

Politics, policy and public health

Making communities age friendly: state and municipal initiatives in Canada and other countries

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ABSTRACT

To promote healthy, active aging, the age-friendly community initiative has evolved in Canada, Spain, Brazil and Australia, among other countries. An age-friendly community provides accessible and inclusive built and social environments where older adults can enjoy good health, participate actively and live in security. The rapid expansion of the initiative in all states can largely be explained by common key activities undertaken by the state, municipal and –in the case of Canada– also federal, governments. These initiatives include strategic engagements and policy action in all states, and knowledge development and exchange in Canada in particular. Strategic engagements involve creating or strengthening collaborative intersectoral relationships to access multiple arenas of decision-making, and addressing all areas that constitute an age-friendly community. With variations across states, policy actions have included the following: declaring the initiative as an official policy direction; establishing model cities to be emulated by other cities; funding community projects; implementing consistent methodology; evaluating implementation, enhancing public visibility, and aligning age-friendly community policy with other state-level policy directions. To stimulate knowledge development and exchange, Canadian efforts have included the creation of a community of practice and of a research and policy network to encourage the development and translation of scientific evidence on aging-supportive communities. These activities are expected to result in a strong and durable integration of older persons' views, aspirations, rights and needs in municipal, as well as state, planning and policy.

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Iniciativas estatales y municipales en Canadá y en otros países dirigidas a crear comunidades amigables con las personas mayores

RESUMEN

Para promover una vida saludable y activa en las personas de edad avanzada, la iniciativa de comunidades amigables con las personas mayores ha evolucionado tanto en Canadá, España, Brasil y Australia como en otros países. Una comunidad amigable con las personas mayores proporciona entornos sociales accesibles e inclusivos, donde los adultos de mayor edad pueden disfrutar de buena salud, participar activamente y vivir en seguridad. La rápida expansión de la iniciativa en todos los países se explica en gran parte por las actividades fundamentales comunes que han emprendido las autoridades estatales y municipales, y en el caso de Canadá también el gobierno federal. Dichas iniciativas incluyen participaciones estratégicas, adopción de políticas y desarrollo e intercambio de conocimientos, en Canadá en particular. Los partenariados estratégicos implican crear o fortalecer vínculos de colaboración entre los sectores a fin de tener acceso a varias esferas de la toma de decisiones y solucionar todos los aspectos que permiten crear una comunidad donde los ancianos pueden integrarse. Con diferencias entre países, la elaboración de políticas ha incluido la declaración de dichas iniciativas como una orientación política oficial, el establecimiento de ciudades que sirvan de modelo para otras, la financiación de proyectos comunitarios, la implementación de metodología coherente, la evaluación de la aplicación, la visibilidad pública y la alineación de la política comunitaria con otras políticas de ámbito estatal. Para estimular el desarrollo y el intercambio de conocimientos, los trabajos en Canadá han incluido prácticas en comunidades para alentar el intercambio de experiencias exitosas, y una red de investigación y políticas para fomentar el desarrollo y la traducción de la evidencia científica en materia de comunidades favorables para la tercera edad. Se prevé que estas actividades logren que se integre un enfoque favorable hacia los ancianos, con consideración a sus aspiraciones, perspectivas, derechos y necesidades a la hora de planificar comunidades e influir en las políticas gubernamentales en materia de envejecimiento.

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Introduction

As countries worldwide age demographically,¹ promoting the health of a fast-growing older adult population is emerging as a

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public health priority. To guide health and social policy in an aging world, the United Nations Second Assembly on Aging provided comprehensive priority directions in the 2002 Madrid International Plan of Action on Aging (MIPAA), which included the following goals: fostering the full inclusion of older persons in economic, social and political development; advancing health and well-being in old age; and creating supportive and enabling environments.²

At the same time and in support of the MIPAA, the World Health Organization (WHO) developed an active aging policy framework which conceived of active aging as a process of “optimizing opportunities for health, participation, and security in order to enhance quality of life as people age”.³ Building on the evidence on the role of economic factors, social environments, physical environments, policies and personal factors as determinants of active aging, the WHO framework describes how active aging can be supported throughout the life course by governments and non-government players. To apply the active aging framework to address the individual and social challenges of aging in urban settings, the WHO prepared a community development tool, entitled *Global age-friendly cities: a guide*,⁴ based on consultations with older adults, caregivers and front-line service providers (e.g., merchants and community and health service providers) in 33 cities worldwide.⁵

