Testing the WHO Global Age-Friendly City Indicators in Ottawa, Canada IAGG

June 26, 2013







Overview of presentation

- Profile of Ottawa seniors
- Age-Friendly Ottawa: A Community and City
 Partnership: Council on Aging and City of Ottawa
- Context affecting Measurement
- How Practical and Valid are the WHO AFC Indicators?
- Technical Comments
- Indicator Development Ideas
- Otawa´s Top 25 Indicators



Profile of Ottawa seniors

- 116,600 seniors (over 65 years old); this number is expected to grow to 254,000 by 2031 to make up 20% of population
- Majority live in central areas of the city fastest growth is expected in suburban and rural areas

Profile of Ottawa seniors

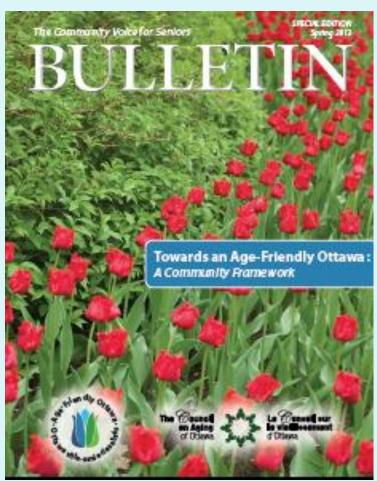
- 20 percent are francophones
- 30 percent were born in another country
- Financial security higher than provincial and national averages, but some (7%) live in poverty
- 17% use a mobility aid (cane, walker or wheelchair)

Age Friendly Ottawa(AFO)

- Initiative hosted by the Council on Aging (COA)
- COA is a bilingual voluntary organization that works with and for seniors to enhance their quality of life through sound public policy and program decisions
- Age Friendly Ottawa Steering Committee established in 2010 and is supported by grants
- Purpose: Make Ottawa an 'age-friendly' community as defined by the World Health Organization
- Community-wide focus
- Currently in the implementation phase

Age-Friendly Ottawa (AFO)

- 5-yr plan for continuous improvement
- Key Directions:
 - seniors' engagement
 - Collective impact
- 2-3 Objectives in each AFC domain



City of Ottawa Older Adult Plan

- Purpose: To plan and implement concrete actions to assist the City to effectively serve and be responsive to the specific needs of older adults today and in the future
- Municipal focus; all departments engaged
- Operational funding of \$500,000/year
- Vision and goals to continue, but actions to be "reviewed and refreshed" every 4 years

City of Ottawa Older Adult Plan

- 74 actions identified
- Mix of actions:
 - Many with specific outcomes for citizens (62 actions 84%) e.g., Make public transportation more affordable for older adults
 - Some exploratory, or preliminary actions (12 actions 16%) e.g., Conduct a survey to identify the specific service needs of older adults who use emergency shelters

Collaborative process

- Representation on mutual Steering Committee/Advisory Group
- Framework focused on the 8 WHO AFC areas
- Process (research, consultations, action plan development)
- Aligned and mutually reinforcing action plans
- Successful joint application to join the WHO Network of Age Friendly Cities (2012)
- On-going communication and mutual support between the two projects

Shared Vision



An age-friendly community and caring community that values the contributions of older adults and offers a broad range of opportunities for active living and healthy aging by providing supports that are responsive to the diverse needs and choices of older adults.

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Context affecting measurement

- Limited resources & current funding crisis in volunteer sector
- Limited project funding time-frame (end 2013)
- High community expectations
- Accountability for a defined scope of action
- Accountability for successful implementation rather than for the end result

Draft Indicators: How Practical?

- Lack of short-termer outcome indicators, allowing measurement of progress
- Causal linkage between local actions and long-term outcomes difficult to establish
- Indicators based on local satisfaction surveys (20/61) imply high costs
- Search, analysis and compilation of existing data sources is costly

Draft Indicators: How Valid?

- Some indicators reflect provincial rather than municipal action (eg., access to a physician; access to home health care)
- Some are not appropriate in Canada (eg, number of people who have health insurance)
- Some indicators not aligned with the AFC dimension

Technical Comments

- Clearer definitions of terms needed ("Are priority parking areas provided **close to** buildings..?")
- Too many concepts in one indicator (e.g. "number of...
 who perceive that public transport options are
 reliable, available and adequate")
- Yes/no indicators not sensitive to change (e.g., "local ordinance to ensure that all public buildings have : (A) elevators...")

Technical Comments (2)

- Some indicators would need to be modified to be measured with available Canadian data sources (e.g loneliness)
- Some difficulties in data timeliness (occasional surveys) or disaggregration (age/regional)

Indicator Development Ideas

- Bottom -up approach: Encourages cities to create locally-relevant indicators. From the list of locallyrelevant indicators developed by many cities, common indicators could be chosen.
- Collect and report local indicators, that reflect the priorities identified by seniors: "Perhaps cities could be required to report on 1-2 indicators reflecting local priorities and capacities"

- Outdoor Spaces and Buildings
 - Safety (feeling safe in neighbourhood)
 - Accessibility (of buildings)
 - Mobility Availability of resting places

Transportation

- Accessibility (stay home for lack of transportation)
- Quality (# physicallyaccessible buses in fleet)

- Housing
 - Affordability
 - Accessibility (policies to ensure accessibility)
 - Accessibility (access to services)
- Respect and Social Inclusion
 - Loneliness
 - Social Support
 - Ageism (perception of negative attitude)
 - Ageism (media images of aging)

- Civic Participation and Employment
 - Volunteering (% of seniors who engage)
 - Volunteering (satisfaction with volunteer opportunities)
 - Paid Employment (% seniors employed)
- Social Participation
 - Community engagement (available gathering places)
 - Community engagement (satisfaction with available gathering places)

- Community Support and Health Services
 - Home-based/chronic home care AFO
 - New suggestion:
 - Access to primary care physician, geriatric care services,
- Communication and Information
 - Availability of :
 - Resource guides on leisure/recreation
 - Information on employment and volunteer opportunities
 - Information for health concerns and service needs

- Health
 - Physical activity/inactivity
- Economic Security
 - Financial protection for health care needs
- Governance
 - Participation of seniors in decision-making

Thank-you!

