier-free access to employment for those who are not ready to retire.

Age-friendly communities recognize the benefits that older generations offer to the community and actively seek to engage this demographic group. Through this engagement individuals can maintain financial stability while continuing to contribute to society.

PRIMARY CONCERNS

- Perception that many employers are unwilling to hire older workers
- Need for more information on employment opportunities, services, and training designed for older workers and volunteers
- Need for more volunteer opportunities that meet the needs and interests of seekers

WHAT RESIDENTS HAVE TO SAY

“I started my own business after I retired because already established businesses wouldn’t hire me because of my age. We old folks have a lot of skills that many young business people need to learn.”

- Chatham survey respondent

“Years ago, you always had a nursing supervisor on the floor... They were your mentors, and they showed you how to be a good nurse. We’ve missed the boat on that now, and this whole idea of mentorship, as a society, I don’t think we value it.”

- Ridgetown focus group participant

“There are no programs for skills upgrading for seniors who wish to maintain/upgrade their skills in order to remain employable.”

- Chatham survey respondent

GOALS TO MAKE THE COMMUNITY AGE-FRIENDLY

CE1.

Create opportunities for meaningful volunteerism that is appropriate for all stages of aging, utilizes a person’s knowledge and skills, and shows appreciation for his or her contributions

CE2.

Encourage business environments to better engage, utilize, and communicate with aging employees

CE3.

Support greater access to age-appropriate skills training and preparation for employment opportunities

CE4.

Provide accessible opportunities to keep residents engaged with their local government and decision makers

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
CE1	Create databases for: <ul style="list-style-type: none"> • volunteers willing to do on-call and/or short term opportunities as needed; • volunteer job opportunities with complete descriptions of expectations and commitments 	Kent Association of Volunteer Coordinators (KAVCO)	United Way of Chatham-Kent (UWCK), Age Friendly Chatham-Kent (AFCK), and all volunteer agencies	Inventories will be developed, and launched; senior volunteers and organizations report satisfaction with their volunteer experiences
CE1	Educate and encourage organizations to respond to the needs of older volunteers by offering opportunities such as: <ul style="list-style-type: none"> • flexible scheduling • job sharing • intergenerational mentorship 	UWCK	UWCK, KAVCO, and all volunteer agencies and organizations using volunteers	Awareness program will be designed and implemented; senior volunteers and organizations report satisfaction with their volunteer experiences
CE1	Increase volunteer recognition efforts to include acknowledging the cost of volunteering, and showing appreciation beyond saying "Thanks"	KAVCO	All not-for-profit and charitable organizations in Chatham-Kent	Organizations have developed recognition programs and experience less turnover
CE1	Promote the use of technology at meetings and training in technology to reduce the need for volunteers to travel to meetings	KAVCO	All not-for-profit and charitable organizations in Chatham-Kent	Organizations offer a range of options (conference calls, Skype etc.) for remote meetings
CE2	Develop an awareness among business and union leaders to assist them in understanding the changing demographics and how this will impact employment in CK	AFCK	All employers and their unions in Chatham-Kent	Awareness campaign and tools have been developed
CE2	Develop entrepreneurship opportunities for older workers	MCK	Resident Attraction and Retention, Community Futures, Small Business Centre	Plans developed to attract older new residents to CK for business start-ups; new businesses opened by older workers

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
CE2	Promote employment practices to accommodate older workers through: <ul style="list-style-type: none"> • Phased-out retirement, flexible work hours, job sharing and mentorship • Retraining opportunities • Financial planning for those close to retiring • Adapting the work environment to accommodate aging employees 	AFCK	Workforce Planning Board, Chamber of Commerce	Lower turnover, higher retention, and improved employee relations; decrease in the loss of knowledge, skills, and experience that older employees can provide the organization; increase in the recruitment of older workers
CE2	Start an awards program recognizing age-friendly businesses and employers	Chambers of Commerce	Service clubs, BIAs, SAC	Awards program initiated
CE3	Provide age-specific assistance with résumé writing, completing application forms, and interview skills	AFCK	Employment agencies and employers in CK who offer these skills	Increase in the quality of applications from older workers
CE4	Promote accessible voting options and age-friendly polling stations to allow older voters to participate in the electoral process	MCK		Increased voting rates
CE4	Promote the diversity of older persons on advisory and community boards to ensure inclusion of wider perspectives (e.g. low income, physical abilities, age range)	AFCK	All community agencies, boards and committees	Organizations have developed recruitment strategies and simplified application processes to attract a diversity of older adults

COMMUNITY SUPPORT & HEALTH SERVICES

Findings show that the older residents of Chatham-Kent, regardless of income, lifestyle, or place of residence, overwhelmingly rank accessible health and community support services as their top priority. These services provide the assistance a person needs to maintain his or her physical and mental health and to age comfortably at home.