The focus on cities is important because, as a result of rapid urbanization, over half of the global population are now urban-dwellers and this trend will continue.⁶ Moreover, a growing body of research in environmental gerontology shows that physical and mental health in older age is related to features of the built environment,^{7,8} as well as the social environment.^{9,10} In an age-friendly city, therefore, policies, services and structures related to the physical and social environment are designed to support and enable older people to age actively by “recognizing the wide range of capacities and resources among older people; anticipating and responding flexibly to aging-related needs and preferences; respecting their decisions and lifestyle choices; protecting those who are most vulnerable; and promoting their inclusion in and contribution to all areas of community life”.⁴ To assist municipal governments and civil society to assess barriers to active aging in the city and design corrective action, the WHO Guide identified the essential characteristics of an age-friendly city in eight domains: outdoor spaces and buildings; transportation; housing; social participation; social respect and inclusion; civic participation and employment; communication and information; and community support and health services.

Since the release of the WHO Guide, city, state and municipal governments and civil society organizations in several countries have become engaged in community and state development initiatives that apply the WHO model of an age-friendly city. The WHO has established the Global Network of Age-friendly Cities¹¹ to support and encourage cities wishing to follow this approach to urban development and to ensure the quality of the tools and interventions used.

A primary goal of this article is to document the development of the age-friendly community initiative in Canada and in states in other countries, namely Andalusia (Spain), Sao Paulo (Brazil) and South Australia (Australia), with a view to understanding the activities underlying its successful implementation. A second goal is to describe some of the changes taking place in community-level policies, practices and design as a result of this initiative that hold promise for improving active aging, while cautioning that the initiative is still in the very early phases of implementation and that formal evaluations have not yet been conducted. This article focuses on current developments in Canada, both because the WHO age-friendly community model has been extensively adopted in this country and because it is the context with which the first author is most familiar. The second author has documented developments in Andalusia, Sao Paulo and South Australia, where he is actively enga-

ged, to provide a comparative and complementary international picture.

Methodology

This report is a descriptive analysis of the age-friendly community initiative in Canada and several other countries, based on working reports, historical documents, published literature –both academic and from government and civil sources– and communications with key stakeholders.

Implementation of the Age-Friendly Community Initiative in Canada

Canada’s population of seniors (age 65 and older) will increase rapidly from 14% in 2011 to 23% by 2036.¹² About 80% of Canadians of all ages dwell in cities,¹³ but many provinces have a disproportionately high population of seniors living in rural communities; for example, in the province of Nova Scotia, 21% of the rural population is aged 65 years and older compared with 15% of the population in urban areas.¹⁴

Federal, provincial and territorial governments have identified healthy aging as a policy focus and the development of supportive environments as a key policy mechanism to advance healthy aging. In 2006, the Federal, Provincial and Territorial Ministers Responsible for Seniors released a discussion paper entitled *Healthy aging in Canada: a new vision, a vital investment*,¹⁵ which outlines approaches for health promotion action, including fostering supportive communities. Supportive environments refer to creating policies, services, programs and surroundings that enable healthy aging in the settings where older Canadians live.

Having identified the creation of supportive environments as a means to advance healthy aging, the federal Public Health Agency of Canada (PHAC) provided financial support to the WHO to develop the *Age friendly cities guide*, and four provincial governments supported the participation of the following cities in the consultations that led to the Guide: Saanich in British Columbia, Portage la Prairie in Manitoba, Sherbrooke in Quebec, and Halifax in Nova Scotia.

At the same time, the group of Federal, Provincial and Territorial Ministers Responsible for Seniors led the development of *Age-friendly rural and remote communities: a guide*.¹⁶ This publication was based on the same WHO methodology as that used to create the *Cities guide* but focused on Canada’s rural and remote communities. The *Age-friendly rural and remote communities guide* provides a tool to identify the assets and barriers of specific rural communities as a baseline to becoming more age-friendly. Because Canada’s interest in promoting age-friendly municipal development targets smaller towns and villages in rural areas as well as cities, the initiative is known in this country as the age-friendly community initiative.

Provincial governments led the way in promoting and enabling action in collaboration with municipal governments while the PHAC assumed the role of national coordination and facilitation. The PHAC convened an Age Friendly Community Forum in 2008, bringing together provincial and territorial officials, municipal leaders, seniors, researchers and non-government organizations to offer guidance on the promotion and implementation of age-friendly community initiatives in local communities. The following advice has been widely adopted: (i) give voice to older Canadians in the planning and creation of age-friendly communities, for example, by participating in the project steering or advisory committee and by soliciting seniors as community champions; (ii) ensure that the diverse concerns and issues of all seniors in the community (e.g., income level, mobility, support systems, health status, cul-

ture) are addressed; (iii) ensure that all levels of government work together and foster the commitment of the municipal government; (iv) engage and support municipalities; (v) develop partnerships with non-traditional partners such as the private sector, architects, interior designers, graphic designers, etc., to achieve wider understanding and implementation of age-friendly concepts; (vi) create partnerships with other community initiatives that overlap with seniors' issues to promote and facilitate constructive sharing of platforms and resources benefiting all citizens, not only seniors; (vii) brand the term "age-friendly" across various communication tools and mechanisms to support its development; (viii) measure success and identify best practices; and (ix) share information to use ideas and better practices more effectively and appreciate issues, concerns and success stories.

The implementation of the age-friendly community initiative in Canada has been planned along three activity axes: strategic, multisectoral engagements, the creation of policy tools, and knowledge development and exchange. These activities are present at all levels of government: federal, provincial and municipal.

Strategic, multisectoral engagements

All levels of government as well as the non-governmental and private sectors play a role in the creation and management of supportive environments. At the federal level, the PHAC partnered with the Canadian Institutes of Health Research (CIHR)–Institute of Aging very early in the establishment of the initiative. The Institute of Aging joined forces with the age-friendly communities initiative as an opportunity to stimulate new research on mobility in community settings and to translate funded research knowledge on aging-supportive environments into practice. Another federal partner has been the Department of Human Resources and Social Development, which supports age-friendly community actions by providing funding for community projects led or inspired by older adults.

To strengthen and expand relationships outside the federal government, the PHAC created links with traditional public health and aging stakeholders, such as health promotion organizations, gerontology associations, professional associations, academic researchers and seniors' organizations, as well as with new non-traditional bodies, including the Federation of Canadian Municipalities and the Canadian Institute of Planners. A Reference Group comprising representatives from all government levels and key stakeholder groups was created to maintain the rate of progress in the implementation of age-friendly communities in all jurisdictions and to collectively advise how the Canadian government can support provincial and local initiatives. Relationships with Reference Group members and other stakeholders have been strengthened. The PHAC has also used its position as a national government agency to connect the Canadian age-friendly community initiative with the WHO Global Network of Age-Friendly Cities[®].

Provinces and municipalities engaged in age-friendly community action have similarly reached out to engage many and varied stakeholders, including other provincial ministries such as Housing, Transportation, Sport and Recreation, and Municipal Affairs, non-governmental organizations involved in municipal policy, older persons' organizations, universities, service clubs, community foundations, schools, public health agencies, local or regional health authorities and chambers of commerce. In the province of Newfoundland and Labrador, for instance, the Ministry of Health and Community Services, the Rural Secretariat, and the Ministry of Municipal Affairs have joined forces to offer community grants to support local age-friendly community initiatives. The province of Manitoba has established an advisory committee that includes the provincial association of seniors' social centers, a coalition of orga-

nizations that promote physically active lifestyles for seniors, the Association of Manitoba Municipalities, the Manitoba Chambers of Commerce and the University of Manitoba Centre on Aging.