Age-friendly communities aim to ensure that residents' evolving needs are anticipated and met by a wide range of affordable, appropriate, and timely services.

PRIMARY CONCERNS

- Difficulty finding and accessing information on services and agencies
- Lack of access to services, particularly in rural and small communities
- Long wait times
- Lack of access to services that promote independence and help people live at home later in life

GOALS TO MAKE THE COMMUNITY AGE-FRIENDLY

CH1.
Increase the availability of services in smaller communities

CH2.
Promote an affordable and accessible range of care services to help people live independently at home for longer

CH3.
Develop public knowledge and awareness of community supports and health services available in Chatham-Kent

WHAT RESIDENTS HAVE TO SAY

"Filling out an application form is very troublesome...and it is very difficult knowing who does what. We use 'edu-speak' and health speak and we really don't have any idea what we are talking about... You really do need someone to be your advocate."

- Ridgetown focus group participant

"I don't feel that we have adequate resources as far as print material that we can access. Until something happens, you do not think about it, and then all of a sudden, you may need support and where do you go? And you might not be well enough yourself to look for it. And if you're on your own, it's difficult."

- Rondeau focus group participant

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
CH1	Promote greater inter-agency cooperation between medical and non-medical organizations to share physical space and video conference equipment to improve service coverage in small or outlying communities	Age Friendly Chatham-Kent (AFCK)	Senior Advisory Committee (SAC), CCAC, Municipality of Chatham-Kent (MCK), primary care centres	Partnerships formed, new services offered in communities where these were not previously available
CH2	Recruit more specialists	Chatham-Kent Health Alliance Physician recruitment		New specialists establish offices in CK
CH2	Expand mental health services and access to counselling services for older adults		Mental Health and Addictions Program, Canadian Mental Health Assoc., Family Service Kent (FSK), pastoral care programs	More access to mental health and counselling services for older adults, including in smaller communities; waiting lists are shorter
CH2	Advocate for agencies to adopt policies and staff training programs to <ul style="list-style-type: none"> Identify and report Elder Abuse Help care providers to better understand the unique needs and perspectives of older clients 	AFCK	Chatham Kent Police Service, CCAC, CARP, SAC, community service agencies	Policies adopted by more agencies, and staff have been trained
CH3	Encourage initiation of more peer-to-peer programs to provide additional support to those in need	AFCK	Service providers	Peer-to-peer programs advocated for
CH3	Encourage emergency and disaster relief services to coordinate additional public awareness and communication protocols to better identify and target the needs of isolated and aging individuals	MCK	Red Cross, Entegrus	Optional registry of persons who are isolated or have reduced sight/vision and mobility has been created for emergency responses; public education and awareness materials produced

Goal	Recommended Action	Accountability	Partners & Stakeholders	Performance Indicator
CH3	Create opportunities for information sharing to educate front-line staff on the range of services, programs and providers in the community, so that they can better serve the needs of and properly refer clients	CCAC		More “lunch and learns,” and agency-only information fairs etc. have been organized
CH3	Identify opportunities for the standardization of terminology and forms	CCAC		Collaboration agreements between agencies
CH3	Develop and launch a public awareness campaign encouraging people to “Plan Your Aging”	Chatham-Kent Chapter 49 of Canadian Association of Retired Persons (CARP)	SAC, AFCK, UWCK, CHC, Financial planners, Lawyers, Medical professionals, Long-Term Care facilities, Service providers	“Plan Your Aging” program similar to that used by United Way of Ottawa is designed and launched. Public attends sessions
CH3	Advocate for dedicated staff and/or trained volunteers to help clients effectively navigate the system to access appropriate supports	AFCK		Identification of gaps, strategy for advocacy developed
CH3	More promotion of 2-1-1 and 310-CCAC	UWCK, CCAC	Service providers	Public promotion campaigns launched, other agency staff trained to refer clients and measurable increased usage of 2-1-1 and 310-CCAC
CH3	Consolidate directories to provide a resource for all service providers’ internal use that lists program information, referral criteria, and forms	CCAC	Healthline	Directory available
CH3	Print a free annual directory of senior services available in Chatham-Kent	AFCK	Private business CCAC, 211, UWCK	Directory published on regular basis



AgeFriendly
Chatham-Kent