Several provinces have engaged academic gerontologists and university centers on aging in the initiative. The academics have played a vital role in creating implementation tools by providing expert leadership to communities to ensure consistent and effective action and good practice. Quebec has engaged researchers at the Centre on Aging at the University of Sherbrooke to guide effective development in the largest municipalities (100,000 and over), in addition to the technical support of a non-government organization specialized in community development which is provided to all communities. In Manitoba and in Quebec, researchers have also established evaluation frameworks to assess implementation and outcomes of the initiative in their jurisdictions. Although local municipal governments can do much on their own to make the community more age-friendly –for instance, through zoning and housing regulations and transportation and community services–strategic partnerships with other sectors are vital here too. For example, the city of Saanich, in British Columbia, has fostered partnerships between the regional health authority (the agency responsible for local health services) and local seniors' centers to offer disease rehabilitation programs in community recreation centers and to create an intergenerational support group for seniors and youth at risk for social isolation.¹⁷

Policy tools

Governments are the primary drivers of the age-friendly community initiative in Canada. Thus, the implementation of this initiative is the result of several direct policy interventions. These include official political declarations of engagement, funding and technical support for municipalities, recognition programs, and social marketing of the age-friendly community initiative. Currently, eight out of 10 Canadian provinces are engaged in promoting and supporting the implementation of age-friendly community initiatives in their territory. As mentioned earlier, the federal government provides funding support for activities aiming to stimulate volunteerism among seniors and to support their social participation and inclusion. All provinces provide funding either directly or indirectly through foundations or third-party organizations to communities that undertake to become more age-friendly. In British Columbia, funding is provided through the Union of British Columbia Municipalities.¹⁸ In Quebec, municipalities can apply for funding from the Ministry for the Family and Older Persons for two program options: the first option is for assistance to revise municipal family policy to be more inclusive, and the second option is to develop and undertake an action plan to become more age-friendly.¹⁹ Also in Quebec, funding is offered for small infrastructure improvements through the municipal infrastructure program administered by the Ministry of Municipal Affairs.

To encourage a consistent and effective approach to implementation, the federal, provincial and municipal partners have agreed upon a set of criteria or "milestones" that communities must follow to be recognized as age-friendly. Communities committing to being age-friendly must demonstrate that they are achieving the following: (i) formally engaging municipal governments; (ii) involving older adults as integral members of community advisory groups; (iii) preparing and publicizing action plans based on local assessment of baseline "age-friendliness" in the eight WHO domains; and (iv) reporting publicly on progress in achieving their action plans. These milestones form the basis of age-friendly community recognition programs which are further recognized by the PHAC within a Pan-Canadian Age-Friendly Communities Recognition Framework and, through the PHAC, are affiliated to the WHO Global Network of Age-Friendly Cities[®]. To date, the province of Manitoba has esta-

blished a formal recognition program within the Pan-Canadian Framework.²⁰ Quebec has also established a parallel, but distinct provincial recognition program.

A further policy action has been to align the age-friendly community initiative with existing and new provincial policy initiatives to enhance visibility and coherence. As part of the provincial age-friendly municipality initiative, the Quebec Ministry of Family and Seniors has provided funding for an office to oversee work to integrate an age-friendly approach in all services and programs at the McGill University Health Centre, a large hospital complex in Montreal. Manitoba has brought all of its seniors' programming together under the label "Age-Friendly Manitoba". British Columbia is integrating the Age-Friendly BC Initiative as a component within "Healthy Families BC", a new comprehensive health promotion program designed to help families, including seniors, make healthy choices and lead healthier lives.

Municipal governments are using their own policy levers in creating age-friendly communities. Passing a formal resolution to become more age-friendly, or committing to a municipal seniors plan is a strong start, as municipal governments must report on their achievement of official commitments. Many municipal policy initiatives are emerging as part of age-friendly community development. In Portage La Prairie, Manitoba, age-friendly design features have been incorporated in the design of a new recreation center. The municipality of Saanich, British Columbia, has modified municipal development permit guidelines to improve the accessibility of bus stops and of sidewalks, to improve the safety of pedestrian crosswalks and to promote construction of rental housing units that can be adapted to accommodate disabilities.¹⁷ This town also now requires that all municipal plans and priorities integrate the age-friendly perspective. Examples of other changes that have occurred in Quebec municipalities include improved street lighting, additional public benches, a mobile library, improvements to municipal communication tools and intergenerational recreational facilities.

Social marketing approaches have been used to maximize the visibility and attractiveness of the initiative. Engaged provinces and communities have adopted the "age-friendly" branding in public information materials, and have well-identified websites and resources. Age-friendly logos and promotional events, such as the launch of provincial age-friendly community grants and recognition programs publicize activities. Several towns have put up signs welcoming visitors to their "age-friendly community".

Evaluation of implementation efforts has been undertaken in British Columbia and Quebec.²¹ Besides demonstrating government accountability, these evaluations provide valuable information to government officials on the success of their planning approach and the factors that contribute to the success. In British Columbia and Quebec, the evaluation of implementation activities²² has helped to shape plans to renew the province-wide strategies beyond the initial phase.

Knowledge development and exchange

Since the inception of the initiative, there has been active interest in developing evidence to inform community action. Researchers from the Université de Sherbrooke in Quebec and from the University of Manitoba have been funded to guide age-friendly community development while conducting evaluation and research on the initiative references.²³ As mentioned earlier, the CIHR Institute of Aging has supported both new research and knowledge synthesis on age-supportive communities. In collaboration with the Institute of Aging and the Canadian Association on Gerontology, in 2011 the PHAC held a meeting of researchers and users of evidence to facilitate ongoing knowledge exchange and to stimulate policy-relevant research.²⁴ As the organization that brings together research, policy, practice and education related to aging

in Canada, the Canadian Association on Gerontology also facilitates knowledge exchange on age-friendly communities, for instance, at its annual conference and through a web-based inventory of research on aging-supportive communities. In Quebec, the Quebec Association on Gerontology collaborated with the Ville-amie-des-aînés research team at the University of Sherbrooke to publish a special issue of its periodical *Vie et vieillissement* on municipal initiatives which are part of the province's *Municipalités amies des aînés* program.²⁵

Harvesting evidence of effective interventions in communities is as important as formal evaluation. The sheer multitude of projects springing up across Canada promises a wealth of practical experiences in responding to the challenges faced by older adults in their communities. To share the growing knowledge in the field, interested stakeholders are joining in communities of practice at the provincial and national levels. At the national level, a series of webinars welcomes participants from all parts of the country connected by computer and telephone. Provinces hold meetings for engaged communities and have created websites and news bulletins to capture new developments and community successes.

Developments on other countries

Following the launch of the *WHO Age-Friendly Cities Guide* in 2007 in several languages, a great deal of interest was expressed by an increasing number of cities throughout the world –either to use the Guide as a tool for policy development or to apply it more fully in order to join what is fast becoming a global movement, as expressed at the International Conference on Age-Friendly Cities, Dublin, 2011.²⁶ This section briefly describes developments in regions belonging to three continents: the Andalusian Province, Spain; the State of Sao Paulo, Brazil; and the State of South Australia. In all three regions, the focus of activities moved from the local, municipal level to a state, provincial level: the aim was no longer to develop an "age-friendly city" but rather to attempt to broaden the focus to a state or province level. This move was justified from two points of view. Firstly, many of the factors affecting seniors' quality of life depends not only on a local, city level but also on a second-tier government level –the state or province. Secondly, political leadership and engagement often come from that level of government. Furthermore, what was previously described for Canada also applies elsewhere: those living in smaller towns, rural and remote areas are often confronted with the fact that services are more difficult to access –not only social and health services but also transportation, entertainment and information on what is available to seniors. The principles of age-friendly cities still apply but the strategies and policies that need to be put in place are often different and more complex.

In all the three "states" a similar strategy to elicit interest and engagement in the age-friendly community movement was used and is described below. Whenever local circumstances are worth mentioning, the specific state will be referred to; otherwise the process will be described with reference to "the three states". In all three states, this strategy is in progress and current policy development and the implementation of interventions are unfolding. Appropriate approaches to each of the three states were used as a first step to elicit the government's interest, ensuring its support and engagement. From thereon, a similar sequence of activities was followed, as summarized in the following stages:

- Interest and approval at State Government level; once granted.
- Establishment of a multi-sectoral working group –to include, minimally, government representatives (officers), civil society organizations (with emphasis on those working with/for older persons) and academic institutions.

- Development of a protocol to ensure application of a rigorous common methodology and of mechanisms for monitoring/evaluation. Coordination is performed by the academic institution but in close consultation with the multisectoral working group to ensure continuing engagement from the government sector and participation of older persons throughout the implementation of activities. This model replicated the approach which had been successfully adopted by the Age Friendly New York project where the academic coordination was conducted by the New York Academy of Medicine in close consultation with the Mayor's Office, the Legislative chamber and a cluster of non-governmental organizations (more recently the business sector has also been included). In Sao Paulo, a double academic coordination has been put in place: from the University of Sao Paulo Department of Preventive Medicine and from the Institute of Health, State of Sao Paulo Secretary of Health. In Andalusia the academic arm of the project is the Andalusian School of Public Health, located in Granada. In South Australia a consortium of local universities has been set up.
- Once a consensual agreement on the project protocol has been achieved, a strategy for "rolling out the project through the State" is devised.

These steps mirror the "milestones" for age-friendly community implementation described in Canada that have been adopted as criteria for recognition. The exception is that the leadership of a major city has been an important impetus in these states, whereas development has occurred in many communities simultaneously in Canada.

In terms of population, Sao Paulo is the largest state in Brazil and includes over 600 municipalities grouped in 17 regional authorities. Obviously, starting the implementation phase in all regional authorities simultaneously would have been impossible. Instead, at least one city representative of each of the various regional authorities was selected (usually the largest, economically most important, with thriving local universities). These cities now act as a "head" from where the principles of an age-friendly city are developed and serve as a model to be copied by other cities, in a ripple effect. The capital of the State of Sao Paulo—Sao Paulo city—is one of the world's megacities, with a population of over 9 million, plus as many more within its metropolitan area consisting of a dozen other municipalities. The strategy in this city was to select some "*bairros*" (local districts within the capital) and four of the municipalities in the metropolitan area and to use these experiences to broaden the project for the whole metropolitan region.

Andalusia is also a large province and the same strategy was used—except that two cities per regional authority are expected to play the role of "heads": a large city and a town within the region.

Because South Australia is a highly arid state, with its vast territory consisting of desert, the population is concentrated in a narrow coastal strip, most of it belonging to the capital Adelaide's metropolitan area. Therefore, so far, activities have been focussed around central Adelaide and its sprawling suburbs, some of which are autonomous municipalities with their own governments.

While the commitment to the project from the state level was assured from the onset in all three states, attracting similar support from the municipal level is essential. To that end, all "head" cities are visited and seminars are organized locally, usually under the format of a public forum/consultation to which key stakeholders are invited. Local media are particularly encouraged to participate. These events are always well attended, with considerable local repercussion. The next stage is marked by local consultations with older persons—in line with the main principle of the age-friendly approach: bottom-up, older persons as the main protagonists. Such consultations are either within the format of focal groups or larger, organized as public fora. The consultation protocol (reference

to Vancouver protocol) originally developed to create the WHO Guide is the main guide orientating public consultations although not rigidly, so that local features and needs can be accommodated.

The above-described process generates a multitude of ideas and the next stage is for the coordinating committee (with all the stakeholder represented), led by the academic institution (more politically "neutral") to establish priorities. Some of the proposals are to be funded by the local, municipal government, others by the state government—while some may find private and/or civil society "not for profit" sponsors. As the projects evolve, new mechanisms for funding are emerging but the essence is the commitment from the public sector in the first place so that the initial "push" is ensured.

While these "ripple effect" activities, centred on the "head cities", take place, the state government's commitment is translated into a "roll down" process—that is, each of the "secretaries/local ministries" are requested to put in place at least one emblematic project/program in line with the "age-friendly philosophy: achieving active aging across the life course". Examples of such programs/projects that have already been implemented include setting up barrier-free tourism for all (Secretary of Tourism); creating intergenerational history reminiscence programs in schools (Secretary of Education); establishing gyms in public open spaces appropriate to older persons in order to stimulate physical activity among this age group (Secretary of Sports); reducing public transport fares in off peak times (Secretary of Transport); revisiting local museums and cultural venues for accessibility and universal design; and providing cultural activities that appeal to older persons (Secretary of Culture).

A range of examples illustrates the range of initiatives that have already been implemented through these projects in the three states, always guided by the identification of priority areas for action by older people themselves (bottom up)/consideration by the public/civil/society or private sectors as a response. These examples are as follows: (i) the establishment of age-friendly health centers, adapting the WHO Age-Friendly Primary Health protocol;²⁷ (ii) the development of pilot schemes to establish age-friendly hospitals; (iii) training of the police force and launch of age-friendly police stations with appropriate training of police staff; (iv) the identification of doormen/porters in residential apartment blocks by older persons as their "best friends", followed by training of the doormen/porters in such a way as to provide them with skills and instruments to make them more effective in supporting older residents in their own homes/apartment buildings; (v) conversely, identification by older persons of bus-drivers as their "worst enemies", leading to pilot schemes on how to sensitize these key community workers with subsequent training to make them "age-friendly bus-drivers"; (vi) a research project to identify the principles to be incorporated into financial institutions in order to make them "age-friendly banks"; and (vii) the development of documents based on the WHO publications appropriate to local circumstances/features (e.g., South Australia Age-Friendly Environments and Communities (SAAFEC) Guidelines and Principles).^{28,29}

Providing examples of how to develop age-friendly policies that combine local/municipal with state/provincial levels could lead to other similar projects, and interest has already been expressed by other states/provinces in these three countries and elsewhere.

Conclusions

Within four years (2007–2011), over 560 communities in eight Canadian provinces (of which 316 communities are in Quebec alone) have engaged in becoming more age-friendly. Their efforts have been encouraged and supported by provincial governments

and the federal government, who have striven to foster strategic partnerships, apply the policy tools at their disposal, and promote knowledge development and evaluation. Developments in Andalusia, Sao Paulo and South Australia bear similarity with Canada in some important respects; namely, the joint engagement of state and municipal governments, the establishment of multisectoral partnerships for implementation, efforts to ensure consistency in implementation, and measures to make the initiative visible and attractive. These common characteristics of the age-friendly community movement in Canada, as well as in other states, support the view of Lui et al that the movement succeeds because it is a model of participatory, collaborative governance.³⁰ The comparative country examples presented herein suggest that, with some contextual adaptations, the collaborative governance that underlies the age-friendly community initiative can lead to successful implementation in other countries. Given their similarities, the age-friendly community initiatives underway in many states, regions and municipalities would benefit from joining the communities of practice established through the WHO Global Network of Age-Friendly Cities[®] to compare their strategies and solutions in creating and sustaining partnerships, as well as to share their concrete actions to support and enable older adults in communities.

However, while the age-friendly community initiative has considerable spread, most communities in Canada and other countries are still at the initial stages of implementation. Based on community reports presented to state or local authorities or published in practice journals or local media, the communities that have been engaged for the longest period can point to the establishment of effective intersectoral working groups, some changes in their built environment, the addition of some new programs or services based on their age-friendly assessment and action plans and increased attention to “age-friendliness” in municipal planning. However, it is too soon to tell whether these actions are leading to durable, significant changes in community structures or to policies that will lead to healthier, more active lifestyles for older adults. The lack of documentation on the effectiveness of interventions is one of the gaps identified by Lui et al.³⁰ The publication of implementation evaluation projects in Quebec and Manitoba, as well as by the academic consortia in Sao Paulo and South Australia, will provide an early indication of activities that are leading to change. In the longer term, the development and use of outcome indicators to track changes and effects in communities engaged in age-friendly community initiatives will be vital to demonstrate the effectiveness of this initiative as a policy intervention to promote healthy, active aging.

Authors' contributions

L. Plouffe wrote all the text referring to activities and events in Canada. The activities described reflect the collective work of governments, and non-government organizations rather than contributions solely attributable to the author. A. Kalache wrote all the text referring to activities and events in Andalusia, Sao Paulo and South Australia. The activities described were conducted with the advice and guidance of A. Kalache, but their accomplishment is not attributable to the author solely.

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